

**11**

Exhibit 19 – KG Exhibit # 11



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
550 POPE AVENUE  
FORT LEAVENWORTH KS 66027-2332

MCXN-PM

29 August 2008

MEMORANDUM FOR RECORD

SUBJECT: PERIODIC PERFORMANCE COUNSELING

1. It has been nearly three weeks since I implemented the procedure whereby daily work is assigned and discuss with you at the end of the duty day what has and what has not been accomplished. The following is my assessment of a few topics that have come to my attention during that time.

2. Daily work schedule. As you know, we have quite a list of operations to catch up on and each day there is plenty of work to do. You have done a good job working on your daily assigned tasks and I encourage you to continue to do so. If you are aware of a task that needs to be accomplished, but has not been assigned, please bring it to my attention so that appropriate adjustment to work assignments can be made. Likewise, if you encounter an assigned task that you feel is not feasible under the circumstances or which might be done in a better manner than is being asked of you, bring it to my attention.

3. Daily assigned tasks. The tasks that are assigned for any given day are to be priority for that day. There may be times when tasks are subsidiary to other taskings (i.e. "Pick up scanner for IH inventory") that will be assigned at a later date. My expectations of what is expected of you are usually very explicit. You are not to carry the tasking on to the next level unless you have been directed to do so (i.e. completing the IH Inventory once acquiring the scanner when only tasked with picking up the scanner). While I appreciate you taking the initiative to work on a future tasking, this expenditure of time weakens your ability to accomplish the tasks of priority for the day (i.e. tasks #4 and #5 on the day the scanner was picked up were not completed, while the IH inventory, which was not assigned, was). Again, if you see where a non-assigned tasking or a change to the daily priority would be necessary or of benefit, you need to communicate this to me so that we may make the appropriate adjustments.

4. Missed appointments. If, when you receive your daily taskings there are appointments (i.e. "Perform IH Surveys for: 0900 - Bldg 80"), you are expected to be at the appointment at that time. If you cannot be at the prescribed place at the prescribed time, professional courtesy dictates that you call the POC and explain your delay, give them a time that they can expect you, or make other arrangements. Missing appointments without a courtesy call (i.e. missing the 25 AUG 08 tasking to be at Bldg 80 at 0900) is not successful performance. In the future, if an appointment is missed or if you anticipate that an appointment will be missed, you should automatically give the POC a courtesy call and notify me of any adjustments that were necessary.

5. Reimbursement for use of POV. In the event that you are required to use your POV to accomplish prescribed IH duties because the GOV is not available, you may be compensated through the DTS system. However, reimbursement for POV will only be approved for instances where the GOV is not available for an appointment with an assigned time (i.e. "Perform IH Surveys for: 0900 -

Bldg 80"). Taskings that do not have a time restraint attached to them (i.e. "Pick up scanner for IH Inventory") will not be approved for reimbursement as other assigned tasks may be worked on while the GOV is unavailable.

The steps of this reimbursement process are as follows:

- a. Keep a monthly MS Excel travel log of the instances that you had to use your POV to perform IH duties at a specified time. The data recorded in the log will include the DATE of the travel, the DESTINATION of the trip, and the ROUND TRIP MILEAGE from Hoge Annex to the destination and back.
- b. Submit the log for supervisory approval and/or validation at the end of the month.
- c. Take the approved travel log to the MERT office where they can assist you in entering your travel into DTS for reimbursement.

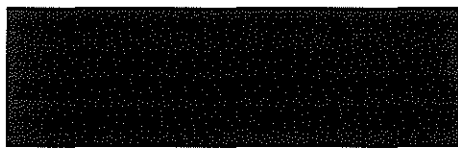
6. Individual counseled:

Karl Gibson  
(Print Name)

KL.G  
(Initials)

Karl Gibson  
(Signature)

29 Aug 08  
(Date)



1LT, MS  
Environmental Science Officer



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Exhibit 19 – KG Exhibit # 12



DEPARTMENT OF THE ARMY  
KANSAS CITY DISTRICT, CORPS OF ENGINEERS  
700 FEDERAL BUILDING  
KANSAS CITY, MISSOURI 64106-2896

REPLY TO  
ATTENTION OF:

CENWK-ED-EF (200-1f)

12 SEP 2008

FOR Chief, Preventive Medicine, Munson Army Hospital, Fort Leavenworth, Kansas

SUBJECT: 11 September 2008 -- Industrial Hygiene Facility Inspection Audit Findings

1. A summary of audit findings is enclosed. In completing this action, Mr. [REDACTED] met with Mr. Karl Gibson, Industrial Hygiene Program Manager. The current Industrial Hygiene Implementation Plan (IHIP) was reviewed. In addition, supporting documentation for buildings 77, 85, 237, 136 and 285 were reviewed. In addition, walk-through inspections of buildings 136, 237, and 285 were completed.

2. Observations:

a. Structure of the current IHIP contains additional information, most related to scheduling, which may detract from the plan's objective. The IHIP does not appear to effectively identify specific operations requiring further industrial hygiene assessment.

~~b. Documentation requirements are significant throughout the entire assessment and survey processes. Supporting data and information, specifically occupational exposure monitoring, is not readily correlated with identified hazardous operations.~~

3. Recommendations:

a. Implement an electronic filing system to organize supporting documentation.

b. Revisit the format of the IHIP to streamline the tracking requirements. For the purposes of the IHIP, track only building, hazardous operations, hazards associated with identified operations, for each hazard whether a survey is recommended, and the date the survey was completed.

4. If you have any questions or concerns related to this report or recommendations, the point of contact for this action is Mr. [REDACTED]. He can be reached at [REDACTED] or via email at [REDACTED]@usace.army.mil

[REDACTED]  
Chief, Section ED-EF

CF:

MCXN-PM [REDACTED]

MCXN-PM (Gibson)

MCHE-DH-IH (GPRMC [REDACTED])

# FACILITY HEALTH ASSESSMENT AUDIT

US Army Corps of Engineers - Kansas City District

Installation: Fort Leavenworth

Date: 11-Sep-08

## 1.00 POLICY AND STANDARDS

- 1.10 Does the Industrial hygiene implementation plan (IHIP) list potentially hazardous operations? (P40-503 3-6 c.1)
- 1.20 Does the IHIP list potentially hazardous operations and associated hazards? (P40-503 3-6 c.)
- 1.30 Does the plan identify IH evaluations necessary for each hazard? (P40-503 c.4)
- 1.40 Are PACs used to prioritize and schedule and manage workloads? (P40-503 4-6 b)
- 1.50 Risk assessment codes assigned to the operation? (P40-503 3-6 b.8)
- 1.60 Does the plan reflect the commander's safety and OH emphasis? (P40-503 3-6)

	MAX	AUD
1.10	25	20
1.20	20	15
1.30	15	5
1.40	15	5
1.50	15	10
1.60	10	10

Summary: Policy and Standards

	MAX	AUD	%
	100	65	65

## 2.00 ORGANIZATION

- 2.10 Industrial hygiene personnel qualified? (16055.5 E2.1.2)
- 2.20 IH personnel maintain current licensure and/or credentialing? (P40-503 5-4 c)

	MAX	AUD
2.10	25	25
2.20	25	20

Summary: Organization

	MAX	AUD	%
	50	45	90

## 3.00 COMMUNICATION

- 3.10 Are reports clear, concise, and effective. (A25-50 1-10)
- 3.20 Are RACs forwarded to Safety Office for inclusion in the facility's hazard abatement program? (P40-503 4-10 d)
- 3.30 Are worker's informed of RAC1 and 2 hazards which exist in their work areas? (A385-1 17-7)
- 3.40 Are RAC 1 and 2 hazards identified during the inspection, recorded on Form 4753?

	MAX	AUD
3.10	10	5
3.20	10	10
3.30	20	20
3.40	10	10

Summary: Communications

	MAX	AUD	%
	50	45	90

## 4.00 HAZARD IDENTIFICATION

- 4.10 Priority Action Codes assigned to each identified hazard? (P40-503 3-6 c.3)
- 4.20 Are records adequate in that they ascertain presence, absence, nature, and degree of occupational health hazards? (16055.5 6.6.3.2)

	MAX	AUD
4.10	25	5
4.20	25	10

Summary: Hazard Identification

	MAX	AUD	%
	50	15	30

## 5.00 HAZARD EVALUATION

- 5.10 Are both qualitative and quantitative data collected in the evaluation of health hazards? (P40-503 4-8 a)
- 5.20 Are PACs used to prioritize and schedule and manage workloads? (P40-503 4-6 b)
- 5.30 Sampling data used to determine and document assigned RACs? (P40-503 4-10 c)
- 5.40 For ergonomic hazards, standard procedures followed to determine RAC? (16055.1 E7.1)

	MAX	AUD
5.10	15	10
5.20	5	0
5.30	5	4
5.40	10	10

Summary: Hazard Evaluation

	MAX	AUD	%
	50	34	68

## 6.00 HAZARD CONTROL

- 6.10 Assigned RACs adequately reflect the magnitude of the risk? (P40-503 4-10 b)
- 6.20 Appropriate controls for each identified hazard addressed? adequate? (P40-503 4-4 b.2)

	MAX	AUD
6.10	25	20
6.20	25	10

Summary: Hazard Control

	MAX	AUD	%
	100	64	64

## 7.00 QUALITY ASSURANCE

- 7.10 Periodic reviews of calibration practices and documentation completed?(P40-503 2-1 e.17)
- 7.20 Assessment of IH program completed annually? (P40-503 2-1 e.21)

	MAX	AUD
7.10	5	5
7.20	20	10

Summary: Quality Assurance

	MAX	AUD	%
	25	15	60



**SUMMARY**

	AUD	%
POLICY AND STANDARDS	65	65
ORGANIZATION	45	90
COMMUNICATION	45	90
HAZARD IDENTIFICATION	15	30
HAZARD CONTROL	64	64
QUALITY ASSURANCE	15	60

**OVERALL PERCENTAGE 67**

**Acronyms:**

MAX = Maximum score  
AUD = Auditor assigned score

**Notes:**

If an item is not applicable, the maximum score will be applied.

**References:**

P40-503 = DOD Pamphlet - Industrial Hygiene Program  
I6055.1 = DOD Instruction - DOD Safety and Occupational Health Program  
I6055.5 = DOD Instruction: Industrial Hygiene and Occupational Health  
A385-10 = Army Regulation 385-10: The Army Safety Program  
A25-50 = Army Regulation 25-50 Preparing and Management Correspondence

Auditor's Signature

Date: 12 SEP 2008

## AUDIT NOTES

### 1.00 POLICY AND STANDARDS

1.10 Copies of 30 May 2008 and 2007 IHIPs reviewed. For the purpose of the audit, Buildings 77, 85, 237, 136, and 285 were selected for review. Emphasis was placed on the most recent plan. The plan appears to be more comprehensive in its listing of operations than necessary. Recommend deleting operations that may not be designated to be "hazardous" per 503 b.2.

1.20 Although the plan does identify operations the report does not subsequently identify hazards associated with each identified operation.

1.30 As the structure of the report does not adequately associate hazards with each operation, it does not adequately identify those activities for which further assessment is needed.

1.40 PACs have been assigned and are being unincorporated into the planning process. However, it does not appear that they have been utilized in setting priorities or schedules. Assuming that critical-regulated hazards should be a higher priority than noncritical-unregulated hazards.

1.50 RACs are assigned to many operations. However, the current assigned RAC for each operation is not centrally tracked. It is difficult to determine those operations which require further assessment.

1.60 Current inspection priorities have been identified.

### 2.00 ORGANIZATION

2.10 Industrial hygienist meets current position requirements

2.20 IH maintains certification for asbestos and lead. However, professional certification is highly recommended

### 3.00 COMMUNICATION

3.10 Reports are not always clear as they contain extraneous information. It is recommended that each report be tailored each customer's needs. Supporting documentation would then be maintained within PM.

3.20 Supported by 11 APR 07 report

3.30 It does not appear there are a significant number RAC 1 or 2 conditions that have been identified. Most recent appears to have been lead exposure associated with road painting (10 JUN 2003 Memo)

3.40 Indicated that the Safety Office is responsible for complete this reporting

### 4.00 HAZARD IDENTIFICATION

4.10 Priority action codes are currently assigned for each operation. Each identified hazard should have an assigned PAC.

4.20 Goal is to document presence or absence of health hazards for each activity identified as being potentially hazardous.

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**5.00 HAZARD EVALUATION**

- 5.10 Both qualitative and quantitative data has previously been used to document potential exposures. However, a more comprehensive and systematic approach may be necessary.
- 5.20 A complete listing of hazards and associated PACs was not available for review.
- 5.30 Routine hazard assessments, to establish RACs, are not completed.
- 5.40
- 5.50 Painting operation, with identified lead exposure levels greater than the AL were monitored in 2004. Subsequent monitoring, in compliance with 1926.62 may not have been completed.

**6.00 HAZARD CONTROL**

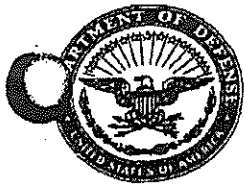
- 6.10
- 6.20 Controls are not adequately documented

**7.00 QUALITY ASSURANCE**

- 7.10
  - 7.20 A documented program audit of the program was not identified.
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Exhibit 19 – KG Exhibit # 13



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ATTENTION OF

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
550 POPE AVENUE  
FORT LEAVENWORTH KS 66027-2332

MCXN-PM

06 October 2008

MEMORANDUM FOR RECORD

SUBJECT: PERIODIC PERFORMANCE COUNSELING

1. Since the beginning of August 2008, we have worked together on the IH Program (coordinating taskings and performing IH assessments) and have looked for ways to streamline the work we do. 24 SEP 08 was the last time that I assigned your daily taskings, and as of 29 SEP 08 I have turned the scheduling reins back over to you. You have done a good job on your daily assigned tasks and as your supervisor; I have confidence that you will continue to do so in coordinating your own work once again.

2. During this time we have also worked with the Corps of Engineers (CoE) and they have offered an independent perspective by accompanying you on a site visit, performing a document review with recommendations, and looking at the IHIP with advice on how we might simplify it. These experiences with [REDACTED] have been very valuable and have aided in setting the stage for our success in the future.

3. From this point forward, you will be given more latitude to function as the Industrial Hygienist:

a. Workplace Hazard Assessments and Surveys -- You are to handle these as you see fit, and generally, to this point you have been. Of course the fundamentals of each type of assessment will still apply (i.e. documentation of hazards based on regulations enforceable by law), but what goes into each assessment or survey will no longer be dictated to you. This is to give you the opportunity to rely on your experience and professional judgment. Of course, there are two caveats:

1) The work you perform will still have to fulfill your Individual Performance Standards, which should not be a problem. In addition, if you determine that TWA sampling is necessary, it will still need supervisory approval.

2) We will need to standardize, through development of plans of action in the form of SOPs, what will go into each assessment/survey. However, we are not looking to reinvent the wheel and GPRMC has offered to send us theirs that we might tailor it to our needs. We will work on this together in the near future.

3) As always, the CoE may accompany you on your site visits, conduct peer review, etc.

b. Reports -- Management has decided to go with the recommendations of the CoE:

1) Produce an internal MFR that you will author and sign and include anything you wish to incorporate from your assessment or survey. This, again is so that you will have the opportunity to use your experience and professional judgment to voice your unfettered evaluation.

2) Produce the report for distribution to the customer that will, for Workplace Hazard Assessments, include all hazards in a workplace by operation (again, based on regulations enforceable by law), the controls in place (or lack thereof), and whether or not said controls are adequate.



3) On 12 SEP 08 you had the chance to work with Mr. [REDACTED] converting an original draft of the Bldg 50 - CALL report to the system laid out above for the Workplace Hazard Assessment. We will set up a time that you may work with Mr. [REDACTED] again, on how surveys and Customer Service Request reports will fit into the above system.

4) As always, the CoE or Scott Bentley may conduct peer reviews of your internal MFR or the reports produced for distribution.

\*NOTE: This guidance supersedes the guidance given to you on 24 SEP 08. The internal MFR is your work and what or what not to include will not be dictated to you; it is based on your observations and professional judgment. However, it is strongly recommended that the criterion laid out in the 24 SEP 08 guidance be a template for the information that you include in the internal MFR's.

4. There are a couple of customer service requests that are taking precedence right now (Pope Hall, the C.A.R.L. issues, fit testing) but we need to focus on producing the reports for the Workplace Hazard Assessments that we have already done (the operations in Bldgs 77, 275, 43, and 80 = approx. 15 operations).

a. Please have two of these Workplace Hazard Assessment reports completed per week (that includes the internal MFR and the report for the customer), starting this week, to be submitted by COB each Friday. Of course, if there are extenuating circumstances that you foresee will preclude you from ~~producing these reports at this pace, please let me know. The intent is to catch up on reporting that we are behind on while still moving forward with new projects.~~

b. Please continue to move forward with the Workplace Hazard Assessments on the priority list of 25 Bldgs that were established back in Spring 08. Bldg 198 is either the next building to be assessed or very close to next. Double check that the occupants have not moved out and then conduct the assessments. Unless they have actually started moving out of the building, we are going to move forward with Workplace Hazard Assessments of it because, as you know, nothing is definite here on Ft. Leavenworth until it actually happens.

c. Look over the list of 25 Bldgs and estimate how long you think it will take to work through them. This will not be a deadline or turned into a suspense, but we are looking to determine how long completion of the list will take. Please submit this estimate to me by COB 10 OCT 08.

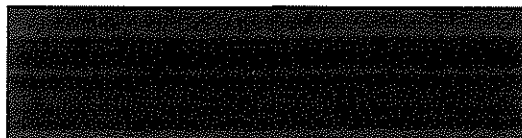
5. Individual counseled:

Karl Gibson  
(Print Name)

KLG  
(Initials)

Karl A. Gibson  
(Signature)

00ct08  
(Date)



ILT, MS  
Environmental Science Officer

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Exhibit 19 – KG Exhibit # 14



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
550 POPE AVENUE  
FORT LEAVENWORTH KS 66027-2332

MCXN-PM

17 October 2008

MEMORANDUM FOR RECORD

SUBJECT: PERIODIC PERFORMANCE COUNSELING

1. Since your last performance counseling, we have been moving forward with catching up on the reporting that we are behind on while still moving forward with new projects. Based on your email from 15 OCT 08 with the subject line "RE: Memo for 50 CALL IAQ Report Sep 2008 DRAFT October 2008.doc," there still appears to be confusion as to the work we are doing. This counseling will address the concerns voiced in the aforementioned email.
2. First and foremost, every workplace you visit – whether for a scheduled Workplace Hazard Assessment (WHA) or for a Customer Service Request (CSR) – will receive a WHA. We are redoing the whole base and it just makes sense to perform these assessments while on site even if we are there for other reasons (i.e. IAQ, mold, etc.). These assessments fall under the normal guidelines of your Individual Performance Standards (IPS).
3. It is good that you are using the list of 25 buildings as your priority list, but as the IH Program Manager, ~~you must fit into this list CSR as they come up. If people have an immediate need or concern, it needs to be addressed, and as the IH, you need to be flexible and adaptable to the needs of our customers.~~
4. As your supervisor, I would much rather you postpone a WHA of an office space for a couple of days to take care of a customer with an immediate concern than to just put that customer at the end of a list of buildings "to-do." This type of coordination and scheduling was demonstrated for you from 12 AUG – 24 SEP when your work was assigned to you on a daily basis, and is something that I would fully expect a GS-11, Step 10 Industrial Hygienist (IH) to be able to do.
5. As we had spoken, at present I want you to focus on producing the WHA reports until you have the opportunity to sit down one-on-one with [REDACTED] and go over producing a CSR report (such as an IAQ report). Once this training has occurred, we can start moving forward on the CSR and any backlog of these will be produced on the same schedule as the backlog of WHA reports: two a week due COB Fridays until we are caught up. Again, the idea here is to catch up on the reporting that we are behind on while still moving forward with new products.
6. Any new WHAs or CSRs that are performed will be reported under the normal suspenses of your IPS. In cases where you performed both a WHA and a CSR, you will have to have report on one of the two (to include internal MFR and customer report) by the five day suspense, and then you will have a second five days to produce the other. (The same internal MFR should probably suffice for both the WHA and the CSR; but as it is your original work, I will not dictate what they should or shouldn't be.)
7. I spoke to [REDACTED] about your computer crashing and apparently it is a problem common to IHS across the DoD using the Credent encryption software. The only cure is a stand-alone machine for your instruments and Mr. [REDACTED] has stated that he will work out the logistics of that system in the near future. Please stand by.
8. You have brought to IMD's and my attention on multiple occasions that someone else it accessing your H Drive. While IMD has assured us that this is not possible, I would encourage you to take a screen shot of this

kind of event the next time it occurs. If your computer will not let you take a screen shot, I encourage you to take an actual picture with your camera so that we can take it to IMD and get to the bottom of these occurrences. If you have already been able to capture these events, I encourage you to bring forth these pictures so that, again, we can get to the bottom of these occurrences.

9. As you were reminded on 15 OCT 08, the WHA report for Pope Hall is still due. I am willing to accept that in the confusion addressed above, you may not have gotten it done. You will have until COB 22 OCT 08 to have the WHA report submitted. You may want to look through any other worksite visits you have performed as their WHAs will be due in accordance with your IPS as well. If you foresee that you will miss the suspense for any of these, you need to tell me so that if appropriate, we can adjust the suspense. Communication is the key.

10. In the 06 OCT 08 counseling I requested an estimate of how long it would take to perform WHA on the rest of the priority list of 25 buildings by COB 10 OCT 08. You were not successful in meeting this suspense. You will have until COB 20 OCT 08 to have this estimate to me. If there are extenuating circumstances that keep you from work for some time on the 20<sup>th</sup> – as you have forewarned me of the potential – you will have an equal amount of time on 21 OCT 08 to submit your estimate.

11. On 14 OCT 08, I forwarded to you a FOIA request from Mr. [REDACTED]. In the email I specifically stated that the request was a FOIA request and that the reports you compile for the request needed to be turned in to me. You were also given permission to coordinate directly with Mr. [REDACTED] if you required further clarification of the request. On 15 OCT 08 you forwarded the requested information directly to Mr. [REDACTED] through three separate emails. This was unacceptable and not successful performance of this task.

12. When confronted about the direct sending of the files to Mr. [REDACTED] you referenced that this is how it has been done in the past. While that may or may not be so, my direct instructions to you were that it was a FOIA request and to have the files to me by COB 21 OCT 08. I will stress to you the importance of following directions in the future as my instructions have been very deliberate. As always, I welcome any questions you may pose with reference to a task I have given you. Again, communication is the key.

13. It is my hope that this counseling has addressed the concern and confusion you have expressed. Ultimately, our goal is still the same: producing a quality product for our customers in a timely manner. I do not think we are far off from this goal, and together we can get there from here.

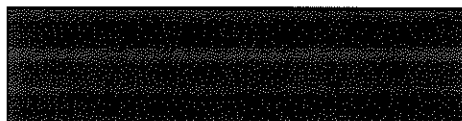
14. Individual counseled:

Karl Gibson  
(Print Name)

KLG  
(Initials)

Karl Gibson  
(Signature)

17 Oct 08  
(Date)



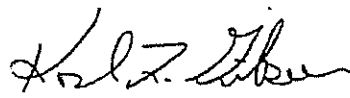
ILT, MS  
Environmental Science Officer

MEMORANDUM FOR RECORD

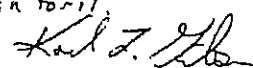
15 October 2008

SUBJECT: Meeting with LT [REDACTED] on BLDG 77 DAPS Records to Mr [REDACTED] DAPS Safety Manager's Request for Files

1. On 14 October 2008, I received from LT [REDACTED] - a forwarded email of Mr. [REDACTED] DAPS Safety Manager's request for files. I spoke to LT [REDACTED]
2. On 14 October 2008, I called and contacted [REDACTED] and asked what he wanted the files for his shop area? He stated that he only wanted the memorandums, not lab information. I asked how he wanted these reports sent to him? He asked that the files to be scanned and emailed to him. I stated that I see if I could do so.
2. I informed LT [REDACTED] that I spoke to [REDACTED] I told LT [REDACTED] that [REDACTED] just wanted copies of the memorandums from 1998 to 2008. I told him that he wanted the memos scanned and emailed to him. LT [REDACTED] said ok to do this.
3. On 15 October 2008, I printed the H Drive and the 2008 J Drive copies of the memorandums. I scanned them and sent them to both to [REDACTED] with LT [REDACTED] CC: for these e-mails.
4. After I sent the e-mails, LT [REDACTED] came into my office and asked why I had sent the memorandums to the DAPS Safety manager? I said that we had talked about this yesterday and past practice was if the request was command to command, as in this case, then records or memorandums were copied and sent to the requesting command. LT [REDACTED] told me that this policy had changed and that I needed to follow the new policy in the future. I stated that I would, but asked if I could have a copy of this new policy in writing. LT [REDACTED] stated that he would provide a copy of the policy to me.

  
KARL GIBSON  
Industrial Hygiene Program Manager  
USA MEDDAC

Received by \_\_\_\_\_ Date \_\_\_\_\_

I provide this to LT [REDACTED], but he refused to sign for it.  




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Copy of this Exhibit not provided to  
Investigating Officer

Exhibit 19 – KG Exhibit # 15