

Commander Navy Region Southwest (CNRSW)



PROCEDURES AND GUIDELINES GOVERNING THE CNRSW REGIONAL INSPECTION AND ABATEMENT PROGRAM

General Note: Base Operating Support (BOS) Program Managers shall have functional areas simultaneously inspected throughout the region, unless otherwise arranged. For instance, MWR will be inspected simultaneously at Lemoore, Fallon, etc. Multi-cited organizations (e.g., NCIS) will also use the BOS model. Non-BOS customers will be inspected individually.

1. HEADQUARTERS.

a. Scheduling.

(1) Finalize a regional inspection schedule of Program Managers (PMs) and other customers that have facilities located at multiple sites. This should occur no later than the second week of November preceding the forthcoming Calendar Year (CY).

(2) Publish and distribute the inspection schedule no later than the third week of November prior to the forthcoming CY.

(3) Provided to the respective Site Safety Managers for execution.

(4) Publish on COMNAVREG SW Internet Homepage.

Note: Revisions required after the final regional inspection schedule is published, must be submitted by Site Safety Managers and approved by Headquarters.

b. Quality Assurance.

(1) Conduct periodic reviews of NDN content for accuracy and completeness. Provide feedback to Site Safety Managers with findings and corrective actions.

(2) Conduct maintenance of Regional OSHMAP Inspection database. Provide feedback to Site Safety Managers with findings and corrective actions that could not be completed at the Headquarters level.

c. Data Analysis.

(1) Conduct periodic data analysis of inspection results submitted by site safety offices. Provide feedback to Site Safety Managers with results. Address areas of concern and recommend appropriate actions.

(2) Compile statistical data and formulate Executive Summary enclosures for Site Safety Managers responsible for ACOS's, PM's and Officials in Charge of multi-sited organizations.

(3) Provide necessary assistance and support to Site Safety Managers in charge of multi-site customers, when requested.

2. SITES.

a. Scheduling.

(1) Review inspection schedule provided by Headquarters and re-evaluate High-Hazard area designation ([Attachment 1](#)). Submit feedback to Headquarters no later than the second week of November prior to the forthcoming CY in accordance with the Inspection Scheduling [Timeline](#).

(2) Notify customer activities of forthcoming inspections by written memorandum ([Attachment 2](#)) at least **30 calendar days** before the scheduled inspection. Memorandum shall include as enclosures the following:

(a) Customer Satisfaction Survey ([Attachment 2A](#)) -
Enclosure (1)

(b) Employee Discomfort Survey ([Attachment 2B](#)) -
Enclosure (2)

(c) CO/OIC/PM/DEPT HEAD Customer Survey Form (PR&MS)
[\(Attachment 2C\)](#) - Enclosure (3)

Note: A copy of the memorandum shall also be forwarded to Headquarters.

b. Quality Assurance.

(1) OSH Specialist responsible for the inspection program will conduct periodic reviews of NDN content for accuracy and completeness entered in the OSHMAP Inspection database. Coordinate findings and corrective actions with assigned OSH inspector. Ensure Site Safety Manager is kept informed of inspection program status.

(2) Site Safety Manager will conduct periodic reviews of inspection program and implement initiatives to ensure inspectors are adequately trained and competent to perform workplace inspections.

Note: If no deficiencies are found in a facility, an NDN will be generated using the "No Finding" selection for recording purposes.

c. Data Analysis.

(1). OSH Specialist responsible for the inspection program will conduct periodic data analysis of inspection results entered by assigned OSH inspectors. Ensure Site Safety Manager is kept informed of overall inspection program status.

(2) Prepare and deliver 30 day notification letters to local officials in charge of multi-sited organizations, PM's, and customers activities that have not abated deficiencies within 30 days. See ([Attachment 4](#)) for sample letter).

(3) Prepare cover letters for Executive Summaries of consolidated reports for ACOS's, PM's and Officials in Charge of multi-sited organizations ([Attachment 5](#)).

3. INSPECTION PROTOCOL.

The Site Safety Manager is responsible and will be held accountable that OSH inspectors follow, as a minimum, the following procedures when conducting inspections:

a. Pre-Inspection.

(1) Notify customer activities of forthcoming inspections by written memorandum ([Attachment 2](#)) at least **30 calendar days** prior to each scheduled inspection.

(2) Review current industrial hygiene (IH) surveys and workplace hazard assessments (HA) for areas to be inspected. OSH inspectors shall:

(a) Take the applicable IH surveys and HAs to the area to be inspected and verify their accuracy.

1. Changes noted must be entered in the OSHMAP database following the Procedures and Guidelines (P&G) Governing the CNRSW Regional Hazard Assessment Program.

2. If none were noted, certify the applicable HA by updating the start and completion dates reflecting the actual assessment dates and the name of OSH inspector certifying the assessment.

3. If the area to be inspected has never been assessed, conduct and certify the results following the Procedures and Guidelines (P&G) Governing the Regional Hazard Assessment Program.

(3) Review the last Inspection Report for the area(s) to be inspected and note any outstanding NDN's.

(a) Note any unabated deficiencies and ensure you follow-up on their status during the inspection. Generate a repeat Notice of Deficiency if abatement status is not complete.

1. Generate a new NDN and annotate "**REPEAT**" in section B. Additionally, reference the old NDN Control Number.

2. Close the old NDN and reference the new NDN Control Number in section B.

(4) Analyze the Employee Discomfort Surveys received from the customer activity. Identify ergonomic risk factors for work-related musculoskeletal disorders (WMSDS).

(a) Those that pose a biomechanical stress to a worker's body as a consequence of posture and force requirements, work/rest regimens, repetition rate or other similar factors. Examples include one or more of the following:

1. Repetitive and prolonged static activities, forceful exertions, awkward postures, excessive vibration from power tools or vehicles, and workstations lacking adjustability.

2. Physiological stress induced by heat, cold or other environmental extremes, shift work and extended work schedules. Checklists provided as Appendix B of Chapter 23 of OPNAVINST 5100.23E will help identify these risk factors.

3. Should the risk factor associated with a given process or an operation clearly indicate that a WMSD may occur, the words "**Ergonomic Analysis Required**" shall be annotated. The "Remarks" field of the "Operation Tab" of the OSHMAP Workplace Hazard Assessment Data Entry Screen shall be used to document. **(Refer to the Ergonomic P & G regarding action required when this annotation is made).**

(5) Schedule and conduct an in-brief with the customer activity. Thoroughly discuss the memorandum and associated enclosures and their importance in providing feedback to assist in process improvements and customer satisfaction. Additionally, take this moment to address any items of interest that developed from your pre-inspection document reviews (i.e. Unabated NDNs or ergonomic concerns).

b. Inspection.

(1) As a minimum, check the following during the inspection:

(a) On a random basis, spot check personnel for proper care, usage, and storage of PPE as appropriate, e.g., ask them to don and/or doff, store, turn-in, etc. If the individual cannot demonstrate adequate knowledge of required PPE usage will be cited, by name, on the NDN for inadequate training. If several people cannot demonstrate adequate knowledge, then cite the supervisor, by name, on the NDN for failure to adequately train their personnel.

(b) Conduct qualitative assessments of training by asking questions to determine if personnel can demonstrate adequate knowledge of their required safety training. Spot check training records for required training and qualification /certification for specific jobs such as driver's license, respiratory protection cards, etc. If personnel cannot demonstrate adequate knowledge of required training, then cite them for not being adequately trained. If numerous personnel in a work center cannot demonstrate adequate knowledge, then cite the supervisor for failure to ensure adequate training of personnel.

(c) Request information on processes that are performed infrequently throughout the year.

Note: In all cases, specifically state on the NDN the reason for the citation, e.g., "SN Sailor did not know where to obtain a MSDS for hydraulic fluid, a chemical he uses daily in the performance of his duties", etc.

(2) OSH inspectors shall review applicable unabated NDN's, IH surveys, Ergonomic Discomfort Survey forms and Hazard Assessments with each Workplace Supervisor as a routine measure when conducting inspections.

(3) OSH inspectors shall de-brief each Workplace Supervisor and discuss new findings and recommended corrective actions. Additionally, review the Abatement Procedures ([Attachment 6](#)), if applicable.

Note: Take advantage at this time to provide, conduct, and/or collect any of the required survey forms.

c. Post Inspection.

(1) New NDN's and updated HA's shall be delivered to the Workplace Supervisor within a reasonable time but no later than 15 working days of the NDN's "observed date". Documentation (no set format) that delivery was made will be kept by the site safety office. However, "No Finding" NDN's are not required to be delivered to supervisors.

Note: A Workplace Hazard Assessment (HA) is not required when only contractor employees are employed in the workplace.

(2) After the inspection, Site Safety Managers shall prepare an inspection completion letter (Attachment 3) and building list to the official in charge of the customer activity, local representative of a BOS Function, e.g., Commanding Officer, Officer in Charge, etc. The letter and associated documents shall be delivered no later than 3 working days after completion of the inspection, during the scheduled out-brief. The site safety office and Headquarters shall retain copies of these documents.

Note: "No Finding" NDN's are not required to be included as part of the inspection completion letter package.

(3) Prepare and deliver 30 day notification letters to local officials in charge of multi-sited organizations, PM's, and customers activities that have not abated deficiencies within 30 days. See (Attachment 4) for sample letter.

(4) Prepare cover letters for Executive Summaries of consolidated reports for ACOS's, PM's and Officials in Charge of multi-sited organizations (Attachment 5).

P & G INSPECTION PROTOCOL

Prior to Inspection

- Send out an Inspection Notification Letters 30 calendar days prior to the inspection. Include a Customer Satisfaction Survey, Metrics Customer Survey and Employee Discomfort Survey.
- Obtain and review copies of current IH Surveys, previous NDN's and HA's on areas to be inspected, Training records, and Mishap experience for the previous twelve months.

Note: The Safety Specialist assigned to that command should contact them if they have not received the discomfort survey 15 calendar days prior to the inspection (informal).

Day Inspection Scheduled

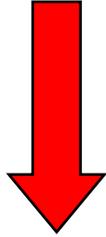
- Conduct In-Brief. Inform customer that surveys can either be collected at out-brief or sent directly to the Site Safety Office.
- Start inspecting accompanied by cognizant workcenter supervisor IAW locally prepared Site SOP.

Ongoing During the Inspection

- Enter NDN's into OSHMAP. Copies of NDN's should be given to supervisors ASAP and no later than 15 days working from the NDN's observed date.
- Spot-check personnel on PPE usage, care, and storage.
- Conduct qualitative assessment (Is the training working) of training on workcenters.
- Take with you copies of current IH Surveys, previous NDN's, and HA's, Training records, and Mishap experience for the previous twelve months.
- Inspectors review Industrial Hygiene Exposure Assessments, Hazard Assessments, Training records and Mishap experience with each Workplace Supervisor as a routine measure when conducting inspections

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The Day Inspection is Completed

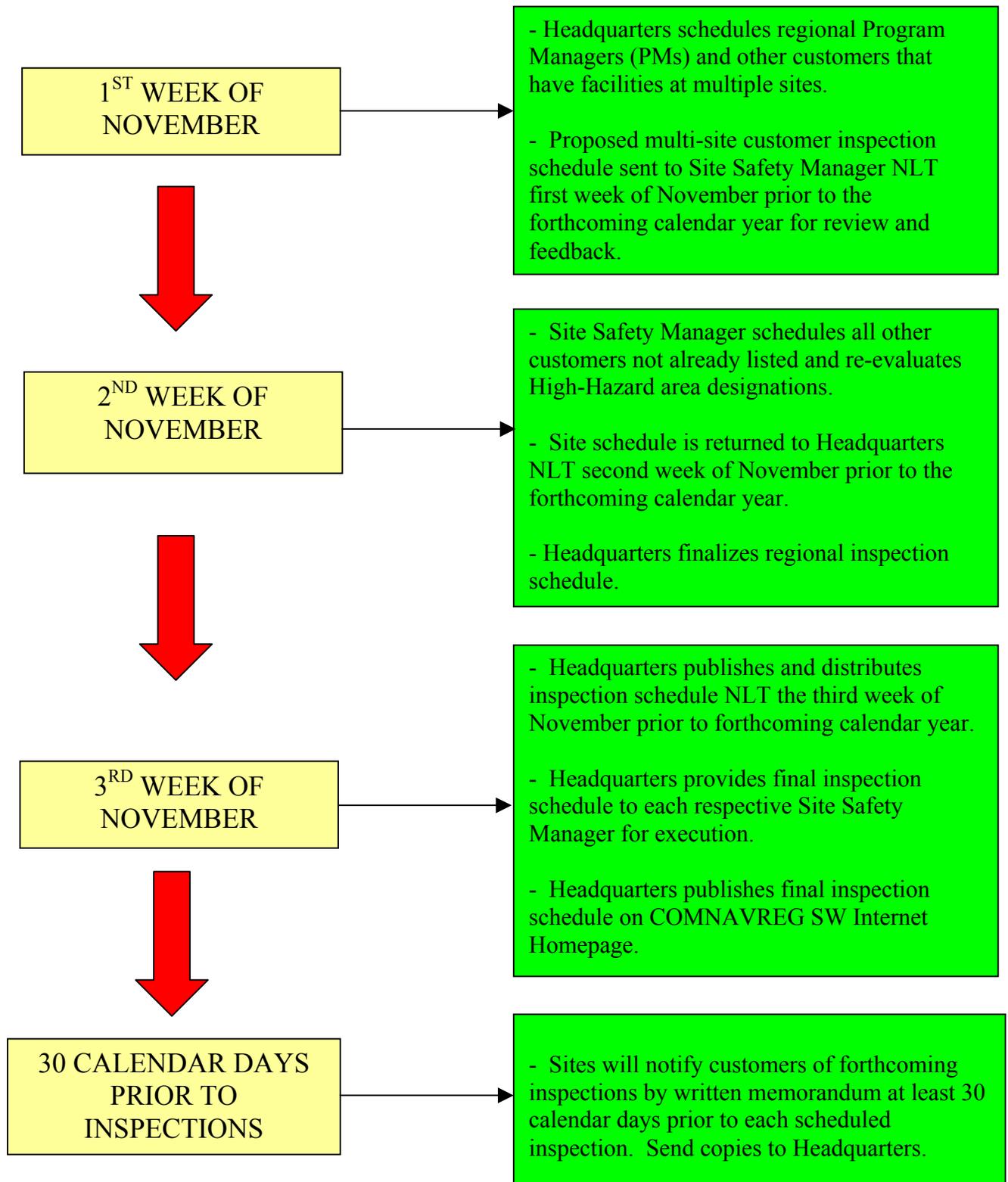


Follow-on Action

- Conduct Out-brief. Inspectors should have reviewed Industrial Hygiene Exposure Assessments, Hazard Assessments, Training records and Mishap experience with each Workplace Supervisor by this time. Provide HA's to the supervisor.
- Collect the Surveys, send copies to Headquarters.
- All NDN's should be entered into OSHMAP by the person conducting the inspection.

- Send Inspection Completion Letter / Building List to the activity and HQ. NLT than 3 working days after inspection completion.
- Send out notification letters on NDN's that are 30 days or older.
- Verify and annotate NDN's regarding interim action, closeout NDN's as they are abated and update OSHMAP.
- Deliver NDNs to Supervisors within 15 working days of NDN observed date. Document delivery (no set format).

INSPECTION SCHEDULING TIMELINE



Attachment 1

Designating High-Hazard Areas

A. Hazards are an inherent part of any process, operation, or facility. Nothing could ever be accomplished unless all hazards are removed prior to performing a given task: no airplane would be flown, car driven, building painted, stock milled, etc. However hazards can be divided into three broad categories:

1. Inherent properties or characteristics of the equipment.
2. Failures, material or human.
3. Environmental stresses.

B. Taking into consideration the above elements, workplaces shall be designated High Hazardous based upon an assessment of potential for injuries, occupational illnesses or damage to Navy property. Assessments conducted shall include, but not be limited to the following factors.

1. Any disabling injury associated with the workplace for the past three years.
2. Supervisors not enforcing safety rules, standard operating procedures, and training requirements.
3. Trends of non-disabling mishaps, injuries, and illnesses.
4. Discrepancies noted as part of Industrial Hygiene Workplace Monitoring Plan, Management Evaluations, and other internal and external reports of inspections.
5. Number of personnel exposed to the hazards and frequency the hazardous operation/processes are performed by personnel assigned (i.e., one person welding once a month versus 5 people welding daily).

C. Workplaces should not be designated High Hazardous simply based upon the type of work that is being performed. However, especially in industrial settings, the involvement of the supervisor in the care and attention they afford to people and facilities shall be of utmost concern when conducting the assessment.

D. Workplaces that have been designated as High Hazardous and the rationale (1 - 5 above) shall be continuously re-evaluated to determine their suitability for retention of such designation. In all cases, a record shall be maintained that reflects the date the workplace was designated High Hazardous, and conversely when the designation was removed and the reason for removal.

Attachment 2

Sample Inspection Notification Letter

(Date, etc.)

MEMORANDUM

From: Site Safety Manager, (Your Command)

To: (Activity to be Inspected)

Subj: OCCUPATIONAL SAFETY AND HEALTH ANNUAL (HIGH-HAZARD)
WORKPLACE INSPECTION

Ref: (a) OPNAVINST 5100.23E
(b) COMNAVSWINST 5100.11D

Encl: (1) Customer Satisfaction Survey (Attached)
(2) Employee Discomfort Survey (Appendix 23-A of
OPNAVINST 5100.23E)
(3) CO/OIC/PM/DEPT HEAD Customer Survey Form

1. Per references (a) and (b), Occupational Safety and Health (OSH) Specialist(s) on _____ will inspect workplaces under your cognizance. The OSH Specialist(s) conducting the inspections are from our Site Safety Office and not from an outside agency.

2. Enclosures (1) through (3) are considered voluntary. However, participation in these surveys is highly encouraged because they are an important element of the NAVOSH program. Enclosure (1) provides you an opportunity to evaluate the workplace inspection process and will be used to improve our overall safety program. Enclosure (2) provides your employees the opportunity to identify ergonomic issues that are of concern to them. Based upon the observations of the OSH Inspector and the responses to the Employee Discomfort Surveys, a more in-depth ergonomic analysis may be conducted. Therefore, it is essential to return completed Employee Discomfort Surveys to the Site Safety Office NLT 15 calendar days prior to the start of the inspection. Enclosure (3) is included as a tool in meeting the Navy Process Review and Measurement System (PR&MS) requirements.

3. Enclosures (1) and (3) will be collected during the out-brief.

4. Point of contact is (insert name) at extension (insert telephone number).

(SITE SAFETY MANAGER'S SIGNATURE)

Note: The Safety Specialist assigned to that command should contact them if they have not received Employee Discomfort Survey responses 15 calendar days prior to the start of inspection (informal).

(Attachment 2A) - Enclosure (1)

**CUSTOMER SATISFACTION SURVEY ON THE CONDUCT OF
OCCUPATIONAL SAFETY AND HEALTH WORKPLACE INSPECTIONS**

Intended Recipient: Commanding Officers, Assistant Chiefs of Staff, Program Managers (or Site Representatives). If delegated, should be signed "by direction" of the intended recipient.

Purpose: To provide feedback to the Regional Safety Manager (COMNAVREG SW Code N22) regarding Customer satisfaction on OSH Workplace Inspections, and to provide information/data to be used to provide "high-value" Workplace Inspections.

**Surveys May Be Taken To Your Site Safety Office For Delivery
To The Regional Safety Manager**

PRINTED NAME OF COMMAND: _____

PRINTED NAME OF CUSTOMER COMPLETING SURVEY: _____

Date: _____

CUSTOMER SATISFACTION SURVEY - WORKPLACE INSPECTIONS	Please Check applicable box				
Participation in this survey is voluntary. However, participation in these surveys is highly encouraged because they are an important element of the NAVOSH program and will assist us in meeting our customers' needs and expectations. (Please provide additional comments, if desired, in Remarks Section)	Excellent	High	Average	Adequate	Unsatisfactory
AFTER YOUR INSPECTION PLEASE ANSWER THE FOLLOWING:					
PLEASE RATE THE INBRIEF, WAS IT INFORMATIVE, AND USEFUL?					
PLEASE RATE THE INSPECTOR'S KNOWLEDGE AND PROFESSIONALISM					
PLEASE RATE THE INSPECTION'S SMOOTHNESS. DID IT FLUX WELL WITH YOUR ORGANIZATION'S NORMAL OPERATIONS?					

PLEASE RATE THE QUALITY AND AVAILABILITY OF NAVOSH TRAINING PROVIDED BY THE SITE SAFETY OFFICE.					
PLEASE RATE THE OUTBRIEF - DID IT SATISFACTORILY ANSWER YOUR QUESTIONS / CONCERNS?					
PLEASE RATE THE OVERALL INSPECTION - IF IT DID NOT MEET WITH YOUR EXPECTATIONS, PLEASE INDICATE WHAT CHANGE WOULD YOU RECOMMEND TO IMPROVE THE INSPECTION PROCESS, IN REMARKS SECTION.					
Remarks (Please continue on back, if needed):					

2002 CO/OIC/PM/DEPT HEAD CUSTOMER SURVEY

Command: _____

Date: _____

The purpose of this survey is to determine the importance placed on the NAVOSH program, and the quality of current regional safety services provided to your Site/Command. For both scales “1” indicates the least important/lowest quality and five the most important/highest quality. Specific comments are welcome and can be included on the back of this form.

ORGANIZATION	IMPORTANCE	QUALITY
1. Regional Safety policy, goals and objectives established and promulgated	1 2 3 4 5	1 2 3 4 5
2. Employees aware of CNO directed Process Review & Measurement System (PR&MS) for Navy Safety Programs	1 2 3 4 5	1 2 3 4 5
3. Employees aware of safety rules, standards, procedures, reporting responsibilities	1 2 3 4 5	1 2 3 4 5
4. All levels of management support, and are involved in promoting safe work practices and PR&MS	1 2 3 4 5	1 2 3 4 5
5. Relevant safety information communicated between all levels of employees	1 2 3 4 5	1 2 3 4 5
6. Systems in place that recognize mishaps as a breakdown in the chain of command	1 2 3 4 5	1 2 3 4 5
HAZARD CONTROL		
1. Personal Protective Equipment (PPE) needs identified and employees knowledgeable of use requirements	1 2 3 4 5	1 2 3 4 5
2. Workplace Hazard Assessments conducted by regional safety professionals with knowledge of processes/operations	1 2 3 4 5	1 2 3 4 5
3. Safety review, approval on all construction projects and processes	1 2 3 4 5	1 2 3 4 5
4. Regional safety involvement in implementing all aspects of the Process Review and Measurement System	1 2 3 4 5	1 2 3 4 5
TRAINING		
1. NAVOSH training needs identified and made available	1 2 3 4 5	1 2 3 4 5
2. Supervisor safety training which enables them to support PR&MS and the site safety program	1 2 3 4 5	1 2 3 4 5
3. Effective, seasonally appropriate safety promotions	1 2 3 4 5	1 2 3 4 5
MISHAP INVESTIGATION		
1. Supervisor involvement in mishap training, reporting and investigations	1 2 3 4 5	1 2 3 4 5
2. Mishap investigations, cause analysis and recordkeeping conducted by safety professionals	1 2 3 4 5	1 2 3 4 5
3. Use of PR&MS to provide statistical analysis on factors related to mishaps and determine trends	1 2 3 4 5	1 2 3 4 5
4. Compensation claims investigation and follow-up for significant cases by regional FECA office	1 2 3 4 5	1 2 3 4 5
5. Regional Safety Manager/CO/OIC review of significant mishaps	1 2 3 4 5	1 2 3 4 5
INSPECTIONS		
1. Professional safety representation during inspections	1 2 3 4 5	1 2 3 4 5
2. Annual site safety PR&MS self-evaluation to determine if OSH program meets customer requirements	1 2 3 4 5	1 2 3 4 5
CUSTOMER SUPPORT		
1. Convenient, prompt, and courteous service by on-site safety professionals	1 2 3 4 5	1 2 3 4 5
2. Interface and support of Command safety initiatives and needs	1 2 3 4 5	1 2 3 4 5
3. Safety organization is viewed as valuable to the organization	1 2 3 4 5	1 2 3 4 5

Attachment 3

**SAMPLE LETTER
LETTERHEAD NOT REQUIRED**

(INSERT LOCAL CONTROL CODES)
(INSERT DATE)

MEMORANDUM

From: Site Safety Manager, (Your Command)
To: (Activity Inspected)

Subj: REPORT OF ANNUAL (HIGH HAZARD, IF APPROPRIATE)
OCCUPATIONAL SAFETY AND HEALTH (OSH) WORKPLACE INSPECTION

Ref: (a) OPNAVINST 5100.23SERIES
(b) CINCPACFLTINST 4000.4
(c) COMNAVREGSWINST 5100.11SERIES

Encl: (1) OPNAV 5100/12's (NAVOSH Deficiency Notices)
(2) Abatement Action Instruction Sheet (click to see)
(3) List of Areas Inspected
(4) Workplace Hazard Assessments

1. An Annual (High-Hazard, if appropriate) Navy Occupational Safety and Health Workplace Inspection was conducted on areas under your cognizance on (Insert Dates). The inspection was conducted to meet the requirements of Reference (a) through (c), to inspect for hazardous conditions, unsafe work practices and violations of standards. Enclosures (1) through (4) document the inspection and contain specific action to abate cited deficiencies.

2. All workplaces under your cognizance were included within the scope of the inspection. Enclosure (1) lists deficiencies cited during the inspection. Enclosure (2) contains detailed reporting requirements. Enclosure (3) lists the building numbers associated with the area(s) inspected. Enclosure (4) lists the Workplace Hazard Assessments and associated Personal Protective Equipment (PPE) requirements. Utilize the assessments to designate work conditions and/or work areas requiring PPE. Retain in the workplace as certification of your Hazard Assessment.

3. Required Reports. The following required reports, addressed in Enclosure (2), are reemphasized below for your attention:

a. WRITTEN REPORT MUST BE SUBMITTED TO THE SAFETY OFFICE WITHIN 10 DAYS of receiving this memorandum verifying that:

(1) NDN's have been posted in the near vicinity of the identified hazard, and

(2) Hazard Assessments have been distributed to their respective workplaces.

b. NDN(s) shall be annotated per enclosure (2) and returned within 30 days of the observed date to the Safety Office.

4. Point of contact is (insert name) at extension (insert telephone number).

(SITE SAFETY MANAGER'S SIGNATURE)

Attachment 4

SAMPLE 30 DAY LETTER

(INSERT LOCAL CONTROL CODES)
(INSERT DATE)

MEMORANDUM

From: Site Safety Manager, (Your Command)
To: (Activity Inspected)

Subj: ANNUAL OCCUPATIONAL SAFETY AND HEALTH (OSH) WORKPLACE
INSPECTION STATUS

Ref: (a) Form NAVOSH Deficiency Notice (NDN) 5100/12 Control
Number _____
(b) COMNAVREGSWINST 5100.11SERIES
(c) OPNAVINST 5100.23SERIES

1. Reference (a) reported to you a safety deficiency identified during an annual OSH workplace inspection conducted on an area under your cognizance. Reference (b) and (c) require you to annotate Section B of the NDN with actions taken to abate the deficiency and return it to the site Safety Office within 30 days of the deficiency's observed date.

2. Please expedite submission of the required report, and contact your local site Safety Office Manager.

(SITE SAFETY MANAGER'S SIGNATURE)

Attachment 5

SITES RESPONSIBLE FOR MULTI-SITED ORGANIZATIONS IN RED

CUSTOMER	INSP DATES	SITES
ACOS for Facilities (METRO and OTH)	1/8/01	CR/EC/FL/LM/PL/ NS /SB/PH/PM
Air Operations (AIR OPS)	3/1/01	CR/EC/FL/ LM /PH/PM
BQ Housing (Sheltering)	5/1/01	CR/EC/FL/LM/PL/ NS /FB/SB/PH/PM
Child Development Program (CDP)	2/15/01	CR/EC/FL/LM/PL/ NS /PH/PM
Defense Automated Printing Service	5/24/01	CR/PL/NS/ PH /PM
Defense Reutilization Marketing Office (DRMO)	5/28/01	CR /NS/SB/PH
Defense Security Service (DSS)	7/5/01	CR /NS
Director of Administration	4/2/01	CR/EC/FL/LM/ NS /SB/PH/PM
Director of Civilian Personnel (HRO)	4/3/01	CR/FL/LM/PL/ NS /SB/PH/PM
Director of Command Evaluation	4/2/01	CR/LM/ NS /SB/PH/PM
Director of Information Technology	4/3/01	CR/EC/FL/LM/PL/ NS /SB/PH/PM
Director of Legal Support	4/5/01	CR/FL/PL/ NS /SB/PH
Director of Public Affairs (PAO)	4/30/01	CR/EC/FL/LM/PL/ NS /SB/PH/PM
Director of Religious Services	4/9/01	CR/EC/FL/LM/PL/ NS /SB/PH/PM
Environmental	2/1/01	CR/EC/FL/LM/ PL /NS/FB/SB/PH
Exp Ord Disp Mobile Unit Three (EODMU-3)	3/26/01	CR /PL/FL
Family Advocacy	6/5/01	LM/ NS
Family Housing (admin offices)	6/11/01	CR/PL/ NS
Federal Fire	1/3/01	CR/EC/FL/LM/ PL /NS/SB/PH/PM
Flt Av Spec Ops Tra Grp Pac (FASOTRAGRUPAC)	9/24/01	CR /LM
Flt Img Cmd Pac (FLTIMAGCOMPAC)	5/8/01	CR /LM/PL/NS
Flt Tech Sup Ctr Pac (FTSCPAC)	5/15/01	PL /NS

Food Services	5/10/01	CR/EC/FL/LM/PL/ NS /SB/PH/PM
Morale Welfare Recreation (MWR)	2/7/01	CR/EC/FL/LM/PL/ NS /FB/SB/PH/PM
Naval Computers and Tel Ctr (NAVCOMTELSTA)	4/17/01	CR /PL/NS
Naval Criminal Investigative Service (NCIS)	5/10/01	EC/PL/ NS
Naval Criminal Investigative Service (NCIS)	5/10/01	FL/LM/ SB /PH/PM
Naval Undersea Warfare Center (NUWC)	10/10/01	CR /PL
Navy College	7/9/01	CR/FL/PL/ NS
Navy Public Works Center (PWC) Metro Area	11/1/01	CR/PL/ NS
Occupational Safety	2/1/01	CR/EC/FL/LM/ PL /NS/FB/SB/PH/PM
Port Operations (PORT OPS)	1/29/01	CR/PL/ NS /PH
Retail Supply / Procurement (FISC)	4/9/01	CR/EC/FL/LM/PL/ NS /FB/SB/PH/PM
Security	1/4/01	CR/EC/FL/LM/ PL /NS/FB/SB/PH/PM
Weapons	11/19/01	CR/EC/FL/LM/PL/NS/FB/ SB /PH/PM

Attachment 6

ABATEMENT PROCEDURES

Ref: (a) OPNAVINST 5100.23 Series
(b) CINCPACFLTINST 4000.4
(c) COMNAVREGSWINST 5100.11Series

1. An Annual/High Hazard Navy Occupational Safety and Health Workplace Inspection was recently conducted on areas under your cognizance. The inspection was conducted to meet the requirements of reference (a) through (c), to inspect for hazardous conditions, unsafe work practices and violations of standards.

2. The attached file(s) list deficiencies cited during the inspection.

3. Required actions of attached NAVOSH Deficiency Notices (NDN):

a. A WRITTEN REPORT MUST BE SUBMITTED TO THE SITE SAFETY OFFICE WITHIN 10 DAYS of receiving this email verifying that NDN's having a Risk Assessment Code of 1, 2 and 3, have been posted in the immediate vicinity of the respective cited hazard until abated.

b. Initial Reporting Requirement. Management shall take prompt action to correct the hazard. Within 30 days of the date of the NDN (reflected on the NDN form as the observed date), return a copy of the NDN to the Site Safety Office with the following information:

(1) When a deficiency **has been fully abated**: Section B of the NDN shall indicate completed abatement action taken and actual labor and material cost, with date of completed action. Completed action may include process discontinued or worksite vacated. Management shall then inspect and verify that the abatement action has actually been accomplished as reported on the NDN and document the verification in Section B of the NDN, sign and date. The NDN shall then be submitted to the Site Safety Office.

(2) When a deficiency **has not been fully abated**: Section B of the NDN shall indicate the status of the hazard.

When immediate abatement of any deficiency is not possible, interim protective measures to control the hazard must be enforced until the deficiency can be abated. Interim controls specific to the cited deficiency must be annotated on each NDN. Management shall ensure the interim controls are implemented and kept in force until the deficiency has been abated. Interim controls shall not be modified without permission of the Site Safety Office.

Note: While it is understood that some deficiencies may take longer than 30 days to abate, it is expected that most deficiencies shall be abated within 30 days unless significant reasons otherwise dictate. For those specific deficiencies that exceed 30 days, each NDN submitted to the Site Safety Office must contain a description of the abatement project initiated including estimated cost and completion date.

(c) Follow-on Actions. Management shall contact the Site Safety Office to review and approve interim controls that will be in effect for more than 30 days. Periodic reviews shall be conducted, as deemed appropriate.