

# NAVSOH PROGRAM CHECKLIST

CODE	SPECIALIST	INSPECTION TYPE			
DATE INSPECTED	DATE REVIEWED	DATE PRINTED	CONFIRMATION DATE	15 - DAY DATE	30 - DAY DATE

BUILDINGS COVERED

DIVISION ESCORTS/PHONES

### INSPECTION DATES

1.	2.	3.	4.	5.	6.	7.	8.
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### 5100/12 NUMBER RANGE

BEGINNING NUMBER	ENDING NUMBER	TOTAL NUMBER OF DEFICIENCIES	SSIC NO. 5100L	MEMO NUMBER 3540/
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NO.	PROGRAM AREA	FINDINGS
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<b>1.</b>	<b>REVIEW INDUSTRIAL HYGIENE REPORT</b>	
	Date of last survey? Is the survey due this year? Find summary of tasks. Does the Code get medical surveillance? Do they have outstanding issues and deficiencies from the last survey? If so, what? ( <i>List below</i> )	Date _____ Yes No Date Found _____ Medical surveillance Yes No Issues or deficiencies Yes No
	Notes:	
		INITIALS
		DATE

<b>2.</b>	<b>REVIEW AUTHORIZED USE LIST (AUL)/MATERIAL SAFETY DATA SHEETS (MSDSs)</b>	
	Check with Authorized Use List (AUL) Program Manager ( <i>Code 3541</i> ) to see if the Code is up-to-date. Do they have outstanding issues or deficiencies? If so, what? ( <i>List below</i> )	Up-to-date reviews Yes No Issues or deficiencies Yes No
	Notes:	
		INITIALS
		DATE

## NAVSOH PROGRAM CHECKLIST

NO.	PROGRAM AREA	FINDINGS		
<b>3.</b>	<b>REVIEW PERSONAL PROTECTIVE EQUIPMENT (PPE) HAZARD ASSESSMENT</b>			
	Make a copy of all PPE requirements from the latest Industrial Hygiene (IH) survey.	Copies made	Yes	No
	Have these been posted?	Copies posted	Yes	No
	Do supervisors have copies?	Supervisors have copy	Yes	No
Notes:				
		INITIALS		
		DATE		
<b>4.</b>	<b>RESPIRATORS</b>			
	Do Code personnel use respirators? <i>(Check with Code 3541, Respirator Program Manager)</i> If so, where and who? <i>(List below)</i>	Use respirators	Yes	No
	If so, have they attended training?	Attended training	Yes	No
	Notes:			
		INITIALS		
		DATE		
<b>5.</b>	<b>REPRODUCTIVE HAZARDS</b>			
	Does Code have chemicals that are Reproductive Hazards? <i>(Check IH survey and AUL)</i>	Reproductive Hazard chemicals	Yes	No
	If so, have the people working with Reproductive Hazards received initial training? <i>(List training below)</i>	Initial training	Yes	No
	Notes:			
		INITIALS		
		DATE		

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NO.	PROGRAM AREA	FINDINGS		
<b>6.</b>	<b>EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS REPORT BOXES</b>			
	Are there at least two boxes per building?	Number of boxes _____	Yes	No
	Do the boxes have current Navy Employee Report of Unsafe or Unhealthy Working Conditions? <i>(OPNAV 5100/11 (Rev. 11-02))</i>	Current forms	Yes	No
	Are the Department of Defense Safety and Occupational Health Protection Program, <i>(DD 2272 (11-00))</i> forms current?	Current DD 2272	Yes	No
	Notes:			INITIALS
			DATE	
<b>7.</b>	<b>EYEWASH/SHOWER AND EYE/FOOT HAZARDS</b>			
	Get eyewash/shower and eye/foot hazards printout for updating.	Updated printout	Yes	No
	Check to make sure work processes that require eyewash and showers are still in place.	Work processes in place	Yes	No
	Are Codes flushing their eyewashes?	Eyewashes flushed	Yes	No
	Do Codes have an updated inspection sheet?	Current inspection sheet	Yes	No
Notes:			INITIALS	
			DATE	
<b>8.</b>	<b>CONFINED SPACES (CS), CRANES, AND RIGGING GEAR</b>			
	Are there any research areas that are CS?	Research area CS	Yes	No
	Are there any permit-required CS?	Permit-required CS	Yes	No
	Does the Division have any weight handling equipment?	Weight handling equipment	Yes	No
	Does the Division manage its rigging gear?	Manage own rigging gear	Yes	No
Is the Pipeline Database used for rigging gear?	Pipeline Database used for rigging gear	Yes	No	
Notes:				
			INITIALS	
			DATE	

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<u>NO.</u>	<u>PROGRAM AREA</u>	<u>FINDINGS</u>		
<b>9.</b>	<b>CHECK MECHANICAL ROOMS AND ALL SPACES</b>			
	Get a list of mechanical rooms and spaces from the Head, Facilities Staff ( <i>Code 1006.4</i> ).	List received	Yes	No
	Inspect all mechanical rooms.	Inspection	Yes	No
	Check if equipment needs lockout/tagout stickers, machine guarding, or electrical repair.	Check completed	Yes	No
	Notes:			
			INITIALS	
			DATE	
<b>10.</b>	<b>LOCKOUT/TAGOUT CHECKED</b>			
	Are there other areas that have been identified as needing lockout/tagout? ( <i>Check with Code 3541</i> )	Other areas checked	Yes	No
	Notes:			
				INITIALS
				DATE
<b>11.</b>	<b>SUPERVISOR'S TRAINING</b>			
	Have supervisors completed their necessary supervisor's refresher training? ( <i>List should be in folder; if not, see Training Program Manager, Code 3541</i> )	Completed refresher training	Yes	No
	Have new Supervisors attended initial training?	Attended initial training	Yes	No
	Does the Navy Yard Branch Health Clinic have problems with this Division with no-shows for physicals? ( <i>Check with Medical Surveillance Program Manager, Code 3541</i> )	Problems with no-shows for physicals	Yes	No
	Notes:			
			INITIALS	
			DATE	

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<u>NO.</u>	<u>PROGRAM AREA</u>	<u>FINDINGS</u>		
<b>12.</b>	<b>FIRE EVACUATION PROCEDURES</b>			
	Have fire evacuation plans been developed and posted?	Plans developed and posted	Yes	No
	Are the diagrams posted?	Diagrams posted	Yes	No
	Are they doing annual fire evacuation training?	Training completed	Yes	No
	Are they doing fire extinguisher "hands-on" training?	Training completed	Yes	No
	Notes:			
			INITIALS	
			DATE	
<b>13.</b>	<b>CHECK TRAINING</b>			
	Check with Training Program Manager ( <i>Code 3541</i> ) for annual requirements/attendance for:			
	New Supervisor's Initial Training.	Completed	Yes	No
	Crane Operator's Training.	Completed	Yes	No
	HAZCOM/Lab Hygiene Training.	Completed	Yes	No
	Confined Space Training.	Completed	Yes	No
	Hearing Conservation Training.	Completed	Yes	No
	Notes:			
			INITIALS	
			DATE	

# NAVSOH PROGRAM CHECKLIST

14.

**LIST ANY OTHER ITEMS TO BE CHECKED, SPECIFIC TO THE CODE BEING INSPECTED**

	INITIALS	DATE
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**PERSONAL PROTECTIVE EQUIPMENT (PPE) CERTIFIED**

SIGNATURE ( <i>PPE Program Manager, Code 3541</i> )	DATE SIGNED
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**PERSONAL PROTECTIVE EQUIPMENT (PPE) LIST POSTED**

SIGNATURE ( <i>PPE Inspector, Code 3541</i> )	DATE SIGNED
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**MANAGEMENT REVIEW (*Package 100% Complete*)**

SIGNATURE ( <i>Abatement Manager, Code 3541</i> )	DATE SIGNED
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SIGNATURE ( <i>SOH Section Head, Code 3541</i> )	DATE SIGNED
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