



UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

BO P5100.3F Ch 1
SAFD/RJA/alm
25 Oct 1983

HAP

BASE ORDER P5100.3F Ch 1

From: Commanding General
To: Distribution List

Subj: Base Safety Program

Encl: (1) New page inserts to Base Order P5100.3F

1. Purpose. To transmit new page inserts and direct pen changes to the basic Order of 9 March 1981.

2. Action

- a. Remove the letterhead page, pages iii, iv, 1-1, 1-2, 1-3, 5-1, 5-2, and replace with corresponding pages contained in the enclosure.
- b. Add new Chapter 13 with all new figures contained in the enclosure to this Change.
- c. Page 2-1, paragraph 202, subparagraph 4, delete "Ground Safety Specialist, Marine Corps Air Station (Helicopter), New River" and add "Safety Officer, Naval Regional Dental Center; Safety Officer, Marine Corps Exchange; Representative, American Federation of Government Employees." Change "Safety Officer, Naval Regional Medical Center" to "Safety Officer, Naval Hospital."
- d. Page 2-1, paragraph 205, sixth line, delete "Regional Medical Center" and add "Hospital."
- e. Page 2-1, paragraph 206, second line, change "BO 6260.2" to "BO 6260.4."
- f. Page 3-1, paragraph 306, subparagraph 2, fourth line, change "NAVMAT P5100" to "OSHA 29 CFR 1910.94."
- g. Page 4-1, paragraph 401, delete third, fourth, and fifth lines.
- h. Page 6-2, subparagraph (d), second line, change "BO 6260.2" to "BO 6260.4."
- i. Page 6-2, paragraph 602, subparagraph 3, delete "Supply Department, AS-130, as appropriate." Subparagraph 5, delete "or Marine Corps Air Station (Helicopter), New River, Building 130." Paragraph 603, delete "or Marine Corps Air Station (Helicopter), New River, Building 130, and/or through the normal supply system."
- j. Page 7-1, paragraph 701, subparagraph 3, fourth line, delete "Regional Medical Center" and add "Hospital." Fifth line, delete "S-4 Officer, Marine Corps Air Station (Helicopter), New River." Subparagraph 3d, delete from second line, "and Commanding Officer, Marine Corps Air Station (Helicopter), New River."
- k. Page 10-1, paragraph 1001, subparagraph 2, delete "Commanding Officer, Marine Corps Air Station (Helicopter), New River, as appropriate." Paragraph 1003, delete subparagraph lb; change subparagraph (c) to (b).
- l. Page 11-1, paragraph 1102, delete "and Chapters 3 and 4 of the current edition of MCAS (H)O P1710.4C."
- m. Page 12-1, paragraph 1201, first line, delete "NAVMAT P-5100."
- n. Figure 1, delete "MCAS (H)."

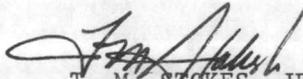
EO P5100.3F Ch 1
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o. Figure 8, page 3, paragraphs 1, 2, 3, and 4, delete "NAVMAT P5100 refers."
Page 7, paragraphs 2, 15, and 16, delete "NAVMAT P5100 refers." Page 8, paragraph 1,
delete "NAVMAT P5100 refers." Page 11, paragraph 12, change "man" to "many."

3. Summary of Change. Delete all references to the Marine Corps Air Station and
NAVMAT P5100, and to provide new page inserts and direct pen changes to the basic
Order.

4. Filing Instructions. This change will be filed immediately following the
signature page of the basic order.

5. Certification. Reviewed and approved this date.


T. M. STOKES, JR.
Chief of Staff

DISTRIBUTION: A plus Base Safety (5)



UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542

BO P5100.3F
SAFD/RJA/alm
9 Mar 1981

BASE ORDER P5100.3F

From: Commanding General
To: Distribution List

Subj: Base Safety Program

Ref: (a) MCO 5100.8E (NOTAL)
(b) MCO 5101.8D (NOTAL)
(c) NAVFAC P-300 (NOTAL)
(d) MCO 6260.1C (NOTAL)
(e) BO 6260.4
(f) BO 6260.3B
(g) BO 12792.1C
(h) BO 11320.1G
(i) BO P4600.1E
(j) BO P5560.2H
(k) BO 12810.1
(l) NAVFAC P-309 (NOTAL)
(m) BO 5101.1H
(n) NAVMAT P-10470 (NOTAL)
(o) OPNAV 5100.16 (NOTAL)
(p) MCO P5100.22A (NOTAL)
(q) NAVMC 2692
(r) BO P1710.27D (NOTAL)
(s) OSHA 2206 (29CFR1910) (NOTAL)
(t) MCO 5100.19C (NOTAL)
(u) 49CFR171-179 (NOTAL)

Encl: (1) LOCATOR SHEET

Report Required: Mishap and Injury Report (NAVMC 10767) (Refer to paragraph 502.3 of the text)

1. Purpose. To promulgate the procedures and policies for execution of the Base Safety Program.
2. Cancellation. BO P5100.3E.
3. Summary of Revision. This revision continues the basic program with the addition of a section delineating the rights of employees to submit reports of unsafe or unhealthful working conditions. (See Chapter 8)
4. Change Notation. Significant changes contained in this revision are denoted by an arrow () in the outer left margin.
5. Applicability. Having received the concurrence of the Commanding General, 2d Marine Division, FMF; and the Commanding General, 2d Force Service Support Group (Rein), FMF, Atlantic, this order is applicable to those commands.

BO P5100.3F
9 Mar 1981

6. Certification. Reviewed and approved this date.


V. P. STOKES, JR.
Chief of Staff

DISTRIBUTION: A plus Base Safety (5)

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Base Safety Program

CHAPTER I

ADMINISTRATION

101. Policy. This command and the personnel thereof are by law committed to a policy of conservation of manpower and material to the maximum degree practicable by the application of a comprehensive and effective accident prevention program. In the accomplishment of this, it is the policy of this command to prevent accidents before they happen by the continuous use of sound and accepted safety practices. This command recognizes its responsibility for the safety of the individual and will exploit every possible means to create safe surroundings. It is also incumbent upon each individual to remain alert and cognizant of his own safety and the safety of his associates.

102. Scope

1. This program applies to safety education and training, industrial motor vehicle accidents, occupational or industrial-type accidents, training accidents, athletic accidents, and off-duty accidents. It further applies to all other accidents caused by equipment or personnel failure resulting in any of the following consequences:

a. Injuries to military personnel, including reserves on active duty, while on or off-duty.

b. Injuries to civilian employees of the Marine Corps (including civilian employees of appropriated and non-appropriated fund activities) when arising out of or in the course of employment.

c. Injuries to non-Marine Corps personnel and damage to property when occurring incident to this activity or on the premises under the control of the Marine Corps (N62470 contracts and N62470 contractor personnel excepted).

d. Injuries to personnel on the base employed by concessionaires.

2. Except as otherwise provided by the Commandant of the Marine Corps, the safety program and procedures established in the current edition of MCO 5100.8 are applicable and will continue in effect.

103. Responsibility

1. There will be one installation-wide safety program constituting the organized effort to keep to a minimum accidents in all operations and activities at Camp Lejeune.

2. In addition, each command located in the physical area of Camp Lejeune and not under the command of the Commanding General, Marine Corps Base, will establish and maintain a command safety program to fulfill its peculiar needs.

3. Commanding officers at every echelon are responsible for incorporating and enforcing safe practices, and establishing and maintaining safe physical standards in all operations, maintenance, and training under their cognizance. They will also, through proper channels, initiate corrective action necessary for the elimination and/or control of all inherent hazards.

4. Commanding officers and supervisors of clubs, cafeterias, special services, exchange activities, etc., will establish and conduct effective safety programs within their activities.

Base Safety Program

5. Public Works Officers and other contracting officers will ensure that all contracts, including N62470 contracts, contain a clause requiring the contractor to observe Marine Corps and Navy safety precautions and regulations, and ensure compliance therewith. N62470 contracts will not be otherwise included in this program.

6. It is the responsibility of all personnel to observe the standards and regulations which are established for the prevention of injury to themselves and others, or damage to property and equipment.

104. Base Safety Manager. The Base Safety Manager will establish, coordinate and administer the overall safety program of this base. He will assume responsibilities as a special staff officer of this command, under the cognizance of the Assistant Chief of Staff, Manpower. The Base Safety Unit, under the direction of the Base Safety Manager, shall render assistance to all commands, organizations and personnel of Camp Lejeune in establishing and conducting an adequate safety program for requirements. This shall include the performance of safety inspections, technical surveys, studies, etc., as required, and to implement and coordinate the Marine Corps Safety Program in accordance with current editions of MCO 5100.8, MCO 5101.8, NAVFAC P-300, MCO 6260.1, BO 6260.4, BO 6260.3, BO 12792.1, BO 11320.1, BO P4600.1, BO P5560.2, BO 12810.1, NAVMC 2692, BO P1710.27, OSHA 2206 (29CFR1910), MCO 5100.19, NAVFAC DM-8, and 49CFR171-179. For organization relationship, see Figure 1.

105. Unit Commanders

1. Establish a procedure for the proper application and determination of accident controls. This will be accomplished with the advice and assistance of safety personnel specialized in the specific technical fields, and in accordance with current Marine Corps directives.

2. Appoint a Unit Safety Officer in accordance with paragraph 106 of this Order. The Unit Safety Officer, at the discretion of the unit commander, may also be assigned responsibility for supervision of special phases of accident prevention, such as traffic safety, electrical safety, industrial, training, recreation, and miscellaneous safety.

3. Prior to assigning personnel safety responsibilities, unit commanders will ensure that safety officers/safety NCO's are oriented regarding safety duties, current policies, regulations, accident reporting procedures, etc., in accordance with the current edition of MCO 5101.8. Assistance and guidance will be provided by contacting the Base Safety Office.

4. Unit commanders will immediately notify their command safety officer, who will notify the Base Safety Manager, telephone 5725 or 3891, when personnel from their command are involved in fatal accidents. Reports will include name/names of deceased, duty or work status, organization, cause, hour, date, location and circumstances, in accordance with the current edition of MCO 5101.8.

5. Submit via the appropriate chain of command, and keep current, a list of appointed safety personnel, indicating name, rank and organization, to the Base Safety Manager to enable personnel of the Base Safety Office to contact such personnel and render assistance as needed.

106. Safety Officers

1. One safety officer shall be appointed in the 2d Marine Division, FMF, and one in 2d Force Service Support Group (Rein), FMF, Atlantic. One Unit Safety Officer and NCO

Base Safety Program

2 shall be appointed in each subordinate regiment, battalion, or smaller separately administered unit of the 2d Marine Division, FMF; 2d Force Service Support Group (Rein), FMF, Atlantic, Marine Corps Base; and other specialized activities as deemed necessary.

2. The organizational safety officer will be responsible to the commanding officer for the safety program within his organization and for the supervision and execution of required reports as defined in this Order.

107. Supervisors

1. All levels of supervision, military and civilian, will act directly to eliminate all observed accident hazards existing within the activity over which they have jurisdiction.

2. Notify the Base Safety Manager immediately when accidents resulting in disabling injuries or death or damage to equipment occur, in accordance with the current edition of MCO 5101.8.

3. Prepare necessary accident reports as required by appropriate orders and instructions.

108. The Assistant Chief of Staff, Manpower, Marine Corps Base. Responsibility for submitting monthly strength reports to the Base Safety Manager rests with the Assistant Chief of Staff, Manpower, Marine Corps Base.

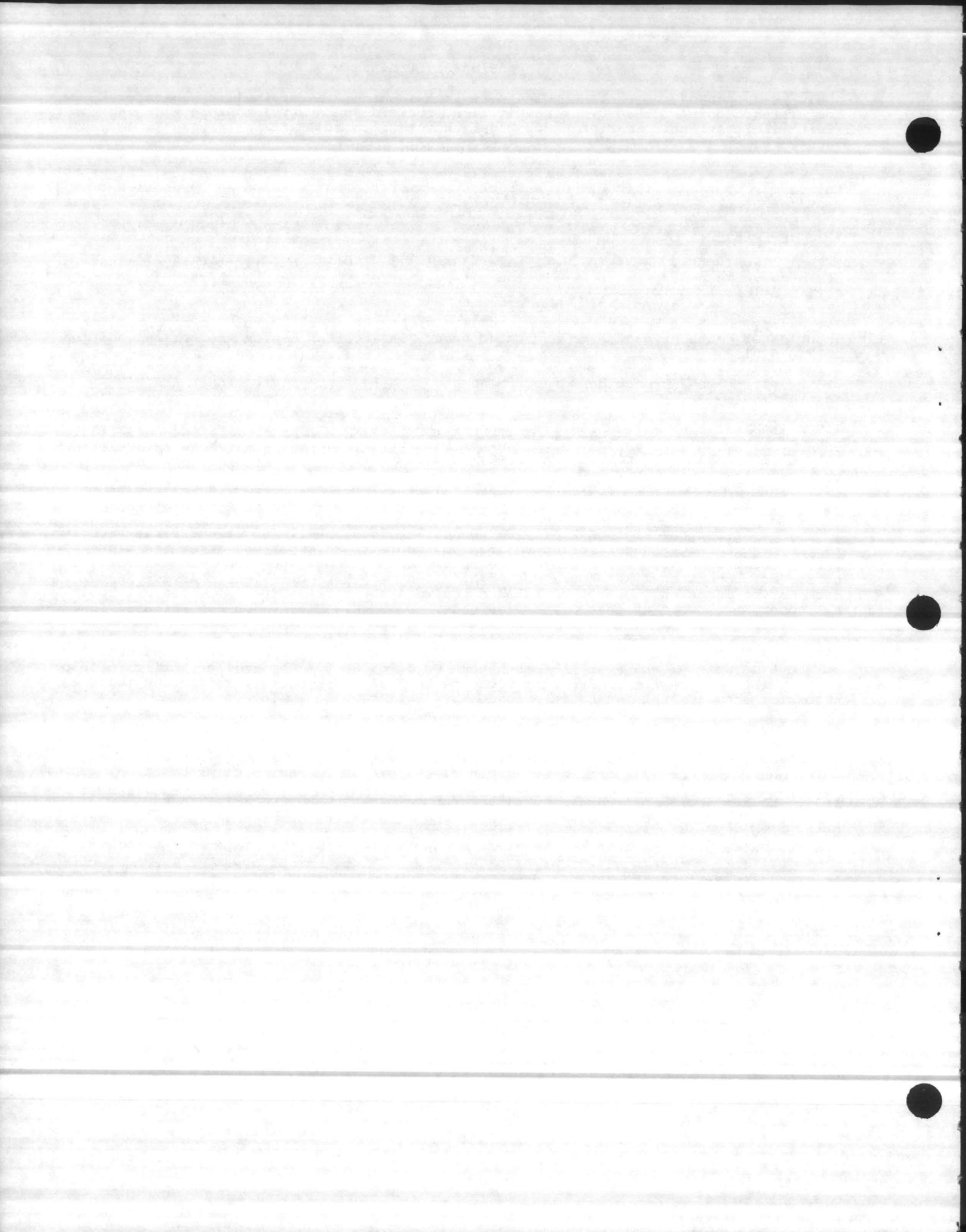
109. The Commanding Officer, Naval Hospital. Routine morning reports will be made available to the Base Safety Manager by the Commanding Officer, Naval Hospital.

110. The Assistant Chief of Staff, Personnel Services, shall submit quarterly reports to the Base Safety Manager, prior to 1630 on the fifth calendar day after the close of the calendar quarter, reflecting all occupational accident experience and the total number of occupational man-hours worked by all direct-hire civilian employees paid from Marine Corps and non-appropriated funds, and the total number of miles driven in all government-owned or leased vehicles under the cognizance of non-appropriated fund activities.

111. The Assistant Chief of Staff, Comptroller. Quarterly reports shall be submitted to the Base Safety Manager by the Assistant Chief of Staff, Comptroller, prior to 1630 on the fifth calendar day after the close of the calendar quarter, reflecting the total number of occupational man-hours expended by civil service employees.

112. The Base Motor Transport Officer. Monthly reports shall be furnished the Base Safety Manager by the Base Motor Transport Officer, prior to 1630 on the tenth calendar day after the close of the calendar month, reflecting the number of miles driven in government-owned or leased commercial vehicles assigned to Marine Corps Base.

113. The Commanding Officers of Marine Corps Service Support Schools and Reserve Support Unit, Marine Corps Base. Monthly reports shall be submitted to the Base Safety Manager by the Commanding Officers of Marine Corps Service Support Schools and Reserve Support Unit, prior to 1630 on the fifth calendar day after the close of the calendar month reflecting the total number of miles driven in government-owned or leased tactical vehicles assigned to Marine Corps Base.



Base Safety Program

CHAPTER 5

INVESTIGATIONS AND REPORTS

501. Reports. In order to evaluate injuries and accidents, it is necessary that reports include how the accidents occurred, what caused them, and how they could have been avoided. This information is required to evaluate injuries and accidents for consolidation and study. The following reports shall be submitted on the occasions indicated.

502. Injuries to Military, Civil Service and Other Civilian Personnel

1. Emergency Care and Treatment Report, SF-558, shall be utilized by medical facilities, for reporting injuries treated, and a copy will be forwarded to commanding officers and the Base Safety Manager. An example of the Emergency Care and Treatment Report is contained in Figure 2.

2. Occupational Health Permit, MCBCCL 5100/3, shall be made out by the immediate supervisor on all injured civilian (civil service) employees electing treatment by a Federal Medical Officer. Employees will report to the Occupational Nurse or the Chief of Dispensary Services for treatment. Occupational Health Permit will be completed in triplicate as illustrated in Figure 3. Upon completion of treatment, the original copy of the Occupational Health Permit shall be returned to the immediate supervisor, one copy to Civilian Personnel, and one copy to the Base Safety Office.

3. NAVMC 10767 (Mishap and Injury Report) shall be prepared by the immediate supervisor, reviewed and initialed by the Safety Officer or NCO, and approved by the department head on all accidents involving military, civil service, or other civilian personnel as follows:

a. When military personnel suffer a fatality, a disabling injury (on or off-duty) which results in their absence from duty or inability to return to duty or when placed on restricted or light duty on any full day or any full shift following the day of injury.

b. When civil service, or other civilian personnel suffer a fatality or sustain an occupational injury while in the performance of duty and are unable to return to duty or when placed on restricted or light duty on the day following the day of injury.

c. When the total cost of property damage paid by the government resulted from accidents with property damage of \$500 or more. The exact cost should be used, but when the cost cannot be determined within the time limit of this report period, reasonable estimates shall be made.

d. The original and one copy of the report will be forwarded to the Base Safety Office within five days after the accident occurs.

e. Detailed instructions are contained in MCO 5101.8D, enclosure (4). A sample of NAVMC 10767 is contained in Figure 4.

4. Consolidated Accident Report, NAVMC 10323:

a. As required by the current edition of MCO 5101.8, a Consolidated Accident Report, NAVMC 10323, shall be submitted quarterly by Marine Corps Base to the Commanding General, Marine Corps Development and Education Command, Quantico, Virginia 22134, Attention: Command Safety Office, Building 3035, Code C051-2, within 20 days following the last day of each quarter. A copy of NAVMC 10323 shall also be submitted to the Commandant of the Marine Corps, Code MPH-70, Washington, D. C. 20380.

b. Detailed instructions for the preparation of NAVMC 10323 are contained in the current edition of MCO 5101.8.

5. Occupational Injuries and Illnesses Report, OPNAV 5100/5:

a. As required by the current edition of MCO 5101.8, separate OPNAV 5100/5 reports for civilian and military personnel sustaining occupational injuries and illnesses shall be submitted quarterly by Marine Corps Base to the Commanding General, Marine Corps Development and Education Command, Quantico, Virginia 22134, Attention: Command Safety Office, Building 3035, Code CO51-2, within 20 days following the last day of the quarter. A copy of OPNAV 5100/5, Occupational Injuries and Illnesses, shall be submitted to the Commandant of the Marine Corps, Code MPH-70, Washington, D. C. 20380.

b. Detailed instructions for the preparation of OPNAV 5100/5 are contained in the current edition of MCO 5101.8.

c. A separate report for civilian and military personnel shall be consolidated annually from the four quarterly reports of Occupational Injuries and Illnesses, OPNAV 5100/5, and posted in a conspicuous location at the end of the calendar year, no later than 45 days after the close of the calendar year and left in place for at least 30 days.

503. Other Requirements. In addition to the requirements contained in this Base Order incident to the occupational injury of a Federal employee, the current edition of BO 12810.1 also contains certain required actions incident to the Base Safety Program.

BASE SAFETY PROGRAM

CHAPTER 13

FIGURES

1300. Figure 13-1 through 13-8 are a total assortment of illustrational Charts, Reports, Forms and inspection checklists to further promulgate the procedures and policies for execution of the Base Safety Program.



ORGANIZATIONAL RELATIONSHIP QUAD COMMAND
SAFETY PROGRAM

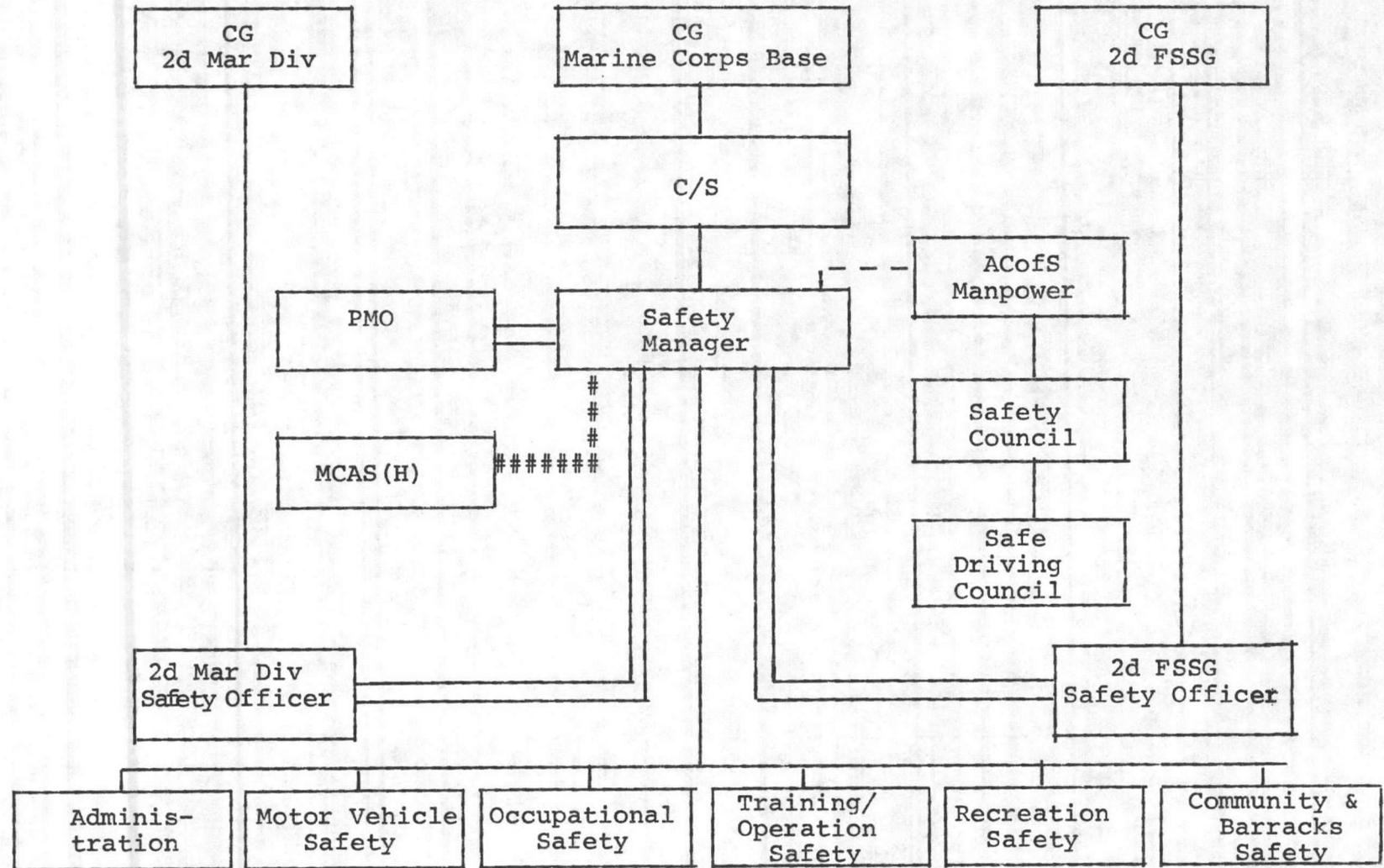


Figure 13-1.--- Organizational Relationship Quad Command Safety Program
Ch 1 (25 Oct 1983)
13-5

EMERGENCY CARE AND TREATMENT <i>(Medical Record)</i>				TREATMENT FACILITY <i>(Stamp)</i>		LOG NUMBER	
ARRIVAL		TRANSPORTATION TO HOSPITAL <i>(Attach care enroute sheet)</i>		CURRENT MEDS. <i>(tetanus immunization and other data)</i>		HISTORY OBTAINED FROM	
DATE		TIME		<input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER <i>(Specify)</i>		<input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER <i>(Specify)</i>	
DAY	MONTH	YR.				ALLERGIES	
PATIENT'S HOME ADDRESS OR DUTY STATION <i>(City, State and ZIP Code)</i>						HOME TELE. NO. <i>(Inc. area code)</i>	
CHIEF COMPLAINT(S) <i>(Include symptom(s), duration)</i>				SEX	AGE	POSSIBLE THIRD PARTY PAYER?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
VITAL SIGNS			DESCRIBE (1) <i>Subjective data (Pertinent History)</i> ; (2) <i>Objective data (Examination - include results of tests and x-rays)</i> ; (3) <i>Assessment (Diagnosis)</i> ; (4) <i>Plan (Treatment/Procedures - include medication given and follow-up)</i>			TIME SEEN BY PROVIDER	
TIME						TIME SEEN BY PROVIDER	
BP							
PULSE							
RESP.							
TEMP.							
WT. <i>(Child)</i>							
CATEGORY <i>(See reverse)</i>							
EMERGENT							
URGENT							
NON-URGENT							
ORDERS	INITS.	TIME					
ASSESSMENT/DIAGNOSIS							
DISPOSITION <i>(Check all that apply)</i>							
HOME			FULL DUTY				
QUARTERS							
24 Hrs.			48 Hrs.				
72 Hrs.							
MODIFIED DUTY UNTIL:							
DAY	MONTH	YEAR					
REFERRED TO <i>(Indicate clinic)</i>							
EMERGENCY			TODAY				
72 HOURS			ROUTINE				
ADMIT. TO HOSP. UNIT/SERVICE							
CONDITION UPON RELEASE							
IMPROVED			UNCHANGED				
DETERIORATED							
TIME OF RELEASE:							

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION <i>(Mechanical imprint)</i> FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB; service status, name and relation of sponsor or next of kin. IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD.	SIGNATURE OF PROVIDER AND ID STAMP INSTRUCTIONS TO PATIENT <i>(Include medications ordered, any limitations and follow up plans)</i>
--	---

3

INSTRUCTIONS FOR COMPLETION OF THE EMERGENCY CARE AND TREATMENT FORM

NOTE: This form will be used to record all care rendered to patients in the Emergency Room and will be used in lieu of *all* locally prepared emergency room forms. This form is not a substitute for line of duty, accident/injury or third party liability forms, but it may be used as a basis for completing those forms.

1. Complete form for each patient entered on Emergency Room Log.
2. Complete all parts of form.
3. Enter patient's log number from Emergency Room Log.
4. Check appropriate condition in "category" block based on following definitions:
 - Emergent*—A condition which requires immediate medical attention and for which delay is harmful to the patient; such a disorder is acute and potentially threatens life or function.
 - Urgent*—A condition which requires medical attention within a few hours or danger can ensue; such a disorder is acute but not necessarily severe.
 - Non-Urgent*—A condition which does not require the immediate resources of an emergency medical services system; such a disorder is minor or non-acute.
5. Use SF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, to obtain authorization for any necessary procedures.
6. Orders: Provider enters orders; i.e., CBC, UA, etc. The person completing the action enters the time and his/her initials at the time of completion.
7. Give "Patient's Copy", containing instructions, to patient, sponsor (NOK) or person accompanying patient, except when patient is admitted.
8. File original in patient's treatment record (i.e., Military Health Record, Outpatient Treatment Record or Inpatient Record) as applicable.
9. Establish a treatment record for any patient who does not have a record. File and maintain treatment record in accordance with appropriate directives.

☆ GPO : 1982 O - 360-498 (56)

Figure 13-2.--Emergency Care and Treatment (Continued)

OCCUPATIONAL HEALTH PERMIT

MCBCL 5100/3

- INSTRUCTIONS: 1. Complete in Triplicate.
 2. Return Original to Supervisor; 1 Copy to Civilian Personnel; 1 Copy to Base Safety Manager.
 3. If an Occupational Injury, Form CA-17 with Part A Completed MUST Also be Submitted.

THIS SECTION TO BE COMPLETED BY SUPERVISOR

TO: OCCUPATIONAL HEALTH NURSE, BUILDING 15, CAMP LEJEUNE, N.C. 28542

FROM: (Title of Supervisor, Shop or Office, and Location)

Shop Foreman, Real Property Maintenance, Base Maintenance

NAME OF EMPLOYEE (First, Middle, Last) Joseph W. Pell	PAYROLL NO. 0000 19999	SOCIAL SEC. NO. 123-45-6789
JOB TITLE Laborer	TIME LEFT JOB 0930	TIME RETURNED 1000

REASON FOR REFERRAL
 INJURY ILLNESS EMPLOYEE'S REQUEST OTHER (Specify)

DATE AND TIME OF INJURY 8-31-83 0900	DATE REFERRED TO CLINIC 8-31-83	OCCUPATIONAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE
--	---	---

REMARKS
Employee mowing grass, lawn mower struck rock, hit left leg

NAME OF SUPERVISOR (Print) I. M. Able	SIGNATURE	PHONE 1234	DATE 8-31-83
---	-----------	----------------------	------------------------

THIS SECTION TO BE COMPLETED BY MEDICAL OFFICER

TIME REPORTED	TIME RELEASED	OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE
---------------	---------------	--

DEGREE OF INJURY
 FIRST AID DISPENSARY HOSPITAL PERSONAL PHYSICIAN SENT HOME OTHER (Explain in Remarks)

DISPOSITION OF EMPLOYEE

RETURN FOR FURTHER TREATMENT	TIME	DATE
RETURN TO WORK		
DISCHARGED. TREATMENT COMPLETED		
RETURN TO LIMITED DUTY AS INDICATED BELOW		
NO LIFTING, PULLING OR CARRYING IN EXCESS OF _____ LBS.		DESK JOB ONLY
NO EXCESSIVE WALKING, STANDING OR BENDING		NO DRIVING GOVERNMENT VEHICLE
NO EXPOSURE TO SOLVENTS, GREASES, OILS, DETERGENTS, ETC.		NO WORKING AROUND MOVING MACHINERY
NO WALKING ON UNEVEN OR SLIPPERY SURFACES		NO WORKING ON LADDERS, SCAFFOLDING, ETC.
NO EXPOSURE TO EXTREME TEMPERATURE OR HUMIDITY		ONE HAND JOB ONLY
OTHER (Explain)		

REMARKS

NAME OF MEDICAL OFFICER (Print or Type)	SIGNATURE OF MEDICAL OFFICER	DATE
---	------------------------------	------

PRIVACY ACT STATEMENT
 Authority: SECNAVINST 5100.10B and OPNAVINST 5100.14
 Principal Purpose: To control and monitor treatment and disposition of civilians of Naval Dispensaries in cases of occupational injury or illness.
 Routine Use: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.
 Disclosure: Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.

Figure 13-3. --- Occupational Health Permit

NOTICE - INJURED PERSON PLEASE READ THE PRIVACY ACT STATEMENT BEFORE AFFIXING SIGNATURE

MISHAP AND INJURY REPORT (5100)

NAVMC 10767 (REV. 5-82) (Previous editions are obsolete and will not be used.)
 SN: 0000-00-006-2934 U/I: SH

REPORT SYMBOL MC 5100-02

TO

1. INJURED PERSON (Last name, first, MI) PELL, Joseph W.				2. SSN 123-45-6789		FOR REGIONAL SAFETY REPORTING CENTER USE ONLY ACCIDENT IDENTIFIER CODE	
3. AGE 40	4. SEX M	5. PAY GRADE WG-3	6. MOS/OCCUPATION/TRADE Laborer				
7. CATEGORY (Military only)				8. JOB ASSIGNMENT Laborer			
9. REPORTING ACTIVITY/UNIT Real Property Maintenance Base Maintenance MCB, Camp Lejeune, NC				10. DUTY STATION Same as 9			
11. CHECK ONE <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN				12. CHECK ONE (or more, if applicable) <input type="checkbox"/> FATALITY <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> PERMANENT DISABILITY <input type="checkbox"/> PARTIAL DISABILITY <input type="checkbox"/> PROPERTY DAMAGE			
13. DATE OF INJURY (Day/Mo./Yr.) 31 Aug 1983	14. DAY OF WEEK Wednesday	15. HOUR OF DAY 0900	16. DATE LOST WORKDAY STARTED 31 Aug 1983	17. DATE RETURNED TO WORK 31 Aug 1983			
18. NO. OF WORKDAYS LOST 0	19. NO. OF DAYS RESTRICTED 2	20. NO. OF DAYS HOSPITALIZED 0		21. TOTAL DAYS LOST 2			
22. DUTY STATUS Civil Service - on duty			23. PLACE OF OCCURRENCE Industrial area - groundskeeping		24. WORKPLACE (Occupational mishaps only) Real Property Maintenance		
25. DESCRIPTION OF MISHAP (Describe circumstances and events leading to and associated with mishap in sufficient detail that reviewing authorities may gain a complete understanding of cause and effect relationships. If more space is needed use Block 35.) Mowing grass at Bldg 1403, lawn mower struck rock, hit left leg.							

26. TYPE OF MISHAP Laceration	27. WEATHER CONDITION clear
28. SOURCE OF INJURY other - rock	29. CAUSE OF MISHAP unsafe work practice
30. HAZARDOUS CONDITION no hazardous condition	31. UNSAFE ACT inattention to surroundings
32. UNSAFE PERSONAL FACTOR improper attitude	33. TYPE OF INJURY struck by
34. BODY PART leg (left)	
35. TYPE PROPERTY, EQUIPMENT DAMAGED None	36. TOTAL COST None

37. CORRECTIVE ACTION TAKEN
Employee has been cautioned to do a preliminary walk-over prior to mowing, as well as being alert when he is mowing. Used as a topic for shop safety discussion.

I have read and understand the Privacy Act Statement, a copy of which I have received.

(Signature of injured person)		(Date)
38. SIGNATURE (Supervisor) I. M. Able	39. TITLE, GRADE Shop Foreman, WG-10	40. DATE 1 Sep 1983

Detach and furnish to injured person.

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U.S.C. 552A)

Authority for obtaining information on this form is Title 5 U.S. Code, Section 301. Executive Order 9397 of 22 November 1943 authorizes use of your Social Security Number. The purpose of this form is to gather and provide data for the analysis of miscellaneous mishaps other than government vehicle and private vehicle; to collect and provide data to the Department of Defense and Department of Labor on the subject of occupational safety and health; and to maintain safety and mishap prevention data and statistics. The information is used to record description of personal injury; mishap description and days lost on the job; personal vital statistics information; property damages, to include personal or private; and industrial equipment damages. Your Social Security Number is being obtained for purposes of positive personal identification. Providing information on this form is mandatory. Failure to provide the requested information would hamper the collection of data needed for the analysis of miscellaneous mishaps in which members of the Marine Corps are involved. Disclosure of your Social Security Number is mandatory.

NAVMC 10767 (REV. 5-82) MISHAP AND INJURY REPORT - PRIVACY ACT STATEMENT

Figure 13-4. -- Mishap and Injury Report

41. CORRECTIVE ACTION NOT ACCOMPLISHED/REASON

42. ADDITIONAL COMMENTS

43. SIGNATURE (Commanding Officer/Safety Officer)

44. TITLE, DATE

45. DATE

Figure 13-4.--Mishap and Injury Report (Continued)

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PERSONAL PROTECTIVE EQUIPMENT

<u>HAZARDOUS TRADE AND/OR OCCUPATION</u>	<u>FOOTWEAR</u>	<u>HEADWEAR</u>	<u>EYEWEAR</u>	<u>OTHER</u>
Air Conditioning Equipment Mechanic	X	X-2 or 3	X-9, 12, or 14	
Aircraft Mechanic	X		X-9, 13, 14	
Aircraft Refuelers	X-Non-Conductive		15	
Asphalt Worker	X		X-9 or 12	X-7
Automotive Equipment Servicers (Lube)	X	X-2, 3		
Automotive Equipment Servicers (Tires)	X			
Automotive Mechanic/Helper	X		X-9, 10, 13, or 14	
Automotive Mechanic/Helper (Body/Fender)	X		X-9, 10, 13, or 14	
Blocker and Bracer	X	X-1	X-9, 14	
Boiler Plant Equipment Mechanic	X	X-1	X-9, 14	
Cable Splicer (Comm)	(Elec) X	(Elec) X-1, 2	X-9, 13, 15	X-7
Carpenter/Helper	X	X-1, 2	X-9, 14	
Cement Finisher	X	X-1	X-9, 13	
Coal Handling Equipment Operator			X-9, 13	
Crane Operator		X-1	X-9, 14	
Crash Crew Personnel	X			X-18
Electrician/Helper	(Elec) X	(Elec) X-1, 2	X-9, 13, 14, 15	X-7
Electrician/Lineman/Comm	(Elec) X	(Elec) X-1, 2	X-9, 13, 14, 15	X-7
Electrician/Telephone	(Elec) X	(Elec) X-1, 2	X-9, 13, 14, 15	
Electronics Mechanic	(Elec) X		X-9, 14	
Engineering Equipment Operator	X	X-1	X-9, 14	
Firefighters		X-1	X-9, 13, 14	
Forestry Technician	X	X-1	X-9, 13	
Galley Equipment Mechanic	X		X-9, 13, 14	
Gardener		X-1	X-9, 13, 14	
Gas Appliance Repairer	X		X-9, 13, 14	
Glazer			X-9, 14	
Heating Equipment Mechanic (Covers gas, cool, oil systems)	X		X-9, 14	
Heating Plant Operator	X	X-1, 2	X-9, 12, 13 (Tint)	
Heavy Duty Equipment Mechanic	X	X-2, 3	X-9, 10, 13, 14	
Instrument Mechanic Electronic/ Optical			X-9, 14	

Figure 13-5.--Personal Protective Equipment

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PERSONAL PROTECTIVE EQUIPMENT
(Continued)

<u>HAZARDOUS TRADE AND/OR OCCUPATION</u>	<u>FOOTWEAR</u>	<u>HEADWEAR</u>	<u>EYEWEAR</u>	<u>OTHER</u>
Joiner		X-9, 13, 14		
Laborer (All)	X	X-1, 2	X-9, 13	
Laundry Equipment Repairman	X		X-9, 13, 14	
Locksmith			X-9, 14	
Machinist	X	X	X-9, 10, 12, 13, 14	
Maintenanceman	X		X-9, 13, 14	
Mason/Helper	X	X-1	X-9, 14	
Millman	X		X-9, 13, 14	
Office Appliance Repairer	X		X-9, 14	
Ordnanceman/Worker	X	X-2, 3	X-9, 10, 13, 14	
Packer	X		X-9, 14	
Painter (covers all methods)			X-15	X-5, 7
Pest Controller	X			X-7, 15
Pipefitter and/or Plumber	X	X-1	X-9, 13, 14	
Plasterer	X	X-1	X-9, 13, 14	
Preservation and Packing Mechanic/Worker	X		X-9, 13, 14	
Radio Mechanic			X-9, 13, 14	
Saw Filer			X-9, 13, 14	
Sheetmetal Equipment Mechanic	X	X-1	X-9, 13, 14	X
Small Engine Mechanic	X		X-9, 13, 14	
Stockman	X		X-9, 13	
Toolroom Mechanic	X		X-9, 13, 14	
Tractor Operator			X-9, 13, 14	
Warehouseman	X			

Figure 13-5. - Personal Protective Equipment---(Continued)

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PERSONAL PROTECTIVE EQUIPMENT
(Continued)

<u>HAZARDOUS TRADE AND/OR OCCUPATION</u>	<u>FOOTWEAR</u>	<u>HEADWEAR</u>	<u>EYEWEAR</u>	<u>OTHER</u>
Welder	X	X-4	X-11, 14	X-7,16,17
Wood Worker	X		X-9, 14	

Note: Occupations not listed, but who work in near proximity to one or more of those listed, will be required to wear adequate and appropriate protection as determined by supervisors and/or the Base Safety Manager.

LEGEND: X - Must wear protective equipment at all times while engaged in hazardous occupations or operations.

- 1 - Safety Hat
- 2 - Safety Cap
- 3 - Bump Cap
- 4 - Welder's Protective Cap
- 5 - Respirator
- 6 - Cream or Lotion
- 7 - Gloves (protective)
- 8 - Apron (protective)
- 9 - Safety Spectacle Goggles
- 10 - Eyecup (Chippers) Goggles
- 11 - Spectacle Goggles, Type A, Filtered Lens (Welders)
- 12 - Face Shield
- 13 - Cover Goggles
- 14 - Corrective Safety Glasses
- 15 - Other eye protective equipment (splash goggles, plastic spectacle goggles, etc.)
- 16 - Welder's Helmet
- 17 - Welder's Protective Clothing
- 18 - Non-Static, Flame Resistant Coverall

Figure 13-5.- Personal Protective Equipment---(Continued)

CIVILIAN EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

This form is provided for the assistance of an employee and is not intended to constitute the exclusive method by which a report is submitted.

1. The undersigned (check one)
 Employee Representative of Employees
believes that a violation of an occupational safety or health standard exists which is a job safety or health hazard to employees.
 2. Does this hazard immediately threaten death or serious injury?
 Yes No
 3. Specify the particular building or worksite where the alleged violation is located, including installation address _____
 4. Specify the name and phone number of the supervisor at this location _____ (Phone) _____
 5. Describe briefly the hazard which exists _____
 6. Number of employees exposed to or threatened by the hazard _____
 7. List by number, or name, the particular safety or health standard which you allege has been violated, if known _____
 8. To your knowledge, has this violation been the subject of any union/management grievance or have you (or anyone you know) otherwise called this violation to the attention of, or discussed it with, the supervisor? Yes No
 9. If so, please give the results thereof, including any efforts by management to correct the violation _____
 10. Please indicate your desire: My name may be revealed
 I do not desire my name revealed
- Employee's Signature _____
- Employee's Name (Typed or Printed) _____
- Employee's Work Location _____
(City) _____ (State) _____ (Zip) _____
- Employee's Work Phone _____
11. If you are a representative of employees, state the name of your organization _____

Figure 13-6.--'Sample Civilian Employee Report of Unsafe or Unhealthful working Conditions

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S-A-M-P-L-E

NOTICE OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

An inspection was made on _____ 19__ by the Safety Office and the following violated safety and health standards or regulations exist at (physical location of violation) _____

Activity _____

THE FOLLOWING VIOLATED STANDARDS OR REGULATIONS ARE HEREBY POSTED

Standard or regulation being violated	Description of Violation	Date on which violation is to be corrected or the status of any abatement action

SIGNATURE _____ Date of Issuance _____
(Commanding Officer)

Figure 13-7.-- Sample Notice of Unsafe or Unhealthful Working Conditions

<u>Buildings and Grounds</u>	Bldg. No. _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Are entrances and exits well lighted and marked?	___	___	___
2.	Are doors and windows blocked?	___	___	___
3.	Are stairs and steps kept clean and free of obstacles?	___	___	___
4.	Are risers painted yellow for visibility in the dark?	___	___	___
5.	Are landings, steps or stairs painted?	___	___	___
6.	Are they posted "slippery when wet"?	___	___	___
7.	Are suitable warning signs posted where there is less than 7 feet of headroom?	___	___	___
8.	Are roads, parking lots and walkways kept clear, in good repair and well defined?	___	___	___
9.	Are grounds particularly around flammable storage areas kept well policed?	___	___	___
10.	Are power mowers and edgers inspected and certified safe?	___	___	___
11.	Are personnel engaged in use of power lawn equipment trained?	___	___	___
12.	Are personnel provided with safety shoes or steel toe guards?	___	___	___
13.	Is gasoline for powers kept in safety cans plainly lettered "GASOLINE"?	___	___	___
14.	Is the amount kept to a minimum of 5 gallons?	___	___	___
15.	Are drainage ditches kept clean?	___	___	___
16.	Is electrical equipment (i.e., buffers, scrubbers) used on floors equipped with 3 wire ground cord?	___	___	___
17.	Are heavy duty extension cords used in connection with floor cleaning equipment?	___	___	___
18.	Are ceilings kept in good repair, free of loose plaster, paint, etc.?	___	___	___
19.	Are burned out or missing bulbs replaced?	___	___	___
20.	Are aisleways arranged to provide a minimum of 5 foot candle illumination at floor level?	___	___	___
21.	Are windows painted over to block natural light?	___	___	___

Figure 13-8.-- Safety Guidelines.

Building and Grounds

(Cont)

Yes No NA

- 22. Are all floor fans provided with wire mesh guarding? ___ ___ ___
- 23. Are materials stored under, or piled against buildings, or stairways? ___ ___ ___
- 24. Is in-house construction of partitions authorized by the Command and inspected by fire department? ___ ___ ___
- 25. Is jury rigging of wiring done? Where? ___ ___ ___

Flammable Storage

- 1. Is the location of the fuel storage system posted as a restricted area? ___ ___ ___
- 2. Is adequate fire fighting equipment available in the storage area? ___ ___ ___
- 3. Are No Smoking signs posted around the storage area? (DANGER, Fuel Storage Area, No Smoking Within 50 Feet). ___ ___ ___
- 4. Is there a fire plan posted? ___ ___ ___
- 5. Are the minimum safety distances maintained between fuel storage areas and buildings, equipment and ammunition and explosive areas? ___ ___ ___
- 6. Are drip pans or suitable containers used to prevent spills? ___ ___ ___
- 7. Is area washed down and sanded on a regular basis to prevent accumulation of spilled fluid? ___ ___ ___
- 8. Building numbers: _____

Figure 13-8.--Safety Guidelines (Continued)

<u>Motor Transport and Battery Shop</u>	<u>Bldg. No.</u> _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Are adequate precautions taken to prevent the use of vehicles by: (1) unauthorized personnel and (2) personnel not in possession of a valid motor vehicle operators permit? (NAVMAT P5100 refers).	___	___	___
2.	Are repair shops well ventilated for protection of service personnel against accumulation of carbon monoxide? (NAVMAT P5100 refers).	___	___	___
3.	Are floors and other exposed areas thoroughly inspected daily and kept free from oil, grease, or loose tools, which might result in fire, slipping, tripping or falling? (NAVMAT P5100 refers).	___	___	___
4.	Is the weight capacity printed on all equipment used to support raised vehicles? (NAVMAT P5100 refers).	___	___	___
5.	Are safety tire cages used during inflation of lock?	___	___	___
6.	Are repair pit lifts, and/or vehicle racks clean and orderly?	___	___	___
7.	Are all repair pit lifts and/or vehicle racks provided with drains equipped with oil and grease traps?	___	___	___
8.	Are vehicles blocked after being jacked into position for maintenance and are jack stands utilized?	___	___	___
9.	Are cables and cords positioned to eliminate tripping hazards?	___	___	___
10.	Are garage vehicle entrances and exits properly controlled?	___	___	___
11.	Is a low speed limit established and enforced around the garage?	___	___	___
12.	Are drip pans or suitable containers used to prevent oil, grease and gas from being spilled while vehicle is in garage maintenance area?	___	___	___
13.	Are warning labels applied and maintained on all vehicles having radio equipment installed?	___	___	___
14.	Are personnel adequately instructed pertaining to the hazards in battery shop work?	___	___	___
15.	Is adequate protective clothing (rubber boots, gloves, aprons and face shields) available? Is the equipment used?	___	___	___

Figure 13-8.--Safety Guidelines (Continued)

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<u>Motor Transport and Battery Shop</u> (Cont)		<u>Yes</u>	<u>No</u>	<u>NA</u>
16.	Is a siphon pump available?	—	—	—
17.	Is a deluge shower available?	—	—	—
18.	Does ventilation equipment include general exhaust as well as local exhaust system as appropriate?	—	—	—
19.	Are terminal straps available for handling batteries?	—	—	—
20.	Are safety regulations and operating procedures posted in shop including signs restricting area to entrance by authorized personnel only?	—	—	—
21.	Is suitable fire extinguishing equipment of approved types being maintained near all work areas?	—	—	—
22.	Is acid always poured into water?	—	—	—
23.	Are vent caps replaced before attaching or detaching charger cables?	—	—	—

Figure 13-8.--Safety Guidelines (Continued)

<u>Communication and Electronics</u>	Bldg. No. _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Are personnel who are engaged in electrical work fully informed of the hazards involved?	—	—	—
2.	Are rubber gloves provided and are they used when engaged in electrical work?	—	—	—
3.	Are metal handles of hand tools insulated?	—	—	—
4.	Are appropriate warning signs displayed in electrical, electronics shops?	—	—	—
5.	Are periodic inspections of equipment held? Is equipment properly marked?	—	—	—
6.	Are non conductive rubber mats provided for performance of maintenance on electrical equipment?	—	—	—
7.	Are all electrical workers trained in current methods of artificial resuscitation?	—	—	—
8.	Are these procedures posted for personnel to see?	—	—	—
9.	Is training given annually and documented?	—	—	—
10.	Are signs available for posting when high voltage equipment is in use (i.e., DANGER, HIGH VOLTAGE) or repair? (i.e., DO NOT TURN ON).	—	—	—
11.	When repairs to equipment are authorized is a safety observer being used?	—	—	—

Figure 13-8.--Safety Guidelines (Continued)

<u>Supply and Warehousing</u>		Bldg. No. _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Are warehouse principles followed as to firelane aiseways, cleaning space and boundary lines?		—	—	—
2.	Is material stacked in a secure manner?		—	—	—
3.	Are overhead storage lofts provided with stable double guard rail and posted as to maximum load limits?		—	—	—
4.	Are safety shoes and gloves supplied and are they worn when handling materials?		—	—	—
5.	Are personnel engaged in handling materials instructed by supervisors in the proper method of lifting heavy objects?		—	—	—
6.	Are hand trucks and similar devices loaded for easy handling? (Not overloaded). Are loads pulled up inclines and guided down keeping load below the worker?		—	—	—
7.	Are M/O boxes stacked in front of windows preventing natural light from entering?		—	—	—
8.	Are desks, work benches and work areas organized beneath overhead lights to afford maximum use of available lighting?		—	—	—
9.	Is supplementary lighting used where natural or overhead lights are not available?		—	—	—
10.	Are windows painted unnecessarily preventing natural light from entering?		—	—	—
11.	Is unauthorized asbestos material being stored? (SECNAV MSG R252240Z).		—	—	—

Figure 13-8.--Safety Guidelines (Continued)

<u>Welding and Compressed Gases</u>	Bldg. No. _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Is suitable fire extinguishing equipment of approved types being maintained near all welding and cutting operations? (NAVMAT P5100 refers)	___	___	___
2.	Is adequate ventilation provided while welding? (NAVMAT P5100 refers)	___	___	___
3.	Is appropriate protective clothing and equipment provided? Flameproof gloves, aprons, leggings, jackets, etc., as required. Eye protection (goggles) of correct type and head gear.	___	___	___
4.	Is there a designated, posted area for cylinders?	___	___	___
5.	Are cylinders stored standing upright?	___	___	___
6.	Are cylinders fastened to prevent their upset?	___	___	___
7.	Are cylinders kept separate by type?	___	___	___
8.	Are cylinders free from possible external damage?	___	___	___
9.	Are cylinders away from combustible materials? (Oil, grease, acetelyne)	___	___	___
10.	Are cylinders far enough away from actual operation so sparks, hot slag or flame can't reach them?	___	___	___
11.	Are cylinders away from other sources of fire, in summer away from direct sunlight (maximum temperature 130 degrees F.)	___	___	___
12.	Is extreme cleanliness maintained where oxygen acetylene welding equipment is utilized?	___	___	___
13.	Are safety regulations and preparatory operating procedures posted?	___	___	___
14.	Are safety observers used during welding operations?	___	___	___
15.	Are protective caps on compressed gas cylinders, when provided in the design, in place when in storage, in transit and whenever regulators are not in place? (NAVMAT P5100 refers)	___	___	___
16.	Are suitable trucks or carts used, with provisions for holding cylinders upright when moving them? (NAVMAT P5100 refers)	___	___	___
17.	Are empty cylinders tagged as "Empty" and segregated from full cylinders and valves securely fastened to assure the return of empty cylinders in good condition to suppliers?	___	___	___

Figure 13-9.--Safety Guidelines (Continued)

<u>Wood Working</u>	Bldg. No. _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Are personnel working in woodworking shops aware of hazards involved due to the speed at which machines operate and sharp cutting edges? (NAVMAT P5100 refers)	___	___	___
2.	Are personnel instructed that loose clothing, and jewelry may catch in moving machinery? Are such items prohibited?	___	___	___
3.	Are floors kept clean, free of sawdust, scrapes of wood and other objects which may cause tripping or slipping?	___	___	___
4.	Are aisleways plainly marked?	___	___	___
5.	Is personal protective clothing and equipment provided in adequate quantity?	___	___	___
6.	Are all machines properly guarded?	___	___	___
7.	Are all hazardous areas marked with signs?	___	___	___
8.	Are signs posted stating only authorized personnel will operate woodworking machines?	___	___	___
9.	Are switches within immediate reach of the operator on each machine?	___	___	___
10.	Is a method provided for locking switches in the off position during maintenance operations?	___	___	___
11.	Is adequate working space provided around each machine?	___	___	___
12.	Are overhead lofts provided with stable double guard rail?	___	___	___
13.	Are operating instructions and safety regulations posted near each machine?	___	___	___
14.	Are nonadjustable ladders that are not self-supporting equipped with non skid bases or safety hooks?	___	___	___
15.	Are adjustable extension ladders equipped with non-skid bases and spring loaded rung locks with metal shackles?	___	___	___
16.	Are step ladders equipped with an automatic spreader or locking device to keep them open?	___	___	___

Figure 13-8.--Safety Guidelines (Continued)

<u>Mess Hall</u>	Bldg. No. _____	<u>Yes</u>	<u>No</u>	<u>NA</u>
1.	Is stock properly stacked in storerooms?	—	—	—
2.	Is storeroom properly ventilated?	—	—	—
3.	Is protective clothing (metal apron and gloves) and devices utilized when operating saws, grinders, and other machines?	—	—	—
4.	Are pads, potholders and other insulated hand guards provided?	—	—	—
5.	Are hot water and steam lines insulated to protect personnel from accidental burns?	—	—	—
6.	Are operating instructions posted by each machine?	—	—	—
7.	Are guards in place, feeds utilized or push sticks?	—	—	—
8.	Do reefer doors contain emergency opening devices?	—	—	—
9.	Is rodent and insect control being employed?	—	—	—
10.	Are insecticides or other substances that may contaminate food segregated?	—	—	—
11.	Are good housekeeping and sanitation habits being enforced?	—	—	—
12.	Are overhead exhaust systems cleaned regularly?	—	—	—

Figure 13-8.--Safety Guideline (Continued)

Unit Inspected _____	Bldg. No. _____	Yes	No	NA
<u>Fire Prevention</u>				
1.	Are fire extinguishers properly mounted, full, inspected regularly?	___	___	___
2.	Are Fire Bills posted and fire stations assigned/posted?	___	___	___
3.	Fire procedures with reporting instructions, locations or available telephones and Fire Alarm boxes posted?	___	___	___
4.	Are extinguishers marked by class of fire?	___	___	___
5.	Are fire doors in working order and exits properly marked and clear?	___	___	___
6.	Are fire lanes maintained clear with directional arrows or signs for egress?	___	___	___
7.	Are door and windows obstructed?	___	___	___
8.	Are clearances maintained fire wall, side walls and overhead clearance maintained?	___	___	___
9.	Are no smoking signs posted and enforced in hazardous areas? Are butt receptacles provided in smoking area?	___	___	___
10.	Are rubbish cans provided, emptied regularly?	___	___	___
11.	Are oily rags stored in approved cans and emptied regularly?	___	___	___
12.	Are combustible materials stored properly and segregated when necessary?	___	___	___
13.	Is electrical work done by authorized personnel?	___	___	___
14.	Are extension cords of excessive length?	___	___	___
15.	Is there loose wiring?	___	___	___
16.	Are stoves and heaters separate from combustibles?	___	___	___
17.	Are stoves approved by the Fire Department for use?	___	___	___

Figure 13-8.--Safety Guidelines (Continued)

TRAFFIC SAFETY EVALUATION

<u>QUESTION</u>	<u>Yes</u>	<u>No</u>
1. Is a special safe driving message given to personnel going on leave or on extended liberty?	—	—
2. Have all persons under the age of 26 received Driver's Improvement Training (DIC)?	—	—
3. Is a periodic check made by the Commanding Officer/Officer-in-Charge regarding the condition of private vehicles owned by personnel in the unit?	—	—
4. Does the Commanding Officer/Officer-in-Charge discuss private vehicle mishap prevention at safety meetings?	—	—
5. Does your command/organization have Base Order 5101.18, Marine Corps Special Emphasis Seatbelt Program, on file?	—	—
6. Is a check made to ensure that personnel have an operator's license prior to operating a vehicle?	—	—
7. Are drivers tested and trained in vehicles they will be licensed to operate?	—	—
8. Are the drivers' records complete and current?	—	—
9. Is the method utilized in the selection of prospective drivers adequate?	—	—
10. Are provisions made for special training in the operation of forklifts and other special purpose equipment?	—	—
11. Does your command/organization monitor seatbelt usage in GOVs?	—	—
12. How man GOVs are assigned to your command?	_____	_____

Figure 13-8.--Safety Guidelines (Continued)