

J-M Manufacturing Company, Inc.

Internal Correspondence

To: ~~E. E. Wang, Stockton~~

Date: June 22, 1983

From: W. R. Arant, Denison

W.R. Arant

Copies:

Subject: PLANT SAFETY/ENVIRONMENTAL
YOUR LETTER OF 6-17-83



Enclosed is a copy of our "Proposed" plant safety program. It is currently being reviewed and commented upon by the staff, and there probably will be some modifications made to it. Also enclosed is a copy of our 1982 Monthly Injury Data Report.

I look forward to hearing from you regarding a decision on annual or semi-annual environmental inspections.

WRA/is

enclosures



JUN. 24 1983

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SC-JMM-2410

J-M Manufacturing Company, Inc.

Internal Correspondence

To: SEE BELOW

Date: June 17, 1983

From: E.E. WANG, Stockton

Copies: G. C. Eggleston, STKN, R.K.Chi, STKN

Subject: PLANT SAFETY/ENVIRONMENTAL

I would like to have a copy of your present plant safety program and the injury report covering both major and minor injuries for 1982.

Incidentally, the current medical check-up program will be continued, and the annual or semi-annual environmental inspection plan is now under careful consideration. As soon as a decision is reached, you will be notified. Should you have any questions, please feel free to contact me.

E. E. Wang

Dr. E. Edward Wang
Manager, Environmental Control

H. KOPP - Butner, NC
W. Burnett - Denison, TX
F. Love - Franklin, PA
C. Stelchek - Green Cove Springs, FLA
B. Riddle - McNary, OR
E. Derichsweiler - Pueblo, CO
H. Mollenkopf - Stockton, CA
R. Freeman - Wilton, IA

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BASIC SAFETY PROGRAM

PURPOSE

The purpose of this program is to effectively guide J-M Manufacturing in the pursuit of accident prevention goals. Efforts directed to reduce accidents will succeed only to the degree that all management personnel apply the principle that accident prevention is an operating responsibility and demands the same executive direction and control given to increasing efficiency of production.

RESPONSIBILITY

The Plant Manager has overall responsibility for the safety and health of all employees. Certain specific responsibilities have been delegated as follows:

- * 1. Industrial Engineer Supervisor - Responsible for environmental control and asbestos communication.
2. Plant Engineer - Responsible for unsafe conditions requiring fabrication or repair of equipment, buildings, etc.
- * 3. Employee Relations Manager - Responsible for formulation of safety program, reporting, and safety audits.
4. Department Heads - Specific responsibility for unsafe conditions and actions in their respective shops. They are responsible for reporting and investigations as stated in Safety Program.
5. Safety Committee - Responsible for coordination, recommendation and implementation of plant safety. Committee members will be I. E. Supervisor, Department Head, Safety Coordinator, and in case of disagreement, the Plant Manager.

SUPERVISOR ACTIVITIES - - - - - B A S I C .

Specific accident prevention functions are assigned to J-M Manufacturing supervisors. They are designed to involve the supervisor in all areas of the program because it is only through their active participation and support that the program can be successful. These activities can be related to the anacronym B A S I C, indicating they are fundamental, but essential to the program. They are:

B - Basic Training

A - Accident Investigation

S - Safety Meetings

I - Inspections

C - Counseling individual employees

BASIC TRAINING

Supervisors are required to participate in an indoctrination program for new employees using the Supervisor Report of Safety Orientation for New Employees. The purpose is to insure the employee receives the necessary information to begin work. Training progress of new employees must be closely monitored by supervisors to insure the employee is performing the job as instructed and doing it safely. This orientation checklist will become a permanent part of the personnel file.

ACCIDENT INVESTIGATION

Supervisors will conduct investigations of all injuries, property damage, and near-miss accidents to their employees within the same shift on which it occurs. The Supervisor will review accident with Safety Coordinator and Department Head at scene within 24 hours of the accident. The Accident Investigation Report will be completed to include corrective action taken, and forwarded to the Plant Manager for review within 24 hours. The Safety Coordinator will maintain accident report files. The responsibility to conduct an accident investigation is one which cannot be taken lightly. The reason is obvious! It is the only way to systematically establish all the facts concerning how and why an accident occurred, and then take action to prevent a recurrence.

This responsibility lies with the immediate supervisor of the injured employee. His job is to gather all available information from the injured employee, witnesses, the scene etc., then apply his experience

ACCIDENT INVESTIGATION - (Continued)

in evaluating that information and report his idea of what happened, how it happened, why it happened and what has been done to prevent a recurrence.

The following are some basics on how to get the facts:

1. Remind the employee of the investigation's purpose. If the employee is afraid of ridicule, reprimand, etc., he probably will not help in identifying the facts. He must understand the purpose is not to find fault.
2. When possible, let the employee tell his story at the scene. His story should include what he was doing, how he was doing it and what happened. Let him complete his story without interruption.
3. Ask questions. The supervisor must be sure he clears up any misunderstandings.
4. Check understanding. The supervisor should describe the accident as he understands it, checking key points.
5. Discuss how to prevent recurrence. The supervisor must cover specifically what needs to be done to prevent recurrence. Here the employee's opinion could be valuable. This step must be covered to conclude a useful accident investigation.

SAFETY MEETINGS

Supervisors are required to hold safety meetings for their employees once each month. Safety topics will be distributed periodically. Supervisors are encouraged to present information applicable to their employees' jobs, hazards, injury experience, etc. Employee input will be solicited.

INSPECTIONS

Each supervisor is expected to conduct a planned inspection on his area of responsibility at least once a month. These inspections are to be conducted for each shift. An hourly employee will accompany the supervisor.

What should the supervisor's inspection include? How does one plan an inspection?

It is important that the supervisor's monthly inspections be planned, not incidental. By incidental, we mean just keeping our eyes open for unsafe acts or conditions. This type of inspection should be taking place continuously. The planned inspection is deliberate and thorough. When the supervisor sets out on the inspection, he has in mind out-of-the-way areas to check, specific tools, machines, or processes, specific conditions to look for, etc. Nothing is left to chance. Supervisor's Monthly Departmental Inspection form will be used, with copies going to Plant Manager, Department Head, Safety Coordinator,

INSPECTIONS - (Continued)

and Department Bulletin Board.

A safety inspection tour will be made each month of one department by an E. R. person, the Department Head, and the Plant Engineer or his designate.

Unsafe conditions, equipment, and poor housekeeping will be noted. Corrective recommendations will be made to the Shift Supervisor immediately following the inspection. Employee Relations will put the inspection results and recommendations in writing to the Department Head, with a copy to the Plant Manager and Plant Engineer. A copy of the report will be put in bring-up for a follow-up on corrective action taken.

No formal schedule will be made up. Random inspections will be scheduled one day in advance.

COUNSELING OF INDIVIDUAL EMPLOYEES

From time to time it is necessary to counsel employees on an individual basis for various reasons (unsafe acts, injury, adherence to safety rules, etc.).

The topic of discussion should always have specific application for the individual counseled. This feature of the program helps to reinforce with employees management's commitment to safety. Each supervisor should make at least one contact a week. A brief, hand-written note covering discussion will be written and signed by supervisor and employee. Note will be filed in employee's safety file.

SUPERVISOR'S MONTHLY DEPARTMENTAL INSPECTION

DEPARTMENT: _____

DATE: _____

COPIES: PLANT MANAGER
DEPARTMENT HEAD
SAFETY COORDINATOR
DEPARTMENT BULLETIN BOARD

INSPECTED: (LIST SPECIFIC AREAS, TOOLS, MACHINES, CONDITIONS, PROCESSES, ETC.)

CORRECTIVE ACTION/RECOMMENDATIONS:

SIGNED: _____
SUPERVISOR

HOURLY EMPLOYEE

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SUPERVISOR REPORT OF SAFETY ORIENTATION FOR NEW EMPLOYEES

SUPERVISOR _____ DEPARTMENT _____ DATE _____

EMPLOYEE'S NAME _____ JOB TITLE _____

A new employee requires special attention before being assigned to a job. This form will be of assistance controlling injuries to inexperienced employees. Check each item as it is completed. The completed form is to be returned to the Safety Office upon completion of the orientation.

- ____ 1. Supervisor introduction and welcoming to department.
- ____ 2. Insure employee has personal protective equipment required for job assigned, explain its use and where required.
- ____ 3. Point out any restricted or hazardous areas.
- ____ 4. Explain job requirements, procedures, and safety considerations.
- ____ 5. Explain how to report emergencies and personal injury.
- ____ 6. Point out washrooms, lunch areas, drinking fountains, designated walkways, etc.
- ____ 7. Advise employee of his safety responsibility, such as inspecting his equipment before use, keeping his work area clean, reporting unsafe conditions and remaining in his own work area.
- ____ 8. Advise employee to ask questions and not to perform any job function when in doubt.
- ____ 9. Instruct employee to notify supervisor immediately when anything unusual happens while performing his work assignment.
- ____ 10. Instruct employee concerning obtaining first aid treatment.
- ____ 11. Provide employee with copy of and discuss company safety policy and any written safety rules.
- ____ 12. Introduce and assign employee to an experienced employee.

I have been instructed in the above safety requirements and understand my responsibility toward my own safety and that of my fellow employees.

EMPLOYEE SIGNATURE

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SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

MC-263 (11-82)

EMPLOYER'S NAME

EMPLOYER'S ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

ACCIDENT LOCATION

EMPLOYER'S PREMISES?

☐ Yes ☐ No

DEPARTMENT

SUPERVISOR'S NAME

ACCIDENT CLASS

☐ Personal injury

☐ Occupational illness

☐ Property damage

☐ Near-miss incident

FILL IN APPROPRIATE SECTION BELOW

PERSONAL INJURY OR ILLNESS

EMPLOYEE'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

EMPLOYEE'S ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

AGE

SEX

☐ Male

☐ Female

OCCUPATION (TITLE)

EXPERIENCE IN PRESENT OCCUPATION

YEARS

MONTHS

TIME IN DEPARTMENT

YEARS

MONTHS

DESCRIPTION OF JOB IN PROGRESS WHEN INJURED

DATE OF INJURY (ILLNESS DIAGNOSIS)

TIME

SHIFT

DATE INJURY (ILLNESS) REPORTED

TO WHOM?

BRIEF DESCRIPTION OF ACCIDENT (INCLUDE SPECIFIC NATURE OF INJURY/ILLNESS, ETC.)

ANALYSIS

INJURY TYPE	BODY PART	ACCIDENT TYPE	AGENCY
☐ Fracture	☐ Finger(s)	☐ Struck against	☐ Machinery
☐ Cut	☐ Hand	☐ Struck by	☐ Tools
☐ Amputation	☐ Wrist	☐ Fall same level	☐ Walking surface
☐ Crush	☐ Elbow	☐ Fall to below	☐ Stairs
☐ Bruise	☐ Arm	☐ Caught on	☐ Ladders
☐ Dislocation	☐ Shoulder	☐ Caught in	☐ Scaffolds
☐ Burn (thermal)	☐ Neck	☐ Caught between	☐ Inrunning nip
☐ Burn (chemical)	☐ Back	☐ Overexertion	☐ Electricity
☐ Sprain	☐ Head	☐ CONTACT WITH:	☐ Falling objects
☐ Strain	☐ Eye	☐ Electricity	☐ Flying objects
☐ Hernia	☐ Chest	☐ Heat	☐ Handling materials
☐ Foreign body	☐ Abdomen	☐ Cold	☐ Mobile equipment
☐ Respiratory	☐ Internal organs	☐ Radiation	☐ Chemicals
☐ Skin disorder	☐ Leg	☐ Noise	☐ Unspecified, other (describe)
☐ Unspecified, other (describe)	☐ Knee	☐ Caustics	
	☐ Ankle	☐ Toxic/noxious substances	
	☐ Foot		
	☐ Toe(s)		
	☐ Unspecified, other (describe)		

BASIC CAUSES

JOB FACTORS	PERSONAL FACTORS
☐ Inadequate job standards	☐ Lack of knowledge or skill
☐ Inadequate design	☐ Inadequate job training
☐ Inadequate maintenance	☐ Improper behavior
☐ Inadequate purchasing stds.	☐ Physical or mental problems
☐ Existing standards not implemented	☐ Other (describe)
☐ Abnormal usage	
☐ Normal wear and tear	
☐ Other (describe)	

LOSS SEVERITY POTENTIAL

☐ Major

☐ Serious

☐ Minor

PROBABLE RECURRENCE RATE

☐ Frequent

☐ Occasional

☐ Rare

D 003346

CORRECTIVE ACTIONS TO PREVENT RECURRENCE
CHANGES IN WORK PROCEDURES?

1.

CORRECTION OF UNSAFE CONDITIONS?

2.

DID INJURY RESULT IN LOST TIME?

☐ Yes ☐ No

JOB TRANSFER/CHANGE?

☐ Yes ☐ No

DID EMPLOYEE DIE?

☐ Yes ☐ No

NAME AND ADDRESS OF DOCTOR

NAME AND ADDRESS OF HOSPITAL

ACCIDENT INVESTIGATED BY

TITLE

WITNESSES

REPORT PREPARED BY

TITLE

REVIEWED/APPROVED BY

TITLE

PROPERTY DAMAGE

DATE

TIME

SHIFT

PROPERTY DESCRIPTION

NATURE OF DAMAGE

DESCRIPTION OF ACCIDENT

AGENCY (OBJECT INFLECTING DAMAGE)

EMPLOYEE(S) INVOLVED IN ACCIDENT

WITNESSES

ESTIMATED DAMAGE COSTS

ACTUAL COSTS

CORRECTIVE ACTIONS TO PREVENT RECURRENCE

REPORT PREPARED BY

TITLE

REVIEWED/APPROVED BY

TITLE

NEAR-MISS INCIDENT

DATE

TIME

SHIFT

NATURE OF INCIDENT

PERSON REPORTING INCIDENT

OCCUPATION

CORRECTIVE ACTIONS TO PREVENT RECURRENCE

REPORT PREPARED BY

TITLE

REVIEWED/APPROVED BY

TITLE

D 003347

MONTHLY INJURY DATA REPORT

To: K.J. Williams - WHQ 1-06

Copy To: T. M. Faas, WHQ 3-07

Prepared by: W. R. Arant

Location: Denison

Division: Pipe

Month Reported: December, 1982

MONTH BEING REPORTED	INJURY DATA					EMPLOYEE DATA		
	NUMBER OF					NUMBER OF		
	INJURIES				DAYS LOST	HOURS WORKED	EMPLOYEES	
	ALL	M.T.	L.T.	OSHA			HOURLY	SALARY
JANUARY	6	3	2	3	9	73,265	327	76
FEBRUARY	2	0	0	0	1	60,849	323	76
MARCH	19	3	2	3	23	58,410	320	76
APRIL	16	1	1	1	42	72,946	316	76
MAY	12	2	2	2	15	60,138	308	76
JUNE	28	6	4	6	36	69,648	305	76
JULY	16	4	2	4	45	56,405	304	76
AUGUST	11	3	1	3	40	61,719	308	67
SEPTEMBER	15	1	1	1	2	73,919	305	68
OCTOBER	9	0	0	0	21	58,994	305	69
NOVEMBER	7	0	0	0	20	58,413	305	69
DECEMBER	11	3	2	3	21	52,218	305	69
TOTAL	152	26	17	26	275	756,924		

A. DATE OF MOST RECENT LOST TIME INJURY 12-9-83

B. AGENCY INSPECTION DATA:

Agency Name _____ Date of Inspection _____

Comments: _____
