



# Department of Defense INSTRUCTION

NUMBER 6055.1

August 19, 1998

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DUSD(ES)

SUBJECT: DoD Safety and Occupational Health (SOH) Program

- References:
- (a) DoD Instruction 6055.1, "DoD Occupational Safety and Health Program," October 26, 1984 (hereby canceled)
  - (b) DoD Directive 4715.1, "Environmental Security," February 24, 1996
  - (c) Section 7902 of title 5, United States Code
  - (d) Section 651 et seq. of title 29, United States Code (1985 & Supplement)
  - (e) through (v), see enclosure E1.

## 1. REISSUANCE AND PURPOSE

This Instruction:

1.1. Reissues reference (a) to establish SOH as core values of the Department of Defense.

1.2. Updates policies, procedures, and responsibilities for administering a comprehensive DoD SOH program under reference (b).

1.3. Implements the provisions of references (c), (d), (e), (f), and (g) as they apply to the DoD SOH program and the reduction of costs due to accidents and occupational illnesses.

## 2. APPLICABILITY AND SCOPE

This Instruction:

2.1. Applies to the Office of the Secretary of Defense (OSD), the Military

Departments (including the Coast Guard when it is operating as a Military Service in the Navy, and the Army-Air Force Exchange Service), Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Uniformed Services University of the Health Sciences, the Defense Agencies, and the DoD Field Activities, including any other integral DoD organizational entity or instrumentality established to perform a Governmental function (hereafter referred to collectively as "the DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2.2. Encompasses all DoD personnel and operations worldwide during peacetime and military deployments. These provisions consider limitations on the applicability of 29 U.S.C. 651 *et seq.*, E.O. 12196 and 29 CFR 1960 (references (d), (f), and (g)) to the Department of Defense. These limitations include the exemptions or exceptions from Department of Labor (DoL) oversight for military personnel, military-unique operations and workplaces, specific conditions governed by other statutory authorities, and, in certain overseas areas, conditions governed by international agreements.

2.3. Includes risk management, aviation safety, ground safety, traffic safety, occupational safety, and occupational health.

2.4. Excludes explosive safety covered under DoD 6055.9-STD (reference (h)) and fire prevention and protection covered under DoD Instruction 6055.6 (reference (i)).

2.5. Does not apply generally to DoD contractor personnel and contractor operations. Additional details are given in enclosure E5. In peacetime operations performed in the Continental United States or its territories or possessions, the contractor is responsible directly to Federal or State Occupational Safety and Health Administration (OSHA) for the safety and health of contractors' employees. See enclosure E3. for evaluation of DoD contractor exposures during wartime and peacekeeping operations.

### 3. DEFINITIONS

Terms are defined in enclosure E2.

### 4. POLICY

It is DoD Policy:

4.1. To eliminate accidents, deaths, and occupational illnesses by applying risk management strategies towards achieving an annual goal of significant reductions in all accidents and occupational injuries and illnesses, with the ultimate goal of zero accidents, no occupational injuries and illnesses, and compliance with DoD SOH standards and policies.

4.2. For the DoD Components to reduce costs and eliminate unnecessary expenditures per the mandate in 31 U.S.C. (reference (e)).

4.3. To hold commanders responsible for SOH program performance. Managers, supervisors, and military personnel and civilian workers are accountable for preventing accidents and workplace illness, but the ultimate safety of human and material resources is a command responsibility.

4.4. To prescribe and enforce standards or regulations applicable to those functions for which the Department of Defense has statutory authority for SOH matters.

4.5. To require all new and modernized weapons systems and construction projects to meet applicable safety, life-safety, fire protection, and health standards.

## 5. RESPONSIBILITIES

5.1. The Under Secretary of Defense for Acquisition and Technology, through the Deputy Under Secretary of Defense for Environmental Security (DUSD(ES)), shall:

5.1.1. Serve as the principal advocate for SOH within the Department. Recommend and champion language in the Defense Planning Guidance and the Defense Health Program Medical Planning Guidance to promote sufficient resources in the Components' budgets to carry out the provisions of this Instruction.

5.1.2. Represent DoD safety and health interests through such actions as interfacing with Federal SOH regulators, testifying before Congress on SOH matters, and developing recommendations for Regulations and legislation to eliminate accidents.

5.1.3. Develop policies and provide executive direction to reduce the erosion of resources and readiness caused by accidents, fatalities, injuries, and occupational injuries.

5.1.4. Conduct continuing oversight of the Components' SOH programs.

5.1.5. Establish the SOH Committee, under the Environment, Safety and Occupational Health Policy Board, as part of the Defense Environmental Security Council structure. The SOH Committee shall convene working groups as needed to address specific issues under DoD Directive 4715.1 (reference (b)).

5.2. The Heads of the DoD Components shall:

5.2.1. Establish programs that implement the requirements and procedures of this Instruction. Such programs shall be under the cognizance of one senior SOH official at no lower than the Military Department Assistant Secretary or Defense Agency Deputy Director levels.

5.2.2. Institute systems to use the risk management process at all levels to prevent the accidental loss of personnel, facilities, weapons systems, and equipment during peacetime and wartime.

5.2.3. Ensure that its planning, programming, budgeting, and execution system includes sufficient resources to staff and implement effectively the Component's accident prevention program and Occupational Safety and Health (OSH) program as required by 5 U.S.C. 7902 and 29 U.S.C. 651 *et seq.* (references (c) and (d)).

5.2.4. Develop contingency plans to ensure the expeditious evaluation of requests from Defense contractors for variations, tolerances, and exemptions to any provisions of reference (d) that may be needed to avoid serious impairment of mobilization efforts during times of national emergency. Any requests from contractors for variances, tolerances, or exemptions from OSH standards during periods of declared national emergency will be based upon:

5.2.4.1. The existing variations, tolerances, and exemptions procedures specified in Section 651 of 29 U.S.C. (reference (d)), or

5.2.4.2. Other appropriate statutory authorities allowing the Department of Defense to approve contractor request for variances, tolerances, or exemptions; i.e., Congress transfers the review and approval authority of DoD contractors' requests for variations, tolerances, or exemptions from the Secretary of Labor to the Secretary of Defense.

5.2.5. Report to the DUSD(ES) any situation resulting from compliance with procedures in this Instruction that could impair the defense mission or adversely affect

national security.

5.2.6. Report, by an annual In-Progress Review (IPR), the status of their SOH programs to DUSD(ES).

5.2.6.1. Military Services will gauge and report the effectiveness of their accident, fire and occupational illness prevention programs using the:

5.2.6.1.1. DoD corporate Measures of Merit (E3.11.3 of enclosure E3.).

5.2.6.1.2. DoL data to identify those installations whose lost time injury and illness rates are significantly above the Federal average.

5.2.6.1.3. Occupational Safety and Health Administration (OSHA) citation analysis to identify program implementation problems or DoD policies that need to be changed.

5.2.6.2. During the IPR, Military Services will provide trend information on those installations, Component aggregate trends, and responses to other programmatic questions, including hazard abatement funding status, raised by the DUSD(ES). The Defense Agencies will satisfy these reporting requirements by including the above IPR information in their annual report to OSHA under reference (d) and DoD Instruction 6055.7 (reference (j)).

5.2.7. Coordinate all OSH services within the Pentagon Reservation and other Washington Headquarters Services (WHS)-managed facilities in the National Capital Region (NCR) with the Director, WHS.

5.2.8. Provide copies of their comments on proposed SOH legislation and regulations to the DUSD(ES).

5.3. The Director, Washington Headquarters Services, consistent with the responsibilities assigned in DoD Directive 5110.4 and DoD Instruction 1438.5 (references (k) and (l)), shall:

5.3.1. Provide a comprehensive SOH program implementing the requirements and procedures of this Instruction for the OSD, the Joint Staff, and those DoD Components in the NCR whose worker compensation programs are administered by WHS.

5.3.2. Establish and publish procedures to assist DoD Components in identifying and abating hazardous conditions in DoD-occupied, General Services Administration-controlled administrative space, and in DoD common-support facilities in the NCR.

5.3.3. Ensure that all personnel in the Pentagon Reservation and other WHS-managed facilities in the NCR are aware of available safety, occupational health, medical treatment, surveillance, industrial hygiene, and Computer/Electronic Accommodations Program (CAP) services.

5.3.4. Perform injury and illness trend analysis for all military and civilian personnel in the NCR administered by WHS using data available under the Federal Employees Compensation Act for civilian personnel.

5.3.5. Develop with the DoD Components a coordinated safety and industrial hygiene workplace monitoring program in the Pentagon Reservation and other WHS-managed facilities in the NCR to ensure that all potentially hazardous workplaces are identified and evaluated under reference (g).

5.4. The Directors of Defense Agencies, under OSD Principal Staff Assistants and those that report directly to the Secretary or Deputy Secretary of Defense:

5.4.1. Within 60 days of the change of leadership of a Defense Agency, the Agency's new Director or Commander will be briefed by the Agency's senior SOH professional on the history and current status of SOH efforts. This comprehensive briefing will also detail future initiatives planned to move the Agency toward the DoD goal of zero accidents, along with the logic and rationale detailing how and why these actions are expected to be effective.

5.4.2. Upon completion of this briefing, the new Director or Commander will issue a personal policy statement of the leader's expectations for SOH.

5.4.3. In addition, the leader will revisit and decide upon the proper organizational placement and communication channels between the leadership and the SOH staff. These are decisions each Agency must make, keeping in mind the necessity for direct lines of communication between top activity leaders and their SOH policy and operational staffs.

## 6. PROCEDURES

Program requirements and procedures are contained in enclosures E3. through E8.

7. EFFECTIVE DATE

This Instruction is effective immediately.



**Dave Oliver**  
**Principal Deputy**

Enclosures - 8

1. References, continued
2. Definitions
3. DoD SOH Program Requirements and Procedures
4. DoD Personal Protective Equipment Program Policy and Responsibilities
5. SOH Considerations for DoD Contractor Personnel and Operations
6. DoD Ergonomic Program Requirements and Procedures
7. Deriving RACs
8. Performance Evaluation

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Sections 1101 note, 1105, 1115 note, and 1116-1119, 1982 and Supp 1998, of title 31, United States Code
- (f) Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees," February 26, 1980
- (g) Occupational Safety and Health Administration (OSHA), Department of Labor, "Basic Program Elements for Federal Employees Occupational Safety and Health Programs and Related Matters," October 21, 1980 (29 CFR 1960)
- (h) [DoD 6055.9-STD](#), "Ammunition and Explosive Safety Standards," August 1997
- (i) [DoD Instruction 6055.6](#), "DoD Fire and Emergency Services," December 15, 1994
- (j) [DoD Instruction 6055.7](#), "Mishap Investigation, Reporting and Recordkeeping," April 10, 1989
- (k) [DoD Directive 5110.4](#), "Washington Headquarters Services (WHS)," May 6, 1991
- (l) DoD Instruction 1438.5, "Civilian Employees' Occupational Health and Medical Services Program," December 4, 1997
- (m) [DoD Instruction 6055.5](#), "Industrial Hygiene and Occupational Health," January 10, 1989
- (n) Title 29, Code of Federal Regulations, Part 1910.1020, "Access and Retention to Medical Records"
- (o) Public Law 104-113, "National Institute of Standards and Technology Act," March 7, 1996.
- (p) [DoD Instruction 6050.5](#), "DoD Hazard Communication Program," October 29, 1990
- (q) [DoD Instruction 6490.3](#), "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997
- (r) Title 29, Code of Federal Regulations, Subtitle B – "Regulations Relating to Labor (Continued)," Chapter XVII, Occupational Safety and Health Administration, Department of Labor, Part 1900, *et seq.*
- (s) DoD 5000.2-R, "Defense Acquisition Management Policies and Procedures," March 15, 1996
- (t) Sections 2012, 2021, 2121(b), and 2201(b) 1973 & Supp 1993 of title 42, United States Code, "Atomic Energy Act of 1954," as amended
- (u) Section 941 of title 33, United States Code
- (v) DoD 1400.25-M, "Civilian Personnel Manual"

## E2. ENCLOSURE 2

### DEFINITIONS

#### E2.1. TERMS

Following are the definitions:

E2.1.1. Abate. To eliminate or reduce a hazard.

E2.1.2. Abatement Priority Number (APN). A two-part code that combines a Risk Assessment Code (RAC) and Cost Effectiveness Index (CEI) expressed as: APN 2(7), where 2 is the RAC and (7) is the CEI. (Do not multiply these numbers; i.e., do not multiply 2 times 7).

E2.1.3. Accident. An unplanned event or series of events resulting in death, injury, occupational illness, or damage to or loss of equipment or property, or damage to the environment.

E2.1.4. Administrative Control. Any procedure that significantly limits exposure by control or manipulation of the work schedule or manner in which work is performed.

E2.1.5. APN Rank Order. A priority listing of abatement projects in order of APNs, grouped by RACs and by CEIs in ascending order within identical RACs. For example:

1(3)  
1(5)  
2(1.5)  
2(4)  
3(3)  
3(5.2)

E2.1.6. Control. Action taken to eliminate hazards or reduce their risk.

E2.1.7. Computer/Electronic Accommodations Program (CAP). The centrally-funded program in the Department of Defense to provide assistive technology and services to ensure people with disabilities have access to computer and telecommunications systems. DoD personnel with visual, hearing, dexterity, and

cognitive impairments and individuals that develop disabling conditions may access CAP for services and equipment.

E2.1.8. Consultation with Representatives of Employees. Written or oral consultations or conferences with employees or their representatives, including, when applicable, negotiations or other dealings with labor organizations that represent such employees.

E2.1.9. Cost Effectiveness Index (CEI). A measure that represents, in a single value, the ratio between the cost of an abatement project and the potential effectiveness (measured in terms of reduced frequency and severity of accidents) to be derived from implementing the abatement project. The method for computing the CEI is depicted in enclosure E7., Table E7.T3.

E2.1.10. DoD Contractor. A non-Federal employer performing under a DoD contract, whether as prime contractor or subcontractor.

E2.1.11. DoD Personnel

E2.1.11.1. Civilian On-Duty. Civil Service employees of the DoD Components (including Reserve Component military Reserve technicians and Reserve technicians, unless in a military duty status); nonappropriated fund employees (excluding military personnel working part-time to avoid dual reporting); Corps of Engineers Civil Works employees; Youth or Student Assistance Program employees; foreign nationals employed by the DoD Components; Navy Civil Service Mariners with the Military Sealift Command, and Army-Air Force Exchange Service employees.

E2.1.11.2. Military. All U.S. military personnel on active duty, Reserve or National Guard personnel on active duty or performing inactive duty training, Service Academy cadets, Officer Candidates in Officer Candidates School and AOCS, Reserve Officer Training Corps cadets when engaged in directed training activities, and foreign national military personnel assigned to the DoD Components.

E2.1.12. Engineering Controls. Physical changes to work stations, equipment, materials, processes, production facilities or any other relevant aspect of the work environment that reduce or prevent exposure to workplace risk factors. The use of personal protective equipment is not considered an engineering control.

E2.1.13. Ergonomics. The field of study that seeks to fit the job to the person, rather than the person to the job. Includes the evaluation and design of workplaces, environments, jobs, tasks, equipment, and processes in relationship to human

capabilities and interactions in the workplace.

E2.1.14. Evaluation. The process of ascertaining or judging the value or adequacy of an action or an outcome by careful appraisal of previously specified data in light of the particular situation and the goals or objectives previously established.

E2.1.15. Exclusive Federal Jurisdiction. (Otherwise termed "exclusive legislative jurisdiction.") Situations where the Federal Government has received, by whatever method, all the authority of the State, with no reservation made to the State, except the right to serve process resulting from activities that occurred off the land involved.

E2.1.16. Hazard. Any real or potential condition that can cause injury, illness, or death to personnel or damage to or loss of equipment or property, mission degradation, or damage to the environment.

E2.1.17. Imminent Danger. Conditions or practices in any workplace or operational area that pose a danger that reasonably could be expected to cause death or permanent total disability, significant mission degradation, system loss, or major property damages before such danger could be eliminated through normal procedures. (See hazard severity category I or II and accident probability category A, enclosure E7.)

E2.1.18. Inspection. The process of determining compliance with safety and health standards through physical surveys of workplaces, operations, and facilities.

E2.1.19. National Capital Region (NCR). The geographical area located within the boundaries of the District of Columbia, Montgomery and Prince Georges Counties in the State of Maryland, Arlington, Fairfax, Loudon, and Prince William Counties and the City of Alexandria in the Commonwealth of Virginia, and all cities and other units of government within the geographical areas of such District, Counties, and City.

E2.1.20. Occupational Hazards. Hazards directly related to the work environment.

E2.1.21. OSHA. Occupational Safety and Health Administration of the United States Department of Labor.

E2.1.22. Qualified Safety and Occupational Health (SOH) Personnel.

E2.1.22.1. Civilian personnel who meet Office of Personnel Management (OPM) Standards for Safety and Occupational Health Manager/Specialist GS-018,

Safety Engineering Technician GS-802, Safety Engineer GS-803, Safety Technician GS-019, Aviation Safety Officer GS-1825, Air Safety Investigating Officer GS-1815, Fire Protection Engineer GS-804, Fire Protection Specialist/Marshall GS-081, Medical Officer GS-602, Health Physicist GS-1306, Industrial Hygienist GS-690, Occupational Health Nurse GS-610, Environmental Health Technician GS-699, and military personnel equally qualified when compared to the above OPM standards.

E2.1.22.2. For DoD civilian SOH personnel OPM standards, specified in 29 CFR 1960 (reference (g)), above apply. Qualifications for military and DoD civilian occupational health professionals are also described in DoD Instruction 6055.5 (reference (m)).

E2.1.22.3. Collateral duty military and civilian SOH personnel are those with technical knowledge needed to anticipate, recognize, and evaluate hazardous conditions and recommend corrective action.

E2.1.23. Residual Risk. Risk remaining after controls have been identified and selected.

E2.1.24. Risk. Chance of adverse outcome or bad consequence; such as injury, illness, or loss. Risk level is expressed in terms of hazard probability and severity.

E2.1.25. Risk Assessment. A structured process to identify and assess hazards. An expression of potential harm, described in terms of hazard severity, accident probability, and exposure to hazard. Sub-definitions follow:

E2.1.25.1. Hazard Severity. An assessment of the expected consequence, defined by degree of injury or occupational illness that could occur from exposure to a hazard.

E2.1.25.2. Accident Probability. An assessment of the likelihood that, given exposure to a hazard, an accident will result. An accident probability is classified by an uppercase letter according to the criteria in enclosure E7., Table E7.T1.

E2.1.25.3. Exposure to Hazard. An expression of personnel exposure that considers the number of persons exposed and the frequency or duration of the exposure.

E2.1.25.4. Risk Assessment Code (RAC). An expression of the risk associated with a hazard that combines the hazard severity and accident probability into a single Arabic numeral as in enclosure E7., Table E7.T1.

E2.1.26. Risk Decision. The decision to accept or not accept the risk(s) associated with an action. Made by the commander, supervisor, or individual performing the action within the constraints of the law.

E2.1.27. Risk Management. The Department of Defense's principal structured risk reduction process to assist leaders in identifying and controlling safety and health hazards and making informed decisions. Risk management is a cyclical process that involves:

E2.1.27.1. Identifying hazards.

E2.1.27.2. Assessing hazards to personnel, equipment, and mission.

E2.1.27.3. Developing controls.

E2.1.27.4. Making risk decisions to eliminate all unnecessary risks. Determining which risks are acceptable and unacceptable from the standpoint of balancing benefit against the potential for accidental losses or harm (severity, likelihood of occurrence). The standard for risk management is leadership at the appropriate level of authority making an informed decision to either control hazards or accept risks. In those circumstances where local resources are not available to control residual risks, leaders will make a conscious decision to either accept the risk or elevate the risk decision to the next higher level of leadership.

E2.1.27.5. Implementing controls.

E2.1.27.6. Supervising and evaluating the appropriateness of established controls and making adjustments where necessary.

E2.1.28. Risk Management Integration. The process by which individuals and organizations embed risk management into all that they do.

E2.1.29. SOH. Safety and Occupational Health. Includes programs, policies, plans and activities designed to identify and control occupational hazards.

E2.1.30. State OSHA Official. Investigator or compliance officer employed by a State that has an OSHA-approved OSH plan.

E2.1.31. Workplaces.

E2.1.31.1. Nonmilitary-Unique Workplaces and Operations. DoD military

and civilian workplaces and operations that are comparable generally to those of the private sector. Examples include facilities involved and work performed in the repair and overhaul of weapons, vessels, aircraft, or vehicles (except for equipment trials); construction; supply services; civil engineer or public works; medical services; and office work.

E2.1.31.2. Military-Unique Workplaces, Operations, Equipment, and Systems. DoD military and civilian operations and workplaces that are unique to the national defense mission. This includes combat and operation, testing, and maintenance of military-unique equipment and systems such as military weapons, military-unique aircraft, military-unique ships, submarines, missiles, early warning systems, military space systems, ordnance, and tactical vehicles. It also includes operations such as peacekeeping missions; field maneuvers; combat training; naval operations; military flight and missile operations; military-unique Research, Development, Test, and Evaluation activities; and actions required under national defense contingency conditions.

E2.1.31.3. DoD Contractor Workplace. Any place, including a reasonable access route to and from, where work has been, will be, or is being performed by contractor employees under a DoD contract. "DoD contractor workplace" does not include any area, structure, machine, apparatus, device, equipment, or material therein with which the contractor employee is not required or reasonably expected to have contact; nor does it include any working condition for which OSHA jurisdiction has been preempted pursuant to Section 4(b)(1) of 29 U.S.C. (reference (d)).

E2.1.32. Workplace Risk Factors (Ergonomic). Actions in the workplace, workplace conditions, or a combination thereof, that may cause or aggravate a pre-existing or work-related musculoskeletal disorder. Workplace risk factors include, but are not limited to: repetitive, forceful or prolonged exertions; frequent or heavy lifting; pushing, pulling, or carrying of heavy objects; a fixed or awkward work posture; contact stress; localized or whole-body vibration; cold temperatures; and poor lighting. These workplace risk factors can be intensified by work organization characteristics such as: inadequate work-rest cycles, excessive work pace and/or duration, unaccustomed work, lack of task variability, machine work, and piece rate.

E2.1.33. Workplace Visit. A formal inspection, staff assistance visit, walk through survey, awareness briefings for the management and staff, risk management consultations, or any other activity that will enhance the safety of the people and the operation.

E2.1.34. Work-Related Musculoskeletal Disorder (Ergonomic). An injury or an illness of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage (including intervertebral discs), bones and/or supporting blood vessels in either the upper or lower extremities, back, or neck, that is associated with workplace musculoskeletal risk factors and include but are not limited to: cumulative trauma disorders, repetitive strain injuries or illnesses, repetitive motion injuries or illnesses, and repetitive stress injuries or illnesses. Refers collectively to signs, or persistent symptoms, or clinically-diagnosed work-related musculoskeletal disorders when they are caused or aggravated by exposure to workplace risk factors.

### E3. ENCLOSURE 3

#### DoD SOH PROGRAM REQUIREMENTS AND PROCEDURES

##### E3.1. General Administration.

E3.1.1. Management Responsibility. Commanders, supervisors, and managers are responsible for protecting personnel, equipment, and facilities under their command by using the risk management process, and for the effective implementation of safety and occupational health policies. Military and DoD civilian officials at each management level shall advocate a strong SOH program; provide their personnel safe and healthful working conditions; and provide education and training that will enable them to prevent accidents, injuries, and occupational illnesses. Performance evaluations of those responsible DoD Component officials shall reflect personal accountability in this respect, consistent with the duties of the position, with appropriate recognition of superior performance, and conversely, with corrective administrative action for deficient performance. Enclosure E8. provides more detail on evaluations.

E3.1.2. Non-Supervisory Personnel Responsibilities. Non-supervisory DoD personnel shall support the SOH program. This includes compliance with work safety and health standards, proper use of personal protective equipment and clothing, and prompt reporting to DoD management of unsafe conditions, hazardous exposure, or occupational injury or illness. Failure to comply can form the basis for adverse administrative action. Strong support and adherence to SOH programs should reflect favorably in personnel evaluations and prevent accidents, injuries and occupational illnesses.

E3.1.3. SOH Staffing. Qualified Safety and Occupational Health personnel shall be designated at levels of command consistent with the DoD Component's organizational structure, including installation and unit levels, to serve as principal command SOH advisors, accident prevention policy and program developers, performance monitors, and points-of-contact for SOH matters.

E3.1.3.1. Each DoD Component must determine:

E3.1.3.1.1. Whether to assign such SOH responsibility as a primary or collateral duty,

E3.1.3.1.2. What professional qualifications are necessary, noting that

DoD recognizes licensure and professional registration or certification as evidence of competency and strongly supports all eligible DoD personnel to obtain the professional credentials described in paragraph E3.3.1.3,

E3.1.3.1.3. The military or civilian status and grade levels of such officials,

E3.1.3.1.4. Whether to use DoD personnel or contract-out certain SOH services, and

E3.1.3.1.5. The size and professional mix of staffs.

E3.1.3.2. Certain safety and occupational health functions are inherently Governmental In Nature and may not be outsourced to the private sector; i.e., a commander's intrinsic accident and illness prevention obligations. DoD Components and commanders must consider this when developing statements of work for all commercial out-sourcing actions. In general, SOH positions providing policy making and direct advice to command, deployment and military contingency operations, and Contracting Officer Technical Representatives will not be contracted out. Commanders shall ensure that SOH staff members have the necessary qualifications to provide quality assurance oversight of contractors providing safety, industrial hygiene, and occupational health services.

E3.1.3.3. Regardless of internal administrative relationships, environment, safety, and occupational health programs, problems, and issues are closely related and should be integrated to achieve maximum efficiencies. It is essential that workers, organized labor, safety, occupational health, injury compensation, environmental, and fire protection staff work in close coordination. Overall staffing of SOH functions, including supporting organizations such as safety centers and occupational health centers of the Military Departments, shall be sufficient to carry out all of the responsibilities in this Instruction.

E3.1.4. Components shall assure that a SOH program for all civilian and military personnel assigned under their supervision from another Component is provided.

E3.1.5. Protection Against Reprisal.

E3.1.5.1. As a matter of equity and to protect the integrity of both the hazard identification system and accident investigations, the DoD Components shall establish positive procedures to protect all DoD personnel from coercion, discrimination, or reprisals for participation in the SOH program. Such procedures shall include

provisions to ensure individual anonymity, when requested; to ensure prompt, impartial investigation of allegations of reprisal; and to provide appropriate administrative action when such allegations are substantiated. The use of Inspector General channels to investigate such allegations is appropriate for military complaints. Civilian employee complaints shall be processed through the negotiated grievance procedure, if available; otherwise, through the administrative grievance procedure. Fact finding investigations of allegations of reprisal raised under the civilian complaints procedures may be conducted by the Inspector General or other appropriate organizations.

E3.1.5.2. Under the provision of 29 CFR 1960 (reference (g)), protection against reprisal extends specifically to the right of a DoD civilian to decline to perform an assigned task because of a reasonable belief that, under the circumstances, the task poses an imminent risk of death or serious bodily harm, coupled with a reasonable belief that there is insufficient time to seek effective redress through normal hazard-reporting and abatement procedures. In this situation, both the affected employee and local management shall be entitled to the considered opinion of a qualified industrial hygiene, safety, fire prevention, or health professional on the extent of the hazard.

E3.1.6. Dissemination of Information.

E3.1.6.1. Component programs shall ensure that all personnel have access to, and are informed of, the location, availability, and procedures to obtain SOH information. SOH information includes the location and means to contact the local DoD SOH office or offices, technical data, applicable regulations, basic reference standards, specialized consultations, etc. See 29 CFR 1910.1020 (reference (n)) for additional information on the collection and distribution of safety and health data; i.e., material safety data sheets.

E3.1.6.2. A poster with core text described in the OSHA report (reference (g)) shall be conspicuously placed as part of meeting this information dissemination requirement. A tailorable electronic copy of the poster is available on both the OSHA Office of Federal Agency Programs and DUSD(ES) Internet websites. Users should fill in the appropriate local information prior to posting.

E3.1.6.3. Component programs shall also ensure job safety and health analyses, workplace visit reports, specific work safety and health procedures, precautions regarding hazards, planned corrective actions for hazards and interim protective measures, and hazard report forms are readily available in the workplace.

E3.1.7. Reports, Recordkeeping, and Accident Investigations.

E3.1.7.1. Access to Records. Within the Department of Defense, the right of access to relevant civilian employee exposure and medical records shall be in accordance with reference (n), regardless of any argument concerning the applicability of that part to Federal Agencies within the language of reference (g).

E3.1.7.2. Required elements for reports, recordkeeping, and accident investigations are contained in DoD Instruction 6055.7 (reference (j)).

E3.1.8. Contact With OSHA The Office of the Under Secretary of Defense for Environmental Security (ODUSD(ES)) is the sole interface with the OSHA national office for policy issues. The Components' headquarters are the interface with the OSHA national office for technical issues. The Components' programs will establish guidelines for contact with OSHA at the regional and local levels.

E3.2. Risk Management.

E3.2.1. The Risk Management Process shall be institutionalized and be an inherent part of all military operations to address safety and occupational and environment health risks.

E3.2.2. The standard for risk management is leadership at the appropriate level of authority making an informed decision to control hazards or accept safety or health risks. In those circumstances where local resources are not available to control residual risks, leaders will make conscious decisions to either accept the risk or elevate the risk decision to the next higher level of leadership.

E3.2.3. Leaders at all levels must ensure that risk management addressing safety and occupational and environmental health concerns are integrated in all aspects of military operations and not an add-on consideration. The risk management process supplements, but does not supersede, compliance with federally mandated standards or regulations. In those instances when mission accomplishment and military necessity result in the requirement to make risk decisions to override standards, such decisions must be made at the appropriate level of command and based on full consideration of the safety, occupational health and environmental impacts; e.g., the level of risk, hazard involved, mode of entry, synergism, potentiation, exposure, and worst case scenario. The Components shall establish procedures to ensure that these decisions are documented, archived, and reevaluated on a recurring basis.

E3.2.4. In all operations, commanders, leaders, and individual members will use the risk management process defined in enclosure E2. to anticipate problems, identify hazards, assess hazards, develop controls, make risk decisions, and implement controls.

E3.2.5. Risk management techniques will be used in the planning and executing of training operations to ensure it is realistic, yet does not exceed an acceptable level of risk for a non-combat situation.

### E3.3. SOH Training, Education, and Qualifications.

E3.3.1. DoD Components SOH training programs shall include the following requirements:

#### E3.3.1.1. Commanders and Senior Management Officials.

E3.3.1.1.1. Educate executive-level leaders as to: the history and trends of SOH within their Component, the business advantages (cost and savings) of prevention, Executive Branch and Departmental policies and initiatives, and the reasons for protecting people from occupational hazards and improving mission performance by eliminating accidents, injuries, and occupational illnesses.

E3.3.1.1.2. Train leaders and commanders at all levels in the risk management principles, tools, and techniques necessary to create and maintain a culture that promotes a safe and healthful work environment.

E3.3.1.2. Supervisors. Train supervisors in the management skills needed to implement the DoD Component's SOH policies and programs. These skills include: fostering a workplace where hazards are identified and risks managed; identifying and being able to teach subordinates to identify hazards and employ controls; safety motivation; accident reporting and investigation; development of other skills needed to implement the Component's program at the working level; and enforcement action to ensure subordinate compliance.

#### E3.3.1.3. Full-Time SOH Personnel.

E3.3.1.3.1. Provide formal and informal training courses, educational programs, and other activities to enable those personnel to function effectively as SOH advisors to commanders and management officials. Mandatory continuing education will consist of a blend of technical specialty, management, and leadership development

courses. In addition, where feasible, personnel shall be offered, through a competitive selection process, professional military education; graduate-level SOH education; and developmental assignments within their Component, other DoD Components, other Federal Agencies, and SOH professional organizations.

E3.3.1.3.2. Also, provide training and work assignments to encourage professional SOH credentialing. The Department of Defense recognizes the importance of professional credentials in career development, technical competency, and SOH program effectiveness. Consequently, DoD urges all DoD SOH personnel (military and civilian) to obtain licensure, registration, or certification, as appropriate, in their respective disciplines. These fields include industrial hygiene - Certified Industrial Hygienist; safety - Certified Safety Professional; occupational health nursing - Certified Occupational Health Nurse; health physics - Certified Health Physicist; engineering - Professional Engineer, hearing conservation - Certified Audiologist (Certification of Clinical Competence in Audiology); Certified Professional Ergonomist, and Occupational Health and Safety Technologist.

E3.3.1.4. Non-Supervisory Personnel. Train workers in the Risk Management process. Provide specialized job safety and health training appropriate to the work performed, including the provisions of relevant SOH standards, hazards associated with any materials used in the workplace or processes, hazard reporting, provisions of the DoD Component SOH program, responsibility to follow safety and health procedures, and consequences of noncompliance.

E3.3.1.5. Civilian Employee Representatives. Provide Risk Management training to prepare such representatives to assist in the maintenance of safe and healthful workplaces. The extent of any such training shall depend on local needs.

E3.3.1.6. Collateral or Additional Duty SOH Personnel. Include such Risk Management training as required for the performance of the duties specified in DoD Component programs.

E3.3.1.7. Local Area Hazard Safety Briefing. DoD installations shall develop and keep current pertinent safety and health briefings to include unique local area conditions; i.e., driving conditions, driving laws, weather conditions, and any potential health problems or hazardous conditions on and off the installation. Installations shall develop policy and procedures to ensure that all personnel visiting; e.g., TDY, Guard and Reserve members reporting for training duty, receive this briefing prior to performing official duties or being released on personnel time.

E3.3.2. To encourage efficient use of DoD resources and to avoid unnecessary

duplication, the DoD Components shall, before establishing additional training and education resources, use existing programs in other DoD Components or Federal Agencies.

E3.3.3. Additional specifics related to occupational health are in DoD Instructions 6055.5 and 6050.5 (references (m) and (p)).

#### E3.4. SOH Standards.

##### E3.4.1. General.

E3.4.1.1. The DoD Components shall comply with the standards promulgated by OSHA under 29 U.S.C. 651 *et seq.* (reference (d)) in all nonmilitary-unique DoD operations and workplaces, regardless of whether work is performed by military or civilian personnel. The DoD Components may develop and apply standards that are alternate or supplemental to such OSHA standards, provided that the approval procedures described in paragraph E3.4.5. below are followed.

E3.4.1.2. Although these OSHA-prescribed or approved standards are the primary measure of workplace safety and health, the DoD Components shall, in addition, ensure compliance with other applicable regulatory standards related to SOH that are issued under statutory authority by the Department of Defense or other Federal Agencies (such as the Departments of Transportation and Energy, the Environmental Protection Agency, the Nuclear Regulatory Commission, or the Food and Drug Administration).

E3.4.1.3. Any conflicts between regulatory standards shall be referred to the DUSD(ES) who will resolve the matter with the Secretary of Labor and other responsible Federal officials.

##### E3.4.2. Military-Unique Operations, Workplaces, Equipment, and Systems.

E3.4.2.1. The DoD Components shall apply OSHA and other non-DoD regulatory safety and health standards to military-unique equipment, systems, operations, or workplaces, in whole or in part, insofar as practicable.

E3.4.2.2. However, OSHA health standards designed to protect personnel from 8 hour exposures to hazardous chemicals may not be applicable for 24 hour exposures, or for multiple exposures and various modes of entry into the body during military operations and deployment situations. When military design, specifications,

or deployment requirements render compliance with existing SOH standards unfeasible or inappropriate, or when no standard exists for such military application, the DoD Components shall develop, publish, and follow special military SOH standards, rules, or regulations which protect personnel from hazardous exposures. Acceptable exposure measures and limits shall be derived from use of the risk management process.

E3.4.3. The DoD Components shall implement OSHA emergency temporary standards (ETS) on the effective date established.

E3.4.4. The DoD Components shall consider any Federal court ruling that rescinds or delays any OSHA standard (including any ETS) in whole or part. If application of the OSHA standard would effectively manage the risks, the DoD Components shall continue to comply with the standard when it is at least as stringent as the old standard and it is based upon good science and risk management using empirical data.

E3.4.5. Alternate OSHA Standards-Approval Procedures. If a DoD Component determines that compliance in a non-military unique work environment with an OSHA standard is not feasible, a proposed alternate standard shall be developed and submitted to the DUSD(ES) after consultation with other DoD Components and with affected employees or their representatives. The DUSD(ES) will review the proposed standard and, barring nonconcurrence, forward the standard to the Secretary of Labor for approval. Upon approval of an alternate standard, the originating DoD Component may proceed with implementation, and the DUSD(ES) will provide a copy of the final document to other DoD Components who, in turn, may elect to adopt the standard. The letter of transmittal to the DUSD(ES) must contain:

E3.4.5.1. A statement explaining why the alternate standard is required.

E3.4.5.2. A description of the proposed alternate standard.

E3.4.5.3. An explanation of how the proposed alternate standard affords equal or greater protection than the standard or standards it replaces.

E3.4.5.4. An indication that employee or employee representative and other DoD Components' comments were solicited, and a summary and analysis of such comments.

E3.4.5.5. A description of interim protective measures in effect pending decision on the alternate standard.

E3.4.6. Supplementary OSHA Standards Development Procedure. In non-military unique workplaces where OSHA standards or other Federal safety standards apply but do not cover, or only partially cover, existing conditions, the DoD Components shall use appropriate national SOH consensus standards under Pub. L. 104-113 (reference (o)). When there is no relevant OSHA or national consensus standard, the DoD Components may develop other protective measures to ensure the safety and health of DoD personnel. Also, the DoD Components may prescribe more stringent exposure limits or monitoring frequencies than those in the basic OSHA standards.

E3.4.7. Joint-Use Facilities. When personnel of different DoD Components, or of DoD Components and other Federal Agencies, work in workplaces at the same installation, the DoD Components and other Federal Agencies involved shall be governed by OSHA standards, including approved alternate standards, as a minimum, and host-agency standards. When other Agency standards conflict with OSHA standards, the DoD Components shall refer the matter to the DUSD(ES).

E3.4.8. Review of Proposed National Standards. The Components should review proposed safety and health standards or standards criteria published for comment by OSHA, other regulatory Agencies, the National Institute for Occupational Safety and Health (NIOSH), and consensus standards organizations. Comments may be submitted directly to the Agency proposing the standard, unless a consolidated DoD response is requested by the DUSD(ES).

### E3.5. Evaluations of Workplaces and Operations.

The DoD Components shall conduct safety and health evaluations of all workplaces and operations where DoD personnel are regularly employed at fixed installations during peacetime operations, and, to the extent feasible, to wartime and peacekeeping operations. Inspections of workplaces and operations in contractor installations where fewer than 25 DoD personnel are employed shall be at the DoD Component's discretion, based on existing conditions and potential risks. While no formal annual inspection is required, the DoD Components are required to ensure the health and safety of their personnel in the contractor facility. In addition, evaluations shall include determining if contractor operations jeopardize the safety and health of DoD personnel and endanger DoD property.

E3.5.1. Risk assessments and dosimetry of environmental and occupational chemical, radiological, biological, and physical hazards to DoD personnel and

supporting DoD contractor personnel during OCONUS force deployments and construction of prospective health surveillance epidemiology data bases shall be accomplished under DoD Instructions 6050.5 and 6490.3 (references (p) and (q)). Toxic hazards to which DoD personnel and contractors are exposed during wartime and peacekeeping deployments should cover all aspects of the potential hazard, from the source and levels of exposure to health effects of individuals and groups.

E3.5.2. However, in peacetime continental United States operations, Components' SOH programs will not perform any measurements; i.e., perform worker exposure monitoring of contractor worker exposure to DoD equipment unless specifically provided for in contracts between the Government and the contractor, and with prior approval by the Component's health or safety service provider's major command. Refer to enclosure E5. for additional information on SOH considerations for DoD contractors.

#### E3.5.3. DoD Workplace Visits.

E3.5.3.1. General. At least annually, qualified SOH personnel shall visit every installation workplace. The exact nature of the visit is at the discretion of the local senior SOH professional or as directed by that official's higher headquarters. Visits are to be conducted more frequently based on factors such as the exposure to and potential severity of hazards, actual accident experience, special emphasis programs, changes in the organization's staffing or workplaces, or other event that increases risk of accidents and occupational illnesses. Military personnel and DoD civilian workers or their representatives should be encouraged to participate in these visits to assist in identifying unsafe or unhealthful working conditions. Also, the DoD Components are required to schedule visits, based upon hazard analysis, to ensure the health and safety of their personnel working in DoD contractor facilities. Procedures shall be established to document and follow-up on the correction of deficiencies identified during a visit.

E3.5.3.2. Formal Inspections. The DoD Components shall ensure that formal OSH inspections of workplaces meet the requirements of the OSHA report (reference (g)).

E3.5.3.3. Hazardous Duty and Environmental Differential Pay Evaluations. Upon request of the personnel office, qualified SOH personnel shall evaluate workplaces and working conditions. They shall provide the personnel office a professional opinion on workplace conditions and make recommendations for reducing any hazards. DoD Components will eliminate or reduce hazards that justify such pay.

E3.5.4. DoL Inspections and Investigations of DoD Working Conditions. In accordance with E.O. 12196 (reference (f)), OSHA and NIOSH officials, acting as representatives of the Secretary of Labor, are authorized to conduct announced or unannounced inspections of all DoD workplaces -- except military-unique workplaces and nonmilitary-unique workplaces that are staffed exclusively with military personnel.

E3.5.4.1. Such inspections may be: in response to a complaint from a DoD civilian employee or employee representative, in conjunction with any OSHA special emphasis program at installations with high workers compensation claims rates, as part of OSHA's evaluation of DoD Components SOH programs, to conduct civilian fatality investigations, or solely at the discretion of the Secretary of Labor.

E3.5.4.2. DoL representatives shall be admitted to conduct inspections at appropriate DoD workplaces without delay and at reasonable times. Employee representatives have the right to fully participate in the inspections as provided in reference (f) and 29 CFR 1960 (reference (g)).

E3.5.4.3. DoL representatives will be directed to report to the DoD installation commander or the commander's representative. They shall be required to show identification and proof of appropriate security clearance if entry into closed/secure areas is required. A closing conference with the installation commander, or that commander's designee, shall be arranged before the DoL representative's departure. The installation commander shall invite authorized representatives of civilian employees to attend the opening and closing conferences.

E3.5.4.4. DoL representatives shall be provided access to all pertinent SOH information regarding workplaces consistent with national security requirements.

E3.5.4.5. Component programs will ensure prompt abatement of hazards and initiation of interim safeguards (see paragraph E3.7.) as a result of valid notices of violation issued by a DoL representative. Components will ensure information on valid notices of violation is provided for inclusion in the Defense Environmental Information Exchange to avoid similar notices at other installations.

E3.5.4.6. Component programs will establish procedures for responding to DoL inspection reports and resolving conflicts. Conflicts not resolved at the Component level will be elevated to DUSD(ES) for resolution with the OSHA national office.

E3.5.4.7. Families of Accident Victims. After the accidental death of a

DoD civilian employee, OSHA may investigate and may issue to the DoD activity a "Notice of Unsafe or Unhealthful Working Condition." OSHA Instructions provide the opportunity for an informal conference between OSHA, the employer (DoD activity), and the "employee representative" to review the merits of the Notice. On occasion, an OSHA representative may authorize family members to act as the "employee representative" and attempt to include those members in the informal conference with the DoD activity. The DoD Components may challenge an OSHA decision to allow family members to act as the employee representative. The DoD Components shall decide who are appropriate "employee representatives" for participation in informal conferences between OSHA and the DoD activity.

#### E3.6. Hazard Reports.

Early detection of unsafe or unhealthful working conditions and subsequent reporting at the lowest working level possible to correct hazards are important elements of injury and illness prevention. Accordingly, the DoD Components shall establish hazard identification and reporting programs that contain provisions to:

E3.6.1. Encourage personnel to make oral reports to supervisors as the most prompt and effective method of identification, and for imminent danger situations, make initial oral reports mandatory.

E3.6.2. Publicize the existence of the programs and inform all DoD personnel of their right and obligation to report hazardous situations to appropriate DoD officials. Full involvement of military and civilian personnel and, when applicable, labor organizations representing civilian personnel, is essential.

E3.6.3. Hold first-line supervisors primarily responsible for the application of Risk Management to the workplace including investigating and correcting any hazardous condition that they observe or have reported to them, enforcing all applicable safety and health practices, and for reporting hazardous conditions promptly to a superior authority if immediate onsite correction is not possible. Notify local DoD safety and health officials if immediate correction is not possible.

E3.6.4. Simplify procedures for submitting written or oral reports of hazardous conditions to local safety and health officials. Ensure that standard hazard report forms or electronic methods are available readily at workplaces for personnel to use, whether or not oral reports are made.

E3.6.5. Protect the identity of the person making a report if that person does not

want his or her name revealed.

E3.6.6. Ensure the investigation of reports as soon as possible, but within one workday for imminent danger situations, 3 working days for potentially serious situations, and 20 working days for lesser conditions.

#### E3.7. Hazard Abatement.

DoD Components shall follow a risk-based process as described in enclosure E7. or equivalent to mitigate hazardous conditions in all DoD workplaces and operations. The process will ensure that controls which reduce or eliminate hazards that pose higher risk of injury, occupational illness, or other accidental losses are higher priority than controls that result in rote compliance; e.g., not all instances of non-compliance with OSHA standards pose a true threat of harm to workers.

E3.7.1. Immediate action shall be taken to eliminate or reduce substantially hazards that constitute imminent danger situations (hazard severity category I or II and accident probability category A). Commanders and managers shall stop work and withdraw exposed personnel until the above action is taken.

E3.7.2. Hazard Abatement Plans. Component programs will ensure that RAC 1, 2, or 3 hazards not corrected within 60 days are included into a formal installation hazard abatement plan and any affected DoD civilian employees are notified.

#### E3.8. Risk Management Planning, Programming and Budgeting.

E3.8.1. Components shall plan, program, and budget resources to control hazards on a prioritized basis and in accordance with the Defense Planning Guidance.

E3.8.2. When it is possible to identify and track SOH abatement project costs, the DoD Components should account for these actual expenditures. This information on hazard abatement expenditures and the backlog of any unfunded abatement projects should be maintained and would be useful for both internal and external SOH program review purposes.

#### E3.9. Deficiencies Involving Other DoD Components or Agencies.

Correction of hazards that are the responsibility of another DoD Component or another Federal Agency shall be brought to the attention of the appropriate party for corrective

action. Problems that a DoD Component cannot resolve shall be referred to the DUSD(ES).

#### E3.10. Councils and Conferences.

##### E3.10.1. DoD SOH Councils.

E3.10.1.1. The Department of Defense has opted not to establish OSH Committees that conform to the provisions of E.O. 12196 (reference (f)). However, at the Department level, the DoD SOH Committee and associated Working Groups, established under DoD Directive 4715.1 (reference (b)), may include employee representatives and shall address SOH matters under the purview of this Instruction.

E3.10.1.2. At the installation level, DoD Components have the option of whether to form Joint Labor Management Committees (50/50 membership as described in 29 CFR (reference (r))), or operate local SOH councils. The purpose of the Joint Committee or the council is to foster mutual cooperation and open channels of communication, make recommendations to the installation commander, and perform such additional tasks as the commander or the chairperson may direct. Although these Councils or Committees are established under this Instruction primarily to address on-the-job personnel safety and health matters, the scope of their considerations should be expanded to include other safety, health, and accident prevention concerns of the command. Components will establish procedures to form Joint Labor Management Committees or SOH Councils at the installation level. SOH personnel shall not chair these Committees or Councils.

E3.10.1.3. Establishment of councils at DoD Component headquarters, major commands, or intermediate levels, and the local shop or division levels is recommended but shall be at the Component's discretion.

E3.10.2. Federal Advisory Council on OSH (FACOSH). DoD shall participate in FACOSH. ODUSD(ES) shall represent the interests of the Department of Defense and serve as the DoD member. When requested, the DoD Components shall provide subject matter experts on FACOSH's various committees and subcommittees.

E3.10.3. Field Federal Safety and Health Councils. The DoD Components shall support these councils, promote membership and participation (including appropriate employee representative participation), and make available, where possible, facilities for meetings and educational resources (training materials, libraries, or guest speakers).

E3.10.4. Safety and Health Conferences. Attendance and participation of DoD personnel (including appropriate employee representatives) in Federal and professional society safety and health conferences are encouraged. Components or major commands that plan to sponsor SOH seminars or workshops should consider scheduling such meetings in conjunction with a major Federal, or professional society, safety and health conference.

E3.11. Goals, Objectives, Measures of Merit, and Self-Evaluation.

E3.11.1. To provide direction of effort and meaningful program evaluation, each DoD Component and subordinate levels of command shall establish annual SOH goals and objectives.

E3.11.2. DoD Components shall establish procedures to evaluate the effectiveness of SOH programs at all command levels at least once every 3 years. These evaluations shall consider the impact of accident prevention efforts as determined from an analysis of data generated under DoD Instruction 6055.7 (reference (j)), and the accomplishment of Component goals and objectives.

E3.11.3. The DoD Components shall use, as a minimum, the following DoD Corporate Measures of Merit to identify performance trends and as a planning tool:

E3.11.3.1. Military Accidental Fatality Rate.

E3.11.3.2. Class A Accident Rate for aircraft.

E3.11.3.3. Civilian Lost-time Injury Rate (based upon DoL Federal Employee Compensation Act claims).

E3.11.3.4. Permanent Threshold Shift Rate for hearing loss.

E3.11.3.5. Severity rate – lost workdays per 100 worker-years per year.

## E4. ENCLOSURE 4

### DOD PERSONAL PROTECTIVE EQUIPMENT PROGRAM

#### E4.1. POLICY

E4.1.1. To meet requirements of OSHA personal protective equipment (PPE) standards under 29 CFR (reference (r)) and provide PPE appropriate to the work situation at Government expense in situations such as:

E4.1.1.1. When engineering or management controls are not feasible or do not sufficiently eliminate the hazard.

E4.1.1.2. When development or installation of engineering controls are pending.

E4.1.1.3. When short-term, non-routine operations, for which engineering controls are not practical, occur.

E4.1.1.4. When emergencies are involved; e.g., spills (including cleanup operations), ventilation malfunctions, emergency egress, and damage-control activities.

E4.1.2. To use system safety principles to reduce the need for PPE through the proper design and procurement, or modernization, of weapon systems, subsystems, equipment, and facilities under DoD 5000.2-R (reference (s)) to avoid safety and health hazards.

E4.1.3. To ensure that payment of environmental differential pay or hazard pay differentials for civilian employees, when warranted, does not eliminate the responsibility to provide appropriate PPE and to continue efforts to eliminate or reduce any hazardous conditions that justify such pay.

#### E4.2. RESPONSIBILITIES

The Heads of the DoD Components shall ensure that:

E4.2.1. Workplaces are evaluated to determine PPE requirements. Qualified safety and health personnel shall perform these evaluations and recommend appropriate personal protective equipment.

E4.2.2. PPE used conforms to OSH standards; e.g., DoD, NIOSH, or national consensus standards, including any certification and specification requirements and that personnel required to wear PPE are trained under 29 CFR (reference (r)).

E4.2.3. Instances of nonuse, misuse, or malfunction of PPE that result in injury or occupational illness to DoD personnel are identified. These deficiencies shall be reported as causal factors in the accident reporting system established by DoD Instruction 6055.7 (reference (j)), with sufficient detail to permit evaluation and correction of problems associated with the deficiencies.

## E5. ENCLOSURE 5

### SOH CONSIDERATIONS FOR DOD CONTRACTOR PERSONNEL AND CONTRACTOR OPERATIONS

#### E5.1. GUIDANCE

DoD safety and health responsibilities in contractor plants and contractor operations on DoD property are generally limited to helping to ensure the safety of DoD-owned equipment; protection of the production base; protection of government property and on-site DoD personnel from accidental losses; and the protection of the public. The contractor is responsible for the safety and health of his or her employees and protection of the public at contractor plants and work sites.

E5.1.1. Oversight. There are two reasons for DoD Components' oversight of some contractor operations.

E5.1.1.1. Specifically:

E5.1.1.1.1. Where the Department of Defense has statutory authority for oversight. In cases such as the manufacture of ammunition or nuclear propulsion, the Department is required under Section 4(b)1 of 29 U.S.C. (reference (d)) to provide safety oversight, and

E5.1.1.1.2. Where it is in the best interest of the Department of Defense. Department oversight has historically contributed to lower accident rates among certain contractor employees, on-time delivery of products and services (increased readiness), and ultimate savings to the Government.

E5.1.1.2. Components will ensure procedures are established to evaluate the benefit versus the legal and tort claims and compensation liability ramifications of acting as the controlling employer for a contract.

E5.1.2. DoD contractors operating from DoD or privately owned facilities, located on or off DoD installations, are "employers" as defined in reference (d), and are subject to enforcement authority by Federal and State safety and health officials as stated in the following:

E5.1.2.1. Federal and State OSHA officials must be granted access to DoD contractor workplaces on DoD installations without delay and at reasonable times,

except as otherwise provided in this Instruction.

E5.1.2.2. Reference (d) does not authorize the Secretary of Labor to assert authority over working conditions for which another Federal Agency, or any State agency acting under 42 U.S.C. (reference (t)) exercises statutory authority to prescribe or enforce standards or regulations affecting OSH.

E5.1.2.3. Pursuant to 33 U.S.C. 941 (reference (u)), when contractor work is performed aboard vessels in dry-dock or afloat within Federal maritime jurisdiction, Federal OSHA standards apply and inspections and investigations shall be performed by Federal OSHA officials.

E5.1.3. DoD contractors have the responsibility of responding to any citations issued by Federal or State OSHA officials for violations of applicable standards.

E5.1.4 Full information regarding citations issued to DoD contractors for violations of Federal or State OSHA standards involving DoD-furnished equipment, facilities, or other property shall be referred to the responsible administrative contracting officer (ACO) for appropriate action.

## E5.2. PROCEDURES

E5.2.1. DoD contractors will not be provided advance notice of OSH inspections by Federal or State OSHA officials.

E5.2.2. Federal or State OSHA officials shall present appropriate identifying credentials and state the purpose of their visit to the DoD installation commander or that commander's authorized representative and the ACO (if appropriate) before conducting an inspection of a DoD contractor workplace situated on a DoD installation.

E5.2.3. When Federal or State OSHA officials require entry to a secure area and the classified material cannot be effectively covered, hidden, or otherwise effectively protected from disclosure, the following procedures shall apply:

E5.2.3.1. The contractor immediately shall notify the OSHA official and the DoD activity exercising security supervision over the contractor's workplace of the OSHA official's need for a personnel security clearance to enter the closed area.

E5.2.3.2. The DoD security activity shall verify that access to classified material cannot be denied the OSHA official through such means as covering the

material to deny visual access.

E5.2.3.3. In the case of a Federal OSHA official, the DoD security activity, after verifying the need for a personnel security clearance, shall contact the cognizant security office and request verification of the Federal OSHA official's personal security clearance. If the OSHA official's name is not on the list of cleared Federal OSHA personnel furnished to the cognizant security office, that office shall contact the OSHA regional or area office and request an appropriately cleared OSHA official.

E5.2.3.4. In the case of a State OSHA official, the DoD security activity, after verifying the need for a personnel security clearance, shall, in coordination with the State OSHA official, request the cognizant security office to contact the nearest OSHA regional or area office for a cleared Federal OSHA official to conduct the necessary inspection of the closed area.

E5.2.4. Federal and State OSHA officials shall be accompanied on their inspections and investigations by representatives of the DoD installation commander and the ACO (as appropriate) and, where requisite security clearances are verified, may be accompanied by representatives of the DoD contractor and that contractor's employees.

E5.2.5. No photographs shall be taken by Federal or State OSHA officials in secure areas of DoD installations. Any photographic services for secure areas may be requested by such officials and may be provided by the installation commander or the appropriate ACO. Negatives and photographs shall be submitted to the appropriate DoD Component security official, or that official's authorized representative, for security review before release to authorized Federal or state OSHA officials.

E5.2.6. The DoD contractor is responsible for resolving issues related to citations or requests for delays, variations, tolerances, or exemptions of applicable OSH standards.

E5.2.7. Federal or State OSHA officials shall have access to and be provided with copies of any DoD Component records and reports pertaining to specific DoD contractor accident investigations upon request.

## E6. ENCLOSURE 6

### DoD ERGONOMIC PROGRAM REQUIREMENTS AND PROCEDURES

E6.1.1. Written Plan. Each DoD Component shall prepare a written plan for a comprehensive ergonomic program. As a minimum, such programs will include goals and objectives; program interface with existing illness and injury prevention and medical programs; and the six critical elements for ergonomic intervention -- workplace analysis, hazard prevention and control, health care management, education and training, evaluation, and acquisition. The degree of emphasis in each critical element will vary according to the specific hazards and concerns at each DoD installation.

E6.1.2. Workplace Analysis. Systematic passive and active surveillance will be used to identify musculoskeletal disorders and to evaluate workplace risk factors. Where there is convincing evidence that musculoskeletal hazards exist, active surveillance will be used to identify, evaluate and reduce the associated risks.

E6.1.2.1. Musculoskeletal disorders shall be evaluated to determine occupational risk factors, potential work relatedness, and to identify other workers potentially at risk.

E6.1.2.2. Systematic passive surveillance shall include analyzing data provided in existing reports and data sources such as routine injury and illness reports, log and summary of occupational injuries and illnesses, Federal Employees Compensation Act claims, medical and safety records, medical boards for military members, worker complaints, hazard reports, installation hazard abatement logs, grievances, and suggestions.

E6.1.2.3. During workplace visits, personnel will look for musculoskeletal risk factors, and identify the need for an ergonomics workplace analysis and intervention.

E6.1.3. Hazard Prevention and Control. Effective design or redesign of a task or workstation is the preferred method of preventing and controlling harmful stresses. The methods of intervention (in order of priority) to be used are: process elimination, engineering controls, substitution, work practices, and administrative controls; e.g., adjustment of work-rest cycles, slowing work pace, task rotation. The Department of Defense does not recognize back support belts or wrist splints as personal protective equipment, or the use of these devices in the prevention of back or wrist injuries.

These devices are considered medical appliances and may be prescribed by credentialed health care providers who are responsible for medical clearance, monitoring and proper fit. When appropriate, musculoskeletal hazards shall be assigned a RAC using the safety RAC scoring system described in enclosure E7. and entered into the installation hazard abatement plan.

E6.1.4. Health Care Management. Each Component shall develop and implement written guidelines for early recognition, evaluation, treatment, assignment to light or restricted duty, and follow-up for employees with work-related musculoskeletal disorders. These guidelines shall be used at the local level to develop their written health care management protocols.

E6.1.5. Education and Training. Each Component shall develop, implement, and integrate ergonomic guidelines and standards into existing SOH training programs at the local level.

E6.1.6. Program Evaluation and Review. Each Component shall be responsible for evaluating its ongoing ergonomic effort to measure the effectiveness of interventions and level of participation.

E6.1.7. Acquisition. Each Component shall consider ergonomic design criteria during procurement of weapon systems, facilities, and equipment to help reduce the life-cycle costs due to ergonomic injuries.

E6.1.8. The Computer/Electronic Accommodations Program (CAP). Individuals with visual, hearing, dexterity and cognitive disabilities may be provided assistive equipment for specific work situations at no cost to the worker. CAP assists the DoD Components in their efforts to educate personnel on ergonomic hazards and to prevent musculoskeletal impairments.

E7. ENCLOSURE 7DERIVING RACsE7.1. TABLE E7.T1. DERIVING RACs FOR SAFETY AND MUSCULOSKELETAL HAZARDS

Use the matrix and descriptive definitions below as a model to determine the RAC for safety and ergonomic hazards:

E7.1.1. RAC

| Hazard<br>Severity | <u>Accident Probability</u> |          |          |          |
|--------------------|-----------------------------|----------|----------|----------|
|                    | <u>A</u>                    | <u>B</u> | <u>C</u> | <u>D</u> |
| I                  | 1                           | 1        | 2        | 4        |
| II                 | 1                           | 2        | 3        | 4        |
| III                | 2                           | 3        | 4        | 5        |
| IV                 | 4                           | 4        | 5        | 5        |

E7.1.2. Accident Probability

| <u>Code</u> | <u>Description</u>          |
|-------------|-----------------------------|
| A           | Likely to occur immediately |
| B           | Probably will occur in time |
| C           | Possible to occur in time   |
| D           | Unlikely to occur           |

E7.1.3. Hazard Severity The hazard is classified by an uppercase Roman numeral.

| <u>Code</u> | <u>Description</u>                                                                                                          |
|-------------|-----------------------------------------------------------------------------------------------------------------------------|
| I           | Death, permanent total disability or loss of facility or asset                                                              |
| II          | Permanent partial disability, temporary total disability in excess of 3 months or major property damage                     |
| III         | Lost-workday injury or compensable injury or minor property damage                                                          |
| IV          | Minimal threat to personnel or property, first-aid, minor supportive medical treatment, but still a violation of a standard |

E7.1.4. RAC Descriptor

| <u>RAC</u> | <u>Description</u> |
|------------|--------------------|
| 1          | Critical           |
| 2          | Serious            |
| 3          | Moderate           |
| 4          | Minor              |
| 5          | Negligible         |

## E7.2. TABLE E7.T2. DERIVING RACs FOR HEALTH HAZARDS

Use the matrix and descriptive definitions below as a model to determine the RAC for health hazards:

E7.2.1. STEP 1. Health Hazard Severity Category (HHSC). Using the following procedures to assess points, determine the HHSC. The HHSC reflects the magnitude of exposure to a single physical, chemical, or biological agent and the medical effects of exposure.

### E7.2.1.1. Exposure Points Assessed

| <u>Alternate Exposure Route?</u> | <u>Exposure Conditions</u>    |                                                                  |                         |                |
|----------------------------------|-------------------------------|------------------------------------------------------------------|-------------------------|----------------|
|                                  | <u>&lt; Action Level (AL)</u> | <u>Occasionally &gt; AL, Always &lt; Occup. Exp. Limit (OEL)</u> | <u>&gt; AL &lt; OEL</u> | <u>&gt;OEL</u> |
| No                               | 0                             | 3                                                                | 5                       | 7              |
| Yes                              | 1 - 2                         | 4                                                                | 6                       | 9              |

### E7.2.1.2. Medical Effects Points Assessed

| <u>Condition</u>                                                                                        | <u>Points</u> |
|---------------------------------------------------------------------------------------------------------|---------------|
| No medical effect, such as nuisance noise and nuisance odor                                             | 0             |
| Temporary reversible illness requiring supportive treatment, such as eye irritation and sore throat     | 1 - 2         |
| Temporary reversible illness with a variable but limited period of disability, such as metal fume fever | 3 - 4         |
| Permanent, non-severe illness or loss of capacity, such as permanent hearing loss                       | 5 - 6         |
| Permanent, severe, disabling, irreversible illness or death, such as asbestosis and lung cancer         | 7 - 8         |

E7.2.1.3. Determine the HHSC by totaling the points assessed from above and using the following guide:

| <u>Total Points (sum of Exposure<br/>and Medical Effects points)</u> | <u>HHSC</u> |
|----------------------------------------------------------------------|-------------|
| 13 - 17                                                              | I           |
| 9 - 12                                                               | II          |
| 5 - 8                                                                | III         |
| 0 - 4                                                                | IV          |

E7.2.2. STEP 2. Illness Probability Category (IPC). Using the following guides to assess points, determine the IPC for health hazards. The IPC is a function of the duration of exposure and the number of exposed personnel.

E7.2.2.1. Duration of Exposure Points Assessed

| <u>Type of Exposure</u> | <u>Exposure Duration</u> |                                             |                   |
|-------------------------|--------------------------|---------------------------------------------|-------------------|
|                         | <u>1-8 hours/week</u>    | <u>&gt;8 hours/week,<br/>not continuous</u> | <u>Continuous</u> |
| Irregular, Intermittent | 1 - 2                    | 4 - 6                                       | NA                |
| Regular, Periodic       | 2 - 3                    | 5 - 7                                       | 8                 |

E7.2.2.2. Number of Exposed Personnel Points Assessed

| <u>Number of Exposed Workers</u> | <u>Points</u> |
|----------------------------------|---------------|
| < 5                              | 1 - 2         |
| 5 - 9                            | 3 - 4         |
| 10 - 49                          | 5 - 6         |
| > 49                             | 7 - 8         |

E7.2.2.3. Determine the IPC for health hazards by totaling the points assessed and using the following guide:

| <u>Total Points from above</u> | <u>Illness Probability Category</u> |
|--------------------------------|-------------------------------------|
| 14 - 16                        | A                                   |
| 10 - 13                        | B                                   |
| 5 - 9                          | C                                   |
| < 5                            | D                                   |

E7.2.3. RAC for Health Hazards. Determine the RAC for health hazards by using the following matrix to account for HHSC and IPC.

HHSC      Illness Probability Code

|     | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> |
|-----|----------|----------|----------|----------|
| I   | 1        | 1        | 2        | 3        |
| II  | 1        | 2        | 3        | 4        |
| III | 2        | 3        | 4        | 5        |
| IV  | 3        | 4        | 5        | 5        |

### E7.3. TABLE E7.T3. COMPUTING THE ESTIMATED CEI AND APN

E7.3.1. Compute CEI as follows:

E7.3.1.1. Severity and Probability Multiplier. Find the severity and probability multiplier in the matrix and record below:

The multipliers in this matrix represent a proportional distribution of the annual cost and frequency of DoD accidents, and are derived from an analysis of actual DoD accident experience.

|     | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> |
|-----|----------|----------|----------|----------|
| I   | 188      | 63       | 21       | 7        |
| II  | 63       | 21       | 7        | 2        |
| III | 21       | 7        | 2        | 1        |
| IV  | 7        | 2        | 1        | .26      |

E7.3.1.2. Record the average or equivalent number of persons exposed daily to the hazard during the course of the year:

E7.3.1.3. Compute the Effectiveness Index:

(Severity and Probability Multiplier) x (number of persons) = Effectiveness Index

E7.3.1.4. Obtain the estimated cost of the abatement project.

E7.3.1.5. Compute CEI:

(Abatement cost)/(Effectiveness Index) = CEI.

E7.3.1.6. Combine RAC and CEI to form the APN: RAC (CEI)

Example: Hazard with RAC 2 and CEI 55 has an APN of 2(55). (Do not multiply numbers)

## E8. ENCLOSURE 8

### PERFORMANCE EVALUATION

E8.1.1. Applicability. All military (officer and enlisted) and civilian employees shall be appropriately evaluated on their SOH duties and responsibilities, and their personnel evaluation systems shall allow SOH performance to be so evaluated. Evaluations of individuals responsible for the management of SOH programs shall specifically include an evaluation of their SOH program management performance. Evaluations of civilian employees shall comply with subchapter 430 of DoD 1400.25-M (reference (v)) and implementing DoD Component performance management programs. Performance of SOH duties and responsibilities shall be appropriately considered in other personnel actions.

E8.1.2. Objective. Evaluating SOH program management and SOH practices induces managers and supervisors to analyze people's efforts, increases awareness of SOH concepts, and gives incentives to incorporate safe practices on the job. Specific comments on the evaluation concerning SOH performance provides further reinforcement. Such use of evaluations directly supports mission success through the prevention of the accidents and illnesses that interrupt the mission, destroy assets, and harm personnel.

E8.1.3. Evaluations. Evaluations of SOH duties and responsibilities, including the rating scales used to measure performance, should be consistent with governing evaluation programs. Where applicable, evaluations should provide for measuring results in achieving a safe and healthful work environment and achievements in promoting SOH and adhering to SOH practices and procedures.