

Voluntary Protection Program Passport Kickoff Talking Points

In an effort to provide WCH and subcontractor employees with safety related information and how it applies to your daily work activities, the VPP Steering Committee has developed the VPP Passport that will challenge your involvement, awareness, and commitment to VPP.

How does the VPP Passport work?

Participating in the VPP passport activity means you are part of a team that maintains exemplary safety and health programs, which includes excellent safety systems, processes, and employee involvement. It means all employees are able to contribute to the safety and health programs. Most importantly, it means you are actively caring for your own safety ad the safety of your co-workers.

- The VPP Passport activity will begin January 12th and complete on April 30th
- All WCH and subcontractor employees are eligible to participate in this activity.
- The VPP passport is divided into two activity sections
 - 1) 27 activities for all employees
 - 2) 9 activities for managers and supervisors
- All employees must complete at least 20 of the "Employee Activities."
- Managers and supervisors must complete an additional 6 of 9 "Manager and Supervisor" activities.
- When an activity is completed, the employee must sign and date the activity and have it approved by their supervisor. The supervision will verify completion of the activity, sign and date it. Then using the project specific VPP Passport stamp, stamp the activity.
- When a manager or supervisor completes any activity, they must sign and date it and have it approved, signed, dated, and stamped by the project or facility LSIT chair or co-chair.
- When you have completed the required activities, have your manager or supervisor sign and date the last page of the passport and obtain one additional signature on that page.

- When you have completed the required VPP activities forward the signed VPP Passport to the VPP Steering Committee at MSIN H4-25.
- The VPP Passport activity will be administered by the VPP Steering Committee with assistance from the project or facility LSIT chair and co-chair.
- Employees, managers, and supervisors, that complete the minimum "Employee, Manager, and Supervisor," required activities, will receive a VPP Passport completion recognition award. There are no recognition awards for anything less than completing the minimum activity requirements as stated above.
- If an employee looses his or her passport during the activity period, that employee should contact their LSIT chair or co-chair for a new passport. The employee and their supervisor will review and discuss what activities were completed and sign, date, and stamp them.

River Corridor Closure Project



PASSPORT

River Corridor Closure Project



The Five Tenets of VPP

- Management Leadership
- Employee Involvement
- Worksite Analysis
- Hazard Prevention and Control
- Safety & Health Training and Education

Washington Closure Hanford (WCH) River Corridor Closure (RCC) VPP Passport Purpose

The Voluntary Protection Program (VPP) Passport Program recognizes and rewards employees who take it upon themselves to educate, communicate, and participate in the VPP program. The results will support the overall goal of the VPP by:

"Creating a healthy work environment that is free from injuries and illnesses by actively caring for my safety and the safety of my fellow employees."

This passport belongs to:

Name:
Signature:
Company:
Project/Facility:
Work Phone Number:
Mail Stop Number (MSIN):

How the VPP Passport Program Works

Who may participate in the VPP Passport activity? All WCH and subcontractor employees are eligible to participate.

Who will administer the VPP Passport activity? The VPP Passport activity is administered through the VPP Steering Committee and supported by the project and functional Local Safety Improvement Team (LSIT)/VPP Team.

Do all VPP Passport activities need to be completed? In order to "complete" the passport a minimum of 20 activities must be signed and stamped. Managers and supervisors will need to complete at least six (6) additional activities in the Manager and Supervisor section for the VPP Passport to be considered complete.

Who can approve activities in the VPP Passport? Employees need to sign and date each activity as it is completed. Once the activity has been completed, the employee can request the review and approval of his or her immediate supervisor.

In the Manager and Supervisors activities portion, once the activity has been completed, the manager or supervisor should request the review and approval of the project LSIT Chair or Co-chair upon completion of the activity.

When an activity has been completed and verified, that activity will be stamped using the project's designed VPP Passport stamp.

Where do I turn in the completed VPP Passport? Forward the signed-off passport to the VPP Steering Committee at MSIN H4-25.

What's in it for me?

Participating in the VPP Passport activity means you are part of a team that maintains exemplary safety and health programs, which includes excellent safety systems, processes, and employee involvement. It means all employees are able to contribute to the safety and health programs. Most importantly, it means you are actively caring for your own safety and the safety of your co-workers.

NOTES:		

NOTES:			

River Corridor Closure Project



PASSPORT

Activities for All Employees

1. Participate in a work area inspection.

malayee Name

This activity involves participating in a safety inspection at your work area, noting any positive observations and any issues/concerns, and reporting them to the responsible person, such as your supervisor, safety, and/or Rad Con. You are encouraged to involve your supervisor, safety, industrial hygiene, Rad Con, and LSIT Chair or Co-Chair with this activity.

Emplo	yee Name.
	(print/sign)
Super	visor Signature:
	(sign/date)
2.	Discuss the "Time Out/Stop Work Process" with your co-workers. Show or demonstrate an example of the process, how it was used, and the outcome.
Emplo	yee Name:
	(print/sign)
Super	visor Signature:
	(sign/date)

 Prepare and/or present a safety topic at a safety meeting or submit an article to the Howler, VPP Newsletter, Take 5 for Safety, or Lessons Learned

Write a simple safety, health, or radiological topic (handwritten or typed) and request it to be discussed in a safety meeting. You are encouraged to involve safety, industrial hygiene, and/or Rad Con with this activity.

Or take an existing safety topic and lead a discussion about it in a safety meeting.

Employee Name:

·	•
	(print/sign)
Supe	rvisor Signature:
	(sign/date)
4.	Provide a Safety Share at a plan-of-the-day (POD), safety, staff, or other meeting.
Share safety	e something positive you have personally done for //.
Emplo	byee Name:
	(print/sign)
Supe	rvisor Signature:
	(sign/date)

5. Locate and browse the WCH VPP home page located on the intranet at http://www.wch-rcc.com/sh/vpp. Document one (1) area about VPP that you learned something new about and how this can benefit your safety at work, at home, or at play.

Explain to co-workers and your immediate supervisor the information found on the VPP home page. If you do not have direct access to the intranet, contact your immediate supervisor for help.

Emplo	oyee Name:
	(print/sign)
Super	visor Signature:
	(sign/date)
6.	Attend a Project Safety Committee meeting or a project or functional LSIT meeting and discuss the meeting with your immediate supervisor and other employees.
prior t	nmediate supervisor should meet with the employee o attending this meeting. The meeting should include ipation, sharing concerns, and being part of activities.
Emplo	oyee Name:
	(print/sign)
Super	visor Signature:
-	(sign/date)

7. Review a safety-related procedure that applies to your job.

The employee and supervisor are to agree on a safety related procedure to review. After reviewing the proce the employee should provide constructive feedback to supervisor or manager.	edure,
Name and number of the WCH procedure:	
Employee Name:	
(print/sign)	
Supervisor Signature:	
(sign/date)	
Participate in the development of a Job Haz Analysis (JHA) or a review of a JHA prior to start of a job. Employed Name:	
Employee Name:	
(print/sign)	
Supervisor Signature:	
(sign/date)	

Explain to your immediate supervisor what two (2) of the following safety values and principles mean to you.

- · Safety is a part of everything we do.
- Nothing we do is worth getting hurt for.
- Safety is everyone's responsibility.

Employee Name:

Every occupational injury and/or illness can be prevented.

-	(print/sign)
Supervis	sor Signature:
	(sign/date)
10. F	Read the VPP section in the WCH Safety Toolbox.
	this with your safety representative and/or your te supervisor.
Employe	ee Name:
	(print/sign)
Supervis	sor/Safety Representative Signature:
	(sign/date)

11.	Identify known or potential hazards in your workplace and how they are controlled. Discuss this with your immediate supervisor. List the identified hazards in your workplace.
Hazard	ds (known or potential):
Emplo	yee Name:
	(print/sign)
Super	visor Signature:
	(sign/date)
	Discuss the WCH Injury/Illness Reporting process and your role within this process with your immediate supervisor. yee Name:
	(10)
_	(print/sign)
Super	visor Signature:
	(sign/date)

13. Select one (1) of the five (5) VPP tenets and discuss how you personally contribute to it with your immediate supervisor.

Find the tenets in the WCH Safety Toolbox and/or the WCH

VPP website at

of others."

Supervisor Signature:

Employee Name:

	www.wchrcc.com/sh/vpp or www.wch-rcc.com/isms/Phase2Prep.htm.
Emplo	yee Name:
Super	(print/sign)
	(sign/date)
14.	Explain to your immediate supervisor what the following statement means and how it applies to you. Provide an example of how you have demonstrated safety ownership

"I will take ownership for my safety and the safety

(print/sign)

(sign/date)

12

Participate in an accident, incident, or near-miss investigation. Describe what action(s) could be taken to prevent recurrence.

If circumstances do not allow participation, you may complete this activity by reviewing a recent accident, incident, or near-miss report and discussing it with your immediate supervisor and/or your project safety representative.

Employee Name:

	(print/sign)
Superv	visor/Project Safety Representative Signature:
	(sign/date)
16.	Review the Employees Bill of Rights and explain what it means to you with your immediate supervisor and/or co-workers.
Emplo	yee Name:
	(print/sign)
Superv	visor Signature:
	(sign/date)

17.	At a Pre-Job Briefing/Pre-Ev, discuss and provide
	examples, as they relate to your job, of the four
	key Human Performance Improvement (HPI)
	questions.

- 1. What are the critical steps or phases of this task?
- 2. How can we make a mistake at this point?
- 3. What is the worst thing that can go wrong?
 4. What barriers or defenses are needed?

Emplo	vee Name:
	(print/sign)
Super	isor Signature:
	(sign/date)
18.	Identify and discuss the importance of VPP and LSIT with your immediate supervisor.
	LSIT with your immediate supervisor.
	LSIT with your immediate supervisor.
Emplo	LSIT with your immediate supervisor. vee Name:
Emplo	LSIT with your immediate supervisor. vee Name: (print/sign) isor Signature:
Emplo	LSIT with your immediate supervisor. vee Name: (print/sign)

Participate in a wellness program for a minimum of 30 days. Describe the program(s) and how you were involved.

Wellness programs include but are not limited to: participation in a healthy living campaign, low-impact stretch & flex exercises, smoking cessation, nutrition, biking, and/or walking.

Date Started:		
Employee Name:		
	(print/sign)	
Supervisor Signature:		
	(sign/date)	
20. Acquire and mainta First Aid/CPR/AED Employee Name:		
	(wrink(nimn)	
	(print/sign)	
Supervisor Signature:		
	(sign/date)	

21. Nominate an employee for his/her contribution(s) that demonstrate extra effort, problem solving, leadership, and/or effective work practices for improving or enhancing project success.

Recognition includes On-the-Spot Award, Co-Worker Safety Award Nomination, or Safety Awareness Campaign Award.

Emplo	oyee Name:	
		(print/sign)
Super	rvisor Signature:	
		(sign/date)
22.	your project or facility	response requirements at with your supervisor, Director (BED), or Building
Emplo	oyee Name:	
		(print/sign)
Super	rvisor/BED/BW Signature:	
		(sign/date)

Participate in or volunteer and assist in any VPP activity, function, or event.

This activity may include VPP education/training, safety initiative, conducting a VPP briefing, mentoring a new or transferred employee, or assisting co-workers with a VPP activity including the VPP Passport.

Employ	yee Name:		
		(print/sign)	_
Superv	visor Signature:		
		(sign/date)	
24.	your project or facil	ently transferred employee to lity in understanding the at your work area and the them.	
Employ	yee Name:		
		(print/sign)	
Superv	risor Signature:		
		(sign/date)	

25. Describe one action you performed to improve the safety of your work area.

Example: Entering a positive observation or safety concern in the project LSIT logbook or alerting a co-worker of an at risk behavior.

Employee Name:	
	(print/sign)
Supervisor Signature:	
	(sign/date)
26. Chair a safety meeting information was provide	ded.
Date of the safety meeting:	
Employee Name:	
	(print/sign)
Supervisor Signature:	
	(sign/date)

27. Assist the LSIT in finding a solution to closing an LSIT Logbook entry.

Employee Name:		
	(print/sign)	
Supervisor Signature:		
	(sign/date)	

Twenty of the preceding employee VPP Passport activities have been reviewed and found to be satisfactorily completed.

Employee Name:
(print/sign)
Project/Function LSIT Chair Signature:
(sign/date)
Obtain one of the following signatures:
Project Safety Representative Signature:
(sign/date)
Project or Facility Manager Signature:
. , , , ,
(sign/date)
Project or Functional Director Signature:
Troject of Functional Director eignature.
(sign/date)
(0.3., 0.3.6)

NOTES:			
			 21

NOTES:		

22-

River Corridor Closure Project



PASSPORT

Activities for Managers & Supervisors

1. Complete and document three (3) safety inspections with employees in the work area, noting any positive observations and any issues/concerns and reporting them to the responsible person for corrective action. You are encouraged to involve safety, industrial hygiene, Rad Con, and your supervisor in this activity.

1.	Employee Name:		
		(print/sign)	_
	Supervisor Signature:		
		(sign/date)	_
2.	Employee Name:		
		(print/sign)	
	Supervisor Signature:		
		(sign/date)	
3.	Employee Name:		
		(print/sign)	
	Supervisor Signature:		
		(sign/date)	
LSIT	T/VPP Chair Signature:		
		(sign/date)	

2. Approach at least three (3) employees using positive feedback regarding observed safe behavior.

1.	Employee Name:		
	Supervisor Signature:	(print/sign)	
2.	Employee Name:	(sign/date)	
	Supervisor Signature:	(print/sign)	
3.	Employee Name:	(sign/date)	
4.	Supervisor Signature:	(print/sign)	
LSI	Г/VPP Chair Signature:	(sign/date)	

(sign/date)

	or concern. Safety iss generated from docur	o, or staff on a safety issue sues or concerns should be nentation such as Lessons , Do It Right the First Time, ogbook entry.
1.	Supervisor Signature:	
2.	Supervisor Signature:	(sign/date)
3.	Supervisor Signature:	(sign/date)
4.	Supervisor Signature:	(sign/date)
LSI	T/VPP Chair Signature:	(sign/date)
4		(sign/date) ions of the most recent letin, VPP Newsletter, or the
Sup	pervisor Signature:	і ешрюўвев.
LSI	T/VPP Chair Signature:	(sign/date)
-		(sign/date)

Discuss and provide at least four (4) briefings to

3.

Provide at least four (4) Safety Share messages at the beginning of a safety meeting or staff meeting.

A Safety Share is something positive you have done for safety.

	VPP Steering Commit employees.				
6	VPP Steering Commit				
Arrange for a VPP presentation from one of the VPP Steering Committee members with your employees.					
		(sign/date)			
LSI	Г/VPP Chair Signature:	(sign/date)			
4.	Supervisor Signature:				
		(sign/date)			
3.	Supervisor Signature:	(o.g. » date)			
2.	Supervisor Signature:	(sign/date)			
_		(sign/date)			

 Ensure that appropriate safety and housekeeping inspections are being conducted in your areas of responsibility and the results are shared with your work crew or staff employees.

This includes, but is not limited to, inspections of eating/drinking areas, fire extinguisher inspections, posted No Smoking areas, office/trailer housekeeping, sanitary facilities, etc.

Supervisor Signature:

	(sign/date)	
LSIT/	/VPP Chair Signature:	
	(sign/date)	
8.	Participate in VPP employee and/or team mentoring. Discuss VPP (i.e., schedule, events, current initiatives) with new or transferred employees, at a staff meeting, POD, or Pre-ev meeting.	
Emplo	loyee Name:	
	(print/sign)	
LSIT/	/VPP Chair Signature:	
	(sign/date)	

 Complete the Safety Trained Supervisor (STS) certification program. STS is a voluntary training program. Contact Safety for more details.

Supervisor Signature:		
	(sign/date)	
LSIT/VPP Chair Signature:		
	(sign/date)	

Twenty employee VPP Passport activities along with a minimum of six (6) additional manager and supervisor VPP Passport activities have been reviewed and are satisfactorily completed.

Manager/Supervisor Signature:	
(sign/date)	
Obtain one of the following signatures:	
Project/Function LSIT Chair Signature:	
(sign/date)	
Project Safety Representative Signature:	
(sign/date)	
Project or Facility Manager Signature:	
(sign/date)	
Project or Functional Director Signature:	
(sign/date)	_
30	