

National Aeronautics and
Space Administration

George C. Marshall Space Flight Center
Marshall Space Flight Center, AL 35812



March 21, 2002

Reply to Attn of:

QS50 (02-28)

TO: Distribution

FROM: QS50/David J. Spacek

SUBJECT: Minutes of the Special MSFC Safety, Health, and Environmental Area
Committee Meeting

A Special Safety, Health, and Environmental (SHE) Area Committee met at 10:30 a.m. on Thursday, March 14, 2002, Building 4203, Conference Room 1201. The purpose of the special meeting was to discuss the proposed new format for the SHE Committee.

Keith Cornett and Phil Robbins presented charts outlining the proposed new structure. The new format is geared toward more non-supervisory employee involvement, and has many subcommittees reporting to it.

After a lengthy discussion, Axel Roth directed the charts be sent to the attendees and to the Committee members for their review and comments. It was requested that comments be forwarded to Keith Cornett. A decision to approve/disapprove was delayed until comments are reviewed. The attendance list is on file in the Industrial Safety Department. The chart presentation is enclosed.

A handwritten signature in black ink, appearing to read "David J. Spacek".

David J. Spacek
Manager
Industrial Safety Department

Enclosure

Distribution:
SHE Web Page

PRELIMINARY NEW SHE COMMITTEE CHARTER **GUIDELINES**

Mission Statement: Develop and manage Annual MSFC SHE Plan based on SHE Program Assessments

Goals and Objectives: Defined in SHE plan.

Meeting Schedule: Safety committee meetings hold be held at least twice a month.

Quorum Rules: Minimum of 50% attendance of the core team to hold a meeting.

Membership Terms: One year.

Chair Selection: Determine by vote annually.

Attendance Requirements: Committee members must attend to vote. In case of absence substitutes may attend but not vote..

Management Participation: management participation may not exceed 50%.

Data Review/Analysis: Safety, Health, and Environmental data to include reports of open action items, trend analysis (accidents, employee concerns report, ergonomic, inspection findings, etc.) and other loss data should be reported and reviewed.

VPP 2001 SHE Program Assessment
 Gap Analysis
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Element ID	Element	Assessment Recommendations	Assigned to	Planned Completion Date	Actual Completion Date	Dependant on
1.0	Management Leadership & Employee Involvement	<p>The numbers before a recommendation tells the origin of the action. Below are the keys:</p> <p>1.1-01 from Star Assessment OV24 from State OSHA visit</p> <p>MSFC Self Assessments</p> <p>SPC1 from SHE Program Checklist NHSC11 From Non-Hazardous Area SHE Checklist</p>	See Legend at bottom of each page			
1.1	Management Commitment	2.3-01 Implement new SHE Committee structure	VSC			
1.1.1	Policy	1.1-01 Publish, communicate, and post safety policy throughout MSFC workplace in all Directorates and contractor areas.	SCT			
1.1.2	Goals	1.1-03 Communicate Goals in particular, specific objectives to all workers (civil Service and Contractors) periodically	D			
1.1.3	Objectives					
1.2	VPP Commitment	1.2-01 Communicate the VPP Elements and solicit involvement in the VPP process throughout MSFC across all Directorates and contractors.	SCT			

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1.3	Planning	OV24. acquire from local VPP STAR-certified sites in our region copies of Safety and Health Plan(s) and VPP Applications.	VPP			
1.3	Planning	OV 25 - Implement a new annual SHE Planning process where Policy is reviewed and yearly Goals and Objectives are agreed upon and progress is tracked against them on a regular basis	CS			
1.4	Written Program	1.4-01 Modify MPG 8715.1 to better document VPP elements, specifically:	QS			
1.5	Top Management Leadership	2.1-01 – OV20 Change the Management culture to “require” worker-level input into ongoing discussions. OV20. insure that the center’s new approach to safety and health is toward an employee-driven system.	CS			
1.5.1	Communications	SPC27 – Assure all your employees know how to acquire mishap information.	D			
1.5.1	Communications	2.2-01 Encourage employees to get involved in the SHE program.	CS			
1.5.1	Communications	SPC40 – Management (all levels) discuss the center safety and health policy and goals with your employees				
1.5.1	Communications	NHSC11 – Provide for all your employees the basic information about risk factors, jobs, and work activities associated with common musculoskeletal disorders (MDs) hazards.				
1.5.1	Communications	1.1-03 – Communicate site goals and specific objectives (action plans) to all workers (civil servant and contractor), periodically.	CS			
1.5.2	Setting Example					

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Element ID	Element	Assessment Recommendations	Assigned to	Planned Completion Date	Actual Completion Date	Dependant on
1.5.3	Employee Access					
1.5.4	Equal Protection					
1.5.5	Defined Responsibility	1.1-02 - OV4 Develop measurable action plans in support of MSFC goals for each Directorate and committee. Periodically document status, milestones and expectations.	VPP			
1.5.5	Defined Responsibility	NHSC15 – When required by an ergonomic assessment, provide ergonomic chairs/furniture to an employee.	D			
1.5.7	Resources	SPC 7 - Organization does not have enough resources to correct hazardous conditions	D			
1.5.7	Resources	2.1-02 Make time available for employee involvement.	CS D			
1.5.7	Resources	4.2-01 See Recommendation 3.5-01.	QS			
1.5.8	Line Accountability	1.5-01 Develop a Directorate level sense of ownership for safety and health initiatives.	D			
1.5.8	Line Accountability	1.5-02 Expand use of Safety Metrics, encompass more prospective measures at the Directorate level and below. Expand metrics currently being presented by S&MA at the SHE Committees. Require action plans for disappointing trends.	D			
1.6	Employee Involvement	2.3-01 Redefine the SHE committee to have at least equal worker representation. Define the	CS			

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		committee role and make each member a champion of a specific VPP element or action plan, subcommittee or activity. Have each champion form a subcommittee or ad hoc to facilitate the VPP Process. Require each member to actively report on the progress of an action plan.				
1.6	Employee Involvement	SPC11 - Promote MSAT membership in your organization	D			
1.6	Employee Involvement	SPC12 - Communicate your MSAT members names throughout your organization.	D			
1.7	Contract Worker Coverage	1.6-02 Update procedures to ensure contractor injury and illness rates are accurate. Include the rates in the selection process.	CSFQS			
1.7	Contract Worker Coverage	5.1-02 Audit contractor certification records against CERTRAK data and update system to accurately reflect trained personnel.	D			
1.7	Contract Worker Coverage	OV2 Update SHE plan to insure that it includes a Contractor Surveillance plan.	QS AD			
1.8	SHE Program Evaluation Annual	OV5 Central SHE do annual review of MSFC SHE Program				
1.8	SHE Program	OV3 Amend all SHE program Documentation to include the date last reviewed	OPR			

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	Evaluation Annual					
1.8	SHE Program Evaluation Annual	SPC 8 - Review and assign corrective actions on your organizations 2001 PEP Survey	D			
1.8	SHE Program Evaluation Annual	1.7-01 Develop a process to make the PEP a more effective tool.	PEPSC			
1.8	SHE Program Evaluation Annual	1.7-02 Summarize PEP report and fold it with other evaluations into a Narrative Report like example provided by Virginia Simmons once a year. Eventually this will need to be submitted to OSHA annually in February 15.	PEPSC NSC			
1.8	SHE Program Evaluation Annual	OV17 insure contractor historical safety performance data is used as a selection factor when awarding contracts.	PS			
1.8	SHE Program Evaluation Annual	OV25 - Evaluate annual SHE plan that wea developed under 1.3	NSC CS review			
1.8	SHE Program	OV6 - Update 8715.1 to reflect annual evaluation report	QS			

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	Evaluation Annual					
2.0	Worksite Analysis					
2.1	Management Understanding					
2.2	Pre-Use Analysis	3.3-01 Encourage the implementation of the hazard assessment process	JHASC			
2.3	Comprehensive Surveys					
2.3.1	Baseline Subsequent Surveys	1.7-01 – Develop a process to make the PEP a more effective tool.				
2.3.2	Industrial Hygiene Sampling Rationale & Strategy	4.4-03 Add “Use of Chemicals” as a clarification for laboratory personnel.	AD			
2.3.2	Industrial Hygiene Sampling Rationale & Strategy	4.4-04 Work with AD (environmental health) to develop a matrix, matching potential job exposures to known exposures. Integrate EH into the Questionnaire Process so that appropriate medical surveillance is performed.	AD			
2.3.2	Industrial Hygiene Sampling Rationale & Strategy	5.1-01 Review hazard communication training and ensure that material specific training with historical industrial hygiene data is included.	AD			

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2.3.	Industrial Hygiene Sampling Rationale & Strategy	1.4-01 Change analysis and Hazard Assessment for Industrial Hygiene	AD			
2.4	Hazard Analysis	SPC14 – Assess each of your operations and identify the Facility Risk Indicator (FRI) associated with it.	D			
2.4	Hazard Analysis	SPC15 – Perform the appropriate level of safety assessments as required by MWI 8715.15 Table 1 (JHAs, TRRs, or ORIs)	D			
2.	Hazard Analysis	3.2-02 The Environmental Health (EH) program should develop a qualitative, proactive process, which identifies hazardous exposures and operations. Sampling plans should be developed as a result of this analysis. This information should be shared with the Medical Center to better identify medical surveillance needs (See 4.4 Occupational Health care).	AD			
2.4	Hazard Analysis	OV19. insure their respective work sites are compliant with OSHA regulations, and free of hazards which would fall under the General Duty Clause.	D			
2.4	Hazard Analysis	21. insure that each employee has a JHA or use SOP's that contain the results of job hazards analysis	D			
2.4	Hazard Analysis	3.3-01 Continue to encourage the implementation of the JHA process.	D			

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2.4	Hazard Analysis	4.1-03 Enhance ergonomic assessments and improvement for the non-office activities.	ERGSC			
2.4	Hazard Analysis	3.1-01 See 3.3 Improve Hazard Analysis	JHASC			
2.4	Hazard Analysis	3.3-02 Require an Environmental Health set of Facility Risk Indicators (FRIs).	JHASC			
2.4	Hazard Analysis	3.3-03 See Recommendation 4.1-01.	JHASC			
2.4	Hazard Analysis	4.1-01 Better define and train personnel to incorporate JHA identified controls into existing work procedures.	JHASC			
2.4	Hazard Analysis	OV18. must develop hazard recognition training for office workers and non-certified hazardous operations workers. Verify that employees certified to perform hazardous operations receives this training as part of their certification training.	TSC			
2.4	Hazard Analysis	NHSC14 – Address MSD Hazards in each employee’s Job Hazard Analysis (JHA).	JHASC			

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2.5	Routine Inspections	3.4-01 Provide hazard recognition training for personnel responsible for conducting inspections.	CD			
2.5	Routine Inspections	3.4-02 / OV7 Develop area-specific inspection forms to reflect hazards associated with each Directorate and contractor activity.	D			
2.5	Routine Inspections	OV8 Develop Training for employees doing inspections specific to recognizing hazards in the type areas they inspect.	D			
2.5	Routine Inspections	SPC19 – Post SHE inspection finding reports or equivalent hazard notices near the hazards in your areas.	D			
2.5	Routine Inspections	1.6-01 Make unannounced safety audits	SUB			
2.5	Routine Inspections	NHSC23 – Check emergency lights and exit signs monthly.	Ds			
2.6	Written Employee Hazard Reporting System	SPC22 – Assure all employees are familiar with and know how to submit a SCRS	D			
2.6	Written Employee Hazard Reporting System	OV10 Verify NSRS/SCRS boxes are adequately located in all facilities including work areas	D			
2.6	Written Employee Hazard Reporting System	3.5-01 Develop a worker team of QS, AD (EH), Directorate and contractor personnel to improve the SCRS system. Address the needs of the contractors to better select and sort on their issues, so they can be better tracked, closed and verified.	QS			

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2.6	Written Employee Hazard Reporting System	3.6-03 Encourage more close-call reporting by measuring and publishing the frequency of incidents by directorate	QS			
2.6	Written Employee Hazard Reporting System	OV11. develop an answer loop/process to inform employees of decisions on anonymous SCRS's which are submitted on "paper".	QS			
2.6	Written Employee Hazard Reporting System	NHSC13 – Report all MSD symptoms on NASA form 1627				
2.7	Accident Incident Investigation	3.6-02 Train investigators in root cause identification.	D			
2.7	Accident Incident Investigation	3.6-01 Develop a consistent root cause set of definitions, geared at going past unsafe acts and conditions (indirect causes) and identify the system failure that allowed the unsafe act or condition to exist (Direct cause).	QS			
2.7	Accident Incident Investigation	4.4-02 Ensure all reported recordable injuries are captured on the OSHA 300 log.	QS CSF			
2.8	Trend Analysis	3.7-02 Develop corrective action plans for apparent trends (e.g. the predominance of hand-related injuries and cuts and lacerations).	CS			
2.8	Trend Analysis	3.7-01 / OV1 Consideration should be given to trending injury and near miss (Close call) data for employee length of service, repeat injuries,	QS AD			

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		injuries by occupation, etc. Safety and Housekeeping inspection findings, safety related maintenance issues, employee concerns, and other issues similarly could be trended.				
3.0	Hazard Prevention & Control					
3.1	Hazard Elimination Or Control					
3.1.1	Initiating & Tracking System	3.4-03 With each Directorate, monitor the progress on corrective actions. Provide those individuals with technical resources needed to address corrective actions. Take action on overdue items.	D			
3.1.1	Initiating & Tracking System	4.3-01 Provide periodic report to SHE Committee on the status and closure rates of Safety Maintenance Work Orders.	NSC			
3.1.2	Preventive & Predictive Maintenance	OV13. insure PM system/procedures and associated PM records in place.	D			
3.1.3	Occupational Health Care	4.4-03.1 Ensure all laboratory personnel are included in medical surveillance.	D			

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	Program					
3.1.3	Occupational Health Care Program	4.4-01 Determine why medical monitoring database printouts are not capturing all applicable employees	AD			
3.1.3.1	Access to Certified/Licensed health care professionals					
3.1.4	Emergency Procedures	OV14. NHSC33 - ensure "Safety walkthrough checklist" is updated to add check for emergency numbers posted on or near phones.	QS			
3.1.4	Emergency Procedures	NHSC25 - Review drill procedures with employees not present during drills.	D			
3.1.4	Emergency Procedures	NHSC43 - Clearly identify doors opening into walkways.	BMSC			
3.1.5	Engineering Controls					
3.1.6	Administrative Controls	SPC30 / NHSC62 - Establish and post Housekeeping Rules in all your work Areas.				
3.1.6	Administrative Controls	NHSC61 - Assure all computer rooms and areas that generate large amounts of paper have metal cans with self-extinguishing covers.	D			
3.1.7	Work Practice Controls Safety & Health Rules	OV 16. develop an adequate disciplinary system which addresses consequences for violation of SHE rules.	CD			

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3.1.8	PPE	4.1-02 / SPC37 - Update PPE hazard assessments in each Directorate and for each contractor.	D			
3.1.8	PPE	OV23. modify MWI 8715.1 to clarify that the PPE selection process identified by 29 CFR 1910.132 is not a substitute for the JHA process, but instead is done as a separate process in addition to the JHA process.	JHASC			
3.1.8	PPE	OV23. modify MWI 8715.1 to clarify that the PPE selection process identified by 29 CFR 1910.132 is not a substitute for the JHA process, but instead is done as a separate process in addition to the JHA process.	JHASC			
3.1.9	Hazard Control Programs					
3.1.9.1	LOTO	3.2-01 Improve Lock-out-tag-out process	LOTO SC			
3.1.9.2	Process safety management					
3.1.9.3	Confined Space Entry					
3.1.9.4	Hazard Communications	SPC31 / NHSC48 - Assure that MSDS are available for all Chemicals in your area.	D			
3.1.9.4	Hazard Communications	NHSC49 – ensure all employees are familiar with applicable MSDSs.	D			
3.1.9.4	Hazard Communications	NHSC64 – Assure load limit signs are in place on all overhead storage areas.	D			
3.1.9.5	Ergonomics	NHSC13 – Inform all employees on the proper				

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		procedures to use when reporting musculoskeletal disorders and their signs and symptoms				
3.1.9.6	Disciplinary System					
4.0	Training					
4.0	Training Process	5.4-01 Solicit employee feedback on training to determine relevance and appropriateness and utilize this information to improve the training materials. Demonstrate that improvements are made.	TSC			
4.0	Training Process	5.4-02 Utilize missed questions on exams to improve training material.	TSC			
4.0	Training Process	Complete your Organizations Training Needs Assessment.	D			
4.0	Training Process	SPC39 – Ensure all your employees have taken or are scheduled for their required SHE training.				
4.1	Manager	5.3-01 Develop and deliver a training curriculum to management consisting of:	TSC			
4.2	Supervisor	5.2-01 Create a formal set of courses and curriculum reflective of supervisors SHE responsibilities. Ensure attendance.	TSC			
4.3	Employee	5.1-03.1 Train employees (Workers/contractors) to task-specific hazards(JHA) & controls	D			

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4.3	Employee	OV15 develop and administer S&H orientation program for vendors, visitors, delivery personnel, etc.	QS AD			
4.3	Employee	5.4-03 Develop and improve Directorate-specific courses that address hazards associated with their area (Chemical Hygiene and Laser Safety in SD etc).	D			
4.3	Employees	5.1-03 Develop training curriculum for committee members on assigned roles. Implement the training.				
4.3	Employees	OV9 Office worker subcommittee Develop/refine training on how to do inspections for office workers, hazardous ops/non- certified personnel	CD			
4.3	Employees	NHSC16 – Instruct employees in proper lifting techniques.	D			
4.4	Contractors		OSC			
4.5	Visitors					
4.6	Emergencies	OV12. insure fire drills are performed on all regular shifts.	QS			
4.6	Emergencies	NHSC29 – Train employees that are expected to use fire extinguisher annually.	CD			
4.7	PPE	OV22. replace references to “appropriate PPE shall be used” with reference to perform the PPE analysis according to the existing SHE PPE analysis MWI 8715.4.	OPR			

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VPP Update

3-14-02

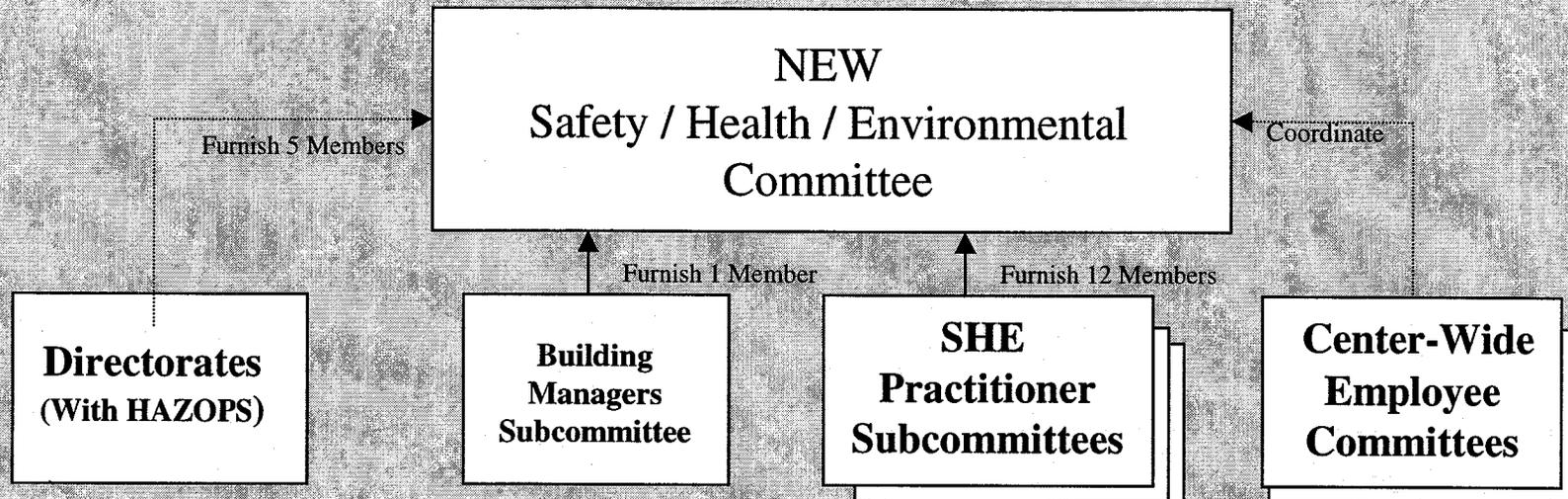
UP10/Keith Cornett

1

What We Need Today

- Approval of Central SHE Committee restructure
- Approval to disseminate VPP CY2001 SHE Program Assessment Corrective Actions
- Approval to begin to create the new SHE Practitioner Subcommittees

Proposed NEW SHE COMMITTEE STRUCTURE

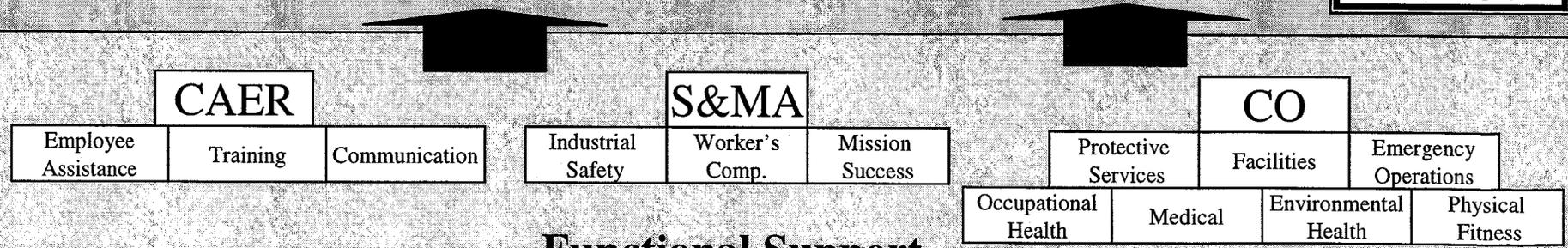


- Engineering Directorate
- Science Directorate
- Space Transportation Directorate
- Flight Projects Directorate
- Center Operations Directorate

- Office Environment
- Ergonomic
- JHA
- LOTO
- Lifting Operations
- Pressure Ops*
- Radiation*
- IT
- Hazardous Chemicals/Materials
- Machine Shop
- Cryogenics
- Laboratory Ops

- MSAT*
- Communications*
- CSF*
- PEP (Ad Hoc)
- Training (Ad Hoc)
- Confined Spaces
- Non-Ionizing Radiation*
- Emergency Preparedness*

Employee/Management SHE Committees at least 50% Employees

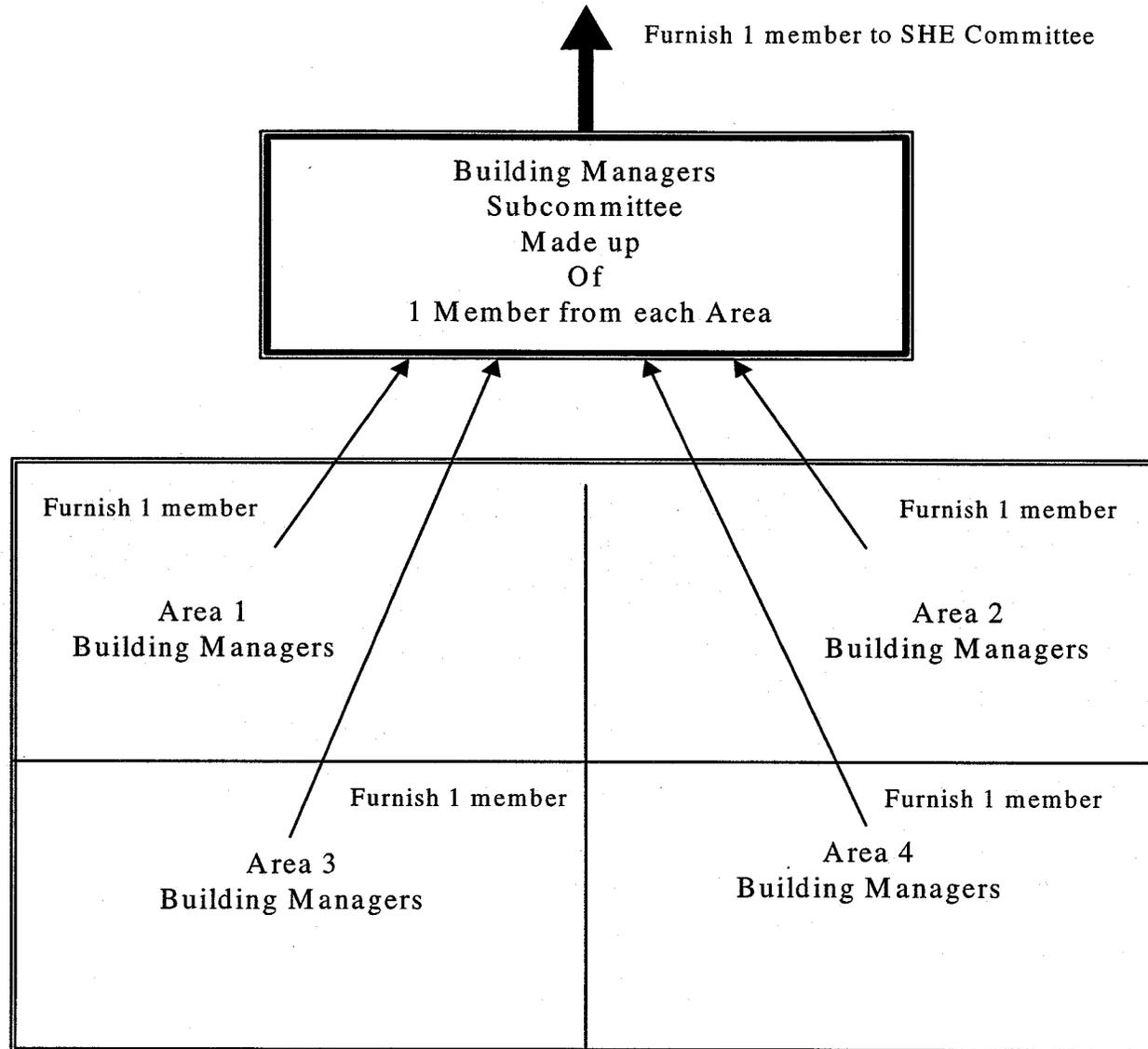


Functional Support

SHE Committee Responsibilities

- **Committee Responsibilities**
 - Execution of SHE Program
 - Development and achievement of MSFC SHE Goals and Objectives
 - Development and administration of SHE training
 - Development and integration of SHE IT systems

Building Managers Subcommittee



Proposed Building Manager Subcommittee Responsibilities

- Develop/recommend modifications to existing SHE program policy/procedures or develop new SHE program policy/procedures
- Report team schedule/status to new SHE Committee
- Perform oversight of building inspection schedules produced by Areas and report status to Central SHE
- Developing/enhance training for Building Managers
- Define and implement subcommittee SHE goals and objectives in concert with the center's SHE goals and objectives

Needed Improvement

- Area Managers need to conduct periodic meetings with all their Building Managers in attendance
 - Common issues appear to exist but are not being worked
 - Identify improvements to MSFC SHE program
 - Necessary to support restructured SHE Committee
- Not sure many Area Managers have the time necessary

CY2001 SHE Program Assessment Corrective

Actions

- Distribute actions to existing actionees
 - Directorates
 - VPP Implementation Team
 - Etc.
- Allow up to 2 weeks for ECD's to be supplied
- Work them!
- Distribute remaining actions to subcommittees as they are established

Forming the HazOps Subcommittees

- Steps
 - Use IHOPS to identify HazOps supervisors or points of contact for each NASA/Contractor organization identified in IHOPS
 - Distribute list to VPP Organization representatives or directorate heads or TBD (Choose one!)
 - Representatives then distribute list to appropriate supervisors or points of contact to obtain
 - Potential subcommittee members
 - Identify possible subcommittee chairpersons
 - TBD will interview and select subcommittee leads
 - Subcommittee leads will then take roster created above and select members
 - Subcommittee will elect SHE committee representative and alternate

Forming Other Subcommittees

- Plan
 - Office Environment Subcommittee is TBD
 - Ergonomic Subcommittee is TBD
 - Obtain IT Subcommittee members from AD, CD, QS, plus customer representatives
 - Training Subcommittee members from AD, CD, QS, plus customer representatives
 - PEP Subcommittee (Ad hoc) is TBD