Acquisition and Grants Office
Safety Action Plan for 2005

INTRODUCTION

The AGO Safety Action Plan for 2005 implements the elements of the NAO 209-1 "NOAA Safety Policy." This plan is an annual plan for maintaining and improving upon a high level of safety among AGO employees and visitors. The plan establishes meaningful and workable measures and goals that can be reported back to senior management on a monthly basis.

RESOURCES

In addition to this plan, the primary resource for information on safety in NOAA is the Safety Office website. This website is found at the following URL:

http://www.seco.noaa.gov/Safety_1.html

ORGANIZATIONAL GOALS

A. **Leading Performance Measures.** These are factors that serve to prevent accidents.

Leading Performance Measures	Target
1. Monthly, Division Chiefs perform a monthly self-assessment of their area using the AGO Self-Assessment Program Recording and Reporting Procedures at Attachment 1 and the two part Office Safety Assessment Checklist for Supervisors and Program Managers provided at Attachment 2, and submit their reports to the AGO Safety Manager. Each deficiency identified is corrected when found or a plan to correct the deficiency is developed, tracked and completed.	100 Percent

2. Safety training requirements are met timely. a. New employees complete Web training within one month of being on board; b. New supervisors complete STAR training at first available opportunity; and c. New Executives complete Dupont training at first available opportunity. d.Anual Comprehensive Safety Inspection is conducted.	100 Percent
3. Periodic safety meetings conducted at each site are held, attended and promoted. a. AGO safety meetings for staff are encouraged and promoted. b. Employee attendance at safety related meetings such as the Assistant Secretary's Safety Day in June, Health Fair Days and events sponsored by NOAA through the SSMC Health Center is promoted and encouraged. Employee attendance at safety related meetings requires supervisor approval. c. Participation in a SSMC Safety Committee, if formed, by the AGO Safety Manager.	100 Percent
4. Positive safety actions, purchases, training, and other activities planned and developed within the office and its components above and beyond what is required are reported monthly.	100 Percent

B. Trailing Indicators. These are factors that occur after an accident..

Trailing Performance Measures	**Target**
1. The initial form for reporting accident or illness is the Immediate Notification Report (INR) and it should be used the same day. The INR may be found at: http://www.seco.noaa.gov/Safety/Incident_Reporting.htm The CD-137, Report of Accident/Illness. should be should be done when the investigation is completed. Total incidence rates for accident claims filed are filed timely and properly through the Office of Worker Compensation. Go to this site: http://www.dol.gov/esa/regs/compliance/owcp/forms.htm .	AGO goal for total incidence rates for claims filed through the Office of Worker Compensation is 0.92 for total accidents This goal was calculated using 2003 Incidence Rates minus 3% and reflects the SHARE initiative. SHARE is the White House Safety, Health and Return-to-Employment initiative. This initiative is designed to reduce costs and ensure a safe and healthful workplace. For further information, see the Department of Commerce Occupational Safety and Health Report, March 2004.

2. Total incidence rates for Lost Time accident claims filed through the Office of Worker Compensation.	AGO goal for total incidence rates for claims filed through the Office of Worker Compensation is 0.38 for Lost Time accidents. This goal was calculated using 2003 Incidence Rates minus 3% and reflects the SHARE initiative.

AUTHORITY

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AGO SELF-ASSESSMENT PROGRAM RECORDING AND REPORTING PROCEDURES

Supervisors shall assess areas within their responsibility at least once a month. These assessments must be conducted monthly to include a look at both the condition of the facility and employee behavior. Assistance may be sought from the Acquisition and Grants Office (AGO) Safety Officer. The current AGO Safety Officer is John Abbott, OFA6, SSMC1 Station 6314, 301-713-0325x124, John.J.Abbott@noaa.gov. The NOAA Safety Office (301-713-2871) will provide training on conducting effective assessments and will be available for guidance and consultation during assessments.

1. Monthly, Division Chiefs perform a monthly self-assessment of their area following the AGO Self-Assessment Program Recording and Reporting Procedures (Attachment 1) and record their findings on the two part Office Safety Assessment Checklist for Supervisors and Program Managers (Attachment 2). By the 15th day of each month, AGO Division Chiefs shall review the data, make comments and forward their report on the previous month to the AGO Safety Officer. Each identified deficiency must be corrected when found or a plan to correct the deficiency must be developed. The development and approval of corrective action plans may require assistance from AGO Safety Officer and from personnel in other offices, e.g., the NOAA Safety Office, the Security Office, and the Real Property Management Division. The resources and skills need to implement corrective action plans may also be in excess of those available internally. Therefore it is necessary to pursue these additional resources appropriately and track each unrealized corrective action plan to completion.

2. The AGO Safety Officer shall review the reports and brief the Director of AGO on the results and corrective actions for the office.

3. The AGO Safety Officer shall report safety deficiencies that are not immediately corrected when found to the NOAA Safety Officer

National Oceanic and Atmospheric Administration

Office Safety Assessment Checklist for Supervisors and Program Managers

Name:	Division:
Location:	Date:

Questions with a "NO" answer require corrective action. Enter name of person or department responsible for the Corrective Action

Yes	No	N/A	Emergency Exits	Responsible Person/Dept.
0	0	0	Are exits kept free of obstructions or locking devices which could impede immediate escape?	
0	0	0	Are exits properly marked and illuminated?	
0	0	0	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AND EXIT, " "TO BASEMENT," "STOREROOM," etc.?	
			Work Environment	
0	0	0	Are all work areas clean, sanitary, and orderly?	
0	0	0	Are aisles and passages free of stored material that may present a trip hazard?	
0	0	0	Are tile floors in places like kitchens and bathrooms free of water and slippery substances?	
0	0	0	Are carpet and throw rugs free of tears or trip hazards?	
0	0	0	Are file drawers kept closed when not in use?	
0	0	0	Are passenger and freight elevators inspected annually and are the inspection certificates available for on-site review?	
0	0	0	Are heating and air conditioning vents clear of obstructions?	
			Ergonomics	
0	0	0	Are employees advised of proper lifting techniques?	
0	0	0	Are workstations configured to prevent common ergonomic concerns?	
			Emergency Information	
0	0	0	Are established emergency phone numbers posted where they can be readily found in case of emergency?	
0	0	0	Are employees trained in emergency procedures?	
0	0	0	Are fire evacuation procedures available and diagrams posted?	
0	0	0	Is a copy of the facility fire prevention and emergency action plan readily available on site?	
			Fire Prevention	
0	0	0	Are portable fire extinguishers visually inspected monthly and serviced annually?	
0	0	0	Are areas around portable fire extinguishers free of obstructions and properly labeled?	
0	0	0	Are fire alarm pull stations clearly marked and unobstructed?	
0	0	0	Are 18" clearances maintained below sprinkler heads, including all storerooms, closets and mechanical rooms?	
			Electrical Systems	
0	0	0	Are all cord and cable connections intact and secure?	
0	0	0	Are power strips limited to one per outlet? (No daisy chaining?)	
0	0	0	Are outlets free of overloading?	
0	0	0	Has all temporary wiring been removed? (Through walls, doors, under carpeting, etc.)	
0	0	0	Are the areas around electrical panels and breakers free of obstructions?	
0	0	0	Is all equipment properly identified with voltage and purpose?	

Specific Notes for Deficiencies

Name of Supervisor:

SAFETY OBSERVATION FORM

Instructions: Prior to making your observation, review checklist items on this form. Upon entering the observation area, spend 20-30 seconds closely observing behaviors, conditions, and procedures. Mentally note them and return to fill out the observation form. Note at least one corrective action for each observation. Review with employee, stressing the employee's anonymity, and commend or correct all observed actions. End by thanking employee.

Manager/Supervisor_____ Line Office _____

Date_____ Facility/Ship_____

Time _____ Department _____

Description of observation:

_____
_____
_____
_____
_____

Action(s) Taken: (i.e. commended employee, corrected unsafe condition, etc.)

_____
_____
_____
_____

Potential for Injury or Deficiencies noted:_____

Personal Protective Equipment

_____Eyes & Face

_____Ears/Noise

_____Hands

_____Feet

_____Respiratory

Position

_____Struck by or Against

_____Caught between

_____Fall or Trip

_____Temperature

_____Lifting

Tools

_____Correct tool for job?

_____Proper Use

_____Condition of Tool

Facilities

_____Cleanliness/Housekeeping

_____Work area design

_____Floor Surfaces

Procedures

_____Written task procedures?

_____Were they followed?

_____Are they adequate?

Behaviors

_____Communicates?

_____Eye contact /hazard?

_____Work pace (behind)