

Methods to Determine Safety Compliance

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Ask yourself...

What is safety?

- Regulatory compliance
- Lack of reported incidents/injuries
- Written policies and procedures
- Implementation and accountability
- Staff engagement and participation



Ask yourself...

What is your approach to safety?

- Proactive planning vs reactive response
- Subjective assessments vs objective data
- One and done vs cyclical
- OSHA regs vs rules of your own





Ask yourself...

Does anything ever go exactly to the plan?

- Changes in projects scopes
- Changes in staff and location
- Changes in equipment or operations
- Changes in hazards and safety controls

Measuring compliance

How effective are our programs?

- Leading indicators
 - Ways that incidents were prevented
 - Safety participation, training and resources, hazard controls, engineering upgrades
- Lagging indicators
 - Opportunities for safety improvement
 - Incident and injury data
- Regulatory comparison indicators
 - Recordkeeping and written documentation
 - Occupational exposure limits
 - Gap analysis



Measuring compliance

How do we look at our own program?

- ANSI Z.10 standard for safety and health management systems
 - PLAN, do, CHECK, act model
- Frequent observations and check-ins
 - Safety partnerships
 - Audits and inspections
- Using data to plan strategically
 - Prioritizing efforts and setting goals



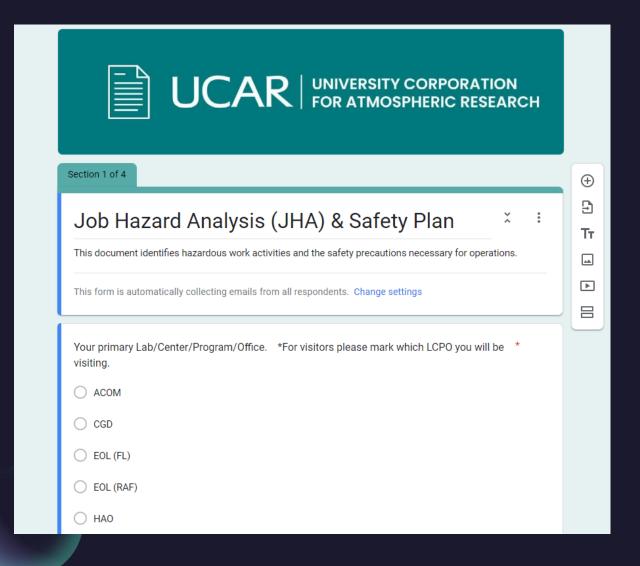


Safety Plan

- Wide range of work activities here at UCAR
 - Lab, Industrial, Field, Office
- 100 compliance programs to manage
- 76 safety training categories
- Staff engagement
 - Job Hazard Analysis, Operating / Maintenance Procedures

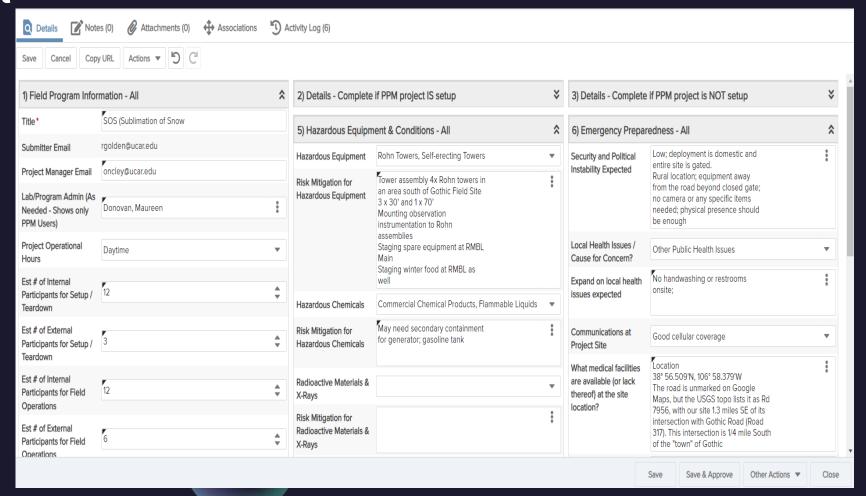
Job Hazard Analysis

- Participants (Internal + External)
- Work summary and timeline
- Hazard identification
 - Chemicals / Compressed Gases / Cryogens
 - Electronics / Hazardous Energy
 - Ionizing radiation and Non-ionizing radiation
 - Specialized Equipment
 - Other hazardous conditions (Elevated work, confined space, forklifts, aerial/scissor lifts)
- Hazard controls
 - Personal Protective Equipment (PPE)
 - Written procedures and manuals
 - Engineering and infrastructure



Project Deployment Risk Assessment

- Participants (Internal + External)
- Work summary and timeline
- Hazard identification
 - Hazardous equipment needs
 - Chemicals or radiation sources
 - Weather/environmental
 - Transportation/terrain
 - Communication
 - Emergency preparedness/response









Safety Check

- Audits
- Inspections
- Critiques and feedback
- Assessments for continual improvement

Comprehensiv e Risk Assessment

- Merged elements
 - ANSI Z.10
 - OSHA Compliance Programs
 - Health care facility vulnerability assessment

	HAZA							
		SEVERIT	Y = (HESS Subie	ective Opinion: Yes	s's vs. No's)			
resent	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	DEFINED EXPECTATIONS	TRAINING	Tools and Resources	RISK	
y of gap	Possibility of death or injury	Physical losses and damages	Regulatory citations or fines (OSHA, ERA, etc)	Do we have a written program or governing doc?	Do staff know and understand roles and responsibilities?	Review/Inspection process, checklists, communication loop, etc	Relative threat*	
ate	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Afocierate 3 = High	0 = N/A 1 = Low 2 = A/coderate 3 = High	0 = N/A 1 = High 2 = N/oderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = N/oderate 3 = Low or none	0 - 100%	
2	1	0	1	2	2	2	30%	No change to report
1	1	1	2	2	1	1	15%	No change to report
1	1	0	1	1.5	1	1	10%	Fit testing scheduled! Gaps: testing el line for Bobka and RAF paint booth; u masks for isocyanates (do they need pressure like asbestos environment?)
1	1	1	1	1	1	1	11%	Renewed Rad Materials License and be in good compliance and managem
2	2	1	2	0	0	0	19%	No change to report

Comprehensiv e Risk Assessment

- Analysis elements
 - ANSI Z.10
 - OSHA Compliance Programs
 - Health care facility vulnerability assessment

Program	Riek Rating 2022	Risk Rating 2019	Highest Ranking Risk
S&H Management			
S&HMS Implementation and Operation	51%	57%	Procurement standards (83%); Documented S&H policy (72%)
Participation and Involvement	57%	72%%	Management involvement (89%); Incentive programs (78%); Safety Performance Metrics (72%)
Life Safety Components	21%	198.	Emergency Action Plans (41%)
Job Planning	69%	68%	Field Projects (89%); JHA (83%), SOPs, (89%)
Training and onboarding	69%	26%	Documented Safety Responsibilities (94%); Demonstration of Competency (100%)
Recordkeeping	28%	26%	Near Misses (56%); Incident recordkeeping (44%)
Evaluation and Corrective Action	56%	50%	Violations/Nonconformance (83%); Systematic audi shoedule and plan (83%)
SMHS Management Review	20%	28%	Systematic tracking of Rick Reduction (26%)
			,
S&H Compliance			
	E40/	270/	December Control Management (70%)
Workplace and Critical Process Safety	54%	37%	Process Safety Management (78%)
Fatality and Injury Prevention	37%	67%	Fall Protection (52%)
Walking and Working Surfaces	33%	17%	Scaffolding (59%) Specific Procedures LOTO (83%); Equipment
Electrical Safety	46%	76%	modification and design (83%)
Machine Guarding	46%	78%	Handtools Power Tools (48%)
Vehicular	24%	54%	Hoists and Cranes (58%)
Employee Exposure (Physical)	22%	56%	Laser safety (44%); Welding safety (41%)
Employee Exposure (Chemical)	24%	54%	
Asbestos	31%	74%	Training for affected staff (37%)
GHS/Haz Com	25%	57%	SRS Resources (33%); PPE (33%)
Hazwoper	33%	54%	Overall spill response program (41%)
Lab Safety/ Chemical Hygiene Plan	19%	50%	Written chemical hygiene plan (28%); highly hazardous chemicals (30%)
Transport	12%	44%	DOT Training Compliance (13%)
Waste Management	9%	28%	Waste accumulation (13%); Waste recordkeeping and reporting (13%)
Contractor and Visitor Safety	33%	67%	Contractor Work Rules and Management (63%); Visiting Scientist Program (56%)

Training Assessment Matrix

- Analysis elements
 - Current training programs
 - Existing workplace hazards
 - Comprehensive Risk
 Assessment

	LCPO	ACOM Lab	ACOM Engineering	EOL BSE	EOI ISS	EOI DES	EMS base (2)	EMS Maint	EMS I pointing	FMS Projects/Construction	EMS Took Sequeity	HVOIC	HAO MLSO	HECC	ммм	NETS (Infrastructure)
Hazard / Training	LCFO															
category		20	5	13	17	10	5	19	5	5	2	6	9 4	6	4	12
	Hazardous Work (Aerial and Scissor Lifts)	2		7	0	2		12		2	2	. 2	2	1		12
	Hazardous work (other heavy machinery; excavators / bobcats)				0			10		2				1		
	Hazardous work (heavy drilling, sanding, grinding, cutting)			5	8	5		10		2	2		2	2 1		10
	Hazardous Work (Welding / Brazing)			3		2		3		2				1		
	Hazardous Work (Soldering)	5	2	2 5	7	2		2		2	1	4	4 3	3 2	. 3	4
	Hazardous work (in and around L&I areas)	20	5	5 13	14	10	5	18	5	5	2	, ,	7	. 6	4	12
	Hazardous work (audits and inspection / overseeing)	10														
	Electrical Work (Equipment and design review)	5						7		5			3 2	2 2		
	Electrical Work (Lab / benchtop)	20	5	5 7	8	4		7				8	3 2	2 2	2	12
	Electrical Work (Facility / Utilities)							7		2	2			2		6
	Electrical Work Arc Flash)							7		2				2	!	
	LOTO (Electrical)	2	4	7		5		7		5		8	3 2	2 2		10
	LOTO (Other catergory)	5	4	7	8	5		15		5	2	8	3 2	2 2	2	12
L&I Training	Exposure (Noise)		2	7	8	8	1	15	2	. 5	2	2 ;	3		1 2	2 12
	Exposure (Respiratory)	5	2	7	7	3		12			2	2		,	1 2	2 12
,	Exposure (Chemicals / Vapors / Fumes)	5	1	4	4	3		5		2					2 2	
	Exposure / Hazardous work						3									
	(Asbestos) Exposure / Hazardous work (intrusive work / generating dust						3	16			2			,		12
	/ particulates) Exposure (lonizing Radiation)	7	3	7		3	3	12		2			2		3	12
	Exposure (Non-ionizing /	7	3	7	6	3		2		2			4	,	,	

Other applications

- Building inspections
- Facility commissioning
- COVID-19 phased reopening

OSHA 29 CFR		Risk Description describes conditions	s of non-compliance	in which 'an event'	may occur resulting	in 'consequences'				
1910 Subpart D Walking-Working Surfaces	29 CFR 1910.36 and 37 Means of Egress	Risk Impact assesses how severe the	e "consequences" o	or outcome (injury, ille	ness, fatality, regula	itory intervention) w	rould be if the haza	ird captured in RISI	⟨ DESCRIPTION is not addres	
	_	Risk likelyhood assesses how likely t			, ,,					
RISK TYPE	RISK CATEGORY	Location	RISK DE	SCRIPTION	RISK IMPACT	RISK LIKELIHOOD	RISK RATING	RISK EXPOSURE	MITIGATION (to reduce risk)	
Health and Safety	Improper Storage/Accumulatic Hangar A Stainwell		Improper Storage stairwell	of materials under	3	3	9	MEDIUM	Remove items and store in correct designated locations or dispose of Move into Hangar A by the emergency exit; with proper mounting and signage	
	Life Safety	Hangar A Stairwell	Improperly placed extinguisher		3	3	9 MEDIUM			
	Life Safety	Hangar A Mezzanine	Gap between wall and flooring result in dropped equipment people and or fire issues		4	3	12	HIGH	Fill with Fire Caulk	
	Life Safety	Hangar A Stairwell	No exit sign causing visibility and egress issues Door to stairwell needs sign that says "not an exit"		3	3	9 MEDIUM		Install illuminated Exit sign per code	
	Life Safety	Hangar A Stairwell			3	3	9 MEDIUM		Order and apply proper signage	
	Life Safety	ife Safety Hangar A		Needs fire caulking	4	3	12	HIGH	Fill with Fire Caulk	
					,					
This risk assessment fo	rm has been created to assist	in decision masking processes as it perta	ains to phased reope	ening and reoccupyin	g facilities guring the	e COVID-19 pandem	nic			
		e been selected based on state, local, a								
		isk Impact assesses how severe a gap is					emic (1 low; 5 high	h)		
	Ri	isk likelyhood assesses how perpared the	e organization is to n	nitigate the gap/desc	ribed risk (1 low; 5	high)				
				RISK		RISK				
RISK TYPE	RISK CATEGORY	RISK DESCRIPTION	RISK IMPACT	LIKELIHOOD	RISK RATING	EXPOSURE	π	RIGGER	MITIGATION (to re	
	Case positivity (Infection) rate is increasing									
Operational			4	2	8	MEDIUM	Denver) Seven Da	are unstable; fluctua	(Infection) rates are at 5%	
Operational	Pandemic Data in		4		8		Denver) Seven Da (Infection) rates a in higher percent	ay Case Positivity are unstable; fluctua	d, Denver) Seven Day Case P (Infection) rates are at 5% ating moderate) or less for 3 co weeks low Sensitivity improves to 98 improves to 98%	
Operational	Pandemic Data in Te Pandemic Data fa	creasing esting method is inaccurate (too many	·	2		MEDIUM	Denver) Seven Do (Infection) rates a in higher percent Sensitivity below 80% State was able to	ay Case Positivity are unstable; fluctua ages	Infection) rates are at 5% moderate) or less for 3 co weeks Sensitivity improves to 98 improves to 98% State needs to be able to 30,000+ tests per day; Co	
Operational	Pandemic Data in Te Pandemic Data fa Ar Pandemic Data lo	creasing esting method is inaccurate (too many ilse negatives) ccess to asymptomatic testing is still	3	2	6	MEDIUM	Denver) Seven Do (Infection) rates a in higher percent Sensitivity below 80% State was able to per day (08/01/2 needed 30,000+	ay Case Positivity are unstable; fluctua ages 80%; Specificity be provide 10,500+ te	Independent of the state of the	
Operational	Pandemic Data in Te Pandemic Data fa Ar Pandemic Data lo	creasing esting method is inaccurate (too many ilse negatives) ccess to asymptomatic testing is still	3	2 2 1	6	MEDIUM MEDIUM LOW	Denver) Seven Do (Infection) rates at in higher percest Sensitivity below 80% State was able to per day (08/01/2 needed 30,000+	ay Case Positivity are unstable; fluctua ages 80%; Specificity be a provide 10,500+ te 0); unable to provid	Infection) Seven Day Case P (Infection) rates are at 5% ating moderate) or less for 3 co weeks Iow Sensitivity improves to 98 improves to 98% State needs to be able to 30,000+ tests per day; Co contracts from local healt becomes an option	
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Operational	Pandemic Data in Pandemic Data fa Ar Pandemic Data lo Pandemic Data Te Pandemic Data In Pandemic Data In Pandemic Data fo	creasing esting method is inaccurate (too many lise negatives) ccess to asymptomatic testing is still we esting result delays adequate prevention methods raccination) for COVID-19 adequate medical treatment methods or COVID-19	3 1 1	2 2 1	6 1 1	MEDIUM MEDIUM LOW LOW	Denver) Seven Do (Infection) rates a in higher percent Sensitivity below 80% State was able to per day (08/01/2 needed 30,000+ Test turn-around 8-12 days	ay Case Positivity are unstable; fluctual ages 80%; Specificity be provide 10,500+ te 0); unable to provid times are averaging	d, Denver) Seven Day Case P (Infection) rates are at 5% moderate) or less for 3 co weeks low Sensitivity improves to 98 improves to 98% State needs to be able to 30,000+ tests per day; Co contracts from local healt becomes an option Testing centers need to de average turn-around time FDA approved vaccination widely available	
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Operational	Pandemic Data in Pandemic Data fa Ar Pandemic Data lo Pandemic Data Te Pandemic Data In Pandemic Data fo Pandemic Data fo Pandemic Data Fo Pandemic Data Pendemic Data	creasing esting method is inaccurate (too many lise negatives) ccess to asymptomatic testing is still we esting result delays adequate prevention methods raccination) for COVID-19 adequate medical treatment methods or COVID-19 eschnologies to help prevent spread of OVID-19 (surface contamination, UV,	3 1 1 1	2 2 1 1 1	6 1 1 1	MEDIUM LOW LOW LOW LOW	Denver) Seven Do (Infection) rates a in higher percent Sensitivity below 80% State was able to per day (08/01/2 needed 30,000+ Test turn-around 8-12 days No FDA approve Lack of standardi protocols Many options are Confirmed case of	ay Case Positivity are unstable; fluctual ages 80%; Specificity be provide 10,500+ te 0); unable to provid times are averaging d vaccine available zed medical treatm	Infection) rates are at 5% moderate) or less for 3 co weeks Iow Sensitivity improves to 98 improves to 98% State needs to be able to 30,000+ tests per day; Co contracts from local healt becomes an option Testing centers need to da average turn-around time FDA approved vaccination widely available FDA and clinically approved drugs or methods Research-driven options a approved by CDC and local departments Onsite questionnaire and hygiene protocols; staff to	

This risk assessment form has been created to assist in decision masking processes as it pertains to reopening and reoccupying the Research Aviation Facility (RAF) as we approach a completion of remodel

The hazards captured in this form have been observed by the HESS team during site visits and walkthroughs and are evaluated with regulatory compliance (OSHA, NFPA, NEC, etc) in mind



Questions?