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Exhibit 19 – KG Exhibit # 36

Memorandum For Record

10 July 2008

Subject: Management, Union and Karl Gibson Meeting

1. On 10 July 2008, a meeting with management (COL [REDACTED], LTC [REDACTED], LT [REDACTED], and [REDACTED] CPAC), Union [REDACTED], [REDACTED], and [REDACTED] and Karl Gibson at 1300 hrs in BLDG 62, CPAC basement classroom occurred.

2. The union asked management what standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called IPS for Karl Gibson? Management could not answer the Union's questions, promised that they would clarify where the standards used to set the objectives, and get back to the Union.

3. The union asked management how the IPS objectives would be measured? What is success and what is excellence? Management could not answer the Union's questions, promised that they would clarify on how objectives would be measured, and get back to the Union.

4. The union asked management what were the procedures for writing memorandum reports for IH work. LTC [REDACTED] stated that Karl Gibson would write up the reports and place on J drive. LT [REDACTED] would review these reports. Then LTC [REDACTED] would review these reports. ~~If they felt that any changes were needed to be made, Karl Gibson would be notified in writing about the differences and the reasons why management wanted the changes made.~~ If Karl Gibson concurred, Karl Gibson would rewrite a new version of the document and resubmit. If Karl Gibson non-concurred, Karl Gibson would have the right to remove his name from the document and would ask that his name be taken off the document. The union asked management what was format was these reports were to be written? Management could not answer the Union's questions, promised that they would clarify how reports were to be written, and get back to the Union.

Karl Gibson
Karl Gibson
GS-11, Industrial Hygienist
USA MEDDAC

Received by _____ Date _____

Provided to [REDACTED] on 11 July 08 but he refused to sign.

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Memorandum For Record

28 July 2008

Subject: Request for Clarity on MFR Subject: Clarified IPS for Karl Gibson by LT [REDACTED]

1. On 16 July 2008, LT [REDACTED] handed the MFR SUBJECT: Clarified Individual Performance Standards for Karl Gibson, asked Karl Gibson to sign receipt for the document and leave his office. LT [REDACTED] stated that if I had any questions, I needed to provide them to him later.
2. Question - what standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called Clarified IPS for Karl Gibson?
3. Question - how the IPS objectives would be measured? What is success and what is excellence for each of this items?
4. I want to be able to do my Industrial Hygiene job, but I am unclear as to what I am permitted to do as a result of the written prohibitions put in place by LT [REDACTED]. As I have requested before, LT [REDACTED] has refused to provide written clarity as to what am I allowed to do. LT [REDACTED] has repeatedly stated that all testing, measuring and sampling are prohibited. When told to do testing - I have requested written clarity concerning what testing, measuring or sampling that I am permitted to perform. Management has held to a steadfast refusal to provide me written guidance, or alternate instructions that allow me to conduct testing. Again, I request written clarity concerning what I am prohibited from testing, measuring, or sampling?

5. Why?

a. According to the MFR SUBJECT: Deferment of Indoor Air Quality and Occupational Exposure Testing dated 28 August 2007, Karl Gibson is prohibited from testing, measuring, or sampling anything. When given orders to do unspecified testing by my supervisor, I have repeatedly asked (to include at the 23 June 2008 counseling) if this 28 August 2007 written order had been lifted. LT [REDACTED] has always stated "No, it has not been lifted."

b. According to MFR SUBJECT Individual Performance Standards for Karl Gibson dated 10 January 2008, it lists 6 things that these "assessments" are to include. It does not include any testing, measuring, or sampling during these "assessments". I have repeatedly asked (to include at the 23 June 2008 counseling) if my IPS have changed. LT [REDACTED] says the IPS has not been changed. Management has not specified what an assessment is or the authority for under what circumstances an "Assessment" is to be conducted. DA PAM 40-503 clearly defines that IH surveys will be conducted - but does not cover "walk-thrus" or "assessments." If some other authority exists that precludes surveys in lieu of an "assessment", these standards have not been brought to my attention.

c. According to the second meeting concerning the IPS for Karl Gibson conducted with Mr. [REDACTED] (on the phone), LT [REDACTED], and Karl Gibson on 15 January 2008 and the minutes in MFR SUBJECT: Initial Counseling of Karl Gibson by LT Derivan Part #2 on 15 January 2008,

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dated 15 January 2008, I record from both LT [REDACTED] and Mr. [REDACTED] "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.)" I have repeatedly asked (to include at the 23 June 2008 counseling) if these prohibitions have changed. LT [REDACTED] says they have not.

d. According to LT [REDACTED] 13 Feb 2008 e-mail SUBJECT: GPRMC Visit 19-22 Feb 2008, to inform me of the upcoming visit from Mr. [REDACTED] LT [REDACTED] asked me to "use this time with [REDACTED] wisely and efficiently." I prepared additional questions for IPS to ask both LT [REDACTED] and Mr. [REDACTED] during this visit.

e. According to the MFR SUBJECT: Additional Questions on IPS Feb 2008, dated 15 February 2008, I asked in paragraph 2.a.1) "What kind of surveys are these to be? Since air samples are prohibited? Since noise, ventilation or other measurements are prohibited?" I have repeatedly asked (to include at the 23 June 2008 counseling) if this prohibitions have changed. LT [REDACTED] says the prohibitions have not been lifted.

f. According to the visit and minutes recorded in IH Work Log for 19-22 Feb 2008 and sent to LT [REDACTED] on 22 February 2008, For Walk Thurs and Assessments: "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.)" I have repeatedly asked (to include at the 23 June 2008 counseling) if this prohibitions have changed. LT [REDACTED] says the ~~prohibitions have not been lifted.~~

g. According to the MFR SUBJECT: 30 Day Performance Counseling for Karl Gibson, dated 25 February 2008. It documents that "there were no IH hazard assessment surveys conducted during this time period" and it was "NOT RATED". I asked LT [REDACTED] what was successful and what would reflect excellence? LT [REDACTED] reminded me that "Everything is subjective." I stated that that is not my understanding of the TAPES and I asked under what authority or standard did LT [REDACTED] find this? LT [REDACTED] had provided no response.

h. On 4 April 2008 in the emailed IH Work Log 31 March to 4 April 2008, I provided LT [REDACTED] a draft IH Work Place Assessment Form. On the first page, it clearly states what the assessment would cover:

"IH hazard assessment on buildings on Fort Leavenworth IAW "IH Project priority List":

- (a) Document all chemicals used
- (b) Interview = or > 30% of occupants to determine need for testing
- (c) Document physical layout of building (include fire exits, storage of chemicals, and supplies
- (d) Document any biological concerns within each building
- (e) A visual inspection of work place to determine other potential hazards (do photo index of surveyed buildings)
- (f) Document each ergonomic hazards inherent to each activity
- (g) All above information will be placed in DOEHRs-IH by the end of each month surveyed.
- (h) No sampling or measurement of hazards will be conducted."

i. On 23 April 2008, I received verbal changes to the "IH Work Place Assessment Form". None of these verbal changes changed LT [REDACTED] prohibition from doing any survey air sampling for monitoring employee exposures, doing ventilation measurements, or any other measurements (i.e. Light, noise, etc.).

j. On 9 May 2008, LT [REDACTED] provided me a copy of a chart called "response to the question (s) presented by Mr. Gibson on 22 February 2008 requesting clarification to the IPS". On page 2 (not labeled as such), the question from Mr. Gibson Additional Questions MFR was "What kind of surveys are these to be? Since air samples are prohibited? Since noise, ventilation or other measurements are prohibited?" The answer was left blank. I have not been presented with any instructions, whereby, LT [REDACTED] has lifted any testing, measuring or sampling prohibitions.

k. According to the MFR SUBJECT: Update to Individual Performance Standards dated 19 May 2008 and provided to Karl Gibson on 20 May 2008, the document does not state anything about assessments or lifting LT [REDACTED] prohibition from doing any survey air sampling for monitoring employee exposures, doing ventilation measurements, or any other measurements (i.e. Light, noise, etc.)" I have repeatedly asked (to include at the 23 June 2008 counseling) if these prohibitions have changed. LT [REDACTED] says they have not. I asked without testing, how do samples come about and what was the purpose for paragraph 4 which states: "Sample Log - From this point forward, all samples that are collected will be tracked in a sample log for ease of information retrieval. An example of this log will be forwarded to you through email." I asked LT [REDACTED] if this meant that LT [REDACTED] prohibition from doing any survey air sampling for monitoring employee exposures, doing ventilation measurements, or any other measurements (i.e. Light, noise, etc.) was changing?" LT [REDACTED] says the prohibitions have not been lifted.

l. According to the MFR SUBJECT: Performance Counseling Regarding Industrial Hygiene Workplace Assessments and Reports dated 30 May 2008, paragraph 3.c.2) states:

"Reporting a Risk Assessment Code (RAC) as 'Not Able To Calculate' is unacceptable. This is the whole purpose of these workplace assessments. 'Direct-reading' measurement taken during the assessment will be the initial basis for how we RAC an operation, and be the basis for whether or not occupational exposure sampling is appropriate. *NOTE: Perhaps this is a source of confusion for you. Occupational exposure sampling (i.e. sampling to determine the 8.0 hour TWA of an exposure) that you recommend is to be submitted through the IHIP and approved before it is performed. However, during these workplace assessment, direct-reading measurement are a rudimentary IH necessity for making your assessment. How else would we determine if there were the potential for over-exposure? These measurements need to be taken and included within the workplace assessment reports."

1) This was a major change to the previous direction given by LT [REDACTED]

2) I asked what he really meant by this? I requested written clarity concerning what testing, measuring or sampling I am permitted to perform? What am I prohibited from testing, measuring, or sampling? LT [REDACTED] has refused to provide written clarity of what he wants.

m. On 4 June 2008, I emailed to LT [REDACTED] a MFR with questions concerning MFR SUBJECT: Performance Counseling Regarding Industrial Hygiene Workplace Assessments and Reports dated 30 May 2008.

1) On page 2, paragraph b. Operations: 3) I wrote:

"3) In Note: "Perhaps this is a source of confusion for you. Occupational exposure sampling (i.e. sampling to determine the 8 hour TWA of an exposure) that you recommend is to be submitted through the IHIP and approved before it is performed. However, during these workplace assessments, direct-reading measurements are a rudimentary IH necessity for making your assessment. How else would we determine if there were the potential for an over-exposure? These measurements need to be taken and included within the workplace assessment reports."

a) This is the first time my supervisor has suggested that any samples or measurements of any kind would be taken. 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? How do you document this? How will it be measured? Since these prohibitions have not been lifted, how can I do otherwise?

b) Since I was the one that specifically asked about measurement during the IPS and Mr. [REDACTED] visit and ALL MEASUREMENTS ARE PROHIBITED BY MY SUPERVISOR, I want to know what I am allowed to do and what I am not allowed to still do. Since the testing ~~prohibitions are a radical change in my job, and they differs from my IPS and these changes deal~~ with issues greater than this rating period, and I require further written guidance to understand the limits. Are we going to comply with OSHA 29 CFR 1910 regulations? In speaking to my Supervisor, his guidance is that I am not order supplies or to even do 'spot' or grab testing. So what are all the types and kinds of testing I'm allowed to do? What has changed since the 28 August 2007 MFR SUBJECT: Deferment of Indoor Air Quality and Occupational Exposure Testing was published? Am I allowed to perform my job IAW my job description? This calls for me to "Plan and executes on-site studies and surveys covering the full range of occupational operations at Fort Leavenworth, the U. S. Disciplinary Barracks, and the Fort Leavenworth Health Services area. Coordinates and schedules surveys with the appropriate activity/facility. Collects, or supervises the collection of various samples which may involve exposure to a variety of potential hazards requiring the use of PPE & C." If not, I require further written guidance to understand the limits management has imposed. Am I allowed to do IH surveys IAW OSHA Technical Manual (OTM) TED 01-00-015? Use NIOSH manual of Analytical Methods? Am I allowed to follow OSHA Guidance on Biological Agents? Am I allowed to follow OSHA Guidance on Direct-Reading Instruments? Am I allowed to follow OSHA Guidance about Indoor Air Quality? Am I allowed to follow OSHA Guidance for Noise and Hearing Conservation? Am I allowed to follow EPA Guidance on Ventilation and Air Quality in Offices? Am I allowed to follow OSHA Sampling and Analytical Methods and Sampling Survey Protocol? Am I allowed to follow SKC Guide to OSHA/NIOSH/ASTM Air Sampling Methods? Am I allowed to follow OSHA Sampling and Analysis Standards? Am I allowed to follow OSHA 29 CFR 1910.1000? For Ceiling Values, if instantaneous monitoring is not feasible, then the ceiling shall be assessed as a 15 minute TWA exposure. For 8-hour TWA, employee's exposure to any substance will be measure and insure Table Z-1 limits for Air Contaminants are

complied with. Am I allowed to follow OSHA 29 CFR 1910.1001 Asbestos standard to include paragraph (d)? Am I allowed to follow OSHA 29 CFR 1910.1027 Cadmium standard to include paragraph (d)? Am I allowed to follow the other specific OSHA 29 CFR 1910 chemical specific standards? Am I allowed to follow OSHA 29 CFR 1910.252 to include paragraph (c) Health protection and ventilation? Am I allowed to follow AR 385-10? Am I allowed to follow AR 40-5? Am I allowed to follow DA PAM 40-11 to include paragraphs 4-14, 4-15, and 5-2? Am I allowed to follow DA PAM 40-501 to include paragraphs 4-1, 4-2, 4-4, 4-5, and Chapter 5? Am I allowed to follow DA PAM 40-503 to include paragraphs 1-8, 4-4, 4-5, 4-8, 4-9, 4-10, 4-12, 4-14, 4-15, 7-2, 7-3, 7-4, 7-6, 7-7, 7-8, 7-9, 7-10, Appendix B, and Appendix D? Am I allowed to follow DA PAM 40-506 to include paragraphs 3-7 and 5-3? Am I allowed to follow TG 040? Am I allowed to follow TG 141? Am I allowed to follow TG 181? Am I allowed to follow TG 278 to include Assessments Requiring Sampling paragraph? Am I allowed to follow IH SOP Personal Sampling For Air Contaminants and Quality Assurance? Am I allowed to follow IH SOP Noise Surveys and Hearing Conservation? Am I allowed to follow IH SOP Ventilation Survey Data? Am I to follow MFR SUBJECT: Performance Expectations for Karl Gibson dated 9 April 2007 but provided to me on 19 April 2007? Am I to follow any of the changes in my working conditions made from 10 May 2007 through 1 August 2007?"

1) I have received no response from LT [REDACTED] to my 4 June e-mail or in this new MFR.

~~6. I requested written clarity concerning what testing, measuring or sampling I am permitted to perform? What am I prohibited from testing, measuring, or sampling? LT [REDACTED] has refused to provide me this information.~~

7. 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.
- c. What standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called IPS for Karl Gibson?
- d. How will the IPS objectives be measured? What is success and what is excellence?

8. 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 DOEHS-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?*

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.

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.~~

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 DOEHS-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?

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 to assess the effectiveness of protective equipment.

1) How is this to be documented? [See paragraph 2. a. 2)] Since any air samples are prohibited? Since any noise, ventilation or other measurements are prohibited? Are they to complete the IAQ SOP Annex B forms? Short or long version?

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) How is this to be documented in DOEHRs-IH?

f. To the requirement #5 "A visual inspection of the work place to determine any other potential risk or hazards. (Photo index of surveyed buildings).

1) How is this to be document? [See paragraph 2. a. 2)]

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) How is this to be documented in DOEHRs-IH?

g. To the requirement #6 "Document each ergonomic hazard inherent to each activity surveyed."

1) How is this to be document? [See paragraph 2. a. 2)] Since any air samples are prohibited? Since any noise, ventilation or other measurements are prohibited? Are they to complete the Job Requirements and Physical demands Survey form?

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) How is this to be documented in DOEHRS-IH?

4) Is the Insulation ready to support this requirement? Current policy is to only do medically required ergonomics surveys. Has the policy changed?

h. To the requirement #7) Perform all tasks and procedures inherent and fundamental to an appropriate IH assessment of a given operation (this includes, but is certainly not limited to: instantaneous direct reading measurement, proper surveying of employee populations with accurate interpretation of statistical data, etc.)

1) I want to know what I am allowed to do and what I am not allowed to still do. Since the testing prohibitions are a radical change in my job, and they differs from my IPS and these changes deal with issues greater than this rating period, and I require further written guidance to understand the limits. Are we going to comply with OSHA 29 CFR 1910 regulations? In speaking to my Supervisor, his guidance is that I am not order supplies or to even do 'spot' or grab testing. So what are all the types and kinds of testing I'm allowed to do? What has changed since the 28 August 2007 MFR SUBJECT: Deferment of Indoor Air Quality and Occupational Exposure Testing was published? Am I allowed to perform my job IAW my job description? This calls for me to "Plan and executes on-site studies and surveys covering the full range of occupational operations at Fort Leavenworth, the U. S. Disciplinary Barracks, and the Fort Leavenworth Health Services area. Coordinates and schedules surveys with the appropriate activity/facility. Collects, or supervises the collection of various samples which may involve exposure to a variety of potential hazards requiring the use of PPE & C."

2) I require further written guidance to understand the limits management has imposed. Am I allowed to do IH surveys IAW OSHA Technical Manual (OTM) TED 01-00-015? Use NIOSH manual of Analytical Methods? Am I allowed to follow OSHA Guidance on Biological Agents? Am I allowed to follow OSHA Guidance on Direct-Reading Instruments? Am I allowed to follow OSHA Guidance about Indoor Air Quality? Am I allowed to follow OSHA Guidance for Noise and Hearing Conservation? Am I allowed to follow EPA Guidance on Ventilation and Air Quality in Offices? Am I allowed to follow OSHA Sampling and Analytical Methods and Sampling Survey Protocol? Am I allowed to follow SKC Guide to OSHA/NIOSH/ASTM Air Sampling Methods? Am I allowed to follow OSHA Sampling and Analysis Standards? Am I allowed to follow OSHA 29 CFR 1910.1000? For Ceiling Values, if instantaneous monitoring is not feasible, then the ceiling shall be assessed as a 15 minute TWA exposure. For 8-hour TWA, employee's exposure to any substance will be measure and insure Table Z-1 limits for Air Contaminants are complied with. Am I allowed to follow OSHA 29 CFR 1910.1001 Asbestos standard to include paragraph (d)? Am I allowed to follow OSHA 29 CFR 1910.1027 Cadmium standard to include paragraph (d)? Am I allowed to follow the other specific OSHA 29 CFR 1910 chemical specific standards? Am I allowed to follow OSHA 29 CFR 1910.252 to include paragraph (c) Health protection and ventilation? Am I allowed to follow AR 385-10? Am I allowed to follow AR 40-5? Am I allowed to follow DA PAM 40-11 to include paragraphs 4-14, 4-15, and 5-2? Am I allowed to follow DA PAM 40-501 to include paragraphs 4-1, 4-2, 4-4, 4-5, and Chapter 5? Am I allowed to follow DA PAM 40-503 to include paragraphs 1-8, 4-4, 4-5, 4-8, 4-9, 4-10, 4-12, 4-14, 4-15, 7-2, 7-3, 7-4, 7-6, 7-7, 7-8, 7-9,

7-10, Appendix B, and Appendix D? Am I allowed to follow DA PAM 40-506 to include paragraphs 3-7 and 5-3? Am I allowed to follow TG 040? Am I allowed to follow TG 141? Am I allowed to follow TG 181? Am I allowed to follow TG 278 to include Assessments Requiring Sampling paragraph? Am I allowed to follow IH SOP Personal Sampling For Air Contaminants and Quality Assurance? Am I allowed to follow IH SOP Noise Surveys and Hearing Conservation? Am I allowed to follow IH SOP Ventilation Survey Data? Am I to follow MFR SUBJECT: Performance Expectations for Karl Gibson dated 9 April 2007 but provided to me on 19 April 2007? Am I to follow any of the changes in my working conditions made from 10 May 2007 through 1 August 2007?"

i. To the requirement #b. "All the above information will be placed in DOEHRS-IH report by the end of the month surveyed."

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

2) 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?

j. What standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called IPS for Karl Gibson?

~~k. How will the IPS objectives be measured? What is success and what is excellence?~~

9. Reporting

a. To the requirement "Reports will be written in a clear, concise and accurate manner."

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?

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 DOEHRS-IH information and results of field surveys.

b. To the requirement "Provide technically sound findings and recommendations commensurate with the scope and complexity of the services provided."

1) With no example of a memorandum, how can this be complied with? How measured? What is *clear vs. technically sound findings and commensurate with the scope and complexity*? What is *concise vs. technically sound findings and commensurate with the scope and complexity*?

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? How can there be any with no measurements? How to do with ergonomics?

3) See questions in paragraph 3.a.

c. To the requirement "Utilize recognized consensus standards, federal and state regulations, DA policies and procedures, and MEDCOM guidance."

1) How will this be measured?

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)TM 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 i n 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.

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*?

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 DOEHRS-IH information and results of field surveys.

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?

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?

j. What standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called IPS for Karl Gibson?

k. How will the IPS objectives be measured? What is success and what is excellence?

10. Program Management: Please show where DOEHRS-IH is in my job description or when I received appointment orders for this new task.

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?

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 LAW 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 SASOHIs 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?

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?

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?

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?

h. What standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called IPS for Karl Gibson?

i. How will the IPS objectives be measured? What is success and what is excellence?

11. 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 form 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?

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?

d. What standards - such as ARs, DA Pams, TGs, or others items were used to set the objectives in the document called IPS for Karl Gibson?

f. How will the IPS objectives be measured? What is success and what is excellence?

12. POC is the undersign.

Karl Gibson
Karl Gibson
Industrial Hygienist
USA MEDDAC

CC:
AFGE 738

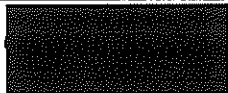
Receipt Acknowledge:

Printed Name

Sign

Date

Provided to



on 28 July 08, but he would not sign for it

38

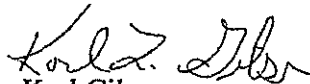
Exhibit 19 – KG Exhibit # 38

Memorandum For Record

12 August 2008

Subject: LT [REDACTED] wanted to know what was possible to be done and would daily assign IH tasks

1. At 0830 hrs on 12 August 2008, LT [REDACTED] [REDACTED] [REDACTED] and Karl Gibson. LT [REDACTED] stated that he was concerned about how much work could be humanly done by an IH, that he would provide daily assignment of Karl Gibson's IH tasks.
2. This was not punishment and would stop when LT [REDACTED] had a feel for what could be possible to be done.
3. POC is undersigned.


Karl Gibson
GS-11, Industrial Hygienist
USAMEDDAG

Received By _____ Date _____

Provided to [REDACTED] on 12 Aug 08, but he did not sign.

KG#38

39

Exhibit 19 – KG Exhibit # 39

IH Numbers END OF MONTH REPORT (FY2008)

IH work for September 2008

Karl Gibson was on off for 7 of the 22 work days in September.

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP
Bldg 85 with Corps	Office	Yes
Bldg 237 with Corps	9 Operations Named	Yes

IH hazard assessment on buildings on Fort Leavenworth IAW "IH Project priority List": (a) Document all chemicals used (b) Interview = or > 30% of occupants to determine need for testing (c) Document physical layout of building (include fire exits, storage of chemicals, and supplies (d) Document any biological concerns within each building (e) A visual inspection of work place to determine other potential hazards (do photo index of surveyed buildings) (f) Document each ergonomic hazards inherent to each activity (g) All above information will be placed in DOEHRS-IH by the end of each month surveyed. (h) Limited sampling or measurement of hazards will be conducted.	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 275 CTD	Offices	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 244 SJA	Offices	IAQ
BLDG 275 Thrift Store	Store, Office	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 275 Pick-up Point	Store, Office	chemical, ergonomic, IAQ, noise, and vision & lighting

KG #39

IH hazard assessment on buildings on Fort Leavenworth	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 695	Office	IAQ

Location of IH Survey	Operations Surveyed	Repeat Operations Surveyed
Totals	0	0

2, 3, 4, 5, 10, 11, 12 September, had computer issues.
 10 September, did training.
 23 September, worked on LES issues.

Number of Design Reviews done: 0 (# of pages or items read and reviews for completeness.)

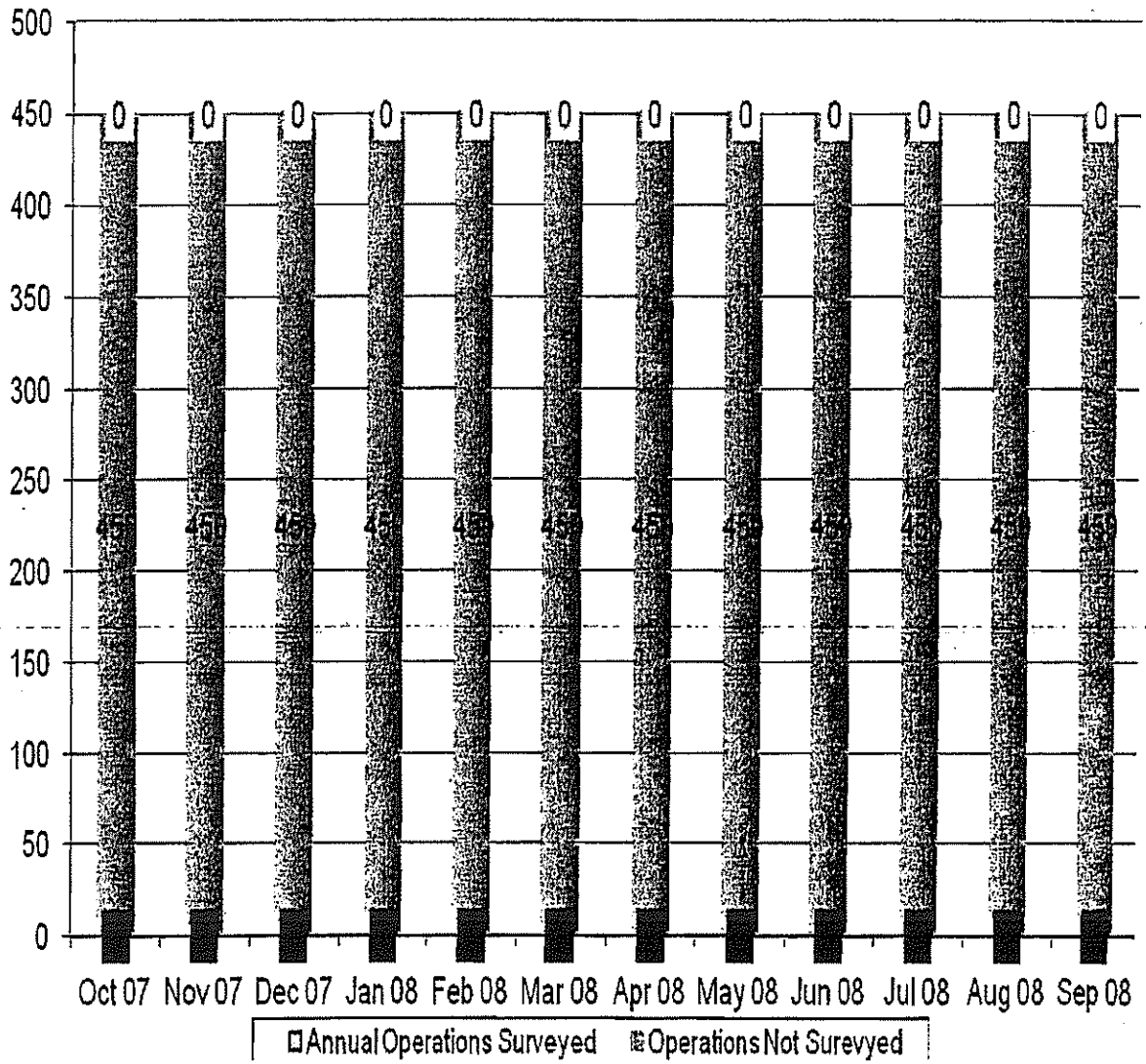
Area	Findings	Recommendations	What has Happened?

Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.

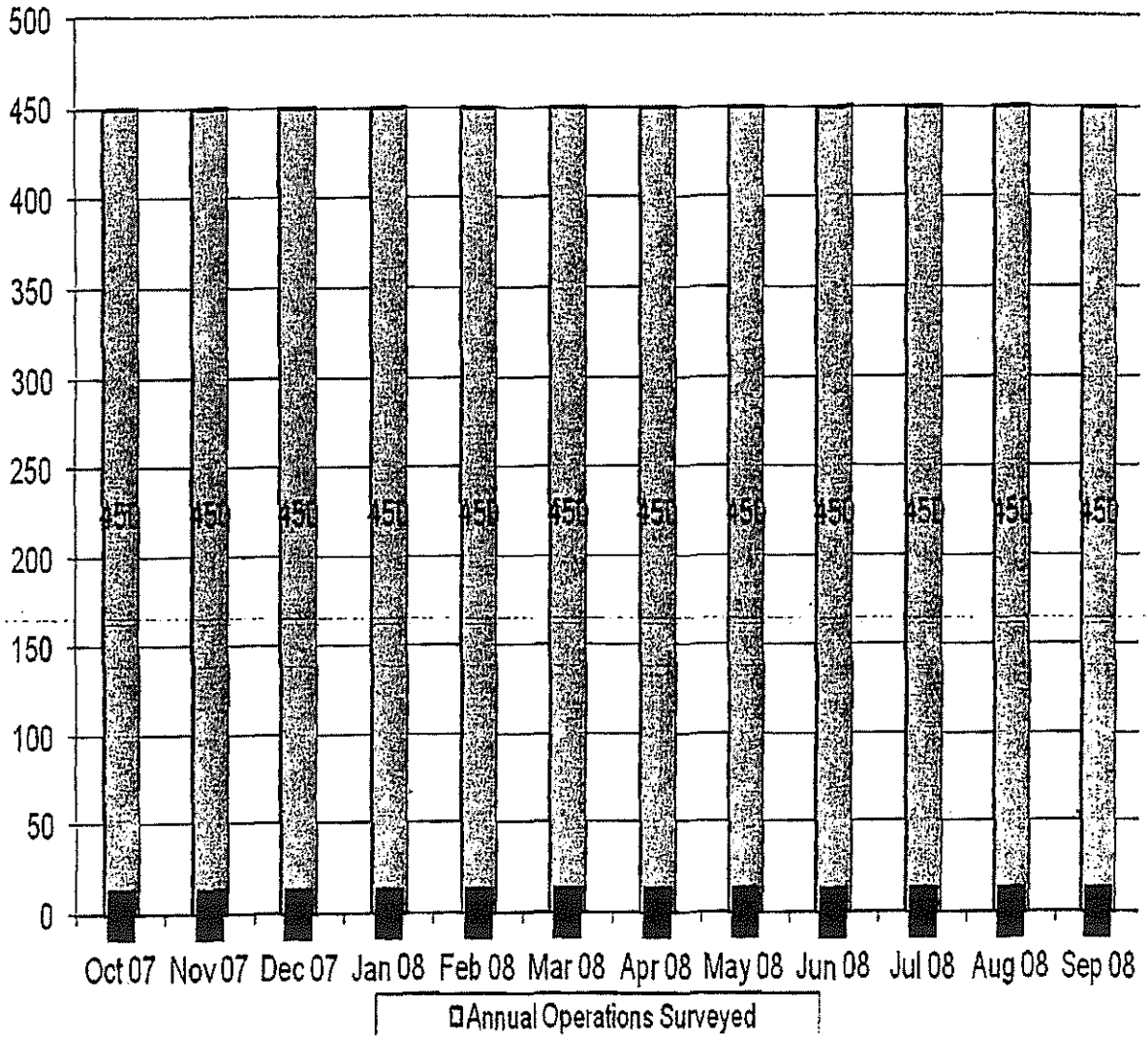
Training Sessions Provided:

Type of Training	#classes/# of Attendees/location
Fit Testing DA Police	21/21/Bldg 320

IH required Surveys Done, Not Done, and Repeated Surveys for FY2008



IH required Surveys that were Done vs. Not Done for FY2008



40

Exhibit 19 – KG Exhibit # 40

Enclosure B

MCXN-PM (40-5f)

13 November 2006

*- CMAS left key...
Office basement windows
OPEN - exhaust fumes
entering from
Outside*

MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director, BCTID and BSTD, Bldg 275, Fort Leavenworth, Kansas 66027
Manager, CAC Safety, Bldg 198, Fort Leavenworth, Kansas 66027

SUBJECT: Bldg 275 Carbon Monoxide Exposures

1. The purpose of the employee requested due to concerns in BCTID and BSTD in the Occupational Health and Industrial Hygiene survey was to identify hazards from vehicle exhaust on 7-12 November 2006 in the basement offices to provide guidance for the utilization of appropriate control measures to protect the civilian and military employees from recognized occupational, safety, and health hazards.

2. Findings.

a. The testing showed **non-compliant** levels of the Carbon Monoxide and Sulfur Dioxide in the air in work areas. (See Appendix A for results)

b. The air change rate has improved to 9.6 Air Changes per day (AC/day) from 1 AC/ day or lower. The Temperature levels are **non-compliant**. The Relative Humidity is compliant. (See Appendix B for results)

c. HEPA filtering units and HEPA vacuum cleaners are not seen.

3. Recommendations:

a. Remove personnel or prevent vehicle exhaust from being sucked into the outside air intake.

b. DIS needs to open the Outside Air to provide required outside air.

c. HEPA filtering units lower the biological and fiber materials in the office area. Their use, with proper maintenance and sized to fit each room, is recommended. Provide HEPA air cleaner sized for the space and operate them 24/7. Replace filters that are full or clean blades when dirty.

d. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Provide HEPA vacuums to clean areas as needed. Remove trash daily.

KG#40

MCXN-PM (40-5f)

13 November 2006

SUBJECT: Bldg 275 Carbon Monoxide Exposures

4. Please provide a status update of the above recommendations to CAC 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 a chance to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext [REDACTED]
[REDACTED]@cen.amedd.army.mil.

[REDACTED]
[REDACTED] LTC, AN

Chief, Preventive Medicine

CF:
D, DIS
Occ Health

APPENDIX A

Air samples were taken on 7-12 November 2006 and are reported in Parts Per Million (ppm) for the 8 hour Time Weighted Average (TWA) and ceiling limits (C):

BOLD is level of non-compliant.

Italic is level of concern.

<u>LOCATION</u>	<u>CHEMICAL</u>	<u>WORKER EXPOSURE</u>	<u>Standard</u>	<u>Controlling Regulatory</u>
Basement 7 Nov 06	Carbon Monoxide	40 ppm TWA 1200-1215 hrs >1,000 ppm C 1304-1320 hrs >1,000 ppm C 1402-1418 hrs > 1,000 ppm C 1446-1455 hrs > 1,000 ppm C 1503-1517 hrs > 1,000 ppm C	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 7 Nov 06	Sulfur Dioxide	10 ppm TWA	2 ppm TWA 5 ppm TWA	ACGIH ACGIH
Basement 8 Nov 06	Carbon Monoxide	37 ppm TWA 1203-1209 hrs >1,000 ppm C 1214-1230 hrs >1,000 ppm C 1407-1418 hrs > 1,000 ppm C 1500-1527 hrs > 1,000 ppm C	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 9 Nov 06	Carbon Monoxide	47 ppm TWA 1000-1027 hrs >1,000 ppm C 1301-1332 hrs >1,000 ppm C 1403-1415 hrs > 1,000 ppm C 1455-1511 hrs > 1,000 ppm C 1533-1547 hrs > 1,000 ppm C	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 10 Nov 06	Carbon Monoxide	Day 2 ppm TWA Night 55 ppm 2300-0100 hrs 534 ppm	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 11 Nov 06	Carbon Monoxide	Day 3 ppm TWA Night 58 ppm 2300-0100 hrs 543 ppm	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office

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.