



IMCOM-AR
US Army Garrison
Fort Campbell, Kentucky



Installation Safety Office
**Employee Safety
Handbook**



How Safety Applies to You



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Introduction

This Employee Safety Handbook is intended for USAG Fort Campbell employees, full time and part time, regular and temporary, and all other Fort Campbell employment categories, i.e., contract workers, etc. The Handbook has been developed to provide employees with answers to general questions concerning workplace health and safety issues on Fort Campbell. It is important, however, that you and your supervisor discuss site-specific safety policies and programs for your organization/ directorate and department. It is the responsibility of your supervisor to inform you of the safety procedures and required training you will need to do your job. Policies, procedures, manuals, regulations and other safety resources may be found on the Installation Safety Office (ISO) web site (<http://www.campbell.army.mil/campbell/Safety/Pages/SafetyHome.aspx>)

Health and Safety Policy

The safety and health of all Soldiers, civilians and contractors assigned or attached to the Garrison is the constant concern of USAG Fort Campbell Commander and the Installation Safety Office. The ISO conducts scheduled and unannounced inspections and chairs various safety meetings. The ISO also meets with leaders, supervisors, and directors to plan and implement further improvements in our safety program. Common sense and personal interest in safety are still the greatest guarantees of your safety at work, on the road, and at home. Accidents, occupational injuries, and illnesses are unacceptable impediments to the Installation's mission, readiness, well being, and morale.

The cooperation of every supervisor, manager, director and employee is necessary to make Fort Campbell a safe place in which to work. Help yourself and others by immediately reporting unsafe working conditions or hazards to your Collateral Duty Safety Officer, supervisor, or the ISO. Be vigilant and adhere to the safety rules of your workplace, safety posters, signs, discussions with your supervisor, and Army regulations. Start off on the right foot by giving safety a roll in the performance of your job, or in learning a new one.

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Telephone Numbers

Emergency Number

911



Non-Emergency Numbers	
Military Police	798-2677 or 798- COPS
Police Operations Emergency planning, Crime prevention, Event safety, plan review/approval.	956-4343 or 798-0837
Emergency Room Officer	798-8000/8401
Fire Prevention Emergency planning, fire prevention, fire suppression systems, life safety, plan review/approval, code compliance.	956-1826
Installation Safety Office (Occupational Health and Safety) Shop/workplace safety, OSHA, accident investigation, HAZCOM safety, lockout-tag out, hot work, confined space.	798-6995/7433
Safety Hotline	798-6992
Radiation Safety Radioactive material, authorization, badges, waste pickup, meter calibration, training, X-ray machines, laser.	956-0876
Industrial Hygiene Respirators, ergonomics, accident investigation, indoor air quality, blood borne pathogens, noise.	798-6789
Fort Campbell Environmental Division Hazardous Waste (798-9786); Chemical Spills (798-9637 or 911); Storm/Groundwater (798-9784); PPOC/HAZMAT/Environmental Trng.; (798-9771); Air Quality (798-9603); Asbestos/Lead/Radon (798-9604); Restoration (798-9768); NEPA (798-9854); Forestry (798-2616).	798-9641
Other Safety Personnel Collateral Duty Safety Officers are within each Directorate and organization.	
Civilian Personnel Advisory Center Workers' Compensation	798-9095
American Red Cross After Duty Hours	798-2171 (877) 272-7337
Blanchfield Army Community Hospital Information	798-4677
Suicide Prevention	412-6825



Supervisor Responsibilities

Each supervisor has certain specific responsibilities in accordance with regulations and standards for providing a working environment free from safety and health hazards for those supervised. These responsibilities include, but are not limited to, the following:

1. Informing new employees about safety and health procedures, rules and regulations, as well as their specific responsibilities as they pertain to their directorate operations.
2. Assuring that required equipment and personal protective devices are provided, maintained, and used.
3. Taking prompt action when unsafe acts or conditions are reported or noted on DA Form 4755.
4. Providing for health and safety training and education on a continuing basis in accordance with Army regulations and Fort Campbell ISO Safety and Occupational Health Action Plan.
5. Promptly investigating and reporting all job-related health or safety problems and requesting medical treatment if required.
6. Coordinating with ISO for Staff Assisted Visits or conducting safety surveys to assure safe and healthful conditions.
7. Ensure CDSOs complete Job Hazard Analysis and/or Work Hazard Assessments and turn these documents into the Installation Safety Office.
8. Supervisors are responsible for maintaining written copies of safety programs and employee training documentation.
9. Compliance with all applicable laws, regulations, standards and policies.





General Safety Rules and Guidelines

NOTE: THESE GUIDELINES PROVIDE A GENERAL OVERVIEW AND ARE NOT ALL INCLUSIVE. ADDITIONAL SAFETY PRECAUTIONS MIGHT BE REQUIRED BASED ON SPECIFIC JOB SITES.

- Do not exceed a speed that is safe for existing conditions.
- Running and horseplay are strictly forbidden.
- Do not block access to fire extinguishers. Fire Doors and Aisles Must be Kept Clear!
- Do not tamper with electric controls or switches.
- Do not operate machines or equipment until you have been properly instructed and authorized to do so by your supervisor.
- Do not engage in such other practices as may be inconsistent with ordinary and reasonable common sense safety rules.
- Report any unsafe condition or acts to your supervisor.
- Help to prevent accidents by reporting “near misses”.
- Use designated passages when moving from one place to another; never take hazardous shortcuts (i.e., between moving equipment or across roadways).
- Lift properly—use your leg muscles, not your back muscles. For heavier loads, ask for assistance.
- Do not adjust, clean, or oil moving machinery.
- Keep machine guards in their intended places.
- Do not throw objects.
- Clean up spilled liquid, oil, or grease immediately.
- Wear the proper shoes and appropriate clothing for existing conditions.
- Place trash and paper in proper containers and not in cans provided for cigarette butts.
- Keep your work area clean.
- Observe “No Smoking” regulations.



Common Workplace Safety Hazards

It is every employee's responsibility to be on the lookout for possible hazards. If you spot one of the conditions on the following list—or any other possible hazardous situation—report it to your CDSO or supervisor immediately.

- Slippery floors and walkways
- Tripping hazards, such as hose links, piping, etc.
- Missing (or inoperative) entrance and exit signs and lighting
- Poorly lighted stairs.
- Loose handrails or guard rails.
- Open, loose or broken windows.
- Improperly stacked supplies or equipment.
- Portable or static electrical equipment left operating.
- Open doors on electrical panels.
- Water, oil, or other liquid spills.
- Blocked aisles.
- Blocked fire extinguishers, hose sprinkler heads.
- Blocked fire doors.
- Evidence of any equipment running hot or overheating.
- Oily rags.
- Evidence of smoking in non-smoking areas.
- Roof leaks.
- Directional or warning signs not in place.
- Safety devices not operating properly.
- Machine, power transmission, or drive guards missing, damaged, loose, or improperly placed.





Hazard Communication Program

The OSHA Hazard Communication Standard requires employers to provide employees with information concerning the hazards associated with the chemicals in their workplace. This standard requires:

- A written hazard communication program.
- Labels on containers.
- An inventory of chemicals.
- Posting area warning signs.
- Availability of Material Safety Data Sheets.
- Chemical safety training and information sessions when new chemical are introduced into the workplace.

Responsibilities

Each directorate or his/her designee is responsible for compliance with the provisions of the Hazard Communication Program. Specific responsibilities include the periodic review of agency operations that use or store hazardous chemicals to ensure that:

- Containers are properly labeled;
- Appropriate signs have been posted;
- Material Safety Data Sheets are available;
- Chemical safety training has been provided; and
- An inventory of hazardous chemicals is maintained.





Personal Protection Equipment (PPE)

Employees may be required to wear PPE while performing certain jobs, i.e., welding, asbestos removal, painting, etc. or when they are in certain environments (for example, chemical laboratories). Your supervisor will tell you the specific PPE you must wear and ensure that you know when it must be worn. The following is a general guide for selecting what may be necessary.

Head and Foot Protection

Your organization will designate which jobs and work areas require safety shoes and when the use of a hard hat or other head protection is necessary. All hard hats or safety shoes must meet the requirements for protection outlined by the American National Standards Institute (ANSI). Under no circumstances will an employee be permitted to work in improper footwear.

Eye and Face Protection:

Proper eye protection reduces your chances of injuring and reduces the severity of injuring if an accident does occur. Most workers who have had eye injuries were not wearing eye protection at the time. All eye and face protective equipment must comply with the ANSI guidelines and be marked directly on the piece of equipment. Protective eye wear includes safety glasses, goggles and face shields. PPE is required when exposed to chemical hazards, physical hazards, and welding to name a few .

Hearing Protection:

If your work areas or specific job tasks have been designated as requiring hearing protection, you must wear approved protective equipment. Supervisors are responsible for identifying hearing protection areas and generally provide training on the use of hearing protection. equipment.

Respiratory Protection:

Some employees are required to wear respirators for specific job duties. Respirators include dust masks, air-purifying negative-pressure respirators, self-contained breathing apparatus, supplied-air respirators, and other such devices. Departments with employees wearing respirators must have a written Respiratory Protection Program. Please contact the Occupational Health and Safety Department for more information.

Seat belts:

All employees must use seat belts and shoulder restraints (if available) whenever they operate a vehicle on government business. The driver is responsible for seeing that all passengers in front and rear seats are buckled up.

Good housekeeping:

Your work location should be kept clean and orderly. Keep machines and other objects (furniture, boxes, office supplies, etc.) out of the center of aisles. Clean up spills, drips, and leaks immediately to avoid slips and falls. Place trash in the proper receptacles. Store items on shelves carefully so items will not fall over or off upon contact.



Personal Protection Equipment

Continued

PPE References

OSHA Standard 29 CFR 1910.132, "General Requirements"

OSHA Standard 29 CFR 1910.133, "Eye and Face Protection"

OSHA Standard 29 CFR 1910.135, "Head Protection"

American National Standards Institute, American National Standard ANSI Z41-1991, "Personnel Protection — Protective Footwear".

American National Standards Institute, American National Standard ANSI Z87.1-1989, "Practice for Occupational and Educational Eye and Face Protection".

American National Standards Institute, American National Standard ANSI Z89.1-1986, "Safety Requirements for Industrial Head Protection".

OSHA Standard 29 CFR 1960.10(b) specifies: Employees shall use safety equipment, personal protective equipment, and other devices and procedures provided or directed by the agency and necessary for their protection.





Confined Space

OSHA defines a confined space as a space that is large enough for an employee to enter or break the plane of entry, has restricted means of entry or exit, has unfavorable natural ventilation and is not designed for continuous employee occupancy.

Examples of confined spaces include, but are not limited to:

- Manholes
- Sewers
- Tunnels
- Trenches
- Vaults



Agencies shall identify all confined spaces and maintain a confined space entry policy and procedure.

Do not enter a confined space or break the plane of entry with any part of your body if you are not trained in and have fully implemented the confined space entry procedure.

Entry into confined space can be extremely dangerous. Possible hazards can include:

- Oxygen deficiency
- Fire, explosion hazards
- Exposure to dangerous vapors and toxic gases
- Physical hazards

OSHA estimates that almost sixty six percent (66%) of the deaths in confined spaces each year result from people attempting rescue.

All personnel involved in or having responsibility for entry into confined spaces must be thoroughly familiar with permit entry and rescue procedures. Regulations governing entry into confined spaces are specified by OSHA 29CFR, 1910.146 and CAM Regulation 385-8.





Electrical Safety

Training by your supervisor is essential for all work environments. It shall include basic information on electrical safety as it relates to that environment. Employees whose jobs require them to work on or near exposed energized parts are required to be trained in electrical-related safety practices that pertain to their respective job assignments

Ground Fault Circuit Interrupters

Ground Fault Circuit Interrupters (GFCI) shall be used on power circuits serving outlets in damp, wet or outdoor locations and in any other areas where people using electrical equipment may become grounded.

Temporary Wiring and Lighting

All receptacle outlets at construction sites that are not a part of the permanent wiring of the building or structure shall have approved ground-fault circuit interrupters. These outlets shall comply with the National Electrical Code (NEC) and NC-OSHA requirements. Temporary wiring shall be de-energized when not in use.

Temporary lights shall be equipped with guards to prevent accidental contact with the bulb. Guards are not required when the construction of the reflector is such that the bulb is deeply recessed. Temporary lights shall not be suspended by their electric cord unless cord and lights are designed for this means of suspension.

Rules to Follow

- A safety warning and tagging system shall be used to ensure that all power is removed from the system. (See the Lock-out/Tag out section for more information). Circuits shall be checked with the proper equipment before work is started to ensure that no voltage is present.
- The non-current carrying metal parts of portable and/or plug connected equipment shall be grounded or protected by an approved system of double insulation.
- Extension cords used with portable electric tools and appliances shall be three-wire grounded type and be protected by (GFCIs) Ground Fault Circuit Interrupters.
- Keep working spaces, walkways and similar locations clear of cords so as not to create a hazard to employees.
- Worn, frayed or damaged electric cords or connectors shall not be used and shall be tagged Danger, Out of Service, Do Not Use.
- Extension cords shall be protected from accidental damage which may be caused by traffic, sharp corners, or projections, pinching in doors or elsewhere.
- Extension cords are considered temporary wiring by the National Electrical Code, which limits their use to a maximum of 90 days.



Electrical Safety Continued



Electrical hazards can cause burns, shocks and electrocution (death).

Safety Tips

- Assume that all overhead wires are energized at lethal voltages. Never assume that a wire is safe to touch even if it is down and appears to be insulated.
- Never touch a fallen overhead power line.
- Stay at least 10 feet away from overhead wires during work related activities. If working at heights or handling long objects survey the area first for overhead wires.
- Never operate electrical equipment while you are standing in water.
- Never repair electrical cords or equipment unless qualified and authorized to do so.
- Have a qualified electrician inspect electrical equipment that had gotten wet before energizing it.
- Always use caution when working near electricity.



Emergency Preparedness

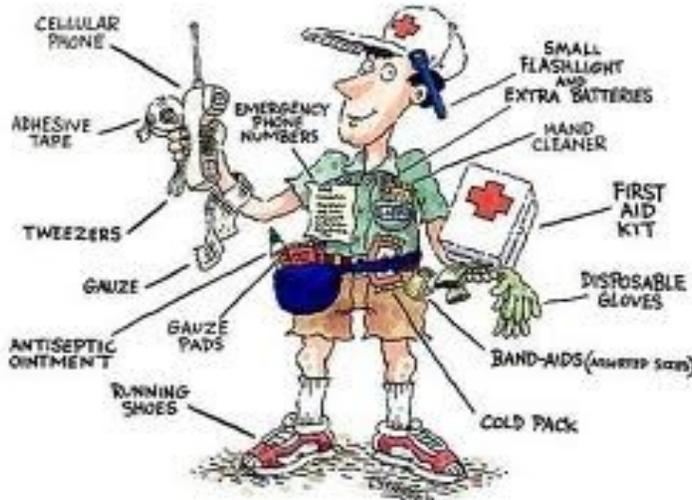
Obtain and learn your directorate specific Emergency Response Plan for your workplace for fire, chemical release, severe weather, bomb threat, etc. The following general rules and actions should be learned before an emergency and followed in the event of an emergency.

Before an Emergency

- Obtain your agency's Emergency Response Plan from your supervisor and be familiar with it.
- Learn how to contact emergency services.
- Locate local fire alarms or other emergency alarm systems and learn how to operate them.
- Learn the location of all exits, (exit stairs) from your work area, and determine a primary and alternate exit routes.
- Know your designated meeting area outside the building for your accountability and that of your co-workers.

When an Emergency Occurs

- Immediately follow your agency plan for the appropriate emergency response.
- Follow your agency plan for the assistance of persons with disabilities.
- If a fire alarm sounds, and you are not the designated employee to man a fire point, immediately evacuate the building.
- Do not run. Do not use elevators. Use stairwells in multi-story buildings.
- Report to your designated meeting area outside the building immediately.
- Do not re-enter the building after an emergency evacuation until you have been instructed by management.



3 STEPS
PREPARE
PLAN
STAY INFORMED



First Aid



General

In the absence of infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available. 29 CFR 1910.151(b).

First aid is the immediate emergency treatment provided for injury or sudden illness before professional medical care is available.

Never minimize the seriousness of an injury or illness. If in doubt, seek medical attention.

In the event of an emergency, immediately call for emergency services.

DO NOT ATTEMPT TO RENDER FIRST AID UNLESS YOU KNOW WHAT YOU ARE DOING OTHERWISE INJURIES MAY BE AGGRAVATED.

Routine administration of first aid for other than minor cuts and scratches must be performed by personnel who are certified in first aid training by the American Red Cross; Office of Emergency Medical Services; National Safety Council; etc. or equivalent training that can be verified by documentary evidence.





Accident Reporting

Accidents are preventable. Supervisors shall make sure that a culture of safety awareness exists in each facility and that all employees are thoroughly trained in their duty assignments, including proper safety practices.

Report all work-related accidents, injuries, or illnesses to your supervisor as soon as possible. If an injury or illness requires medical attention, supervisors must report them to the Installation Safety Office. The CDSO or supervisor must complete OSHA Form 301, Supplementary Revised of Occupational Injury or Illness, and a DA Form 285-AB (AGAR), forward it to the ISO, IAW the time frame allotted in AR 385-10. Forms may be downloaded from the Fort Campbell Intranet (Pure Edge) or using the internet.

ALL accidents or injuries are *reportable* regardless of how minor they are. Whether the accident or injury is *recordable*, however, depends on whether it meets the criteria according to OSHA or IAW AR 385-10.

Occupational Health and Safety Association's (OSHA) definition of what is considered a recordable versus a non-recordable accident according to 29 CFR 1904.7, General Recording Criteria. Basic requirement. You must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: Death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness.

The information generated on the AGAR is for preventative measures only, and is used to capture the finding of an accident investigation. The primary purpose of the accident investigation is to identify the cause(s) of the accident, incident or "near miss" and determine what action(s) is needed to prevent a similar occurrence in the future.

According to 29 CFR 1977.22, Employees who refuse to comply with occupational safety and health standards or valid safety rules implemented by the employer in furtherance of the Act are not exercising any rights afforded by the OSHA Act of 1970.

Remember: One person's actions can jeopardize the safety of others in the workplace.

Accident Reporting Continued

Example OSHA Form 301

Forms may be downloaded from the Fort Campbell Intranet (Pure Edge) or using the internet

OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone (____)____-____ Date ____/____/____

Information about the employee

- 1) Full name _____
2) Street _____
City _____ State _____ ZIP _____
3) Date of birth ____/____/____
4) Date hired ____/____/____
5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
7) If treatment was given away from the workplace, where was it given?
City _____
Street _____
City _____ State _____ ZIP _____
8) Was employee treated in an emergency room?
 Yes
 No
9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
11) Date of injury or illness ____/____/____
12) Time employee began work _____ AM/PM
13) Time of event _____ AM/PM Check if time cannot be determined
14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
18) **If the employee died, when did death occur?** Date of death ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20503. Do not send the completed forms to this office.

Accident Reporting Continued

Example Form CA-1 (page 1 of 2)

Forms may be downloaded from the Fort Campbell Intranet (Pure Edge) or using the internet

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data			
1. Name of employee (Last, First, Middle)			2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone	6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)			
10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation

13. Cause of injury (Describe what happened and why)

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)	a. Occupation code
	b. Type code c. Source code
	OWCP Use - NOI Code

Employee Signature	
15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:	
<input type="checkbox"/> a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.	
<input type="checkbox"/> b. Sick and/or Annual Leave	
I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.	
Signature of employee or person acting on his/her behalf _____	Date _____
Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.	
Have your supervisor complete the receipt attached to this form and return it to you for your records.	

Witness Statement			
16. Statement of witness (Describe what you saw, heard, or know about this injury)			
Name of witness	Signature of witness	Date signed	
Address	City	State	ZIP Code

Accident Reporting Continued

Example DA Form 285-AB (AGAR; page 1 of 3)

Forms may be downloaded from the Fort Campbell Intranet (Pure Edge) or using the internet

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) <small>For use of this form, see and DA Pamphlet 385-40; the proponent agency is QCSA</small>						REQUIREMENTS CONTROL SYMBOL CSOCS-308					
1. TIME & DATE OF ACCIDENT		a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn		3. ACDT CLASS	4. COMBAT STATUS <input type="checkbox"/> Combat <input type="checkbox"/> Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Unit Address			c. Unit's Branch		5d. Army HQ's	
6. LOCATION OF ACCIDENT		a. Exact Location						b. Type Location		6c. Grid Coordinates/Lat-Long	
d. State/Country		e. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post Name:						7. EXPLOSIVES/AMMO INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. MISSION		a. Briefly describe the mission.							b. METL Task? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED											
#1	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
	Materiel Failure/Malfunction Information (Blks 9g-9i)										
	g. Failure Mode		h. Part Nomenclature			i. Part #		j. Part NSN		k. Part Manufacturer Code	
#2	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
	Materiel Failure/Malfunction Information (Blks 9g-9i)										
	g. Failure Mode		h. Part Nomenclature			i. Part #		j. Part NSN		k. Part Manufacturer Code	
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b, explain how the root causes(s) led to the materiel failure/malfunction.)									b. Describe how the materiel failed/malfunctioned and explain why (root cause).		
a.	LEADER <i>(Not ready, willing, or able to enforce standards)</i>		STDS/PROCEDURES <i>(Not clear, Not practical)</i>		SUPPORT <i>(Short comings in type, capability, amount or condition of equip/supplies/services/facilities)</i>						
<input type="checkbox"/> Direct Supervision		<input type="checkbox"/> AR <input type="checkbox"/> SOP		<input type="checkbox"/> Equip/Materiel Improperly Designed		<input type="checkbox"/> Inadequate Manufacture					
<input type="checkbox"/> Unit Command Supervision		<input type="checkbox"/> TM <input type="checkbox"/> Other		<input type="checkbox"/> Equip/Materiel Not Provided		<input type="checkbox"/> Inadequate Maintenance					
<input type="checkbox"/> Higher Command Supervision		<input type="checkbox"/> FM <input type="checkbox"/> None Exists		<input type="checkbox"/> Inadequate Facilities/Services		<input type="checkbox"/> Other					
11a. NAME (Last, First, MI) (include Address and UIC if different than Blks 5a and 5b.)			12. SSN			13a. PERSONNEL CLASSIFICATION			13b. DATE ASSIGNED/HIRED (YYYYMMDD)		
11b. HOME ADDRESS			13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD)			14. MOS/JOB SERIES		15a. DUTY STATUS <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty		15b. IF OFF DUTY (if on leave/pass) <input type="checkbox"/> Leave <input type="checkbox"/> Pass Date from (YYYYMMDD) Date to (YYYYMMDD)	
			16. DOB (YYYYMMDD)			17. GENDER		18. PAY GRADE		19. FLIGHT STATUS <input type="checkbox"/> Yes <input type="checkbox"/> No	

Workplace Violence

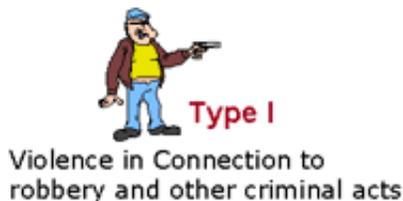


In our commitment to providing a safe and healthy work environment for all employees and to the public that we serve Fort Campbell is also committed In maintaining a violence-free workplace. Fort Campbell is guided by and in support of the Federal Occupational Safety and Health Act of 1970. Workplace violence includes, but is not limited to, intimidation, threats, physical attack, domestic violence or property damage and includes acts of violence committed by federal employees, clients, customer, relatives, acquaintances or strangers against federal employees in the workplace.

All employees are encouraged to be alert to the possibility of incidents and threats of violence. Policy prohibits retaliation against any employee who, in good faith, reports a violation. Every effort will be made to protect the safety and anonymity of anyone who comes forward with concerns about a threat or act of violence.

If you are a victim of workplace violence, which includes domestic violence, every effort to provide support and reasonable security measures for you. You are encouraged to talk with your supervisor, Directorate of Human Resources, US Army Public Health Provisional or the Equal Employment Opportunity office.

Four different categories of violence



Ergonomics Overview

Ergonomics is defined as the study of workplace equipment design or how to arrange and design devices, machines, or workspace so that people and things interact safely and most efficiently. Ergonomics is also called human-factors analysis or human-factors engineering. Ergonomic design facilitates harmony between the person and person's work environment by addressing individual needs and characteristics, and by positioning the body so there is less stress and strain on it while performing required tasks. When adjusting office furnishings and equipment, focus on the optimal "fit" between work environment and individual work style.

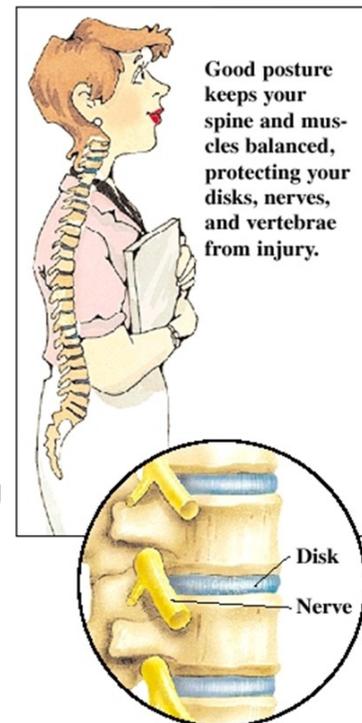
Failure to pay attention to ergonomic issues can result in a wide array of workplace injuries, some permanently debilitating. Examples of injuries include:

- Potential strains and sprains. A poorly-designed workstation can result in twists, turns and uncomfortable movements. Ensure that there is enough desk space to comfortably accommodate the materials and equipment that are part of the job: books, papers, calculators, computers and printers.
- Injuries sustained while lifting and stretching. Lifting heavy objects can cause serious injuries, but failing to lift objects of any weight properly can result in injury. Workers need to use the proper methods for lifting and stretching whether it's a service recipient, a carton of books or furniture.

Posture

Posture affects which muscle groups are active during physical activity. Awkward postures can make work tasks more physically demanding by increasing the exertion required from smaller muscle groups and preventing the stronger, larger muscle groups from working at maximum efficiency. The increased exertion from the weaker, smaller muscle groups impairs blood flow and increases the rate of fatigue.

Encourage a midrange, comfortable posture by ensuring that materials, tools, and equipment for all work activities (excluding lifting tasks) are kept in the "general safety zone" (between the hips and shoulders and close to the body). Lifting tasks should be performed within the "lifting safety zone" (between the knuckles and mid-chest and close to the body). Recovery periods (i.e., muscle-relaxation breaks) can help prevent the accumulation of fatigue and injury to muscles and their associated structures. Try to break up work with frequent, short recovery periods. Even recovery periods as short as a few seconds on a regular basis are helpful.



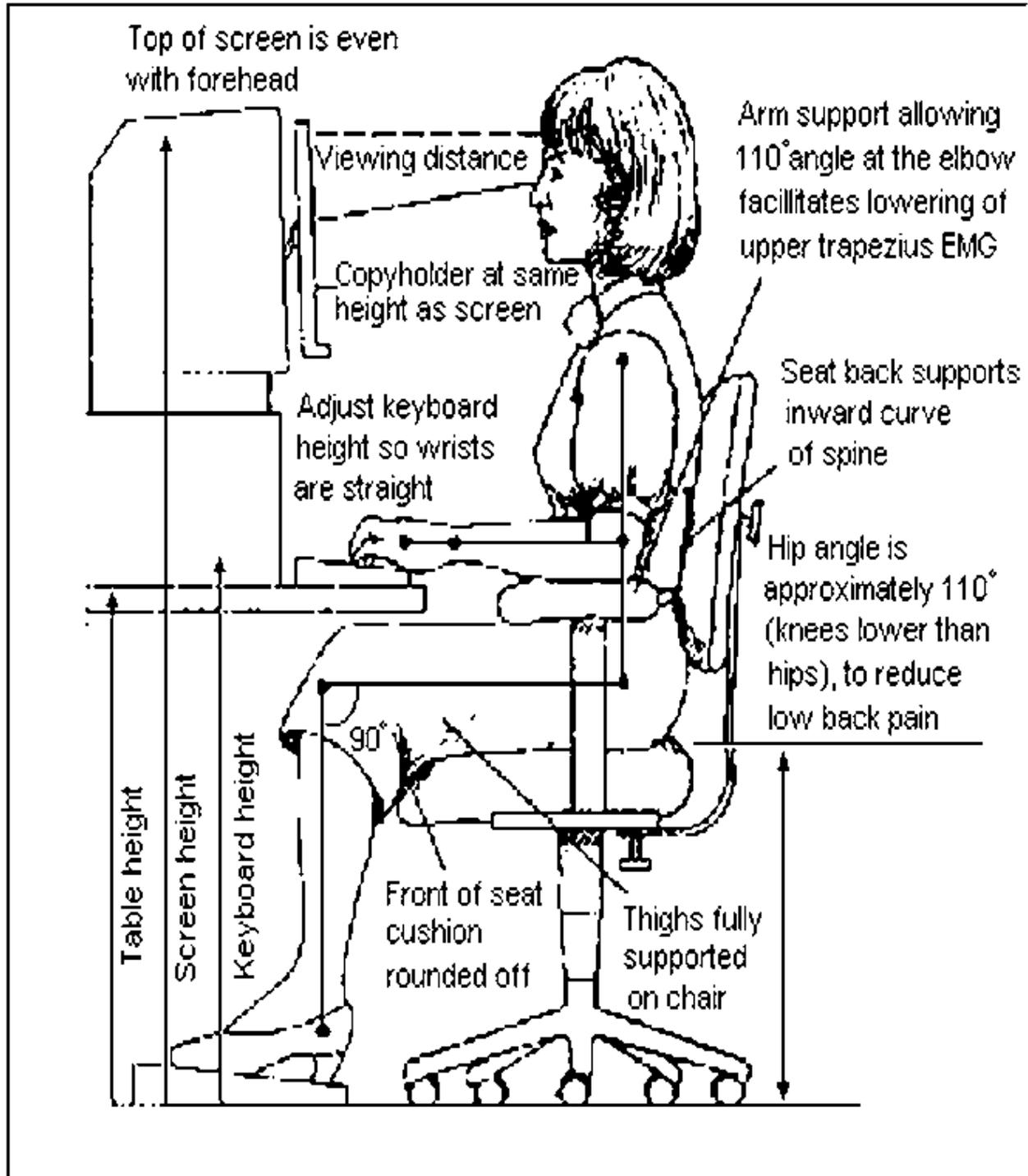
Ergonomics Overview

Guidelines for Workstations

- Ensure that workstations are adjusted to meet the needs of the user (see diagram on page 25).
- Provide for adequate leg-room of 3-to-6 inches from the top of the user's thigh to the desk surface.
- Cut back on office noise by covering noisy printers and turning down ringers on phones, fax machines, network servers and people's personal wireless devices.
- Glare and intense lighting are not always easy to eliminate and can cause eye-strain and headaches. Sometimes turning off the overhead fluorescent lighting and providing surface lighting will help, or move the computer monitor to another location to avoid direct glare from windows or overhead lighting or try an anti-glare screen.
- The body should be in the following position when using a computer:
 - Wrists straight
 - Forearms supported
 - Back supported
 - Forearms parallel to the floor
 - Thighs parallel to the floor
 - Feet on the floor or a foot rest
 - Top of monitor at or slightly below eye level
- The height of the work surface is an important aspect of a good ergonomic workstation. The computer work surface should adhere to the following guidelines:
 - The proper height for a computer work surface is about 3 or 4 inches lower than the average writing desk.
 - The work surface should be positioned so that the user's forearms are parallel to the floor. The user's elbow should make an angle of between 90 and 110 degrees.
 - The work surface should be positioned so that the user's forearms are supported a minimum of 6 inches.
 - The work surface should be positioned so that the user's wrists can be straight and neutral. Wrists bent in any direction (up, down, left, or right) may lead to discomfort and eventually injury.



Workstation Diagram



Ergonomics Overview

Lifting and Stretching

Although a typical office job may not involve lifting large or especially heavy objects, it's important that workers follow the principles of safe lifting. Small, light loads (i.e., stacks of files, boxes of computer paper, books) can wreak havoc on backs, necks, and shoulders if you use your body incorrectly when you lift them. Backs are especially vulnerable; most back injuries result from improper lifting.

Guidelines for Safe Lifting

- Take a balanced stance, feet placed shoulder-width apart.
- When lifting something from the floor, squat close to the load.
- Keep your back in its neutral or straight position. Tuck in your chin so head and neck continue the straight back line.
- Grip the object with your whole hands, rather than only with fingers.
- Drawing the object close to your body, hold elbows close to your body to keep the load and your body weight centered.
- Lift by straightening legs, letting leg muscles, not back muscles, do the work. Tighten stomach muscles to help support the back and maintain a neutral back position as you lift.
- Never twist when lifting. When turning with a load, turn your whole body, feet first.
- Never carry a load that blocks your vision.
- To set something down, use the same body mechanics designed for lifting.

References:

DODI 6055.1, Enclosure 6: DoD Ergonomics Program Requirements and Procedures

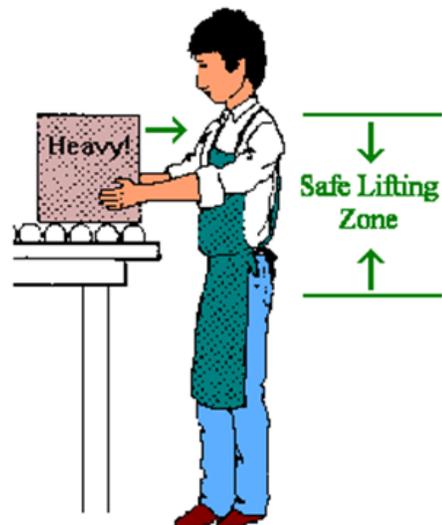
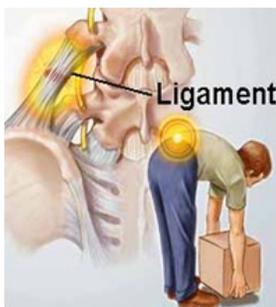
AR 385-10, Army Safety Program (Ch. 16-2)

AR 40-5, Preventative Medicine (Ch. 1-7d)

DA Pam 385-10, Army Safety Program (Ch 14-7)

DA Pam 40-11, Preventative Medicine (Ch 5-10)

DA Pam 40-21 Ergonomics Program





Job Hazard Analysis



Definition: Job Hazard Analysis (JHA): A mandatory risk management tool that focuses on identification of the individual employee's job hazards. The emphasis is on the relationship between the worker, the task, the tools and the work environment. Once hazards are identified, steps are taken (countermeasures) to eliminate the hazards or reduce them to an acceptable risk level.

References: Fort Campbell Installation Safety and Occupational Health Action Plan para 2.2 and 2.5 ., DA PAM 385-30, para. 2-12 and OSHA Publication 3071.

When is a JHA required? A JHA is required for all High, Medium and Low Risk job functions on the installation. JHA's will be reviewed and validated annually. CDSOs with assistance from the employees will focus on identifying hazards encountered during the job process and how to eliminate or control them. Employees performing the work must be involved in development of the JHA's!

Goal: Identify all countermeasures and PPE requirements necessary to eliminate or reduce identified hazard(s) associated with the employee's job.

Implementation: Conducted by the employee and Supervisor.

Are there PPE Requirements? Requirement for, and selection of PPE, will be determined during the JHA process.

Forms: There is no OSHA certified JHA form to cover all job tasks, however, an example JHA is available at the ISO website: <https://portal.campbell.army.mil/garrison/iso/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fgarrison%2fiso%2fShared%20Documents%2fRISK%20MANGEMENT%20TOOLS&FolderCTID=&View=%7bF00988A3%2d1C62%2d4350%2d8324%2dC2968FB59030%7d>.





Safety Training Requirements

1. Employee Safety Course

Policy: FY10 Installation Safety and Occupational Health Plan, paragraph 2.14.3.

Target Audience: All Garrison full time Appropriated Fund (APF) and Non-Appropriated Fund (NAF) Civilian employees.

Training Due Date: one-time requirement for any employee where training records do not reflect a previous completion date. New hires must complete this course within 30 days of hire date or notification.

Method of Delivery: <https://lms.army.mil> or <https://safety.army.mil/>

2. Supervisor/Manager Safety Course

Policy: FY10 Installation Safety and Occupational Health Plan, paragraph 2.8.2.1 and 2.14.5.

Target Audience: All Garrison full time Appropriated Fund (APF) and Non-Appropriated Fund (NAF) Civilian Managers and Supervisors.

NOTE The Manager Safety Course is for Managers of employees (does not mean "Program" Managers. If an employee is both a Manager and Supervisor, the Supervisor Course takes precedence (the Manager Course would not be required).

Training Due Date: one-time requirement for any Supervisor or Manager where training records do not reflect a previous completion date. New hire Supervisors or Managers must complete this course within 30 days of hire date.

Method of Delivery: <https://lms.army.mil> or <https://safety.army.mil/>

3. Composite Risk Management (CRM) Civilian Basic Course

Policy: FY10 Installation Safety and Occupational Health Plan, paragraph 2.14.2.

Target Audience: ALL Active Duty Military & Civilian employees IMCOM/Garrison requirement: active duty military, AF employees and including full time NAF employees.

Training Due Date: One-time requirement for any employee/soldier where training records do not reflect a previous completion date. New hires must complete this course within 30 days of hire date or notification.

Method of Delivery: <https://lms.army.mil> or <https://safety.army.mil/>

4. Army Accident Avoidance Course & "Refresher" Trng

Policy: AR 385-10, AR 600-55 and the FY10 Installation Safety and Occupational Health Plan, paragraph 2.14.1.2.

Target Audience: ALL soldiers, civilians and contract employee's who operate an Army-owned or leased vehicle.

Training Due Date: (initial) must show proof of completion PRIOR to the dispatch and operation of any Army-owned or leased vehicle. "REFRESHER" due every 4 years from date on certificate.

Safety Training Requirements Continued

Specialty Training (Recommended)



Combat Readiness Safety Center Specialty Training

- Emergency Planning CRU II Course # CLMI041
- Emergency Preparedness in the Workplace CRU II Course # CLMI042
- First Aid CRU II Course # CLMI054
- Preventing Workplace Violence CRU II Course # CLMI108
- Workplace Violence Employee Training CRU II Course # CLMI130
- Emergency Preparedness in the Workplace CRU II Course # CLMI042

Courses available on the ALMS:

- Composite Risk Management Operational
- Application of Accident Causation Theory
- Theories of Accident Prevention
- Accident Investigations
- Military Briefings

Click Here to
Get Started



Resources

Office of Health and Safety, Centers for Disease Control and Prevention:

<http://www.cdc.gov/od/ohs/manual/pprotect.htm>

Centers for Disease Control –National Institute for Occupational Safety and Health: (NIOSH)

<http://www.cdc.gov/niosh/>

Occupational Safety and Health Administration (OSHA):

<http://www.osha.gov/>

200 Constitution Avenue, NW

Washington, DC 20210

Tel.: 1-800-321-OSHA (1-800-321-6742)

TTY: 1-877-889-5627

For life-threatening situations only, call 1-(800) 321-OSHA. Complaints will go immediately to the nearest OSHA area or state office for help.

Department of Labor:

<http://www.dol.gov/>

National Safety Council:

<http://www.nsc.org/Pages/Home.aspx>

Department of Human & Health Services:

<http://www.os.dhhs.gov/>

Federal Occupational Health:

<http://www.foh.dhhs.gov>

Code of Federal Regulations:

<http://www.gpoaccess.gov/cfr/index.html>

TENNESSEE

Department of Labor and Workforce Development

Division of Workers' Compensation

220 French Landing Drive, 1st Floor, Side B

Nashville, TN 37243-1002

(615) 741-2395 or 1-800-332-2667

KENTUCKY

Office of Workers Claims

657 Chamberlin Avenue

Frankfort, KY 40601

(502) 564-5550 or 1-800-554-8601

References



Federal

Public Law 91-596 (All-in-One) link

Public Law 91-596 OSH Act (pdf)

29 CFR 1960 Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters

29 CFR 1910 Occupational Safety and Health Standards

Executive Order 12196

Department of Defense

DODD 4715.1E Environment, Safety, and Occupational Health (ESOH)

DODI 6055.1 Safety & Occupational Health (SOH) Program

DODDI 6055.7, Mishap Investigation, Reporting and Recordkeeping

DODI 6055.05 Occupational and Environmental Health (OEH)

DASAF Memorandum, Completion of CRM Basic Course for Army Soldiers and Civilian Employees

Department of the Army

AR 385-10 The Army Safety Program

AR 40-5 Preventive Medicine

DA Pam 40-11 Preventive Medicine

DA PAM 385-10 Army Safety Program

DA PAM 385-30, Mishap Risk Management

DA PAM 385-40, Army Accident Investigation and Reporting

Army Safety & Occupational Health Strategic Plan





Required Forms

DA Form 4753 Notice of Unsafe or Unhealthful Working Conditions

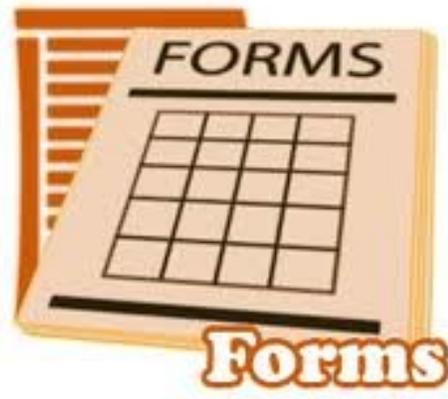
DA Form 4755 Employee Report of Alleged Unsafe or Unhealthful Working Conditions

DA Form 4756 Installation Hazard Abatement Plan

DD Form 2272 DoD Safety & Occupational Health Protection Program

DA Form 285-AB US Army Abbreviated Ground Accident Report (AGAR)

FC Form 4162 Risk Management Worksheet



SAFETY- **Everyone's Full Time Job**



Employee Acceptance Sheet

DISCLAIMER: This Employee Safety Handbook is advisory in nature and is intended to inform the employee of their rights and responsibilities for a safe and healthy workplace. This handbook is not a standard or regulation nor does it change any existing OSHA standard or Army Regulation.

A copy of the Employee Safety Handbook has been given to me at the time of my employment. I have been advised to read the contents and to ask for an explanation of any parts that I do not understand. The Employee Safety Handbook describes important information about Fort Campbell, and I understand that I should consult the my CDSO, supervisor or the Installation Safety Office regarding any questions not answered in this handbook. Since the information, policies and procedures described here are subject to change, I acknowledge that revisions to the handbook may occur. Individual directorates may add agency specific information to this handbook, but only the Installation Safety Office is authorized to omit or revise information.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

