

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

Proponent for Inspection: MANSCEN Safety Office 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	CG/CMDT			
2. Have Commander's completed the Commander's Safety Course? (DA memo Army Safety Campaign) Verification: copy of course completion certificate	CG/CMDT			
3. CRITICAL: Is the unit safety officer/NCO appointed on orders? (AR 385-10, Para 2-1f(1)) Verification: Appointment orders, signed by current commander.	CG/CMDT			
4. Is the unit safety officer of the proper rank? (AR 385-10, Para 2-1f) Verification: Compare individual's rank on appointment orders to requirement.	CG/CMDT			
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.	CG/CMDT			
6. Is a copy of the next lower command's safety officer or NCO	CG/CMDT			

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

orders on file? (FLW Reg 385-6, Para 1-5k(1)) Verification: Appointment orders.				
7. 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.	CG/CMDT			
8. CRITICAL: Does the unit safety officer/NCO report directly to the commander on safety matters? (AR 385-10, Para 2-1f(7)) Verification: Interview with commander and safety officer/NCO.	CG/CMDT			
9. Have Additional Duty Safety Officers (ADSOs) completed the on-line Additional Duty Safety Course within 30 days of appointment. (AR385-10,2-1f) Verification: copy of course completion certificate	CG/CMDT			
10. 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.	CG/CMDT			
11. CRITICAL: Does the unit have a standing operating procedure (SOP) for all operations that may cause death, serious injury, occupational illness, or property damage? (AR 385-10, Para 2-2b) (This can be done as a unit safety SOP, integrated in existing unit SOPs or unit may use SOP of higher headquarters if no changes exist.) Verification: Examine brigade safety SOP.	CG/CMDT			
12. Are safety organization files on hand? (DA PAM 385-1, Para 1-7, a, (15)) Verification: Check 385-series files.	CG/CMDT			
13. Does the safety officer or NCO have the following publications on hand or can they obtain them within 20 minutes? (DA PAM 385-1, Para 1-7, a, (11)) Verification: Examine printed copies and/or CD-ROM copies or verify that safety officer/NCO can quickly open copies on Internet.	CG/CMDT			
a. AR 385-10.				
b. AR 385-40.				
c. AR 385-55.				
d. DA PAM 385-1.				

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

e. FM 5-19.				
f. FLW Regulation 385-3.				
g. FLW Regulation 385-4				
h. FLW Regulation 385-5.				
i. FLW Regulation 385-6.				
14. CRITICAL: Is the unit completing required OIP inspections of lower levels? (FLW Pam 1-201) Verification: Review completed OIP Checklists from inspections.	CG/CMDT			
15. Does the unit have a functioning safety council? (DA Pam 385-1, Para 2-2i(3)) Verification: Attendance rosters; minutes of meetings; training schedules.	CG/CMDT			
16. Does the unit have a pre-accident plan? (DA Pam 385-1, Para 2-2f) Verification: Written plan.	CG/CMDT			
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 MANSCEN Safety Office.	CG/CMDT			
18. Does the unit have a tornado safety plan? (FLW Pam 385-1, Para 6a) Verification: Written plan or section in safety SOP.	CG/CMDT			
19. Are all recordable accidents reported correctly and on time? (FLW Regulation 385-6, Para 2-1 and 2-2) Verification: Compare accident reports received by MSO to feeder documents showing that accidents have occurred.	CG/CMDT			
COMPOSITE RISK MANAGEMENT (Applies to all units)				
1. 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	CG/CMDT			
2. 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 brigade-level personnel received the briefings.	CG/CMDT			

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

VEHICLE OPERATIONS (Applies to all units)				
<p>1. Does the unit have in place a POV accident prevention program, including at least the elements in the Six-Point POV Program?</p> <p>(DA Pam 385-1, Para 7-2) Verification: Written unit policy; commander's policy statement; local-area orientation program; random interviews of personnel; vehicle inspections.</p>	CG/CMDT			
<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>	CG/CMDT			
<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>	CG/CMDT			
<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>	CG/CMDT			
<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>	CG/CMDT			
<p>6. Have all identified motorcycle riders signed the TRADOC Motorcycle Operator Requirements and Individual Responsibility</p>	CG/CMDT			

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

Statement? (TRADOC Safety Plan) Verification: copies of signed statements				
7. Have all ATV riders been identified and have they all signed the ATV Operator Requirements and Individual Responsibility Statement? (TRADOC Safety Plan) Verification: copies of signed statements	CG/CMDT			
PERSONAL PROTECTIVE EQUIPMENT and 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, documented on FLW Form XX (Certification of Workplace Hazard Assessment for Personal Protective Equipment (PPE))	CG/CMDT			
2. Has the unit commander endorsed a command emphasis letter explaining the importance of hearing conservation? (AR 40-5, Para 5-16b(9)(e)) Verification: Letter.	CG/CMDT			
ERGONOMICS (Applies to all units)				
1. Does the organization have an Ergonomics Program Coordinator? (FLW Reg 385-6, Para 15-4d(1)) Verification: Appointment orders.	CG/CMDT			
2. Has the Unit or Directorate Ergonomics Program Coordinator been properly trained? (FLW Reg 385-6, Para 15-4d(2)) Verification: Certificate of completion of training.	CG/CMDT			
HAZARD COMMUNICATION (Applies only to units which have hazardous materials that workers are exposed to or could be exposed to in a foreseeable emergency)				
1. CRITICAL: Does the unit have a written Hazard Communication (HAZCOM) program (SOP), including all elements required by OSHA, with worksite specific procedures for each workplace where a HAZCOM program is required? (AR 385-10, Para 2-2b and 29 CFR 1910.1200(e)) Verification: Written SOP.	CG/CMDT			
2. Does the unit have a HAZCOM representative, appointed in writing?	CG/CMDT			

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

(FLW Reg 385-3f(4)) Verification: Appointment orders.				
3. Has the HAZCOM representative successfully completed required training? (29 CFR 1960.59a) Verification: Certificate of completion of class.	CG/CMDT			
BLOODBORNE PATHOGENS (Applies only to units with personnel who may have occupational exposure to blood or other potentially infectious materials)				
1. CRITICAL: Does the organization have a written Exposure Control Plan? (FLW Reg 385-6, Para 16-2a and 16-8a(2)) Verification: Written plan.	CG/CMDT			
2. Is the Exposure Control Plan reviewed and updated at least annually? (FLW Reg 385-6, Para 16-2d) Verification: Signature of reviewer and date of review.	CG/CMDT			
RESPIRATORY PROTECTION (Applies only to units with respiratory hazards)				
1. CRITICAL: Does the unit have a person appointed to coordinate the unit respiratory protection program? (FLW Reg 385-6, Para 10-6b(1)) Verification: Appointment orders.	CG/CMDT			
2. CRITICAL: Does the unit have a written respiratory protection SOP, including all elements required by OSHA, with worksite specific procedures for each workplace where a respiratory protection program is required. (FLW Reg 385-6, Para 10-5j and 10-6b(3) and 29 CFR 1910.134) Verification: SOP.	CG/CMDT			
3. Was the SOP for respirator use approved by the Installation Respiratory Program Director (at MSO) before publication? (AR 11-34, Para 2.9a and b) Verification: Memorandum, e-mail, or other written record of approval.	CG/CMDT			
LOCKOUT/TAGOUT (For applicability, see 29 CFR 1910.147(a))				
CRITICAL: Where applicable, has the unit developed written, worksite-specific procedures (SOPs) for the control of potentially hazardous energy when employees are engaged in servicing and/or maintenance of machines and equipment? Are there procedures for each worksite where use of lockout/tagout is required? (29 CFR 1910.147) Verification: Written procedures.	CG/CMDT			

SAFETY PROGRAM
For MANSCEN Safety Office to inspect Brigades for the CG/CMDT

REMARKS AND FINAL COMMENTS: