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MFR

15 January 2008

SUBJECT: Initial Counseling of Karl Gibson by LT [REDACTED] Part #2 on 15 January 2008

1. Karl Gibson and 1LT [REDACTED] met at 1100 hrs on 15 January 2008 and Mr. [REDACTED] was on the phone.

2. LT [REDACTED] handed a copy of new Performance Objectives Draft.

a. LT [REDACTED] stated that all evaluations of me, performance and my work will be subjective. No quantifiable measures will be used to evaluate me.

b. I asked what the basis of these new Performance Objectives was since they did not follow my job description. LT [REDACTED] said I had a new job description and they followed it. I asked for a copy of this job description. LT [REDACTED] refused to provide this new job description.

3. I am prohibited from doing any survey air sampling for monitoring employee exposures, doing ventilation measurements, or any other measurements (i.e. light, noise, etc.)

4. DOEHRs. I raised the issue that units refuse to provide names or SSN of employees. I have raised this before and had no command support for this information. I was told that this wasn't their problem; I was just to get it done without command support. I asked how?

5. I asked where was I to start doing these data input assessments? LT [REDACTED] stated that he had 1, 2, and 3 ranked prioritizes for my data assessments. He would provide this to me.

6. I was told to change my IHIP. I asked how was it to be changed? Mr. [REDACTED] stated that it needed to be different from the one I was using and needed to be living. I asked for an example of what this was to look like. LT [REDACTED] refused to provide an example of what he wanted me to do. I was told that this wasn't their problem; I was just to get it done.

7. I was told that I was to do 25 data assessments per quarter and have them entered into the DOEHRs before the end of the month that they are done. I asked how since the system was very slow and it took hours to do the simplest data entry tasks. I was told that this wasn't their problem; I was just to get it done. I asked how were these assessments being written? LT [REDACTED] said he would not provide an example of what they wanted, but if I was wrong, it would be used against me.

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8. I asked what about the USDB survey/assessments that Mr. [REDACTED] and staff had performed – who would enter this data? Mr. [REDACTED] agreed that they would enter this data under my Fort Leavenworth account. I asked how, since I have not given anyone access or permission as the only trained person at Fort Leavenworth for the DOEHRs? Mr. [REDACTED] stated they would enter it as me through the system.

9. LT [REDACTED] and Mr. [REDACTED] stated that they would be tracking my work via the computer.

10. I asked that since several reports were being written in the IH Program's name, could I have a copy to know what had been sent out. LT [REDACTED] stated that he would provide copies of all memos to me.

11. Both LT [REDACTED] and Mr. [REDACTED] repeated that all evaluations of me, performance and my work will be subjective. No quantifiable measures will be used to evaluate me, but however they were determining "quality" at the time I am to be evaluated. I asked what success was and what was excellence? They both said that would depend on what they felt like in October 2008.

12. The meeting ended.

Karl Z. Gibson

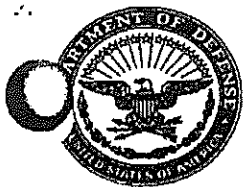
KARL GIBSON
Industrial Hygienist
USA MEDDAC

Provided to [REDACTED] on 15 Jan 2008.

Karl Z. Gibson

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Exhibit 19 – KG Exhibit # 27



REPLY TO
ATTENTION OF

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

MCXN-PM (40-5f)

5 February 2007

MEMORANDUM For Record

SUBJECT: Questions

1. Requirement to update Industrial Hygiene Program Document.

a. "document to reflect current program practices to meet criteria established in DA Pamphlet 40-503 and current MEDCOM guidance."

b. DA Pam 40-503, paragraph 3-5 Program document. "Broadly defines the IH program's mission; describes how the program's goals and objectives will be implemented with existing resources."

c. I have received no current MEDCOM guidance.

d. The program document is in fact the Chief of Preventive Medicine's Program Document, not a stand-a-lone IH Program Document. LTC [REDACTED] wrote on 3 January 2007:

SUBJECT: *Preventive Medicine Program Document FY2007*

6. *Industrial Hygiene.*

a. *Industrial Hygiene is the science and art devoted to the recognition, evaluation, and control of those environmental factors and stresses associated with work and work operations. The practice of IH is a health mission. The Industrial Hygienist does not simply collect data to compare against OSHA regulations for compliance. The IH defines healthy work practices after analysis of exposure data in relation to human health effects of physical hazards.*

b. *The IH program serves the eligible DOD worker population that is made up of Fort Leavenworth, 2 AMC ammunition plants, and Reserve and National Guard units. The IH program aims to:*

(1) *Provide one medical component of force protection that maintains the readiness and availability of Army personnel for operations.*

(2) *Eliminate or control workplace hazards to prevent illness and injury to soldiers, inmates, and civilian workers.*

(3) *Characterize workplace exposure to potential hazards that facilitates exposure-based medical surveillance and occupational healthcare.*

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(4) Comply with Department of Labor (DOL)-OSHA and other federal and state laws and regulations.

(5) Reduce costs associated with lost man-hours, medical treatment and surveillance, and compensation.

c. Service is provided by a civilian Industrial Hygienist with the assistance of Environmental Health personnel (when staffing allows). Programs and activities will occur based upon available staffing and resources.

PREVENTIVE MEDICINE PROGRAM DOCUMENT FY07

PROGRAM – INDUSTRIAL HYGIENE

FOCUS

OBJECTIVES

PRIORITY

A. Industrial Hygiene Implementation Plan

1. Air Monitoring

Monitor for accreditation and highest risk operations.

I

2. Ventilation Measurement

Measure adequacy of workplace controls.

I

3. Confined Space Review

Survey Confined Spaces

I

4. IAQ

Assess non-industrial indoor air pollution.

II

5. Ergonomics

Perform in-depth ergonomic assessments as requested by Post Safety and FECA Committee.

II

6. Respiratory Protection

Determine worker need for respiratory protection.

I

7. Design Review

Review statements of work, request proposals, purchase orders, and support agreements to address IH concerns.

I

B. Hearing Conservation

Determine worker need for hearing protection.

II

a. Noise Hazards ID

Identify and evaluate noise hazardous areas.

III

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<u>FOCUS</u>	<u>OBJECTIVES</u>	<u>PRIORITY</u>
b. Noise Dosimetry	Conduct noise dosimetry to measure worker exposure.	III
9. Lead Based Paint Risk Assessment	Survey lead work areas to measure worker exposure.	III
a. Lead Housing Inspection	Conduct HUD lead housing inspections.	III
b. Elevated Blood Lead (EBL) Risk Assessment	Conduct EBL Risk Assessment for Lead poisoned children	I
10. Asbestos Management	Perform and advise on monitoring and controls for asbestos worker exposure.	I
11. Vision Conservation	Identify and evaluate eye hazardous areas.	III
a. Illumination Surveys	Conduct illumination surveys as requested.	III
12. Radiation Protection	Identify ionizing and non-ionizing radiation health hazards.	III

e. Am I to change the C, PM's Program Document?

f. What am I to take as the IH program's priorities, mission, and goals?

1) According to Individual Performance Standards I am to: a) Customer Service; b) IH Assessment that are not surveys but only document chemicals, layout, biological concerns, ergonomic and perform only a visual (photo) index of work place; c) Reporting; d) Program Management – updating program document, change IHIP into living document, set up DOEHRS IH, and do IHISR; and e) Equipment Maintenance and Calibration.

2) According to DA PAM 40-503 I am to:

- Mission: IH use technical expertise to anticipate, recognize, evaluate, and control workplace health hazards. They work with other disciplines to develop economical and pragmatic solutions to prevent occupational illness, injury, and death.

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- Anticipation Chapter 4, "IH as the science and art devoted to the anticipation, recognition, evaluation, and control of those environmental factors and stresses associated with work and work operations that may cause sickness, impaired health and well being, significant discomfort, and inefficiency among workers or among the citizens of the community."

- Recognition Chapter 4:

a) Require annual inspections of workplaces that document "Chemical, physical, biological, and ergonomic hazards" and document "existing measures employed to control exposure to the hazard." (paragraph 4-4 and 4-9)

b) Recording survey data (paragraph 4-5)

c) Assigning priority action codes (paragraph 4-6)

d) Entering survey data in the DOEHRS-IH (paragraph 4-7 and 4-11)

- Evaluation Chapter 4:

a) Comprehensive health hazard assessment IHPM to collect both qualitative and quantitative data. The IHPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. HHA also provide occupational medicine personnel with data to develop an effective medical surveillance program. (paragraph 4-8)

b) Assigning risk assessment codes (paragraph 4-10)

c) Worker notification (paragraph 4-12)

d) Apply quantitative exposure data (paragraph 4-13)

- Control Chapter 4:

a) Engineering controls (paragraph 4-15)

b) Administrative controls (paragraph 4-16)

c) personal protective equipment (paragraph 4-17)

- Quality Assurance Chapter 5:

a) Credentialing, privileging, supervising, and certification/licensing of IH personnel (paragraph 5-4)

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- b) Verification of equipment calibration (paragraph 5-5)
 - c) Industrial hygiene laboratories (paragraph 5-6)
 - d) Data verification (paragraph 5-7)
 - e) Plans and design review (paragraph 5-8)
- Recordkeeping (Chapter 6):
- Other Program Items (Chapter 7):
- a) With Occupational medicine and nursing to collect data; for professional collaboration for medical surveillance; and to generate comprehensive IH & OH surveys of worksites. (paragraph 7-1)
 - b) Hearing conservation to ID and evaluating noise hazardous areas; to maintain current listing of noise hazardous areas; to recommend engineering and PPE; to assess noise levels at workplace and worker exposure; and to provide names and magnitude of noise exposure. (paragraph 7-2)
 - c) Vision conservation to document eye hazards, eye protection required and used, and need for illumination in workplaces; to recommend eye protection and engineering controls. (paragraph 7-3)
 - d) Ergonomics to integrating ergonomic review in DOEHRS-IH; to evaluating of operations; incorporate worker input in recommendations; to serve on installation ergonomic subcommittee; to perform in-depth ergonomic assessments as needed; to provide training. (paragraph 7-4)
 - e) Medical radiation protection (paragraph 7-6)
 - f) Medical treatment facility IH to evaluating hospital unique exposures; and to infection control committee. (paragraph 7-6)
 - g) Health hazard communication program (paragraph 7-7)
 - h) Respiratory protection to comply with AR 11-34 (do fit testing); to determine exposures to determine what RP is needed; to train. (paragraph 7-8)

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- i) Asbestos management to review contracts; to provide technical input on methods used; and to serve as competent person. (paragraph 7-9)
 - j) Standard Army safety and occupational health inspections (paragraph 7-10)
 - k) Hazardous and medical wastes (paragraph 7-11)
 - l) Indoor air quality (paragraph 7-12)
 - m) Civilian resource conservation program (paragraph 7-13)
 - n) Confined space entry (paragraph 7-14)
 - o) Health hazard assessment program (paragraph 7-15)
 - p) Coordination for effectiveness (paragraph 7-17 to 7-32)
 - q) Childhood lead poisoning prevention program (paragraph 7-33)
-
- r) Personal protective equipment program (paragraph 7-34)

3) According to LTC [REDACTED] C, PM in the PM Program Document; I am to do:

- Priority 1s:

- a) Elevated Blood Lead (EBL) Risk Assessment by conducting EBL Risk Assessment for Lead poisoned children.
- b) Asbestos Management by performing and advising on monitoring and controls for asbestos worker exposure.
- c) Air Monitoring by testing for accreditation-required units (MEDDAC and USDB) and highest risk operations.
- d) Ventilation Measurement by measuring adequacy of workplace controls.
- e) Respiratory Protection by determining workers that need for respiratory protection and by performing quantitative fit testing and by teaching qualitative fit testing.

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f) Design Review by reviewing statements of work, request proposals, purchase orders, and support agreements to address IH concerns.

g) Confined Space Review.

- Priority 2s:

a) Indoor Air Quality (IAQ) by assessing non-industrial indoor air pollution.

b) Hearing Conservation by determining workers that have a need for hearing protection and by identifying and evaluating noise hazardous areas.

c) Ergonomics by performing in-depth ergonomic assessments as requested by Post Safety, Medical, or FECA Committee.

- Priority 3s:

a) Noise Hazards to be identified.

b) Noise Dosimetry by conduct noise dosimetry to measure workers' exposures.

c) Lead Based Paint Risk Assessment by doing survey lead work areas to measure worker exposure.

d) Lead Based Paint Risk Assessment by conducting HUD lead housing inspections.

e) Vision Conservation by identifying and evaluating eye hazardous areas.

f) Vision Conservation by conducting illumination surveys as requested.

g) Radiation Protection by identifying ionizing and non-ionizing radiation health hazards

4) According to the Installation Status Report, I am to do:

- Ergonomic Surveys of total buildings

- Measuring inhalation exposures of all workers "provide worksite characterizations as to occupational exposures to radiological, biological or chemical hazards.

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- Doing Noise Dosimetry for their Time Weighted Averages: < 85 dBA; >= 85 to 103 dBA; >= 103 to 108 dBA; > 108 dBA
- Measure impulse noise exposures
- Conduct exposure assessments of total buildings

5) According to the Industrial Hygiene Program Status Report, I am to do:

- Conduct basic characterizations by buildings
- Conduct basic Ergonomic Assessments by buildings
- Conduct Exposure Assessment by buildings
- Measure inhalation exposures by buildings
- Measure steady-state noise exposures by buildings
- Measure impulse noise by buildings
- Document the implementation of recommendations made by IH for inhalation exposures
- Document the implementation of recommendations made by IH for noise exposures
- Document the implementation of recommendations made by IH for ergonomic exposures

6) According to my Job description; I am to do:

Duties:

- a) Plans and Executes on-site studies and surveys covering a full range of Occupational operations at Fort Leavenworth, USDB, and Fort Leavenworth Health Services area. 20%
- Coordinates and schedules surveys with the appropriate activity
- Collects or supervise the collection of various samples which may involve exposure to a variety of potential hazards requiring the use of PPE
- Prepares detailed technical reports of all surveys and studies to include recommendations for correcting deficiencies to ensure compliance with standards,
- Provides assistance to facility managers and personnel in the implementation of such recommendations.

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- b) Serves as a consultant in the field on industrial hygiene. 20%
- Provides consultations for all facilities and commands
 - Serves as a member of Occupational Safety and Health related committees.
 - Makes on-site visits for explicit purposes as required
 - Coordinates such consultations with command, Safety, PM
 - Coordinates with USAEHA, Occ Health MDs, and union
 - Obtains technical assistance from regional and national offices as required

c) Reviews design plans and specifications for equipment and construction or modification of facilities to ensure compliance with applicable IH standards, codes, and regulations. 10%

- Prepares technical reports for each design review detailing hazards anticipated and presenting recommendations for control or elimination of such hazard
- Coordinates such reviews with representatives as required

d) Develops field protocols for conduct of special studies and investigations including recommendations on staffing, instrumentation, methods, etc. 5%

- Keep abreast of new developments in the field through review of professional publications, in service training, conferences, etc.

e) Provides on the job training for IH Technicians and other personnel assigned to PM staff. 5%

- Reviews and evaluates the IH work performed by PMS personnel.
- Plans and implements a training and development program
- Determines and coordinates provisions with PMS supply for materials and equipment required for accomplishment of assignments
- Provides technical guidance as required

f) *Provides administrative and technical safety support to MEDDAC/DENTAC, conducts safety inspection for compliance with regulatory standards.* 40%

- Performs industrial hygiene sampling of MEDDAC and DENTAC facilities
- [This italic portion was removed in 1992 after establishing MEDDAC safety program and successfully passing JCAHO. It was made a GS 12 MEDDAC Safety position.]

g) Performs other duties as assigned

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h) Job Duty add ons:

- 1- Maintains and insures equipment serviced and calibrated
- Coordinates with TMDE, MEDDAC Log, DPW/DOL
 - Coordinates with MEDDAC Log with service contractors
 - coordinates with Contract Officer on service contract

2- Budget

- Ensure all needed supplies are present for work
 - Become checkbook holder
 - Order and receive equipment and supplies from PBO
 - Order and receive supplies from Logistics
 - Order supplies using DMMIS Computer system
 - Coordinate and manage the 797 Pharmacy Environmental Testing Services and Supply Contract by doing establish contract & justification, place orders, prepare monthly sampling items, supervise monthly testing and shipments, and payment of contractor.
 - Use and maintain WAWF computer program as a Receiver and Acceptor
 - Be CEEP equipment coordinator
 - Be hand receipt holder for IH Equipment
-

- 3- Survey to eliminate or control workplace hazards to prevent illness or injury
- Characterize workplace exposures to facilitate exposure based medical surveillance
 - Comply with OSHA, EPA, State, and DOD

4- Monitor:

- Toxic Chemicals
- Hazardous materials
- Asbestos

This requires a KS license and EPA's 40 hr with annual 8 hr refresher training as an Asbestos Supervisor and Asbestos Inspector for each.

-- Noise

This requires straight noise measurement, octave band analysis, and noise dosimetry.

-- Ventilation

-- Lead

This requires a KS license and EPA's 40 hr with annual 8 hr refresher training as a Lead Supervisor, Lead Inspector, and Lead Risk Assessor for each.

-- Ergonomics

-- Confined Space

This requires a confined space hazards evaluation and classification of the over 2,700 permit required spaces.

-- Environmental Pollution

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-- Indoor Air Quality

This requires the temp, RH and Carbon Dioxide monitoring.

This requires biological monitoring.

-- Radiation

-- Other Potential Exposures

5- Perform 350 operations surveys per year

6- Maximize resources

7- Consultation to Emergency Response

-- Maintain the Smith's NBC detector

8- Plan, coordination and conduct monitoring for Carbon Monoxide, Formaldehyde, WAG and Nitrous Oxide.

9- Do 5 training sections

10- Manage and conduct quantitative fit test program. Fit test 50 workers. This requires training and certification from Portacount.

11- Establish and maintain a IH Implementation Plan (IHIP)

-- Write SOPs

-- Write End of Month Reports of work done

-- Do MEDDAC Quality Improvement indicators and reporting

New in 2007

12- Maintain an IH weekly survey/work log

13- Maintain and dispatch TMP vehicle (dispatch done every 2 weeks).

14- Don't e-mail files of 3MD or greater to supervisor

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SUBJECT: Questions

5 February 2007

2. Requirement to update Industrial Hygiene Implementation Plan

a. According to DA Pam 40-503 Paragraph 3-6. **Industrial hygiene implementation plan**

a. To implement the program document, the IHPM must develop an IHIP. The IHIP is a living document, which schedules IH activities for a rolling 1-year period. The IHPM uses it to manage the systematic accomplishment of the prioritized IH activities, but not limited to, service requirements. These requirements are determined by assessing customer needs, obtaining commander's safety and OH emphasis, and reviewing OSHA regulations.

b. The automated data manipulation and retrieval features of the DOEHRS-IH allow the IHPM to transfer the database to word processing and then to help construct the IHIP.

c. The IHIP should include, as a minimum, the—

- (1) List of potentially hazardous operations.
- (2) Health hazards present at each operation.
- (3) Priority action code (PAC) assigned to each health hazard.
- (4) Industrial hygiene evaluations necessary for each health hazard.
- (5) Worksites scheduled for evaluation.
- (6) Completed evaluations.
- (7) Amount of time needed to complete the evaluation.....
- (8) Risk assessment codes assigned to the operation.

d. Additional items included in the IHIP may increase its utility. Such items may include—

- (1) A remarks section.
- (2) The air sampling media and flow rate.
- (3) A list of—
 - (a) Equipment needed for each evaluation.
 - (b) Personnel assigned to complete the evaluations.
 - (c) Meetings, committee representatives, and training.

Sample industrial hygiene implementation plan has the following headings.

Survey Priority Bldg IH Operation # of HHI Noise Vent Exposure Training Other Survey &
Date Location Resource Description/ Operations Sampling (Type) (Specify) Report Time
Assign. Admin/Prgm (Type) (Hrs) Function

b. An IHIP at Fort Leavenworth has been in-place for years IAW MEDCOM guidance. It follows the DA Pam 40-503 example.

c. Requirement to update was given with no guidance. Karl Gibson requested an example of this "living document", but LT [REDACTED] has provided no examples of what one of these looks like.

d. Please provide an example of what is wanted in this new IHIP.

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3. Requirement to do Priority action code (PAC).

a. According to DA Pam 40-503

Paragraph 4-6. Assigning priority action codes

a. Once workplace hazards are recognized, IH personnel assign PACs to each hazard. The most current edition of the DOEHRS-IH User's Manual describes the method for assigning PACs.

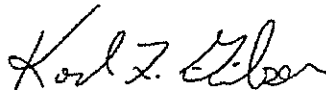
b. The IHPM uses the PACs to manage workload by scheduling evaluations of hazards. Give precedence to the worst-case health hazards. One operation may have several different hazards associated with it. Therefore, the IHPM must somehow prioritize these hazards for evaluation. The PACs are a method for this prioritization.

c. The IH personnel integrate the relative importance of the following criteria as the basis for each hazard's PAC assignment:

- (1) Regulatory requirements.
- (2) Toxicity.
- (3) Quantity.
- (4) Potential for entry and action of the toxic material to the body.
- (5) Frequency and duration of use.
- (6) Engineering and administrative controls employed.....

b. Neither my current DOEHRS-IH User's Manual nor does the on-line Manual has anything that describes the method for assigning PACs.

c. Please provide this information.

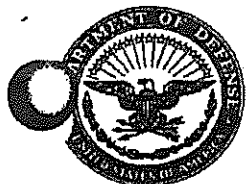


Karl Gibson
IH Program Manager
USA MEDDAC

Received By _____ Date _____
This was provided to [redacted] on 20 Feb
They refused to sign receipt. Karl Z. Gibson
Emailed on 22 Feb 08 to [redacted]

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Exhibit 19 – KG Exhibit # 28



REPLY TO
ATTENTION OF

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

MCXN-PM (40-5f)

15 February 2008

MEMORANDUM FOR RECORD

SUBJECT: Additional Questions on IPS Feb 2008

1. On Customer Service.

- a. What does "outside of regularly scheduled testing" when any testing has been prohibited?
- b. What is this tracking log to look like? Provide example.

2. Industrial Hygiene Surveys.

a. "You are expected to perform IH hazard assessment surveys each month on buildings maintained on Fort Leavenworth."

1) What kind of surveys are these to be? Since any air samples are prohibited? Since any noise, ventilation or other measurements are prohibited?

2) Is it related to one of the DOEHRS-IH items?

- a) Baseline survey
- b) Ergonomic Evaluation
- c) Food Establish Risk Assessment
- d) Food Service Establishment Survey – Comprehensive
- e) Food Service Establishment Survey – Routine
- f) HACCP Survey
- g) HAZCOM Inspection
- h) HVAC Inspection
- i) Indoor Air Quality Assessment
- j) Periodic Survey
- k) Respiratory protection survey

3) Is it IAW my job description? And if so, how did the follow up (details) paragraphs comply?

4) Is it IAW DA Pam 40-503 in *Paragraph 4-4. Survey frequency and scope?*

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SUBJECT: Additional Questions on IPS Feb 2008

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The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH aspects, such as—

- (1) Chemical, physical, biological, and ergonomic hazards inherent to each activity.*
- (2) Existing measures employed to control exposure to the hazard.*

5) Is it IAW DA Pam 40-503 in Paragraph 4–8. Purpose and scope?

a. Health hazard evaluations are the foundation on which the OH program is built. Health hazard assessments identify and quantify all potential and actual health hazards. A comprehensive health hazard assessment requires the IHPM to collect both qualitative and quantitative data. The IHPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. Health hazard assessments also provide occupational medicine personnel with data to develop an effective medical surveillance program.

b. Following the IHIP's (or order of accomplishment) established priorities (PACs), the IHPM ensures that—

(1) Each operation performed on the installation is analyzed to evaluate and document all worker exposures, both potential and/or real. Documentation of exposures includes qualitative and quantitative assessment.

(2) A sampling strategy is developed that includes both recognized qualitative and quantitative protocols to provide statistically significant exposure data. Breathing zone, ventilation and noise measurements, and other appropriate hazard exposure measurements are performed and documented using the sampling strategy. (USACHPPM Technical Guide (TG) 141 provides instructions for sampling chemical contaminants, and DA PAM 40-501 and USACHPPM TG 181 provide instructions for sampling noise hazards.)

(3) Sampling results are subject to approved statistical analysis to determine data significance. Statistical analysis is used to determine data accuracy and precision and exposure trends. The IHPM must use statistical analysis to both develop sampling strategies and to analyze sample results.

(4) Statistical analysis is not a substitute for professional judgment but is an additional tool used by the IHPM to provide a better health hazard assessment. When exposure conclusions/decisions are obvious, such as during emergencies or when the data obviously indicates an overexposure and/or very low exposures, the application of statistical analysis is not warranted.

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6) Is it IAW DA Pam 40-503 in *Paragraph 7-10. Standard Army safety and occupational health inspections?*

a. *AR 40-5, chapter 5 identifies IH responsibilities. The IH mission defined in AR 40-5 will meet the standard Army safety and occupational health inspections (SASOHI) requirements of AR 385-10.*

b. *The OSHA regulation concerning Federal employees (29 CFR 1960, AR 385-10, and AR 40-5) requires persons qualified through training and experience to identify and evaluate worksite health hazards and to operate monitoring equipment. (See para 4-4.) The industrial hygienist has responsibility for assessing health hazards in DA worksites that have potential chemical, physical or biological health hazards. The role of the IHPM in SASOHI includes:*

(1) Performing field surveys to complete the annual SASOHI requirements for all workplaces, which have potentially hazardous chemical, physical, or biological exposures.

(2) Assigning health RACs to operations or chemical, physical, or biological health hazards for inclusion in installation prioritized abatement action plans.

(3) Providing the installation safety officer with DOEHRS-IH information and results of field surveys.

b. To requirement #1 "Documentation of all chemicals used within each workplace surveyed."

1) How is this to be documented?

2) Is this a requirement that includes all the needed areas in DOEHRS-IH?

3) Is it IAW DA Pam 40-503 in *Paragraph 4-9. Frequency*

Health hazard evaluation is a continuous process. Changes in operations over time may affect levels of exposure to chemical, physical, and biological agents. Therefore, the IHPM should ensure that operations are evaluated to build hazard level and exposure histories for each operation

c. To requirement #2 "Interview of no less than 30% of the work place occupants to determine if a need for testing is warranted."

1) What is the purpose of this interview?

a) This suggests that untrained occupants (not even workers) are more qualified to assess need for monitoring than a trained IH. What if they think IH should monitor, with MEDDAC refusal to allow air monitoring, will it be allowed?

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b) Is it IAW DA Pam 40-503 in Paragraph 4-8. **Purpose and scope?**

a. Health hazard evaluations are the foundation on which the OH program is built. Health hazard assessments identify and quantify all potential and actual health hazards. A comprehensive health hazard assessment requires the IHPM to collect both qualitative and quantitative data. The IHPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. Health hazard assessments also provide occupational medicine personnel with data to develop an effective medical surveillance program.

b. Following the IHIP's (or order of accomplishment) established priorities (PACs), the IHPM ensures that—

(1) Each operation performed on the installation is analyzed to evaluate and document all worker exposures, both potential and/or real. Documentation of exposures includes qualitative and quantitative assessment.

(2) A sampling strategy is developed that includes both recognized qualitative and quantitative protocols to provide statistically significant exposure data. Breathing zone, ventilation and noise measurements, and other appropriate hazard exposure measurements are performed and documented using the sampling strategy. (USACHPPM Technical Guide (TG) 141 provides instructions for sampling chemical contaminants, and DA PAM 40-501 and USACHPPM TG 181 provide instructions for sampling noise hazards.)

c) Is it IAW DA Pam 40-503 in Paragraph 4-9. **Frequency?**

Health hazard evaluation is a continuous process. Changes in operations over time may affect levels of exposure to chemical, physical, and biological agents. Therefore, the IHPM should ensure that operations are evaluated to build hazard level and exposure histories for each operation

2) How will these interviews be documented?

d. To the requirement #3 "Document the physical layout of each building. This is to include, fire exits, storage areas for chemicals and supplies, etc."

1) What is the purpose of this documentation in relationship with the IH program? Is this not a safety issue? This deals with the Life Safety Code and NFPA, not IH. Did not the MEDDAC Command wants "IH to stay in IH lane"? How does this comply?

2) Where in DA PAM 40-503 is this requirement?

3) How will these physical layouts be documented? I have requested art training as this was talked about, but management has refused to educate me on this. How will this be entered into DOEHRs-IH?

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2) Is it IAW DA Pam 40-503 in *Paragraph 1-8. Standards?*

*Standards applicable to the DA OSH program are noted below. Industrial hygienists must use the information contained in 29 CFR 1910 and the documentation of other standards to evaluate employee exposure to hazardous chemical, biological, and physical agents. Where OSHA permissible exposure limits (PELs) exist, they must be used. **The other standards described below, except for those published in U.S. Army Medical Department (AMEDD) policy documents, are subject to the application of professional IH judgment.** The written record of the IH evaluation must contain the justifications for any deviations from the non-OSHA standards described below.*

a. Occupational Safety and Health Administration standards. The OSHA standards are enforceable by law and apply to DA workplaces that are comparable to that of the private sector. The OSHA regulates health hazard exposures with PELs. Some standards such as those for lead, asbestos, and chemical hygiene mandate medical surveillance, controls, records, notification, and other actions, in addition to PELs.

b. National consensus standards. Consensus standards, such as those of the American Conference of Governmental Industrial Hygienists (ACGIH), should be applied to DA workplaces that are comparable to the private sector; however, they are not enforceable by law. The ACGIH uses threshold limit values (TLVs)™ to manage health hazard exposures. Because consensus standards do not have to undergo the full public comment and response process before use, they are usually more current and reflect the state-of-the-art in the scientific/medical application of health-based exposure standards. The DA mandates the use of ACGIH TLVs when they are more stringent than OSHA regulations or when there is no PEL.

c. Military-unique standards. The DA has many unique operations in research, munitions, and chemical demilitarization which neither OSHA nor ACGIH cover. To regulate these operations, DA develops military-unique standards such as DODI 6055.1.

d. Alternate standards. In those rare instances when neither OSHA, ACGIH, nor military-unique standards exist, DA endorses appropriate professional IH use of alternate standards such as those developed by the—

- (1) National Institute for Occupational Safety and Health.*
- (2) U.S. Environmental Protection Agency.*
- (3) U.S. Department of Transportation.*
- (4) Chemical/substance manufacturer.*
- (5) American Society of Heating, Refrigerating and Air Conditioning Engineer.*
- (6) American National Standards Institute (ANSI).*
- (7) Department of Housing and Urban Development for lead dust levels to be applied in the lead abatement program.*

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e. Threshold limit values. TLVTM is a registered trademark of the American Conference of Governmental Industrial Hygienists, Cincinnati, Ohio. Use of trademarked names does not imply endorsement by the U.S. Army but is intended only to assist in identification of a specific product.

3) What MEDCOM guidance is provided? Please provide.

d. To the requirement "Assign appropriate Risk Assessment Codes (RAC) using the criteria outlined in DA PAM 40-503 and MEDCOM guidance."

1) How will this be measured?

2) What MEDCOM guidance is provided? Please provide.

e. To the requirement "Sampling results and associated data will be presented in a clear, concise and factual manner."

1) With no example of a memorandum, how can this be complied with? How measured? What is *clear*? What is *concise*? Define what is meant by "factual manner"? Compare LT Derivan's PX Lighting report to this standard.

2) With the paragraph 2 requirements, what is the format and example of this kind of reports? What kind of surveys reports are these to be? Since any air samples are prohibited, what is to be in it? Since any noise, ventilation or other measurements are prohibited, what is to be in it? How do you document?

3) Is it IAW DA Pam 40-503 in *Paragraph 4-4. Survey frequency and scope?* The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH aspects, such as—

(1) *Chemical, physical, biological, and ergonomic hazards inherent to each activity.*

(2) *Existing measures employed to control exposure to the hazard.*

4) Is it IAW DA Pam 40-503 in Paragraph 4–8. **Purpose and scope?**

a. Health hazard evaluations are the foundation on which the OH program is built. Health hazard assessments identify and quantify all potential and actual health hazards. A comprehensive health hazard assessment requires the IHPM to collect both qualitative and quantitative data. The IHPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. Health hazard assessments also provide occupational medicine personnel with data to develop an effective medical surveillance program.

b. Following the IHIP's (or order of accomplishment) established priorities (PACs), the IHPM ensures that—

(1) Each operation performed on the installation is analyzed to evaluate and document all worker exposures, both potential and/or real. Documentation of exposures includes qualitative and quantitative assessment.

(2) A sampling strategy is developed that includes both recognized qualitative and quantitative protocols to provide statistically significant exposure data. Breathing zone, ventilation and noise measurements, and other appropriate hazard exposure measurements are performed and documented using the sampling strategy. (USACHPPM Technical Guide (TG) 141 provides instructions for sampling chemical contaminants, and DA PAM 40-501 and USACHPPM TG 181 provide instructions for sampling noise hazards.)

5) Is it IAW DA Pam 40-503 in Paragraph 4–12. **Worker notification?**

Regardless of outcome, the IHPM notifies, in writing, the workplace supervisor of the assessment results. The supervisor in turn notifies the employees.

6) Is it IAW DA Pam 40-503 in Paragraph 7–10. **Standard Army safety and occupational health inspections?**

a. AR 40-5, chapter 5 identifies IH responsibilities. The IH mission defined in AR 40-5 will meet the standard Army safety and occupational health inspections (SASOHI) requirements of AR 385-10.

b. The OSHA regulation concerning Federal employees (29 CFR 1960, AR 385-10, and AR 40-5) requires persons qualified through training and experience to identify and evaluate worksite health hazards and to operate monitoring equipment. (See para 4-4.) The industrial hygienist has responsibility for assessing health hazards in DA worksites that have potential chemical, physical or biological health hazards. The role of the IHPM in SASOHI includes:

(1) Performing field surveys to complete the annual SASOHI requirements for all workplaces, which have potentially hazardous chemical, physical, or biological exposures.

(2) Assigning health RACs to operations or chemical, physical, or biological health hazards for inclusion in installation prioritized abatement action plans.

(3) Providing the installation safety officer with DOEHS-IH information and results of field surveys.

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f. To the requirement "Reports will be submitted to the supervisor within 5 working days of initial survey for final review and approval. All supporting documents (work product) will accompany all reports for supervisor final approval.

1) With no example of a memorandum, how can this be complied with? How measured? What is *initial*? What is *final*?

2) With the paragraph 2 requirements, what is the format and example of this kind of reports? What kind of surveys reports are these to be? Since any air samples are prohibited, what is to be in it? Since any noise, ventilation or other measurements are prohibited, what is to be in it? How do you document?

3) Does this change the method and procedures in processing memorandums? What are the new memo procedures? Will I just submit hard copy of memo with file?

g. To the requirement "All noncompliant results will be explained in a clear and concise manner, include reasoning for the noncompliant values."

1) With no example of a memorandum, how can this be complied with? How measured? What is *clear*? What is *concise*?

2) With the paragraph 2 requirements, what is the format and example of this kind of reports? What kind of surveys reports are these to be? Since any air samples are prohibited, what is to be in it? Since any noise, ventilation or other measurements are prohibited, what is to be in it? How do you document?

h. To the requirement "Follow-up worksite visits will be conducted until appropriate corrective measures are implemented and effective."

1) How will this be measured? Are these follow-ups hourly, daily, weekly, monthly, annually, biannually, or every ten years? How will they be documented? With the paragraph 2 requirements, what is the format and example of this kind of reports? What kind of surveys reports are these to be? Since any air samples are prohibited, what is to be in it? Since any noise, ventilation or other measurements are prohibited, what is to be in it? How do you document?

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2) Since management does not staff IH with enough personnel, why is this a requirement of mine? How does this differ from DA Pam 40-503 in *Paragraph 4-4. Survey frequency and scope* which USA MEDDAC does not comply with? *The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH aspects, such as—*

- (3) Chemical, physical, biological, and ergonomic hazards inherent to each activity.*
- (4) Existing measures employed to control exposure to the hazard.*

i. To the requirement "There will be no more than 3 exceptions noted per month."

- 1) What is an "exception"?
- 2) How will they be documented?
- 3) How will they be measured?

4. Program Management: Please show where DOEHRS-IH is in my job description.

a. To the requirement "Complete set up of the Defense Occupational and Environmental Health Readiness System – Industrial Hygiene by 15 April 2008. Maintain and use the DOEHRS-IH for all subsequent IH surveys and projects:"

1) What is "Complete"? What is "set up"? How will it be documented? How will it be measured?

2) What are the Army's DOEHRS-IH goals for implementing this program?

b. To the requirement "75% of the IH Program Office's (IHIP) core shops (semiannual, annual surveys) will be mapped in the location tree."

1) Where did this goal come from? Is it realistic goal? Since it was done here before 1 October 2007 and LT [REDACTED] approved reporting it, why is it a 2008 requirement?

2) Since the Army reported only 21 % of the IH shops met this goal, and Fort Leavenworth under me was part that archived this. Is it a good, fair goal if so few are able to achieve it?

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3) To note "75% of the IHPO's core shops should be scheduled, not necessarily conducted." How will this be measured and what needs to be scheduled? What are the priorities?

c. To the requirement "Surveys should be conducted for 5% of the total number of core shops that have been scheduled. The data from these surveys should be entered into DOEHRS-IH."

1) Where did this goal come from? Is it realistic goal? Is it a monthly, quarterly, or annual goal? How will it be measured? Since most IH programs can't meet the earlier goal, is it a fair goal?

2) With the paragraph 2 requirements, what is the format and example of this kind of surveys? Since any air samples are prohibited, what is to be in it? Since any noise, ventilation or other measurements are prohibited, what is to be in it? How do you document?

3) Is it IAW DA Pam 40-503 in *Paragraph 4-4. Survey frequency and scope?* *The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH.*
aspects, such as—

- (1) Chemical, physical, biological, and ergonomic hazards inherent to each activity.*
- (2) Existing measures employed to control exposure to the hazard.*

4) Is it IAW DA Pam 40-503 in *Paragraph 4-8. Purpose and scope?*

a. Health hazard evaluations are the foundation on which the OH program is built. Health hazard assessments identify and quantify all potential and actual health hazards. A comprehensive health hazard assessment requires the IHIPM to collect both qualitative and quantitative data. The IHIPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. Health hazard assessments also provide occupational medicine personnel with data to develop an effective medical surveillance program.

b. Following the IHIP's (or order of accomplishment) established priorities (PACs), the IHIPM ensures that—

- (1) Each operation performed on the installation is analyzed to evaluate and document all worker exposures, both potential and/or real. Documentation of exposures includes qualitative and quantitative assessment.*

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(2) A sampling strategy is developed that includes both recognized qualitative and quantitative protocols to provide statistically significant exposure data. Breathing zone, ventilation and noise measurements, and other appropriate hazard exposure measurements are performed and documented using the sampling strategy. (USACHPPM Technical Guide (TG) 141 provides instructions for sampling chemical contaminants, and DA PAM 40-501 and USACHPPM TG 181 provide instructions for sampling noise hazards.)

5) Is it IAW DA Pam 40-503 in Paragraph 4-12. **Worker notification?**
Regardless of outcome, the IHPM notifies, in writing, the workplace supervisor of the assessment results. The supervisor in turn notifies the employees.

6) Is it IAW DA Pam 40-503 in Paragraph 7-10. **Standard Army safety and occupational health inspections?**

a. AR 40-5, chapter 5 identifies IH responsibilities. The IH mission defined in AR 40-5 will meet the standard Army safety and occupational health inspections (SASOHI) requirements of AR 385-10.

b. The OSHA regulation concerning Federal employees (29 CFR 1960, AR 385-10, and AR 40-5) requires persons qualified through training and experience to identify and evaluate worksite health hazards and to operate monitoring equipment. (See para 4-4.) The industrial hygienist has responsibility for assessing health hazards in DA worksites that have potential chemical, physical or biological health hazards. The role of the IHPM in SASOHI includes:

- (1) Performing field surveys to complete the annual SASOHI requirements for all workplaces, which have potentially hazardous chemical, physical, or biological exposures.*
- (2) Assigning health RACs to operations or chemical, physical, or biological health hazards for inclusion in installation prioritized abatement action plans.*
- (3) Providing the installation safety officer with DOEHRS-IH information and results of field surveys.*

7) With the slowness of the web based system, how?

8) Level of support. It was discussed that I might be able to enter data using lap top computer then have it synced by IMD. I turned in the lap top on 16 January 2008 and it has not returned back to me as of 19 February 2008. How will this be measured?

d. To the requirement "Establishing similar exposure groups for the IHOP."

1) With the paragraph 2 requirements: Since any air samples are prohibited, what is to be in it? Since any noise, ventilation or other measurements are prohibited, what is to be in it? How do you document? How will this be measured?

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2) Is it IAW DA Pam 40-503 in Paragraph 4-4. **Survey frequency and scope?**
The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH aspects, such as—

- (1) Chemical, physical, biological, and ergonomic hazards inherent to each activity.*
- (2) Existing measures employed to control exposure to the hazard.*

3) Is it IAW DA Pam 40-503 in Paragraph 4-8. **Purpose and scope?**

a. Health hazard evaluations are the foundation on which the OH program is built. Health hazard assessments identify and quantify all potential and actual health hazards. A comprehensive health hazard assessment requires the IHPM to collect both qualitative and quantitative data. The IHPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. Health hazard assessments also provide occupational medicine personnel with data to develop an effective medical surveillance program.

b. Following the IHIP's (or order of accomplishment) established priorities (PACs), the IHPM ensures that—

- (1) Each operation performed on the installation is analyzed to evaluate and document all worker exposures, both potential and/or real. Documentation of exposures includes qualitative and quantitative assessment.*
- (2) A sampling strategy is developed that includes both recognized qualitative and quantitative protocols to provide statistically significant exposure data. Breathing zone, ventilation and noise measurements, and other appropriate hazard exposure measurements are performed and documented using the sampling strategy. (USACHPPM Technical Guide (TG) 141 provides instructions for sampling chemical contaminants, and DA PAM 40-501 and USACHPPM TG 181 provide instructions for sampling noise hazards.)*

e. To the requirement "Implementation of the workplace monitoring plan."

1) With the paragraph 2 requirements, what is the priority of this kind of surveys? Since any air samples are prohibited, what is to be in the monitoring plan? Since any noise, ventilation or other measurements are prohibited, what is to be in the monitoring plan? How do you document this? How will it be measured?

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2) Is it IAW DA Pam 40-503 in Paragraph 4-4. **Survey frequency and scope?**
The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH aspects, such as—

- (1) Chemical, physical, biological, and ergonomic hazards inherent to each activity.*
- (2) Existing measures employed to control exposure to the hazard.*

3) Is it IAW DA Pam 40-503 in Paragraph 4-8. **Purpose and scope?**

a. Health hazard evaluations are the foundation on which the OH program is built. Health hazard assessments identify and quantify all potential and actual health hazards. A comprehensive health hazard assessment requires the IHPM to collect both qualitative and quantitative data. The IHPM uses this data to assess the effectiveness of protective equipment, administrative controls and engineering controls. Health hazard assessments also provide occupational medicine personnel with data to develop an effective medical surveillance program.

b. Following the IHIP's (or order of accomplishment) established priorities (PACs), the IHPM ensures that—

- (1) Each operation performed on the installation is analyzed to evaluate and document all worker exposures, both potential and/or real. Documentation of exposures includes qualitative and quantitative assessment.*
- (2) A sampling strategy is developed that includes both recognized qualitative and quantitative protocols to provide statistically significant exposure data. Breathing zone, ventilation and noise measurements, and other appropriate hazard exposure measurements are performed and documented using the sampling strategy. (USACHPPM Technical Guide (TG) 141 provides instructions for sampling chemical contaminants, and DA PAM 40-501 and USACHPPM TG 181 provide instructions for sampling noise hazards.)*

f. To the requirement "Characterization of exposures".

1) With the paragraph 2 requirements, what is the priority of this kind of surveys? Since any air samples are prohibited, what is to be characterized? Since any noise, ventilation or other measurements are prohibited, what is to be characterized?

2) How do you document this? How will it be measured?

g. To the requirement "Conduct an assessment of on any of the employee exposure data collected during the survey (e.g. ergonomics, air monitoring, noise monitoring)".

1) What kind of "assessment" is this?

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2) How do you document this? How will it be measured?

3) Since any air samples are prohibited, what is to be assessed? Since any noise, ventilation or other measurements are prohibited, what is to be assessed?

5. Equipment Maintenance and Calibration. Please show where Equipment Maintenance and Calibration is in my job description.

a. To the requirement "develop and maintain an equipment tracking log."

1) What is log to look like?

2) Is it different from the TMDE system?

3) Is it different from the DLMSS system? Is it different from the DOEHRS-IH system?

4) How will this be measured?

5) IAW DA PAM 40-503 paragraph 5-5. **Verification of equipment calibration**

a. To obtain reliable quantitative data, equipment used requires operational and periodic calibration. Operational calibration is usually performed before and after the use of equipment. Periodic calibration is performed on very stable types of equipment at least annually or depending on equipment use and manufacturer recommendation.

b. The IHPM—

(1) Ensures that the Army calibration system is practiced per AR 750-43.

(2) Ensures that calibrations are based on a method traceable to a recognized authority, such as the National Institute of Standards and Technology.

(3) Allows manufacturer and/or contract calibration facilities to calibrate equipment only if their methods meet traceability and calibration standards.

(4) Ensures that complete records of calibrations are maintained per AR 25-400-2.

b. To the requirement "Maintain complete records of calibration as per AR 25-400-2

1) What is complete?

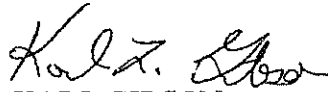
2) Explain the issue? How will it be measured?

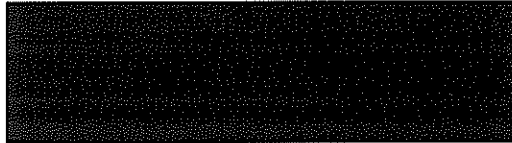
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c. To the requirement "Develop a log to document before and after calibrations of equipment used for testing."

- 1) What is log to look like?
- 2) How will it be measured?


KARL GIBSON
Industrial Hygienist
USA MEDDAC



*refused to sign on 20 Feb 08.
Karl G. &*

Received by Email aswell on 22 Feb 08 KLG Date _____

LTD Me

MCXN-PM (40-5f)

21 June 2007

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, KS 66027

FOR AFFES Manage, (ATTN: Ms. [REDACTED]) 330 Kansas Avenue, Fort Leavenworth, KS 66027

SUBJECT: Lighting Survey, Post Exchange (PX) – Building 700.

1. REFERENCES.

- a. AR 40-5, Preventive Medicine, 22 Jul 05.
- b. Title 29, Code of Federal Regulations (CFR), Part 1910, 2003 rev., Occupational and Health Standards.
- c. Illuminating Engineering Society (IES) of North America Lighting Handbook, 9th Edition.

2. PURPOSE. To report lighting levels in occupied workareas in the Post Exchange (PX), Building 700. This survey was conducted by Mr. Karl Gibson, Industrial Hygienist, Leavenworth, KS on 21 Jun 2007.

3. REASON FOR THE SURVEY. Mr. [REDACTED] AAFES Energy Management Program has requested each AFFES Manager to determine the number of ceiling light fixtures on the retail sales floor, the number of lamps in each fixture and the average ambient light levels throughout the Leavenworth AFFES Store.

4. STANDARDS.

- a. The maintained average ambient light levels in retail environments can range from low (30 to 300 lx) to high (500 to 1000 lx) levels depending on the store image. R
- b. Ideally, the ambient lighting system in the retail environment should provide a general diffuse layer of uniform illuminance throughout the store.

5. FINDINGS.

a. TABLE 1 lists the average illuminance measurements obtained in the Leavenworth PX. Twelve (12) areas were surveyed and the average ambient light level was measured at 56.83 foot candles (fc). All areas surveyed were determined to meet the minimum recommended ambient light level for retail environments.

MCCN-PM (40-5f)

SUBJECT: Lighting Survey, Post Exchange (PX) – Building 700

TABLE 1

Location	Findings	Standard	Meets Standard	Controlling Regulatory
PX Department Store	Avg. 57 fc	30-60 fc	■	IES
East side Boys Under Lights Mid point	- 75 fc, 69 fc, 77 fc - 49 fc, 45 fc, 55 fc Avg. 61 fc	30-60 fc	■	IES
East side Infants Under Lights Mid point	- 72 fc, 70 fc, 67 fc - 56 fc, 36 fc, 51 fc Avg. 58 fc	30-60 fc	■	IES
East side Gntls Under Lights Mid point	- 73 fc, 67 fc, 72 fc - 48 fc, 48 fc, 54 fc Avg. 60	30-60 fc	■	IES
East side Footwear Under Lights Mid point	- 55 fc, 52 fc, 62 fc - 51 fc, 50 fc, 53 fc Avg. 54 fc	30-60 fc	■	IES
East side Mens Under Lights Mid point	- 70 fc, 63 fc, 55 fc, 71 fc, 69 fc - 47 fc, 39 fc, 48 fc, 49 fc Avg. 57 fc	30-60 fc	■	IES
East side Womens Under Lights Mid point	- 65 fc, 72 fc, 61 fc, 65 fc, 69 fc, 72 fc - 50 fc, 46 fc, 47 fc, 45 fc, 42 fc, 63 fc Avg. 58 fc	30-60 fc	■	IES
Center Customer Service Under Lights Mid point	- 61 fc, 51 fc, 67 fc, 49 fc - 42 fc, 44 fc, 41 fc, 32 fc Avg. 43 fc	30-60 fc	■	IES
Center Music Under Lights Mid point	- 68 fc, 65 fc, 71 fc, 62 fc, 60 fc - 50 fc, 50 fc, 48 fc, 49 fc Avg. 58 fc	30-60 fc	■	IES
Center Makeup Under Lights Mid point	- 61 fc, 66 fc, 65 fc, 66 fc, 69 fc, 77 fc, 78 fc, 73 fc - 40 fc, 46 fc, 53 fc, 48 fc, 50 fc, 52 fc, 60 fc, 70 fc Avg. 61 fc	30-60 fc	■	IES
West Sports Under Lights Mid point	- 90 fc, 56 fc, 56 fc, 62 fc - 66 fc, 48 fc, 48 fc Avg. 61 fc	30-60 fc	■	IES
West Household Under Lights Mid point	- 58 fc, 52 fc, 59 fc, 64 fc, 67 fc, 58 fc, 65 fc, 74 fc, 54 fc, 56 fc - 52 fc, 37 fc, 49 fc, 47 fc, 49 fc, 51 fc, 49 fc, 50 fc, 46 fc, 42 fc Avg. 54 fc	30-60 fc	■	IES

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SUBJECT: Lighting Survey, Post Exchange (PX) – Building 700

7. RECOMMENDATIONS.

a. There are no recommendations at this time.

b. Risk Assessment Code 5 (RAC 5) is assigned to this operation. The risk assessment is an expression of potential loss, described in terms of hazard severity, mishap probability, and exposure to hazard. The RACs are expressed as numerical values ranging from 1 to 5 with 1 representing the greatest health risk.

8. For further information regarding this survey, contact Mr. Karl Gibson, MACH Industrial Hygienist at [REDACTED]@amedd.army.mil.

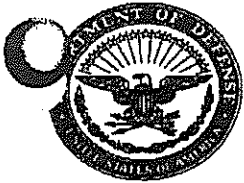
1 Encl

CF
Occupational Health
CAC Safety

// signed original//

[REDACTED]
2LT, MS
Environmental Science Officer

Gibson A



REPLY TO :
ATTENTION OF

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

MCXN-PM (40-5f)

21 June 2007

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR AFFES Manager 330 Kansas Ave, Fort Leavenworth, Kansas 66027

SUBJECT: Industrial Hygiene Survey of the Building 700, PX Lighting Levels for FY 2007

1. The purpose of the AFFES requested Industrial Hygiene survey conducted on 21 June 2007 was to provide guidance for the use of appropriate control measures to protect PX military and civilian personnel from recognized occupational, safety and health hazards.
2. Findings.
 - a. Lighting. The overall PX Department Store average was compliant. Eight of the Eleven average lighting areas checked were compliant IAW Illuminating Engineering Society of North America (IES) as required by DA PAM 40-506 and OSHA's 29 CFR 1910.6.
 - b. The Risk Assessment Code for these operations is RAC 5 (negligible health risk).
3. Recommendations. Ensure none working light bulbs are replaced. [**Regulatory**, 29 CFR 1910.6 Incorporation by reference; (reference 2)]. (RAC 2)
4. Please provide a status update of the recommendations to MEDDAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.
5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program." This information should be provided to the supervisors to inform the employees. Please post this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

MCXN-PM (40-5f)

21 June 2007

SUBJECT: Industrial Hygiene Survey of the Building 700, PX Lighting Levels for FY 2007

6. POC is Mr. Karl Gibson, Industrial Hygienist, [REDACTED] or
[REDACTED]@cen.amedd.army.mil.

[REDACTED]
LTC, AN
Chief, Preventive Medicine

CF:
CAC Safety
Occ Health

APPENDIX A

Evaluation Data and Risk Assessment Codes (RAC).

The evaluation data collected is assessed into categories based upon Army regulations, Occupational Safety and Health Administration (OSHA) regulations, and consensus standards. Assessment categories are assigned as shown in Table B1, below.

Table B1 – Evaluation Data Assessment

Symbol	Definition
●	Did not meet standard/guideline
△	Levels of Concern, but meets standard/guideline.
■	Meets standard/guideline
?	Insufficient data to assess

Risk Assessment Codes (RACs) [based on Accident Probability and Safety Hazard Severity for safety hazards; or Health Hazard Severity Categories (HHSCs) and Illness Probability Categories (IPCs) for health hazards; or Mishap Probability Categories (MPCs) for noise hazards] were assigned to each recommendation below. These assigned RACs are meant to assist the facility and occupational health program managers in allocating limited resources. The assignment of these RACs is based on guidance contained in Department of Defense Instruction 6055.1 (reference 1), USACHPPM Technical Guide 181 (reference 18), references found in Appendix C, and professional judgment.

These health exposure level standards are used IAW AR 40-5, "Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Lighting. The overall PX Department Store average was compliant. Eight of the eleven average lighting areas checked were compliant.

Location	Findings	Standard	Meets Standard	Controlling Regulatory
PX Department Store	Avg. 57 fc	30-60 fc	■	IES
East side Boys Under Lights Mid point	- 75 fc, 69 fc, 77 fc - 49 fc, 45 fc, 55 fc Avg. 61 fc	30-60 fc	●	IES
East side Infants Under Lights Mid point	- 72 fc, 70 fc, 67 fc - 56 fc, 36 fc, 51 fc Avg. 58 fc	30-60 fc	■	IES
East side Girls Under Lights Mid point	- 73 fc, 67 fc, 72 fc - 48 fc, 48 fc, 54 fc Avg. 60	30-60 fc	■	IES
East side Footwear Under Lights Mid point	- 55 fc, 52 fc, 62 fc - 51 fc, 50 fc, 53 fc Avg. 54 fc	30-60 fc	■	IES
East side Mens Under Lights Mid point	- 70 fc, 63 fc, 55 fc, 71 fc, 69 fc - 47 fc, 39 fc, 48 fc, 49 fc Avg. 57 fc	30-60 fc	■	IES
East side Womens Under Lights Mid point	- 65 fc, 72 fc, 61 fc, 65 fc, 69 fc, 72 fc - 50 fc, 46 fc, 47 fc, 45 fc, 42 fc, 63 fc Avg. 58 fc	30-60 fc	■	IES
Center Customer Service Under Lights Mid point	- 61 fc, 51 fc, 67 fc, 49 fc - 42 fc, 44 fc, 41 fc, 32 fc Avg. 43 fc	30-60 fc	■	IES

Location	Findings	Standard	Meets Standard	Controlling Regulatory
Center Music Under Lights Mid point	- 68 fc, 65 fc, 71 fc, 62 fc, 60 fc - 50 fc, 50 fc, 48 fc, 49 fc Avg. 58 fc	30-60 fc	■	IES
Center Makeup Under Lights Mid point	- 61 fc, 66 fc, 65 fc, 66 fc, 69 fc, 77 fc, 78 fc, 73 fc - 40 fc, 46 fc, 53 fc, 48 fc, 50 fc, 52 fc, 60 fc, 70 fc Avg. 61 fc	30-60 fc	●	IES
West Sports Under Lights Mid point	- 90 fc, 56 fc, 56 fc, 62 fc - 66 fc, 48 fc, 48 fc Avg. 61 fc	30-60 fc	●	IES
West Household Under Lights Mid point	- 58 fc, 52 fc, 59 fc, 64 fc, 67 fc, 58 fc, 65 fc, 74 fc, 54 fc, 56 fc - 52 fc, 37 fc, 49 fc, 47 fc, 49 fc, 51 fc, 49 fc, 50 fc, 46 fc, 42 fc Avg. 54 fc	30-60 fc	■	IES

fc stands for foot-candles of light

IES stands for Illuminating Engineering Society of North America Table I. Interior Locations and Tasks, pages Interior-6 to Interior-7 as required by DA PAM 40-506. Where a single number value is given, this is the minimum safe level. Where a lower to higher range is given, this is the safe level range.

The OSHA regulation has adopted the IES's recommended lighting levels. Such adoptions have the force and effect of law. As stated in DA PAM 40-506, "appropriate lighting levels promote a safe work environment and improve visual efficiency and comfort. Lighting evaluations reflect the quality, quantity, and location of natural and artificial lighting. Lighting surveys must also consider the vision and lighting requirements of tasks and the visual capabilities of the employees. Problems may occur with either insufficient or excessive illumination levels. The

IES handbook provides the guidelines for illumination. Recommended minimum levels of illumination should not be confused with optimal levels of illumination that allows for maximum worker safety and productivity. Worker safety takes precedence over energy conservation requirements found in Title 41 CFR section 101-20.107."

Industry encompasses a wide range of visual tasks and operating conditions. The task may involve movement of the object, the viewer, or both. There are certain quality factors that should be considered when designing a lighting system for an industrial facility. The term 'quality' as used here implies all luminances are designed to contribute favorably to visual performance, visual comfort, ease of seeing, and safety for the specific visual task involved.

Glare (direct, reflected, and veiling reflections), diffusion, direction, shadows, uniformity, color, luminance, and luminance ratios all have a significant effect on visibility and the ability to see accurately and quickly. To reduce direct glare in industrial areas, the following steps can be taken: 1) reduce the area of high luminance causing glare condition; 2) increase the angle between glare source and the line of vision; 3) increase the luminance of the area surrounding the glare source and against which it is seen; and 5) place louvers or refractors between the glare source and the line of sight. The required luminance control depends on the task, the length of time to perform it, and those factors that contribute to direct glare.

In production areas, luminaries within the normal field of view should be shielded to at least 25 degrees from the horizontal, preferably to 45 degrees. To reduce direct glare, luminaries should be mounted as far as possible above the normal line of sight. They should be designed to limit both the luminance and the quantity of light emitted in the 45 degree to 85-degree zone above the nadir (the point of a sphere that is directly opposite the zenith and vertically downward from the observer), because such light, likely to be well within the field of view, may interfere with seeing. Uniform horizontal illuminance (where the maximum level is not more than one-sixth above the average level, and the minimum, not more than one-sixth below) is appropriate for specific industrial interiors where tasks are closely spaced and where there are similar tasks requiring the same amount of light.

In such instances as found in this shop, uniformity permits flexibility of functions and equipment and assures more uniform luminances. Neighboring areas with extreme luminance differences are undesirable because continual adaptation to significantly different luminance levels can be tiring or hazardous to the worker.

Uniform lighting is used more often in industrial lighting than in other applications. Uniform lighting in industrial applications can provide higher-quality lighting where the task is three-dimensional rather than two dimensional (e.g. office paper tasks). Uniform lighting allows for repositioning of task locations or observing patients without need to relocate the lighting. The 'quantity' of illuminance depends on the visual task, medical worker, and the importance of task parameters in performing the work.

The illuminance determines the workers' adaptation level in the visual environment. Adaptation level is determined by the workers' visual scene. Hazards therefore affect the illuminance requirements of a medical space. It is important that the lamp and luminaire characteristics, light loss factors, and room characteristics be carefully determined to ensure the accurate calculation of illuminance. In locations where dirt accumulates rapidly or adheres readily to luminaire and room surfaces, and where adequate maintenance is not performed to keep lighting systems operating at designed levels, allowances must be made for dirt "light loss factors," both for the luminaire and room. Where workers wear protective eyewear, as in this lab, (glasses, goggles, or face shields) with occupationally required tinted lens that materially reduce the light reaching the eye, the illuminance for the task should be increased accordingly. Quality, quantity, and safety. All three-design issues should be properly weighted and addresses in the design of any illuminance implementation.

APPENDIX B

References.

1. Department of Defense Instruction 6055.1, DOD Safety and Occupational Health (SOH) Program, August 1998.
2. OSHA's Title 29, Code of Federal Regulations (CFR), 1910. General Industry Regulations and 29 CFR 1926. Construction Industry Regulations.
3. EPA's 40 CFR Parts 239 through 259 contain the regulations for solid waste, while Parts 260 through 279 contain the hazardous waste regulations, Resource Conservation and Recovery Act (RCRA).
4. State of Kansas Article 72, paragraph 28-72-18 a-e. Work practice standards, lead abatement.
5. AR 385-10, The Army Safety Program.
6. AR 40-5, Preventive Medicine.
7. AR 200-1, Environmental Protection and Enhancement.
8. AR 11-34, The Army Respiratory Protection Program.
9. DA PAM 40-11, Preventive Medicine.
10. DA Pam 40-503, Industrial Hygiene.
11. ACGIH Industrial Ventilation, A Manual of Recommended Practice, 25th Edition, Cincinnati, OH, 2004.
12. 2006 Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices, American Conference of Governmental Industrial Hygienists, Cincinnati, OH, 2005.
13. Krister Forsberg and S.Z. Mansdorf, Quick Selection Guide to Chemical Protective Clothing, Fourth Edition, John Wiley & Sons, Inc., 2002.
14. DA PAM 40-501, Hearing Conservation Program.
15. TB MED 506, Occupational and Environmental Health Occupational Vision.
16. TB MED 513, Occupational and Environmental Health Guidelines for the Evaluation and Control of Asbestos Exposure.

17. USACHPPM Technical Guide 141 Industrial Hygiene Air Sampling and Bulk Sampling Instructions.

18. USACHPPM Technical Guide 181, Noise Dosimetry and Risk Assessment.

19. 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

20. AR 11-34, Respiratory Protection.

21. DA Pam 40-506, The Army Vision Conservation and Readiness Program.

22. TB MED 502/DLAM 1000.2, Respiratory Protection Program.

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Exhibit 19 – KG Exhibit # 29

Gibson, Karl L MAHC

From: Gibson, Karl L MAHC
Sent: Friday, February 22, 2008 3:48 PM
To: [REDACTED] 2LT
Subject: IH Work Log for 19-22 Feb 2008 (UNCLASSIFIED)

Attachments: MFR Questions on IPS Feb08.doc



MFR Questions on
IPS Feb08.doc...

Classification: UNCLASSIFIED

Caveats: NONE

Hello LT [REDACTED],

IH Work Log for 19-22 Feb 2008

On 18 February 2007, Holiday, Day off.

On 19 February 2007, I dispatched vehicle and submitted paperwork. Had vehicle ready for range use at 0830 hrs as agreed to. They picked up at 0915 hrs. I submitted my timesheet. I worked on Hearing Conservation class: including getting CD from IMD, copies, coordinating equipment use. [PM laptop top and projector was with SGT [REDACTED] POV.] I had official time from 1400-1600 hrs.

On 20 February 2007, I tried CD in laptop, but had problems. I contacted IMD and took [REDACTED] to fix. I picked it up at 1230 hours.

The Mr. [REDACTED] visit started at 0850 hrs on 20 February 2008. I provided Mr. [REDACTED] LT [REDACTED] copies of my MFR Subject: Questions dated 5 Feb 2007. The purpose of the visit is to work on Program Document and new IHIP. Issues of the visit:

1. Establishing a IH Program Document. I explained that it was the C, PM's program Document, not mine. Only the C, PM can change it. I was told I am the expert and I was to write a new Program Document for PM. I asked: If I was the C, PM? Am I to do her job? What are the new command priorities? How am I to produce something NEW with no example or direction from the command? I was told "Just do it". I asked how can I just do it if I can't show me what is a priority? LT [REDACTED] stated that he had given me a list 6 weeks ago. I stated that I received this so called list of just 26 buildings on the afternoon of 1 Feb 2008 and nothing on it but rank # and Building #. I asked - What does this mean? I received no response.

2. Doing/ changing IH Implementation Plan. I asked what was wrong with 2007's? They did not like, they want it to be written, supervisor and command approved, but living and changing. I repeatedly asked for an example of what they are talking about and they refused to show an example. I asked how I could schedule and plan anything if the command can't give me their goals, mission, and priorities. I received no answer. I asked what was allowed to do for these surveys. Could I do sampling? Could I do air monitoring? Could I do ventilation? I was told if in IHIP and command approved. What about biological samples? Do you know the current command policy is? I said I had not seen any policy. I was told that anything I wanted to do in a survey would need to be written in IHIP and approved.

It was decided that Mr. [REDACTED] would walk me through what they wanted me to do. He asked for the case file for Bldg 77. I have no such item. (This is an Air Force requirement, but not Army.) I pointed out that in the program document of FY 2007, that filing was not a priority. I was requested to print off survey documents. I asked H or drive documents? Mr. [REDACTED] only wanted J drive documents. I asked 1LT [REDACTED] what about surveys that have been done, but not 'finished' that he and LTC [REDACTED] are

W.C. # 390

holding. 1LT [redacted] said "these documents are where they want them." I printed off drive documents and provided to Mr. [redacted].

4. At 1250 hours, Mr. [redacted] and I went to the Bldg 77 unannounced. We did a walk thru of the Building. We talked to 5 people. We agreed that the following shops were in the building: Emergency Operations Center; Information System Processing (Military Review Office DPTM; Print Plant (Defense Printing); Televideo Center; Devices; Warehouse; O: AARTS; TSC Art/Graphics. Several items have changed since the last survey and became digital.

5. At 1445 hours, Mr. [redacted] and LTC [redacted] and Karl Gibson met. We briefed that changes have occurred in the work places in Bldg 77, even since Mr. [redacted]'s July 20 visit to DAPS. Mr. [redacted] stated that he was going to show me what kind of IHIP they wanted. I was asked then since there were changes, did I think the April 2007 report valid? I said yes, since it represented conditions on the survey days. They claimed to understand and agreed with me. Mr. [redacted] thinks the file system needs to change and files to be done by building. At 1500 hours Mr. [redacted] and LTC [redacted] went into private meeting until after I left work at 1600 hrs.

On 21 February 2008, I prepared clarification questions for Mr. [redacted]. At 0930 hrs, [redacted] arrived at PM. I asked questions and both LT [redacted] and Mr. [redacted] agreed with the process as I asked. I will be writing a SOP when I get a chance. Form 1030 to 11:00 hrs Mr. [redacted] and I worked on IHIP 2008. LT [redacted] approved the format and what it looked like. From 1200 hrs I set up class at MPC and gave class, and then torn down classroom. I turned in equipment to PM at Munson. I worked on "IHIP 2008".

On 22 February 2008, I picked up Quest equipment from calibration. At 0830 hrs, Mr. [redacted] arrived and was with LTC [redacted]. I contacted the number for Bldg 43 that I [redacted] gave me. It turned out to be Bldg 53. At 0845 hrs, Mr. [redacted], LT [redacted] and I went to Bldg 53 and toured. At about 0945 hrs, Mr. [redacted], LT [redacted] and me went to Bldg 43 and toured. At 1015 hrs, Mr. [redacted] and LT [redacted] went to the out briefing for the visit, but Karl Gibson was not allowed to go. Karl Gibson went back to Hoge and worked on "IHIP 2008". Arranged with SGT [redacted] to train on Pharmacy 797 testing for Monday, 25 February 2008 at 9 AM.

Enclosed:

Memo dated 5 February 2007 Subject: Questions. I provided to LT [redacted] and Mr. [redacted] but did not get a signed Received from them. Most questions were not answered during visit.

Sent:

IHIP 2008 as of 22 Feb 2008

Calibration Log for IH Equipment as of 11 February 2008 Additional Questions concerning the IPS in Feb 2008

Due Outs:

1. Med Maintenance in Munson has asked to borrow one of my noise level meters and octave band analyzer as they have done in past. They are to pick up Friday (25 January 2008) before 0800. They did not show up. On Friday 15 Feb., they came and said they would come on 20 Feb to pick up equipment. They did not show up.

2. Records: Asked LT [redacted] what we needed to do to retrieve the HHIM files prior to 1992 and the HHIM file 1992-1996 that are kept at CHPPM. Requested HHIM records from the DOEHRs-IH help desk, talked to [redacted] and received Ticket # 13661230. E-mailed [redacted] Mr USACHPPM and other staff on the request so information could be obtained. Asked how the pictures on my H drive files (found in Bell Hall and USDB files) were to be copied. At LT [redacted] direction I went to IMD and they copied files from H-drive for lawsuit Subpoena records. I picked up CD with the needed H-Drive files that [redacted] in IMD had accessed and copied. I provided this CD to LT [redacted]. Requested records have arrived and I met with SJA on Monday at 0800 hrs to pull required files. On Tuesday, after LTC [redacted] gave permission, I delivered records. Still have no update on HHIM files as of 7 February 2008. The Old work order Ticket Number is 13661230. [redacted] Mr USACHPPM said that was not good enough and need new ticket. So I requested a new trouble ticket and it has been logged for this issue. Ticket number is 13694565. On 21 February 2008 I received an e-mail from [redacted], "On February

2008, you opened DOEHRS Help Desk Ticket # 13694565, Requesting access to Fort Leavenworth Legacy Program office in DOEHRS. The DOEHRS application provides functionality to request access to a new Program Office. In the Resources section of the left navigation of the DOEHRS application, there is an option called "My Profile". Select the option and scroll to the bottom of the page. There is a section at the bottom of the page called "Other Tools" which includes a "Request Access to new Program Office" link. Use this link to request access to Fort Leavenworth Legacy Program office. At this time, your ticket is being closed. Your ticket can be re-opened in the future if you need continued support. You can do that by calling MHS Help Desk at 1-800-600-9332, then 4, 4, 7 or by sending an email message with the ticket number to 'help@mhs-helpdesk.com'. On 21 February 2008, I accessed the DOEHRS-IH, followed and submitted this request.

3. SSG [REDACTED] I e-mailed him after our talk,

a) In May 2007 at the TMDE picked up my equipment that they service and calibrate - still missing two pieces of equipment. A Balometer, ECN: 000824, SN: 8372 has not returned. An Industrial Scientific Charger for TMX 412 ECN: B8327, SN: 9607142-099.

b) [REDACTED] was checking but I had not heard back from her before she retired.

c) In November 2007 at the TMDE picked up my equipment that they service and calibrate. They returned the Gilibrator Universal Pump Calibrator kit ECN: B7814, SN: 4462 with the kit calibrated. (Two Dry Cal Calibrators have not returned either, but it is still easy for TMDE.)

d) I asked the he please check on these items and get back with me. I repeated the request on 7 February 2008.

e) Two Dry Cal Calibrators returned and I entered into DOEHRS-IH.

I met SSG [REDACTED] and asked he to again handle the Gilibrator Universal Pump Calibrator kit ECN: B7814, SN: 4462 because TMDE sent it back with not calibrating it. He picked it up from Mr. Mapes and said he would send it back to TMDE with a note. I asked that he be informed.

f) Issue with A Balometer, ECN: 000824, Model No. 8372 SN: 55040226 has not returned. I notified LT [REDACTED] and [REDACTED] of missing item as I did my 100% inventory. [REDACTED] and [REDACTED] advised to contact TMDE again. I called and e-mailed TMDE, Riley. According to an e-mail on 19 Feb 2008, TMDE documents that it left Redstone on June 2007. I emailed Log and LT [REDACTED] on the 19th. I re-emailed on 22 Feb 2008.

4. CLOSED The CAC Safety Department is requesting IH assistance in giving a training to the Additional Duty Safety Officer on February 21, 2008 at 1300 hours at the Main Post Chapel's Activity Room. I would like you to speak on either one of these topics: Noise/Vibration, Lighting, Repetitive Motion and/or Equipment Design. Your assistance to the Safety Department would be greatly appreciated. I received on 30 January 2008 and forwarded to LT [REDACTED] on the same day. I trained on Hearing Conservation and class was successful. (LT [REDACTED] and Mr. [REDACTED] were present to observe training. Received only positive feedback from class.)

5. CLOSED On 12 February 2008, SGT [REDACTED] requested use of TMP on Tuesday for range ammo. LT Derivan gave permission. After SGT [REDACTED] wrote "SFC [REDACTED] you can pick-up the TMP on Friday, but it must be dispatched on Tuesday morning for the week. Mr. Gibson is the one who dispatches the vehicle. He can pick up TMP Tuesday morning at 0730 for dispatching and be ready for you to use for the range. I thought that we can leave the TMP key, so the vehicle will be parked at MAHC, at the AAOD/AOD desk for him to pick-up Tuesday morning, unless you have another plan on how to tackle this matter. I am on cell if you have any questions at [REDACTED]" Waiting to hear where vehicle will be parked and where I need to pick up key to dispatch on Tuesday. The vehicle returned with no problem.

Order for Supplies for February 2008 for Fort Leavenworth 797 Pharmacy Testing As per Contract No. W81K00-07-P-0913, I need to order 4 BAP with A005 analysis, 4 Air-o-cell A002 analysis, and 1 endotoxic cassette with A007 analysis for February 2008. (\$43.00 cost PO# 2008-9 and \$426.00 analysis cost PO# 2008-10) Please send them overnight. I have provided with [REDACTED] [REDACTED] [REDACTED] or [REDACTED] [REDACTED] [REDACTED] on the past invoices. I included them on the e-mail so you can also try this way as well. This is

repeat from last week since the POC I had and sent order to no longer works for Aerot
labs.

. Write a SOP on IHIP - Assessment - Survey process.

Classification: UNCLASSIFIED

Caveats: NONE

Tracking:

Recipient

██████████ 2LT

Delivery

Delivered: 2/22/2008 3:48 PM

MFR

22 February 2008

SUBJECT: Mr. [REDACTED] Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson

1. The Mr. [REDACTED] visit started at 0850 hrs on 20 February 2008. Mr. Karl Gibson provided Mr. [REDACTED] and 1LT [REDACTED] copies of my MFR Subject: Questions dated 5 Feb 2007. The purpose of the visit is to work on Program Document and new IHIP.

2. Issues of the visit:

a. Establishing a IH Program Document. Mr. Karl Gibson explained that it was the C, PM's program Document, not mine. Only the C, PM can change it. Mr. Karl Gibson was told Mr. Karl Gibson is the expert and Mr. Karl Gibson was to write a new Program Document for PM. Mr. Karl Gibson asked: If Mr. Karl Gibson was the C, PM? Is Mr. Karl Gibson to do her job? What are the new command priorities? How is Mr. Karl Gibson to produce something NEW with no example or direction from the command? Mr. Karl Gibson was told "Just do it". Mr. Karl Gibson asked how can Mr. Karl Gibson just do it if you can't show me what is a priority? LT [REDACTED] stated that he had given me a list 6 weeks ago. I stated that I received this so called list of just 26 buildings on the afternoon of 1 Feb 2008 and nothing on it but rank # and Building #. Mr. Karl Gibson asked - What does this mean? Mr. Karl Gibson received no response.

b. Doing/ changing IH Implementation Plan. Mr. Karl Gibson asked what was wrong with 2007's? They did not like, they want it to be written, supervisor and command approved, but be living and changing. Mr. Karl Gibson repeatedly asked for an example of what they are talking about and they refused to show an example. Mr. Karl Gibson asked how Mr. Karl Gibson could schedule and plan anything if the command can't give Mr. Karl Gibson their goals, mission, and priorities? Mr. Karl Gibson received no answer. Mr. Karl Gibson asked what Mr. Karl Gibson was allowed to do for these surveys. Could Mr. Karl Gibson do sampling? Could Mr. Karl Gibson do air monitoring? Could Mr. Karl Gibson do ventilation? Mr. Karl Gibson was told if in IHIP and command approved. What about biological samples? Do you know the current command policy is? Mr. Karl Gibson said Mr. Karl Gibson had not seen any policy. Mr. Karl Gibson was told that anything Mr. Karl Gibson wanted to do in a survey would need to be written in IHIP and approved.

KG 29b

MFR

22 February 2008

SUBJECT: Mr. [REDACTED] Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson

3. It was decided that Mr. [REDACTED] would walk with Mr. Karl Gibson through what they wanted me to do. He asked for the case file for Bldg 77. Mr. Karl Gibson had no such item. (This is an Air Force requirement, but not Army.) Mr. Karl Gibson pointed out that in the program document of FY 2007, that filing was not a priority. Mr. Karl Gibson was requested to print off survey documents. Mr. Karl Gibson asked H or J drive documents? Mr. [REDACTED] only wanted J drive documents. Mr. Karl Gibson asked 1LT [REDACTED] what about surveys that have been done, but not 'finished' that 1LT [REDACTED] and LTC [REDACTED] are holding. 1LT [REDACTED] said "these documents are where they want them." Mr. Karl Gibson printed off the J drive documents and provided to Mr. [REDACTED]

4. At 1250 hours, Mr. [REDACTED] and Mr. Karl Gibson went to the Bldg 77 unannounced. Mr. [REDACTED] and Mr. Karl Gibson did a walk through of the Building. Mr. [REDACTED] and Mr. Karl Gibson talked to 5 people. Mr. [REDACTED] and Mr. Karl Gibson agreed that the following shops were in the building: Emergency Operations Center; Information System Processing (Military Review); Office DPTM; Print Plant (Defense Printing); Televideo Center; Devices; Warehouse; Office AARTS; TSC Art/Graphics. Several items have changed since the last survey and processes became digital.

5. At 1445 hours, Mr. [REDACTED] and LTC [REDACTED] and Karl Gibson met. Mr. [REDACTED] and Mr. Karl Gibson briefed that changes have occurred in the work places in Bldg 77, even since Mr. [REDACTED] July 2007 visit to DAPS. Mr. [REDACTED] stated that he was going to show Mr. Karl Gibson what kind of IHIP they wanted. Mr. Karl Gibson was asked then since there were changes, did Mr. Karl Gibson think the April 2007 report was valid? Mr. Karl Gibson said yes, since it represented conditions on the survey days. They claimed to understand and agreed with Mr. Karl Gibson. Mr. [REDACTED] thinks the file system needs to change and files to be done by building. At 1500 hours Mr. [REDACTED] and LTC [REDACTED] went into a private meeting until after Mr. Karl Gibson left work at 1600 hrs.

6. On 21 February 2008, Mr. Karl Gibson prepared clarification questions for Mr. Bentley. At 0930 hrs, Mr. [REDACTED] arrived at PM. Mr. Karl Gibson asked questions and both 1LT [REDACTED] and Mr. [REDACTED] agreed with the process as Mr. Karl Gibson asked. Mr. Karl Gibson will be writing a SOP when Mr. Karl Gibson get a chance. From 1030 to 1130 hours Mr. [REDACTED] and Mr. Karl Gibson worked on IHIP 2008. LT [REDACTED] approved the format and what IHIP looked like. Mr. Karl Gibson then worked on "IHIP 2008".

MFR

22 February 2008

SUBJECT: Mr. [REDACTED] Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson

7. On 22 February 2008, at 0830 hrs, Mr. [REDACTED] arrived and was with LTC [REDACTED]. Mr. Karl Gibson contacted the number for Bldg 43 that LT [REDACTED] gave him. It turned out to be Bldg 53. At 0845 hrs, Mr. Bentley, LT [REDACTED] and Mr. Karl Gibson went to Bldg 53 and toured. At about 0945 hrs, Mr. Bentley, LT [REDACTED] and Mr. Karl Gibson went to Bldg 43 and toured. At 1015 hrs, Mr. Bentley and LT [REDACTED] went to the out briefing for the visit, but Mr. Karl Gibson was not allowed to go. Mr. Karl Gibson went back to Hoge and worked on "IHIP 2008".

8. Enclosed in weekly work log:

Memo dated 5 February 2007 Subject: Questions. I provided to LT [REDACTED] and Mr. Bentley, but did not get a signed Received from them. Most questions were not answered during visit.

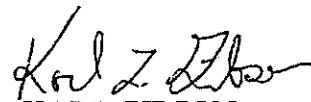
9. Mr. Karl Gibson Sent:

Memo Subject: IHIP 2008 as of 22 Feb 2008

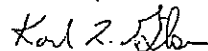
Memo Subject: Calibration Log for IH Equipment as of 11 February 2008

Memo Subject: Additional Questions concerning the IPS in Feb 2008

10. POC is Mr. Karl Gibson, Industrial Hygienist, [REDACTED] or [REDACTED]@cen.amedd.army.mil


KARL GIBSON
Industrial Hygienist
USA MEDDAC

Provided to [REDACTED] on 22 Feb 2008.



30

Exhibit 19 – KG Exhibit # 30



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

REPLY TO
ATTENTION OF

MCXN-PM (40-5f)

26 February 2008

MEMORANDUM FOR RECORD

SUBJECT: Notes from 30 Day Performance Counseling for Karl Gibson

1. On 25 February 2008 at 1500 hours, Karl Gibson meet for a 30 Day Performance Counseling in LT [REDACTED] office. The MFR Subject: 30 Day Performance Counseling for Karl Gibson was read to Karl Gibson by LT [REDACTED]
2. After reading, LT [REDACTED] reminded Karl Gibson that "Everything is subjective." He asked if I had any questions. Karl Gibson said he did.
3. In paragraph 2.a. Customer Services, says that I was successful. What is excellence? LT [REDACTED] replied that "What you are doing forwarding all requests is excellent. Your training for safety that you did would reflect an excellent rating. Providing the records for the Eisenring case was excellent." Karl Gibson asked, "If this is so, why did you write that?" LT [REDACTED] stated that this was not for evaluation and "is what it is". Karl Gibson stated he did not understand what that means. LT [REDACTED] asked if I had questions on other parts. Karl Gibson said he did.
4. In paragraph 2.d. Program Management, says I was unsuccessful. Karl Gibson asked "Since you tasked me to do other things, have provided no guidance on what is wanted, or answered my questions, how can you evaluate me like this? Didn't you set the obtaining of the lawsuit records a higher priority? LT [REDACTED] stated "Yes, but that's your problem. I am not accountable to make sure the requirements are achievable." Karl Gibson asked "What about my questions and additional questions that I provided you?" LT [REDACTED] stated "I am working on the answers." Karl Gibson asked, "If I am doing what you want, how am I to achieve success?" LT [REDACTED] stated "You need to make more time." Karl Gibson asked, "How?" LT [REDACTED] stated that "You need to do less union activities, less documentation, and use your own time - things like that. You are a GS-11. It is up to you to get it done." Karl Gibson asked "In this 30 days are you counting weekends, holidays and my leave time?" LT [REDACTED] stated "Yes."
5. In paragraph 2.e. Equipment Maintenance and Calibration, says I was successful. What is excellence? LT [REDACTED] replied that "What you are doing keeping the calibration information available and your tracking of items is excellent work." . Karl Gibson asked, "If this is so, why did you write that?" LT [REDACTED] repeated that this was not for evaluation and "is what it is".

KG # 30

MCXN-PM (40-5f)

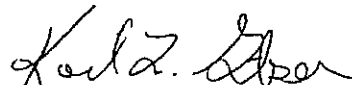
26 February 2008

SUBJECT: Notes from 30 Day Performance Counseling for Karl Gibson

6. In paragraph 3.a. LT [REDACTED] states "If you have questions about your Performance Standards, I need you to ask me." Karl Gibson stated that "I have had questions and made them at the 11 and 15 January 2008 counseling that you have not answered. Additionally, you are the one that tasked me to do the records, yet you want to hold me accountable for doing as you tasked me. How am I not communicating? How are you communicating to me since you won't answer my questions?" LT [REDACTED] stated "That just your problem."

7. LT [REDACTED] asked me to sign, I wrote "I non-concur with 2.d. I asked about success vs. excellence and LT [REDACTED] explained it will subjective but thought my C. S. (para 2.a.& 2.e.) were excellent."

8. POC is the undersigned


KARL GIBSON
Industrial Hygienist
USA MEDDAC

Copy provided to [REDACTED]

+ he refused to sign.

