



DEPARTMENT OF THE NAVY

U.S. NAVAL SUPPORT ACTIVITY
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NAVSUPPACTNAPLESINST 5100.4A
N00/N35
22 Oct 25

NAVSUPPACT NAPLES INSTRUCTION 5100.4A

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) CNREURAFCENTINST 5100.4 CNREURAFCENT Safety Management System
(e) ISO 45001 Occupational Health and Safety Management Systems
(f) OPNAVINST 5102.1E, Navy and Marine Corps Safety Investigation and Reporting Manual
(g) 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs
(h) Italian Legislative Decree 81/08
(i) Occupational Safety and Health Policy, U.S. Naval Support Activity, Naples, Italy

Encl: (1) Safety Management System, U.S. Naval Support Activity, Naples, Italy
(2) Safety Management System, Quick Reference
(3) Board of Certified Safety Professionals Code of Ethics

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 (i).

2. Cancellation. NAVSUPPACTNAPLESINST 5100.4.

3. 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.

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

5. 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).

6. 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 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. Purpose. The Safety and Occupational Health (SOH) Program and Safety Management System (SMS) provide a structured way to find, evaluate, and control workplace safety and health hazards. This SMS is designed to be proactive, standardized, and built for continuous process improvement. It is necessary to ensure mishap reduction methodologies are in place and effective to meet the command's occupational safety and health goals, published annually at the beginning of each fiscal year. This SMS is required by SECNAVINST 5100.10L, OPNAV M-5100.23, CNIC M-5100.1, and CNREURAFCENT as per references (a) through (d). It incorporates SMS best practices from ISO 45001 per reference (e).
2. Responsibility. At NAVSUPPACT Naples, all personnel have a responsibility to safety, and with that responsibility, comes the authority to act.
 - a. Leadership
 - (1) Commanding Officer (CO). Certifies the SMS meets planning, implementation, integration, evaluation, corrective action, and management review requirements per references (a) through (d).
 - (2) Installation Safety Program Director (IPD). Serves as the SMS Coordinator and technical authority for this SMS and the SOH program.
 - (3) Managers, Supervisors, and Employees. Share the responsibility for a safe and health workplace. All personnel at NAVSUPPACT Naples have the authority to stop hazardous work if they believe that there is a reasonable threat to personnel safety and health. All personnel have the responsibility and authority to report hazards to the safety office or their chain of command. Supervisors are responsible for enforcing safety rules, addressing violations, and abating hazards within their authority and capability.
 - (4) Resources. Adequate personnel, equipment, training, and services are readily available to support safety at the command, including the N35 Safety Office and staff, the Responsible for Service of Prevention and Protection (RSPP), Competent Physician, Work Safety Representative (RLS), and Command Collateral Duty Safety Officers (CDSOs). A quick reference guide of the general provisions of the SMS are provided as enclosure (2).
 - (5) Tenant Commands. Tenant commands shall designate in writing, a CDSO with sufficient authority and ability to execute the duties of a collateral duty safety program. Commands shall cooperate with the installation safety office to receive programmatic workplace inspections, risk assessments, incident and hazard investigations, and safety-related training. Tenant commands should make reasonable effort to participate in installation safety activities, including CDSO training and meetings and the Installation Quarterly Safety and Traffic Safety Council. Tenant commands shall provide an annual self-assessment of the aspects of the safety program each year by 31 October.
3. Policy, Procedures and Documentation. All Safety and Occupational Health (SOH) policies, procedures, and instructions formerly hosted on the G2 Platform will be maintained on the

NAVSUPPACT Naples Safety Department public SharePoint page beginning 1 October 2025. The Risk Management Information (RMI) system is the CNIC-approved safety data management system for all SMS documentation. All new and ongoing documentation will be created, stored, and managed in RMI. Legacy records will remain accessible in the Enterprise Safety Applications Management System (ESAMS) for a limited period during the transition. Per reference (c), NAVSUPPACT Naples N35 will conduct an Annual Self-Assessment at the close of each fiscal year's which purpose is to identify methods for continuous self-improvement. NAVSUPPACT Naples N35 will perform an Annual Workplace Risk Assessment (RA), prepare RAs for signature by the Installation CO, and record the RA in RMI beginning 1 October 2025.

4. Personnel Awareness, Education and Training

a. All new employees shall receive required safety and occupational health training prior to exposure to workplace hazards. This training shall include the command's health and safety policy, general safety rules, identification of major hazards, protective measures, procedures for reporting unsafe or unhealthful conditions and near misses, and emergency response procedures. Training for local national employees shall be conducted in accordance with applicable host nation requirements.

b. Supervisors shall ensure on-the-job training is provided to reinforce formal training requirements. Refresher or updated training shall be conducted when an employee changes job duties, when there is a process change that introduces new hazards, or when emergency procedures or protective measures are revised.

c. First-line supervisors have direct responsibility for personnel under their supervision and shall ensure effective health and safety oversight, including a working knowledge of associated hazards, required protective measures, and emergency procedures. Supervisors shall receive safety training of the appropriate scope and complexity to manage the safety aspects of their programs.

d. Managers shall ensure safety and health protection measures are integrated into work planning and execution to minimize mishaps, protect personnel, and maintain mission readiness.

e. Training Coordinators shall ensure that all safety training is documented in the Risk Management Information (RMI) system. Legacy training records will remain accessible in the Enterprise Safety Applications Management System (ESAMS) for a limited period during system transition.

f. The NAVSUPPACT Naples' Safety Office shall leverage compliance reports from RMI and ESAMS, using internally developed business intelligence-based tracking tools, to produce monthly overdue training, medical surveillance, and respirator lists. These lists shall be provided to supervisors for action and made available for self-service use through the NAVSUPPACT Naples Safety SharePoint Page.

5. Employee Participation

a. Employees are highly encouraged to actively participate in the command SOH program by:

- (1) Serving on the command safety councils or volunteer as a CDSO.
 - (2) Report hazards, unsafe or unhealthful working conditions, mishaps, and near-misses through the safety QR code, email to M-NA-NSA-SAFETY@us.navy.mil, direct contact with a safety and health specialist, or through the chain of command.
 - (3) Providing safety related suggestions and feedback to supervisors or the Safety Office.
- b. All employee input shall be acknowledged, and feedback provided to the employee in a timely manner.
- c. Supervisors and managers shall consider employee suggestions, concerns, and objections during decision-making processes involving:
- (1) Policy development and revision
 - (2) Allocation of safety resources
 - (3) Training requirements
 - (4) Hazard identification and control
 - (5) Co-worker training initiatives
 - (6) Planning and operational changes
 - (7) Performance evaluation processes
- d. Every effort shall be made to obtain employee support prior to implementing policy or procedural changes that affect workplace safety and health.

6. Planning

a. General. Managers and supervisors shall plan, resource, and document OSH activities using the PDCA process. This includes knowing what occurred, who was involved, the results, and required follow-on actions. Those actions shall be tracked to closure.

b. Integration of OSH in Change and Maintenance.

(1) Departments and tenant commands shall integrate OSH requirements into planning for new or modified equipment, facilities, and processes, and into the maintenance of all existing assets and processes.

(2) Significant changes in design, configuration, process, or use shall be submitted to the NAVSUPPACT Naples Safety Office for review prior to procurement, installation, implementation or use.

c. Emergency Preparedness and Response.

(1) Departments shall comply with the Installation Emergency Management Plan and conduct periodic drills, exercises, and assessments appropriate to their hazards.

(2) Drill critiques, lessons learned, and corrective actions shall be documented and tracked to closure.

(3) Emergency procedures and information shall be communicated to newly assigned and current employees, contractors, and visitors.

(4) Activation of EMS. Supervisors have a duty to seek appropriate medical care for employees under their supervision who are injured or become ill. Supervisors do not have implied rights to make healthcare decisions on behalf of an employee. Supervisors shall activate the EMS whenever one of the following conditions become known:

- (a) Signs/symptoms of a heart attack: Chest pain and/or radiating pain in the arm or jaw
- (b) Signs/symptoms of a stroke: Loss of control of one side of the body, one limb, or
- (c) Uncontrollable bleeding
- (d) Any electrical shock
- (e) Heat stroke
- (f) Burn larger than hand-sized with pain
- (g) Head trauma
- (h) Loss of consciousness
- (i) Obvious broken bone
- (j) Difficulty or inability to breathe
- (k) Seizures

d. Safety-critical equipment and facilities.

(1) Departments and tenant commands must identify safety-critical systems and equipment (e.g., brakes, lifting gear, ventilation equipment, emergency lighting, fire extinguishers, etc.) and establish preventative maintenance or inspection schedules in accordance with manufacturer guidelines or qualified technical authority.

(2) Records of inspections, maintenance, and repairs shall be maintained.

Deficient items shall be removed from service until repaired or replaced.

(3) The NAVSUPPACT Naples Safety Office is available for assistance with identifying safety-critical items and shall provide oversight of departmental preventative maintenance programs, and for tenants where the service agreement stipulates systems safety services.

e. Occupational Medical Surveillance and Qualifications.

(1) Supervisors shall ensure that personnel are enrolled in required medical surveillance based on hazard analysis, Safety Office/Competent Physician guidance, instruction, and industrial hygiene (IH) surveys.

(2) Supervisors must hold personnel accountable for meeting medical qualification requirements, ensuring that medical appointments are maintained and that proper screening or medical certification is properly recorded in the system of record.

(3) Supervisors are responsible for ensuring that personnel without current medical qualifications do not perform work requiring such qualification.

7. Change Management

a. General. All levels of the organization shall plan and manage changes in facilities, equipment, materials, or processes in a manner that identifies and controls potential safety and health impacts before implementation.

b. Hazard identification in change processes. In accordance with the provisions of reference (c) and (e), the change process shall consider the introduction of new hazards or increased risks arising from:

(1) Procurement of new equipment, machinery, tools, or materials.

(2) Modifications to facilities, layouts, workflows, or processes.

(3) Introduction of new chemicals, substances, or energy sources.

(4) Changes in technology, work practices, or organizational structure.

(5) Seasonal, environmental, or operational condition changes.

c. Review and Consultation.

(1) All planned changes reviewed by the NAVSUPPACT Naples Safety Office, when applicable, shall also be reviewed by IH Staff, the Safety Council, and affected persons prior to implementation.

(2) Review shall assess potential hazards, required controls, compliance with applicable regulations and standards, and any new training, medical surveillance, or procedural requirements.

d. Documentation. All change management actions shall be documented in RMI and retained per records management requirements.

e. Implementation and Follow-up. Approved changes shall be implemented with controls in place. Workplace inspections will be the primary post-implementation verification method to ensure controls are effective and no unintended hazards have been introduced.

8. Risk Communication

a. General. NAVSUPPACT Naples shall maintain multiple, accessible methods for communicating OSH information among employees, supervisors, and management, ensuring reasonable access to top leadership for OSH matters.

b. OSH communication methods shall include, but are not limited to:

(1) Command OSH Policy Statement. CO's statement on safety and health. Posted on command bulletin boards and in policy decks.

(2) OSH Council and Traffic Safety Council. Combined council with quarterly meetings to review safety performance, hazards, and program initiatives.

(3) Safety Bulletin Boards. Located in common areas and work centers to post important information, contacts, and hazard alerts.

(4) NAVSUPPACT Naples Safety SharePoint Page. The primary online repository for safety policies, procedures, hazard reporting links, training resources, and program updates.

c. Supervisors and managers shall ensure that OSH communications, including meeting minutes, hazard alerts, and statements concerning training or medical surveillance requirements, are effectively conveyed to all personnel, including contractors and temporary staff, and that required postings and digital content is maintained as current and relevant.

9. Risk Management

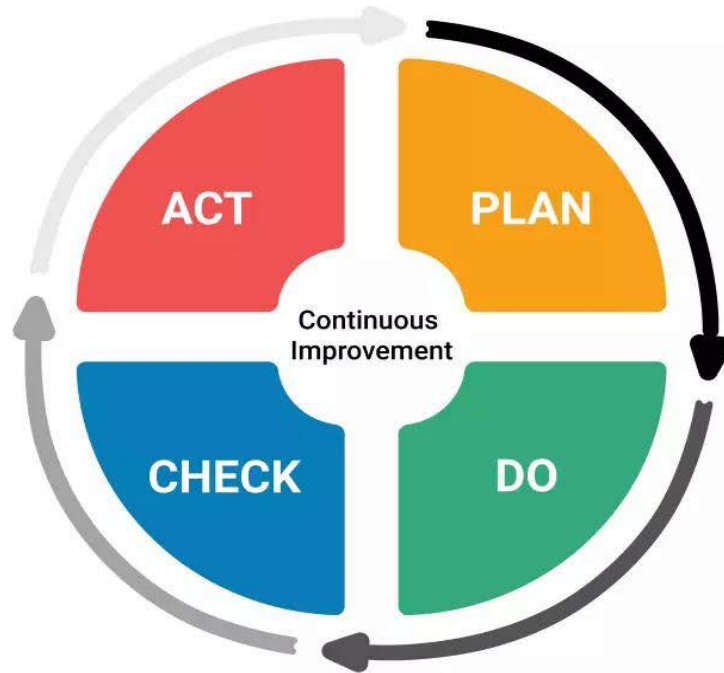
a. General. In accordance with references (a) and (c), NAVSUPPACT Naples applies the Navy's risk management process to identify, assess, and control safety risks, and to drive continuous improvement in safety performance and culture. The process follows the Plan-Do- Check-Act (PDCA) model for risk analysis:

(1) Plan: Define the problem, collect data, determine root causes, and set objectives.

(2) Do: Develop and implement controls; determine how to measure effectiveness.

(3) Check: Evaluate the results using before/after data comparison and performance metrics.

(4) Act: Document results, communicate changes, and integrate improvements into the next PDCA cycle.



NOTE: PDCA is a continuous loop – each improvement becomes the new baseline for further enhancements.

b. Risk Management Process

(1) Hazard identification.

(a) Conduct annual evaluations and workplace inspections for all supported departments and commands at least annually in accordance with references (a) and (c). Assess all work processes, operational activities, behavioral safety, and hazard controls in place.

(b) Review IH surveys, employee exposure monitoring results, and workplace descriptions including work conditions, operations, hazardous material, health and physical hazards, and recommended and existing controls.

(c) Review risk register and deficiency log to identify hazards without abatement actions or repeat deficiencies.

(d) Review related reports of unsafe or unhealthful working conditions submitted through

the Safety QR Code or other formal process, to identify any hazards communicated by affected personnel.

(e) All reported hazards are documented in RMI and tracked until closure. Legacy hazard records will remain accessible in ESAMS for a limited time before they are transferred to RMI.

(f) For tasks with identified or suspected hazards, perform a formal job hazard analysis (JHA) to analyze each job step, identify any associated hazards, and determine safe methods or controls to mitigate the hazard. An informal examination of the work is not considered to be a formal JHA. JHAs shall be documented within the JHA Module in RMI.

(2) Risk Assessment. Determines the Risk Assessment Code (RAC) for a hazard by combining Severity and Probability. The RAC is expressed as a single number (1–5) and is used to prioritize hazard abatement. If interim controls are applied but the hazard is not fully eliminated, the remaining exposure is Residual Risk.

Risk Assessment Matrix			PROBABILITY					
			Frequency of Occurrence Over Time					
			A Frequent (Continuously experienced)	B Likely (Will occur frequently)	C Occasional (Will occur several times)	D Seldom (Unlikely; can be expected to occur)	E Rarely (Improbable, but possible to occur)	
SEVERITY	Effect of Hazard	Catastrophic (Death, Loss of Asset, Mission Capability or Unit Readiness)	I	EH	EH	H	H	M
		Critical (Severe Injury or Damage, Significantly Degraded Mission Capability or Unit Readiness)	II	EH	H	H	M	L
		Moderate (Minor Injury or Damage, Degraded Mission Capability or Unit Readiness)	III	H	M	M	L	L
		Negligible (Minimal Injury or Damage, Little or No Mission Capability or Unit Readiness)	IV	M	L	L	L	L
			Risk Assessment Levels					
			EH=Extremely High H=High M=Medium L=Low					

Figure 2. Standard Risk Matrix

(a) When to Assign a RAC.

1. A RAC shall be assigned to every identified hazard, deficiency, or mishap hazard mechanism that cannot be corrected on the spot.

2. The deficiency with RAC shall be documented in RMI with justification for the assigned Severity and Probability Ratings. After a hazard has been identified,

3. Determine Severity. Evaluate the most credible worst-case outcome. Consider

the injury/illness potential, property damage, asset loss, and mission impact. Factor exposure potential (how many people, duration). Hazards and deficiencies shall be evaluated according to the actual conditions present, including existing controls and mitigating and aggravating factors. Assign a severity level based on the standard severity scale.

4. Determine Probability. Assess how likely a hazard is to result in the identified consequence. Consider the frequency of exposure, environmental conditions, resiliency of the population, historical occurrences, and available statistical data. Hazards and deficiencies shall be evaluated according to the actual conditions present, including existing controls and mitigating and aggravating factors. Assign a probability level based on the standard probability scale.

5. Assign the RAC. Using the official ORM matrix, cross reference and intersect severity by probability to find the appropriate RAC. Document the RAC level in RMI along with rationale and supporting documentation.

6. Identify interim controls. If immediate abatement is not possible, define interim control measures. Reassess and evaluate residual risk when controls are in place. (B) Due to historical issues with consistency, all risk professionals shall use the same RAC matrix, definitions, and process steps outlined in this instruction. Deviations or local variations are prohibited unless formally approved by the Installation Safety Program Director with CO concurrence.

c Risk Acceptance. At least quarterly, at the Command Safety Council, the CO shall review the RMI (and legacy ESAMS) Hazard Abatement Log for all agencies. Residual risks for RAC 1–5 are accepted when controls reduce risk to the lowest practical level.

(1) Risk acceptance decision levels for NAVSUPPACT Naples:

(a) RAC 1-2 requires CO review, acknowledgment, and acceptance of all risk and residual risk.

(b) RAC 3 requires Department Head review and acceptance of residual risk.

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

d Control implementation. For the abatement and control of identified hazards, apply the hierarchy of controls in the following order:

(1) Elimination. The removal of a hazard source through positive actions or by principle of design.

(2) Substitution. The exchange of an agent, hazard source, tool, material, energy, speed or other characteristic of work with one that is less hazardous.

(3) Engineering controls. Control which change the work environment to prevent or limit interaction with a hazard source.

(4) Administrative controls (Work Practice Controls). Controls that change the way a population works with a hazard source.

(5) Administrative controls (Warnings). Use of labels, lights, sounds, vibration, or other sensory indicators to warn a person about a hazard.

(6) Personal Protective Equipment (PPE). Use of personal gear to protect a person from a hazard.



Figure 3. Hierarchy of Controls

e Monitoring. Ensures that hazard controls identified during the risk assessment process remain effective over time and under changing conditions. General procedures for monitoring are:

(1) Supervisors shall regularly review work procedures and observe tasks to confirm controls are in place and functioning as intended.

(2) Supervisors and managers shall consult with employees to gather feedback on control effectiveness and identify any barriers to implementation.

(3) If changes occur, the task shall be reassessed for hazards and necessary control adjustments.

(4) Maintain records of the risk management process from initial hazard identification through final abatement, documenting lessons learned.

10. Safety Performance monitoring

a. Lagging Indicators. Safety performance measures based on events that have already

happened with a focus on outcomes. Lagging indicators provide historical performance and are most useful for identifying trends, but are limited for use in predicting future incidents. Examples of lagging indicators used for performance monitoring include:

- (1) Total injury and illness cases;
- (2) Lost Time Case Rate (LTCR).
- (3) Number of days away, restricted, or transferred.
- (4) Number of OSHA recordable incidents.

b. **Leading Indicators.** Safety performance measures that provide a proactive, preventative, or predictive measurement of activities, conditions, or behaviors that drive safety performance with a focus on inputs to influence outcomes before they occur. Leading indicators measure effectiveness of actions and identify problems early so corrective actions can take place proactively. They are useful for predictive and proactive control implementation, but are limited for measuring actual outcomes. Examples of leading indicators used for safety performance monitoring include:

(1) Compliance rate of newly assigned personnel who complete job-specific safety training within three months of assignment.

(2) Percentage of Safety Inspectors who receive at least two documented walk-along evaluations per year by the Safety Management Supervisor or competent designee, with feedback provided and any identified improvement actions completed.

(3) Number of scheduled quarterly Safety Council meetings conducted within their quarter, with documented agendas, attendance, minutes, appropriate discussions, action items, and risk registry discussion.

11. SMS Effectiveness Measurement. NAVSUPPACT Naples shall measure the effectiveness of its Safety Management System (SMS) using two complementary approaches:

a. **Mishap Prevention Measurement Approach.** Outcome and activity-based measures that evaluate the success of hazard prevention and control efforts.

(1) **Safety Investigations.** NAVSUPPACT Naples shall conduct safety investigations in accordance with OPNAVINST 5102.1E and CNIC M-5100.1. Investigations will be conducted with the intention to determine causal factors, identify unsafe conditions or practices, and recommend corrective actions. All mishaps, near-misses, property damage, safety-related complaints, and unsafe/unhealthful condition reports shall be documented in RMI. Investigation outcomes shall be reviewed for trends and lessons learned, communicated at the Command Safety Council, and all corrective actions tracked to closure.

(2) **Safety Inspections.** NAVSUPPACT Naples shall conduct required annual and periodic safety inspections, evaluations, and specialty inspections as required and in accordance with

references (a) through (d). All findings and recommendations shall be documented in RMI with corrective actions tracked until closure. Comparison between scheduled and completed inspections is used to monitor inspection performance.

(3) Safety Training. NAVSUPPACT Naples shall ensure completion of required safety training for supervisors, employees, and CDSOs. Training completion shall be tracked in RMI with records available in ESAMS until the program sundown. Completion and training compliance data shall be used to identify gaps and drive corrective action.

(4) Safety Awareness Activities. NAVSUPPACT Naples shall deliver safety communications, campaigns and awareness events such as safety councils, seasonal stand-downs, and hazard alerts, as necessary to enhance safety promotion, communication, and performance. These activities will be tracked through RMI where applicable.

(5) Risk Mitigation. NAVSUPPACT Naples shall identify, document, and implement mitigation strategies for hazards that cannot be immediately eliminated. Mitigation plans, timelines, abatement actions, and residual risk will be recorded in RMI and the command risk registry. Mitigation strategies must be reviewed and updated at least annually or when conditions change.

b. Key Process Measurement Approach. Metrics that verify the execution and continuous improvement of core SMS elements.

(1) Councils and Committees. Quarterly Safety Council and committee meetings shall be conducted at least quarterly and scheduled according to the command battle rhythm. Meeting agendas, attendance rosters, and minutes with an accepted statement of risk shall be documented in the Risk Management Information (RMI) system. Additionally, the closure of assigned action items from these meetings shall be tracked to ensure follow-through and resolution.

(2) Supervisor training. Supervisors are required to provide and document Occupational Safety and Health (OSH) supervisory training as outlined in 29 CFR 1960.55 and Navy policy. Completion rates for this training shall be tracked, and refresher training must be provided as necessary to maintain supervisory effectiveness and ensure safety standards are upheld. Safety Office measures completion of supervisor training as a key process indicator for successful and complete implementation of the overall SMS in a multiemployer environment.

(3) Employee orientation. All newly assigned employees shall receive safety orientation as required by 29 CFR 1960.59(a) and local policy. Completion of this training will be documented in RMI to ensure all new personnel are familiar with safety protocols and hazards before they begin their assigned tasks. This training shall emphasize employee rights and responsibilities related to the OSH program.

(4) Collateral Duty Safety Officer (CDSO). Collateral Duty Safety Officers (CDSOs) are required to complete the Navy Safety and Environmental Training Center's course, "Introduction to Navy Occupational Safety and Health (Ashore)," NAVSAFENVTRACEN Course A-493-0550, as well as the applicable 29 CFR 1960, Subpart H training. All training records for CDSOs must be maintained in RMI to ensure compliance and effectiveness in safety leadership roles.

(5) Formal Assessment. The Safety Office will conduct an annual self-assessment of the safety program, which will include reviewing mishap data, inspection records, hazard reports, and Industrial Hygiene (IH) assessments. CNIC-approved checklists will be used to measure performance against established enterprise standards and Safety Management System (SMS) objectives, ensuring alignment with overall safety goals.

(6) Audit Methodology. NAVSUPPACT Naples will verify that departmental and shop-level safety assessments are conducted and documented, using both ESAMS and RMI systems. During the transition period, safety assessment data will continue to be recorded in ESAMS for legacy purposes, while new data will be captured in RMI. The results of these assessments will be compiled and presented to the Safety Council and the Commanding Officer (CO). Findings from these assessments will be used to update and refine the Safety Management System (SMS) goals and objectives. This process ensures that safety program effectiveness is continuously evaluated and improved as the program transitions fully to RMI.

12. Promotion.

a. Risk Communication. NAVSUPPACT Naples communicates key safety management system (SMS) results regularly through the Quarterly Safety Council, Plan of the Week, and other appropriate channels. These communications include lessons learned, best practices, safety trends, and goals/objectives. Risk communication is aimed at fostering a culture where safety is recognized as a core value.

b. Employee Recognition. Supervisors at NAVSUPPACT Naples are responsible for recognizing personnel who demonstrate outstanding safety practices. The Safety Awards Program acknowledges individuals or teams who actively apply safe practices, engage in risk management, and contribute to mishap prevention. Nominations for awards should be submitted in line with references (c) and (d). Supervisors are encouraged to utilize time-off awards and “On-the-spot” awards to recognize safety contributions that positively impact operational readiness and safety culture.

c. Chief of Naval Operations (CNO)/Navy League Safety Awards. 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 described in the respective messages released each year.

13. Safety as a Service.

a. Context of the Organization. The context of NAVSUPPACT Naples is rooted in ensuring the safety and health of workers, particularly in a highly dynamic and diverse environment with different organizational needs. The command understands the internal and external factors that influence workplace safety. External factors include compliance with global safety standards, while internal factors are related to the specific needs of each department. Safety programs are tailored to the diverse missions of various commands, including both organic safety programs and those with no

dedicated safety professionals. This means our safety systems must be flexible, adaptable, and responsive to both the unique needs of our tenants and the general regulatory framework. NAVSUPPACT Naples utilizes its Safety Management System (SMS) as the core framework for risk management, ensuring compliance with Navy policies, ISO 45001 standards, and safety regulations.

b. Engagement with a Customer Service Mindset. Safety services at NAVSUPPACT Naples are delivered with a strong customer-service focus. The Safety Office serves as both a service provider and advisor, aiming to foster collaboration, communication, and understanding with tenant commands. This approach ensures that each command, regardless of its size or internal resources, receives the appropriate level of safety support, and has access to critical safety information. Whether a customer command has an organic safety office or not, the Safety Office provides clear, consistent communication, responsive service, and tailored safety solutions. The idea is to reduce confusion and make safety accessible and actionable, particularly for non-safety professionals. NAVSUPPACT Naples will use the Interactive Customer Evaluation (ICE) system to resolve customer service issues.

c. Code of Ethics. NAVSUPPACT Naples' safety professionals adhere to the Board of Certified Safety Professionals (BCSP) Code of Ethics, provided as enclosure (3), which promotes a professional, ethical, and responsible approach to safety and health management. The BCSP code ensures that all safety activities are performed with integrity, transparency, and accountability. This code influences our approach to safety service delivery, ensuring that every action taken, from hazard identification to accident investigations, upholds the highest standards of safety professionalism. Where not otherwise addressed by specific regulations or procedures, the Safety Office will adhere to the BCSP Code of Ethics as the guiding framework for all safety practices.

d. Seams and Service for Supported Commands. The concept of "seams" within safety services involves identifying potential gaps, overlaps, or interfaces between different safety services, either within CNIC or with external Navy commands. For supported commands with organic safety personnel, these seams ensure that collaboration happens without redundancy. For commands without organic safety professionals, NAVSUPPACT Naples provides more hands-on service, including workplace inspections, risk assessments, and training. Services such as these are carefully coordinated to ensure that all risk management responsibilities are met, even if a customer command lacks its own safety resources. Seams, both internal and external, aid in recognizing when additional resources or support are needed.

e. Needs and Expectations of Workers. NAVSUPPACT Naples is committed to understanding and addressing the needs and expectations of its workers and interested parties. This is accomplished through ongoing engagement, including safety surveys, feedback loops, and direct communication during inspections and risk assessments. NAVSUPPACT Naples will ensure that the perspectives of the workforce are considered, fostering an inclusive safety culture. By proactively engaging with both workers and management, the command is able to anticipate and meet safety needs, enhancing overall mission readiness and organizational resilience.

f. Determining the Scope of the OSH Management System. The NAVSUPPACT Naples SMS is defined by a commitment to both regulatory compliance and a high standard of safety performance. This system encompasses all aspects of safety management, from risk assessment to incident

reporting, hazard mitigation, and continual improvement. It applies to all departments and tenant commands at NAVSUPPACT Naples, ensuring that every workplace is covered, from those with organic safety programs to those without. The system's scope is reviewed regularly to ensure it remains relevant and responsive to changes in organizational priorities and regulatory requirements.

g. The SMS and Customer Relationships. The SMS at NAVSUPPACT Naples is built to integrate safety practices and goals with our broader mission objectives. This system allows us to maintain a strong relationship with customers, offering tailored safety solutions, continuous performance monitoring, and feedback mechanisms to ensure all parties are engaged and informed. Through regular assessments and reviews, the Safety Office ensures that the OSHMS meets the needs of the command while fostering an environment of continual safety improvement. This approach ensures that both internal and external customers are satisfied with the services provided, which are aligned with Navy regulations, customer requirements, and best practices in safety management.

14. Safety and Occupational Health Goals. Annually, NAVSUPPACT Naples will develop OSH Goals and Objectives aligned with the enterprise goals generated by CNIC and Navy Region, Europe, Africa, Central. For fiscal year 2026, the goals are as follows:

- a. Improve mishap investigation timeliness by 10% by 30 September, 2026
- b. Improve in-person SOH required training by 10% by 30 September, 2026
- c. Reduce Lost Time Case Rate by 5% by 30 September, 2026

NAVSUPPACT NAPLESINST 5100.4A SAFETY MANAGEMENT SYSTEM QUICK REFERENCE



PURPOSE: To establish a proactive, standardized framework for identifying, assessing, and controlling workplace hazards, ensuring compliance with Navy, DoD, and OSHA requirements, while promoting continuous improvement in safety performance.



HAZARDS-

Without a functioning Safety Management System, hazards may go unreported, risks may not be mitigated, and unsafe work practices could lead to preventable mishaps, injuries, or mission degradation.



TRAINING-

- Supervisor Safety Training (all first-line supervisors).
- Collateral Duty Safety Officer (CDSO) Training (A -493-0550).
- General safety orientation for all employees.
- Refresher/updated training when job duties, hazards, or processes change.



MANDATORY PRACTICES|REQUIREMENTS

- **Leadership & Accountability** – CO certifies SMS compliance; Installation Safety Office (N35) coordinates SMS implementation; supervisors enforce safe work practices.
- **Employee Participation** – Use hazard QR code, RMI, or chain of command to report unsafe/unhealthful conditions.
- **Policy & Documentation** – Access current Safety Instructions and procedures on the **NSA Naples Safety Share-Point**.
- **Training & Awareness** – Complete all required safety training before exposure to hazards; supervisors must ensure subordinates are trained within 90 days.
- **Planning & Change Management** – Conduct workplace risk assessments annually; include Safety Office review for new/modified facilities, equipment, or processes.
- **Risk Management** – Assign Risk Assessment Codes (RACs) to hazards; escalate RAC 1–2 to CO for risk acceptance; RAC 3 to Department Head; RAC 4–5 to supervisors.
- **Risk Communication** – Safety information shared via Safety Councils, Plan of the Week, Safety SharePoint, and bulletin boards.
- **Monitoring & Measurement** – Participate in inspections, self-assessments, and mishap investigations; track leading and lagging indicators.
- **Awards & Recognition** – Recognize employees with On-the-Spot, Time-Off, CNO, and Navy League safety awards.



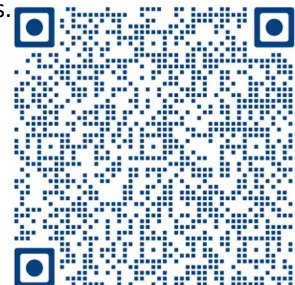
PROHIBITED PRACTICES|RULES-

- Do not ignore or fail to report hazards/uncontrolled conditions.
- Do not conduct work with uncontrolled RAC 1–2 hazards.
- Do not delay required safety training for new employees.
- Do not bypass established inspection or risk assessment processes.
- Do not accept risk outside your level of authority.



REFERENCES|NOTES|OTHER INFORMATION-

- **Stop-Work Authority:** Every employee has the right and responsibility to stop unsafe work.
- **Safety/Training Time-Outs:** Supervisors and workers should pause to re-brief when hazards or unsafe acts are observed.
- **Annual Self-Assessments:** Required from both installation and tenant commands.
- **FY26 Safety Goals:**
 - Improve mishap investigation timeliness by 10%.
 - Improve in-person SOH training completion by 10%.
 - Reduce LTCR by 5%.



Report Hazards: NSA Naples App
→ “Hazard Report” QR Code

BCSP | Board of Certified Safety Professionals®

Code of Ethics

POLICY

This code sets forth the code of ethics and professional standards to be observed by anyone holding status with Board of Certified Safety Professionals (applicant, candidate or credential holder). Those holding status with the Board of Certified Safety Professionals shall, in their professional activities, sustain and advance the integrity, honor, and prestige of the profession by adhering to these standards.

STANDARDS

- HOLD** paramount the safety and health of people, the protection of the environment and of property in the performance of professional duties and exercise their obligation to advise employers, clients, employees, the public, and appropriate authorities of danger and unacceptable risks to people, the environment, or property.
- BE** honest, fair, and impartial; act with responsibility and integrity. Adhere to high standards of ethical conduct with balanced care for the interests of the public, employers, clients, employees, colleagues and the profession. Avoid all conduct or practice that is likely to discredit the profession or deceive the public.
- ISSUE** public statements only in an objective and truthful manner and only when founded upon knowledge of the facts and competence in the subject matter.
- UNDERTAKE** assignments only when qualified by education or experience in the specific field(s) involved. Accept responsibility for continued professional development by acquiring and maintaining competence through continuing education, experience, and professional training, and keeping current on relevant legal issues.
- REPRESENT** academic and professional qualifications accurately. Represent degree of responsibility in or for the subject matter in prior assignments accurately. Represent pertinent facts accurately when presenting qualifications, experience, or other information for solicitation of employment including facts about employers, employees, associates, or past accomplishments.
- CONDUCT** their professional relations by the highest standards of integrity and avoid compromise of their professional judgment by conflicts of interest. When becoming aware of professional misconduct by another holding status with the Board of Certified Safety Professionals, take steps to bring that misconduct to the attention of the Board of Certified Safety Professionals.
- ACT** in a manner free of bias, discrimination or harassment on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, veteran status or any characteristic protected by the law of the applicable jurisdiction.
- SEEK** opportunities to be of constructive service in civic affairs and work for the advancement of the safety, health and well-being of their community and their profession by sharing their knowledge and skills.

Approved by the BCSP Board of Directors, October 2002

Revised: November 1, 2012 with an Effective Date of January 1, 2013 for all BCSP credentials

Revised: March 26, 2020

Revised: November 4, 2022; with an effective date of January 1, 2023