

SAFETY PROGRAM
For Brigades to use when inspecting Battalions

Proponent For Inspection: _____ Point of Contact: _____

Unit Inspected: _____ Date of Inspection: _____

Unit Representative: _____ Unit Phone: _____

Inspector's Name: _____ Inspector's Phone Number: _____

Unit Overall Rating: _____

STANDARDS: "T" = 90% success rate of evaluated tasks with no failed critical tasks. "P" = 70% success rate of evaluated tasks with no failed critical tasks. "U" = less than 70% success rate of evaluated tasks or one failed critical task.

REFERENCES:

- a. AR 385-10, 29 Feb 00 b. AR 385-40, 01 Nov 94 c. AR 385-55, 12 Mar 87 d. DA PAM 385-1, 29 Nov 01
- e. FM 5-19, Aug 2006 f. FLW Reg 385-3, 04 Aug 89 g. FLW Reg 385-4, 14 Jan 02 h. FLW Reg 385-5, 21 May 04
- i. FLW Reg 385-6, 26 Jun 02 j. TRADOC Safety Plan

INSPECTION CRITERIA	LEVEL	GO	NO GO	REMARKS
PROGRAM ADMINISTRATION (Applies to all units)				
1. Have all managers, supervisors and employees completed mandatory safety and occupational health training? (Sec Army/CSA Directive, 13 OCT 06) Verification: copy of course completion certificate	BDE			
2. Have Commander's completed the Commander's Safety Course? (DA memo Army Safety Campaign) Verification: copy of course completion certificate	BDE			
3. CRITICAL: Is the unit safety officer/NCO appointed on orders? (AR 385-10, Para 2-1f(1)) Verification: Appointment orders.	BDE			
4. Is the unit safety officer of the proper rank? (AR 385-10, Para 2-1 f) Verification: Compare individual's rank to requirement.	BDE			
5. Does the unit safety officer have one year or more retainability in the unit? (AR 385-10, Para 2-1f) Verification: Check with S1 for dates soldiers are scheduled to leave.	BDE			
6. Have Additional Duty Safety Officers (ADSOs) completed the on-line Additional Duty Safety Course within 30 days of appointment.	BDE			

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(AR385-10,2-1f) Verification: copy of course completion certificate				
7. Is a copy of the next lower command's safety officer or Safety NCO orders on file? (FLW Reg 385-6, Para 1-5k(1)) Verification: Appointment orders.	BDE			
8. Do performance standards for military and civilian managers and supervisors include accident prevention and occupational health responsibilities as a rating element? (AR 385-10, Para 1-5f) Verification: Randomly check 5 Support Forms (civilians) and 5 NCOERs/OERs (military), at S1 office.	BDE			
9. CRITICAL: Has the unit safety officer/NCO attended a Safety Officer/NCO course? (FLW Reg 385-6, Para 4-2) Verification: Certificate of completion of course.	BDE			
11. Are safety organization files on hand? (DA PAM 385-1, Para 1-7, a, (15)) Verification: Check 385-series files at unit level.	BDE			
12. CRITICAL: Does the unit provide a safety-orientation briefing for new personnel in the unit? (DA Pam 385-1, Para 2-2i(5)) Verification: Memorandum, sign-in roster, or other documentation of briefings, signed and dated, indicating that unit personnel received the briefings.	BDE			
13. Are newly assigned personnel informed of the safety rules in Appendix B to FLW Reg 385-6? (FLW Reg 385-6, App B, Para 2) Verification: Memorandum or other documentation of briefings, signed and dated, indicating that new unit personnel received the briefing	BDE			
14. CRITICAL: Does the unit conduct at least one hour of safety training per quarter for its personnel? (FLW Reg 385-6, Para 1- 5c(3)) Verification: Training schedules showing safety topics; documentation of attendance by unit personnel.	BDE			
15. CRITICAL: Are personnel given safety briefings before holidays, with at least the minimum required subjects covered? (FLW Reg 385-6, Para 4-4) Verification: Memorandum or other documentation of briefings, signed and dated, indicating that unit personnel received the briefings.	BDE			
16. Does the unit have a pre-accident plan? (DA Pam 385-1, Para 2-2f)	BDE			

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Verification: Written plan.				
17. Does the unit participate in the Army Safety Awards program? (FLW Regulation 385-6, Chapter 14, Para 14-2a(2)) Also, DA Pam 385-1, Para 2-2i(2) Verification: Check awards documents at MANSCEM Safety Office.	BDE			
18. Is DD Form 2272 (Department of Defense Safety and Occupational Health Program) posted in all workplaces? (FLW Reg 385-6, Para 1-6k(4)) Verification: Check for posting on unit bulletin boards.	BDE			
19. CRITICAL: Have personnel been advised of their right and responsibility to report unsafe acts or unhealthful conditions? (AR 385-10, Para 2-3b) Verification: Interview personnel at random.	BDE			
21. CRITICAL: Has the unit implemented a tornado safety plan? (FLW Pam 385-1, Para 6a) Verification: Written plan or section in safety SOP.	BDE			
22. CRITICAL: Does the unit have an SOP, risk management worksheet, and explosives license for arms rooms? (AR 385-4, Para 1-4k) (Applies only to units with an arms room.) Verification: Copies of documents. Note: Documents must be current.	BDE			
23. CRITICAL: Where applicable, does the unit have a program for ensuring that personnel who use pyrotechnics or explosive hand-fired simulators are properly trained and knowledgeable? (FLW Reg 210-14, Para 4-7m(1)) Verification: SOP or policy; records of training conducted.	BDE			
24. CRITICAL: Does the unit ensure that all operators of the following items are properly trained and licensed? - Tent stoves/heaters. (FLW 385-6, Para 6-3a(3)) - Field ranges, immersion heaters, and mess stoves. (DA Pam 385-1, Para 6-2b(4) and FLW 385-6, Para 6-3b(3)) - Generators. (FLW 385-6, Para 6-4a(3)) - Communications-electronics equipment. (FLW 385-6, Para 6-4b(4)) Verification: SOP or policy; check DA Forms 348 and licenses; class attendance rosters; records of training conducted.	BDE			
RISK MANAGEMENT (Applies to all units)				
1. CRITICAL: Has the unit conducted risk management for all operations not of an administrative/office nature?	BDE			

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(FLW Reg 385-5, Para 6g(1)) Verification: Completed risk management worksheets; compare to training schedule.				
2. Have risk management worksheets been approved at the appropriate level? (FLW Reg 385-5, Para 10) Verification: Compare risk levels on worksheets to rank of person who approved them.	BDE			
3. Have all Soldiers and civilian employees completed the Composite Risk Management Basic Course? (http://safetylms.army.mil/courses.c1554/eoc.aspx). (Sec Army/CSA Directive, 13 OCT 06) Verification: certificate of training completion	BDE			
4. Are risk management worksheets on hand at the training/operations site? (FLW Reg 385-5, Para 6g(7)) Verification: Visually observe at sites.	BDE			
5. Is risk management reviewed prior to the start of training or operations to ensure conditions have not changed? (FLW Reg 385-5, Para 6g(7)) Verification: Observe on site, prior to training.	BDE			
6. Does the unit conduct risk management training for its personnel? (FLW Reg 385-5, Para 6i(2)) Verification: Memorandum, sign-in roster, or other documentation of briefings, signed and dated, indicating that unit personnel received the briefings.	BDE			
7. CRITICAL: Have all jobs been analyzed for hazards, using either risk assessments, job hazard analyses, ergonomics assessments, or a combination of these, with the analyses properly documented? (FLW Reg 385-6, Para 12-3a) Verification: Completed risk assessments, JHAs, or Ergonomics Assessments for all applicable jobs at unit level.	BDE			
8. Have supervisors determined the need for personal protective clothing and equipment for each worker? (FLW Reg 385-6, Para 7- 1 c) Verification: Completed JHAs for all applicable jobs at unit level.	BDE			
9. Are job hazard analyses reviewed at least annually, with the reviews properly documented? (FLW Reg 385-6, Para 12-5e and 12-7) Verification: JHAs showing signature of reviewer and date of review, for applicable jobs at unit level.	BDE			

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<p>10. Does the organization have a Unit or Directorate Ergonomics Program Coordinator?</p> <p>(FLW Reg 385-6, Para 15-4d(1)) Verification: Appointment orders.</p>	BDE			
<p>11. Has the Unit or Directorate Ergonomics Program Coordinator been properly trained?</p> <p>(FLW Reg 385-6, Para 15-4d(2)) Verification: Certificate of completion of training.</p>	BDE			
<p>12. Have Ergonomics Assessments been conducted for all work sites?</p> <p>(FLW Reg 385-6, Para 15-4d(3)) Verification: Completed Ergonomics Assessments for personnel at unit level.</p>	BDE			
<p>13. Are steps taken to correct hazards identified during Ergonomics Assessments?</p> <p>(FLW Reg 385-6, Para 15-4d(4)) Verification: Notes on Ergonomics Assessments showing corrective actions taken or proposed; work orders; purchase requests.</p>	BDE			
ACCIDENT INVESTIGATION AND REPORTING (Applies to all units)				
<p>1. Are all recordable accidents reported correctly and on time?</p> <p>(FLW Regulation 385-6, Para 2-1 and 2-2) Verification: Compare accident reports received to feeder documents showing that accidents have occurred.</p>	BDE			
INSPECTIONS (Applies to all units)				
<p>1. CRITICAL: Have unit safety officer/NCOs conducted required inspections of unit facilities?</p> <p>(FLW Regulation 385-6, Para 3-2, b) Verification: Completed FLW Forms 944 or other documentation of workplace inspections.</p>	BDE			
<p>2. Have these inspections been properly documented?</p> <p>(FLW Regulation 385-6, Chap 3, Para 3-2b) Verification: Completed FLW Forms 944 or other documentation of workplace inspections.</p>	BDE			
<p>3. Are actions taken to follow-up on deficiencies identified during inspections, to ensure that the deficiencies have been corrected?</p> <p>(DA Pam 385-1, Para 4-3c(8)) Verification: Copies of work orders and list of service orders.</p>	BDE			
VEHICLE OPERATIONS (Applies to all units)				
<p>1. Has the unit implemented the POV accident prevention</p>	BDE			

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<p>program?</p> <p>(DA Pam 385-1, Para 7-2) Verification: Local-area orientation program; random interviews of personnel.</p>				
<p>2. Have all military personnel who possess a civilian or military driver's license completed at least four hours of classroom Accident Avoidance Course instruction, which includes the following*?</p> <ul style="list-style-type: none"> - 1 hour of classroom training (given in AIT) - 30 minutes of local driving hazards - 2.5 hours of intermediate driver's training (Army Traffic Safety Training Program) <p>(DoDi 6055-4, E3.3.1) Verification: copy of Accident Avoidance Course (AAC) on-line certificate, DA Form 348 with AAC annotated, or AAC card copy. *Completion of the Army Traffic Safety Training Program meets this requirement.</p>	BDE			
<p>3. Have all civilian personnel who are authorized to operate an AMV completed the on-line accident avoidance course or equivalent?</p> <p>(DoDi 6055.4 E3.3.1; AR600-55, 4-5; AR 190-5,2-5)</p> <ul style="list-style-type: none"> - 30 minutes of local driving hazards - 2.5 hours of intermediate driver's training (Army Traffic Training Safety Program) <p>Verification: copy of Accident Avoidance Course (AAC) on-line certificate, DA Form 348 with AAC annotated, or AAC card copy.</p>	BDE			
<p>4. Have Soldiers under 26 and all motorcycle riders traveling via motorcycle completed the ASMIS-2/TRIPS prior to travel outside local commuting area (100 miles) and have first-line supervisors reviewed, and signed completed documentation?</p> <p>(TRADOC Safety Plan) Verification: copies of completed ASMIS-2/TRIPS with supervisors signature.</p>	BDE			
<p>5. Are all motorcycle riders identified and listed on a unit rider list and have they all taken the installation Motorcycle Basic Rider Course (2 days in length) or Experienced Rider Course (1 day in length)?</p> <p>(DoDi 6055-4, E-3.2.3); AR 385-55, 3-2(2); TRADOC Reg 385-2.8-4 Verification: copy of unit rider list.</p>	BDE			
<p>6. Have all identified motorcycle riders signed the TRADOC Motorcycle Operator Requirements and Individual Responsibility Statement?</p> <p>(TRADOC Safety Plan) Verification: copies of signed statements</p>	BDE			
<p>7. Have all ATV riders been identified and have they all signed the ATV Operator Requirements and Individual Responsibility</p>	BDE			

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Statement? (TRADOC Safety Plan) Verification: copies of signed statements				
8. Are POV inspections conducted in addition to the inspection required by the state for licensing? (DA PAM 385-1, Para 7-2) Verification: Completed inspection checklists for vehicles of unit personnel.	BDE			
9. Does the unit interview and select driver candidates for operation of Army motor vehicles? (AR 600-55, Para 1-4h) Verification: Examination of DA Forms 348.	BDE			
10. Do personnel complete sustainment training for drivers of Army motor vehicles, to include annotation of training on DA Forms 348? (AR 600-55, Para 4-4a) Verification: DA Form 348 with training annotated.	BDE			
11. Does the unit have a plan for ensuring that drivers receive winter driver's training? (FLW Pam 385-1, Para 12b) Verification: Examination of DA Forms 348 or class attendance roster.	BDE			
12. Does the unit counsel military personnel and civilian employees who are at-fault in on-duty traffic accidents or who have committed major traffic offenses? (AR 385-55, Para 3-2c) Verification: Interviews of personnel involved in accidents, identified through MSO records.	BDE			
13. Is remedial drivers training conducted? (AR 600-55, Para 4-5) Verification: SOP or other written program.	BDE			
14. Is remedial drivers training documented on DA Forms 348? (AR 600-55, Para 4-5) Verification: Examination of DA Forms 348 of personnel who require remedial training.	BDE			
PERSONAL PROTECTIVE EQUIPMENT& OCCUPATIONAL HEALTH (Applies to all units)				
1. CRITICAL: Have unit workplaces been assessed to determine if hazards are present, or likely to be present, which necessitate the use of personal protective equipment, with the assessments properly certified in writing? (29 CFR 1910.132(d)) Verification: Written workplace hazard assessments,	BDE			

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documented on FLW Certification of Workplace Hazard Assessment for Personal Protective Equipment (PPE)				
2. Is protective clothing and equipment for personnel provided, maintained, and used IAW OSHA 29 CFR 1910? (AR 385-10, Para 2-2j) Verification: Hand receipts or Individual Clothing Records; observe use of PPE at the workplaces.	BDE			
3. Does the unit provide training, covering all required areas, to employees who are required to use personal protective equipment? (29 CFR 1910.132(f)) Verification: Written certifications of training.	BDE			
4. Is this training properly certified in writing? (29 CFR 1910.132(f)) Verification: Written certifications of training.	BDE			
5. Does the unit implement the program for prevention of hot weather injuries? (FLW Reg 210-14, Para 3-19a and FLW Reg 350-6, Para 7-2) Verification: SOP or policy letter.	BDE			
6. Does the unit implement the detailed program for prevention of cold weather injuries? (FLW Reg 210-14, Para 3-19a and FLW Reg 350-6, Para 7-2) Verification: SOP or policy letter.	BDE			
7. Has the unit coordinated with MEDDAC and/or MSO for evaluation of work areas, operations, and occupations, to determine the need for eye protection? (FLW Reg 385-6, Para 17-2d(1)) Verification: Check at MSO and with MEDDAC, or written documentation of coordination.	BDE			
8. Has the unit implemented the vision conservation program, if eye hazards have been identified at the unit's workplaces? (FLW Reg 385-6, Para 17-2a) Verification: SOP or policy letter.	BDE			
9. Does the unit inspect its vision conservation program? (FLW Reg 385-6, Para 17-2a(4) and 17-2d(3)) Verification: Reports of inspections.	BDE			
10. Has the unit coordinated with MEDDAC and/or MSO for evaluation of work areas, operations, and occupations, to determine the need for hearing protection? (FLW Reg 385-6, Para 18-2d(2)) Verification: Check at MSO and with MEDDAC, or written documentation of coordination.	BDE			

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<p>11. Has the unit implemented a hearing conservation program, if the requirement has been identified?</p> <p>(FLW Reg 385-6, Para 18-2a(1)) Verification: SOP or policy letter.</p>	BDE			
<p>12. Does the unit have a hearing conservation manager appointed (if the unit has any noise-hazardous areas)?</p> <p>(AR 40-5, Para 5-16b(9)(a)) Verification: Appointment orders.</p>	BDE			
<p>13. Has the unit commander endorsed the importance of hearing conservation?</p> <p>(AR 40-5, Para 5-16b(9)(e)) Verification: Letter.</p>	BDE			
<p>14. Does the unit inspect its hearing conservation program?</p> <p>(FLW Reg 385-6, Para 18-2a(3) and 18-2d(3)) Verification: Reports of inspections.</p>	BDE			
<p>15. Has the unit provided safety shoes/boots to personnel whose duties expose them to foot hazards?</p> <p>(FLW Reg 385-6, Para 19-2a(6)) Verification: Review JHA and check to see that personnel have safety shoes/boots when need is identified in JHA.</p>	BDE			
<p>16. Does the unit inspect its foot protection program?</p> <p>(FLW Reg 385-6, Para 19-2a(4) and 19-2d(3)) Verification: Reports of inspections.</p>	BDE			
<p>HAZARD COMMUNICATION (Applies only to units which have hazardous materials that workers are exposed to or could be exposed to in a foreseeable emergency)</p>				
<p>1. Does the unit have a HAZCOM representative, appointed in writing?</p> <p>(FLW Reg 385-3f(4)) Verification: Appointment orders.</p>	BDE			
<p>2. Has the HAZCOM representative successfully completed required training?</p> <p>(29 CFR 1960.59a) Verification: copy of HAZCOM course completion</p>	BDE			
<p>3. Does the unit provide HAZCOM training for all unit personnel who are actually or potentially exposed to hazardous materials/chemicals, and does the training cover all required areas?</p> <p>(FLW Reg 385-3, Para 3f(3) and 29 CFR 1910.1200 (h)) Verification: Records of training attendance by personnel; lesson plan or synopsis of training conducted.</p>	BDE			

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BLOODBORNE PATHOGENS (Item #1 applies to all units. Other items apply only to units with personnel who may have occupational exposure to blood or other potentially infectious materials)				
<p>1. Has the unit conducted an assessment to determine whether any of its personnel may be exposed to human body fluids that may contain bloodborne pathogens, during the course of their job?</p> <p>(FLW Reg 385-6, Para 16-2 and 16-8a(1)) Verification: Written assessment.</p>	BDE			
<p>2. Does the unit have a list of all of its job classifications in which employees may have occupational exposure to bloodborne pathogens?</p> <p>(FLW Reg 385-6, Para 16-3a) Verification: Written list.</p>	BDE			
<p>3. Does the unit have a second list of all jobs in which some employees have occupational exposure and a list of tasks and procedures in which exposure occurs?</p> <p>(FLW Reg 385-6, Para 16-3b and c) Verification: Written list.</p>	BDE			
<p>4. Are personnel who are assigned to tasks where occupational exposure to bloodborne pathogens may take place properly trained upon initial assignment to the tasks and at least annually thereafter?</p> <p>(FLW Reg 385-6, Para 16-5) Verification: Records of training attendance by personnel; lesson plan or synopsis of training conducted.</p>	BDE			
<p>5. Is bloodborne pathogens training properly documented?</p> <p>(FLW Reg 385-6, Para 16-8a(8)) Verification: Records of training attendance by personnel; lesson plan or synopsis of training conducted.</p>	BDE			
RESPIRATORY PROTECTION (Applies only to units with respiratory hazards)				
<p>1. Have unit workplaces been evaluated, where applicable, by MEDDAC, to determine whether respiratory protective equipment is necessary to protect workers?</p> <p>(29 CFR 1910.134(d)) Verification: Written evaluation reports from MEDDAC.</p>	BDE			
<p>2. Does the unit have a person appointed to coordinate the unit respiratory protection program?</p> <p>(FLW Reg 385-6, Para 10-6b(1)) Verification: Appointment orders.</p>	BDE			
<p>3. Does the unit ensure that respiratory protective equipment is available and used by personnel working in hazardous atmospheres?</p> <p>(FLW Reg 385-6, Para 10-6b(1))</p>	BDE			

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Verification: Visual observation.				
4. Is all respiratory protective equipment used by unit personnel approved by MEDDAC? (AR 11-34, Para 3.4 and FLW Reg 385-6, Para 10-5c and 10-6d(4)) Verification: Visual observation.	BDE			
5. CRITICAL: Are all persons assigned to tasks requiring the use of respirators medically cleared by MEDDAC, before they are fit tested or required to use the respirator in the workplace? (FLW Reg 385-6, Para 10-6b(5) and 10-e(1) and 29 CFR 1910.134(e)(1)) Verification: Records of medical clearances.	BDE			
6. CRITICAL: Are all wearers of respirators properly fit tested, prior to allowing them to use the respirator and at least annually thereafter? (FLW Reg 385-6, Para 10-6b(12) and 29 CFR 1910.134(f)(2)) Verification: Written fit-test reports.	BDE			
7. Has fit testing of respirator users been properly documented and have the proper records been maintained? (FLW Reg 385-6, Para 10-6b(12) and 29 CFR 1910.134(m)(2)) Verification: Written fit-test reports.	BDE			
8. Are all users of respirators properly trained, prior to allowing them to use the respirator and at least annually thereafter, with the training covering all required topics? (FLW Reg 385-6, Para 10-6b(8) and (12) and 29 CFR 1910.134(k)(3) and (5)) Verification: Records of training attendance by personnel; lesson plan or synopsis of training conducted.	BDE			
9. Has training for respirator users been properly documented? (FLW Reg 385-6, Para 10-6b(12)) Verification: Records of training attendance by personnel.	BDE			
LOCKOUT/TAGOUT (For applicability, see 29 CFR 1910.147(a))				
1. Does the unit train personnel required to use lockout/tagout procedures prior to them having to use the procedures? (FLW Reg 385-6, Para 11-4c(1) and 11-4d(1)) Verification: Records of training attendance by personnel; lesson plan or synopsis of training conducted.	BDE			
2. Has the training been certified properly? (29 CFR 1910.147(c)(7)(iv)) Verification: Records of training attendance by personnel.	BDE			

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3. Do supervisors inspect the lockout/tagout program? (FLW Reg 385-6, Para 11-4d(2)) Verification: Written inspection reports.	BDE			
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REMARKS AND FINAL COMMENTS: