DEPARTMENT OF THE NAVY
U. S. NAVAL SUPPORT ACTIVITY NAPLES ITALY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACTNAPLESINST 5100.4 CH-1
N00/N35
1 Apr 25

NAVSUPPACT NAPLES INSTRUCTION 5100.4 CHANGE TRANSMITTAL 1

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: SAFETY MANAGEMENT SYSTEM

Encl: (1) Revised page 10 of Enclosure (1)

1. Purpose. To promulgate change transmittal 1 to subject instruction, reporting changes to page 10 of Enclosure (1) to add paragraph "12. Promotion".

2. Action

    a. Replace page 10 of Enclosure (1) of the basic instruction with revised page 10 of Enclosure (1) of this change transmittal.

3. Records Management

    a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at: https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

    b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

4. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

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6. <u>Audit Methodology</u>. NAVSUPPACT Naples audit methodology will include a review of the following items in addition to the utilization of ESAMS self-assessment module:

(a) Have Supervisors conducted assessments of each worksite?

(b) Does each department evaluate the performance of subordinate work areas?

(c) Does the Safety Office present the formal assessment to the safety committee?

(d) Is a compilation of each installation department presented to the safety committee as a whole and to the CO for review and approval?

(e) Are the goals of installation goals and objectives generated from the annual report and published by the command?

The goal of this Command is to reduce Lost Time Injury by 5% per year.

12. <u>Promotion</u>.

a. <u>Risk Communication</u>. NAVSUPPACT Naples routinely communicates critical results of SMS reviews and evaluations through its Quarterly Safety Council, Plan of the Week, and other methods. Communications include lessons learned, best practices, trends, goals and objectives and other information deemed necessary by the SMS lead or the CO. Risk communication is intended to promote safety as a core value.

b. <u>Employee Recognition</u>. NAVSUPPACT Naples supervisors routinely recognize personnel in support of safety efforts per reference (h). The Safety Awards Program recognizes individuals or groups of civilian employees who regularly apply safe and healthful practices in their daily activities, engage in risk management and mishap prevention, and contribute to Commander, Navy Region Europe Africa Central and the Department of the Navy Safety Program and operational readiness.

1. Award nomination justification must be submitted per reference (h). Supervisors are encouraged to use time off awards and "On-the-spot" awards to recognize safety efforts having positive impacts on the operational readiness, safety culture, or safety performance of NAVSUPPACT Naples.

c. <u>Chief of Naval Operations (CNO)/Navy League Safety Awards</u>. Each year, the NAVSUPPACT Naples Safety Office will submit a CNO and a Navy League safety award package. The CNO safety award package is due to CNIC by the first Wednesday in November, and the Navy League award is typically due to the Navy League by February. Both awards are fiscal year based. The specific formats and information required tend to change from year-to-year and are describe in the respective messages released each year.

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NAVSUPPACTNAPLESINST 5100.4
N35
30 Aug 23

NAVSUPPACT NAPLES INSTRUCTION 5100.4

From: Commanding Officer, Naval Support Activity Naples

Subj: SAFETY MANAGEMENT SYSTEM

Ref: (a) OPNAV M-5100.23 Navy Safety and Occupational Health Manual
       (b) SECNAVINST 5100.10L, Department of the Navy Safety Program
       (c) CNIC M-5100.1 Base Operating Support Safety Manual
       (d) OPNAVINST 5102.1E, Navy and Marine Corps Safety Investigation and Reporting Manual
       (e) 29 CFR1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs
       (f) Italian Legislative Decree 08/81
       (g) Occupational Safety and Health Policy, U.S. Naval Support Activity, Naples, Italy

Encl: (1) Safety Management System, U.S. Naval Support Activity, Naples, Italy

1. Purpose. Host departments assigned to this installation use this program to ensure operational readiness through continuous improvement and risk-based decision-making safety processes and procedure per references (a) through (g).

2. Applicability. The procedures and core elements described in enclosure (1), establishes the minimum criteria for all safety management systems on U.S. Naval Support Activity, Naples, Italy.

3. Action. Compliance with this program is effective immediately.

4. Records Management

   a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at: https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

   b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

5. <u>Review and Effective Date</u>. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

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Safety Management System, U.S Naval Support Activity, Naples, Italy

1. <u>Purpose</u>. Safety Occupational and Health (SOH) Program and Safety Management System (SMS) are systems approach for identifying, evaluating, analyzing, and controlling workplaces safety and health hazards. This SMS framework is a predictive, standardized, system-oriented, and continuous process improvement driven approach. It is necessary to ensure mishap reduction methodologies are in place and effective to meet the commands goal of a 5% reduction in Lost Time Injury case rate (LTCR) per year. A SMS is mandatory per SECNVAVINST 5100.10L, OPNAV M-5100.23, and CNIC M-5100.1 as per references (a) and (c).

2. <u>Responsibility</u>. Responsibility without authority is meaningless; this SMS includes the following fundamental elements:

   a. <u>Leadership</u>

      (1) The Commanding Officer (CO) certifies that this SMS meets the requirements of planning, implementation, integration, evaluation, corrective actions, and management review as required elements per references (a) through (c).

      (2) The Installation Safety Program Director (IPD) is designated SMS Coordinator.

      (3) Every manager, supervisor and employee have a responsibility and expectation of a safe and healthy workplace to which each have the authority to stop hazardous work activities. Managers and supervisors enforce safety and health rules and discipline violators of established rules and laws.

      (4) Adequate resources are available for health and safety issues, including but not limited to personnel or personnel-effort, supplies, equipment, facilities, services and training. N35 Safety Staff, Responsible for Service of Prevention and Protection, Competent Physician, RLS (Work Safety Representative) as well as Command Collateral Duty Safety Officers (CDSOs) are readily available for assistance.

3. <u>Policy, Procedures and Documentation</u>. Safety and occupational health policies and procedures maintained on the Command G2 and CNIC page. CNIC approved safety data management systems [Enterprise Safety Applications Management System (ESAMS)/Risk Management Information (RMI)] will maintain SMS documentation. U.S. Naval Support Activity (NAVSUPPACT), Naples, Italy, N35 will conduct an Annual Self-Assessment as per reference (c) and an annual Risk Assessment (RA) to all Tenant Commands (TCs) (entered on ESAMS).

4. <u>Personnel Awareness, Education and Training</u>. New employees receive appropriate training and continuing education for the knowledge, skill and information necessary to conduct all work activities in a healthy and safe manner prior to hazardous exposures. This training includes the commands health and safety policy, general safety and health rules, major hazards, protections

and reporting procedures of both unsafe/unhealthful as well as near misses. All employees receive briefings on emergency procedures as well as requirements for reporting mishaps/injuries (local national employees must follow specific guidance). On the job training by supervisors or lead workers is an extension of the training and refresher/updated training may be necessary when an employee changes job duties or if there is a process change which involves significant new hazards, protections or emergency procedures.

(a) First-line supervisors have direct responsibility for personnel doing work and ensure effective health and safety supervision which includes an understanding of the hazards, protections, and emergency procedures associated with the supervised work. (Supervisor Safety Training).

(b) Managers understand the extent to which effective safety and health protection impacts the overall effectiveness of the business. Accidents and injuries cost money, work hours and production capability resulting in a negative impact to the commands bottom line.

(c) Training Coordinators will ensure personnel Safety training is documented in ESAMS.

(d) N35 IPD will monthly present during NSA Department Head (DH) meeting a Training Compliance Report, as well as reports on Overdue Training by Name. Furthermore, N35 ESAMS Coordinator will send same information to all supervisors.

5. Employee Participation. Employees are highly encouraged to: participate in the safety committee, e-mail postings directly to the safety staff, chain-of-command or use the safety QR Code. Each command/department offers an open door policy by upper management, it is important to confirm receipt of employee input and to provide feedback to the employee(s). Every effort must be made to gain employee support prior to making policy changes. Employee suggestions, concerns, or objections must be into consideration during the decision making process, which include the following:

(a) Policy issues
(b) Safety resources
(c) Training
(d) Hazard identification
(e) Hazard control
(f) Co-worker training
(g) Planning issues
(h) Performance evaluation

6. Planning. Managers and supervisors are familiar with the health and safety planning and evaluation efforts undertaken. This includes awareness of what occurred, who was involved, what were the results, and what actions in response.

a. Consideration of Occupational Safety and Health (OSH) in the planning of new/changed equipment, facilities, and processes, and in planning for maintenance of existing facilities and equipment. Reviewing plans for significant changes/maintenance with the NAVSUPPACT Naples Safety Office.

   b. Emergency preparedness and response measures, including periodic drills, simulations, exercises, etc., to evaluate/improve the effectiveness of these measures, as per NAVSUPPACT Naples Emergency Management plan. Emergency awareness information is communicated to new employees, existing employees, contractors, and visitors.

   c. Equipment and facilities that upon failure/malfunction would cause a significant hazard (e.g., vehicle brakes, lifting slings, cooking range ventilation hoods, etc.) or fail to meet its intended purpose of protecting personnel (e.g., emergency escape lighting, fire extinguishers, toxic fume ventilation hoods, etc.), receive periodic inspections and maintenance, and repair as needed. The frequency of inspections/maintenance is in accordance with manufacturers' recommendations, or as determined by appropriately qualified technical personnel. The Safety Office assists all departments in identifying items that require preventive maintenance activities, and provides oversight to confirm the adequacy of departmental preventive maintenance programs.

   d. Employees are scheduled for, and complete, all occupational medical examinations required by pertinent instructions, procedures, training, and workplace Hazard Analyses, or as recommended in reports by the Safety Office, Competent Physician, or annual Industrial Hygiene (IH) surveys. Personnel without current medical qualifications are not to perform work for which medical examinations/qualifications are not in compliance.

7. <u>Change Management</u>. All levels of the organization are responsible for current and future planning activities involving changes in facilities, equipment, materials, or processes, including the safety and health aspects of such changes. Planning procedures ensure the safety and health input of appropriate personnel such as IH staff, Safety staff, the Safety committee, and affected supervisors and workers.

8. <u>Risk Communication</u>. Multiple methods of communication regarding OSH matters taken together, provide for direct communication between employees and management, including reasonable employee access to top management, regarding OSH matters. The OSH communication methods for NAVSUPPACT Naples include:

   (a) Command OSH Policy Statement

   (b) OSH Committee

   (c) Safety Bulletin Boards

9. <u>Risk Management</u>. As per references (a) and (c), the Navy's risk management system enables proactive identification and control of safety risks and continuous improvement in safety performance. The SMS follows the PDCA concept, which is a four-step problem solving process with a "continual cycle of planning, implementing, reviewing and improving the process and actions that the organization undertakes to meet its safety goals." Navy risk management system integrates safety policy, objectives and safety assurance into our PDCA process:

   (a) Plan: Define the problem, collect relevant data and ascertain the problem's root cause.

(b) Do: Develop and implement a solution; decide upon a measurement to gauge its effectiveness.

(c) Check: Confirm the results through before and after data comparison.

(d) Act: Documentation of the results, communication of the process changes recommendations to readdress continuous process improvements for the next PDCA cycle.
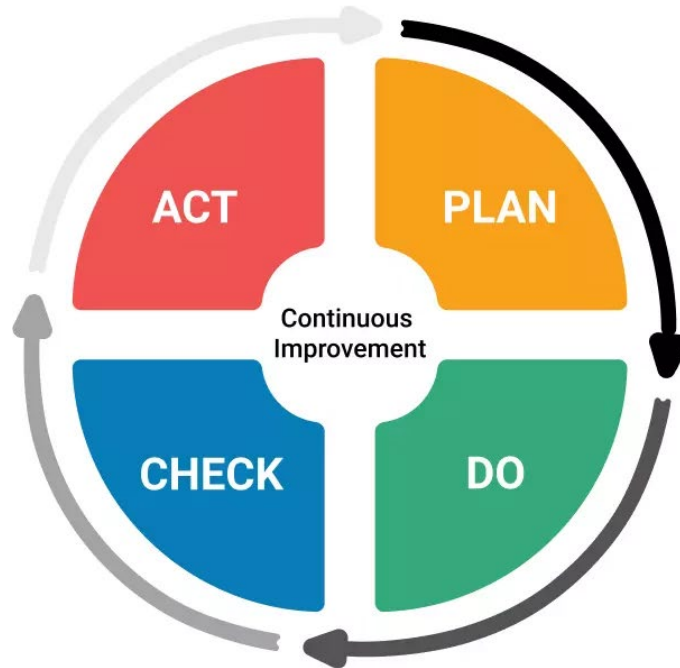

Figure 1. PDCA Cycle

NOTE: PDCA is a loop, not a process with a beginning and an end. This means that your improved process or product becomes the new baseline, and you continue to look for ways for improvement.

1. Risk Management Process

(a) Hazard identification

(1) Evaluate the workplaces and OSH activities of all supported departments at least annually following Chapter 9 of reference (d).

(2) Review IH surveys and employee notification of exposure monitoring for department/command workplaces, including descriptions of workplace conditions, operations, hazardous materials, health and physical hazards, and existing controls.

(3) A QR code is established for receiving and responding to employee reports of unsafe/unhealthful working conditions following Chapter 10 of reference (d).

(4) Reported hazards are documented in ESAMs and tracked until corrected/closed.

(5) Identified hazardous job activities are subject to a job hazard analysis. Job Hazard Analysis is a formal technique for hazard detection involving careful study and recording of each step in a job, identifying existing or potential hazards associated with each step, and determining the best way to perform the job to reduce or eliminate these hazards. Informal examination of a job does not constitute job hazard analysis.

(b) <u>Risk Assessment</u>. The severity combined with the probability determines the Risk Assessment Code (RAC) or level of risk for each hazard, expressed as a single number. (*If Interim Controls do not remove all Risk the remaining risk is known as Residual Risk*).

(1) When workplace hazards cannot be corrected immediately, a RAC is assigned to each hazards. The RAC represents the degree of risk associated with the hazard and combines the elements of hazard severity and mishap probability taking into account the potential health effects and property damage/loss from the hazard. RACs are used to prioritize abatement projects.

(a) Severity. This is an assessment of the potential consequence that can occur as a result of a hazard and is defined by the degree of injury, illness, property damage, loss of assets (time, money, personnel), or effect on the mission or task. Consideration is given to exposure potential.

(b) Probability. This is an assessment of the likelihood that a potential consequence may occur as a result of a hazard and is defined by assessment of such factors as location, exposure (cycles or hours of operation), affected populations, experience, or previously established statistical information.

(c) <u>Risk Acceptance</u>

(1) Risk acceptance decision levels for NAVSUPPACT Naples:

(a) RAC 1-2 require NAVSUPPACT Naples CO review and risk (as well as all-residual risk) acknowledgement and acceptance.

(b) RAC 3 require respective DH level review and review of residual risk.

(c) RAC 4-5 require Shop/Division/Work Center Supervisor review and review of residual risk.

Note: At a minimum, quarterly, during the Command Safety Council, NAVSUPPACT Naples CO reviews the ESAMS Hazard Abatement Log for all agencies that input data. Once it is determined that controls have been implemented to reduce the risks to the lowest possible level the CO will acknowledge and accept all residual risk for RAC's 1-5 by signing the Hazard Abatement Log or request further controls be researched.

(d) Control implementation. The types of hazards employees are exposed to, the severity of the hazards, and the risk the hazards pose to employees must all be considered in determining methods of hazard prevention, elimination, and control. In general, the following hierarchy must be followed in determining hazard elimination and control methods: Elimination, Substitution, Engineering, Administrative, and Personal Protective Equipment (PPE).

(e) Monitoring. Regular review of work procedures and consultation with your workers for monitoring the effectiveness of risk controls (as identified on the RA). Further assessment of all or a portion of the mission or task due to an unanticipated change may be necessary. Maintain records of the risk management process to demonstrate decision-making processes and aids to inform how controls were intended to be implemented. Capturing lessons learned, both positive and negative.

10. Safety Performance monitoring

(a) Lagging Indicators: Regular review of mishaps, injury reports and consultation with DH for lessons learned with information passed during Safety Councils and committees is used for further assessments as a preventative measure to include:

(1) Total injury and illness cases;

(2) LTCRs.

(b) Leading Indicators:

(1) Supervisors completing job specific training of assigned subordinates within three months of employee assignment.

(2) Safety Inspector personnel receiving an (walk-along) evaluation with their Safety Management Supervisor or competent designee while performing workplace safety inspections a minimum of twice a year.

(3) CO holds installation safety councils or committee meetings at least quarterly with the meeting agenda, attendance roster and meeting minute attachments maintained in ESAMS.

(4) Newly assigned personnel receive safety awareness training that includes communication of installation specific hazards presented during installation orientation or indoctrination within three months of assignment.

11. SMS Effectiveness Measurement. The two methods used to measure the presence and effectiveness of SMS are the Mishap Prevention Measurement and Key Process approach.

a. Mishap Prevention Measurement Approach

1. Safety investigation requirement and measurement. Conduct safety investigations per OPNAVINST 5102.1E and CNIC M-5100.1. Safety Office also provides guidance for conducting

investigations to identify mishap causal factors, potentially unsafe practices or conditions, and recommend corrective actions to prevent mishap recurrence and reduce hazardous conditions. The investigation baseline requirement includes mandatory investigations of mishaps, near misses, property damage, safety related complaints and employee reports of unsafe an unhealthful conditions. Investigation outputs include support for root-cause determination, report review, coordination, processing, mishap log, countermeasure development, and Occupational Safety and Health Administration (OSHA) record keeping. Safety Office documents mishap, near misses, unsafe and unhealthful, and property damage incidents (e.g., ESAMS) and reportable, investigation data (e.g., RMI) in the respective authoritative systems of record. Safety offices export CNIC data summaries in real time via the command executive safety summary dashboard. Cumulative data entries are also exported from ESAMS quarterly for workload and funding (SafePOM) projections. Safety Office uses investigation data contained in ESAMS to project Full-Time Equivalent (FTE) labor and non-labor workload requirements and determine costs by standardized SafePOM performance and pricing model: (Service Time + Local Transit Time) x Undocumented Workload divided by Productive Annual Work Year + Management. Costs are determined by standardized Base Non-Labor Costs (Supply and Equipment) + GS Labor Costs.

2. <u>Safety inspection requirement and measurement</u>. Safety Office conducts inspection on-site and identifies installation safety hazards; assess risks to people, facilities and equipment; communicate findings and recommendations; and provide technical consultations to responsible authorities in support of Department of Defense operations. Baseline inspection requirement includes base department and customer Base Operating Support (BOS) safety annual and periodic audits, assessments, surveys, high interest inspections, spot inspections, workplace inspections, safety program evaluations, staff assistance visits, and specialty inspections (e.g., preseason sports, ranges, industrial areas, traffic, and magazines). Safety Office uses BOS safety inspection data in ESAMS monthly and compare safety inspections completed with inspections required and scheduled. Safety Office use cumulative inspection data quarterly to compare inspection workload projections (e.g., inspections completed, scheduled and required). The CNIC BOS safety instruction defines Standards of capability across the Enterprise. Safety Office uses ESAMS data to project FTE labor and non-labor workload requirements and determine costs by standardized SafePOM Performance and Pricing Model: (Service Time + Local Transit Time) x Undocumented Workload divided by Productive Annual Work Year + Management. Costs are determined by standardized Base Non-Labor Costs (Supply and Equipment) + GS Labor Costs.

3. <u>Safety training requirement and measurement</u>. Training is performed on-site in an instructor and student, face-to-face format to educate personnel in safety techniques, concepts and principles to maintain a healthy work environment and conduct operations (on and off duty, occupational and operational support) in a safe and healthful manner. The baseline requirement for training includes safety supervisor training to conduct walk along inspections of field inspectors, to assess skills, to recognize hazards, and to evaluate exposure control measures; training supervisors to conduct job specific training of employees; training employees to recognize hazards and exposure control measures; and CDSO training necessary to meet OSHA and Navy requirements. Training data information is captured in the ESAMS training module, exported monthly, and used to track number of scheduled and completed safety training events conducted in a given 30 day period. This data information includes training completion records within the Navy authoritative training database [Navy Training and Management System, Fleet Training and Management System or My Navy Portal managed by the Navy Education and

Training Command (NETC)]. Safety Office uses respirator training in ESAMS Respirator Module to determine training output. Safety Office exports cumulative training from ESAMS quarterly to determine workload and funding projections. ESAMS data are used to project FTE labor and non-labor workload requirements and costs are determined by standardized SafePOM performance and pricing model: (Service Time + Local Transit Time) x Undocumented Workload divided by Productive Annual Work Year + Management. Costs are determined by standardized Base Non Labor Costs (Supply and Equipment) + GS Labor Costs.

   4. Safety awareness requirement and measurement. Safety awareness output communicates recognized hazards and exposure controls used across the Installation, and identifies current, relevant, and user-friendly information developed to promote safety initiatives. The baseline safety awareness requirement includes Region and Installation safety councils, committees; installation safety orientation for newly assigned base command and customer command employees (includes homeported afloat commands); and safety awards, base safety initiatives, installation safety stand downs, safety fairs, outreach programs, promotions and marketing activities. Safety awareness completion data are captured in the ESAMS training module, exported monthly, and used to track number of scheduled and completed safety awareness events conducted in a given 30 day period. Safety Office uses cumulative safety awareness data from ESAMS quarterly to compare service delivery status (e.g., completed, scheduled and required) and determine workload and funding projections. ESAMS data are used to project FTE labor and non-labor workload requirements and costs are determined by standardized SafePOM Performance and Pricing Model: (Service Time + Local Transit Time) x undocumented workload divided by productive annual work year + management. Costs are determined by standardized base non-labor costs (Supply and Equipment) + GS labor costs.

   5. Risk mitigation requirement and measurement. Risk mitigation element output identifies strategic solution alternatives and way ahead to produce a sustainable program with known impacts and risk and address BOS capability threshold limits without creating an unsafe environment or producing unacceptable service levels necessary to mitigate risk-based decisions. The baseline risk mitigation requirement includes notification and development of support agreements containing strategic solution alternatives to address gaps due to conditions or situations where available funding, competing requirements, response time, resource limitations, or similar factors limit base safety's capability or capacity to deliver BOS safety services. Safety office documents risk mitigation data in ESAMS self-assessment module. Documentation consists of documentation of customer response to formal notification of risk mitigation requirements by base safety. ESAMS data is used to project FTE labor and non-labor workload requirements and costs are determined by standardized SafePOM performance and pricing model: (Service Time + Local Transit Time) x undocumented workload divided by productive Annual Work Year + Management. Costs are determined by standardized base non-labor costs (Supply and Equipment) + GS labor costs.

 b. Key Process Measurement Approach

   1. Councils and Committees. NSA Naples councils and committee requirements are listed in the Installation Safety Program. The measurement will include a review safety councils and committee meeting structure, review meeting attendance levels, review meeting records and actions, check that outcomes are communicated to the rest of the command, evidence of safety

objectives, safety performance, and compliance are being reviewed and discussed at meetings, participants challenge what is being presented when there is limited evidence, senior management is aware of the most significant risks faced by the command and the overall safety performance of the installation.

2. <u>Supervisor training</u>. Safety office provides OSH training for supervisory employees. 29 CFR 1960.55(a), this training includes supervisory responsibility for providing and maintaining safe and healthful working conditions for employees. Training includes the agency or employer responsibilities for OSH program, section 19 of the Act, and Executive Order 12196. This executive order requires training on OSH standards applicable to the assigned workplaces, agency procedures for reporting hazards, agency procedures for reporting and investigating allegations of reprisal, and agency procedures for the abatement of hazards, as well as other appropriate rules and regulations. 29 CFR 1960.55(b), this supervisory training should include introductory and specialized courses and materials, which enables supervisors to recognize and eliminate, or reduce, OSH hazards in their working units. Such training must also include the development of requisite skills in managing the agency's safety and health program within the work unit, including the training and motivation of subordinates toward assuring safe and healthful work practices. Safety Office measure completion of this supervisor training as a key process indicator for successful and complete implementation of the overall SMS in a multiemployer environment.

3. <u>Employee orientation</u>. Safety Office provides OSH training for newly assigned employees. 29 CFR 1960.59(a), this training provides appropriate safety and health training for employees including specialized job safety and health training appropriate to the work performed by the employee, also informs employees of the agency SOH program, with emphasis on their rights and responsibilities.

4. <u>Collateral Duty Safety Officer (CDSO)</u>. NAVSUPPACT Naples Safety provides guidance regarding prerequisite requirements established by Navy Safety and Environmental Training Center (A-493-0550) course, "Introduction to Navy Occupational Safety and Health (Ashore)." This course is required for CDSOs. Additionally, classroom training is provided on the requirements of 29 CFR 1960, Subpart H (1960.54-1960.60). CDSOs are responsible for area and command safety orientation training for newly assigned personnel.

5. <u>Formal Assessment</u>. NAVSUPPACT Naples Safety perform a self-assessment of the command program at least annually. The self-assessment includes, at a minimum, evaluation of incorporation of the Navy safety vision, mishap statistics, inspection records, hazard reports and risk assessments, evaluation of compliance posture, and the IH assessment. Additionally, self-assessments and inspections use checklist items including enterprise performance measures, mishap prevention activity and key process indicator metrics to evaluate program implementation.

6. <u>Audit Methodology</u>. NAVSUPPACT Naples audit methodology will include a review of the following items in addition to the utilization of ESAMS self-assessment module:

    (a) Have Supervisors conducted assessments of each worksite?

    (b) Does each department evaluate the performance of subordinate work areas?

    (c) Does the Safety Office present the formal assessment to the safety committee?

    (d) Is a compilation of each installation department presented to the safety committee as a whole and to the CO for review and approval?

    (e) Are the goals of installation goals and objectives generated from the annual report and published by the command?

The goal of this Command is to reduce Lost Time Injury by 5% per year.

Enclosure (1)