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Occupational Health and Safety Management Systems Assessment Training

William Brazile
Colorado State University - Fort Collins

Daniel Autenrieth
Montana Tech of the University of Montana

Del Sandfort
Colorado State University - Fort Collins

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Training Development

The content of the OHSMS Assessment Training was frame-worked during a three-day VA/OSHA workshop in July, 2011 in Fort Collins, CO. It was attended by VA and OSHA subject matter experts in OHSMS and training. The following subject matter experts made this training manual possible:

- Douglas Dulaney
- Dick Hofman
- Brian Marcyjanik
- Laura Halterman
- Eric Roy
- Craig Hollenbeck
- Kul Garg
- Carl Crouse
- Rocco DiFronzo

- Francis Yebesi
- Mikki Holmes
- Sarah Samuel
- Scott Kennedy
- Adam Gerson
- Cathie Mannion
- Cathleen Cronin
- Dennis McLaughlin
- John McFee
- Paul Leary
- Roberta Aguilar-Maravilla
- Robert Nester
- Pam Baptiste
- Janice Ruggles

The workshop was facilitated and the training was developed by the following personnel within the Occupational and Environmental Health Section at Colorado State University:

- William J. Brazile, Ph.D., CIH, Professor
- Daniel Autenrieth, M.S., Ph.D. Candidate
- Del Sandfort, M.S., CIH, Colorado OSHA Consultation Program Manager, Professor

Safety and Health

Safety and Health

Worker safety and health is our #1 priority. Although this training manual specifies methods to conduct OHSMS assessments, it does not specify hazards and controls related to specific establishments. Participants are required to follow all applicable program, establishment, and task-specific environmental, safety, and health requirements.

In conjunction with the contents of this training manual, the following standards should be adhered to/followed/implemented:

- 29 CFR 1960

- VA Directive 7700

- VHA Directive 7701

- VHA Handbook 7701.01

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Purpose

This course is focused on how to assess an occupational health and safety management system (OHSMS) at the establishment level and at the Agency level. In assessing such a system, it is important to identify system strengths and weaknesses to communicate to an establishment or Agency where it is doing well and where it can improve. As developed by the workgroup that frame-worked this training, the purpose of this training is to:

"Provide the knowledge and skills necessary for health and safety professionals to conduct comprehensive assessments of occupational health and safety management systems using the Form 33 and Addendum, which incorporate the core system elements and unique requirements of federal agencies."

Given this specific purpose, the target audience for this training is federal agency health and safety professionals who may be assigned to assess OHSMSs.

We have organized this training to guide you through all of the steps necessary to accomplish an OHSMS assessment. In addition, we have developed an assessment scenario throughout the training modules to allow you to practice scoring an OHSMS given OSHA Form 33 and the Addendum. This training will help you become more proficient at identifying the root causes of why hazards are allowed to exist in the first place – i.e., weaknesses of the establishment's OHSMS.

This training focuses on OHSMS assessment throughout the following steps that assessors take in accomplishing an assessment:

- Take a request for service (or identify a target Agency),
- Prepare for an assessment,
- Accomplish a site visit,
- Develop the written assessment report,

- Develop an action plan.

The training also includes a module on conducting an Agency-level assessment.

All together, these training elements will help prepare you to comprehensively assess an OHSMS.

Background and Training Requirements

So what is the basis for this training? All federal agencies are required to have an established OHSMS in place as required by the Occupational Safety and Health Administration Act (Section 19). Further, each federal agency is required to self-assess their established OHSMS. Further, OSHA has enforcement jurisdiction over those agencies in the Executive Branch (e.g., Department of Veteran Affairs, Department of Energy, and the Department of the Interior) and conducts compliance inspections. Therefore, the basis of this training is to provide the knowledge and skills to assess an OHSMS.

Before we continue, it is important to note that there are two other common terms used for OHSMS, including a safety and health management system (SHMS) or a safety and health program (SHP). We will use OHSMS throughout this manual to avoid confusion between these different terms.

The requirement to have an established OHSMS is specified in Title 29 Code of Federal Regulations, Part 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

This training partially fulfills the required training specified in 29 CFR 1960.56, Training of Safety and Health Specialists. As specified in the standard, "Each agency shall provide occupational safety and health training for safety and health specialists through courses, laboratory experiences, field study, and other formal learning experiences to prepare them to perform the necessary technical monitoring, consulting, testing, inspecting, designing, and other tasks related to program development and implementation, as well as hazard recognition, evaluation and control, equipment and facility design, standards, analysis of accident, injury, and illness data, and other related tasks."

The requirement for self-assessment is specified in 29 CFR 1960.79, Evaluation of Federal Occupational Safety and Health Programs: "Agency heads shall develop and implement a program of self-evaluations to determine the effectiveness of their occupational safety and health programs."

Terminal Objectives

To measure your successful completion of this training, subject matter experts defined the broad, overarching goals or *terminal objectives* of this training. After successful completion of this training, you should be able to:

1. List the major components and sub-components of an effective OHSMS, as identified in the Safety and Health Program Assessment Worksheet (Form 33);

2. Describe the required program elements specific to federal agency OHSMSs, as specified in 29 CFR 1960 and the Addendum to Form 33;

3. Demonstrate the appropriate procedure required to conduct an OHSMS conformance assessment using Form 33, given a workplace-specific situation;

4. Accurately assess compliance with 29 CFR 1960 requirements, and conformance with the OHSMS Attributes identified in Form 33, and the Addendum; and

5. Demonstrate the ability to effectively communicate findings and recommendations to appropriate managers or leaders.

Activity—Introduce Yourself

Please introduce yourself to the class with the following information:

- Your name and where you are from,

- Years in the safety and health profession,

- The most important thing you want to gain from this class, and

- One thing that the class doesn't know about you that is not safety and health related (e.g., a rodeo clown; moonlight as an Avon salesperson; karate expert; crazy Tebow fan).

Module 2: Request for Service or Identify Target Agency

Module 2: Request for Service or Identify Target Agency

The first step in the assessment process begins when:

- The establishment receives a request to conduct a self-assessment of their OHSMS;

- An Agency receives a request for an OHSMS assessment of an establishment; or

- OSHA identifies and notifies an Agency that its OHSMS will be assessed.

(Note: Agency-level assessments will be addressed in Module 7.)

The assessor must communicate effectively with the establishment to collect important information and assign "industry classification codes" to the establishment based on the type of work that it does. The collected information will impact future interactions with the establishment; therefore, accuracy is a must.

Objectives

When you have completed this module, you will be able to:

- Describe the process for submitting a formal request relative to the OHSMS guidelines;

- Determine the type of establishment by applying the definition under 29 CFR 1960 and Chapter 13 of OSHA Field Operations Manual

- Navigate and utilize the OSHA establishment history web search engine available on www.osha.gov

Collect Establishment Information

There are specific demographics that you must collect from the establishment when a request for visit is made. This information is required for the Safety and Health Program Assessment Worksheet (Form 33) so that you can:

- Research and provide historic data to the establishment,

- Compare the establishment's injury and illness rates to appropriate industry averages, and

- Develop appropriate industry comparative reports.

It is recommended that you consult 29 CFR 1960 to determine the nature of the establishment (e.g., medical center or community based outpatient clinic). In addition, you should also consult Chapter 13 of the OSHA Field Operations Manual (FOM) which can assist you in defining the establishment. (*Note: the OSHA FOM provides guidance to help you decide the boundaries of an "establishment."*)

To begin collecting establishment-specific data, you should request and review previous annual workplace evaluations to familiarize yourself with OHSMS issues identified in the past. Another great resource to collect establishment information is the OSHA Information System (OIS). OIS is a national database that is managed by OSHA and used to store consultation, enforcement, and discrimination data. (*Note: you will not be able to access OSHA consultation information*).

OIS contains a host of useful information such as:

- Inspection history of establishments,

- Penalties assessed and paid,

- Citations issued, and

- Injuries and accidents.

You will be using the OIS Database to help research your establishment. This resource will reveal the establishment's compliance history to help paint a picture of its past safety and health performance.

Other Sources of Safety and Health Inspection History

Other sources of inspection history may reveal valuable safety and health information. You should ask the establishment for records of inspection from:

- Insurance companies and

- Private consultant assessments.

The information from these sources will provide areas of concern to help you focus on preparing for your OHSMS assessment. In addition, this information may reveal the noteworthy practices (i.e., good stuff) that the client has in place.

Additional demographic information that you should collect includes:

- Establishment Name
- Type of establishment
- Mailing Information
- Contact Information

Classify the Establishment

NAICS

The North American Industry Classification System (NAICS) is used by statistical agencies in the U.S. to compile industry-specific information via a six-digit code. The NAICS was adopted by the Office of Management and Budget within the U.S. Census Bureau on April 9, 1997 and replaced the Standard Industry Classification (SIC) code. The NAICS, which provides more than 1,100 industry classification codes, is considered by many to reflect better categorization of establishments than the SIC. Those establishments that use similar (or the same) processes to produce services or goods are grouped together by the same NAICS code. In addition, the NAICS also provides industry information from Mexico and Canada for comparison of production statistics, whereas the SIC does not.

The NAICS codes may be accessed in the NAICS hardcopy manual or online at the U.S. Census Bureau website (http://www.census.gov/epcd/www/naics.html). The website will ask you to type in a key word that describes the establishment and will provide six-digit codes that will narrow the description of the establishment in question. Alternatively, there is a link to the NAICS code search on the OSHA website at www.osha.gov under Statistics – SICS/NAICS search.

How to Assign and Use NAICS Codes

You will assign primary and possibly secondary NAICS codes for your establishment. The primary code is based on the primary activity of the establishment. If your establishment provides the NAICS codes, you will want to verify the codes before using them by accessing one of the websites listed in the previous paragraph. Last, you will also want to ask the establishment how workers' compensation classified their establishment.

The assignment of a proper NAICS code is very important. It will allow you to begin the assessment of your establishment's OHSMS. Use of secondary NAICS codes can be important with some establishments. For instance, you may have an establishment that primarily exists to construct traffic barriers (e.g.,

this is where most of their employee-hours are dedicated). But they may also have a separate unit of employees that only install traffic barriers. These are entirely different sets of work operations and associated hazards.

After you assign or verify the correct codes, you can access the Bureau of Labor Statistics website (www.bls.gov) and access injury and illness rates; and fatality data based on the assigned NAICS codes. You will want to compare these rates to your establishment's rates to discern how they're doing as compared to similar establishments.

Request Injury/Illness Loss Information

You should also request available loss information, such as the OSHA Form 300, which is a log of work-related injuries and illnesses; workers' compensation experience modification factor or ExMod; and workers' compensation loss runs (i.e., workers' compensation first report of accident). These metrics will help focus your attention on particular OHSMS components ultimately responsible for these injuries and illnesses.

Activity—Collecting Establishment Demographics

To help familiarize yourself with collecting demographic data, use the information below about the Four Corners Medical Center and complete as much demographic information as you can on the blank Establishment Demographics Form found in the back of your student manual (*Note: different Agencies may use different forms for collecting demographic data*).

Background Information

The Four Corners Medical Center (FCMC) is a new Federal Bureau of Prisons (FBP) health care complex located in Cortez, Colorado at 1024 Sandfort Road. The FCMC consists of a main hospital that provides emergency, surgical, and long-term patient care, as well as separate, on-campus mental health, vision, dental, and physical therapy services. Jillian Jacobo, the Medical Center Director, requested a thorough review of facility health and safety from the OSHA Office of Federal Programs after, as she put it, "several employees had been seriously injured in the first year of operations". You have been assigned to evaluate the FCMC OHSMS as part of the OSHA response.

The Four Corners Medical Center is very similar to other health care systems, only with much tighter security. The main hospital offers emergency medical and surgical treatment, laboratory and radiological diagnostics, and most general hospital specialty services including cardiology, neurology, orthopedics, and urology. The facility serves FBP inmates from an eight-state region and

offers limited, outsourced medical services to the State of Colorado Department of Corrections and nearby tribal governments. The separate on-campus mental health facility is a high-security, in-patient facility where patients are evaluated and treated for mental health conditions that require their separation from general prison populations. Both the main hospital and the mental health facility are new buildings erected in the previous two years. The old medical clinic buildings on-campus have been converted to medical office buildings that provide vision, dental, and physical therapy services for FCMC patients and out-patient inmates that are regularly bused in from the nearby federal prison.

The main hospital and mental healthcare facility operate 24 hours per day, year round. The vision, dental, and physical therapy clinics operate Monday through Friday from 9:00AM to 4:00PM, excluding federal holidays. The FCMC has 772 employees, consisting of predominantly nursing and maintenance staff.

Activity—Assigning NAICS Codes

As part of collecting background information, you will need to assign a NAICS code to the establishment you will be evaluating. Your instructor will demonstrate how to look up NAICS codes on the web using a web-accessible computer.

A partial list of 2007 NAICS Codes generated by using the keyword search terms "hospital", "clinic", and "medical center" has been provided in the back of your student manual. Using the list of NAICS codes and the provided background information, assign a NAICS code to the Four Corners Medical Center. Your instructor will review your NAICS code assignments with the class.

Obtain Inspection History

Another useful source of information is the inspection history of the establishment. This history provides information about the establishment's:

- Safety and health programs;
- Compliance with OSHA;
- Hazards;
- Injuries, illnesses, and fatalities; and
- Other pertinent data.

Reviewing the inspection history will help you focus on those areas that have been historically deficient. The inspection history may also reveal those areas where the establishment has excelled.

OSHA Compliance Visits

You can go to the OSHA website (www.OSHA.gov) and access inspection data using the establishment name or using the NAICS code to access all establishments under that code that were inspected. You will want to search for your establishment to see the results of compliance inspections. The data will reveal:

- A violation summary,

- Amount of fines, and

- Other pertinent information.

Activity—Establishment Search

Your instructor will demonstrate how to search for OSHA compliance histories using a web-enabled computer.

Summary

Taking accurate information during a request from an establishment is essential. The data you collect and the codes you assign may be used by other safety and health specialists, and the data may be used on a national basis for statistics in characterizing similar establishments. In addition, the information you gather on past safety and health performance will greatly assist you in preparing for your OHSMS assessment.

Module 3: Assessment Preparation

Module 3: Assessment Preparation

Now that you've collected demographic information, and compiled the establishment's health and safety history, you'll want to do some additional research to prepare for the opening conference to kick-off the site visit. First you need to understand the OHSMS framework around which you'll conduct the assessment. Second, you will need to collect and analyze data on comparable industries to present to the client.

Objectives

When you have completed this module, you will be able to:

- Identify the appropriate and accountable personnel involved in the on-site assessment process;

- Accurately determine required team(s) composition based on the size and complexity of the site(s);

- Identify assessment requirements for team members (e.g., obtaining security clearance, PPE, work assignments, schedules);

- Describe the seven subcomponents of OHSMS assessment;

- Define an "Attribute;"

- Explain the three components of an organizational safety and health system;

- Define the Attribute rating system,

- Determine the safety and health work processes and history of the site through various research techniques;

- Determine the necessary resources for a successful assessment (e.g., laptop, forms, reference materials);

- Calculate injury and illness rates;

- Make comparisons between injury and illness rates to industry specific data based on BLS data;

- Generate and interpret an industry comparative report (ICR), and

- Access and describe historic BLS data.

Make Initial Contact

The first step for the site visit preparation is to determine the appropriate management official to contact at the establishment. Once you have contacted this individual, you should request that she/he invite the appropriate personnel to the opening meeting, including a union representative(s) and a safety committee representative.

It is also prudent to communicate to your contact what documentation will be required for the assessment that will provide cues concerning the establishment and maintenance of the OHSMS (e.g., health and safety policy, meeting minutes, and accident investigations). We'll provide more specific information on documentation later in the course.

While communicating with your contact you'll also want to inquire about:

- Site security policy requirements, and

- Personal protective equipment (PPE) requirements.

You can also request that the facility provide some documentation for your review prior to the site visit, such as

- OSHA Forms 300 and 301, and

- Establishment OHSMS self-assessments.

Last, you'll want to schedule a date and time for the assessment, including the opening and closing conferences; and employee interviews.

Coordinate Assessment Team

Based on the size and complexity of the facility, you'll need to determine the size of assessment team. Once the team size is determined, you can identify the team members and communicate:

- Site research information and documentation; and

- Security, clearance, and PPE requirements.

Last, you'll need to arrange PPE for team members and coordinate team member schedules and audit assignments.

Background on OHSMS

Since your team will be evaluating the implementation and maintenance of an OHSMS, we need to discuss the framework of an OHSMS and how it is measured using OSHA Form 33.

The developers of OSHA Form 33 defined an OHSMS in terms of *three* components and *seven* subcomponents, which are scored using 58 *Attributes.* It is important to note that different Federal and State programmatic regulations (e.g., hazard communication, respiratory protection, lockout/tagout, forklift operation, process safety) touch on some, but not all of these elements. Some of the elements go well beyond statutory mandates. It's up to you to make the distinctions.

Your OHSMS assessment will focus on the following seven subcomponents that are found in Form 33:

1. Hazard anticipation and detection

2. Hazard prevention and control

3. Planning and evaluation

4. Administration and supervision

5. Safety and health training

6. Management leadership

7. Employee participation

In addition to these seven subcomponents, you'll also be collecting information to answer the Federal Agency Occupational Safety and Health Evaluation Survey, which is based on the OHSMS requirements specified in 29 CFR 1960. This survey is known as the Form 33 Addendum throughout this training manual. If you are conducting an establishment-level assessment, you will be asked to also complete the establishment-level Addendum. If you are conducting an Agency-level assessment, you will be completing the Agency-level Addendum. A copy of this survey is found as an attachment in this training manual.

Fifty-Eight Attributes

Within each of the seven subcomponents, you will assess specific "Attributes" and then rate the degree of implementation of the Attributes by your establishment. Attributes are measures of health and safety implementation that together form a comprehensive OHSMS. For example, under the subcomponent of *hazard anticipation and detection*, you will assess the Attribute of *a comprehensive baseline hazard survey has been conducted within the past five years.* You will be collecting cues (i.e., evidence) through document/record reviews, interviews, and observations to measure Attributes at the establishment.

Altogether, there are 58 Attributes that you may assess under the seven subcomponents. These Attributes were not chosen randomly. Rather, a nationwide survey of more than 500 OSHA Consultation Program participants was conducted that identified

those Attributes that consultants believed were the most important items in assessing a OHSMS.

There are two types of Attributes that comprise the 58:

1. Fifty basic validated Attributes that are considered "building blocks" and

2. Eight validated stretch Attributes that are considered "Attributes of excellence." These Attributes operate best when the basic Attributes are in place. These stretch Attributes are measured when an establishment is being evaluated for OSHA's Safety and Health Achievement Recognition Program (SHARP) participation or pre-SHARP status.

There is also a *synthesis item* that you'll need to assess that is not considered an Attribute. The synthesis item uses the rating system we'll discuss below and is your overall "gut call" for the establishment. This item is not reported to the establishment and is required for each partial or complete Form 33.

When you assess an Attribute you can access "assessment tips" that are found with Form 33 to help you rate the Attribute. The assessment tips will provide guidance on the types of cues that should be collected to assign an objective rating.

Three Components of a OHSMS

Before you begin your assessment, you also need to understand the three components of an OHSMS. The seven subcomponents and 58 Attributes that you'll assess are categorized into three components which are:

- Operational,

- Managerial, and

- Cultural.

All three components are interrelated and when implemented, transform safety and health into an organizational health and safety management **system**. Every OSHA-mandated program (e.g., hazard communication or lockout/tagout) may contain operational, managerial, and cultural elements, but an OHSMS is much broader than all the mandated programs combined.

Operational

The operational component contains two of the seven subcomponents and 19 Attributes that measure the actual activities that are taking place to find and fix hazards. The two subcomponents are:

- Hazard Anticipation and Detection (Attributes 1-10) and

- Hazard Prevention and Control (Attributes 11-19).

The Operational component is concerned with how effectively pro-active the workplace is in preventing, identifying, and controlling hazards. This component also reveals if quality feedback loops exist to promote continuous improvement.

Managerial

The managerial component contains three of the seven subcomponents and 20 Attributes that measure the level of organization that exists to establish, facilitate, and maintain the operational Attributes. The three subcomponents are:

- Planning and Evaluation (Attributes 20-25),

- Administration and Supervision (Attributes 26-33), and

- Safety and Health Training (Attributes 34-39).

The managerial component is concerned with traditional managerial functions such as:

• Planning	• Coordinating	• Directing
• Controlling	• Staffing	• Staff Development
• Communicating	• Organizing	• Motivating

These managerial concepts apply regardless of the establishment size. The managerial component is the "gateway" to the cultural component.

Cultural

The cultural component contains two of the seven subcomponents and 19 Attributes. The two subcomponents are:

- Management Leadership (Attributes 40-49) and

- Employee Participation (Attributes 50-58).

The cultural component contains those Attributes that measure the organizational values that govern the managerial and operational Attributes. You will know a sound safety and health cultural component exists when everyone believes that they have a:

- Right to safety and health,

- Responsibility for their own safety and health, and

- Duty to protect co-workers.

Management leadership is needed to initiate change toward an improved safety and health culture, and employee participation is necessary to nurture and grow that culture. In addition, there may be non-safety cues that indicate a positive culture such as:

- Continuing education,

- Child care, and

- Wellness programs.

Activity—Operational, Managerial, and Cultural Attributes

To help you understand the concept between operational, managerial, and cultural Attributes, work with your partner and classify the following ten Attributes as operational, managerial, or cultural. Your instructor will review your classifications with the class so you can explain why you chose your classifications.

Attribute	Component (operational, managerial, or cultural)
Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.	
Feasible engineering controls are in place.	
Housekeeping is properly maintained.	
Each assignment of safety and health responsibility is clearly communicated.	
There is an effective process to involve employees in safety and health issues.	
Employees receive appropriate safety and health training.	
Effective safety and health self-inspections are performed regularly.	
An effective hazard reporting system exists.	

Employees participate in hazard detection activities.	
Workplace injury/illness data are effectively analyzed.	

Top-Down or Bottom-Up?

When you conduct an assessment, you can either conduct a top-down or bottom-up assessment, according to your preference. Both types of assessments will lead you to conclusions about the OHSMS, but you will arrive via different routes of the assessment.

Top-Down

The top-down assessment typically begins (after the opening conference) with document/records review and interviews. This type of assessment focuses on the infrastructure of the OHSMS and the assessor starts with the managerial (Attributes 20-39) and cultural (Attributes 40-58) components. In this type of assessment, you will verify the implementation of many of the Attributes during the walkthrough or what you reviewed in documents and what you heard in your interviews.

Bottom-Up

The bottom-up assessment begins (after the opening conference) by observing work, making safety and health measurements, and interviewing workers. This type of assessment focuses on hazards (Attributes 1-19) and the measurement of these Attributes will require analytical linkage to Attributes in the managerial and cultural components.

Rating Attributes

You will be collecting cues to rate the Attributes that you evaluate during your assessment. You will not rate the Attributes until after your site visit, so we'll cover that in *Module 5, Written Report*. Your cues should consist of specific facts that prompt and support the rating of an Attribute. You should note that each Attribute is worded as a positive statement and your cue should either confirm or negate the Attribute. The Attribute rating system is presented here as an overview so that you will understand what you're looking at in the very next section, *Industry Comparative Report*. Consider starting with a "yes" or "no" for each Attribute, then further refine your assessment according to how conclusively "yes" or "no" you think it is.

Rating	Definition (per the OSHA Consultation Policies and Procedures Manual)
0	No safety or health procedures/policies are even partially present to correct this hazard (No Activity)
1	Some safety or health procedures/policies are present although major improvements are needed (Little Activity)
2	Considerable safety or health procedures/policies are present with only minor improvements needed (Most Activity Completed)
3	No additional safety or health procedures/policies are needed at this time (No Additional Activity Needed)

Another valuable set of rating definitions is found in the following table:

Rating	Definition
0	No positive evidence exists to indicate that the Attribute is in place (No Activity)
1	Limited positive evidence indicates that the Attribute exists but needs major improvement (Little Activity)
2	Considerable positive evidence indicates that the Attribute needs only minor improvements (Most Activity Completed)
3	The Attribute is completely in place and does not require improvements (No Additional Activity Needed)

Additional Ratings and Comments

An additional rating that you may use is "Not Applicable" (NA). NA is rarely used and must be explained in the comments section of Form 33. NA carries a rating value of "3." The default value of an attribute is "Not Evaluated" (NE), meaning that there is no positive or negative evidence to allow you to render a "score."

You will notice that Form 33 has a "comments" box where you may document explanations of your ratings. Although not specifically required, comments are necessary to help your client improve the OHSMS. It is important to remember that any rating less than "3" means that something needs to be improved.

Conduct Pre-Visit Research

There are several pre-visit reviews you can accomplish before you arrive on site to become familiar with the establishment. For example, you should:

- Review OSHA Forms 300 and 301 to calculate injury and illness rates to compare to similar industries;

- Create an industry comparative report (ICR) to compare the establishment's injury/illness rates to similar industries;

- Review the establishment's self-evaluation assessments to identify strengths and weaknesses in their OHSMS;

- Research the establishment's site-specific processes; and

- Review any additional documentation that was requested from the establishment's point-of-contact.

There is other important documentation that you'll want to review after you get to the site. We'll address several of the pre-visit documents listed above that you should review before the site visit.

OSHA Forms 300, 300A, and 301

The rates of injuries and illnesses are a reflection of an establishment's OHSMS; those establishments with relatively higher rates generally have a weaker OHSMS. You will want to analyze the injury/illness data as an indicator of the OHSMS and compare the data to the ICR and Bureau of Labor Statistics (BLS) data. You should request copies of the last three years of OSHA Forms 300, 300A, and 301.

Two rates that you need to be familiar with are the DART rate (Days Away Restricted or Transferred) and the TRC rate (Total Recordable Cases Rate). The DART and TRC are measures of injuries and illnesses to workers at the establishment. It is extremely important that you understand how injury and illness rates are calculated so that you can calculate your establishment's rates and explain the results to your point-of-contact. We'll practice calculating these rates later in this Module.

In examining these forms, you will want to look for mistakes since some establishments may not realize that an injury or illness is or is not recordable. You'll also want to analyze the forms for trends. For example, look for:

- Similar types of injuries/illnesses,

- Similar locations of injuries/illnesses, and

- Seasonal trends (e.g., accidents may go up when nearing the holidays due to inattention or during inclement weather months).

If you find a trend, make a note to yourself to ask the client during the site visit if she/he can provide any insight as to the root cause of the trend. You will want to make note of the trend so that you can try to pinpoint the cause during your assessment.

Some of your establishments may fall below the threshold for injury/illness recordkeeping. Regardless, you must still estimate the establishment's injury/illness rates for the previous year and compare the rates to the national average. In these cases, you can glean information from managers and supervisors through interviews to reconstruct the nature and number of injuries and illnesses. You'll also need to estimate the time away from work for each injured/ill worker.

Again, establishments will periodically make mistakes when identifying (or not identifying) OSHA recordable cases on the Form 300. OSHA's recordkeeping rule can be found in 29 CFR 1904 and you need to be intimately familiar with this rule.

As a review, we will address pertinent sections of OSHA's record-keeping rule, but you need to be aware that there is significantly more to the rule than what we'll cover.

During your review of OSHA recordkeeping data, you will want to determine if the injury/illness was recordable and ensure that it was "work-related." It is important to note that many establishments mistakenly record any case that is covered by workers' compensation; workers' compensation cases and OSHA recordable cases are independent of each other and one has no bearing on the other. Your establishment may have a recordable case that is not compensable under workers' compensation or vice versa.

Work-related injuries or illnesses resulting in one of the following are considered "recordable" [29 CFR 1904.7(a)]:

- Death,
- Days away from work,
- Restricted work or transfer to another job,
- Medical treatment beyond first aid,
- Loss of consciousness, or
- Diagnosis of a significant injury/illness by a physician or other licensed health care professional (e.g., cancers, chronic irreversible diseases, fractured and cracked bones or teeth, punctured eardrums, TB).

Another area that may cause some confusion to the establishment is whether or not the injury or illness was "work-related." Cases are work-related if (29 CFR 1904.5):

- An event or exposure in the work environment either caused or contributed to the resulting condition, OR

- An event or exposure in the work environment significantly aggravated a pre-existing injury or illness (results in <u>greater</u> consequences).

Although the worker may have suffered an injury or illness on the job, it may *not* have been recordable if the injury or illness falls under one of the following exceptions [29 CFR 1904.5(b)(2)]:

- Eating and drinking of food and beverages,

- Personal grooming, self-medication, self-inflicted,

- Personal tasks at establishment outside of assigned working hours,

- Motor vehicle accidents on company property while the employee is commuting to or from work,

- Common cold and flu,

- Blood donations,

- Exercise programs or recreational sports, or

- Mental illnesses unless diagnosed as work-related.

You may also want to investigate if the employer is treating near-injuries or mishaps with equal importance as the real thing. For example, first aid injuries are not recordable on the OSHA Form 300, but may be a precursor to ones that are.

There are also requirements for traveling employees that are engaged in work activities "in the interest of the employer." Injuries/illnesses are work-related if incurred while the employee is:

- Traveling to and from customer contacts;

- Conducting job tasks; or

- Entertaining or being entertained to transact, discuss, or promote business.

However, there are also a couple of exceptions for traveling employees that include:

- Injuries occurring in a hotel (home away from home), or

- Injuries occurring when taking a detour for personal reasons.

If you'll recall from *Module 3*, we defined DART as Days Away Restricted or Transferred. You must be able to assist your client in determining what constitutes "restricted" work. Restricted work occurs as a result of a work-related injury/illness if:

- The employer prevents an employee from:

  - Performing one or more of the routine functions of their normal job, or

   ☐ Working their full shift.

- A physician or health care professional recommends that the employee:

   ☐ Does not perform one or more of the routine functions of their normal job, or

   ☐ Does not work their full shift.

(Note: Routine functions include those work activities an employee performs at least once per week.)

There are also requirements that define how the days away and restricted work are counted [1904.7(b)(3)]. The days are counted on a calendar basis regardless of whether the employee was scheduled to work. The following apply when calculating the days away or restricted:

- Include weekends and holidays (even if the employee was not scheduled to work).

- Cases occurring in one year, but with days away continuing into another, should be recorded only on the log in which the injury occurred.

- Do not count the day the injury/illness occurred.

- Count a maximum of 180 days (in any combination of days away/days restricted).

- Stop counting if the employee is permanently transferred to a job where she/he is no longer restricted (permanent transfers made immediately must have 1 day entered on the log).

- Enter an estimate if the employee leaves the establishment due to a work-related injury or illness (stop counting if the employee leaves for an unrelated reason).

[Note: There are special and privacy cases not covered here that are found in 29 CFR 1904.8 (e.g., needle-stick and sharps injuries).]

Calculation of TRC and DART Rates

After you have reviewed the Form 300 for accuracy, you will need to calculate the DART and TRC rates. The basic incident rate is calculated using the following equation:

$$IncidentRate = \left(\frac{N}{EH} \right) \times 200,000 \, hours$$

Where:

N = Number of injuries and illnesses

EH = Total hours worked by all employees during the calendar year

200,000 *hours* = Base for 100 equivalent full-time workers working 40 hours per week, 50 weeks per year.

The one-year DART and TRC rates are calculated by the incident rate equation above, where:

N = the sum of the columns H and I for one specific year for the DART rate.

OR

N = the sum of H, I, and J for one specific year for the TRC rate.

And, EH = Total hours worked by all employees during each specific calendar year.

Alternatively, we can calculate the three-year rates. The DART rate for three years is calculated by:

$$3-YearDARTRate = \left(\frac{(H_1 + I_1) + (H_2 + I_2) + (H_3 + I_3)}{EH_1 + EH_2 + EH_3} \right) X \, 200,000 \, Hours$$

Where:

H = Column H data for each specific year.

I = Column I data for each specific year

EH = Total hours worked by all employees during each specific calendar year

The three-year TRC is calculated by:

$$3-YearTRCRate = \left(\frac{(H_1 + I_1 + J_1) + (H_2 + I_2 + J_2) + (H_3 + I_3 + J_3)}{EH_1 + EH_2 + EH_3} \right) X\, 200,000\, Hours$$

Activity—Analyzing an OSHA Form 300

Given the following OSHA Forms 300A and 300 that you obtained from the Four Corners Medical Center and the manager notes on the following pages, work with your group and:

- Review Form 300 and correct any mistakes you may find,

- Identify any injury/illness trends,

- Calculate the one-year TRC and DART rates, and

- Complete Form 300A (yes, the establishment completes this form, but a blank is provided for your practice).

The Four Corners Medical Center has 772 employees that worked for a total of 865,600 hours in the year you are evaluating them.

OSHA's Form 300A (Rev. 01/2004) (**Note: This Form was modified to fit this page**)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases.
_____	_____	_____	_____
G	H	I	J

Number of Days

Total number of days away	Total number of days of job transfer or restriction
_____(K)	_____(L)

Injury and Illness Types

Total number of…
   (M)

(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing Loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Establishment information

Your establishment name _____
_____
Street _____
City _____ State _____

Industry description _____
_____

Standard Industrial Classification (SIC), if known
____ ____ ____ ____

OR

North American Industry Classification System (NAICS)
_____

Employment information

Annual average number of employees _____

Total hours worked by all employees last year
_____

Sign here
Knowingly falsifying this document may result in a fine.
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
_____

Module 3: Assessment Preparation

Employee's Name	Job Title	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (days) (K)	On job transfer or restriction (days) (L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
A	Nurse	3/3	Cafeteria	Elbow contusion from slipping on wet floor.		✓			1		✓					
B	Nurses Aid	3/5	Bariatrics	Strained back from lifting patient out of bed.			✓			10	✓					
C	Maintenance mechanic	3/7	Boiler Room	Burn on forearm from contacting hot surface.				✓			✓					
D	Nurse	4/15	Emergency Department	Black eye from being struck by patient.			✓			5	✓					
E	Nurse	5/8	Mental health facility	Privacy Case				✓			✓					
F	Custodian	5/10	Linen Service	Rash on hands and forearms from cleaning chemicals.				✓				✓				
G	Nurses Aid	6/1	Radiology	Back injury form helping patient out of wheelchair.		✓			15		✓					
H	Custodian	6/13	Emergency Department	Stuck with contaminated needle while changing medical waste bin.				✓				✓				
I	Warehouse Worker	6/17	Warehouse	Suffered a hernia while lifting boxes.		✓			14		✓					
J	Custodian	7/1	Parking lot	Tripped and fractured wrist while walking into work.		✓			5		✓					

Employee's Name	Job Title	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
							Remained at work									
					Death (G)	Days away from work (H)	Job transfer or restrict-tion (I)	Other record-able cases (J)	Away from work (days) (K)	On job transfer or restriction (days) (L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
K	Custodian	7/20	Custodial Closet, 2nd Floor	Chemical splash to eyes while mixing cleaning products.		✓			1					✓		
L	Electrician	8/19	Mental health facility	Punctured lung from patient stabbing while fixing a light fixture.		✓			3		✓					
M	Physician	9/26	ICU	Privacy Case		✓			30							✓
N	Nurses Aid	10/5	Emergency Department	Strained back while trying to catch a falling patient.			✓		1	5	✓					
O	Custodian	10/30	Kitchen	Fractured coccyx after slipping on greasy floor.		✓			14		✓					
P	Nurse	12/1	Employee Fitness Center	Sprained ankle while running on treadmill.		✓			1		✓					
Q	Pharmacy Technician	12/2	Inpatient Pharmacy	Became dizzy and fainted after cleaning up an IV medicine spill.		✓			1					✓		
R	Nurse	12/15	Emergency Department	Strained wrist from being pushed to the ground by patient.			✓			1	✓					
S	Nurse	12/26	Emergency Department	Foot contusion after being run over by a gurney.				✓			✓					

Manager notes to OSHA Form 300:

A—Employee slipped and fell on a wet floor in the cafeteria on 3/3 injuring their elbow that required an x-ray; she left work on the day the accident occurred and returned to work the following day.

B—Employee strained her back trying to lift a patient on Friday, 3/5 during a linen change; she was ordered by her doctor not to lift anything over 10 pounds for one week. She was transferred to administration for one week and returned to her regular job on Monday, 3/15.

C—Employee burned his forearm on 3/7; he was provided a dressing and returned to work the same day.

D—Employee was struck by a patient while inserting a catheter on 4/10. His eye was swollen shut and he was not allowed to see patients until 4/15 when the swelling had gone down.

E— Privacy case - Employee was injured while attending to a patient on 5/8.

F— Employee reported a skin rash after cleaning up a spill of concentrated laundry soap on 5/10; the employee received a Rx ointment and returned to work the following day.

G—Employee suffered a slipped disc in her back while helping a patient onto an x-ray table on 6/1; she has been receiving treatment and returned to work on 6/16.

H— On 6/13 an employee suffered a lacerated finger from a contaminated needle while emptying the trash; she did not miss any work. She has not been diagnosed with an infectious disease.

I—Employee suffered a hernia on 6/17 while moving boxes in the warehouse; he was transferred to administration for 14 days and returned to normal work on 7/1.

J—Employee tripped in the establishment parking lot and fractured his wrist on 7/1 while walking from his car into work; he returned to work on 7/5.

K—Employee splashed cleaning products in her eyes while mixing floor cleaner on 7/20; she returned to work on 7/22.

L—Employee suffered a punctured lung after being stabbed with a pencil on 8/19 while fixing a light fixture in the patient rec. room; he officially resigned on 8/22.

M—Employee contracted hepatitis B as confirmed by a series of blood tests on Monday, 9/26; He was given a treatment and cleared to return to work on 10/25.

N—Employee suffered a back strain on 10/5 while trying to keep a patient from falling; she missed 1 day of work and moved to restricted duty until her return to normal duty on 10/10.

O—Employee suffered a fractured tailbone in the early morning on Friday, 10/30 when she slipped on a greasy floor; she received prescribed pain killers and physical therapy and returned to work on 11/14.

P—Employee sprained her ankle while exercising in the employee fitness center on 12/1; she was given an icepack and compression wrap and returned to work on 12/3 with no restrictions.

Q—Employee experienced light-headedness and fainted in the pharmacy while trying to clean up a spill of oncology medication on Thursday 12/2; she was provided medical evaluation and the employee did not return to work until Monday 12/6 based on physician recommendation.

R—Employee suffered a strained wrist after being pushed to the ground by a patient on 12/15; she had a negative x-ray and returned to work on 12/17.

S—Employee injured her toe after a gurney was rolled over her foot on 12/26; she received stitches and a brace, but returned to normal duty the next day.

Industry Comparative Report

An ICR is a report that contains collected assessment information from establishments that are similar in nature to your establishment. The source of the ICR data is currently based on OSHA Consultation assessments that have been conducted in the past; therefore, the ICR uses the same subcomponents, Attributes, and rating system that you'll use in your OHSMS assessments.

Activity—Create and Review an ICR

Your instructor will demonstrate how to create an ICR.

On the following page is an example of an ICR for the same NAICS code as the Four Corners Medical Center. In this example ICR, notice in Part 1, Comparative Performance, that the *DART* and *TRC* are listed for specific NAICS codes. DART is the acronym for Days Away Restricted or Transferred; and TRC is the Total Recordable Cases Rate.

The DART and TRC are measures of injuries and illnesses to workers at the establishment and are expressed as rates. It is extremely important that you understand how injury and illness rates are calculated so that you can calculate your establishment's rates and explain the results to your establishment.

INDUSTRY COMPARATIVE REPORT

NAICS Code: 6221 (4 Digit NAICS CD - National Data)

Part 1 - Comparative Performance

NAICS Code	Description	Year	DART	TRC
622	Hospitals	2009	2.9	7.3
6221	General Medical and Surgical Hospitals	2009	2.8	7.3

Part 2 - Comparative Scoring Profile

1. Hazard Anticipation and Detection

2. Hazard Prevention and Control Summary

3. Planning and Evaluation
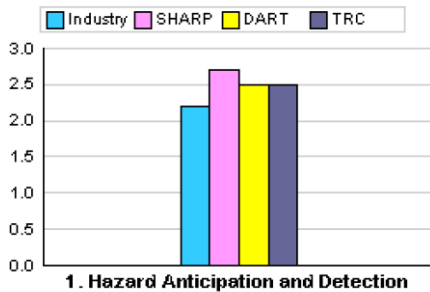
1. Hazard Anticipation and Detection

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
1	2.3	2.9	2.6	2.7	376
2	2.1	2.6	2.3	2.5	450
3	2.0	2.6	2.4	2.5	401
4	2.3	2.7	2.6	2.7	325
5	2.0	2.7	2.4	2.4	318
6	2.3	2.8	2.6	2.5	315
7	2.5	2.8	2.6	2.7	320
8	1.7	2.6	2.0	2.0	321
9	2.3	2.8	2.5	2.6	261
10	2.2	2.6	2.5	2.4	218
Average:	2.2	2.7	2.5	2.5	507
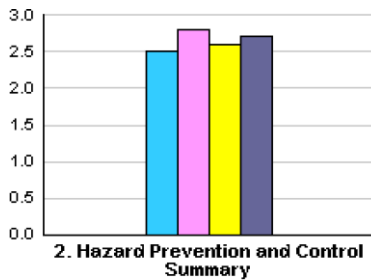
2. Hazard Prevention and Control Summary

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
11	2.3	2.6	2.5	2.5	339
12	2.3	2.8	2.5	2.6	349
13	2.2	2.8	2.5	2.6	368
14	2.4	2.8	2.6	2.5	330
15	2.6	2.8	2.6	2.7	361
16	2.7	2.8	2.8	2.8	336
17	2.9	2.8	2.9	2.9	329
18	2.5	2.7	2.6	2.7	221
19	2.3	2.7	2.6	2.7	249
Average:	2.5	2.8	2.6	2.7	507
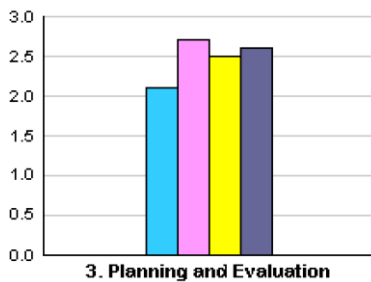
3. Planning and Evaluation

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
20	2.2	2.8	2.5	2.6	297
21	2.1	2.7	2.6	2.6	220
22	2.0	2.7	2.5	2.5	317
23	1.9	2.7	2.5	2.5	294
24	2.1	2.7	2.4	2.6	372
25	2.2	2.7	2.6	2.6	183
Average:	2.1	2.7	2.5	2.6	507

Averages are based on those questions for which company was evaluated.
*SHARP Companies are from multiple industries current to date.
**TOP 25% DART and TRC values are based on only this company's NAICS code.
Note: Stretch attibutes 10, 18, 25, 28, 37, 39, 42 and 56 are not directly tied to OSHA standards. BLS Industry/Part 2: Comparative Date Range: 2003 – 2009.

INDUSTRY COMPARATIVE REPORT
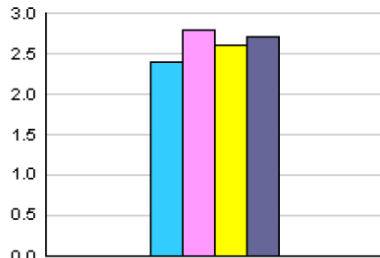
4. Administration and Supervision

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
26	2.5	2.8	2.7	2.8	313
27	2.3	2.8	2.6	2.8	322
28	2.1	2.7	2.6	2.6	256
29	2.4	2.7	2.6	2.7	275
30	2.5	2.8	2.6	2.7	268
31	2.5	2.8	2.6	2.7	238
32	2.4	2.8	2.7	2.6	226
33	2.3	2.8	2.6	2.5	215
Average:	2.4	2.8	2.6	2.7	507
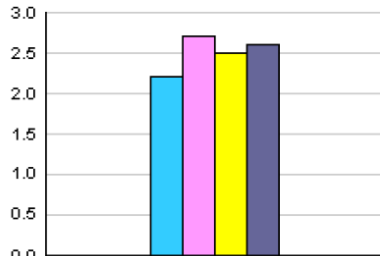
5. Safety and Health Training

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
34	2.2	2.7	2.4	2.5	387
35	2.4	2.8	2.6	2.7	279
36	2.1	2.7	2.4	2.6	324
37	2.2	2.6	2.5	2.6	172
38	2.3	2.7	2.5	2.6	219
39	2.2	2.6	2.6	2.6	150
Average:	2.2	2.7	2.5	2.6	507
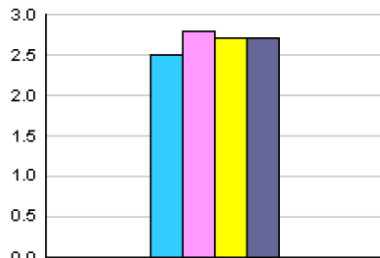
6. Management Leadership

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
40	2.4	2.9	2.6	2.7	342
41	2.4	2.8	2.7	2.7	211
42	2.5	2.8	2.8	2.8	173
43	2.5	2.9	2.7	2.7	242
44	2.5	2.8	2.7	2.8	220
45	2.5	2.8	2.8	2.7	215
46	2.4	2.8	2.6	2.7	221
47	2.5	2.8	2.7	2.6	205
48	2.4	2.8	2.7	2.6	191
49	2.4	2.8	2.7	2.6	224
Average:	2.5	2.8	2.7	2.7	507
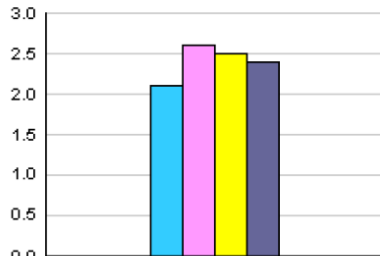
7. Employee Participation

Item	Industry	SHARP*	Top 25% DART**	Top 25% TRC**	No. in Industry
50	2.1	2.7	2.4	2.5	375
51	2.0	2.6	2.4	2.4	228
52	2.0	2.6	2.5	2.4	186
53	2.1	2.6	2.5	2.3	194
54	2.2	2.7	2.5	2.4	261
55	2.1	2.7	2.5	2.5	300
56	2.2	2.7	2.5	2.5	175
57	2.2	2.6	2.5	2.5	194
58	2.0	2.5	2.5	2.3	164
Average:	2.1	2.6	2.5	2.4	507

ICR Column Definitions

Indicates the average Attribute score achieved by those companies with the "best" or upper 25% DART rate (or lowest quartile)

Indicates the number of establishments that have been rated for this Attribute for the given NAICS code

Indicates the average Attribute score for ALL industries for the given NAICS Code

Indicates the Attribute number

Item	Industry	SHARP	Top 25% DART	Top 25% TRC	No. in Industry
1	2.0	2.9	2.8	2.8	15
Average					15

Indicates the average Attribute score for all SHARP companies

This last entry (on the bottom of the column) is not an "average," rather it is the total # of industries that were evaluated.

Indicates the average Attribute score achieved by those companies with the "best" or upper 25% TRC rate (or lowest quartile)

The DART and TRC listed in the example ICR are based upon national averages for the type of establishment. You will use the DART and TRC as comparisons to your establishment. If your establishment's DART and TRC rates are lower than those listed in Part 1 of the ICR, the establishment is doing better than the national average rates for this type of establishment.

To compare the establishment's injury/illness rates to the Bureau of Labor Statistics (BLS) data, you will calculate the client's rates from the OSHA Form 300.

In each of the seven subcomponents listed on the ICR, you will notice ratings for each Attribute. You will be rating the same Attributes of your client's establishment and can compare your ratings to the ICR.

Bureau of Labor Statistics Data

The data in part 1 of the ICR come from BLS data. These data provide national injury, illness, and fatality data that you can use for comparison to communicate to your establishment how well it is doing compared to similar industries across the U.S.

You can access the BLS data on the WWW (www.bls.gov). Using the NAICS codes that you assigned to your establishment, you can enter the codes to retrieve the injury and illness data.

Injury and illness data are listed by year in the BLS website. In reviewing the injury/illness data below, you will notice that the annual information is categorized by:

- Industry type,

- NAICS code,

- Average annual employment for the specific industry,

- TRC,

- DART, and

- Other recordable injury and illness cases.

Example of BLS Incidence rates of nonfatal occupational injuries and illnesses by industry and case types.

Industry	NAICS code	Annual Average Employ-ment (thousands)	Total Recor dable Cases	Cases with days away from work, restricted, or transferred			Other record-able cases
				Total	Cases with days away from work	Cases with job trans-fer or restric-tion	
Hospitals	622	4,616.1	7.0	2.8	1.6	1.2	4.2
General Medical & Surgical Hospitals	6221	4,317.3	7.0	2.8	1.6	1.1	4.3
Psychiatric & Substance Abuse Hospitals	6222	100	7.8	3.8	2.1	1.8	3.9

The incidence rates represent the number of injuries and illnesses per 100 full-time workers and were calculated as:

(N/EH) x 200,000

where

N = number of injuries and illnesses
EH = total hours worked by all employees during the calendar year
200,000 = base for 100 equivalent full-time workers (working 40 hours per week, 50 weeks per year)

BLS Fatality Data

The BLS fatality data are categorized similarly to the injury illness data, however, they are not indicated as rates; rather they are indicated as number of fatalities for specific industries.

Example of BLS Fatal occupational injuries by industry and event or exposure.

Industry	NAICS code	Total Fatalities (number)	Event or Exposure					
			Trans-portation Incidents	As-saults and violent acts	Contact with Objects and Equip-ment	Fall s	Expo-sure to harmful sub-stances or envi-ronments	Fires and explo-sions
Hospitals	622	29	9	10	--	3	7	--
General Medical & Surgical Hospitals	6221	29	9	10	--	3	4	--
Psychiatric & Substance Abuse Hospitals	6222	--	--	--	--	--	--	--

Gather Tools for Audit

OK, for your assessment preparation, you have thus far:

- Made initial contact,
- Coordinated your assessment team, and
- Conducted pre-visit research.

You are now ready to identify those items that are needed to conduct the actual assessment. These items may include:

- A laptop computer,
- A blank form 33 and Addendum,
- Reference materials,
- PPE, and
- Safety and health measurement equipment.

It is important that you make a list of those items that will be needed based on your pre-visit research. This will greatly enhance your ability to organize a thorough site assessment.

Summary

The initial contact, collection of establishment information, and review of establishment health and safety performance will help you immensely in focusing on specific areas of concern and save

you time during your assessment. The data you collect from the ICR and BLS will give you and your establishment a yardstick of how well the establishment is doing compared to the same type of establishments nation-wide. These rates will also reveal how relatively dangerous the type of establishment is. You need to understand how the rates are calculated and what they mean so that you can communicate them to your client. This preparation will give you valuable insights into the establishment before you arrive for the site visit.

Module 4: Site Visit

Module 4: Site Visit

The site visit challenges an assessor's knowledge and skills in several areas. *It is important to realize that you're assessing cues that can be rolled up to identify system weaknesses*…not just establishment hazards.

You will have to demonstrate excellent listening skills, analytical ability, and use your training to associate identified hazards to the client's OHSMS. In addition, you will also want to identify and reinforce those things that the employer does well.

In evaluating the client's OHSMS, you will need to collect cues and *document* your observations and interviews that support your conclusions. Your documentation will support your ratings of each Attribute for the establishment.

It is also important to note that you will not be collecting cues separately for the operational, managerial, and cultural components. Rather, you will be collecting cues that may span two or more of the components. This module is designed to guide you through the site visit process and references the applicable Attributes, whether operational, managerial, or cultural. Associated Attributes are presented together in each step of the site visit process to show how they are interrelated.

Last is it imperative that you understand that one area of an establishment may excel in the implementation of an Attribute; and another area may miserably fail. It is your job to assign an overall rating for that Attribute and back up your rating with your cues.

Objectives

When you have completed this module, you will be able to:

- Describe the purpose of a walkthrough assessment of the workplace using the Attributes of the Form 33 and Addendum,

- Determine if any additional documentation is required to conduct the assessment,

- Collect the appropriate cues (evidence) to accurately complete the Form 33 and Addendum,

- Develop appropriate questions for the interviews,

- Demonstrate active listening skills,

- Determine whether the injury and illness data are accurate and consistent,

- Identify the appropriate safety and health programs for the establishment,

- Determine closing conference protocols relative to the stages completed during OHSMS site assessments,

- Present initial assessment results,

- Identify additional resources in order to facilitate site OHSMS improvement,

- Articulate administrative tasks relative to time frame (e.g., report due date, action plan, abatement dates, and follow up).

Background on Cues

Since you may begin documenting cues during the opening conference, it is important to understand the sources and types of cues that you'll be looking for to either confirm or negate an Attribute. Remember, cues are the evidence that you'll collect and roll-up to identify OHSMS strengths and weaknesses. The three general sources of cues include:

1. Document and records reviews,

2. Interviews, and

3. Observations and measurements.

You must use your cues to complete Form 33 to measure the existence, absence, or extent of an Attribute. Your cues should indicate an application of the Attribute or an effect of the Attribute. For example, Attribute 34 reads, "Employees receive appropriate safety and health training." An application of this Attribute is that you verify by documentation that an employee received respiratory protection training. An effect of this Attribute is that you observe an employee properly doing a face-seal check before properly donning her respirator.

Most likely, you will collect cues that will be used for more than one Attribute and several cues for each Attribute that you evaluate. In documenting cues, you will collect:

- An initial cue,

- Corroborating cues, and

- Conflicting cues.

Corroborating cues will support your initial cue, whereas conflicting cues will negate your initial cue. *Only negating cues are actionable*, meaning that some action needs to take place to make the Attribute positive. A question that often arises is "How many cues do I need to collect to either confirm or negate an Attribute?" The answer is you need to collect enough cues to make an informed decision that is supported by quantitative data. You'll have to rely on your education, training, and assessment experience to make the decision.

Activity—Types of Cues

In the following example, identify the initial cue, a corroborating cue, and a conflicting cue.

You visit a medical center maintenance shop. In the grinding area of the shop, you observe five grinding stations used to grind metal spurs off of various parts used to maintain fences, guards, and machinery. There is only one worker present during your initial walkthrough and she is wearing a face shield and leather gloves while grinding. You ask her about her personal protective equipment and she states, "I always wear a face shield and gloves because they are required by establishment procedures." Later in the day, you walk back through the grinding area and observe three workers each at a grinding station. One of the three workers present is wearing a face shield and gloves.

Initial Cue: _____

Corroborating Cue: _____

Conflicting Cue: _____

Opening Conference

When you arrive at the establishment, you'll want to present your credentials and meet with the management and employee representatives. You may also have to meet with a security host to escort you or provide a security in-brief.

Your first duty of the site visit is conducting the opening conference. This meeting is of great importance, as it will set the tone of your entire visit and you will want to use your human relations skills to gain "buy-in" from management, the employee representative, and other representatives. You may also want to emphasize that you are there to help them improve their OHSMS which will result in a safer work environment and save the establishment money.

During the meeting, it's a good idea to provide your business card and accept business cards from those at the meeting for future

contact. You'll also want to distribute a meeting sign-in sheet as record for meeting attendance. During this time, the assessors and attendees should provide introductions.

To help the establishment personnel clearly understand what you'll be doing during the assessment, you need to be very clear about:

- The purpose of the assessment,

- Scope of the assessment (including limitations),

- Roles and expectations,

- Employer rights,

- The objectives of the assessment, and

- What the assessor will provide as deliverables.

Your specific establishment may have a template checklist for your reference to assure that all points are covered. In addition, your establishment may have *required* items that must be presented during the opening conference.

You'll also want to review and define the assessment schedule. You should consider the following topics to cover:

- Outline site visit daily schedule (e.g., start and stop),

- Due date for the final report,

- Due date for the action plan,

- Due date for the final acceptance of the action plan, and

- Clarify preliminary information that was provided by the establishment.

You can also explain the process of the assessment. A typical assessment usually includes:

- The opening conference,

- Review of injury/illness/accident data,

- Review of the establishment's safety and health policies and programs,

- Interviews of management and employees,

- Walkthrough to identify hazards,

- Sampling, and

- Closing conference.

During your site visit you have the option of analyzing injury/illness data and reviewing documents/records during the opening conference. However, if you want to make the opening conference short and to-the-point, you can schedule the review to occur later in the day. In addition, if you requested injury and illness data before the assessment, you may have already calculated injury and illness rates from OSHA Forms 300 and 300A.

(Note for Form 33 use: The opening conference is not the time to fill out the Form 33. However, it is a good time to start gathering specific cues. Since the client is not familiar with the assessment rating system or has specific knowledge about the Attributes, the Form 33 should not be used as a self-assessment tool by the establishment.)

Additional Injury and Illness Documentation and Records

Again, you may have already reviewed OSHA Forms 300 and 300A, but there are additional health and safety documents and records that you'll need to review to rate the Attributes and to follow up on any trends you found in the OSHA forms. To reiterate, you can choose to review this documentation after the opening meeting or later in the assessment. The additional documents and records are presented here for your convenience.

Additional data that you should request to examine for trends identified in the OSHA 300 Forms include:

- Accident investigation reports;
- Compliance reports; and
- Workers' compensation reports.

Again, in examining the data, you will want to look for trends. For example, look for:

- Similar types of injuries/illnesses,
- Similar locations of injuries/illnesses, and
- Seasonal trends (e.g., accidents may go up when nearing the holidays due to inattention or during inclement weather months).

Accident Investigations

When you review accident investigation records, make sure you ask questions about the investigation and efforts to prevent future accidents. The establishment should have a *process* in place that addresses accident investigations that includes *the involvement of top management and attempts to identify the root cause of the accident*.

[Note: "Top management" in the Attributes is defined as <u>the</u> "top manager" (i.e., a single individual).]

Activity—Questions about Injury and Illness Data

Work with your partner and each of you take a turn to ask a question that would help you gather cues related to the Attributes in the table on the following page. You need to determine if the client uses injury, illness, and incident data to aid hazard detection activities and to set safety and health priorities. Analyzing the injury/illness data will help you focus on areas and processes during your assessment.

- _____

- _____

- _____

- _____

- _____

- _____

- _____

Applicable Attributes—Injury, Illness, Incident Data		Component
Attribute 6	Accidents are investigated for root causes.	Operational
Attribute 10	Incidents are investigated for root causes (stretch item).	Operational
Attribute 20	Workplace injury/illness data are effectively analyzed.	Managerial
Attribute 21	Hazard incident data are effectively analyzed.	Managerial

Applicable 29 CFR 1960 Addendum Survey Question—Injury, Illness, Incident Data	
1960.66	Does your establishment collect, compile and analyze occupational safety and health data?
	If yes, does your establishment implement corrective actions based on the data?
1960.29	Does your establishment have procedures in place for investigating accidents?
1960.67	Does your establishment have agency officials certify the establishments' injury and illness annual summaries?

After analyzing these data, you should communicate to the client verbally and in the written report how accidents are related to the OHSMS.

Activity—Introduction to Form 33

Since you've been introduced the first set of Attributes, it is helpful to become familiar with the different tools associated with Form 33 and the Attributes. Please note that you won't complete Form 33 until after you've conducted your field visit. Your instructor will demonstrate these tools using a web-enabled computer.

Reviewing Documents and Records

Your review of documents and records will provide insight to several aspects:

- Management commitment to safety and health,
- Employee involvement,
- The effectiveness of hazard prevention, and

- The overall OHSMS.

You will want to verify the documentation and records during the walkthrough through observation and interviews. Therefore, you will want to make notes of items you find in the documents and records to verify during the walkthrough.

When reviewing these documents and records, make sure you inquire about:

- Who writes, reviews, and approves the documents;

- How the documents are disseminated;

- How the documents and records are kept current and controlled; and

- Who has access to the original documents and records.

The client may have documentation, but if it sets on a shelf outdated and collecting dust, it is not useful.

Establishment Safety and Health Policies and Procedures

Establishment safety and health policies and procedures are the umbrella documents that should define the OHSMS. Request any safety and health policies and examine them for:

- Organizational structure;

- Safety and health goals, objectives, and action plans;

- Responsibilities;

- Safety and health committees;

- Safety and health rules; and

- Safety and health performance requirements (including discipline/reward policies).

Management sets the direction of the OHSMS. You will want to determine if the establishment has a clear purpose and direction for its safety and health management function and if it evaluates its OHSMS. In addition to documentation of safety and health goals and priority, you will want to interview top management to gain insight to the cultural component in this area.

Applicable Attributes—Safety and Health Goals and Policy		Component
Attribute 22	A safety and health goal and supporting objectives exist.	Managerial
Attribute 25	A review of the overall safety and health management system is conducted at least annually (stretch item).	Managerial
Attribute 40	Top management policy establishes clear priority for safety and health.	Cultural

(Note: "Top management" is defined as the "top manager." A line manager is one who heads a revenue-generating department and is responsible for achieving an organization's main objectives by executing functions such as policy making, target setting, and decision making.)

Applicable 29 CFR 1960 Addendum Survey Question—Safety and Health Goals and Policy	
1960.71	Does your establishment submit an annual report on its occupational safety and health program to OSHA?
1960.79	Does your establishment have a self-evaluation program in place to evaluate the overall effectiveness at all levels?

When you review an establishment's goals and objectives, keep the following in mind. A goal should be:

- Reasonably achievable,

- Measurable, and

- Include a time frame for completion.

Objectives are specific steps or tasks, when completed, should help an establishment achieve a goal.

Sometimes, establishments will confuse a "consequence" with an objective. It is important that you be able to recognize a "consequence" versus an objective when reviewing an establishment's goals and objectives. A consequence, negative or positive, is the result of implementing an objective.

For example, a goal may be written as, "Reduce injuries and illnesses by 25% within six months." An objective to support this goal may be, "Provide root-cause training for all supervisors." An

ensuing positive consequence may be, "Supervisors that identify the root cause of an accident will be provided a spot award." Whereas a negative consequence may be, "Supervisors that do not identify the root-cause of an accident will not be eligible for a spot award for a one year period."

Activity—Safety and Health Goals/Objectives

Review the following safety and health goals and objectives with your group and explain why or why not they are acceptable. Refer to the information on the previous page to help guide your explanations. Your instructor will review your answers with the class.

Goal	Objectives	Acceptable? Why or Why Not?
Become the safest workplace in the U.S.	Employees shall not receive their "safety bonus" if they caused or contributed to an injury or illness.	
A formal incident investigation system shall be implemented.	The safety committee shall investigate all incidents/near misses by using root-cause analysis and report results in writing.	
	Root-cause analysis training shall be provided to the safety committee.	
	Line managers shall report all injuries/illnesses to the top manager within 1 hour of occurrence.	
Conduct self-inspections.	Employees shall report hazards to their line manager.	
	Line managers shall assure that self-inspections are conducted.	
Improve the safety culture.	Line managers shall be aware of hazards and controls.	
	Workers will be held accountable for safety.	
	All employees shall implement safe-work practices.	
A formal lessons-learned program shall be implemented.	Lessons learned shall be communicated to all employees.	
	Lessons learned will be posted on the establishment's website.	
OSHA-mandated programs will be	The safety committee will review one program bimonthly until all six are reviewed.	

reviewed annually.	Changes to documented programs shall be made according to the document-control procedure.	
	Changes will be communicated to affected employees through training.	

You will also want to collect cues on safety and health responsibilities and how they are assigned and communicated through document review as well as interviews. You will want to ask managers, supervisors, and workers if they understand their responsibilities. Responsibilities may be communicated but not necessarily understood by employees.

Applicable Attributes—Safety and Health Responsibilities		**Component**
Attribute 26	Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.	Managerial
Attribute 27	Each assignment of safety and health responsibility is clearly communicated.	Managerial

Applicable 29 CFR 1960 Addendum Survey Question—Safety and Health Responsibilities	
1960.6	Does your establishment have a designated safety and health official?
	Does your establishment have safety and health officials at appropriate levels?

All employees, including supervisors and managers, should be held accountable for safety and health in a sound OHSMS. Some establishments make safety and health performance a job requirement. You will want to determine if persons making assignments of safety and health responsibilities and personnel receiving such assignments have a mutual understanding of how and when performance will be evaluated. Again, you will collect cues in your document review as well as interviews.

Applicable Attributes—Safety and Health Accountability		Component
Attribute 28	An accountability mechanism is included with each assignment of safety and health responsibility (stretch item).	Managerial
Attribute 32	Organizational policies promote the performance of safety and health responsibilities.	Managerial
Attribute 33	Organizational policies result in correction of non-performance of safety and health responsibilities.	Managerial
Attribute 47	Managers support fair and effective policies that promote safety and health performance.	Cultural

Applicable 29 CFR 1960 Addendum Survey Question—Safety and Health Accountability	
1960.11	Does your establishment evaluate occupational safety and health performance of managers and supervisory employees?
1960.12	Does your establishment disseminate occupational safety and health information, including: the OSH Act, EO 12196, corresponding regulations, OSH poster?
	Does your establishment promote employee awareness of occupational safety and health?

In some establishments, safety and health responsibility may be communicated, but employees are not given the authority to address safety and health deficiencies. You will want to determine if employees, including supervisors, have the necessary authority to perform their safety and health responsibilities.

Applicable Attributes—Safety and Health Authority		Component
Attribute 30	Individuals with assigned safety and health responsibilities have the authority to perform their duties	Managerial
Attribute 44	Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.	Cultural

If safety and health issues are identified and employees have the authority to address the issues, management should provide the necessary resources for mitigation. Again, you will want to verify this through document review and interviews.

Applicable Attributes—Safety and Health Resources		Component
Attribute 31	Individuals with assigned safety and health responsibilities have the resources to perform their duties.	Managerial
Attribute 42	Top management provides competent safety and health staff assistance to line managers and supervisors, as appropriate (stretch item).	Cultural
Attribute 45	Managers allocate the resources needed to properly support the organization's safety and health system.	Cultural

Applicable 29 CFR 1960 Addendum Survey Question—Safety and Health Resources	
1960.7	Does your establishment budget appropriately for the establishment's occupational safety and health program?
Subpart F	Do you have a safety and health committee? Does your establishment's occupational safety and health committee monitor and assist your safety and health program?

Safety and Health Action Plan

Safety and health issues should be identified, tracked, and fixed. The establishment should have a process in place to find and fix these issues. In support of this, the establishment should have a reasonable complete inventory of the safety and health hazards existing at a certain time to serve as the basis for subsequent action planning and priorities. You will want to compare this inventory to your observations during the walkthrough.

The outcome of "find and fix" should result in a documented safety and health action plan that has specific actions with performance time frames to achieve its safety and health objectives. In addition, if the establishment has identified safety and health deficiencies, they should also be identified in an action plan. At a minimum, the plan should describe the goal/deficiency, date identified, responsible person, remediation, and due date. You'll want to note any items that are overdue and make note of those deficiencies that have been fixed to check during your walkthrough. In other words, put succinctly in writing what you think the specific root causes are for the unsafe behaviors and hazards you identified during your walk-through, along with suggested solutions.

Applicable Attributes—Safety and Health Issues Identification		**Component**
Attribute 1	A comprehensive, baseline hazard survey has been conducted within the past five (5) years.	Operational
Attribute 2	Effective safety and health self-inspections are performed regularly.	Operational
Attribute 3	Effective surveillance of established hazard controls is conducted.	Operational
Attribute 4	An effective hazard reporting system exists.	Operational
Attribute 5	Change analysis is performed whenever a change in facilities, equipment, materials, or process occurs.	Operational
Attribute 8	Effective job hazard analysis is performed.	Operational
Attribute 9	Expert hazard analysis is performed.	Operational

Attribute 19	An effective procedure for tracking hazard corrections is in place.	Operational
Attribute 23	An action plan designed to accomplish the organization's safety and health objectives is in place.	Managerial

Applicable 29 CFR 1960 Addendum Survey Questions— Safety and Health Issues Identification	
1960.8	Is your establishment free from recognized hazards that are causing or are likely to cause death or serious physical harm?
1960.26	Does your establishment conduct annual safety and/or health inspections? Does your establishment post notices of unsafe or unhealthful working conditions found during internal inspections?
1960.28	Does your establishment have procedures in place for employees to report unsafe of unhealthful working conditions?
1960.30	Does your establishment have procedures in place to promptly abate unsafe or unhealthful working conditions?
1960.25	Does your establishment have qualified safety and health inspectors?

Safety and Health Rules and Work Practices

The client should have established general workplace rules and specific work practices that prescribe safe and healthful behaviors and task performance methods. These rules and work practices will definitely need to be verified during the walkthrough.

Applicable Attributes—Safety and Health Rules and Work Practices		**Component**
Attribute 12	Effective safety and health rules and work practices are in place.	Operational

Safety and Health Training

The establishment may have a documented training program for all new employees; and specific training targeting managers, supervisors, and workers. The purpose of safety and health training is to ensure that employees have the necessary knowledge and skills to perform their jobs safely.

You will want to ask the client if they have a *new employee orientation* that covers applicable safety and health topics to help assure that new employees who are assuming new responsibilities are aware of policies and procedures.

Workers should also have received training on hazard-specific topics. Many of the training requirements are mandated by OSHA or State-specific regulatory requirements; therefore, you'll want to be familiar with the standards that require specific training (e.g., personal protective equipment).

Also of great importance when assessing a OHSMS are manager and supervisor training. Managers and supervisors should receive appropriate levels of safety and health training. In addition, managers should receive training to help them understand the way and the extent to which effective safety and health protection impacts overall business effectiveness so that they will be more likely to ensure that the necessary OHSMS operates as needed.

Supervisors should receive supervisory training that addresses the supervisor's safety and health management responsibilities as well as information on hazards.

At a minimum, the client should have training records that indicate the topic (and content) and when employees were trained. Again, make notes to follow up during the walkthrough to assure that workers engaged in specific tasks have received required training. If you are conducting a bottom-up assessment, you can observe worker activities and then check the training records for verification.

Applicable Attributes—Safety and Health Training		Component
Attribute 29	Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.	Managerial
Attribute 34	Employees receive appropriate safety and health training.	Managerial

Attribute 35	New employee orientation includes applicable safety and health information.	Managerial
Attribute 36	Supervisors receive appropriate safety and health training.	Managerial
Attribute 37	Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities (stretch item).	Managerial
Attribute 38	Safety and health training is provided to managers.	Managerial
Attribute 39	Relevant safety and health aspects are integrated into management training (stretch item).	Managerial
Attribute 46	Managers ensure that appropriate safety and health training is provided.	Cultural
Attribute 53	Employees are involved in organizational decision making in regard to safety and health training.	Cultural

Applicable 29 CFR 1960 Addendum Survey Questions— Safety and Health Training	
Subpart H	Does your establishment have policies in place for the appropriate occupational safety and health training of management and employees?

During this entire process, you want to evaluate whether the employer is taking pro-active steps to ensure that the training provided is effective. After your review of the documented training program, it may be a good idea to review the documented, required OSHA programs.

OSHA, Alternate, or Supplementary Standards

The client should have documented and *implemented* OSHA-mandated programs that are applicable to the establishment's activities (e.g., lock-out, tag-out). In addition, the establishment may follow alternate or supplementary standards such as NFPA, ANSI, or ACGIH. The establishment should periodically assess the management aspects of these programs. You will determine if the programs are implemented during the walkthrough.

Applicable Attributes—OSHA mandated programs		Component
Attribute 13	Applicable OSHA-mandated programs are effectively in place.	Operational
Attribute 24	A review of in-place OSHA-mandated programs is conducted at least annually.	Managerial

Applicable 29 CFR 1960 Addendum Survey Questions—Alternate or Supplementary Standards	
1960.17	Does your establishment use any alternate standards?
1960.18	Does your establishment use any supplementary standards?

Your review of documents and records will assist you in developing questions for your walkthrough and subsequent interviews for managers, supervisors, and workers. In addition, this review will help you identify deficiencies and noteworthy practices.

Activity—Questions to Verify the OHSMS

Even without actually reviewing documents and records, there are many questions that you may develop for managers, supervisors, and workers based on our review above. Develop at least one question for each of the following areas for managers, supervisors, and workers. Your instructor will review your questions with the class.

Injury, illness, incidents

Manager:

Supervisor:

Worker:

Safety and health policies

Manager:

Supervisor:

Worker:

<u>Safety and health rules and work practices</u>

Manager:

Supervisor:

Worker:

<u>Safety and health training</u>

Manager:

Supervisor:

Worker:

<u>OSHA-mandated programs</u>

Manager:

Supervisor:

Worker:

Walkthrough

Now that you've reviewed any additional documentation and records at the opening meeting, you are now ready to do the walkthrough at the establishment. Please note, however, that you may identify additional documents to review and you'll be verifying cues that you collected during your paperwork review. At this point you should have identified activities; processes; hazards; and developed questions for managers, supervisors, and workers.

Before you begin the walkthrough, you need to ask your escort what PPE is required and you'll need to inspect it before you use it. Also, have your escort review all facility safety and health requirements and follow them. Last, you'll want to inspect and calibrate any safety and health equipment you'll be using. (*Note: You may address issues such as PPE, facility requirements, safety and health equipment prior to the onsite visit – i.e., when the appointment is initially scheduled.*)

If you're working with a team of assessors, you'll want to confirm the areas where each assessor will focus. In doing so, you may want to review floor plans and determine your route for your walkthrough. Last, you'll want to explain the walkthrough plan to everyone involved.

As you accomplish your walkthrough, it is imperative that you ask questions about the work processes, not only for your

understanding, but to also verify your cues from your paperwork review. You'll want to take appropriate notes and photographs.

Some of the key things you'll want to do during the walkthrough include:

- Observe if controls are in place,

- Observe if employees use safe work practices,

- Verify if hazards match the hazards surveys,

- Verify if safety rules are followed,

- Review safety data sheets (SDS) (formerly material safety data sheets, MSDS) and verify if they match up with the chemicals in use,

- Review in-house inspection procedures,

- Review the complaint review process, and

- Verify if employees are aware of documented emergency response procedures.

We will expound upon these items next so you can relate them to the Form 33 Attributes and Addendum.

(Note: During the walkthrough, you will be identifying specific hazards. This training will not cover specific hazards; this is where you'll need to rely on your experience, education, and training. In addition, you may be conducting industrial hygiene (IH) sampling; so you'll be hanging sampling pumps on workers and conducting direct monitoring if needed during the walkthrough or developing a sampling strategy to be carried out on your return visit.)

PPE

If the workers use PPE, you should have reviewed a documented PPE hazard assessment. Observe PPE use by the workers to verify effective use or note when PPE should be used and is not.

Applicable Attributes—PPE		Component
Attribute 14	Personal protective equipment is effectively used.	Operational

Hazard Control Verification

You'll want to verify that engineering controls are in place and used. It's not enough to just note that the controls are there; watch the workers to see how they use the controls or if they deviate from established, safe work procedures which will provide cues about the safety and health culture.

In addition, you will want to note if managers personally follow safety and health rules to set a visible leadership example to workers. If you don't observe any managers in hazardous areas, you may have to rely on management interviews or cues from supervisors and workers to determine this.

Applicable Attributes—Hazard Control	**Component**
Attribute 11	Feasible engineering controls are in place.	Operational
Attribute 43	Managers personally follow safety and health rules.	Cultural

You'll want to observe work to verify your documentation review of:

- Hazard surveys (verify if hazards match the hazard surveys),

- Job hazard analyses (verify if job hazards match job hazard analyses),

- Safety and health rules (verify if workers and managers follow the safety and health rules),

- Safe work practices (note if workers follow safe work practices), and

- OSHA-mandated programs (verify if workers and managers implement the requirements of OSHA-mandated programs).

During your walkthrough, observe the environment and the working conditions to determine if the establishment maintains housekeeping at a level that avoids the creation of workplace hazards. Inattention to housekeeping can cause a plethora of hazards such as slips, trips, falls, and associated injuries from cluttered workspaces.

Applicable Attributes—Housekeeping	**Component**
Attribute 15	Housekeeping is properly maintained.	Operational

Preventive Maintenance

While observing facilities and equipment, verify if the establishment maintains the facilities and equipment in a manner that precludes the creation of physical hazards and avoids the hazardous working conditions often associated with emergency repairs. In addition, preventive maintenance may also preclude the development of health hazards such as noise or inhalation hazards.

Applicable Attributes—Preventive Maintenance		Component
Attribute 18	Effective preventive maintenance is performed (stretch item).	Operational

Activity—Preventive Maintenance

Work with your partner and identify at least six general areas of facilities or equipment that you would want to verify preventive maintenance during a walkthrough.

-                                •

-                                •

-                                •

Safety Data Sheets (formerly Material Safety Data Sheets)

Verify how and where SDS/MSDS are kept. Based on your interview with workers, you can verify if workers are aware of chemical hazards and if they know where the MSDS are located. Make sure that you ask workers if they know the hazards of the chemicals with which they are working.

Applicable Attributes—SDS/MSDS		Component
Attribute 7	SDS/MSDS are used to reveal potential hazards associated with chemical products in the workplace.	Operational

Emergency Planning

If the establishment has a documented emergency plan, you will want to verify emergency requirements outlined in the plan. Ask workers, supervisors, and managers how they would respond to an emergency. Specifically, ask who they would notify in an emergency (e.g., during a chemical spill or fire) and where they would muster. Also ask supervisors how they would account for all employees during an emergency. In addition, check for emergency equipment specified by the plan.

You should also determine if the client has established procedures that ensure timely access to emergency medical care.

Applicable Attributes—Emergencies		Component
Attribute 16	The organization is prepared for emergency situations.	Operational
Attribute 17	The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.	Operational

Applicable 29 CFR 1960 Addendum Survey Questions—Emergencies	
Other OSH Activities	Do you have any policies or procedures in place to address emergency preparedness and/or pandemic flu?

Interviewing Workers

During the walkthrough, you'll want to interview workers. Workers will verify the OHSMS and what management and supervisors tell you. Often, managers have a different perspective than the workers and you will want to bridge the gap between these perspectives.

Before you begin your interviews of workers, you must ask your escort and/or the employee representative for permission to interview employees and if it's OK if the employee is interrupted. This is also a judgment call as you don't want to endanger a worker by interrupting her/him. It is a good practice to be a "fly on the wall" by observing work without getting in the workers' way.

Workers may be nervous when you begin asking questions, so try and put them at ease by being genuinely interested in them and their work. Alternatively, you may ask to interview workers separate from the work area, if the employer permits, since the work area may be loud or any distractions may create a hazard for those in the area.

When you interview employees, you should try to follow these guidelines:

1. Introduce yourself and explain the purpose of your visit. Emphasize that their management and you don't want them injured and that you're there to help ensure their safety.

2. Start by asking the worker to explain to you their task (remember, you're interviewing to collect cues…not to show the worker your knowledge of their process).

3. Try to stay focused on what the worker is saying and at the same time take notes. If you're totally absorbed in taking notes without "listening" and making eye contact with the worker, you won't seem genuinely interested in what the worker is saying.

4. You may also want to ask some standard questions that you developed from the Form 33 Attributes and Addendum.

5. Ask open-ended questions and not close-ended questions that can be answered "yes" or "no."

6. Ask questions about what they believe can help improve safety and health in their work processes.

Many of the questions you ask workers will verify your document review and your interviews of managers and supervisors. You should have some pre-scripted questions from your document review and management interviews. A very important area of questioning is the workers' understanding of the OHSMS. Many different aspects of the worker's job tie into the OHSMS. For example:

- Training,
- Communication of hazards,
- Emergency planning, and
- Employee involvement.

You will have to devise questions to ensure their understanding of the OHSMS.

Activity—Worker Questions

You will be verifying items from your documentation review, in part, through worker interviews. Fill in the right column to indicate those Attributes that you could partially verify from the question asked.

Ask the workers…	To verify…
What are the hazards associated with your job?	
How do you protect yourself from these hazards?	
What are the hazards	

associated with the chemicals you're using? Give specific examples.	
Are you involved in identifying and correcting hazards? Can you give a specific example?	
If you had concerns about a specific chemical, where would you find information?	
What are your responsibilities concerning health and safety?	
How would you report a safety or health hazard?	

There are several cultural Attributes concerned with employee involvement for which you can collect cues from worker interviews. Make sure you ask appropriate questions to gain insight into the following Attributes:

Applicable Attributes—Employee Involvement		Component
Attribute 54	Employees participate in hazard detection activities.	Cultural
Attribute 55	Employees participate in hazard prevention and control activities.	Cultural
Attribute 56	Employees participate in the safety and health training of coworkers (stretch item).	Cultural
Attribute 57	Employees participate in safety and health planning activities.	Cultural
Attribute 58	Employees participate in the evaluation of safety and health performance.	Cultural

Interviewing Managers and Supervisors

Interviews of top management and supervisors are essential to gain insight into the organizational culture. Most likely, you'll have interviewed one or more managers during your documents and records review. However, part of the intent of manager and supervisor interviews is to find inconsistencies between worker and

management perspectives of the establishment's OHSMS. For example, managers may think that they have a sound safety and health environment, when in reality the workers may have exhibited poor implementation of safety and health.

One important aspect of interviews it to ensure that you have a representative sample of all types of employees (i.e., managers, supervisors, and workers). Many managers and supervisors have responsibilities that cover numerous areas. For example, from your documentation review, you may want to interview:

- Top management,
- Line supervisors,
- Safety and health professionals,
- Authors of safety and health documents,
- Preventive maintenance supervisors,
- Accident, incident investigators,
- Specialized group members (e.g., ergonomics and retention),
- Training supervisor.

Again, as with the worker interviews, you will want to devise questions to gain cues to rate the Attributes and thus gain insight into the OHSMS.

Management commitment is essential to the success of a OHSMS and is demonstrated by leadership and involvement in safety and health. Managers should set worker safety and health as a priority, typically manifested as an organizational policy. In addition, managers should make safety and health a line-management function, meaning that all managers and supervisors are responsible for safety, not just the safety and health professionals or the workers. In making safety and health a line-management responsibility, managers must provide competent safety and health assistance to line managers to assist them in appropriately managing safety and health.

Nine of the cultural Attributes you will evaluate involve your assessment of management commitment. Again, some Attributes can be evaluated in part from documentation and interviews of workers. Many of your cues for these nine cultural Attributes will come from your management interviews.

Activity—Management Interviews

You will want to devise questions for management to evaluate, in part, the nine management leadership cultural Attributes. For practice, develop a question for each Attribute. Your instructor will review the questions with the class.

(Note: some of these Attributes were referenced in the document review section but are also applicable here.)

(Note: "Top management" is defined as <u>the</u> "top manager. "Line" and "management" mean anyone with supervisory responsibility.)

Management Leadership Attributes		Question
Attribute 41	Top management considers safety and health to be a "line" function rather than a "staff" function.	
Attribute 44	Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.	
Attribute 45	Managers allocate the resources needed to properly support the organization's safety and health system.	
Attribute 47	Managers support fair and effective policies that promote safety and health performance.	
Attribute 48	Top management is involved in the planning and evaluation of safety and health performance.	
Attribute 49	Top management values employee involvement and participation in safety and health issues.	
Attribute 50	There is an effective process to involve employees in safety and health issues.	
Attribute 51	Employees are involved in organizational decision-making in regard to safety and health policy.	
Attribute 52	Employees are involved in organizational decision-	

	making in regard to the allocation of safety and health resources.	

Sampling

To evaluate health hazards at the facility, the assessor may conduct IH sampling. Sampling is listed here, but in reality started immediately after the opening conference to obtain full-shift (eight-hour) samples or direct reading results during the walkthrough; or even on another day. We won't go into details on how to sample; you'll have to rely on your expertise. However, you should conduct IH sampling in accordance with the sampling/analytical requirements of your establishment.

Closing Conference

After your walkthrough, you'll need to hold a closing conference. If the conference is not held on the same day, you may need to schedule it by coordinating with the establishment's participants. You can communicate with your site contact to determine who needs to attends.

During the closing conference, there are several items you need to discuss. It's always a good idea to thank the participants before you begin communicating the results. People like to hear about the positive things they have achieved. Therefore, it is always best to start the meeting by reviewing those things the establishment does well. This will help you gain buy-in from management before you present the deficiencies. Next, present the OHSMS deficiencies and focus on those that are mission-critical deficiencies. Last, you'll want to review the content and structure of the report.

To show that you have the establishment's best interest in mind, you can offer yourself as a resource (as applicable) and direct the establishment personnel to available resources. You can also provide training and education resources if the site personnel need further training to enhance their OHSMS. For example:

- Association contacts,
- Safety and health publications, or
- Safety and health websites.

Last, you'll want to discuss the time frame for the following items:

- Your report to the establishment,
- Action plan due,
- Abatement dates, and
- Follow up.

<u>Findings</u>

If your establishment follows OSHA's classification system of findings, you may want to explain your findings based on the categories listed below. *(Note: you may also want to reference OSHA's Field Inspection Reference Manual for additional information on these definitions)*:

Imminent Danger	Hazards that can reasonably be expected to immediately cause death or serious physical harm.
Serious Hazard	Hazards that can cause an accident or health hazard exposure resulting in death or serious physical harm.
Other-Than-Serious Hazard	Hazards that lack the potential for causing serious physical harm but could have a direct impact on employee safety and health.
Willful	The employer either knowingly failed to comply with a legal requirement (purposeful disregard) or acted with plain indifference to employee safety.
Repeat	A Federal agency may be cited for a repeated violation if the agency has been cited previously for the same or a substantially similar condition and, for a serious violation, OSHA's regionwide inspection history for the agency lists a previous OSHA Notice issued within the past five years; or, for an other-than-serious violation, the establishment being inspected received a previous OSHA Notice issued within the past five years (http://www.osha.gov/Publications/fedrites.html)

As you review the findings, you will also want to discuss possible methods of correction and any interim protection required by your establishment. You and the management will have to mutually agree to correction dates for all serious hazards, but correction must occur in the shortest feasible time frame. You will want to inform the management that the correction time-frame for serious hazards begins immediately after the closing conference.

OHSMS

After you review the findings, you will discuss the deficiencies of the establishment's OHSMS. Talk about how the injuries and illnesses and findings relate to the OHSMS aspects. You may want to address the operational, management, and cultural components.

Business Case

If you want to explain to the establishment why safety makes good business sense, you can use any standard information that your establishment may have. One excellent resource that you can use is OSHA's $afety Pays Program that can be found at www.osha.gov. Not only does this site provide useful information to provide the establishment, but it also allows the employer to download and use OSHA's "$afety Pays" Expert System. This system allows the employer to input the establishment information to calculate the average cost of an injury or illness. This tool also aids the employer in determining the impact and profitability to her/his business.

Activity—$afety Pays Program

Your instructor will demonstrate the $afety Pays Program on a web-enabled computer.

Below are some of the areas that you may want to communicate when discussing the impact that safety has on a business (from OSHA's $afety Pays website at http://www.osha.gov/dcsp/smallbusiness/safetypays/index.html):

- Effective management and implementation of workplace safety and health programs add significant value to individuals and companies by reducing the extent, severity and consequences of work-related injury and illness.

- Workplaces that establish safety and health management systems reduce their injury and illness costs by 20 to 40 percent.

- Businesses spend $171 billion a year on costs associated with occupational injuries and illness, expenditures that come straight out of company profits and can comprise as much as 5 percent of a company's total costs.

- Preventing injuries and illnesses decreases workers' compensation and retraining costs, absenteeism and faulty product.

- Preventing injuries and illnesses increases productivity, morale and ultimately, profits.

- Consider showcasing what a typical back injury can cost, and relate that to the cost of preventive measures.

In addition, you can explain that the employer may improve the business's bottom line by:

- Lowering injury and illness rates,

- Decreasing workers' compensation costs,

- Reducing lost workdays, and

- Limiting equipment damage and product losses.

You may want to explain the costs in terms of *direct*-cost-savings and indirect-cost savings. Below are some of the direct-cost savings:

- Lower workers' compensation insurance costs,

- Reduced medical expenditures,

- Smaller expenditures for return-to-work programs,

- Fewer faulty products,

- Lower costs for job accommodations for injured workers,

- Less money spent for overtime benefits.

Some of the *indirect*-cost savings include:

- Increased productivity,

- Higher quality products,

- Increased morale,

- Better labor/management relations,

- Reduced turnover,

- Better use of human resources.

Some other helpful statistics taken from $afety Pays that you may want to communicate include:

- Nearly 50 American workers are injured every minute of the 40-hour workweek and almost 17 die each day.

- Since OSHA was created 28 years ago, workplace fatalities have been cut in half.

- More than 500 workplaces, representing 180 industries, save $110 million each year because their injury rates are 50 percent below the average for their industries.

- Nearly one-third of all serious occupational injuries and illnesses stem from overexertion or repetitive motion. These are disabling, expensive injuries. They cost our economy as much as $20 billion in direct costs and billions more in indirect costs.

- Only about 30 percent of businesses have established safety and health programs. About half of the 95 million workers who would be covered under an OSHA safety and health program standard don't have that protection today. Studies have shown a $4 to $6 return for every dollar invested in safety and health.

You will also want to ask the employer if she/he knows what their experience modification factor (EMF) or experience modifier (e-

mod) is for their workers' compensation insurance. The EMF is a mathematical adjustment to the employer's *manual premium* (i.e., the premium that the employer pays for workers' compensation insurance that is calculated by a rating bureau or advisory organization that is based on payroll data and historic loss for a particular industry). Those industries that are assigned a higher hazard code (e.g., logging or roofing) pay a higher manual premium than those industries that are assigned a lower hazard code. The EMF is based on the establishment's losses and injuries/illnesses.

An establishment that has "average losses" will have an experience modifier of "1.00." Companies that have higher average losses will have an EMF greater than 1.00 and those with lower average losses will have an EMF less than 1.00. Those with an EMF of 1.0 will pay 100% of their manual premium; whereas an establishment with an EMF of 1.54 will pay 154% of their manual premium.

Thus, if your establishment decreases its injury/illness rates, and subsequently the insurance claims that are submitted, it will see a cost savings in workers' compensation insurance.

Summary

To assess an establishment's OHSMS effectively and thoroughly, an effective site visit relies on your motivation and ability. This involves interacting with all levels of employees, reviewing and verifying documentation, and evaluating the workspaces. Communication and documentation are both key elements of the site visit. Your efforts during the site visit should help reduce injuries and illnesses and improve the business aspect of the establishment.

Module 5: Written Report

Module 5: Written Report

The final written report will contain the rolled-up findings, noteworthy practices, and evaluation of the OHSMS. In this module, we'll practice scoring Attributes and evaluate the OHSMS for our fictitious establishment.

Objectives

When you have completed this module, you will be able to:

- Appropriately score the Form 33 and Addendum;

- Conduct a tier analysis;

- Identify strengths and weaknesses in the site OHSMS, through the use of Form 33 and Addendum results;

- Document findings and recommendations to improve OHSMS performance; and

- Provide an approved report to accountable officials.

Form 33 and Addendum

After you complete your walkthrough, you are now ready to complete Form 33 and the Addendum. Before we address other steps in writing the report, we're going to address, *and practice*, how to score Form 33.

Form 33 is an online form that contains the Attributes that we addressed in *Module 4*. You will score those Attributes for which you have cues; the quality of your ratings is extremely important as the data you enter will be used in the OSHA National Database to formulate national averages.

(*Note: for this training, we have developed a generic Establishment Demographics Form to reflect the type of information you'll be collecting.*)

Rating Attributes

To help you assign accurate ratings to Attributes, Form 33 is linked to "assessment tips." These tips provide guidance on the type of cues to use in rating Attributes. Try and rate as many Attributes that you can, but it is important that you only rate those Attributes for which you have cues. It is better if you rate a smaller number of Attributes with high quality rather than rating a larger number with low quality. Please, don't guess! When rating, you must strive to:

- Avoid bias in ratings and

- Adopt systematic rating methods.

A good way to help avoid bias is to have your ratings peer-reviewed. You will want to avoid the following biases in rating your establishment:

1. Bias toward all establishments.

    - A generosity bias is one where all establishments get a good rating.

    - A central tendency bias is one where all establishments get an average rating.

    - A severity bias is one where all establishments receive a bad rating.

2. Bias toward types of establishments.

    - For example, all road paving operations receive a low score since you know in your heart most are not compliant.

3. Bias toward individual companies.

    - For example, "the halo effect" where an establishment did one good thing recently.

One sound systematic method for rating Attributes is based on the three-component model of an OHSMS (i.e., operational, managerial, and cultural) that we've already covered and the use of your cues collected during the assessment.

Using Cues to Rate Attributes

The rating system was introduced in *Module 3* and is provided here as a review. You will rate each of the Attributes that you assess on the following scale of 0-3:

Rating	Definition (per the OSHA Policies and Procedures Manual)
0	No safety or health procedures/policies are even partially present to correct this hazard (No Activity)
1	Some safety or health procedures/policies are present although major improvements are needed (Little Activity)
2	Considerable safety or health procedures/policies are present with only minor improvements needed (Most Activity Completed)
3	No additional safety or health procedures/policies are needed at this time (No Additional Activity Needed)

When you rate your Attributes, keep in mind that you'll be using *confirming* cues and *negating* cues. The confirming cue will confirm the implementation of the Attribute, whereas a negating cue will negate the implementation of the Attribute. The following guidelines are provided in using confirming and negating cues when rating Attributes. For example, in looking at the rating value of "0," you would not assign a "0" if you have a single confirming cue; that is, the value of "0" is eliminated by a single confirming cue that the Attribute is in place.

Rating Value	Definition
0	Eliminated by a single confirming cue.
1	Requires one or few confirming **and** multiple negative cues.
2	Requires multiple confirming cues **and** one or few negating cues.
3	Eliminated by a single negating cue.

Activity—Confirming Vs. Negating Cues

Given the following cues, classify them as either confirming or negating for the Attribute, and rate the Attribute.

Attribute: An effective hazard reporting system exists.

Cue 1	Worker was exposed to live electrical wires on a motor.	☐ Confirming Cue ☐ Negating Cue
Cue 2	Worker was aware that the exposed electrical wires were a hazard but failed to report the hazard.	☐ Confirming Cue ☐ Negating Cue
Cue 3	The organization had a documented hazard reporting procedure in place.	☐ Confirming Cue ☐ Negating Cue
Cue 4	The manager stated that he will promote hazard reporting in the facility by implementing a reward system.	☐ Confirming Cue ☐ Negating Cue
Attribute Rating (circle one)		0 1 2 3

When you have completed Form 33, you will want to save it and print it for your Program files and for the establishment.

Tier Analysis

When assessing a OHSMS, you should realize that identified hazards may be related to deficiencies in the Operational, Managerial, or Cultural Components. There are three analytical tiers that you can use to determine if the hazards are linked to these three components.

Tier I Analysis

Tier I analysis links an identified hazard to an Operational Component problem. It rests on the premise that the hazard was present due to a failure to identify the hazard or a failure to fix the hazard. Employees may not be aware that a "hazard" is a *hazard* (failure to find). On the other hand, they may be aware of the hazard, but due to extenuating circumstances (e.g., equipment configuration or work processes) they did not fix (or report) the hazard (failure to fix).

In linking a hazard to an Operational Component Attribute, you need to first determine if a responsible person has "effective knowledge" of the hazard. An "effective knowledge" means that the responsible person knew the hazardous condition or activity

existed and had at least a general understanding or suspicion that the hazard could lead to injury. Once you have the answer to this question through your interviews, you can use the following table to link the hazard to an Operational Component.

Responsible Person has "Effective Knowledge" of the Hazard	Problem	Link Hazard to:
No	Failure to find	Anticipation and Detection Subcomponent (Attributes 1-10)
Yes	Failure to fix	Prevention and Control Subcomponent (Attributes 11-19)

If you determine that the hazard led to a "failure to fix," you may link this failure to a Managerial Component in a Tier II Analysis.

Tier II Analysis

A Tier II Analysis is considered the heart of the Managerial Component and the gateway to the Cultural Component. A Tier II Analysis can be used to link an operational failure to the Managerial Component using the following examples (see the Cross References for Revised Form 33 in the Appendix for a complete list):

Problem	Administrative and Supervisory Subcomponents
Assignment of Responsibility	Attributes 26, 27, and 28
Training of Responsible Person	Attribute 29
Authority of Responsible Person	Attribute 30
Resources of Responsible Person	Attribute 31
Motivation of Responsible Person	Attributes 32 and 33

Tier III Analysis

A Tier III Analysis links a Managerial problem to a Cultural Component problem of either management leadership or employee participation or both. A bottom-up assessment of an individual

hazard may not reveal a clear link to the Cultural Component, but a bottom-up analysis of multiple hazards with common Managerial problems should provide linkage to the Cultural Component.

Activity—Tier Analysis

Using the same cues from the *Confirming vs. Negating Cues Activity* above and the tier analysis information, conduct a Tier II analysis. Use the blank Form 33 in the back of your manual as a reference.

Question 1: Did the responsible person have effective knowledge of the hazard?   YES   NO

This problem is a:

☐ Failure to Find

☐ Failure to Fix

Operational Component Link(s):

-
-
-

Managerial Component Link(s):

-
-
-

Activity—Attribute Rating Practice #1—Bottom Up Safety Assessment

The background information for the Four Corners Medical Center is provided again below, along with the findings from the safety and health assessors. As a group:

1. Examine each safety item and accompanying assessor notes to identify rating cues.

2. Classify each hazard as "Failure to Find" or "Failure to Fix" (Tier I Analysis).

3. Link each safety item (hazard) to one or more attributes in the Operational Component using Tier I Analysis. Using the total cues you have identified, assign ratings to the relevant Operational Attributes. Enter your group ratings on the blank Form 33 worksheet.

4. Answer "yes" or "no" to the Addendum questions OR provide interview questions or documentation that you would need to answer the Addendum question.

5. Provide your ratings of the first 19 attributes and your Addendum questions to the instructor and be prepared as a group to defend your scores with either positive or negative cues.

<div align="center">Establishment Background Information</div>

The Four Corners Medical Center (FCMC) is a new Federal Bureau of Prisons (FBP) health care complex located in Cortez, Colorado at 1024 Sandfort Road. The FCMC consists of a main hospital that provides emergency, surgical, and long-term patient care, as well as separate, on-campus mental health, vision, dental, and physical therapy services. Jillian Jacobo, the Medical Center Director, requested a thorough review of facility health and safety from her Agency after, as she put it, "several employees had been seriously injured in the first year of operations". You have been assigned to evaluate the FCMC OHSMS as part of the assessment request.

The Four Corners Medical Center is very similar to other health care systems, only with much tighter security. The main hospital offers emergency medical and surgical treatment, laboratory and radiological diagnostics, and most general hospital specialty services including cardiology, neurology, orthopedics, and urology. The facility serves FBP inmates from an eight-state region and offers limited, outsourced medical services to the State of Colorado Department of Corrections and nearby tribal governments. The separate on-campus mental health facility is a high-security, in-patient facility where patients are evaluated and treated for mental health conditions that require their separation from general prison

populations. Both the main hospital and the mental health facility are new buildings erected in the previous two years. The old medical clinic buildings on-campus have been converted to medical office buildings that provide vision, dental, and physical therapy services for FCMC patients and out-patient inmates that are regularly bused in from the nearby federal prison.

The main hospital and mental healthcare facility operate 24 hours per day, year round. The vision, dental, and physical therapy clinics operate Monday through Friday from 9:00AM to 4:00PM, excluding federal holidays. The FCMC has 772 employees as follows:

- Custodial – 8 supervisors, 51 workers

- EHS - 1 supervisor, 1 worker

- Food Service – 4 supervisors, 43 workers

- Grounds Crew – 1 supervisor, 9 workers

- Maintenance – 14 supervisors, 92 workers

- Medical/Technical – 12 supervisors, 32 workers

- Nursing – 32 supervisors, 293 workers

- Office - 7 supervisors, 38 workers

- Physicians - 10 supervisors, 29 workers

- Security – 6 supervisors, 50 workers

- Warehouse – 2 supervisors, 17 workers

(Note: Supervisors include direct supervisors and Department Managers. All Department Managers report directly to the Medical Center Director.)

Form 300 indicates a one-year DART Rate of 3.2 compared to a 2.9 national rate for NAICS 622110. The FCMC has only been in business for one year, therefore you do not have enough information to compute a three year average. One illness was reported in the past year. There were several injuries resulting from patient violence and manual materials handling (including patient handling), as well as chemical exposures and general injuries. The FCMC has never been inspected by OSHA.

The Medical Center Director requested a thorough review of facility health and safety.

Assessor Notes from Opening Conference

I held the opening conference with the Medical Center Director and Safety Committee. The large Safety Committee is chaired by the EHS Manager and includes Department Managers from most Medical Center departments save for a

Managing Physician and Warehouse Manager. No non-managerial employees are members of the committee. The committee appears to be very enthusiastic. They meet quarterly to discuss recent incidents and have issued three "safety directives" this year, through mass email, informing employees about how to avoid injuries during work. The directives have focused mainly on avoiding needle sticks and fire prevention and response. The EHS manager has a background in fire safety and he performs monthly inspections of fire protection equipment, as well as equipment access, signage, and egress issues. The EHS Manager investigates accidents, and a review of several First Reports indicates a poor job of identifying root causes. The committee sees their role as preventing accidents and managing injuries within the Medical Center. Employee "complaints" are managed by Human Resources' online employee feedback system, and health and safety specific "complaints" are brought to the attention of the Safety Committee through the HR Manager. However, only a few safety-related complaints were brought to their attention regarding security for violent patients. Responsibility for maintaining the Form 300 and updating the online MSDS database falls to the EHS technician, who is not a member of the committee, or present at the opening conference. The committee has no budget; all expenditures to correct safety deficiencies are assigned to either the Maintenance or Human Resources departments, and must be negotiated by the Department Managers. Only the EHS Manager has received any formal safety training, and that training has been limited to fire safety and emergency response.

Hazards Identified During the Safety Walkthrough

S-1. 1910.22(a)(1). Housekeeping was poor in the kitchen. The floor was slick and noticeably dirty, and food containers, dirty dishes, and cardboard boxes were scattered about and spilling into narrow kitchen walkways. Note: the maintenance shop, grounds shop, and mechanical room were organized (e.g., tools and equipment) and clean.

The Food Service Manager indicates that he has been concerned for some time about housekeeping in the kitchen, and says he requested additional storage shelves and cabinets to solve the problem but has not followed up on the request.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-2. 1910.212(a)(2). The fixed machine guard had been removed from the fly wheel for a mechanical pump in the chiller room of the main hospital. (Note: two additional machine/equipment guards were found missing, see S-5 and S-6.)

The Maintenance Manager indicated that the guard must have been removed during service (the guard was propped up against the wall nearby). He immediately called for a mechanic to replace a guard. The mechanic reported that the pump had been giving him troubles for weeks and he had not planned to replace the guard until he knew the pump was not going to require more service.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-3. 1910.215(a)(4). The work rests on the stand grinder in the Maintenance Shop were too far from the abrasive wheel.

Maintenance Supervisor and staff members indicated that they were unaware that the adjustment of work rests is a safety issue.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-4. 1910.215(d)(1). Ring tests for abrasive wheels were not being documented in the Maintenance Shop.

A Maintenance Staff member reported regularly ring testing abrasive wheels and was able to correctly demonstrate the procedure. However, there was no documentation as required by the establishment to indicate the tests. The employee was unaware that the test should be documented and the Maintenance Manager was unaware of this requirement.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-5. 1910.243(c)(3). There was no guard for the abrasive wheel on the portable right-angle grinder in the welding area.

A Maintenance staff member had removed the guard to allow for greater ease of use. He knew the missing guard could be a hazard, but thought he could avoid an accident because of his experience working with the equipment. The Maintenance Manager asked for the equipment to be taken out of service and indicated that the employee should ask for a better tool before damaging hospital property.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-6. 1910.219(3)(1)(i). There was no guard on the v-belt drive on the air compressor located in a mechanical room in the Mental Health Facility.

The Maintenance Manager says the guard has been missing as long as he can remember, and he doesn't understand why it represents a safety hazard anyway because almost no one goes in that room on a regular basis.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-7. 1910.334(a)(3)(ii). The equipment grounding prong had been removed from the attachment plug on the portable saw in the Grounds Shop. (Note: Nine additional portable tools had required grounding prongs.)

A Grounds staff member reported removing the grounding prong in order to plug in the saw. The Grounds Manager was not aware the prong was missing, and thought it would be unlikely that maintenance would be willing to replace the shop outlets any time soon.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-8. 1910.254(b)(4)(iv). The terminals for the welding leads on the #5 arc welder in the Maintenance Shop were not insulated to protect them from accidental contact.

The employee was aware of the hazard but did not seem concerned. He felt he could "work around" the hazard if he was careful. The Maintenance Manager had not noticed the missing insulation.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-9. 1910.133(a)(1).

Two of three employees operating portable grinders in the Maintenance Shop were not wearing eye protection.

Individually assigned eye protection is provided and the required use of eye protection is posted. One employee indicated that he usually wears the protection but forgot in this case because the task only required a second or two of touch-up. Stated that he has never been corrected by his supervisor when this happens.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

S-10. 1910.147(c)(1). There was no lockout program at this facility.

When asked, an equipment technician indicated that no LOTO program existed, and although he finds this troubling, he has never reported the concern. The EHS Manager was able to produce a generic written lockout policy that was not site-specific, but the Maintenance Manager claims he was never informed of any such policy.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

Pending. Will consult with other OFP staff to discuss potential 5(a)(1) violation for inadequate safeguards to protect workers from workplace violence, as addressed in OSHA Pub. 3148-01R 2004.

Several Nursing and Security staff members reported concerns about workplace violence. The Security Manager stated FCMC follows all FBP requirements regarding security for civilian personnel, but that accidents will happen when handling violent offenders.

☐ Failure to Find

☐ Failure to Fix

Tier I Analysis Operational Attribute(s):

Hazard Anticipation and Detection						
	0	**1**	**2**	**3**	**N/A**	**NE**
1. A comprehensive baseline hazard survey has been conducted within the past five (5) years.						
Comments:						
2. Effective safety and health self-inspections are performed regularly.						
Comments:						
3. Effective surveillance of established hazards controls is conducted.						
Comments:						
4. An effective hazard reporting system exists.						
Comments:						
5. Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.						
Comments:						
6. Accidents are investigated for root causes.						
Comments:						
7. SDS/MSDS are used to reveal potential hazards associated with chemical products in the workplace.						
Comments:						
8. Effective job hazard analysis is performed.						
Comments:						
9. Expert hazard analysis is performed.						
Comments:						
10. *Incidents are investigated for root causes.						
Comments:						

Hazard Prevention and Control						
	0	1	2	3	N/A	NE
11. Feasible engineering controls are in place.						
Comments:						
12. Effective safety and health rules and work practices are in place.						
Comments:						
13. Applicable OSHA-mandated programs are effectively in place.						
Comments:						
14. Personal protective equipment is effectively used. .						
Comments:						
15. Housekeeping is properly maintained.						
Comments:						
16. The organization is properly prepared for emergency situations.						
Comments:						
17. The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.						
Comments:						
18. *Effective preventive maintenance is performed.						
Comments:						
19. An effective procedure for tracking hazard correction is in place.						
Comments:						

What additional interview questions and documentation would you need to rate the following 29 CFR 1960 Addendum questions? Please write your answers below the following table.

29 CFR 1960 Addendum Survey Questions	
1960.8	Is your establishment free from recognized hazards that are causing or are likely to cause death or serious physical harm?
1960.26	Does your establishment conduct annual safety and/or health inspections?
	Does your establishment post notices of unsafe or unhealthful working conditions found during internal inspections?
1960.28	Does your establishment have procedures in place for employees to report unsafe of unhealthful working conditions?
1960.29	Does your establishment have procedures in place for investigating accidents?
1960.17	Does your establishment use any alternate standards?
	If yes, have you requested and received approval from your Agency?
1916.18	Does your establishment use any supplementary standards?
	If yes, have you requested and received approval from your Agency?
1960.30	Does your establishment have procedures in place to promptly abate unsafe or unhealthful working conditions?
Other OSH Activities	Do you have any policies or procedures in place to address emergency preparedness and/or pandemic flu?

Questions:

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Documentation:

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Activity—Attribute Rating Practice #2—Bottom Up Health Assessment

The information in this activity reflects a health visit that takes place three weeks after the safety visit in *Attribute Rating Practice #1*. Again, individually read the following background information. As a group:

1. Examine each health item and accompanying assessor notes to identify rating cues.

2. Link each health item (hazard) to one or more attributes in the Operational Component using Tier I Analysis. Using the total of all cues you have identified (both safety and health), determine if any of the ratings in the Operational Component should be changed or rated as NE.

3. Perform Tier II analysis to link the Operational Attributes to appropriate attributes in the Administration and Supervision Subcomponent (Attributes 20-39) in the Management Component. Using the total cues (safety and health) that have been identified, assign ratings to the Managerial Attributes.

4. Record changes and additions to the first 19 attributes in Attribute Rating Practice #1 worksheet and be prepared to announce changes.

5. Answer "yes" or "no" to the Addendum questions OR provide interview questions or documentation that you would need to answer the Addendum question.

6. Provide your ratings of Attributes 20-39 (Administration and Supervision) and be prepared to defend them with cues.

Hazards Identified During the Health Walkthrough

H-1. 1910.95(a). Hearing protection was not provided to the employee stationed in the boiler and chiller rooms in the Mental Health Facility. The employee exposure to noise was equivalent to an 8-hour time-weighted average of 91 dB(A).

A Maintenance staff member complained of the noise in the boiler area and pointed out the sign that said "hearing protection required." However, he had never been provided the PPE and chose to bring in his iPod earbuds from home (without music playing) to protect his ears. He complained that the earbuds were uncomfortable and were not very effective at cutting down the noise. His supervisor was aware of the signage and was surprised that this employee did not have

hearing protection and was not enrolled in the Medical Center's Hearing Conservation Program. The employee was immediately provided with appropriately rated foam insert HPDs and the manager said he would add the employee to the HCP. The employee was unaware of the online complaint system and did not often see his supervisor, who works at the main hospital. (Note: observed that two employees in the Maintenance Shop were wearing required hearing protection during grinding operations.)

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-2. 1910.1450(e)(1). The laboratory did not have a written Chemical Hygiene Plan for use of laboratory-scale hazardous chemicals, including hydrofluoric acid (HF).

The Laboratory Manager did not have a written Chemical Hygiene Plan (CHP), and produced the written FCMC Hazard Communication Program instead when asked. She was unaware of a separate CHP requirement, as was the EHS Manager. The Laboratory had adopted a quality management system, and many of the requirements of 1910.1450 appeared to be in order. The Laboratory Manager, in conjunction with the EHS Manager, said they will work together to develop the written CHP.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-3. 1910.1030(d)(2)(i). Contaminated sharps were disposed of improperly.

A used needle was observed in a medical waste bin, and more than one custodian reported having been stuck when changing out the liners for medical waste bins. Puncture-resistant sharps containers were evident and accessible in all patient care areas. Several nursing staff members and nursing supervisors were asked about the improper disposal of needles. All seemed to understand the proper disposal requirements and did not believe that needles were being improperly disposed. The Housekeeping Manager said she would request puncture-resistant gloves for all custodians if the issue was not resolved. The Nursing Supervisor, nursing staff, and the Housekeeping Manager all recalled the safety directive on needle sticks issued by the Safety Committee. The custodians were unaware of the directive.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-4. 1910.1030(2)(xiv). Dialysis equipment was not decontaminated prior to servicing.

A Maintenance Mechanic was servicing recently used dialysis equipment while wearing leather work gloves. The mechanic indicated having to repair this particular machine several times and chose to wear the work gloves to prevent skin contact with contaminated surfaces. The procedures for decontaminating the equipment were located in the equipment manual the mechanic was referencing. Neither the mechanic nor the Maintenance Supervisor was aware of the decontamination requirement or the procedures in the instruction manual. The Maintenance Supervisor said he would require employees to wear appropriate gloves and follow the manufacturer's decontamination procedures.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-5. 1910.1030(g)(2)(vii)(N). Employee training about Hepatitis B was administered by an untrained HR staff member, consisted of only a video presentation, and did not allow employees the opportunity to ask questions. (Note: Hearing conservation, respiratory protection, and hazard communication training were adequately provided by the EHS Manager.)

While BBP training records were up to date, the method of training was not interactive and did not provide the opportunity to ask questions. The HR staff member, HR Manager, and EHS Manager were unaware of this requirement. The EHS Manager had "borrowed" the video from a previous job and assumed it fulfilled all regulatory requirements. The EHS Manager (who is also the Infection Control Officer) said he would attend future video trainings to answer questions after the video.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-6. 1910.132(d)(1). No formal assessment to evaluate potential use of PPE was conducted.

No one was aware of the requirement.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

Pending. Three documented safety and health inspections were accomplished by two staff members with no formal training. The EHS Manager stated that he reviewed the results and felt confident that the staff members were competent even without "formal" training. He stated that he does not have time to do assessments with all of his other duties.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-7. 1910.1200(g)(8). MSDS were not readily accessible to all employees in their work areas.

Maintenance, Housekeeping, and Grounds staff were not able to produce an MSDS for the hazardous chemicals they use regularly. One employee was aware of the online system but there was not a computer readily available in his work area. In addition, he was not able to login to the MSDS database when we found a computer in a supervisor's office. Two other employees were unaware of the online MSDS database. MSDS binders were not provided in areas without a computer and where employees did not have login access. Laboratory staff was able to produce the appropriate MSDS when asked using the online database. The EHS Manager acknowledged that he had been aware of the discrepancy, but that he did not have the resources to enact the solutions he had come up with (providing more computers with login access or several MSDS binders). The EHS Manager said he will work with the Safety Committee and IT to find a solution.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-8. 1910.1200(f)(5)(i) and (f)(7). There were many instances of cleaning chemicals stored in unlabeled containers and in unlabeled portable secondary containers (outside of employee control), particularly in custodial closets.

The Housekeeping Manager purchases bagged chemical concentrates to save money, but had not yet purchased the plumbed-in mixing stations that the bagged cleaning products were designed for. As a result, custodians were using old cleaning product bottles to mix and store cleaning products in custodial closets. The Housekeeping manager has received numerous complaints about the bagged chemicals, and is planning to slowly begin purchasing the mixing stations as funds become available. She estimates it may take at least a few

years to purchase all of the mixing stations. The employee complaints had not been conveyed to the Safety Committee.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-9. 1910.134(c)(1). Nursing staff and physicians provided with disposable N95 respirators for protection against biological exposures were not enrolled in the FCMC respiratory protection program.

The Nursing Manager and Managing Physician were unaware of RPP requirements for staff using N95s. The FCMC has a RPP in place for Maintenance Staff who use APRs and PAPRs, but the EHS Manager did not believe N95s fell under the RPP requirements. The EHS Manager suggested the use of N95s might be voluntary, but the Nursing Manager indicated that they were required when in contact with certain infectious cases.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-10. 1910.134(h)(2). PAPR hoods and blowers were not stored in a sanitary, protected place, away from the location of use. These were observed lying on the worktable adjacent to the welding station in the Maintenance Shop during employee lunch breaks and at the end of the work shift.

The Maintenance Manager said that the staff had been told to stow their respirators in their lockers during lunch break and at the end of the shift. One of the staff members said that

no one had ever told him that. Another said he had been told, but it seemed more like a suggestion than a rule.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

H-10. Hazard Alert. Issued an Ergonomics Hazard Alert Letter to FCMC for failing to adequately address ergonomics hazards resulting in MSDs.

The Hospital Director explained that mechanical lift-assist devices are available to nursing staff members on each floor of the hospital. In addition, she claims that nursing and warehouse staff are told to use a team-lift approach if a lift is too heavy to handle alone. Two nurses aides reported being aware of this policy, but stated there was often not enough time or staff to use a team-lift approach or lift-assist device when handling patients. Warehouse staff claimed they use their mechanical assist devices when necessary, but rarely are the packages too heavy to manage.

The letter describes the nature of hazards observed and the type of MSDs occurring due to MMH, and asks the employer to implement abatement controls to prevent further MSDs. We discussed potential resources for addressing ergonomics hazards, including OSHA Pub 3182-2003. The date for the 12 month follow-up inspection is TBD.

Tier I Analysis Operational Attribute(s):

Tier II Analysis Operational Attributes to Attributes 20-39:

Planning and Evaluation						
	0	**1**	**2**	**3**	**N/A**	**NE**
20. Workplace injury/illness data are effectively analyzed.						
Comments:						
21. Hazard incidence data are effectively analyzed. .						
Comments:						
22. A safety and health goal and supporting objectives exist.						
Comments:						
23. An action plan designed to accomplish the organizations safety and health objectives are in place. .						
Comments:						
24. A review of in-place OSHA-mandated programs is conducted at least annually.						
Comments:						
25. *A review of the overall safety and health management system is conducted at least annually.						
Comments:						

Administration and Supervision						
	0	**1**	**2**	**3**	**N/A**	**NE**
26. Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.						
Comments:						
27. Each assignment of safety and health responsibility is clearly communicated.						
Comments:						
28. *An accountability mechanism is included with each assignment of safety and health responsibility.						
Comments:						
29. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.						
Comments:						
30. Individuals with assigned safety and health responsibilities have the authority to perform their duties.						
Comments:						
31. *Individuals with assigned safety and health responsibilities have the resources to perform their duties.						
Comments:						
32. Organizational policies promote the performance of safety and health responsibilities.						
Comments:						
33. Organizational policies result in correction of non-performance of safety and health responsibilities.						
Comments:						

Safety and Health Training						
	0	**1**	**2**	**3**	**N/A**	**NE**
34. Employees receive appropriate safety and health training.						
Comments:						
35. New employee orientation includes applicable safety and health information.						
Comments:						
36. Supervisors receive appropriate safety and health training.						
Comments:						
37. *Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.						
Comments:						
38. Safety and health training is provided to managers.						
Comments:						
39. *Relevant safety and health aspects are integrated into management training.						
Comments:						

What additional interview questions and documentation would you need to answer the following 29 CFR 1960 Addendum questions? Please include your answers below the following table.

29 CFR 1960 Addendum Survey Questions	
1960.66	Does your establishment collect, compile and analyze occupational safety and health data?
	If yes, does your establishment implement corrective actions based on the data?
1960.67	Does your establishment have agency officials certify the establishment's injury and illness annual summaries?
1960.79	Does your establishment have a self-evaluation program in place to evaluate the overall effectiveness at all levels?
1960.25	Does your establishment have qualified safety and health inspectors?
Subpart H	Does your establishment have policies in place for the appropriate occupational safety and health training of management and employees?
1960.06	Does your establishment have a designated safety and health official?
	Does your establishment have safety and health officials at appropriate levels?
1960.11	Does your establishment evaluate occupational safety and health performance of managers and supervisory employees?
1960.70	Does your establishment provide a summary of any fatality and catastrophic accident investigation to OSHA's Office of Federal Agency Programs?
1960.71	Does your establishment submit an annual report on its occupational safety and health program to its Agency?

Questions:

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Documentation:

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Activity—Attribute Rating Practice #3—Top-Down Assessment

Individually read the notes of the notes from an interview with the Medical Center Director. Refer back to the findings and notes in the two previous activities as necessary to complete the following:

As a group:

1. Examine the safety assessor's notes from his interview with the owner to identify rating cues.

2. Link the new cues to an appropriate attribute by notation on the Form 33 partially completed in the previous sessions.

3. Perform Tier III analysis where possible, linking Managerial Attributes to Cultural Attributes.

4. Evaluate the cumulative effect of cues on each attribute and rate as many attributes as you can.

5. Answer "yes" or "no" to the Addendum questions OR provide interview questions or documentation that you would need to answer the Addendum question.

6. The instructor will ask each group spokesperson to report the Cultural Attributes addressed and the ratings assigned by the group.

Interview With Medical Center Director, Jillian Jacobo

Ms. Jacobo's background is in federal HR administration. She says she became concerned about health and safety at the hospital when her niece (a nursing staff member) threw out her back while moving a patient soon after the Medical Center opened. As a resulted, she championed the formation of the Medical Center Safety Committee and allocated funds for an EHS technician to assist the EHS Manager. She says she values the safety of Medical Center patients and staff above all others, and was disappointed to learn about the high number of injuries during the EHS Manager's first annual performance review. She hopes this evaluation will aid the EHS Manager in preventing further injuries at the Medical Center.

Assessor: "Have you issued a written policy statement to let your employees know that workplace safety and health is a top priority for you?"

Ms. Jacobo: "No, I haven't. Our EHS Manager manages all safety-related policies. I'll check if he has issued one, and if not I'll request that he and the Safety Committee draft a policy that I'll sign and we'll distribute it through email."

Assessor: "Are you able to reach all employees through email?"

Ms. Jacobo: "Everyone who needs access to our online system has it. Supervisors normally relay pertinent information to those employees that do not have access. It would probably be reasonable to post this policy in break room areas, but I would leave that up to the Safety Committee to decide."

Assessor: "Whom do you hold responsible for health and safety?"

Ms. Jacobo: "Our EHS Manager is ultimately responsible for ensuring the safety of all our staff. However, he cannot prevent everyone from exercising poor judgment. Therefore it is up to everyone to know the safety rules and to abide by establishment policy to keep themselves safe."

Assessor: "How do you hold your supervisors accountable?"

Ms. Jacobo: "I personally conduct an annual performance review of my Department Managers. My EHS Manager is directly responsible for health and safety at this facility. If he has any issues with the other managers on the Safety Committee, he knows he can come to me and I will take care of it. It has also been suggested by my EHS Manager to try a bonus pay system to reward Department Managers for safety performance, but frankly we just do not have the resources at this time. However, I have been mulling over some form of non-monetary recognition program as a safety incentive. Unfortunately, I've just not had the spare time to deal with it yet."

Assessor: "What about discipline for your employees?"

Ms. Jacobo: "We have a progressive disciplinary policy here that our employees are informed of during their orientation. Not just for safety but for everything. Employees who misbehave are first given a verbal warning, then a written warning, and then they need have a sit-down meeting with their

Department Manager for a third infraction. I only know of one employee who has committed a third strike and it was for patient care issues, not safety performance."

Assessor: "Do you think that you and the supervisors set a visible example for the employees by personally following all of the establishment's safety rules?"

Ms. Jacobo: "Yes, I think so. All of my Managers know how important safety is to me. But ultimately, our job is to save lives, and we do that every day. If my people need to choose between filling out some form and rushing with a crash cart to save a patient, I choose saving the patient. If it does not compromise our ability to do our jobs, then my people will be following the safety rules at all times."

Assessor: "Can you give me an example of supervisors setting a good example for employees by following the safety rules?"

Ms. Jacobo: "Absolutely, I have the perfect example for you. I love to personalize my office and I have lots of pictures of my family at work. So do many of our other staff members. However, as our EHS Manager informed us, many of the doors here are fire-rated and should not have pictures and the like hanging on them. He [the EHS Manager] found the problem and wrote the policy, but he was getting a lot of grief trying to implement the policy. That's where I stepped in and all of my mangers and I removed the decorations from our doors, whether or not we even had a fire-rated door. We did this to show solidarity with the staff and help our EHS Manager get it done. Now, we all [Department Managers] know to look for flammables attached to fire-rated doors and will ask employees to remove anything if we spot them while walking through the Medical Center. It has worked well, but I sure do miss hanging my Christmas wreath."

Assessor: "Are you providing staff support to the safety effort?"

Ms. Jacobo: "Yes, I've seen to the addition of another full-time staff member for our EHS Department and promoted the formation of the Safety Committee staffed by my top people. Neither of these moves was easy given our budgetary

constraints, but it's worth it to me to make sure our people are safe. I have yet to meet with the Safety Committee to establish performance goals, but we're just getting started and I've seen some good things come out of there already. Specifically, the Medical Center safety directives. For little items, HR and Maintenance have the authority to make necessary purchases for safety equipment, and if they need to, the Managers can come to me discuss big ticket items. So far, that has not been an issue."

<u>Assessor</u>: "How do you get your employees involved in safety?"

<u>Ms. Jacobo</u>: "Well, the main way is the Safety Committee. There is also an online process for issuing employee complaints through HR. Of course, everybody knows I have an open-door policy when it comes to safety."

<u>Assessor</u>: "Are you getting a lot of input from your employees by these methods?"

<u>Ms. Jacobo</u>: "I think so. I've not heard anything to suggest otherwise."

Management Leadership						
	0	**1**	**2**	**3**	**N/A**	**NE**
40. Top management policy establishes clear priority for safety and health.						
Comments:						
41. Top management considers safety and health to be a line rather than a staff function.						
Comments:						
42. *Top management provides competent safety and health staff support to line managers and supervisors.						
Comments:						
43. Managers personally follow safety and health rules.						
Comments:						
44. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.						
Comments:						
45. Managers allocate the resources needed to properly support the organization's safety and health system.						
Comments:						
46. Managers assure that appropriate safety and health training is provided.						
Comments:						
47. Managers support fair and effective policies that promote safety and health performance.						
Comments:						
48. Top management is involved in the planning and evaluation of safety and health performance.						
Comments:						
49. Top management values employee involvement and participation in safety and health issues.						
Comments:						

Employee Participation						
	0	**1**	**2**	**3**	**N/A**	**NE**
50. There is an effective process to involve employees in safety and health issues.						
Comments:						
51. Employees are involved in organizational decision making in regard to safety and health policy.						
Comments:						
52. Employees are involved in organizational decision making in regard to the allocation of safety and health issues.						
Comments:						
53. Employees are involved in organizational decision making in regard to safety and health training.						
Comments:						
54. Employees participate in hazard detection activities.						
Comments:						
55. Employees participate in hazard prevention and control activities.						
Comments:						
56. *Employees participate in the safety and health training of co-workers.						
Comments:						
57. Employees participate in safety and health planning activities.						
Comments:						
58. Employees participate in the evaluation of safety and health performance.						
Comments:						

What additional interview questions and documentation would you need to answer the following 29 CFR 1960 Addendum questions? Please include your answers below the following table.

29 CFR 1960 Addendum Survey Questions	
1960.7	Does your establishment budget appropriately for the establishment's occupational safety and health program?
1960.12	Does your establishment promote employee awareness of occupational safety and health?
1960.12	Does your establishment disseminate occupational safety and health information, including: the OSH Act, EO 12196, corresponding regulations, OSH poster?
Subpart F	Do you have a safety and health committee?
	Does your establishment's occupational safety and health committee monitor and assist your safety and health program?
	If yes, do you have policies and procedures in place that govern your safety and health committee?
1960.46	Does your establishment have procedures in place to protect employees from reprisal or discrimination for reporting unsafe or unhealthful working conditions or participating in the establishment's occupational safety and health program?
1960.47	Does your establishment report establishment activities regarding allegations of reprisal to the appropriate authorities?

Questions:

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Documentation:

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The Addendum goes beyond basic OHSMS elements which you will need to answer. Additional Addendum questions that you should be able to answer after your assessment are listed in the table below.

29 CFR 1960 Addendum Survey Questions	
Other OSH Activities	Do you have policies and procedures in place to implement EO 13513 - Federal Leadership on Reducing Text Messaging While Driving?
	Do you have policies and procedures in place to implement EO 13043 - Increasing Seat Belt Use in the United States?
	Do you have policies and procedures to address workplace violence?
	Do you have policies and procedures for returning workers to work after a workplace injury or illness?
	Do you have any policies or procedures in place to address contractor safety?
	Does your establishment have any safety and health requirements for contractors?

Evaluation of the OHSMS

Using your ratings from the Form 33 and answers to the Addendum questions, you will next evaluate each of the seven subcomponents of the establishment's OHSMS as applicable. You should tailor this section to the worksite and include your recommendations on how to improve the establishment's OHSMS in this section. Just as important, you will want to describe those things that the establishment does well in their management of safety and health. Some employers may take offence at receiving a "grade," so you may want to refrain from divulging what your actual scores were. Instead, put into words what you think the employer is doing well, and on what they need to improve.

You may also want to explain that safety and health program management success is reflected in:

- Injury/illness rates,

- Insurance experience modification rate,

- Workers' compensation premium costs, and

- Deductible medical costs for injuries.

Using the ICR presented in Module 2, present the establishment's injury/illness rates as compared to industry. Make note if the establishment is above or below the national average rates.

Safety and Health Program Assessment Worksheet (F33)

If a Form 33 was required during the assessment, it may need to be included as an appendix to the report. Verify this with your organization.

OHSMS Improvement Plan Development

If any Attribute is scored less than "3" on Form 33, the assessor should be able to explain to the establishment what could be done to improve the Attribute and subsequently raise the score. The written report should include the assessor's summary of the OHSMS evaluation in a manner that gives the establishment prioritized guidance regarding which Attributes might receive higher priority for improvement. For example, if conducting a bottom-up assessment and Attributes "2" and "21" have both been scored "0" by the assessor, it only makes sense to conduct self-inspection before hazard-incidence data are analyzed. Therefore, the OHSMS Improvement Plan should prioritize self-inspection over data analysis. An OHSMS improvement plan could become a part in the overall action plan.

Activity—Improvement Plan Development

Review your Attribute ratings and tier analyses from *Activity— Attribute Rating Practice #2—Bottom Up Health Assessment* in Module 4 and develop an appropriate improvement plan to improve the OHSMS for the Four Corners Medical Center. Develop at least three actions for the three subcomponents listed.

(Note: Although dates of implementation/correction and completion are included in improvement plans, you will not be assigning dates in this activity.)

Subcomponent	Actions to Improve the Subcomponent
Planning and Evaluation	
Administration and Supervision	

Safety and Health Training	

Final Report Steps

Now that you've scored Form 33 and the Addendum, conducted a gap analysis to identify system deficiencies, and developed recommendations for OHSMS improvement, you can

- Prioritize the deficiencies,

- Develop the draft findings, and

- Incorporate all team member reports into a single, final report.

You'll also want to incorporate references and the industry comparative report so that the establishment can review how it rates nationally with similar industries.

The final steps for the written report include obtaining signatures from the approving official and send the report to the accountable or appropriate individual at the establishment.

Summary

The quality of the written report that you provide to your establishment is driven by your evaluation and ratings of the 58 Attributes. Your ratings are very important not only to the establishment but also in contributing to National OSHA Database.

You also need to be able to conduct a tier analysis, generate and evaluate the ICR, and complete Form 33 and the addendum to make conclusions about the establishment's OHSMS. In addition,

you may also be involved in developing an improvement plan. All of these actions should result in a comprehensive written report that meets the minimum required elements of your establishment.

Module 6: Action Plan

Module 6: Action Plan

In order for an establishment or Agency to improve its OHSMS, it should develop an action plan. An action plan should clearly identify the problem, how to fix the problem, a responsible person, and the date when the action is due. An establishment or Agency can use the documentation of the action plan to show that its OHSMS is continually improving. Remember, an OHSMS is based on a cycle of continual improvement, therefore, an establishment should have a continual system of fixing system weaknesses.

Objectives

When you have completed this module, you will be able to:

- Establish a deadline for receipt of the action plan,

- Demonstrate how communicate required changes to an action plan,

- Evaluate and approve the corrective action plan,

- Schedule follow-up communications,

- Identify required follow-up action items,

- Evaluate progress made on the action items, and

- Update or create a new Form 33 and Addendum.

Establishment Action Plan

After the establishment receives your written report, they will send you an action plan that addresses OHSMS deficiencies for your approval. Once you receive the plan, you should notify the establishment that you received it and also indicate when they can expect final approval of the plan.

When you review the establishment's action plan you will want to:

- Determine if the timeline for the action plan is acceptable, and

- Determine if the action will abate the findings.

After your review, you may need to request additional information or clarification from the establishment. At this point, you and the

establishment can negotiate changes to the plan as appropriate. You'll have to explain the next steps and due dates for the resubmission of the plan for subpar actions.

Once the resubmission occurs, and you concur with the actions, you can give final approval of the action plan.

Follow-up Visit to Verify Corrective Actions

To verify that the corrective actions have been implemented, you'll have to schedule a follow-up visit. Based on your establishment's procedures, you may get to decide if you want to follow-up after all actions have been implemented or if you want to follow-up after each action or group of actions is implemented.

To prepare for the follow-up visit, you must review the action plan and abatement dates. You can verify corrective action through documentation, interviews, or observing processes (you may want to take photographs).

When you conduct your follow-up visit, you should do the following:

- Conduct a "mini" opening conference,
- Conduct a targeted walkthrough based on the action plan,
- Review updated paperwork, and
- Conduct a "mini" closing conference.

Update Form 33 and Addendum

After you complete your follow-up visit, you will update Form 33 and the Addendum. In doing so, you'll identify those Attributes that need to be updated and document the reasons for the changes and or improvements. After your updates are completed, you can review and finalize Form 33 and the Addendum 90 days after the initial evaluation.

If the initial visit was greater than 90 days prior to the follow-up visit, you have to start a new Form 33. You will also want to make notes of either improvement or decline which you may have noted during the follow-up survey.

Last, you need to save the Form 33 and print a hard copy for your establishment's file. A copy of the updated Form 33 should be mailed to the establishment with the written report.

Summary

The action plan is a very important step in the cycle for continual improvement. Your verification that actions were effectively

implemented is very important so that the organization can improve its OHSMS.

Module 7: Agency-Level Assessment

Module 7: Agency Level Assessment of OHSMS

An OHSMS assessment at the Agency level is based on assessment scores from the Form 33 Attributes and Addendum items from establishments. The Agency will use establishment-level assessments to render comprehensive scores for the Agency as a whole that is provided to OSHA. That is, the Agency will "roll-up" assessment scores.

This overall assessment of the Agency will be provided to OSHA as well as assessments from under-performing establishments, average-performing establishments, and excellent-performing establishments. OSHA will review the establishment-level scores and then spot-check establishments for the implementation of OHSMS.

Objectives

When you have completed this module, you will be able to:

- Describe the process of an Agency-level assessment
- Score a comprehensive Form 33 and Addendum
- Describe an OSHA Agency-level assessment

Classify Establishments' OHSMS

Each establishment will provide its assessment data, including but not limited to, the Form 33 assessment and the Addendum items assessment, to the Agency's designated point-of-contact.

Agency designated personnel will classify the establishments into one of three categories:

1. Under-developed OHSMS (average scores of 0-1),

2. Average-developed OHSMS (average scores of 1-2), and

3. Excellent-developed OHSMS (average scores of 2-3).

These averages can be determined by Agency personnel using an overall "gut call" parallel to the "Synthesis Item Score" found on Form 33. In fact, when classifying the establishment, it is a

good idea to use the establishment's synthesis item score as validation of the classification.

Determine Agency OHSMS Score

Agency personnel will score an Agency-level Form 33 and Addendum based on the establishment-level assessments. This comprehensive assessment should be based on an "average" of the establishments' performance classifications. When rendering these comprehensive scores, it is very important to consider the establishments' sizes. That is, more weight should be given to those establishments that are larger in size.

Overall, if the majority of the establishments have a classification of "Excellent" this should be reflected in the comprehensive scores (e.g., 2s or 3s). However, if this majority reflects only those establishments which are relatively small, you may want to decrease the comprehensive scores and provide an explanation in the comments section.

For example, if you provide a score of "2" (mostly positive) based on the objective Form 33 establishment-level data, but it was primarily the smaller establishments that were classified as "Excellent," you may want to render a score of "1" (somewhat negative) and explain that the larger establishments need to improve this Attribute or Addendum item.

Likewise, if you provide a score of "1" (somewhat negative), but it was primarily the smaller establishments that were classified as "Underdeveloped," you may want to provide a score of "2" and explain that the larger establishments performed mostly positive for this Attribute or Addendum item and that the smaller establishments need to improve this Attribute or Addendum item.

Of course, you will be using objective data to render a somewhat subjective comprehensive score, but this is necessary when scoring an entire Agency. Thus, the comments section on Form 33 (and the Annual Report) can be used to explain your comprehensive ratings. However, the training you receive in this course should result in consistent assessment ratings reflected in the Annual Report to OSHA.

Provide Comprehensive Assessment to OSHA

The Agency will provide several items to OSHA for its assessment of the Agency. These items will include (but are not limited to):

1. The Annual Report,
2. Agency-level Form 33 and Addendum scores, and

3. A sample (list) of establishments within the Agency based on their classification as "Under-developed OHSMS," "Average-developed OHSMS" or "Excellent-developed OHSMS."

The reason for providing the sample of establishments to OSHA is that OSHA will validate the establishments' OHSMS performance. In addition, OSHA will take into account the size of the establishment since smaller establishments may have less robust OHSMS.

OSHA Agency Assessment

OSHA personnel will review the Agency's Annual Report and assessment data and then compare these data to injury/illness rates and workers' compensation data. Using the sample list of establishments provided by the Agency, OSHA Regional Office personnel will do selective establishment reviews. In doing these selective reviews, OSHA personnel will be verifying the annual report and determining if qualified Agency assessors conducted the establishment-level assessments.

OSHA personnel will also review establishment-level compliance assessments as well as the OHSMS assessments with the intent to identify OHSMS gaps. Feedback will be provided to the establishments and/or Agency to communicate OHSMS weaknesses.

After the feedback is provided to the establishments and/or Agency, the establishment/Agency will communicate to OSHA how the OHSMS weaknesses will be abated/addressed using an action plan.

Summary

A comprehensive Agency-level assessment is no doubt difficult, but is achievable and can be based on objective data using the scoring method found in this training. It is also important to nurture the partnership between OSHA and the Agency to help protect employee safety and health by continually improving the OHSMS.

Module 8: Wrap-up

Module 8: Wrap-up

Our goal in this training was to provide you the necessary training, techniques, and tools to assist you in assessing and improving an establishment's OHSMS. To reiterate, the topics in this training were identified by subject-matter experts in your field to help you succeed as an OHSMS assessor. To summarize, we covered how to incorporate safety and health management assessments when you:

- Take a request for service (or identify a target agency),

- Prepare for an assessment,

- Accomplish a site visit,

- Develop the written assessment report,

- Develop an action plan, and

- Conduct an Agency-level assessment.

Given this training, other required training, your expertise in safety and health, and your on-the-job training in your establishment, you should be well prepared to conduct a OHSMS assessment. Again, your efforts will help reduce worker injuries and illnesses and assure that establishments across the nation succeed.

We wish you the best in your career as an OHSMS assessor!

Take a few minutes to think about the training, and we will address any questions or comments that you may have.

Appendix

Appendix

Establishment Demographics Form

Establishment Information		
1. Establishment Name:		
2. Mailing Address:		
3. City:	4. State:	5. Zip:
6. Senior Manager Name: .		
7. Senior Manager Title:	8. Phone:	
9. Federal Department:		
10. Federal Agency:		
11. Type of Establishment:	12A. Primary NAICS:	
	12B. Secondary NAICS:	
13. Number of Employees:	14. Multi-Employer Jobsite? ☐ Yes ☐ No	
Industry Information		
15. Strategic Initiatives:		
16. National Emphasis:		
17. Local Emphasis:		
Referral Information		
18. Source of Referral:		
19. Reason for Referral:		
Additional Information:		
20. Person Taking Referral:	21. Date:	

NAICS Codes for: Activity—Collecting Establishment Demographics

2007 NAICS US Code	2007 NAICS US Title
611310	Hospital management schools offering baccalaureate or graduate degrees
611519	Hospital management schools (except academic)
621420	Alcoholism treatment centers and clinics (except hospitals), outpatient
621420	Detoxification centers and clinics (except hospitals), outpatient
621420	Drug addiction treatment centers and clinics (except hospitals), outpatient
621420	Mental health centers and clinics (except hospitals), outpatient
621420	Outpatient mental health centers and clinics (except hospitals)
621420	Outpatient treatment centers and clinics (except hospitals) for substance abuse (i.e., alcoholism, drug addiction)
621420	Psychiatric centers and clinics (except hospitals), outpatient
621420	Substance abuse treatment centers and clinics (except hospitals), outpatient
621493	Trauma centers (except hospitals), freestanding
621493	Urgent medical care centers and clinics (except hospitals), freestanding
622110	Children's hospitals, general
622110	General medical and surgical hospitals
622110	Hospitals, general medical and surgical
622110	Hospitals, general pediatric
622110	Osteopathic hospitals
622210	Alcoholism rehabilitation hospitals
622210	Children's hospitals, psychiatric or substance abuse
622210	Detoxification hospitals
622210	Drug addiction rehabilitation hospitals
622210	Hospitals for alcoholics
622210	Hospitals, addiction
622210	Hospitals, mental (except mental retardation)
622210	Hospitals, psychiatric (except convalescent)
622210	Hospitals, psychiatric pediatric
622210	Hospitals, substance abuse
622210	Mental (except mental retardation) hospitals
622210	Mental health hospitals
622210	Psychiatric hospitals (except convalescent)
622210	Rehabilitation hospitals, alcoholism and drug addiction
622310	Cancer hospitals
622310	Children's hospitals, specialty (except psychiatric, substance abuse)
622310	Chronic disease hospitals
622310	Extended care hospitals (except mental, substance abuse)

OSHA Form 33

(Note: This form was divided into sections to help page formatting)

Safety and Health Program Assessment Worksheet
Blank Form 33

Request Number		Visit Number		Visit Date	
Employer					
Site Location					

Legend: 0 = No; 1 = No, Needs major improvement; 2 = Yes, Needs minor improvement; 3 = Yes; NA = Not Applicable; NE = Not Evaluated
* = Stretch Items Attribute of Excellence

Synthesis Item Score

	0	1	2	3
With the total knowledge you now have of this organization (whether or not such knowledge has been captured by attribute ratings), use your professional judgment to assign an overall score for the organization's safety and health system.				

Hazard Anticipation and Detection						
	0	1	2	3	N/A	NE
1. A comprehensive baseline hazard survey has been conducted within the past five (5) years.						
Comments:						
2. Effective safety and health self-inspection are performed regularly.						
Comments:						
3. Effective surveillance of established hazards controls is conducted.						
Comments:						
4. An effective hazard reporting system exists.						
Comments:						
5. Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.						
Comments:						
6. Accidents are investigated for root causes.						
Comments:						
7. SDS/MSDS are used to reveal potential hazards associated with chemical products in the workplace.						
Comments:						
8. Effective job hazard analysis is performed.						
Comments:						
9. Expert hazard analysis is performed.						
Comments:						
10. *Incidents are investigated for root causes.						
Comments:						

Hazard Prevention and Control						
	0	**1**	**2**	**3**	**N/A**	**NE**
11. Feasible engineering controls are in place.						
Comments:						
12. Effective safety and health rules and work practices are in place.						
Comments:						
13. Applicable OSHA-mandated programs are effectively in place.						
Comments:						
14. Personal protective equipment is effectively used. .						
Comments:						
15. Housekeeping is properly maintained.						
Comments:						
16. The organization is properly prepared for emergency situations.						
Comments:						
17. The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.						
Comments:						
18. *Effective preventive maintenance is performed.						
Comments:						
19. An effective procedure for tracking hazard correction is in place.						
Comments:						

Planning and Evaluation						
	0	**1**	**2**	**3**	**N/A**	**NE**
20. Workplace injury/illness data are effectively analyzed.						
Comments:						
21. Hazard incidence data are effectively analyzed. .						
Comments:						
22. A safety and health goal and supporting objectives exist.						
Comments:						
23. An action plan designed to accomplish the organizations safety and health objectives are in place. .						
Comments:						
24. A review of in-place OSHA-mandated programs is conducted at least annually.						
Comments:						
25. *A review of the overall safety and health management system is conducted at least annually.						
Comments:						

Administration and Supervision						
	0	**1**	**2**	**3**	**N/A**	**NE**
26. Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.						
Comments:						
27. Each assignment of safety and health responsibility is clearly communicated.						
Comments:						
28. *An accountability mechanism is included with each assignment of safety and health responsibility.						
Comments:						
29. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.						
Comments:						
30. Individuals with assigned safety and health responsibilities have the authority to perform their duties.						
Comments:						
31. *Individuals with assigned safety and health responsibilities have the resources to perform their duties.						
Comments:						
32. Organizational policies promote the performance of safety and health responsibilities.						
Comments:						
33. Organizational policies result in correction of non-performance of safety and health responsibilities.						
Comments:						

Safety and Health Training						
	0	**1**	**2**	**3**	**N/A**	**NE**
34. Employees receive appropriate safety and health training.						
Comments:						
35. New employee orientation includes applicable safety and health information.						
Comments:						
36. Supervisors receive appropriate safety and health training.						
Comments:						
37. *Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.						
Comments:						
38. Safety and health training is provided to managers.						
Comments:						
39. *Relevant safety and health aspects are integrated into management training.						
Comments:						

Management Leadership						
	0	**1**	**2**	**3**	**N/A**	**NE**
40. Top management policy establishes clear priority for safety and health.						
Comments:						
41. Top management considers safety and health to be a line rather than a staff function.						
Comments:						
42. *Top management provides competent safety and health staff support to line managers and supervisors.						
Comments:						
43. Managers personally follow safety and health rules.						
Comments:						
44. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.						
Comments:						
45. Managers allocate the resources needed to properly support the organization's safety and health system.						
Comments:						
46. Managers assure that appropriate safety and health training is provided.						
Comments:						
47. Managers support fair and effective policies that promote safety and health performance.						
Comments:						
48. Top management is involved in the planning and evaluation of safety and health performance.						
Comments:						
49. Top management values employee involvement and participation in safety and health issues.						
Comments:						

Employee Participation						
	0	**1**	**2**	**3**	**N/A**	**NE**
50. There is an effective process to involve employees in safety and health issues.						
Comments:						
51. Employees are involved in organizational decision making in regard to safety and health policy.						
Comments:						
52. Employees are involved in organizational decision making in regard to the allocation of safety and health issues.						
Comments:						
53. Employees are involved in organizational decision making in regard to safety and health training.						
Comments:						
54. Employees participate in hazard detection activities.						
Comments:						
55. Employees participate in hazard prevention and control activities.						
Comments:						
56. *Employees participate in the safety and health training of co-workers.						
Comments:						
57. Employees participate in safety and health planning activities.						
Comments:						
58. Employees participate in the evaluation of safety and health performance.						
Comments:						

Establishment Occupational Safety and Health Evaluation Survey
(OSHA Addendum Items)

Your answers to these survey questions and your Form 33 assessment will be used by your Agency in conjunction with other establishments' assessment data to answer similar questions at the Agency level. The Agency-level questions will be used by OSHA as a broad assessment of your Agency's occupational safety and health program.

Please reference those Form 33 Attributes that support the response to the questions or provide an explanation of your responses and attach the supporting establishment policies.

Question	0	1	2	3	N/A	N/E	Form 33 Attributes that Support the Rating
§ 1960.6 Designation of agency safety and health officials.							
Does your establishment have a designated safety and health official?	☐	☐	☐	☐	☐	☐	
Does your establishment have safety and health officials at appropriate levels?	☐	☐	☐	☐	☐	☐	
§ 1960.7 Financial management.							
Does your establishment budget appropriately for the establishment's occupational safety and health program?	☐	☐	☐	☐	☐	☐	
1960.8 Agency responsibilities.							
Is your establishment free from recognized hazards that are causing or are likely to cause death or serious physical harm?	☐	☐	☐	☐	☐	☐	
§ 1960.11 Evaluation of occupational safety and health performance.							
Does your establishment evaluate occupational safety and health performance of managers and supervisory employees?	☐	☐	☐	☐	☐	☐	
§ 1960.12 Dissemination of occupational safety and health program information.							
Does your establishment disseminate occupational safety and health information, including: the OSH Act, EO 12196, corresponding regulations, OSH poster?	☐	☐	☐	☐	☐	☐	

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Does your establishment promote employee awareness of occupational safety and health?	☐	☐	☐	☐	☐	☐	
§ 1960.17 Alternate Standards							
Does your establishment use any alternate standards?	☐	☐	☐	☐	☐	☐	
If yes, have you requested and received approval from your Agency?	☐	☐	☐	☐	☐	☐	
§ 1960.18 Supplementary standards							
Does your establishment use any supplementary standards?	☐	☐	☐	☐	☐	☐	
If yes, have you requested and received approval from your Agency?	☐	☐	☐	☐	☐	☐	
§ 1960.25 Qualifications of safety and health inspectors and agency inspections.							
Does your establishment have qualified safety and health inspectors?	☐	☐	☐	☐	☐	☐	
§ 1960.26 Conduct of inspections.							
Does your establishment conduct annual safety and/or health inspections?	☐	☐	☐	☐	☐	☐	
Does your establishment post notices of unsafe or unhealthful working conditions found during internal inspections?	☐	☐	☐	☐	☐	☐	
§ 1960.28 Employee reports of unsafe or unhealthful working conditions.							
Does your establishment have procedures in place for employees to report unsafe of unhealthful working conditions?	☐	☐	☐	☐	☐	☐	
§ 1960.29 Accident investigation.							
Does your establishment have procedures in place for investigating accidents?	☐	☐	☐	☐	☐	☐	
§ 1960.30 Abatement of unsafe or unhealthful working conditions.							
Does your establishment have procedures in place to promptly abate unsafe or unhealthful working conditions?	☐	☐	☐	☐	☐	☐	
Subpart F—Occupational Safety and Health Committees							
Do you have a safety and health committee?	☐	☐	☐	☐	☐	☐	
Does your establishment's occupational safety and health committee monitor and assist your safety and health program?	☐	☐	☐	☐	☐	☐	

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If yes, do you have policies and procedures in place that govern your safety and health committee?	☐	☐	☐	☐	☐	☐	
Subpart G—Allegations of Reprisal							
§ 1960.46 Agency responsibility.							
Does your establishment have procedures in place to protect employees from reprisal or discrimination for reporting unsafe or unhealthful working conditions or participating in the establishment's occupational safety and health program?	☐	☐	☐	☐	☐	☐	
1960.47 Results of investigations							
Does your establishment report establishment activities regarding allegations of reprisal to the appropriate authorities?	☐	☐	☐	☐	☐	☐	
Subpart H—Training							
Does your establishment have policies in place for the appropriate occupational safety and health training of management and employees?	☐	☐	☐	☐	☐	☐	
Subpart I—Recordkeeping and Reporting Requirements							
1960.66							
Does your establishment collect, compile and analyze occupational safety and health data?	☐	☐	☐	☐	☐	☐	
If yes, does your establishment implement corrective actions based on the data?	☐	☐	☐	☐	☐	☐	
§ 1960.67 Federal agency certification of the injury and illness annual summary (OSHA 300-A or equivalent							
Does your establishment have agency officials certify the establishment's injury and illness annual summaries?	☐	☐	☐	☐	☐	☐	
§ 1960.70 Reporting of serious accidents.							
Does your establishment provide a summary of any fatality and catastrophic accident investigation to OSHA's Office of Federal Agency Programs?	☐	☐	☐	☐	☐	☐	
§ 1960.71 Agency annual reports.							
Does your establishment submit an annual report on its occupational	☐	☐	☐	☐	☐	☐	

safety and health program to its Agency?							
§ 1960.79 Self-evaluations of occupational safety and health programs.							
Does your establishment have a self-evaluation program in place to evaluate the overall effectiveness at all levels?	☐	☐	☐	☐	☐	☐	
1960.87 Objectives							
§ 1960.88 Field Federal Safety and Health Councils—Membership and participation.							
Has your establishment been encouraged by your Agency to participate in these councils?	☐	☐	☐	☐	☐	☐	
OTHER OSH Activities							
Do you have policies and procedures in place to implement EO 13513 - Federal Leadership on Reducing Text Messaging While Driving?	☐	☐	☐	☐	☐	☐	
Do you have policies and procedures in place to implement EO 13043 - Increasing Seat Belt Use in the United States?	☐	☐	☐	☐	☐	☐	
Do you have policies and procedures to address workplace violence?	☐	☐	☐	☐	☐	☐	
Do you have policies and procedures for returning workers to work after a workplace injury or illness?	☐	☐	☐	☐	☐	☐	
Do you have any policies or procedures in place to address emergency preparedness and/or pandemic flu?	☐	☐	☐	☐	☐	☐	
Do you have any policies or procedures in place to address contractor safety?	☐	☐	☐	☐	☐	☐	
Does your establishment have any safety and health requirements for contractors?	☐	☐	☐	☐	☐	☐	

Agency Occupational Safety and Health Evaluation Survey (OSHA Addendum Items)

This first phase of the OSHA Evaluation is a broad assessment of your agency's occupational safety and health program. Please answer the following questions, providing an explanation of your responses and attaching the supporting agency policies. Clearly identify what section/page has the support for the response provided. Please include whether the policies and procedures referenced were developed at the national or establishment level—or both. Please also explain how the agency ensures policies and procedures are implemented.

Question	0	1	2	3	N/A	N/E	Rating Explanation
§ 1960.6 Designation of agency safety and health officials.							
Does your agency have designated safety and health official (DASHO)?	☐	☐	☐	☐	☐	☐	
Does your agency have safety and health officials at appropriate levels?	☐	☐	☐	☐	☐	☐	
§ 1960.7 Financial management.							
Does your agency budget appropriately for the agency's occupational safety and health program?	☐	☐	☐	☐	☐	☐	
1960.8 Agency responsibilities.							
Is your agency free from recognized hazards that are causing or are likely to cause death or serious physical harm?	☐	☐	☐	☐	☐	☐	
§ 1960.11 Evaluation of occupational safety and health performance.							
Does your agency evaluate occupational safety and health performance of managers and supervisory employees?	☐	☐	☐	☐	☐	☐	
§ 1960.12 Dissemination of occupational safety and health program information.							
Does your agency disseminate occupational safety and health information, including: the OSH Act, EO 12196, corresponding regulations, OSH poster?	☐	☐	☐	☐	☐	☐	
Does your agency promote employee awareness of occupational safety and health?	☐	☐	☐	☐	☐	☐	
§ 1960.17 Alternate Standards							
Does your agency use any alternate standards?	☐	☐	☐	☐	☐	☐	

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If yes, have you requested and received approval from DOL's Secretary for its use?	☐	☐	☐	☐	☐	☐	
§ 1960.18 Supplementary standards							
Does your agency use any supplementary standards?	☐	☐	☐	☐	☐	☐	
If yes, have you requested and received approval from DOL's Secretary for its use?	☐	☐	☐	☐	☐	☐	
§ 1960.25 Qualifications of safety and health inspectors and agency inspections.							
Does your agency have qualified safety and health inspectors?	☐	☐	☐	☐	☐	☐	
§ 1960.26 Conduct of inspections.							
Does your agency conduct annual safety and/or health inspections?	☐	☐	☐	☐	☐	☐	
Does your agency post notices of unsafe or unhealthful working conditions found during internal inspections?	☐	☐	☐	☐	☐	☐	
§ 1960.28 Employee reports of unsafe or unhealthful working conditions.							
Does your agency have procedures in place for employees to report unsafe of unhealthful working conditions?	☐	☐	☐	☐	☐	☐	
§ 1960.29 Accident investigation.							
Does your agency have procedures in place for investigating accidents?	☐	☐	☐	☐	☐	☐	
§ 1960.30 Abatement of unsafe or unhealthful working conditions.							
Does your agency have procedures in place to promptly abate unsafe or unhealthful working conditions?	☐	☐	☐	☐	☐	☐	
Subpart F—Occupational Safety and Health Committees							
Do you have a certified safety and health committee?	☐	☐	☐	☐	☐	☐	
Does your agency's occupational safety and health committee monitor and assist your safety and health program?	☐	☐	☐	☐	☐	☐	
If yes, do you have policies and procedures in place that govern your certified safety and health committee?	☐	☐	☐	☐	☐	☐	
Subpart G—Allegations of Reprisal							
§ 1960.46 Agency responsibility.							

Does your agency have procedures in place to protect employees from reprisal or discrimination for reporting unsafe or unhealthful working conditions or participating in the agency's occupational safety and health program?	☐	☐	☐	☐	☐	☐	
1960.47 Results of investigations							
Does your agency report agency activities regarding allegations of reprisal to the appropriate authorities?	☐	☐	☐	☐	☐	☐	
Subpart H—Training							
Does your agency have policies in place for the appropriate occupational safety and health training of management and employees?	☐	☐	☐	☐	☐	☐	
Subpart I—Recordkeeping and Reporting Requirements							
1960.66							
Does your agency collect, compile and analyze occupational safety and health data?	☐	☐	☐	☐	☐	☐	
If yes, does your agency implement corrective actions based on the data?	☐	☐	☐	☐	☐	☐	
§ 1960.67 Federal agency certification of the injury and illness annual summary (OSHA 300-A or equivalent							
Does your agency have agency officials certify the agencies' injury and illness annual summaries?	☐	☐	☐	☐	☐	☐	
§ 1960.70 Reporting of serious accidents.							
Does your agency provide a summary of any fatality and catastrophic accident investigation to OSHA's Office of Federal Agency Programs?	☐	☐	☐	☐	☐	☐	
§ 1960.71 Agency annual reports.							
Does your agency submit an annual report on its occupational safety and health program to OSHA?	☐	☐	☐	☐	☐	☐	
§ 1960.79 Self-evaluations of occupational safety and health programs.							
Does your agency have a self-evaluation program in place to evaluate the overall effectiveness at all levels?	☐	☐	☐	☐	☐	☐	

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1960.87 Objectives							
§ 1960.88 Field Federal Safety and Health Councils—Membership and participation.							
Has your agency head encouraged participation in these councils?	☐	☐	☐	☐	☐	☐	
OTHER OSH Activities							
Do you have policies and procedures in place to implement EO 13513 - Federal Leadership on Reducing Text Messaging While Driving?	☐	☐	☐	☐	☐	☐	
Do you have policies and procedures in place to implement EO 13043 - Increasing Seat Belt Use in the United States?	☐	☐	☐	☐	☐	☐	
Do you have policies and procedures to address workplace violence?	☐	☐	☐	☐	☐	☐	
Do you have policies and procedures for returning workers to work after a workplace injury or illness?	☐	☐	☐	☐	☐	☐	
Do you have any policies or procedures in place to address emergency preparedness and/or pandemic flu?	☐	☐	☐	☐	☐	☐	
Do you have any policies or procedures in place to address contractor safety?	☐	☐	☐	☐	☐	☐	
Does your agency have any safety and health requirements for contractors?	☐	☐	☐	☐	☐	☐	

29 CFR 1960 Addendum Questions and Related Form 33 Attributes

29 CFR 1960 Addendum Survey Questions	Form 33 Related Attribute	
§ 1960.6 Designation of agency safety and health officials.		
Does your establishment have a designated safety and health official?	Attribute 26	Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.
Does your establishment have safety and health officials at appropriate levels?		
§ 1960.7 Financial management.		
Does your establishment budget appropriately for the establishment's occupational safety and health program?	Attribute 45	Managers allocate the resources needed to properly support the organization's safety and health system.
§ 1960.8 Agency responsibilities.		
Is your establishment free from recognized hazards that are causing or are likely to cause death or serious physical harm?	Attribute 1	A comprehensive baseline hazard survey has been conducted within the past five (5) years.
	Attribute 2	Effective safety and health self-inspections are performed regularly.
	Attribute 3	Effective surveillance of established hazard controls is conducted.
	Attribute 5	Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.
	Attribute 8	Effective job hazard analysis is performed.
	Attribute 11	Feasible engineering controls are in place.
	Attribute 54	Employees participate in hazard detection activities.

§ 1960.11 Evaluation of occupational safety and health performance.		
Does your establishment evaluate occupational safety and health performance of managers and supervisory employees?	Attribute 28	An accountability mechanism is included with each assignment of safety and health responsibility.
	Attribute 33	Organizational policies result in correction of non-performance of safety and health responsibilities.
§ 1960.12 Dissemination of occupational safety and health program information.		
Does your establishment disseminate occupational safety and health information, including: the OSH Act, EO 12196, corresponding regulations, OSH poster?		
Does your establishment promote employee awareness of occupational safety and health?	Attribute 32	Organizational policies promote the performance of safety and health responsibilities.
§ 1960.17 Alternate Standards		
Does your establishment use any alternate standards?		
If yes, have you requested and received approval from your Agency?		
§ 1960.18 Supplementary standards		
Does your establishment use any supplementary standards?		
If yes, have you requested and received approval from your Agency?		

§ 1960.25 Qualifications of safety and health inspectors and agency inspections.		
Does your establishment have qualified safety and health inspectors?	Attribute 29	Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.
	Attribute 42	Top management provides competent safety and health staff support to line managers and supervisors.
§ 1960.26 Conduct of inspections.		
Does your establishment conduct annual safety and/or health inspections?	Attribute 2	Effective safety and health self-inspections are performed regularly.
	Attribute 24	A review of in-place OSHA-mandated programs is conducted at least annually.
Does your establishment post notices of unsafe or unhealthful working conditions found during internal inspections?		
§ 1960.28 Employee reports of unsafe or unhealthful working conditions.		
Does your establishment have procedures in place for employees to report unsafe of unhealthful working conditions?	Attribute 4	An effective hazard reporting system exists.
§ 1960.29 Accident investigation.		
Does your establishment have procedures in place for investigating accidents?	Attribute 6	Accidents are investigated for root causes.

§ 1960.30 Abatement of unsafe or unhealthful working conditions.		
Does your establishment have procedures in place to promptly abate unsafe or unhealthful working conditions?	Attribute 4	An effective hazard reporting system exists.
Subpart F—Occupational Safety and Health Committees		
Do you have a safety and health committee?	Attribute 50	There is an effective process to involve employees in safety and health issues.
Does your establishment's occupational safety and health committee monitor and assist your safety and health program?	Attribute 45	Managers allocate the resources needed to properly support the organization's safety and health system.
If yes, do you have policies and procedures in place that govern your safety and health committee?		
Subpart G—Allegations of Reprisal		
§ 1960.46 Agency responsibility.		
Does your establishment have procedures in place to protect employees from reprisal or discrimination for reporting unsafe or unhealthful working conditions or participating in the establishment's occupational safety and health program?		
§ 1960.47 Results of investigations		
Does your establishment report establishment activities regarding allegations of reprisal to the appropriate authorities?		

Subpart H—Training		
Does your establishment have policies in place for the appropriate occupational safety and health training of management and employees?	Attribute 34	Employees receive appropriate safety and health training.
	Attribute 36	Supervisors receive appropriate safety and health training.
	Attribute 38	Safety and health training is provided to managers.
Subpart I—Recordkeeping and Reporting Requirements		
§ 1960.66		
Does your establishment collect, compile and analyze occupational safety and health data?	Attribute 20	Workplace injury/illness data are effectively analyzed.
	Attribute 21	Hazard incident data are effectively analyzed.
If yes, does your establishment implement corrective actions based on the data?	Attribute 19	An effective procedure for tracking hazard correction is in place.
§ 1960.67 Federal agency certification of the injury and illness annual summary (OSHA 300-A or equivalent		
Does your establishment have agency officials certify the establishment's injury and illness annual summaries?		
§ 1960.70 Reporting of serious accidents.		
Does your establishment provide a summary of any fatality and catastrophic accident investigation to OSHA's Office of Federal Agency Programs?		

§ 1960.71 Agency annual reports.		
Does your establishment submit an annual report on its occupational safety and health program to its Agency?	Attribute 25	A review of the overall safety and health management system is conducted at least annually.
§ 1960.79 Self-evaluations of occupational safety and health programs.		
Does your establishment have a self-evaluation program in place to evaluate the overall effectiveness at all levels?	Attribute 25	A review of the overall safety and health management system is conducted at least annually.
§ 1960.87 Objectives		
§ 1960.88 Field Federal Safety and Health Councils—Membership and participation.		
Has your establishment been encouraged by your Agency to participate in these councils?		
OTHER OSH Activities		
Do you have policies and procedures in place to implement EO 13513 - Federal Leadership on Reducing Text Messaging While Driving?		
Do you have policies and procedures in place to implement EO 13043 - Increasing Seat Belt Use in the United States?		
Do you have policies and procedures to address workplace violence?		
Do you have policies and procedures for returning workers to work after a workplace injury or illness?		

Do you have any policies or procedures in place to address emergency preparedness and/or pandemic flu?	Attribute 16	The organization is properly prepared for emergency situations.
	Attribute 17	The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.
Do you have any policies or procedures in place to address contractor safety?		
Does your establishment have any safety and health requirements for contractors?		

ASSESSMENT TIPS FOR REVISED FORM 33

1. A comprehensive, baseline hazard survey has been conducted within the past five (5) years.

Assessment Tips:

- The baseline hazard survey should be documented in a written report as a requirement for a rating of "3" on this attribute.'
- Qualified persons such as OSHA consultants, private consultants, insurance loss control specialists, or appropriately trained and experienced employees of the organization should have conducted the baseline hazard survey.
- The word "comprehensive" in the context of this attribute does not mean perfect or all-inclusive. It does mean that major operations, especially high-risk operations, and all shifts are included in the baseline survey. It also means that hazard categories normally associated with the type of business are addressed in the survey.
- Serious hazards identified during a consultation indicate deficiencies m the organization's baseline hazard survey whenever such hazards existed at the time of the baseline survey, but are missing from the survey report.
- The 5-year timeframe, although a common planning horizon, is nevertheless somewhat arbitrary. The consultant should question the validity of a baseline hazard survey, even one conducted during the previous five years, if subsequent changes in the organization appear to nullify the survey's relevance or accuracy. Due to the rapid change that occurs in most small organizations, a baseline hazard survey older than five years should not be accepted without justification.
- No comprehensive baseline survey is effective unless each identified hazard is immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

2. Effective safety and health self-inspections are performed regularly.

Assessment Tips:

- Inspections are defined as periodic activities or events involving observation and/or testing of selected safety and health aspects of the work and workplace. Essentially, an inspection is a systematic comparison of observed status to expected or desired status. Inspections may be formal or informal.
- Formal inspections usually involve the use of checklists and often result in the issuance of inspection reports. Complex inspections should always be supported by a checklist and conducted on a formal basis. The written documentation associated with formal inspections (checklists, logs, reports, etc.) may be used to support a rating of "3" on this attribute if the documentation indicates that such inspections were thorough and conducted on a regular basis.
- Informal procedures may be effective for routine and limited inspections in which the inspection coverage can be systematically addressed by rote. The thoroughness and

consistent performance of informal inspections will usually require evaluation by interview.

- The term "regularly" means recurrence within understood limits (daily, weekly, monthly, quarterly, etc.) and does not necessarily mean a set pattern or firm schedule. The appropriate frequency of inspections depends on the stability and criticality of the factors covered by each inspection. The period of time between inspections represents a time-tolerance for safety and health system failures.
- Self-inspection requires the organization to exercise an internal capacity to conduct effective safety and health inspections. Ideally, this capacity will not reside in a single individual, but will be diffused throughout the organization. Workers should perform or participate in the performance of safety and health inspections of their own work areas or operations. Team efforts are highly desirable, especially for general inspections.
- No inspection is effective unless each identified hazard is immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

3. Effective surveillance of established hazard controls is conducted.

Assessment Tips:

- Surveillance is similar to inspection in that both are concerned with the way things are, compared to the way they should be. Surveillance, however, is constant or ongoing while inspection is periodic. This means that surveillance normally provides a shorter time-tolerance for system failures than do inspections. On the other hand, inspections are usually more structured, systematic, and thorough than surveillance. Together, however, these two complementary hazard detection techniques provide the best means to ensure early detection of existing hazards.
- This attribute can be evaluated by consultant observations. Whenever consultants observe that established controls (engineering controls, PPE, safety rules, safe work practices, etc.) are being violated, there is indication that surveillance is missing or ineffective. Likewise, when consultants observe that established hazard controls are in place and operative, there is indication that surveillance is effective.
- This attribute can also be evaluated by interview. Employees, particularly supervisors, can be asked to describe the key safety and health controls associated with their work areas, operations, or job duties; how such controls are monitored; and what steps are taken when problems are detected.
- Surveillance of hazard controls is not effective unless control failures are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

4. An effective hazard reporting system exists

Assessment Tips:

- The existence and design of an organization's hazard reporting system can be ascertained by questioning management during the opening conference and/or by

interviewing supervisors and workers later in the consultation process. The best hazard reporting systems have both centralized and decentralized features The decentralized component allows direct reporting of a hazard to the individual with primary responsibility for the affected work area, operation, or personnel. This direct reporting procedure normally facilitates prompt correction of the hazard by the responsible person closest to the problem. Workers reporting hazards to their supervisors is an example. However, workers should always have the option of reporting to the organizational level whenever they feel that correction of a directly reported hazard has been neglected or ineffective. Likewise, supervisors should always forward to the organizational level any worker hazard report for which the supervisor is unable to take appropriate corrective action. The centralized component of hazard reporting provides a common point for collection of reported hazard information across the organization. In addition to employee reports, hazard incidence information collected at the 'organizational level includes the results of surveys, analyses, and formal inspections of the workplace, providing a broader information base for priority setting and action planning. In larger organizations, the safety director or safety committee usually collects such information. In very small organizations, the owner manager or a designee is usually responsible.

- A crucial factor in hazard reporting system effectiveness is that each individual who reports a hazard receives prompt feedback concerning when and how the hazard will be corrected or an objective explanation why no corrective action will be taken. Although hazard correction status reports are sometimes provided to employees, such reporting is more often informal. Therefore, evaluation of the feedback feature normally requires interviews with employees who have reported hazards.

- The basic objective of a hazard reporting system is early detection and reporting of hazards effectively known to employees. A hazard is "effectively known" when the employee is both aware of the existence of the hazardous condition or activity and understands, at least generally, the possible harm it represents. Therefore, when the consultant identifies previously unreported hazards, and employees should have effectively known such hazards, the underlying problem may be a training problem, a reporting problem, or both. Interviews with employees will be needed to make a. determination.

5. Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.

Assessment Tips:

- A change analysis program is essentially planning-for-planning. It is, at minimum, a set of policies designating responsibilities for current and future planning activities involving changes in facilities, equipment, materials, or processes, including the safety and health aspects of such changes. Ideally, responsible parties will be in "line" positions. The change analysis program should also include planning procedures that

ensure the safety and health input of appropriate personnel such as safety staff, the safety committee, and affected supervisors and workers.

- Change analysis is primarily a hazard detection function. Consultants should use Attributes 11-19 to evaluate the degree to which an organization has successfully addressed correction of any hazards or potential hazards it has identified by change analysis.

- Hazards identified during a consultation indicate a deficiency in this attribute when such hazards could have been identified, and therefore prevented, by effective change analysis.

- Absence of hazards associated with recently implemented changes in facilities, equipment, materials, or processes is suggestive that change analysis in the organization is effective.

- Some OSHA consultation projects have added "changes in environment" to their consideration in evaluating this attribute for employers not engaged at fixed work sites.

6. Accidents are investigated for root causes.

Assessment Tips:

- Accident investigation must be conducted as a formal procedure, even in the smallest of organizations. Therefore, every employer should establish policies to ensure that thorough and timely accident investigations are specified, performed, and recorded. Although the procedures are formal, the implementing policies in very small organizations may be unwritten and informal, requiring verification by interviews with responsible parties. Organizational policy should (1) specify the class of accidents that require investigation. Regulation requires investigation of the class of accidents that involve recordable injuries and illnesses, but the employer may also require investigation of the class of accidents that involve only property losses. Organizational policy should (2) assign responsibilities for performance of accident investigations. Normally, such responsibilities rest with the appropriate supervisor, the safety committee, safety staff, or some combination of these personnel. However, there is an opportunity for top management to exhibit visible safety and. health leadership by participating in accident investigations. Organizational policy should (3) adopt a standard recording form for all accident investigations. This standard record may be a workers compensation First Report of Injury form, the OSHA Injury and Illness Incident Report (Form 301), or an equivalent record developed by the organization.

- The objective of an accident investigation is not to assign blame, but to identify root causes of the accident so that corrective measures can be taken. Hazards-unsafe or unhealthful conditions or activities-are involved in all accidents. The underlying personal, organizational, job-related, and environmental factors that result in or allow the existence of these hazards are the root causes of the accidents. Considerable skill and diligence is often required to ascertain the root causes of an accident. Records or reports of completed accident investigations are the best source of information for consultants to judge if root causes are being discovered by the organization. As a rule-

of-thumb, any accident investigation that attributes single causation has not adequately addressed root causes.

- Individuals with accident investigation responsibilities can be interviewed to learn if they understand and acknowledge the importance of root cause analysis.
- Accident investigation is not effective unless identified hazards and underlying root causes are immediately addressed or appropriately scheduled for correction in the organization's action plan for safety and health.

7. Material Safety Data Sheets are used to reveal potential hazards associated with chemical products in the workplace.

Assessment Tips:

- This attribute and the hazard communication standard (29CFR1910.1200) are closely related, but not redundant. The hazcom standard does not directly address the prevention, elimination, or control of workplace hazards posed by chemical products. Rather, its focus is on communication of information about potential hazards and possible protective measures. Nevertheless, the process of detecting workplace hazards associated with chemical products, as incorporated in this attribute, cannot be effective until Material Safety Data Sheets for all hazardous products have been obtained and reviewed by the employer as required in the hazcom standard.
- Hazards identified by consultants may indicate deficiencies in this attribute if such hazards were not effectively known to the employer, but would have been revealed by review of relevant Material Safety Data Sheets.
- The process of detecting workplace hazards from information in Material Safety Data Sheets is not effective unless such identified hazards are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

8. Effective job hazard analysis is performed.

Assessment Tips:

- Job hazard analysis is a faunal technique for hazard detection involving careful study and recording of each step in a job, identifying existing or potential hazards associated with each step, and determining the best way to perform the job to reduce or eliminate these hazards. Informal examination of a job does not constitute job hazard analysis. In most cases, completed worksheets will be available to document that the organization is performing job hazard analyses.
- Review of completed job hazard analysis worksheets by consultants should reveal the effectiveness with which the procedures have been conducted.
- Hazards identified by consultants may indicate deficiencies in this attribute if the hazards could have been detected, and therefore corrected, by effective job hazard analysis.
- Almost all jobs are candidates for job hazard analysis, but it is a rare organization that has up-to-date worksheets completed for every job in the workplace. Therefore, job

hazard analysis is an ongoing effort in most organizations that employ this hazard detection technique. However, jobs should be scheduled for attention on a priority basis, with higher priority being assigned to jobs having the highest rates of accidents and disabling injuries, jobs where "close calls" have occurred, jobs where major changes have been made in processes and procedures, and jobs involving new workers.

9. Expert hazard analysis is performed.

Assessment Tips:

- Expert hazard analysis does not include hazard detection activities, such as routine inspections, that the organization should perform on its own.
- Industrial hygiene testing, ergonomic evaluations, and other specialized safety and health services requested by employers and provided by OSHA consultants should be considered positive factors in assessing this attribute. Likewise, specialized consultation services recommended by OSHA consultants performing onsite visits may be considered. negative factors in evaluating this attribute whenever such services are rejected or deferred by the employer (unless the employer obtains the needed services elsewhere).
- Evidence that an organization has engaged insurance loss control professionals, consulting engineers, private safety or health consultants, medical personnel or other experts in specialized safety and health analyses of its workplace is commendable and a very positive factor to be considered in evaluating this attribute. Absent such evidence, however, the onsite consultant may nevertheless consider this attribute fully in place unless an unmet need for expert hazard analysis has been identified.
- Expert hazard analysis is not effective unless the identified hazards are immediately corrected or appropriately scheduled for correction in the organization's action plan for `safety and health.

10. Incidents are investigated for root causes.

Assessment Tips:

- A safety and health incident is a "close call" event that does not result in an OSHA recordable injury or illness. Such incidents are important, however, because they are numerically predictive of accidents that do involve serious injury. Incident investigation programs are difficult for employers to implement successfully, especially in small organizations. The difficulty lies in defining those events to be reported as incidents, and ensuring that such incidents are, in fact, reported. Therefore, this attribute is a "stretch" item for small employers. When fully in place, however, it indicates an exceptional safety and health system.
- To score "1" or higher on this attribute, the organization must maintain an accurate first aid log with root cause analysis performed for log entries.
- To score "2" or "3" on this attribute, the organization must create and promote. the use of incident reporting procedures. Ideally, this would be a no-fault or anonymous reporting mechanism (such as a special four) integrated into the established hazard

reporting system (Attribute 4). All reported incidents would be subjected to root cause analysis. Effectiveness of incident reporting and analysis can be evaluated by review of reporting system records, root cause analysis reports, and employee interviews.

- Incident investigation is not effective unless identified hazards and underlying causes are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

11. Feasible engineering controls are in place.

Assessment Tips:

- An engineering control is any change in facilities, equipment, tools, or process that eliminates or reduces a hazard. Such changes are usually physical changes involving some level of planning or design.
- The term "feasible" means technically and economically capable of being implemented.
- Under OSHA's current "Hierarchy of Controls" policy, a feasible engineering control must be implemented even if the method does not completely control the hazard.
- Interim controls are required until engineering controls are in place.
- A rating of "3" on this attribute indicates that there are no outstanding hazards requiring control by engineering methods. Organizations in this category may sometimes include improved engineering controls in their action plan. Such improvements will not negatively affect the organization's rating on this attribute, if existing engineering controls adequately address the associated hazard.

12. Effective safety and health rules and work practices are in place.

Assessment Tips:

- Workplace *rules* apply to general areas of conduct (e.g. "No horseplay" and "No smoking in this area.")
- Safe *work practices* apply to specific operations or tasks (e.g. "Hearing protection required while operating this equipment.")
- To be "effective," a workplace rule or work practice (1) must exist, (2) must be correct and sufficient, (3) must be communicated, and (4) must be followed. Consultants may determine that improvement is needed for any or all of these requirements.
- Rules or work practices may be formally or informally communicated to workers. Formal communications are usually written and include employee manuals, operating manuals, posters, postings on bulletin boards, and work aids. Informal communications are usually verbal and include training, supervisory instructions, and peer influence. Communication is best when faunal and informal methods are used in conjunction.

13. Applicable OSHA-mandated programs are effectively in place.

Assessment Tips:

- A "mandated program" is a set of managerial and operational requirements directed toward a specific safety and/or health objective. Typically, these requirements include

any or all of the following: formal designation of responsible persons, creation of controlled-access areas, planning and documentation activities, exposure and medical monitoring, hazard controls, periodic program assessment, recordkeeping, and employee training or information. Examples of mandated programs are Hazard Communication, Hearing Conservation, Lock-Out/Tag-Out, and Confined Space Entry.

- Evaluation of this attribute is a 2-step procedure. First, the consultant must determine, the mandated programs that are applicable to the organization. Next, the consultant must determine if the applicable programs have been fully and effectively implemented by the organization.

14. Personal protective equipment is effectively used.

Assessment Tips:

- Personal protective equipment (PPE) may be used by an organization as an interim control or as the last line of defense against a hazard. To be effective, however, PPE must be appropriate, available, carefully maintained, and properly used. There are management issues with each of these criteria that should be addressed in assessing this attribute.

15. Housekeeping is properly maintained.

Assessment Tips:

- Overall housekeeping is often a covariant of safety and health because many of the organizational factors that determine good housekeeping are the same factors that result in safety and health performance. However, in assessing this attribute, consultants should focus on those aspects of housekeeping that have direct bearing on safety and health. Examples include aisles marked and free of tripping hazards, clear emergency exists, flammables and combustibles stored away from sources of ignition, incompatible chemicals not stored together, prompt cleaning of spills, clean restrooms, and effective waste management.

16. The organization is properly prepared for emergency situations.

Assessment Tips:

- Organizations should be prepared for any emergency situation that can be reasonably anticipated. Emergency situations include fire, natural disasters known to the area, catastrophic failures in the company or neighboring facilities, workplace violence, and perhaps, terrorist acts.
- Assessment of this attribute is a 3-step procedure. First, the consultant must determine. the types of emergency situations for which preparation is indicated. At a minimum, each organization should be prepared for fires and relevant natural disasters. Second, the consultant must determine if the organization has engaged in planning and developed adequate emergency procedures to address the areas of concern. These emergency procedures, which are normally written and. posted, serve as the primary information source in the second step. Third, the consultant must determine the

organization's state of readiness to carry out the adopted procedures. Evidence of successful periodic drills is the best indicator of readiness.

17. The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.

Assessment Tips:

- Every organization should have procedures specifying when and how to summon ambulance or paramedic services. Such procedures should be written, posted, and familiar to employees, especially supervisors. When the response time for such emergency medical services is not sufficient to meet the needs of an organization, onsite interim response capability is indicated. In the absence of a plant nurse, most organizations need interim first aid and CPR capabilities provided by onsite individuals holding current certifications. First aid kits and related equipment should be stocked to meet the particular anticipated needs of the organization.
- Organizations having operations that pose serious danger to emergency medical responders should not be rated "3" on this attribute without demonstration that such responders have been duly notified of the potential danger and the precautions needed to conduct a safe response.

18. Effective preventive maintenance is performed.

Assessment Tips:

- This attribute is a "stretch" item. As a rule, only the best organizations provide effective preventive maintenance for their equipment and facilities.
- Preventive maintenance is important to the organizational safety and health system because equipment failures can cause accidents affecting operating personnel and because maintenance workers can be injured due to the hectic pace associated with emergency repairs.
- "Preventive maintenance" is used as a generic term in this item. Technically, preventive maintenance refers to scheduled maintenance. The schedule is normally based on recommendations of the equipment manufacturer. There should be a log indicating if maintenance was performed according to schedule. "Predictive maintenance" is based on periodic testing, such as vibration analysis. In this approach, maintenance actions are undertaken only 'when test results indicate a need. Records will normally be available to document that an organization has implemented a predictive maintenance approach. Another approach is the plant shutdown for overhaul of major equipment or processes. The practice of plant shutdown can be easily determined by interview.
- The consultant should recognize that, typically, organizations employ a variety of preventive and nonpreventive maintenance methods as determined by technological and economic considerations. And preventive maintenance is not necessary for all equipment and facility components in order to have a safe and healthful workplace. Therefore, in assessing this attribute, the consultant should focus on (1) past accidents

and incidents in which maintenance deficiencies were contributing factors, (2) identified hazards involving maintenance problems, (3) potential equipment failures with foreseeable safety and health consequences, and (4) high-risk emergency repair scenarios. Particular attention should be devoted to the maintenance of engineered hazard controls and emergency equipment.

19. An effective procedure for tracking hazard corrections is in place.

Assessment Tips:

- Timely correction of every identified hazard is critical to an effective safety and health system. There should always be some kind of written method to document the progress and status of hazard correction. The degree of sophistication in the tracking method will decrease with company size. Among larger clients, a work-order system will usually be in place. Progressive companies often allow any employee to initiate a work order involving safety and health issues. In some organizations, the safety and health committee initiates and tracks hazard correction with progress reported in the minutes. Among very small organizations, the owner/operator should track hazard corrections the same way other important business tasks are tracked. Often this will involve entries in a calendar or appointment book.
- If there has been a prior consultative visit to the organization and hazards were identified, the employer's adherence to established correction due dates suggests that an effective tracking system is in place.

20. Workplace injury/illness data are effectively analyzed.

Assessment Tips:

- Workplace injury/illness data should be analyzed to enumerate injury and illness types, to detect time trends and spatial patterns, and to determine proportional distributions among operations and personnel. Results of the analyses are useful in detecting hazards and setting priorities for hazard correction.
- Formal analysis of data involving less than 10 injuries and illnesses is not necessary. Interpretation of such small sets of data should be readily apparent without manipulation. However, responsible persons in the organization should have reviewed the data and be able to describe their conclusions in interviews. Also, note that combining data for multiple years can increase the size of the data set, thereby possibly justifying formal analysis.
- A score of "3" on this attribute indicates that the organization undertakes collection and effective analysis of its injury and illness data or that less than 10 injuries and illnesses were recorded over the past three years, and responsible persons in the organization have informally interpreted those small data sets.

21. Hazard incidence data are effectively analyzed.

Assessment Tips:

- Hazard incidence data should be analyzed to enumerate hazard types, to detect time trends and spatial patterns, and to determine proportional distributions among operations and personnel. Results of the analyses are useful in setting hazard prevention priorities.
- As in the analysis of injury and illness data, formal analysis of data involving fewer than 10 recorded hazards is not indicated, although informal analysis is appropriate.
- A score of "3" on this attribute indicates that the organization undertakes collection and formal analysis of its hazard incidence data or that less than 10 hazards were recorded over the past three years, and responsible persons in the organization have interpreted those data.

22. A safety and health goal and supporting objectives exist.

Assessment Tips:

- A "goal" is a broad statement of organizational intent. It sets the sights of the organization on a major achievement. Most goals are long-range in nature, involving multiple years of planning efforts. Some goals, however, are not time framed at all, representing instead the organization's commitment to maintain or continuously improve already existing levels of excellence. Goals may or may not be measurable or directly achievable.
- The Safety and Health Program Assessment Worksheet envisages a single safety and health goal that brings coherence and unity-of-purpose to the organization's safety and health system. Nevertheless, an organization's desire to set more than one safety and health goal should not detract from the consultant's assessment of this attribute.
- Safety and health goals may be outcome-based or process-based. Outcome-based goals are those that focus on the occurrence of injuries and illnesses or associated monetary losses. Examples of goal statements that are outcome-based are "We will have no workplace injuries or illnesses over the next three years" or "We will reduce our recordable injury rate by 80 percent over the next three years." The former goal represents zero tolerance, while the latter represents incremental improvement. As a rule, goals involving incremental advancement are preferable to zero-tolerance goals for those organizations that have considerable room for improvement in their outcome statistics. Another issue associated with outcome-based goals is the potential for such goals to stimulate organizational and individual under-reporting of injuries and illnesses. Great care must be taken to ensure that organizations do not seek their outcome-based goals in a manner that discourages reporting of accidents, injuries, and illnesses. Process-based goals are those that focus on operational and organizational safety and health characteristics, with little or no emphasis on injury or illness outcomes. Examples of process-based goals are "We will achieve a score of at least 150 on the Safety and Health Program Assessment Worksheet within three years" or "We will achieve SHARP status within 18 months."
- The first step in achieving a safety and health goal is the establishment of a set of objectives that support the goal. Objectives should be stated in terms of SMART criteria,

i.e., Specific, Measurable, Achievable, Result-oriented (tied to the goal), and Time-framed (usually less than one year).

23. An action plan designed to accomplish the organization's safety and health objectives is in place.

Assessment Tips:

- Actions that are planned to accomplish a safety and health objective should be short-term and highly specific. Complex actions should' be broken down into steps, milestones, or other progress points. As with objectives, action statements should incorporate SMART criteria (see tip for Attribute 22). Ideally, action statements will begin with an action verb'. Action statements should identify those responsible for the action and the planned completion date.

- The action plan is a list of all safety and health actions to be accomplished over the planning period. Typically, the planning period is one year in order to coincide with annual objectives (Attribute 22) and comprehensive review (Attribute 25). However, multiple sequential action plans of shorter duration(monthly, quarterly, etc.) can achieve the same result.

- Action statements (with milestones, if any), assigned responsibilities, and planned completion dates are the essential ingredients for all actions included in an action plan. Space for actual completion dates is desirable if progress is to be tracked directly on the plan. Actions should be correlated with relevant objectives by grouping or designation. A matrix format may be useful to depict actions that relate to more than one objective. Also, employers working to improve their Safety and Health Program Assessment Worksheet score may wish to code their objectives and/or actions with the relevant attribute numbers.

24. A review of in-place OSHA-mandated programs is conducted at least annually.

Assessment Tips:

- Periodic reviews to evaluate the operational effectiveness of applicable OSHA mandated programs are a good safety and health practice. Some program standards, e.g. the 1910.146 standard governing permit-required confined space entry programs, actually specify a requirement for such reviews. Note that each mandated program represents a cross-section of the organization's larger safety and health system and any "thorough" review of the mandated program entails not only identification of operational defects (Attributes 149), but also any managerial or cultural problems (Attributes 20-58) that may limit effectiveness.

- If an employer does not conduct periodic reviews of any of the organization's in-place mandated programs, a rating of "0" should be assigned to this attribute.

- If an employer has only one mandated program in place, and conducts a nearly complete review of that program, then the consultant should assign a rating of "2" to this attribute. If review of the single program is thorough, a rating of "3" is appropriate.

- If an employer has more than one mandated program in place and conducts periodic review of at least one, but not all of the programs, then the consultant should assign a rating of "1" to this attribute. A rating of "2" is indicated when all of the in-place mandated programs are periodically reviewed, but minor improvement is needed in the quality of some or all of these reviews. Where there are multiple mandated programs in place, a rating of "3" always requires effective periodic review of each program.
- Failure of an employer to implement an applicable OSHA-mandated program should. be considered in the hazard identification portion of the consultation and in the rating of Attribute 13, rather than in the rating of this attribute.
- Review of mandated programs presents an excellent opportunity' for an organization to stimulate employee participation and exhibit management leadership.

25. A review of the overall safety and health management system is conducted at least annually.

Assessment Tips:

- An annual audit of the organizational safety and health system should be conducted on a formal basis. The appropriate level of written documentation for the audit will vary with the size of the organization and the complexity of the audit. At a minimum, the animal safety and health audit should highlight the accomplishments and identify the failures of the past year. The audit should also ascertain the underlying reasons for any failures so that these issues can be addressed. Ideally, the audit will correlate action successes and failures of the past year with outcome results such as injuries and illnesses. This correlation can be used to determine if these actions should be extended, changed or dropped, and to determine if new actions and/or objectives should be initiated.
- This attribute is a "stretch" item. It is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the related basic attributes, particularly Attributes 20, 21, 22, and 23 are in place.
- Although the annual audit is concerned with accountability for safety and health performance at all levels of the organization, it is primarily a scorecard for top management leadership. For this reason, top managers should be directly involved in the audit process or, at least, keenly aware of the audit results.
- Some organizations have their safety and health system in a "continuous improvement" mode. The notion of an annual audit is not in conflict with this approach. The audit provides a "big picture" assessment of the overall impact that numerous small improvements are having on organizational performance.
- There are numerous ways to perform an annual safety and health audit. It may be conducted internally or externally. Corporate staff commonly perform external audits for small units of the company. Internal audits may be performed by the organization's safety committee or by a special team assembled for that purpose. Regardless of the method, it is essential that the audit process be data driven with top management

endorsement. Also, the most effective audits involve input from all levels of the organization-managers, supervisors, and workers.

- The annual safety and health audit does not necessarily involve an inspection activity. Auditors may depend on previous inspection reports to conduct their analysis. However, annual audits may include inspections to verify or augment previous inspection results or to establish a new hazard baseline.
- Audits may be very brief in time and documentation if the organization successfully completed its planned safety and health actions, accomplished its objectives, and achieved the desired outcome results.
- Some organizations sponsor "celebrations" to announce or recognize the safety and health successes revealed by the annual audit. Such events tend to heighten employee awareness of and participation in workplace safety and health issues in a way that stimulates or solidifies a safety and health culture.

26. Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.

Assessment Tips:

- Although assignable tasks pertain to most aspects of an organizational safety and health system, the particular tasks selected for assignment should follow primarily from review of the Operational Component (Attributes 1-19). These attributes almost always involve clearly assignable responsibilities. For example, in assessing whether safety and health self-inspections are regularly performed (Attribute 2), the consultant should determine if responsibilities for such inspections have been assigned. The "training" items (Attributes 34-39) also frequently involve assignable responsibilities. Therefore, assessment of safety and health training can be expected to yield information relevant to Attribute 26. It is particularly important to examine the assignment of responsibilities for actions set forth in the organization's action plan, if any, because these tasks have direct bearing on achievement of current safety and health objectives.
- The intent of this attribute is simply to ascertain if managers and supervisors have designated individuals they intend to hold responsible for the various safety and health tasks of the organization. The degree to which such responsibilities have been successfully communicated to people who are empowered, motivated, and accountable for performance of the assigned tasks is the subject of other attributes.
- This attribute is not concerned with responsibility in the sense of ultimate responsibility for workplace safety and health as placed on the employer by statute. It is concerned with the performance of specific safety and health tasks. Nevertheless, claims by very small owner/operators that they have retained total responsibility for all or most of the safety and health tasks in their small organizations may be accepted. Although such a one-person safety and health system may be workable in rare instances, more often these situations merely reflect the reluctance or inability of the employer to delegate.

Regardless, the adequacy or inadequacy of such a situation will be revealed through the assessment and rating of other attributes.

- The notion that "everybody is responsible" is a common tenet in many organizations with strong safety and health cultures. This approach is great for some aspects of the safety and health system, such as following safety rules and reporting hazards. It is not acceptable for rating this attribute, which requires individual responsibilities for performing specific safety and health tasks. In this view, if everyone is responsible, no one is responsible.

- The "top-down" approach will usually work well for assessing this attribute. The consultant should first select one or more priority categories of safety and health tasks to be examined. Once particular types of tasks have been identified then the consultant can simply ask managers and supervisors to identify the individuals or positions with assigned responsibility for the relevant tasks. For example, if accident investigation is a priority task, the consultant may ask a manager "Who is responsible for conducting accident investigations?" The manager may respond by indicating that supervisors are responsible for investigating all accidents in their area. This fact, acquired by top-down interview, establishes a confirming cue for rating this attribute. If the manager indicates instead that no one has been assigned responsibility for accident investigations, then a negating cue is established. If a consultant, using the "bottom-up" approach, finds a hazard that has been overlooked by the organization primarily because no one had responsibility for conducting a needed accident investigation, then the consultant has established a negating cue for rating this attribute. On the other hand, where evidence accumulated during a safety or health survey suggests that, at least sometimes, accident investigations are being performed; such evidence may provide a confirming cue for rating the attribute.

27. Each assignment of safety and health responsibility is clearly communicated.

Assessment Tips:

- Ideally, assessment of this attribute will follow from the assessment of Attribute 26. In that attribute, individuals responsible for performance of priority safety and health tasks were tentatively identified, based on the perceptions of the managers or supervisors to whom those individuals report. The intent of the present attribute is to confirm that the responsible individuals are, in fact, aware of and understand their assignments. The simplest way to find out is to ask them. The major advantage of this method is that it provides systematic information on the communication of responsibilities for important safety and health tasks.

- Another method for assessing this attribute is to ask selected members of the organization to list or describe the safety and health responsibilities they hold. This method provides an efficient way, to gain limited information on where safety and health responsibilities reside in an organization, but for a broader range of task categories than does the method described in the bullet-point above. This method also reveals situations in which individuals have assumed an undelegated safety or health

task in order to meet a need that may not be recognized by the manager or supervisor. Such situations are common in organizations with strong safety and health cultures and active worker participation.

28. An accountability mechanism is included with each assignment of safety and health responsibility.

Assessment Tips:

- This attribute is a "stretch" item. It is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the related basic attributes, particularly Attributes 26, 27, 29, 30, 31, 32, and 33, are in place.
- Ideally, assessment of this attribute will follow from assessment of Attribute 27, which is concerned with communication of task assignments. Effective monitoring by the delegator of the delegatee's performance of an assigned safety and health task is the central idea. This attribute is derived from the time-tested management adage that what gets monitored is what gets done. At the time any safety or health task is assigned, both the delegator and the delegatee need to have a clear and consistent mutual understanding of how and when performance of the assignment will be measured. This need places great importance on effective communication of expectations and reporting methods at the time each assignment is made.
- Modern managers and supervisors use a variety of accountability mechanisms. These include regular written reports or memoranda, periodic personal conferences, timely briefings or oral reports to the delegator, and presentations at group meetings such as meetings of the safety committee. Computer reporting is increasingly important in business today. This may involve something as sophisticated as an electronic management information system or as simple as regular e-mail messages. Some delegators prefer the "open-door" method of monitoring delegated assignments. This is a fain of "management by exception" that brings to the attention of the delegating authority only those problems that the delegatee is uncertain how to handle or unable to do so. The particular mechanism chosen by a delegator to ensure accountability for safety and health tasks should be consistent with that person's management style and compatible with the organization's culture. Also, it should be comparable to the mechanisms in place toy ensure accountability for other organizational functions such as productivity and quality.

29. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills,

and timely information to perform their duties.

Assessment Tips:

- Ideally, assessment of this attribute will follow from the assessment of Attribute 27, which establishes that assignment of responsibility for each safety and health task has

been made and acknowledged. The intent of the present attribute is to determine if the responsible person knows how and when to pertain the assigned task.

- This attribute considers three types of learning that are necessary for effective task performance. First, the term "knowledge" refers to understanding gained from study or experience. Knowledge relates to the "why" and "what if" issues associated with a task. Second, the term "skill" means ability. It refers to the "how" and "just do it" aspects of a task. Skill is usually obtained by practice to proficiency. Third, the term "timely information" refers to advance data, instructions, alerts, warnings, or other communications that either trigger performance of a task or alter the way it should be performed. It relates primarily to the "when" aspects of task performance and is particularly important under hazardous or emergency conditions.

30. Individuals with assigned safety and health responsibilities have the authority to perform their

duties.

Assessment Tips:

- Ideally, assessment of this attribute will follow from the assessment of Attribute 27, which establishes that assignment of responsibility for a task has been made and acknowledged. The intent of the present attribute is to determine if the responsible person has the necessary authority to perform the assigned task.
- At least three types of authority are necessary for a responsible person to perform assigned safety and health tasks effectively-these are (1) authority over the work, (2) authority over needed resources, and (3) authority over subordinates. Authority over the work means that the responsible person can make and implement operational decisions relative to the assigned task, including work stoppage if necessary. Authority over resources means that the responsible person identifies task-related resource needs and obtains or specifies and requisitions those resources. Resource needs may involve physical resources such as supplies or equipment as well as service resources such as training, repairs, maintenance, and housekeeping. If needed resources are not available, the responsible person must have the authority to make operational decisions that react to or compensate for the resource deficiency. Authority over subordinates means that the responsible person is able to make and enforce task-related assignments to others. All three types of authority are usually inherent to a line position, hence the advantage of safety and health as a line function.
- Any limitations to the authority of a responsible person should be clearly spelled out by the delegator at the time the assignment is made. Evaluation of such authority restrictions may reveal that the nominally designated responsible person is, in fact, not the responsible person because true responsibility entails authority.

31. Individuals with assigned safety and health responsibilities have the resources to perform their duties.

Assessment Tips:

- Ideally, assessment of this attribute will follow from the assessment of Attribute 27, which establishes that assignment of responsibility for each safety and health task has been made and acknowledged. The intent of the present attribute is to determine if the responsible person has the resources necessary to perform the assigned task.
- Assessment of this attribute may overlap assessment of Attribute 29, which concerns knowledge, skills, and information. If task resources are unavailable because the responsible person is unaware of the need for such resources, or because that person does not know how to obtain the resources, then the absence of resources reflects a negating cue for assessment of this attribute and for assessment of Attribute 29.
- Assessment of this attribute may also overlap assessment of Attribute 30, which concerns authority issues. If task resources are unavailable because the responsible person lacks the authority to obtain the resources, then the resource deficiency reflects a negating cue for assessment of this attribute and for assessment of Attribute 30.
- If task resources are unavailable because the responsible person has neglected or chosen not to obtain the resources, then the resource deficiency reflects a negating cue for assessment of this attribute alone. The consultant may, however, also use the finding as evidence in assessing other attributes, particularly Attributes 32-33 concerning motivation and Attribute 28 concerning accountability. The present attribute (Attribute 31) is also the appropriate assessment point for task resource deficiencies that cannot be attributed to a particular cause.

32. Organizational policies promote the performance of safety and health responsibilities.

Assessment Tips:

- This attribute is concerned with positive motivation for safety and health performance. It includes consideration of positive motivations for performance of the specifically assigned safety and health tasks that are evaluated in Attributes 26-31. But it also includes the positive motivations applicable to the general safety and health activities and responsibilities that are incumbent on all members of the organization. Examples of desirable general behaviors include employee participation activities, following safety rules, and reporting hazards.
- The methods used to motivate employee safety and health behaviors in some organizations may be complex. As a general rule, assessment of this attribute should adhere primarily to the bottom-up approach, which is a hazard-based approach. A bottom-up analysis is capable of revealing both conforming and negating assessment cues. A negating cue, in the context of this attribute, is a hazard or potential hazard, for which lack of motivation on the part of one or more individuals, is a directly contributing factor. Because this type of analysis usually cannot distinguish between the need for positive motivation and the need for negative motivation, a negating cue for this attribute often constitutes a negating cue for Attribute 33 as well.
- A conforming cue in the context of this attribute is obtained by the bottom-up approach when a safety and/or health survey fails to reveal hazards or potential hazards for which lack of motivation is a directly contributing factor. The conforming cue provides

positive evidence, often weak, that the attribute is fully or partially in place. The strength of this type of cue is proportional to the scope of the survey and the degree to which consultants are able to discern the influence of applicable motivational factors in eliminating or controlling hazards. In addition, a confirming cue for this attribute may also constitute a cue for rating Attribute 33.

- In rating this attribute with bottom-up information, a single negating cue eliminates the possibility of a "3" value and a single confirming cue eliminates the possibility of a "0" value. The choice between selecting a "1" value and a "2" value will be a judgement call based on the relative weights of positive and negative evidence.

- Motivation is driven by the consequences of action or inaction as perceived by the individual. Major positive consequences for safety and health performance might include improved personnel evaluations, pay raises, bonuses, and promotions. However, smaller positive consequences, especially those based on recognition, are also quite effective in motivating safety and health performance. The most successful motivators, large or small, are "PIC" consequences. These are consequences that are Positive, Immediate, and Certain from the perspective of the employee.

33. Organizational policies result in correction of non-performance of safety and health responsibilities.

Assessment Tips:

- This attribute evaluates policies designed to discourage safety and health nonperformance. It includes consideration of disincentives intended to discourage non-performance of the specifically assigned safety and health tasks that are evaluated in Attributes 26-31. But it also includes the negative motivators applicable to non-performance of the general safety and health activities and responsibilities that are incumbent on all members of the organization. Examples of undesirable general behaviors include breaking safety rules, refusing to wear required personal protective equipment (PPE), and ignoring established safe work practices.

- Negative and positive motivations are closely related subjects. The second and third bulleted assessment tips regarding positive motivations under Attribute 23 are applicable and significant to this attribute too.

- Achieving superior safety and. health performance requires confronting poor performance as well as recognizing good performance. But motivation, especially negative motivation, is not the appropriate method for correcting every performance problem. The first step in correcting poor safety and health performance is to determine the underlying cause of the problem. The type of analysis involved in assessing Attributes 26-31 will reveal some of the common non-motivational obstacles to good performance. Poor work design may require job engineering. Poorly delegated task assignments may require clearer communication of expectations and consequences. Perhaps performance feedback has not been provided. Also, resources may riot be appropriate or sufficient to the task or training may be inadequate.

- The employer should have in place a formal system of progressive disciplinary actions that is used when poor safety and health performance persists after obstacles to performance have been removed.

34. Employees receive appropriate safety and health training.

Assessment Tips:

- Although, technically, all members of an organization except the owner are employees, the focus of this attribute is on non-supervisory and non-managerial employees, i.e. workers. Training of supervisors and managers is addressed in Attributes 36-39.
- The term "training" is used in this attribute as generic shorthand for any and all types of safety and health learning. It is not limited to skill development as normally associated with that word. Training may be formal or informal, and it may include methods as diverse as off-site workshops, OJT, and job aids.
- Ideally, any bottom-up assessment of this attribute will follow an assessment of Attribute 29.
- In conducting a top-down assessment of this attribute, the consultant should look for an organized safety and health training effort that identifies any training needs, determines the best way to meet those needs, delivers the needed training in a timely manner, and evaluates the effectiveness of the training provided. Viewed in this way, training becomes an organizational safety and health task that can be systematically assessed under Attributes 26-33.

35. New employee orientation includes applicable safety and health information.

Assessment Tips:

- If the employer does not provide employee orientation, a rating of "0" should be assigned to this attribute. Likewise, a rating of "0" is appropriate if orientation is provided without safety and health information.
- An orientation session is not expected to cover all of the detailed and job specific safety and health information needed by every new employee. Orientation is not a substitute for the training assessed in Attribute 34. At a minimum, however, orientation should cover the employer's announced safety and health policy, general safety and health rules, major hazards and protections, and emergency procedures. Re-orientation may be necessary when an employee changes job duties, if the change involves significant new hazards, protections, or emergency procedures.
- A rating of "3" on this attribute is indicated only when orientation is provided that includes appropriate safety and health information for both new employees and, as needed, for employees who are assuming new duties.

36. Supervisors receive appropriate safety and health training.

Assessment Tips:

- The term "supervisor" means the first-line supervisor. These individuals are close to the work and have direct responsibility for personnel doing the work. In very small organizations, the supervisor is probably the owner/operator. The first prerequisite for effective safety and health supervision is an understanding of the hazards, protections, and emergency procedures associated with the supervised work.
- Ideally, any bottom-up assessment of this attribute will follow an assessment of Attribute 29.
- In conducting a top-down assessment of this attribute, the consultant should look for the same type of organized safety and health training effort provided for employees (Attribute 34).

37. Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.

Assessment Tips:

- Supervisory effectiveness is key to safety and health performance. Although supervisors may have job related knowledge of hazards, protections, and emergency procedures, this. is often not enough. They need to be able to train and motivate their subordinates to recognize the hazards, use the protective measures, and follow the emergency procedures. The supervisory skills needed to accomplish this are rarely included in hazard-based training. Supervisors may need coaching or specialized training to acquire these skills. Training that develops supervisory skill may be general or, ideally, directed to safety and health issues.
- This attribute is a "stretch" item. It is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once 'the related basic attributes, particularly Attributes 2, 3, 4, 12, 14, 15, and 16 are in place.
- Ideally, any bottom-up assessment of this attribute will follow an assessment of Attribute 29, and any top-down assessment will follow assessment of Attribute 36.

38. Safety and health training is provided to managers.

Assessment Tips:

- The term "managers" includes top managers and middle managers.
- Training for managers should be sufficient to provide for their personal safety and health. It should also be adequate for them to exercise leadership roles regarding safety and health issues throughout the workplace.
- Ideally, any bottom-up assessment of this attribute will follow an assessment of Attribute 29.
- In conducting a top-down assessment of this attribute, the consultant should look for the same type of organized safety and health training effort provided for employees (Attribute 34).

39. Relevant safety and health aspects are integrated into management training.

Assessment Tips:

- The premise of this attribute is that managers who understand both the way and extent to which effective safety and health protection impacts the overall effectiveness of the business itself are far more likely to ensure that the safety and health management system operates as needed.
- This attribute is a "stretch" item. It is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the basic attributes are in place.
- This attribute should be assessed primarily with a top-down approach involving interviews with managers, especially the top manager. These interviews should query the manager's familiarity and concern with the organization's current loss status, including both direct and indirect losses, and how the organization's record compares to the performance of other companies in the same business and about the same size. Managers in organizations with high safety and health performance should be aware of the financial incentive to continue performing well. Managers should appreciate the positive effect of safety and health on employee recruitment, turnover, absenteeism, productivity, and morale. Assessment and rating of this attribute by interviews is inherently subjective. In making a judgement, the consultant should consider what the interviews have revealed about both the degree to which management comprehends the business consequences of safety and health performance and the extent to which that understanding is held by the various individual managers.

40. Top management policy establishes clear priority for safety and health.

Assessment Tips:

- For the purpose of evaluating this attribute, no organizational safety and health system formally exists until it is established by top management policy. The purpose of a policy statement is to establish the priority of safety and health relative to other organizational goals such as profitability, productivity, and quality.
- The policy on safety and health issued by top management must be effectively communicated to middle managers, supervisors, and employees. In most cases, this requires a written policy statement. However, in some very small organizations (no more than 10 employees) where policy is normally set and effectively communicated by oral instruction, there may be no need for a written policy statement.
- Assessment and rating of this attribute will normally involve a top-down approach.- The availability of a written statement establishes that policy has been set, if the statement has been developed or endorsed by top management. Consultant needs to conduct interviews to confirm whether a written policy has been effectively communicated. Verification of an unwritten policy depends totally on interviews.

41. Top management considers safety and health to be a line rather than a "staff" function.

Assessment Tips:

- The term "line" refers to any position in the organization, such as the production supervisor, having authority over the work and personnel performing the work. It is authority legitimized by a "line" of delegation from the top manager. The term "staff" refers to any position, such as the safety manager, that provides advice and support to line managers. However, the term "staff" is not synonymous with the support function of the business unit. Maintenance, sales, and marketing, for example, are support functions of a business, but the supervisors of these functions are in line positions.

- It is a common practice in organizations to hold the safety director or safety committee responsible for safety and health performance. This °practice frequently results in nominally responsible individuals who do not have the necessary authority to perform their assigned safety and health duties (Attribute 30). In addition, assignment of responsibility for safety and health protection to a single staff member, or even a small group, may leave other members feeling that someone else is taking care of safety and health problems.

- This attribute calls for judgement regarding the attitude of top management. The surest way to get information to support such a judgement is to ask the top manager. Confirming or negating information can be obtained by interviews with other personnel and by any assessments performed for Attribute 26.

42. Top management provides competent safety and health staff assistance to line managers and supervisors.

Assessment Tips:

- Staff support encompasses a wide range of activities and assistance. For example, this attribute may involve top management providing a part-time or full-time safety director, as appropriate. The existence of a competent full-time safety manager, empowered and positioned organizationally near top management, is one of the most certain indicators of an advanced safety and health system and of the top manager's commitment to its effectiveness. In larger organizations, those near the upper size limit for consultation eligibility, this attribute may concern the justified need for specialized professionals (such as a plant nurse or industrial hygienist). In organizations with a company trainer, the top manager may dedicate a portion of the trainer's time to safety and health training. Some organizations need secretarial support for their safety and health committee, and many organizations need clerical support for maintenance of Form 300 logs and filing First Reports of Injury. The exact nature of the staff support provided by a top manager should fit the particular needs and circumstances of the organization.

- This attribute is a "stretch" item. It is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the basic attributes, particularly Attribute 26 and Attribute 41, are in place.

43. Managers personally follow safety and health rules.

Assessment Tips:

- The premise of this attribute is that, if managers give high priority to safety and health protection in practice, others will see the example and follow. On the other hand, where there is lack of management involvement in this area, a written or spoken policy of high priority for safety and health will have little credibility. Managers who wear required personal protective equipment in work areas and follow all other established safety and health rules demonstrate such involvement.
- Assessing adherence or non-adherence to established safety and health rules by managers or workers through the bottom-up approach requires information about actual behaviors. This information may be direct or indirect. Direct information is obtained by observation. However, the likelihood of a consultant actually observing a manager following or breaking a safety rule during a. facility walkaround is not great. Nevertheless, when such an act is witnessed, it constitutes a bottom-up assessment cue for rating this item. When the observed manager is seen breaking a safety rule, the infraction is a negating cue. When the observed manager is seen following a rule, it is a confirming cue because no hazard was created when the rule was followed. Indirect information on rule adherence by managers can be obtained through interviews with workers who often observe whether these managers avoid hazards by following safety rules. Interviews with the managers, themselves, may also be revealing.

44. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.

Assessment Tips:

- This attribute can be assessed by the bottom-up approach if it can be linked to hazard-related information through Attribute 30.
- Top-down assessment of this attribute can be achieved by interviews with managers and, perhaps, by review of documents. Interviews should reveal management's philosophy and practice regarding delegation of authority to personnel with assigned responsibilities for safety and health tasks. The consultant should learn from these interviews whether or not management grants the necessary authority over the work, authority over resources, and authority over subordinates. Although interview is the most likely source of top-down information, documents that contain information on delegated authority may exist in larger organizations. These documents may include the organization chart, position descriptions, and the charter of the safety and health committee.

45. Managers allocate the resources needed to properly support the organization's safety and healthsystem.

Assessment Tips:

- This attribute can be assessed by the bottom-up approach if it can be linked to hazard-related information through Attribute 31.
- Top-down assessment of this attribute can be achieved by interviews with managers and, perhaps, by review of documents. Interviews should reveal management's

philosophy and practice regarding allocation of resources for safety and health. A confirming assessment cue is established when managers report current allocations for safety and health purposes and /or plans for future allocations to achieve safety and health improvements. Resources include personnel or personnel-effort, supplies, equipment, facilities, and services. Interview of the owner/operator is the most realistic source of topdown information on resource allocation in very small organizations. In larger organizations, a safety and health budget or identifiable safety and health components in the general budget may exist as a source of information on the resources allocated to safety and health.

46. Managers ensure that appropriate safety and health training is provided.

Assessment Tips:

- This attribute can be assessed by the bottom-up approach if it can be linked to hazard-related information through Attribute 29.
- Top-down assessment of this attribute can be achieved by interviews with managers. However, any top-down assessment of the attribute should follow top-down assessment of one or all of the attributes in the Safety and Health Training section (Attributes 34 through 39). Review of these six training attributes provides the consultant with specific information and issues to be addressed, by the managers during interview.

47. Managers support fair and effective policies that promote safety and health performance.

Assessment Tips:

- This attribute can be assessed by the bottom-up approach if it can be linked to hazard-related information revealed through assessment of Attribute 32 and/or Attribute 33.
- Top-down assessment of the attribute can be achieved by interviews with managers and, perhaps, by document reviews. Interviews should reveal management's philosophy and practice regarding motivation of performance for safety and health. This includes both the positive and negative aspects of motivation. In very small organizations, interview of the owner/operator is the most realistic source of information on how personnel are motivated for safety and health. In larger organizations, however, there may be a written disciplinary policy, personnel evaluation forms, position descriptions, and written policies on pay raises, bonuses, and promotions. Review of such documents should provide top-down information to assess this attribute.

48. Top management is involved in the planning and evaluation of safety and health performance.

Assessment Tips:

- The term "involved" means that the top manager is engaged at some appropriate level in organizational planning and evaluation relative to workplace safety and health. Some top managers may personally participate in such planning and evaluation activities. This level of involvement would be especially appropriate for the owner/operator of a very

small business. In larger organizations, the top manager may simply receive and review reports and make decisions concerning recommendations. In any event, all top managers should be familiar with the safety and health planning and evaluation efforts undertaken by their organizations. This includes awareness of what has been done, who did it, what were the results, and what actions were taken in response.

- Top-down assessment of this attribute can be achieved by interviews with top managers. However, any top-down assessment of the attribute should follow top-down assessment of one or all of the attributes in the Planning and Evaluation section (Attributes 20 through 25). Review of these six-planning and evaluation attributes provides the consultant with specific information and issues to be discussed with the top manager during interview.

49. Top management values employee involvement and participation in safety and health issues.

Assessment Tips:

- This attribute calls for a judgement on the part of the consultant regarding an attitude of top management. The surest way to get information to support such a judgement is to ask the top manager. The top manager should be able to describe how employee input on safety and health issues is solicited, and how voluntary participation in safety and health efforts of the organization is encouraged.
- Information obtained from interview with the top manager should be confirmed or negated by interview of other personnel and by any assessments performed for attributes in the Employee Participation section (Attributes 50 through 58).

50. There is an effective process to involve employees in safety and health issues.

Assessment Tips:

- This attribute can be assessed by the bottom-up approach if it can be linked to hazard-related information through Attribute 4.
- Top-down assessment of this attribute should begin with interviews with management or staff to determine what, if any, process has been established for employee input on safety and health issues. An effective process for employee involvement should provide for (1) the solicitation of input, (2) the receipt of input, and (3) the acknowledgement of input. The established process may provide a single way or multiple avenues for soliciting, receiving, and acknowledging employee inputs. Common methods for soliciting input are postings, paycheck flyers, e-mail postings, chain-of-command distributions, and company-wide meetings. Common standing methods of receiving employee inputs on safety and health issues are chain-of-command reporting, managerial open-door policies; suggestion boxes, organizational e-mail systems, and direct reporting to the safety director or safety and health committee. A more ad hoc, but highly effective, way of both soliciting and receiving employee input is to ensure that employees are represented in small group meetings where safety and health issues are discussed. Joint labor-management safety and health committees are one example

of this approach. In evaluating the process that provides acknowledgement, it is important to remember that any acknowledgement message should not only confirm that the employee input was received, but it should also provide feedback to the employee concerning how the information or suggestion was used. There is no single best way to achieve employee input' on safety and health issues. Much depends on the culture of the organization and the management styles of the managers. The best system is the one that works for the organization.

- Information obtained in assessing Attributes 51 through 53 (which pertain to employee involvement in specific safety and health issues) may also be relevant to the assessment of this attribute.

51. Employees are involved in organizational decision-making in regard to safety and health policy.

Assessment Tips:

- The term "involved" means that the thoughts, suggestions, concerns, objections, or support of employees concerning safety and health policy issues are sought, obtained, and considered by policy makers before decisions are made. It does not mean, or suggest, that employees should be allowed to usurp the decision making authority that is vested in management.
- A top-down assessment of this attribute should begin with interviews of management, particularly the top manager. During these interviews, the consultant should ask the managers to identify major safety and health policies that have been adopted by the organization and describe how employee involvement influenced these decisions. The top management policy setting safety and health as an organizational value and any policies regarding positive or negative motivations for safety and health should be included in the discussion. If the interviews with managers reveal effective employee involvement in policy-making decisions, each example of such involvement may support a confirming cue for evaluating this attribute. Negating cues are indicated where there is evidence that policymaking lacks employee involvement. Confirming or negating information may be obtained for both types of cues by interviews with other personnel.

52. Employees are involved in organizational decision-making in regard to the allocation of safety and health resources.

Assessment Tips:

- The term "involved" means that the thoughts, suggestions; concerns, objections, or support of employees regarding allocation of safety and health resources are sought, obtained, and considered before decisions are made. It does not mean, or suggest, that employees should be allowed to usurp the decision-making authority that is vested in management.
- A top-down assessment of this attribute should begin with interviews of management, particularly the top manager. During these interviews, the consultant should ask the managers to identify resource allocations for safety and health and describe how

employee involvement influenced these decisions. The discussion might include allocation of all or any of the following resources: personnel, personnel effort, supplies, equipment, facilities, or services. If the interviews with managers reveal effective employee involvement in resource allocation for safety and health; each example of such involvement may support a confirming cue for evaluating this attribute. Negating cues are indicated where there is evidence that the decisions surrounding safety and health resource allocations lack employee involvement. Continuing or negating information may be obtained for both types of cues by interviews with other personnel.

53. Employees are involved in organizational decision-making in regard to safety and health training.

Assessment Tips:

- The term "involved" means that the thoughts, suggestions, concerns, objections, or support of employees concerning issues related to safety and health training are sought, obtained, and considered before decisions are made. It does not mean, or suggest, that employees should be allowed to usurp the decision making authority that is vested in management.
- A top-down assessment of this attribute should begin with interviews of management, particularly the top manager. During these interviews, the consultant should ask the managers to identify safety and health training decisions that have been made by the organization and describe how employee involvement influenced these decisions. Training decisions include' decisions to provide training as well as decisions not to provide training. Training decisions may involve the training topic, who will deliver the training and how, who will receive the training, and when and where. If the interviews with managers reveal effective employee involvement in safety and health training decisions each example of such involvement may support a confirming cue for evaluating this attribute. Negating cues are indicated where there is evidence that the decisions surrounding safety and health training lack employee involvement. Continuing or negating information may be obtained for both types of cues by interviews with other personnel.

54. Employees participate in hazard detection activities.

Assessment Tips:

- The term "participate" means that employees are actively engaged in hazard detection activities, preferably on a voluntary basis.
- Hazard detection activities are the subject of those attributes in the Hazard Anticipation and Detection section (Attributes 1 through 10). Assessment of these attributes may reveal bottom-up information that can support an assessment of the present attribute also.
- Top-down assessment of this attribute by interviews can proceed in two ways. The first way is the more systematic approach that focuses on employee participation in a specific hazard detection activity such as inspections. In this case, managers,

supervisors, or workers are asked to identify who conducts inspections. In the second approach, selected employees are asked to identify their own participation in hazard detection activities. This approach is particularly suited to activities, such as hazard reporting, that are random in nature. A combination of the approaches will provide the best overall assessment of the attribute. Each example of employee participation in hazard detection revealed by either interview method constitutes a continuing cue for assessing this attribute. However, negating cues are established only where employee participation in a hazard detection activity is both lacking and appropriate. For example, expert analysis activities may not require employee participation. Finally, there can be no employee participation if needed hazard detection activities are not being performed at all. These situations represent not only operational deficiencies, but also lost opportunities to stimulate employee participation, and should be considered a strong negating cue for assessing this attribute.

55. Employees participate in hazard prevention and control activities.

Assessment Tips:

- The term "participate" means that employees are actively engaged in hazard prevention and control activities, preferably on a voluntary basis.
- The activities covered in this attribute are the subject of those attributes in the Hazard Prevention and Control section (Attributes 11 through 19). Assessment of these attributes may reveal bottom-up information that can support an assessment of the present attribute also.
- Top-down assessment of this attribute can be achieved through interviews with managers, supervisors, and workers. Managers or supervisors can be asked to give examples of employee participation in organizational projects such as designing engineered safety and health controls or establishing safe work practices. Interviews with workers can be used to confirm, negate, or expand on the information provided by managers and supervisors. Worker interviews may also reveal the degree to which individuals endorse and adhere to the company's established safety and health protections. A confirming cue is established for assessing this attribute by each example of employee participation in a hazard prevention or control project and by each interview that reveals active commitment to safety and health protections. Negating cues follow from worker interviews that indicated these individuals are not actively .committed to established safety and health protections, and from evidence of projects or other organizational efforts addressing safety and health protections that should have, but did not, include employee participation. Evidence that workers voluntarily take personal initiative to prevent risk to themselves and co-workers suggests a strong confirming cue for this attribute.

56. Employees participate in the safety and health training of co-workers.

Assessment Tips:

- The term "participate" means that employees are actively engaged in the safety and health training of co-workers.
- This attribute is a "stretch" item. It is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once 'the basic attributes, particularly Attributes 34 and 35, are in place.
- It is unreasonable to expect that every worker in an organization be engaged in some sort of co-worker training and such an expectation must be excluded in assessment of this attribute. In most organizations, there are individuals who have the ability and desire (or at least willingness) to help in the development of their co-workers. These individuals often make excellent instructors because of their experience-based credibility. When the subject matter is safety and health the visibility of an employee instructor adds to the safety and health culture of the organization. Mentoring by an experienced employee can be an especially effective way to instill safety and health in a new employee. The mentoring and coaching activities that take place in an organization are often unofficial and informal. For this reason, interviews with employees are needed to uncover the true extent of employee-provided guidance for safety and health that may be taking place. Confirming cues for this attribute are suggested when the consultant ascertains that employees are participating in formal training of their co-workers on safety and health issues.
- Confirming cues are also indicated when the consultant determines that employees are engaged in formal or informal mentoring or coaching of new workers with regard to safe and healthful work practices. However, demonstrating a negating cue for this attribute will be difficult because the decision to participate in training, mentoring, or coaching usually rests with the individual employees and not with the organization.

57. Employees participate in safety and health planning activities.

Assessment Tips:

- The term "participate" means that employees are actively engaged in safety and health planning activities.
- Attribute 22 and Attribute 23 are also concerned with safety and health planning activities. Assessment of these attributes may reveal information relevant to assessment of this attribute as well.
- Top-down assessment of this attribute can be achieved through interviews with managers, supervisors, and workers. Managers and supervisors can be asked to identify the major safety and health planning activities undertaken by the organization and describe how employees participate in these activities. The process of setting the organization's safety and health goal and supporting objectives and the process used to develop an action plan should be included in the discussion. If any safety and health benchmarking activities have been undertaken by the organization,, these activities should also be discussed in the interviews. Information obtained from interviews with managers or supervisors can be confirmed, negated, or expanded through interviews with other personnel.

- Each example, derived from the interviews, of employee participation in safety and health planning activities constitutes a confirming cue for assessment of this attribute. Each example of a safety and health planning activity conducted without employee participation is a negating cue. When an organization does not conduct the activities necessary to produce the critical safety and health planning products-goal, objectives, and action plan-this is a sure indication that employees are not participating in planning activities, and is a strong negating cue for assessing this attribute.

58. Employees participate in the evaluation of safety and health performance.

Assessment Tips:

- The term "participate" means that employees are actively engaged in the evaluation of organizational safety and health performance.
- Attributes 20, 21, 24, and 25 are also concerned with evaluation of organizational safety and health performance. Assessment of these attributes may yield information relevant to assessment of this attribute as well.
- Top-down assessment of this attribute can be achieved through interviews with managers, supervisors, and workers. Managers and supervisors can be asked to identify the major safety and health evaluation activities undertaken by the organization and describe how employees participate in those activities. The annual comprehensive review, review of OSHA-mandated programs, and analyses of injury/illness data or hazard incidence data are examples of evaluation activities that should be discussed. Information obtained from interviews with managers and supervisors can be confirmed, negated, or expanded through interviews with other personnel.
- Each example, derived from the interviews, of employee participation in safety and health evaluation activities constitutes a confirming cue for assessment of this attribute. Each example of a safety and health evaluation activity conducted without employee participation is a negating cue. When an organization does not conduct evaluations of its safety and health performance, this is a sure indication that employees are not participating in evaluation activities and a strong negating cue for assessing this attribute.