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June 19, 2010

U. S. Office of Special Counsel
1730 M Street, N.W. Suite 218
Washington DC, 20036-4505

SUBJECT: OSC File No. DI-08-3062, Karl Gibson's Comment Letter #1

Ms. Lynn Alexander,

1. As per your May 25, 2010 letter, I, Karl L. Gibson wish to make the following comments concerning my allegations of violations of law, rule or regulation, gross mismanagement, an abuse of authority and a substantial and specific danger to public health and safety by military and civilian employees in Preventive Medicine section and the command of Munson Army Health Center and US Army MEDDAC, Fort Leavenworth, Kansas.

2. I alleged and have direct knowledge that in violation of the Occupation Safety and Health Act of 1970, 29 USC 660 & section 2112 of title 28, United States Code Pub. L. 98-620 & SEC. 11, Executive Order 12196, OSHA 29 CFR 1960, DODI 6055.1, DODI 6055.5, AR 385-10 and AR 40-5 in which annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were not conducted in 2007, 2008 and 2009. (See Enclosure 1 for more details.)

3. As Assistant Secretary of the Army Thomas R. Lamont explains (in his letter to Acting Special Counsel William E. Reukauf, RE: Whistleblower Investigation – Munson Army Health Center (MAHC), Fort Leavenworth, Kansas – OSC file DI-08-3062; dated March 20, 2010) on page 11-13 the statutory and regulatory framework for developing and maintaining a robust industrial hygiene program. Assistant Secretary Thomas R. Lamont explains 1) DOD policy hold "commanders responsible for the SOH program", 2) "at least annually, qualified SOH personnel are to visit every installation workplace", 3) "the commanders of each MEDDAC ensures that his or her Director of Health Services, who serve as the principal medical advisor to the installation commander, works with the installation safety manger to provide the installation commander with a comprehensive safety and occupational health program that includes, but not limited to … industrial hygiene…and occupational health.", and 4) 29 CFR 1960, DODI 6055.1, DODI 6055.5, AR 385-10, and AR 40-5 "require the annual (industrial hygiene) inspection of workplaces."

3.a. Nowhere in the documentation provided or were they asked in the Army's 15-6 investigations - former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008- present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, or Mr. Scott Bentley – did they present evidence that these annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were conducted in 2007, 2008 and 2009. I have provided documentation in the form of the Industrial Hygiene End of Month reports that show IH surveys were not allowed and not performed. (See Enclosure 2)

3.b. In Scott Bentley's Great Plains Regional Medical Command Organization Inspection Program of Commander COL Andrea Crunkhorn program as of 24-26 November 2008 in Tab 16 of Assistant Secretary Thomas R. Lamont letter on page 2/8 Scott Bentley informed Commander COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL John Beus that "**No scheduled surveys have been conducted since August 2007**." (See Enclosure 3)

3.c. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 340 Question: "As a technical advisor and consultant that responsible for overseeing the operation of this program, if this program is not operating in accordance with local, state, and federal regulation, as the overseer of this program, what action do you take?" Scott Bentley answered: "The actions, the specific action that we took for this program?" Question: "No, that you take." Scott Bentley answered: "**Okay, I make sure that the work gets done**." There is no evidence that Scott Bentley or former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008- present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, or COL John Beus insured that the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 were performed.

3.d. The Army's 15-6 investigators - COL Donald F. Archibald, who was relieved of his duties as investigator by BG Gilman on 31 May 2009 and COL (newly retired) Glenn Berckman – 1) never asked former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, or Mr. Scott Bentley to present evidence that these annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were conducted in 2007, 2008 and 2009, 2) refused to accept the monthly Industrial Hygiene history reports showing starting in June 2007 through 2009 showing industrial hygiene surveys were not allowed, 3) refused to accept the Industrial Hygiene portions of the installation status reports showing the reported Industrial Hygiene survey status starting in June 2007 through 2009 showing industrial hygiene surveys were not allowed, and 4) while their investigations focused on finding excuses for former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008- present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley for not having the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were conducted in 2007, 2008 and 2009 to be performed. The issue should not have been about Mr. Gibson, but were the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were conducted.

4. These annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were not allowed by order of the former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart and relayed by and enforced by 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, and Mr. Scott Bentley. This "no IH survey policy" was continued by current (June 2008- present) MEDDAC Commander, COL Andrea Crunkhorn with relayed by and enforced by 1LT Jacob Derivan, LTC Beverly Jefferson, COL John Beus, and Mr. Scott Bentley.

4.a. As Assistant Secretary Thomas R. Lamont explains on page 27 "COL Rinehart explained that Mr. Gibson was ordered not to conduct any IH assessments, test or survey". This is the same claim Karl

Gibson made in his whistleblower case.

4.b. In COL Carmen Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 3 she was asked: "In June 2007, it is alleged that Mr. Gibson was ordered to stop IH assessments, testing, and surveys – were you aware of this?" COL Carmen Rinehart answered "Yes."

4.c. In COL Andrea Crunkhorn's sworn statement in Tab 14 of Assistant Secretary Thomas R. Lamont letter on page 1 she was asked: "Did Mr. Gibson ever bring it to your attention or the attention of the command that his supervisors were redirecting his time and resources to the detriment of the Fort Leavenworth's IH program?" COL Andrea Crunkhorn answered "Mr. Gibson's assertions that his efforts were being redirected are correct". In COL Andrea Crunkhorn sworn statement in Tab 14 of Assistant Secretary Thomas R. Lamont letter on page 2 she was asked: "In June 2007, it is alleged that Mr. Gibson was ordered to stop IH assessments, testing, and surveys – were you aware of this?" COL Andrea Crunkhorn answered "This was prior to my command time."

4.d. In Jacob Derivan's sworn statement in Tab 11 of Assistant Secretary Thomas R. Lamont letter on page 2 he was asked: "If you stopped the assessment, testing, and surveys, under what authority did you do so?" Jacob Derivan answered "The protocol by which IH sampling/testing was approved was changed under supervisory authority." Jacob Derivan's sworn statement appears to be less than factual as he counters what COL Rinehart explained and her sworn statement. No written protocol was provided Mr. Gibson or in the documents provided.

4.d.1) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 594 He was asked if Karl Gibson refused to do what his supervisor asked of him. Jacob Derivan answered: "Well, he (Karl Gibson) was doing those tasks well. Again, if I tasked him (Karl Gibson) him to collect a bunch of reports for a Freedom of Information request, he was doing it. **He never said, No, I'm not going to do it - if I asked him or listed something for him to do**." But in Jacob Derivan's sworn statement in Tab 11 of Assistant Secretary Thomas R. Lamont letter on page 8 he claimed: "Mr. Gibson spent the greater part of the 2008 refusing to perform IH surveys." It is notable that Mr. Gibson was not charged with refusing to follow Jacob Derivan's directive. If I had refused – Jacob Derivan would have charged me for any refusal.

5. Mr. Gibson never claimed that he was the sole source that could perform these annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth could be performed. **The abuse of authority is that they did not have authority not to do the surveys or not to insure that the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 took place**.

5.a. Karl Gibson was ordered by former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart and relayed by and enforced by 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, and Mr. Scott Bentley not to perform these surveys. Karl Gibson was never directed by 1LT Jacob Derivan or LTC Beverly Jefferson to perform these surveys. If they had directed Karl Gibson to perform these surveys and Karl Gibson had failed to comply with their direction, Karl Gibson would have been charged. Karl Gibson was not charged. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 358 When Scott Bentley was asked if Karl Gibson could perform all the DA 40-503 annual IH surveys? Scott Bentley answered:

"He's one person. There's no way that we would expect him (Karl Gibson), we, Department of the Army we're not going to set him up to fail. **There's no way that he's (Karl Gibson is) going to be able to go through each of those work environments and do those assessments with one person. There's no way**." Even though Scott Bentley stated this of the requirement and Karl Gibson, there is no evidence that Scott Bentley insured that the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 were performed.

5.b. Former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley **were either not qualified or just did not perform these** annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009.

5.c. Former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley **did not coordinate with other Army industrial hygienists to perform these** annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009.

5.d. Former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley **did not coordinate with contract industrial hygienists to perform these** annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009.

5.e. Former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley **abused their authority by failing to insure the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 were performed.**

6. Former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley **abused their authority by:**

6.a. Karl Gibson's work environment changed and became hostile through management action directed towards him, when Karl Gibson reviewed the design plans for the Munson Army Health Center Renovation. Karl Gibson identified and pointed out to management that the proposed renovation plans contained several life safety violations to include the fact that the proposed ventilation design would not work properly thus, causing improper air exchange within the health center. Despite Karl Gibson's concerns, management decided to forge ahead with their plans and approve construction based on the flawed design plans. Upon finding this information out, Karl Gibson questioned management as to why the plans had been approved. Management took exception to Mr. Gibson questioning of management. It became known to Karl Gibson at a much later date that COL Rinehart was this approving officer that had approved of the flawed design plans. As a result of the plans not working once construction began, MEDCOM sent COL Rinehart to Fort Leavenworth to fix her flawed

plans. As a result of the faulty construction design, COL Rinehart was given cause to have to spend additional monies in excess of several hundred thousands or more of tax dollars. Additionally, the construction finish date was pushed several years beyond the original time lines constraints and has yet to be completed as of this date. These management officials abused their authority by commenting fraud, waste and abuse.

6.b. The U.S. Office of Special Counsel concerning OSC Case File No. DI-08-3062 has "concluded that there is a substantial likelihood that the information Karl Gibson has provided to OSC establishes that adequate industrial hygiene assessment and testing has not occurred at Fort Leavenworth in violation of law, rule and/or regulation. OSC has also concluded that LT Derivan's and LTC Jefferson's actions constitute an abuse of authority and create the potential for a substantial and specific danger to the public health and safety." After Karl Gibson was told this information over his government phone on 10 February, 2009 and as Army management officials became aware of this by overhearing phone conversations between Karl Gibson and OSC concerning their findings - the PIP and this removal was established. - on February 12, 2009 a PIP was drafted and February 17, 2009 proposed removal against Karl Gibson was established. Management did not follow 5 U.S.C. chapter 43 and 5307(d) and 5 C.F.R. PART 430—PERFORMANCE MANAGEMENT. The Union has pointed out violations to Army Policy found in the AR 690-400 Chapter 4302. AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) regulation that is required by 5 U.S.C. chapter 43 and 5307(d) and 5 C.F.R. PART 430. There laws and regulations were not complied with by management and has been seriously violated. These management officials abused their authority by violating this law and Army Policy found in the AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) regulation.

6.c. As with the two grieved evaluations for Rating years 2006-2007 and 2007-2008, and the current rating period (17 November 2008- to present) has pointed out violations to Army Policy found in the AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) regulation. Management did not follow 5 U.S.C. chapter 43 and 5307(d) and 5 C.F.R. PART 430—PERFORMANCE MANAGEMENT. The Union has pointed out violations to Army Policy found in the AR 690-400 Chapter 4302. AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) regulation that is required by 5 U.S.C. chapter 43 and 5307(d) and 5 C.F.R. PART 430. There laws and regulations were not complied with by management and has been seriously violated. These management officials abused their authority by violating this law and Army Policy found in the AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) regulation.

6.d. On 10 February, 2009, US OSC notified via a government phone that is monitored by management, their findings to Mr. Gibson. On 12 February 2009 in violation of their own Army Policy AR 690-400 Chapter 4302 , Mr. Gibson received his initial counseling from his rater Beverly Jefferson for the rating period that started 17 Nov 2008. Mr. Gibson's senior rater John Bues did not approve of Mr. Gibson's performance plan. At this same session, Mr. Gibson's rater Beverly Jefferson showed, but refused to provided Mr. Gibson the Memorandum Subject: Performance Improvement Plan; dated 12 February 2009 from LTC Beverly Jefferson (Supervisor & Rater). On 17 February 2009, 2 work days and 5 calender days after being shown the PIP, Jacob Derivan (who was not in Karl Gibson's Supervisory & Rating chain for this rating period) handed Mr. Gibson the Memorandum Subject: Notice of Proposed - Removal dated 17 February 2009 from 1LT Jacob Derivan for the same so-called failors in the PIP in violation of their own Army Policy AR 690-400 Chapter 4302 and AR 690-400

Chapter 432. In February 2009, Mr. Gibson filed a grievance concerning the PIP. On 27 February 2009, Mr. Gibson filed a first step grievance concerning the removal. While Mr. Gibson was on sick leave, the Memorandum Subject: Notice of Decision - Remove dated 16 March 2009, was mailed to Karl Gibson and received on 20 March 2009 do not comply with the Army Regulations: AR 690-400 Chapter 4302 and AR 690-400 Chapter 432. On March 2009, Mr. Gibson filed a grievance concerning the removal. Management did not follow 5 U.S.C. chapter 43 and 5307(d) and 5 C.F.R. PART 430—PERFORMANCE MANAGEMENT. The Union has pointed out violations to Army Policy found in the AR 690-400 Chapter 4302. AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) regulation that is required by 5 U.S.C. chapter 43 and 5307(d) and 5 C.F.R. PART 430. There laws and regulations were not complied with by management and has been seriously violated. These management officials abused their authority by violating this law and Army Policy found in AR 690-400 Chapter 4302 and AR 690-400 Chapter 432.

6.e. I have filed an EEO informal and formal complaint against LT Derivan, LTC Jefferson and others for discriminating against me based on my race, age, and sex. They were being investigated for changing or not correcting my pay, leave, and paying me the TDY payments that are due to me.

6.e.1) In April 2008, Karl Gibson found on April 22, 2008, that Karl Gibson's LES and time sheet entry had been done incorrectly and Karl Gibson reported to Management and requested assistance from LT Derivan and LTC Jefferson. Karl Gibson's LES problems continued through July 28, 2008. Some of these problems include Karl Gibson has been placed on leave on weekends and Karl Gibson was given 2 separate Leave With Out Pays for no reason.

6.e.2)On June 17, 2008, Karl Gibson found LES issues since October 13, 2007, reported to Management and requested assistance from LT Derivan and LTC Jefferson.

6.e.3) On August 25, 2008, Karl Gibson filed an informal EEO complaint on LES issues. On August 29, 2008, Karl Gibson filed government approved August mileage to RMD and Karl Gibson has not been paid.

6.e.4) On October 6, 2008, Karl Gibson filed government approved training in greater KC area (TDY) for Oct 08 travel and Karl Gibson has not been paid.

6.e.5) On October 21, 2008, Karl Gibson filed second government approved training in greater KC area (TDY) for Oct 08 travel and Karl Gibson has not been paid.

6.e.6) On November 7, 2008, Karl Gibson filed formal EEO Complaint.

6.e.7) On November 8, 2008, Karl Gibson filed 3 government approved training in greater KC area (TDY) Nov 08 for travel and Karl Gibson has not been paid.

6.e.8) On February 9, 2008, Karl Gibson appealed EEO complaint. On _____ EEOC rule that with the removing of Jacob Derivan and Beverly Jefferson from Preventive Medicine at Fort Leavenworth, the complaint became moot.

6.e.9) Late November 2009, Karl Gibson was paid for these government approved training.

6.e.10) Management actions were prohibited for doing not only intentional discrimination, but also practices that have the effect of discriminating against individuals because of their race, color, and sex. Management established workplace conditions that created a hostile environment for persons of either gender, including same sex harassment. The "hostile environment" standard also applies to harassment on the bases of race, color, national origin, religion, age, and disability. Disparate treatment impact, in the employment context, refers to when a person is treated differently from others. The different treatment is based on one or more of the protected factors and the different treatment is intentional. This is clearly in violation of Federal Laws Prohibiting Job Discrimination such as Title VII of the Civil Rights Act of 1964 (Title VII), Age Discrimination in Employment Act of 1967 (ADEA), and The Civil Service Reform Act of 1978 (CSRA). The EEOC ruled that the removal of Jacob Derivan and Beverly Jefferson from Mr. Gibson's work place made further claims of discrimination moot. These management officials abused their authority by violating Federal Laws Prohibiting Job Discrimination such as Title VII of the Civil Rights Act of 1964 (Title VII), Age Discrimination in Employment Act of 1967 (ADEA), and The Civil Service Reform Act of 1978 (CSRA).

6.e.11) On April 22, 2008, Karl Gibson found that his LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System. When Karl Gibson found these errors, he reported these concerns to management, and requested assistance from both LT Derivan and LTC Jefferson. Karl Gibson's LES problems continued through July 28, 2008. Some of the problems encountered included the fact that Karl Gibson has been placed on leave on days falling within weekends. These and other errors caused Karl Gibson to receive 2 separate Leave With Out Pays without justification from management. On 25 April 2008, Olga Madigan the time and attendance clerk for MEDDAC stated to Karl "This was done because Karl Gibson is fighting his 14 day suspension."

6.e.11.a) Who was responsible to insure that Karl Gibson's LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System? Answer: It was LTC Beverly Jefferson, LT Jacob Derivan, and Ms. Olga Madigan.

6.e.11.b) Who refused to assist in correcting Karl Gibson's LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System? Answer: It was LTC Beverly Jefferson, LT Jacob Derivan, and Ms. Olga Madigan.

6.e.11.c) Were there other employees who had LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System? Answer: Only Karl Gibson had LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System.

6.e.11.d) Were there other employees who had been placed on leave on days falling within weekends? Answer: Only Karl Gibson had this problem.

6.e.11.e) Were there other employees who had received one or more separate Leave With Out Pays without justification from management? Answer: Only Karl Gibson had this problem.

6.e.12) On June 17, 2008, Karl Gibson found additional LES issues dating back to October 13, 2007, he reported these pay and leave earning discrepancies to Management and requested assistance from LT Derivan and LTC Jefferson. The nature of the errors concerned Karl Gibson again being placed on sick

and annual leave on weekend days, or when I was present at work.

6.e.12.a) Who was responsible to insure that Karl Gibson's LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System? Answer: It was LTC Beverly Jefferson, LT Jacob Derivan, and Ms. Olga Madigan.

6.e.12.b) Who refused to assist in correcting Karl Gibson's LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System? Answer: It was LTC Beverly Jefferson, LT Jacob Derivan, and Ms. Olga Madigan.

6.e.12.c) Were there other employees who had LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System? Answer: Only Karl Gibson had LES and time sheet entry had been improperly inputted into the Defense Automation Accounting and Finance Network System.

6.e.12.d) Were there other employees who had been placed on leave on days falling within weekends? Answer: Just Karl Gibson had this problem.

6.e.13) Management has claimed that there is a "No Mold Testing" policy that Carman Rinehart established as USA MEDDAC/ Munson Army Health Center Commander. This policy has been continued by Andrea Crunkhorn when she took over as USA MEDDAC/ Munson Army Health Center Commander. No written policy has ever been produced.

6.e.13.a) Karl Gibson, a male industrial hygienist, without notification of this policy – after performing 1 set of mold samples in accordance with a Memorandum of Agreement to do this sampling – received a 14 day suspension for violating this "No Mold Testing" policy.

6.e.13.b) Brenda Brewer, a female industrial hygienist that was hired to replace Karl Gibson, has performed multiple sets of mold samples – has not received even a counseling statement for violating this "No Mold Testing" policy. (See Enclosure 4)

6.e.14) Since August 2007, Karl Gibson, a male industrial hygienist, has had nearly daily computer problems. Management claimed that it could not be helped. None of the other USA MEDDAC employees (military or civilian) had these kinds of issues. Additionally, when Brenda Brewer, a female industrial hygienist that was hired to replace Karl Gibson started, she has not had these computer problems. MEDDAC IMD has said that IMD has removed Karl Gibson's computer hard drive 6 times: 24 June, 16 July, 13 August, 25 August, 15 October and 11 December 2008.

6.e.14.a) On 24 June 2008, hard drive removal because Karl Gibson was grieving his 14 day suspension.

6.e.14.b) On 16 July 2008, hard drive removal because Karl Gibson had sent an email on the July 11, 2008 to LT Derivan and LTC Jefferson that Karl Gibson was looking at other ways to remedy Karl Gibson's situation, and Karl Gibson was wanting clear standards that Karl Gibson was being evaluated against.

6.e.14.c) On 13 August 2008, hard drive removal because Karl Gibson had provided a MFR to LT Derivan Subject: Request for Clarity on MFR Subject: Clarified IPS for Karl Gibson by LT Derivan, Karl Gibson had more problems with Karl Gibson's LES, and Karl Gibson provided an email to LT Derivan Subject: Questions on Priority for Karl Gibson.

6.e.14.d) On 25 August 2008, hard drive removal because Karl Gibson filed an informal EEO complaint on LES issues.

6.e.14.e) On 15 October 2008, hard drive removal because Karl Gibson had spoke to OSC and provided a MFR Subject (Bldg 77 records) to LT Derivan. Karl Gibson was tasked by LT Derivan to provided records for Mr. Sneed.

6.e.14.f) On 11 December 2008, hard drive removal because Karl Gibson had spoke to OSC on Karl Gibson's government phone and had sent emails to OSC on Karl Gibson's government computer.

6.f. Management has violated Karl Gibson's 4th Amendment rights.

6.f.1) On 18 September 2007, was a copy made of Mr. Gibson's H drive. Management could not provide the search warrant.

6.f.2) On February 12, 2008, Karl Gibson found a Search & Seizure had occurred and management took Karl Gibson's personal notebook and training file. Karl Gibson items were found with LTC Jefferson.

6.f.3) On March 3, 2008, Karl Gibson found microphones on computer my computer and when confronted, IMD removed at least the microphone icons from computer.

6.f.4) On August 14, 2008, Karl Gibson found LT Derivan in my office and on my government computer at 0700 hrs when Karl Gibson came into work. LT Derivan refused to say why.

6.f.5) On December 15 2008, Karl Gibson found Search & Seizure had occurred and office vandalism of Karl Gibson's personal items (pictures of children, picture of one of Karl Gibson's former soldier skiing, and damaged radio) had occurred. Only Karl Gibson's personal items were damaged. No government equipment was damaged. I filed a report with MPs, but they refused to investigate. I filed a SJA claim.

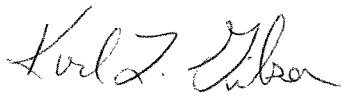
6.f.6) On February 13, 2009, Karl Gibson found Search & Seizure had occurred and took Union Data request documents from Karl Gibson's office.

6.f.7) On February 23, 2009, Karl Gibson found Search & Seizure had occurred and other persons items were placed in Karl Gibson's office.

6.f.8) On March 13, 2009 LTC Jefferson conducted a Search & Seizure while Karl Gibson was away from work and LTC Jefferson called Karl Gibson 3 times during search.

SUBJECT: OSC File No. DI-08-3062, Karl Gibson's Comment Letter #1

7. Conclusions: I alleged and have direct knowledge that in violation of the Occupation Safety and Health Act of 1970, 29 USC 660 & section 2112 of title 28, United States Code Pub. L. 98-620 & SEC. 11, Executive Order 12196, OSHA 29 CFR 1960, DODI 6055.1, DODI 6055.5, AR 385-10 and AR 40-5 in which annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth were not conducted in 2007, 2008 and 2009. The abuse of authority is that Former (2006-June 2008) MEDDAC Commander, COL Carmen Rinehart, current (June 2008-present) MEDDAC Commander, COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL Degenhart, COL John Beus, and Mr. Scott Bentley did not have authority not to do the surveys or not to insure that the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 took place.



KARL L. GIBSON

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Enclosure 1 Laws, regulations and policies violated

The Occupational and Safety Act of 1970, Public Law 91-596, 84 STAT. 1590, 91st Congress, S.2193, December 29, 1970, as amended through January 1, 2004. (1) Occupational Safety and Health Act of 1970 as amended Congress passed and the President signed the OSHAct - Occupational Safety and Health Act of 1970. The "Act" was passed by the U.S. Congress and it become effective in April, 1971. It is found in the Code of Federal Regulations, Title 29, Chapter XVII, Part 1910.
a. The purpose of the Act is to assure safe and healthful working conditions for working men and women by authorizing enforcement of standards developed under the Act; by encouraging and assisting state governments to improve and expand their own occupational safety and health programs and by providing for research, information, education and training in the field of occupational health and safety.
b. It established Occupational Safety and Health Administration (OSHA). In the law, it requires employers to provide their employees a safe and healthful work environment. This requires documentation to be established and employees informed of the hazards or the lack of hazards in the work environment.

An Act SEC. 5. Duties and SEC. 8. Inspections, Investigations, and Recordkeeping: Employers have the responsibility to provide a safe workplace. Employers MUST provide their employees with a workplace that does not have serious hazards and follow all OSHA safety and health standards. Employers **MUST** also: Perform tests in the workplace, such as air sampling required by some OSHA standards. Not discriminate or retaliate against an employee for using their rights under the law

The 29 USC 660 & section 2112 of title 28, United States Code Pub. L. 98-620; SEC. 11. Judicial Review (c) (1) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act.

Executive Order 12196 – Occupational safety and health programs for Federal employees;
Paragraphs 1-2 and 1-201 (a), (b), (C), (d), (e), (f), (g), (h), (I), and (j)
President Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees," February 26, 1980 made compliance of executive branch (to include DOD and DA) must comply with OSHA standards.

Paragraph 1-201 states:

1-201. The head of each agency shall:
(a) Furnish to employees places and conditions of employment that are free from recognized hazards that are causing or are likely to cause death or serious physical harm.
(b) Operate an occupational safety and health program in accordance with the requirements of this order and basic program elements promulgated by the Secretary.
(c) Designate an agency official with sufficient authority to represent the interest and support of the agency head to be responsible for the management and administration of the agency occupational safety and health program.
(d) Comply with all standards issued under section 6 of the Act, except where the Secretary approves compliance with alternative standards. When an agency head determines it necessary to apply a

different standard, that agency head shall, after consultation with appropriate occupational safety and health committees where established, notify the Secretary and provide justification that equivalent or greater protection will be assured by the alternate standard.
(e) Assure prompt abatement of unsafe or unhealthy working conditions. Whenever an agency cannot promptly abate such conditions, it shall develop an abatement plan setting forth a timetable for abatement and a summary of interim steps to protect employees. Employees exposed to the conditions shall be informed of the provisions of the plan. When a hazard cannot be abated without assistance of the General Services Administration or other Federal lessor agency, an agency shall act with the lessor agency to secure abatement.
(f) Establish procedures to assure that no employee is subject to restraint, interference, coercion, discrimination or reprisal for filing a report of an unsafe or unhealthy working condition, or other participation in agency occupational safety and health program activities.
(g) Assure that periodic inspections of all agency workplaces are performed by personnel with equipment and competence to recognize hazards.

OSHA regulations violated:
29 CFR 1960.8
29 CFR 1960.9
29 CFR 1960.11
29 CFR 1960.12
29 CFR 1960.16
29 CFR 1960.17
29 CFR 1960.18
29 CFR 1960.19
29 CFR 1960.25
29 CFR 1960.26
29 CFR 1960.27
29 CFR 1960.28
29 CFR 1960.29
29 CFR 1960.30

OSHA established worker protection regulations in Title 29 CFR 1960 federal requirements, Title 29 CFR 1910. for general industry and Title 29 CFR 1926 for construction industry. These require:

IAW OSHA's Title 29 CFR 1960 Subpart I - Recordkeeping and Reporting Requirements

29 CFR 1960.8
1960.8(a)
The head of each agency shall furnish to each employee employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.
1960.8(b)
The head of each agency shall comply with the Occupational Safety and Health Administration standards applicable to the agency.
1960.8(c)
The head of each agency shall develop, implement, and evaluate an occupational safety and health program in accordance with the requirements of section 19 of the Act, Executive Order 12196, and the basic program elements prescribed in this part, or approved alternate program elements.

1960.8(d)
The head of each agency shall acquire, maintain, and require the use of approved personal protective equipment, approved safety equipment, and other devices necessary to protect employees.
1960.8(e)
In order to provide essential specialized expertise, agency heads shall authorize safety and health personnel to utilize such expertise from whatever source available, including but not limited to other agencies, professional groups, consultants, universities, labor organizations, and safety and health committees.

29 CFR 1960.9
Employees who exercise supervisory functions shall, to the extent of their authority, furnish employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm. They shall also comply with the occupational safety and health standards applicable to their agency and with all rules, regulations and orders issued by the head of the agency with respect to the agency occupational safety and health program.

29 CFR 1960.16
Each agency head shall comply with all occupational safety and health standards issued under section 6 of the Act, or with alternate standards issued pursuant to this subpart. In complying with section 6 standards, an agency may, upon prior notification to the Secretary, prescribe and enforce more stringent permissible exposure levels or threshold limit values and may require more frequent monitoring of exposures without recourse to the approval procedures for alternate standards described in 1960.17. In addition, after consultation with employees and safety and health committees and prior notification to the Secretary, an agency may utilize the latest edition of a reference standard if it is more stringent than the section 6 standard. After notification, the Secretary may require the use of the approval procedures for alternate standards for any of the situations described in this paragraph.

29 CFR 1960.30
1960.30(a)
The agency shall ensure the prompt abatement of unsafe and unhealthful conditions. Where a Notice of an Unsafe or Unhealthful Working Condition has been issued, abatement shall be within the time set forth in the notice, or in accordance with the established abatement plan.
1960.30(b)
The procedures for correcting unsafe or unhealthful working conditions shall include a follow-up, to the extent necessary, to determine whether the correction was made. If, upon the follow-up, it appears that the correction was not made, or was not carried out in accordance with an abatement plan prepared pursuant to paragraph (c) of this section, the official in charge of the establishment and the appropriate safety and health committee shall be notified of the failure to abate.
1960.30(c)
The official in charge of the establishment shall promptly prepare an abatement plan with the appropriate participation of the establishment's Safety and Health Official or a designee, if in the judgment of the establishment official the abatement of an unsafe or unhealthful working condition will not be possible within 30 calendar days. Such plan shall contain an explanation of the circumstances of the delay in abatement, a proposed timetable for the abatement, and a summary of steps being taken in the interim to protect employees from being injured as a result of the unsafe or unhealthful working condition. A copy of the plan shall be sent to the safety and health committee, and, if no committee exists, to the representative of the employees. Any changes in an abatement plan will require the preparation of a new plan in accordance with the provisions of this section.

1960.30(d)
When a hazard cannot be abated within the authority and resources of the official in charge of the establishment, that official shall request assistance from appropriate higher authority. The local safety and health official, any established committee and/or employee representatives, and all personnel subject to the hazard shall be advised of this action and of interim protective measures in effect, and shall be kept informed of subsequent progress on the abatement plan.

Other OSHA regulations violated:

29 CFR 1910.94
29 CFR 1910.95
29 CFR 1910.120
29 CFR 1910.132
29 CFR 1910.133
29 CFR 1910.134
29 CFR 1910.135
29 CFR 1910.136
29 CFR 1910.137
29 CFR 1910.138
29 CFR 1910.141
29 CFR 1910.146
29 CFR 1910. subpart Z
29 CFR 1910.1000 all tables : paragraph a, b, c, d, e.
29 CFR 1910.1001
29 CFR 1910.1018
29 CFR 1910.1020
29 CFR 1910.1025
29 CFR 1910.1026
29 CFR 1910.1027
29 CFR 1910.1028
29 CFR 1910.1048
29 CFR 1910.1052
29 CFR 1910.1200
29 CFR 1910.1045

IAW OSHA's Title 29, Code of Federal Regulations, Part 1910.1020, "Access and Retention to Medical Records"
1910.1020(c)(4)
"Employee" means a current employee, a former employee, or an employee being assigned or transferred to work where there will be exposure to toxic substances or harmful physical agents. In the case of a deceased or legally incapacitated employee, the employee's legal representative may directly exercise all the employee's rights under this section.
1910.1020(c)(5)
"Employee exposure record" means a record containing any of the following kinds of information:
1910.1020(c)(5)(i)
Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and

analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained;

1910.1020(c)(8)
"Exposure" or "exposed" means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure and potential (e.g., accidental or possible) exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.
1910.1020(c)(13)
"Toxic substance or harmful physical agent" means any chemical substance, biological agent (bacteria, virus, fungus, etc.), or physical stress (noise, heat, cold, vibration, repetitive motion, ionizing and non-ionizing radiation, hypo - or hyperbaric pressure, etc.)
1910.1020(d)(1)(ii)
"Employee exposure records." Each employee exposure record shall be preserved and maintained for at least thirty (30) years, except that:
1910.1020(d)(1)(ii)(A)
Background data to environmental (workplace) monitoring or measuring, such as laboratory reports and worksheets, need only be retained for one (1) year so long as the sampling results, the collection methodology (sampling plan), a description of the analytical and mathematical methods used, and a summary of other background data relevant to interpretation of the results obtained, are retained for at least thirty (30) years; and
1910.1020(d)(1)(ii)(B)
Material safety data sheets and paragraph (c)(5)(iv) records concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years(1); and
1910.1020(d)(1)(ii)(C)
Biological monitoring results designated as exposure records by specific occupational safety and health standards shall be preserved and maintained as required by the specific standard.
1910.1020(d)(1)(iii)
"Analyses using exposure or medical records." Each analysis using exposure or medical records shall be preserved and maintained for at least thirty (30) years.

IAW OSHA's Title 29, Code of Federal Regulations, Part 1910.1000 "Air contaminants"
1910.1000(a)(1)
Substances with limits preceded by "C" - Ceiling Values. An employee's exposure to any substance in Table Z-1, the exposure limit of which is preceded by a "C", shall at no time exceed the exposure limit given for that substance. If instantaneous monitoring is not feasible, then the ceiling shall be assessed as a 15-minute time weighted average exposure which shall not be exceeded at any time during the working day.
1910.1000(a)(2)
Other substances -- 8-hour Time Weighted Averages. An employee's exposure to any substance in Table Z-1, the exposure limit of which is not preceded by a "C", shall not exceed the 8-hour Time Weighted Average given for that substance any 8-hour work shift of a 40-hour work week.
1910.1000(e)
To achieve compliance with paragraphs (a) through (d) of this section, administrative or engineering

controls must first be determined and implemented whenever feasible. When such controls are not feasible to achieve full compliance, protective equipment or any other protective measures shall be used to keep the exposure of employees to air contaminants within the limits prescribed in this section. Any equipment and/or technical measures used for this purpose must be approved for each particular use by a competent industrial hygienist or other technically qualified person. Whenever respirators are used, their use shall comply with 1910.134.

OSHA regulations violated:
29 CFR 1926. Subpart C
29 CFR 1926. Subpart D
29 CFR 1926.62
29 CFR 1926.65
29 CFR 1926. Subpart E
29 CFR 1926.1101

Department of Defense Instruction (DODI) 6055.1, "DoD Safety and Occupational Health (SCH) Program", 08/19/1998
In paragraph 2.1 and 2.2 refers to who this applies to: All DOD and Army Departments.
In paragraph 4.1 refers to the goals of the Occupational and Safety program: eliminate accidents, deaths and occupational illnesses.
In paragraph E3.5 refers to evaluations of workplaces: evaluations of all workplace in E3.5. and measurements results for chemical, radiological, biological, and physical hazards in E3.5.1.
In paragraph E3.5.3.1. refers that DOD Workplaces visits will be done at least annually by qualified SOH personnel shall visit every installation workplace.
Department of Defense Instruction 6055.1, Dated August 19, 1998
Paragraphs 2.2.;
4.1; 4.3; E3.1.; E3.1.1; E3.5; E3.5.1; E3.5.3; E3.5.3.1; E3.5.3.2;

In DoD Instruction 6055.5, "Industrial Hygiene and Occupational Health," January 10, 1989
In paragraph 1.2 refers that DOD will establish uniform procedures to recognize and evaluate health risks associated with exposure to chemical, physical, and biological stresses in DOD workplaces.
In paragraph 6.1.1. refers to IH surveillance
Paragraph 6.1.1.1. Comprehensive periodic evaluations of all potential health hazards in each workplace…
Paragraph 6.1.1.2. "regardless of the techniques used, the result should be a definite determination as to the presence, absence, or degree of health hazard from the use of that chemical." "Only IHs, qualified OHP, or technicians under the supervision of IHs, shall perform those workplace evaluations."
Department of Defense Instruction 6055.5, dated January 10, 1989
Paragraphs 1.2.; 5.1.; 6.1.1; 6.1.1.1.; 6.1.1.2.; 6.1.1.3.;

AR 385-10, Chapter 16, 17, and 18;

4–1. Standard Army safety and occupational health inspections
b. Unless specifically exempted in this paragraph, SASOHIs for all work sites will be conducted by qualified safety and occupational health (Industrial Hygiene) professionals as defined in section II of

the glossary. SASOHIs for tenant activities will be conducted in accordance with the host installation and tenant activity agreement.

16–1. Introduction

This chapter prescribes policy and responsibilities for implementation of the OSHA program mandated by Federal or state regulations and to reduce risk of accidental losses, injuries and occupational illness to the military and Army civilian workforce as required by EO 12196, 29 CFR 1960, and DODI 6055.1. The OSHA programs will be implemented in all Army operations CONUS and OCONUS with the exception of military unique operations as defined below. Procedures for occupational or workplace safety are in DA Pam 385–10.

16–2. Policy

a. OSHA programs and national consensus standards shall be applicable to and integrated into all Army equipment, systems, operations, and workplaces, CONUS and OCONUS.

b. Military design, specifications, and deployment requirements will comply with OSHA standards where feasible. When no standard exists for military application or the application is not feasible, the Army component will apply mishap risk management component of CRM.

c. Military and Army civilian officials at each management level shall promote strong safety programs, safe working conditions, and safe performance to prevent accidents, injuries, and occupational illnesses.

d. All Army leaders at each echelon will develop and implement functions and written procedures as part of the Army Safety Program and the Army Occupational Health Program to fulfill the following Army and OSHA requirements:

(1) Ergonomics.
(2) Hazard communications.
(3) Respiratory protection.
(4) Personal protective equipment.
(5) Materials handling training.
(6) Bloodborne pathogens.
(7) Confined space program.
(8) Emergency action plans and fire prevention plans.
(9) Fall protection.
(10) Control of hazardous energy (lockout/tagout).
(11) Process safety management.
(12) Hazardous waste operations and emergency response (as applicable).
(13) Chemical hygiene.
(14) Inspecting and abating hazards.
(15) Reporting of unsafe and unhealthful conditions.

e. Army Safety Program and the Army Occupational Health Program shall be adequately funded to ensure effective implementation to reduce accidental losses in all workplace operations.

f. All personnel shall be trained on all aspects of Army Safety Program and the Army Occupational Health Program at every level of the activity that affects their workplace.

g. DD Form 2272 (Department of Defense Safety and Occupational Health Protection Program) or equivalent poster will be posted in all workplaces, in places of easy access by employees.

h. All workplace hazards shall be addressed in accordance with the hazard control guidance.

17–1. Introduction

Under the OSHAct, employers are required to furnish each employee a place of employment that is free from recognized hazards that are causing or likely to cause death or serious physical harm. Workplace inspections are one method to identify hazards in work areas.

17–2. Intent
This chapter provides policy on Army safety program management with special emphasis on hazard recognition and workplace inspections. It implements the requirements of the OSHAct and prescribes DA policy to protect and preserve Army personnel and property against accidental loss, provides for safe and healthful workplaces and assures regulatory compliance. It also provides for public safety incident reporting to Army operations and activities. Procedures and other guidance for workplace inspections and hazard reporting and recording are provided in DA Pam 385–10.

17–6. Standard Army safety and occupational health inspections requirements
a. Qualified safety and occupational health professionals or specially trained personnel competent to conduct the inspection, using the procedures outlined in DA Pam 385–10, will conduct workplace safety inspections at least annually.
b. Facilities and operations involving special hazards will be inspected more frequently as determined by qualified safety and occupational health personnel.

h. Personnel conducting these inspections will have access to diagnostic equipment and to personnel necessary to identify, document, and analyze the significance of the hazards discovered during the inspection. Current reference materials pertinent to the worksite, such as standards, regulations, SOPs, hazard analyses/job hazard analysis, risk assessments, material safety data sheets, and technical and field manuals, will be readily available.
i. These inspections may be conducted with or without prior notice. No–notice inspections will be used when local safety and health personnel determine they will provide a significantly more meaningful assessment of actual operating conditions and practices. However, appropriate representatives of Army civilian employees and recognized employee organizations will be notified when management receives prior notice of an inspection.

17–8. Written reports of violations
Written reports of violations resulting from Standard Army Safety Inspections as well as occupational health inspections will be provided to the head of the activity or the commander of the unit inspected. These reports will cite hazards and safety management deficiencies and will recommend corrective actions.

DA PAM 385-10, Paragraphs 8-1.a, 8-1.b; and 8-2. DA PAM 385-10 the major requirement are found in Paragraph 8-1 a. and b.
8–1. Introduction
a. The workplace will be free of recognized hazards that may cause serious injury or death. Army leadership will ensure hazards are eliminated or reduced to the lowest possible risk level. **This requires the safety manager to work in collaboration with the industrial hygienist,** the occupational health nurse, fire department, facility engineers, the radiation protection officer, and other professionals to develop and execute safety and health programs that identify and minimize risk.
b . Safety in the work place is enhanced when regular (at least annually, but more frequently for high risk workplaces) inspections are conducted to ensure that all safety standards and procedures are being followed. This chapter provides guidance in implementing the requirements of AR 385–10, chapters 16, 17, and 18. The Safety Program, at each command and installation, must be evaluated on an annual basis, or more frequently if required, as part of the overall Army effort to ensure that safety programs are targeted at the highest risk areas and that they are staying on target with stated goals and objectives. When evaluating the safety program of an organization it is necessary to involve the members of that

organization in the process.

8–2. Workplace inspection and safety and occupational health programs/assessments/inspections/ reporting

a. Safety programs, like all Army programs, will have controls established to ensure implementation of regulatory and statutory rules. The controls will be developed and coordinated with the organizations/units involved, the command group, legal, and other interested parties as determined by the commander. Once agreed to, the controls will be incorporated into the appropriate safety plan/program.

b. The SOH manager will determine the optimal schedule for safety program evaluations and will submit the schedule for safety evaluations to the commander for approval. The schedule will be coordinated with all involved parties prior to presenting to the commander for approval. Once the safety evaluation schedule has been established, the Safety Office will schedule personnel to support the safety evaluation process. Results of each evaluation will be provided to the organization/unit being audited for comment prior to being presented to the commander.

AR 40-5, Preventive Medicine Paragraphs 1-5; 1-6; 1-7; 2-18
In Paragraph 1-5.c. refers to adhere to federal OEH laws, regulations, and guidance.
In Paragraph 1-5.d. refers to most stringent standards to be used.
In Paragraph 1-7 refers to use DA PAM 40-11. Page 3
In Paragraph 1-7.d.(1) refers to management of risks Page 4
In paragraph 1-7.d.(2) refers to use of DA PAM 40-11, chapter 5. Pages 4-5
In Paragraph 2-18.n.(1) refers to C, PM notification within 72 hrs Page 12
In Paragraph 2-18.n.(3) refers to comprehensive Safety and Occupation Health Program that includes IH Page 13

DA PAM 40-11
In Paragraph 4-15 refers to environmental noise on page 31
In Paragraph 5-1.a & .b & .d & .e & .g refers to objectives of Army Occupational health Program Page 34-35
In Paragraph 5-1.d. (1) and (2) refers to standards Page 36-37
In Paragraph 5-12 refers to IH Page 42
in paragraph **5–12. Industrial hygiene**
Industrial hygiene consists of the anticipation, recognition, evaluation, and control of those environmental factors and stresses associated with work operations that may cause sickness, impaired health and well-being, or significant discomfort and inefficiency among workers or among the citizens of the community. Industrial hygienists function as a team with the occupational health staff, occupational medicine staff and installation safety. Refer to DA Pam 40–503 for detailed implementing instructions and guidance for industrial hygiene services for the Army.
In Paragraph 5-20 refers to work site visits and use DA PAM 40-503: page 46

5–20. Worksite evaluations

a. Worksite visits/evaluations are conducted annually by occupational health, industrial hygiene, and safety personnel. Additional worksite evaluations are conducted as operations change. Each visit is documented, and the worksite supervisor is provided a written report. At a minimum, these evaluations should include hazardous material identification, type of engineering controls needed if applicable, type of personal protective equipment required, and posting of appropriate signs needed (that is, noise-hazardous area, eye protection required). Appropriate entries should be made in the Health Hazard

Information Module (HHIM) until DOEHRS–Industrial Hygiene (IH) is fielded. Appropriate entries are then made in DOEHRS–IH.
b. AR 385–10, DA Pam 40–503, and DODI 6055.1 contain additional guidance.

In DA PAM 40-503

1–5. Program objectives

The IH program works cooperatively with other Army programs (such as, Safety) to—
a. Provide one of the medical elements of the force protection component of combat power that maintains the readiness and availability of Army personnel for operations.
b. ***Eliminate or control workplace health hazards to prevent occupational related illnesses, injuries, or deaths to soldiers and civilian workers.***
c. ***Characterize workplace exposure to potential health hazards, which facilitates exposure-based*** medical surveillance and occupational healthcare.
d. ***Comply with OSHA and other applicable Federal and state laws and codified regulations.*** (See app A.)
e. Reduce costs associated with lost manhours, medical treatment and surveillance, and workers' compensation.
f. Integrate established IH principles and concepts into allied programs.
g. Perform IH functions in support of allied programs such as Safety, Chemical Surety, Hearing Conservation, Respiratory Protection, and environmental compliance with Environmental Protection Agency, Comprehensive Environmental Response Compensation Liability Act, Resource Conservation Recovery Act, SUPERFUND Amendments and Reauthorization Act III, asbestos control, and lead abatement.

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 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.
In Paragraph 2-1.e. refers to duties of IHPM and IHs Page 3
e. The installation AMEDD industrial hygiene program manager (IHPM) (or equivalent U.S. Army Corps of Engineers, U.S. Army National Guard, and U.S. Army Reserve personnel) implements—
(1) Requests for technical and managerial assistance from the supporting activity when needed. (See para 2-2.)
(2) IH program staff of qualified, credentialed, and privileged personnel. (See para 3-1.)
(3) Proper training for IH personnel before performing duties. (See para 3-1b(3)(c).)
(4) Proper selection and ordering of survey equipment and supplies. (See para 3-2.)
(5) A prioritized budget plan and participates in the budgeting process. (See para 3-4.)
(6) Development, monitoring, and reporting performance indicators to show program effectiveness.
(7) IH personnel to—
(a) Maintain and use the Defense Occupational and Environmental Health Readiness System-Industrial Hygiene (DOEHRS-IH). (See para 3-7a.)
(b) Enter survey data in the DOEHRS-IH. (See para 4-7.)
(c) Enter health hazard evaluation data in the DOEHRS-IH per paragraph 4-11.
(8) Development and use of an industrial hygiene implementation plan (IHIP) to manage IH services that reflect priorities and resources. (See para 3-6.)
(9) The annual revision and publishing of the program document.
(10) The necessary reference materials for the IH program. (See para 3-8.)
(11) The development and coordination of installation regulations, supplements to ARs, or other applicable documents to define the IH program and delegate responsibility. (See para 3-8.)
(12) Evaluations of health hazards and operations per paragraphs 4-8 and 4-9.
(13) Assignment of health risk assessment codes (RACs) per paragraph 4-10 and appendix D.
(14) Recommendation of health hazard controls per paragraphs 4-15 and 4-16.
(15) Oversight of the credentialing, supervising, and licensing of the IH program staff per paragraph 5-4.
(16) A member of a QA committee to credential installation industrial hygienists to perform IH duties. (See para 5-4*a*(3).)
(17) Oversight of equipment calibration practices and the documentation of equipment calibrations. (See para 5-5.)
(18) Development of standing operating procedures (SOPs) for IH practices.
(19) Verification that IH data meet the legal requirements of OSHA per paragraph 5-7.
(20) Support of the design review process per paragraph 5-8.
(21) Assessment of the IH program annually per paragraph 5-9.
(22) The maintenance of IH records per chapter 6.
(23) Coordination with installation staff members to facilitate the IH program and to ensure the fulfillment of IH roles in other Army programs. (See chap 7.)

(24) Review of statements of work, requests for proposals, purchase orders, and support agreements to address OH/IH concerns. (See paras 7-28 and 7-29.)
(25) Coordination with the Safety Office to provide hazard communication (HAZCOM) training. (See paras 7-3, 7-7, and 7-19.)
In Paragraph 3-1.b. refers to Qualifications of IHs: Page 5
3–1. Manpower
b. Qualifications of program personnel.
(1) Selection criteria for civilians.
(a) The **Office of Personnel Management Handbook Quality Standards describes the qualifications for each civilian** general schedule (GS) job series. (GS-690 is the industrial hygienist position, and GS-640 and 698 are the IH technician positions.)
(b) The Civilian Personnel Office (CPO) uses the current edition of the Federal Personnel Manual, Chapters 335 and 338 to identify the best qualified from among the minimally qualified candidates.
(2) Selection criteria for military personnel. DA PAM 611-21 describes the commissioned officer's qualifications according to the specialty skill identifier, and the qualifications of enlisted personnel according to military occupational specialty codes.
(3) Training.
(a) As a minimum, the I**MA will support sufficient training as defined in the ACTEDS for civilian** and military officers acting as industrial hygienists and technicians to acquire and maintain competency.
(b) **Supervisors and employees will use the individual development plan and performance management system to schedule annual training to fulfill requirements.** (See AR 690-400.)
In Paragraph 3-5 Program Document refers to document Page 5
3–5. Program document
a. The program document is a formal publication that—
(1) Broadly defines the IH program's mission in relation to the local commander's, U.S. Army Medical Command's (MEDCOM's) or equivalent, and Office of The Surgeon General's (OTSG's) missions.
(2) Describes how the program's goals and objectives will be implemented with existing resources.
b. The IHPM completes the program document and updates annually. The IHPM may include the IH program document as a chapter or appendix to the overall preventive medicine program document, if it exists.
c. The IMA reviews and approves the IH program document.
In Paragraph 3-6 IH Implementation plan Page 6
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.
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.

In Paragraph 4-4 refers to Survey frequency and scope Page 7-8

4–4. Survey frequency and scope

a. Recognizing existing and potential hazards is a step towards improving health and safety in the workplace.

b. ***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.

c. In situations where non-IH personnel have received appropriate training and privileging, such collateral duty personnel may perform the workplace survey and identify hazards under the perview of a credentialed IH. ***The industrial hygienist, however, is ultimately responsible for the evaluation and recommendation of controls for the identified hazards.***

In Paragraph 4-8 refers to Hazard Evaluation Purpose and scope Page 8

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.

In Paragraph 4-9 refers to frequency of IH Surveys Page 8

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 when—

a. The process changes.

b. Personnel change.

c. The work rate changes.

d. Engineering controls degrade or are modified.

e. Building and structural changes occur.
In Paragraph 4-10 refers to RACs Page 9
4–10. Assigning risk assessment codes
Based on the hazard evaluation, the IHPM has the responsibility of—
a. Assigning either a health and/or a safety RAC (DODI 6055.1) based on the particular operation. (See app D.)
b. Assigning a RAC to accurately reflect the magnitude of the risk.
c. ***Using the sampling data to determine and document the assigned RACs.***
d. Forwarding the RACs to the local Safety Office for inclusion in the hazard abatement plan.

See Appendix D on Page 30
D–2. Method 1—health risk assessment code
Use the matrices and descriptive definitions below as a model to determine the RAC for health hazards.
a. Use the following procedures to assess points and to determine the health hazard severity category (HHSC). ***The HHSC reflects the magnitude of exposure to a single physical, chemical, or biological agent and the medical effects of exposure.*** Table D-1 contains the matrix for assessing exposure points (EP) for different exposure conditions. Table D-
2 provides the matrix for assessing medical effects points.
b. Determine the HHSC by totaling the points assessed and then using guidance in table D-3.
c. Use the matrices in tables D-4 and D-5 to assess the duration of exposure and number of exposed personnel points. The total number of points will determine the illness probability category (IPC). The IPC is a function of the duration of exposure and the number of exposed personnel.
d. Determine the IPC for health hazards by totaling the points assessed and then use the guidance provided in table D-6.
e. Determine the RAC for health hazards by using the matrix in table D-7 to account for the HHSC and IPC.
In Paragraph 4-12 refers to worker notification Page 9
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.
In Paragraph 4-13 refers to Applications for quantitative exposure data Page 9
4–13. Applications for quantitative exposure data
A database of quantitative exposure data of worker exposure provides input to (see chap 7)—
a. The OH program. Quantitative measurements of exposure allow the medical practitioner to determine the appropriate type and frequency of medical surveillance testing needed to monitor and document the physical well being of the worker over the course of employment.
b. The installation respiratory protection program (AR 11-34). Quantitative exposure data allow for the proper selection of respiratory protective equipment (RPE). To ensure the recommended RPE remains appropriate for the intended use, continued periodic measurement of the contaminant's exposure levels is necessary.
c. The installation hearing conservation program. Quantitative measurements of noise levels allow for the proper selection of hearing protective devices. Continued measurements of noise hazardous operations are necessary to ensure that hearing protective devices are appropriate for the intended use (DA PAM 40-501 and USACHPPM TG 181).
d. The installation civilian personnel office. Quantitative assessments of specific workplace or occupational exposures can assist the personnel specialist in defining job requirements and managing the civilian resource conservation program (chap 7).
e. The installation safety office.

(1) Quantitative assessments of exposure and workplace conditions aid the installation safety office in promoting safe work practices and conditions.
(2) Quantitative measurements of exposure aid in managing the hazard abatement program by prioritizing—
(a) Funds for implementing hazard controls (see para 4-11).
(b) Work areas and operations for the implementation of hazard controls.
f. The workplace supervisor. Quantitative assessments of exposure and workplace conditions aid supervisors in correcting unsafe working conditions, enforcing safe work practices, and scheduling employees for HAZCOM and other training.
In Paragraph 4-14 refers to Engineering controls Page 9
4–14. Introduction
When a chemical, physical, or biological hazard cannot be eliminated from the workplace, worker exposure can be controlled through engineering controls, administrative controls, and lastly, through PPE. The IHPM recommends the appropriate control, often consulting with area supervisors, facility engineers, safety, or other health professionals and monitors the implementation of the recommended controls.
In Paragraph 5-8 refers to Design review Page 13
5–8. Plans and design review
The design review process allows the IHPM to monitor the adequacy of proposed or modified OH engineering controls. The IHPM makes recommendations for corrections before implementing controls to avoid waste and delay in the design review process.
In Paragraph 5-9 refers to Program Assessment Page 13
5–9. Program assessment
a. The IHPM will perform an annual self-audit of the IH program using guidance provided in USACHPPM TG 165. The results of this audit are used to recognize and target weaknesses and to make plans for improvement. The command industrial hygienist/staff officer may request audit results.
b. **The USACHPPM provides external assessments of local programs per the request of the IHPM or the command industrial hygienist.** For assistance on external assessments, contact Commanding General, USACHPPM, ATTN: MCHB-TS-OIM, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010-5403.
c. Results of self-audits and external assessments are used to identify Army-wide IH program strengths and weaknesses and to target systemic problems for resolution.
In Paragraph 7-10 refers to Standard SOH inspections Page 17
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.

E-2

IH Numbers END OF MONTH REPORT (FY2006)

Surveys for July 2006

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 111	160	40
Bldg 285 IAQ	16	
Bldg 53 IAQ		16
Bldg Lewis & Clark	40	
Bldg 314 IAQ	4	
Bldg 77 IAQ	16	
Bldg 343 Pharm. Compounding	15	
Bldg 343 OR	30	
14 Sumner ELS	30	
Bldg 50 Shredder	2	
Totals	317	56

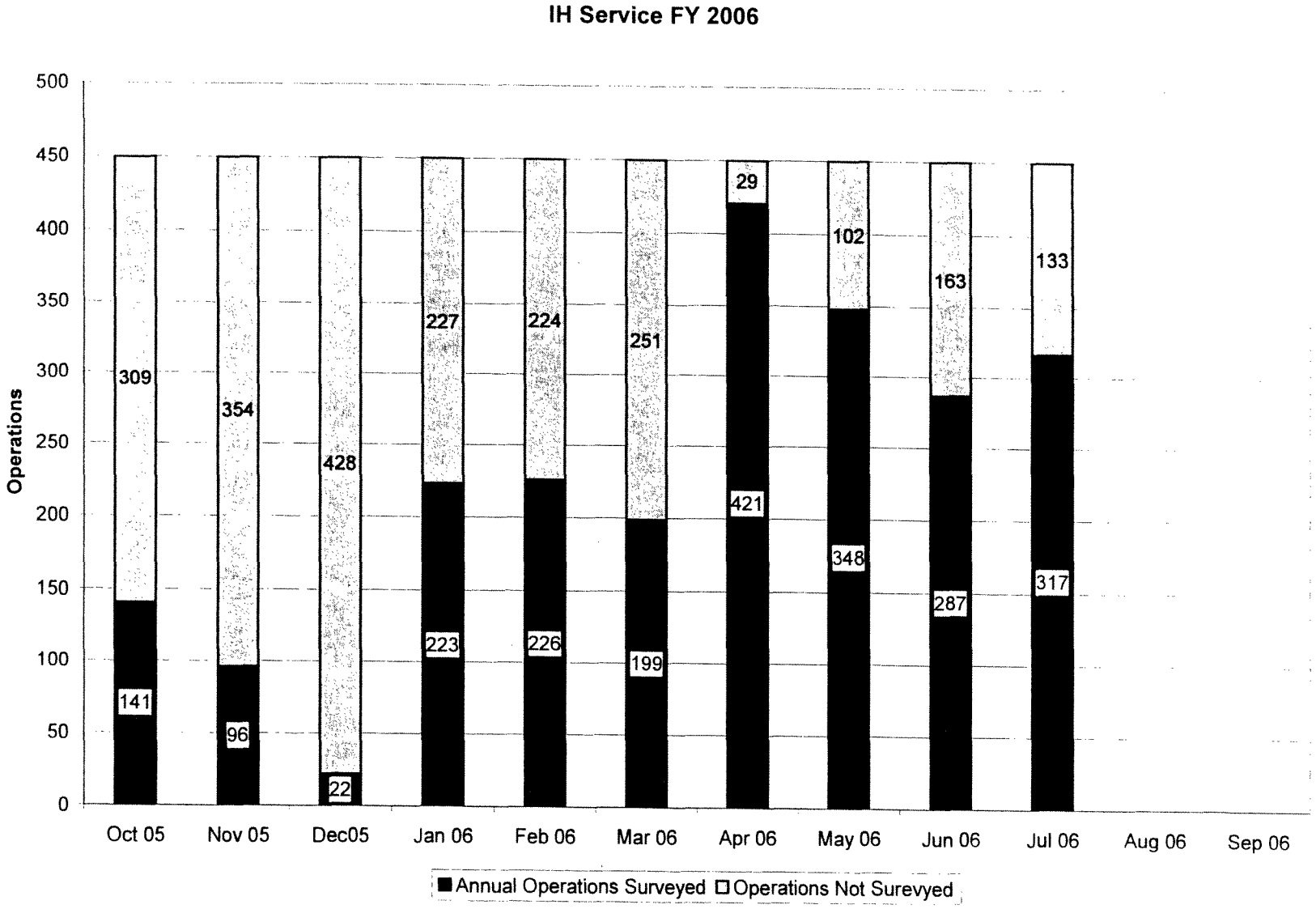
Number of Design Reviews done: 300 (# of pages or items read and review for completeness.)

Area	**Findings**	**Recommendations**	**What has Happened?**
BLDG 286	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed

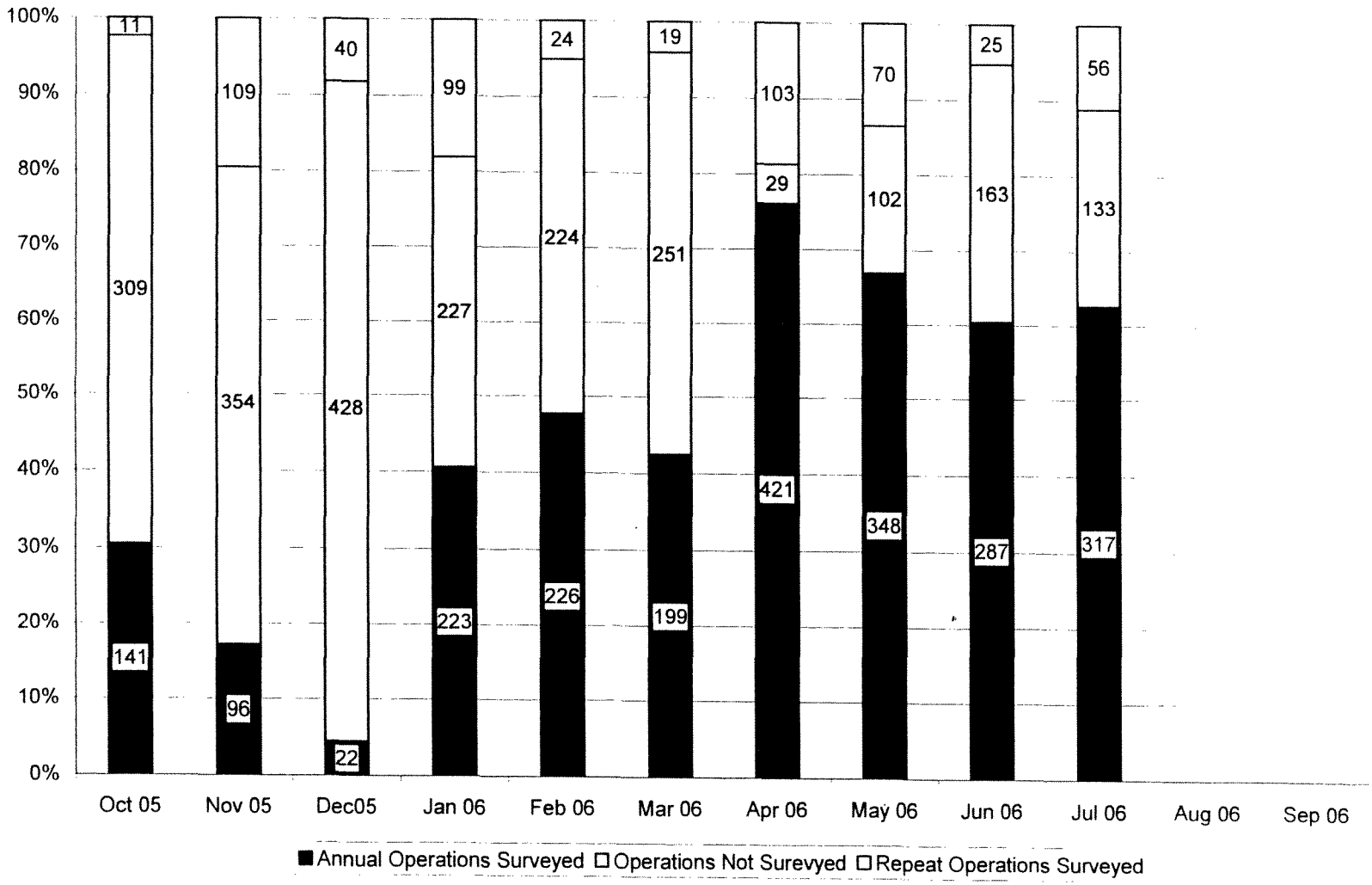
Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.

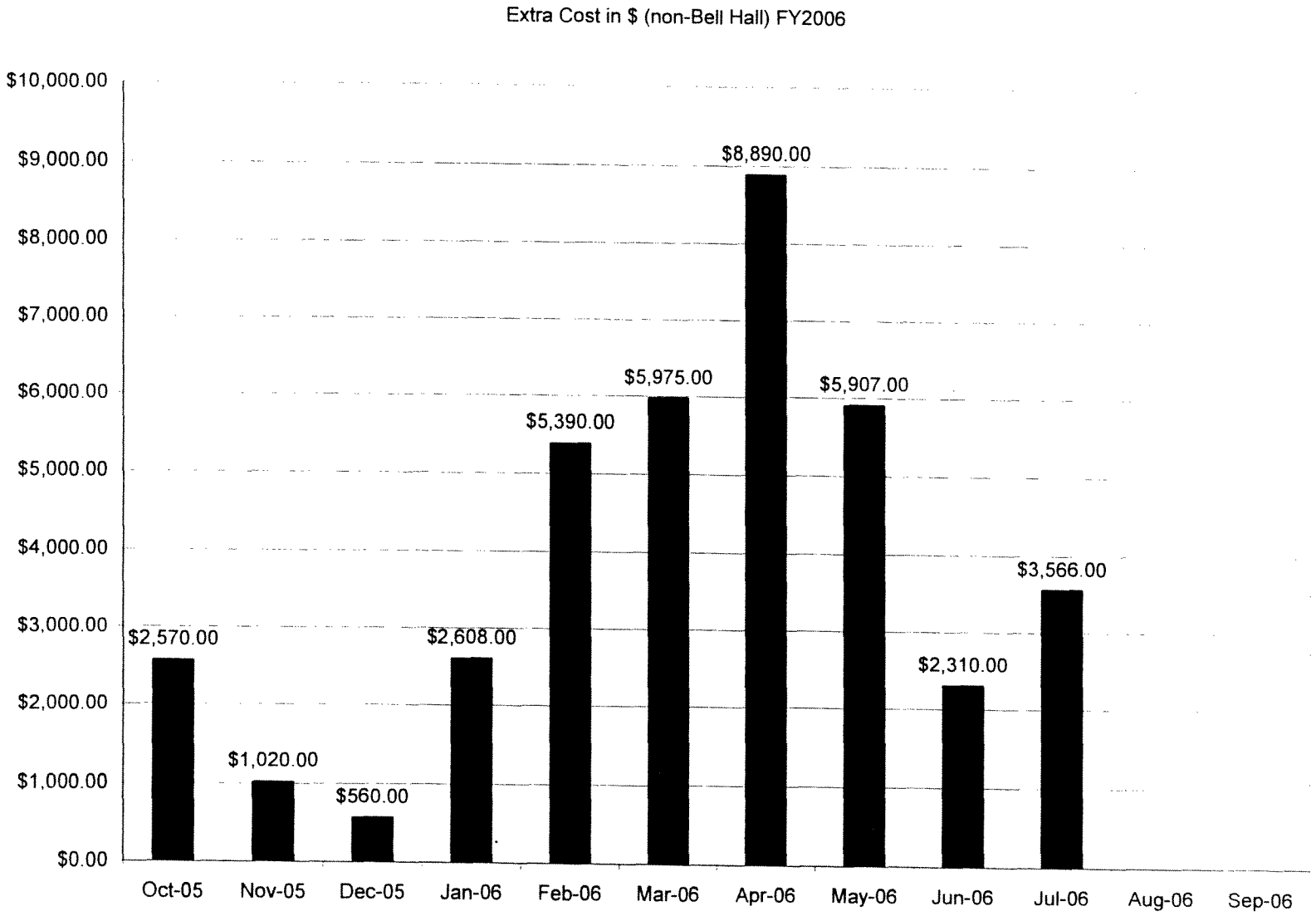
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Fit Test Bldg	2/14/Bldg 116

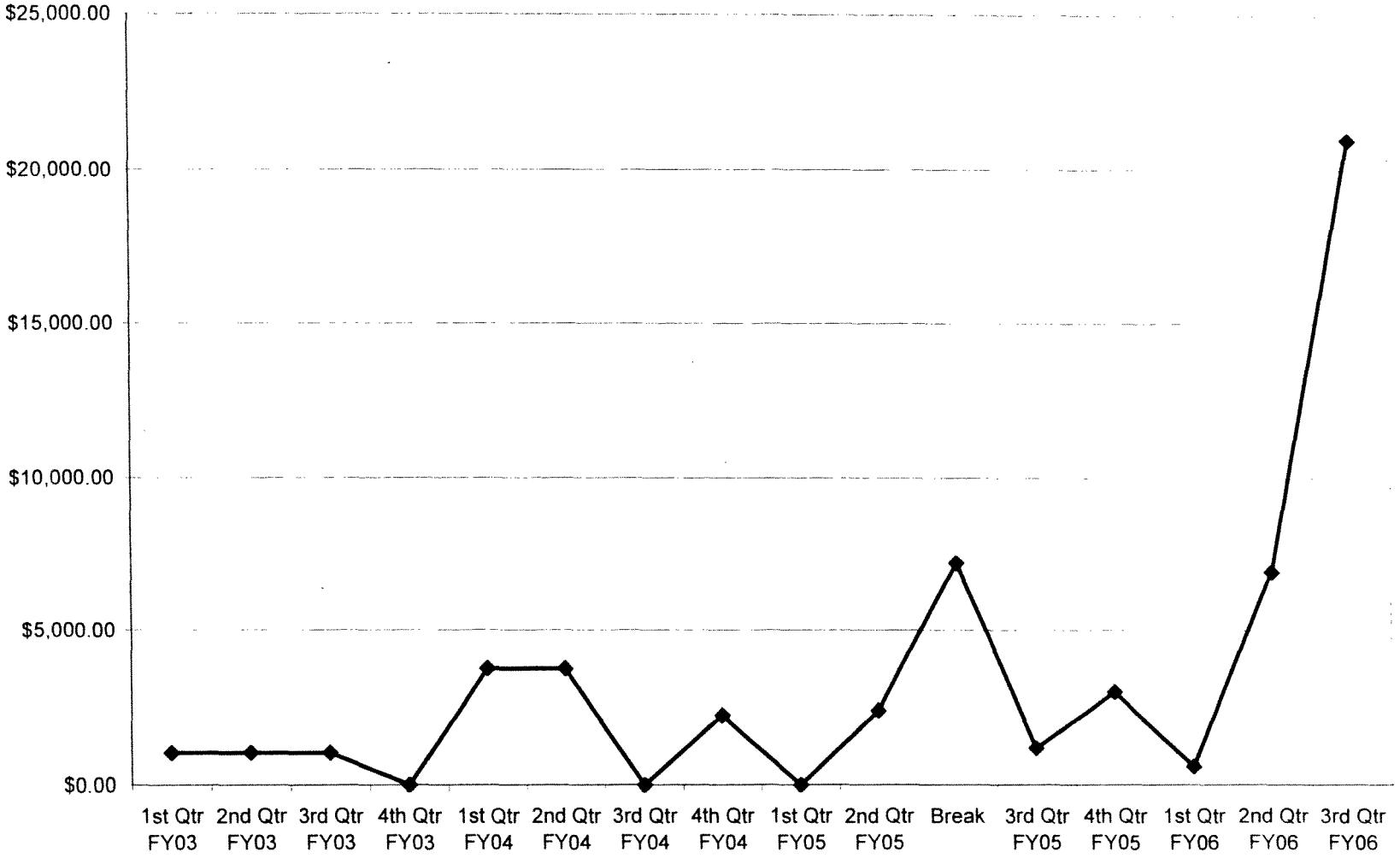

IH Service FY 2006
Operations
500
450
400
350
300
250
200
150
100
50
0
309
141
354
96
428
22
227
223
224
226
251
199
29
421
102
348
163
287
133
317
Oct 05
Nov 05
Dec05
Jan 06
Feb 06
Mar 06
Apr 06
May 06
Jun 06
Jul 06
Aug 06
Sep 06
Annual Operations Surveyed
Operations Not Surevyed

IH Services FY 2006

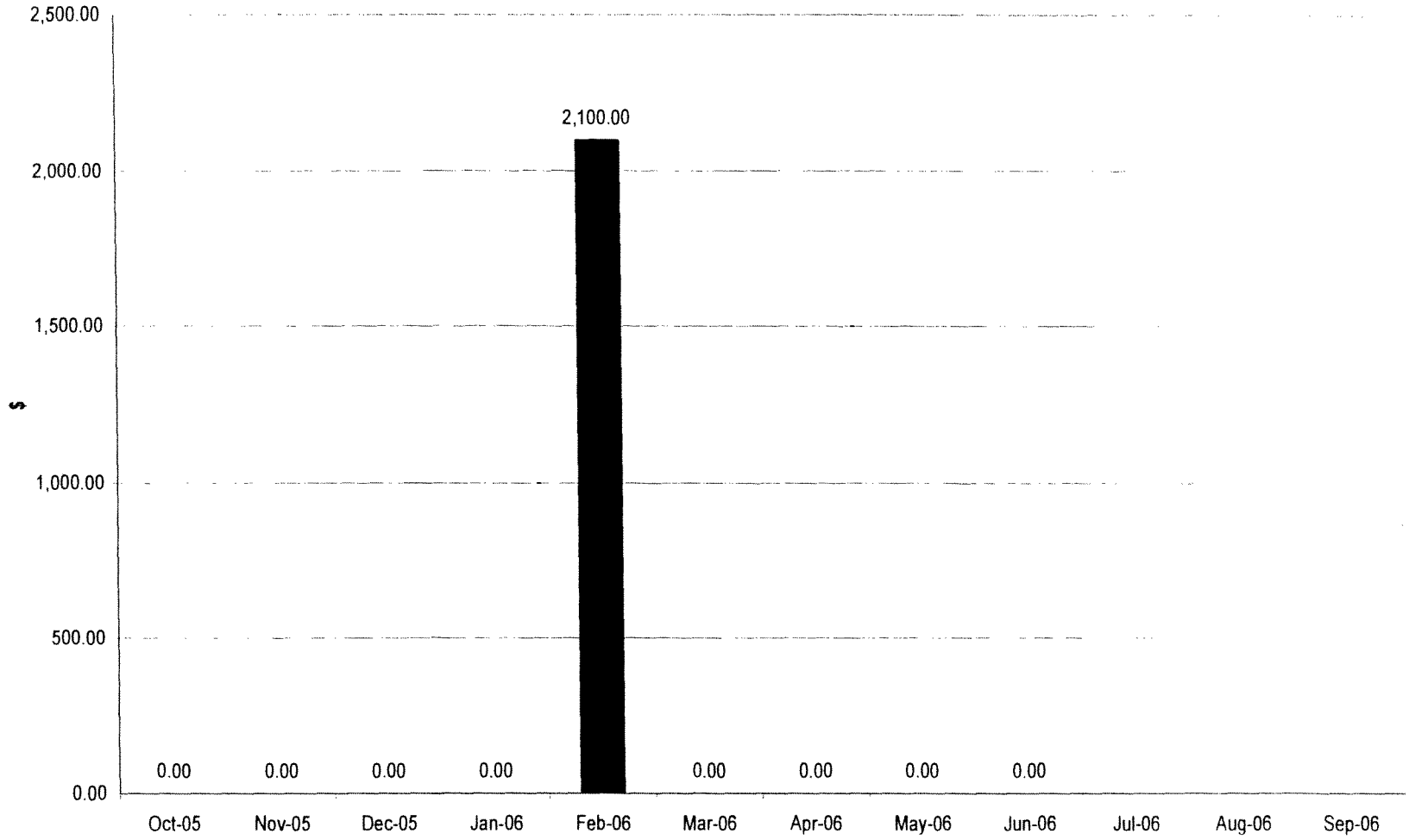



Extra Cost in $ (non-Bell Hall) FY2006
$10,000.00
$9,000.00
$8,000.00
$7,000.00
$6,000.00
$5,000.00
$4,000.00
$3,000.00
$2,000.00
$1,000.00
$0.00
$2,570.00
$1,020.00
$560.00
$2,608.00
$5,390.00
$5,975.00
$8,890.00
$5,907.00
$2,310.00
$3,566.00
Oct-05
Nov-05
Dec-05
Jan-06
Feb-06
Mar-06
Apr-06
May-06
Jun-06
Jul-06
Aug-06
Sep-06

Costs of Samples in Bell Hall by Quarter



Housing IAQ Testing Cost in Dollars for FY 2006



IH Numbers END OF MONTH REPORT (FY2006)

Surveys for August 2006

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 343 Radiology	16	
Bldg 343 Med Maint & Log	15	
Bldg 244 IAQ	26	
Bldg Lewis & Clark	47	
Bldg 314 IAQ	6	
Bldg 77 IAQ	16	
Bldg 343 Pharm. Compounding	21	30
Bldg 343 OR	30	
Bldg 343 ASC	10	
Bldg 343 Ortho	10	
Bldg 343 Spec Clinic	9	
Bldg 343 Admin Offices	83	
Totals	459	30

Number of Design Reviews done: 1,200 (# of pages or items read and review for completeness.)

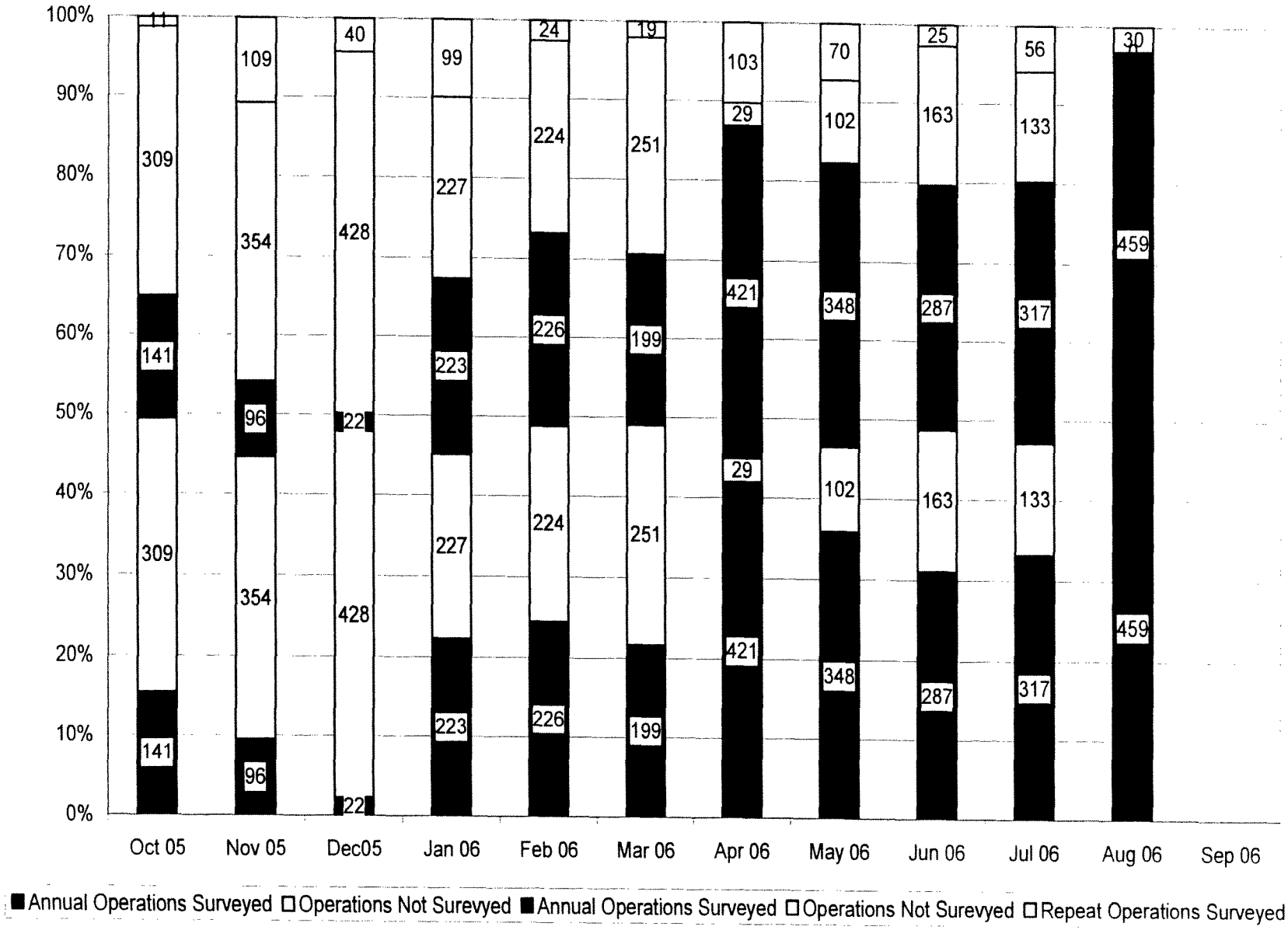
Area	**Findings**	**Recommendations**	**What has Happened?**
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES & COE Informed

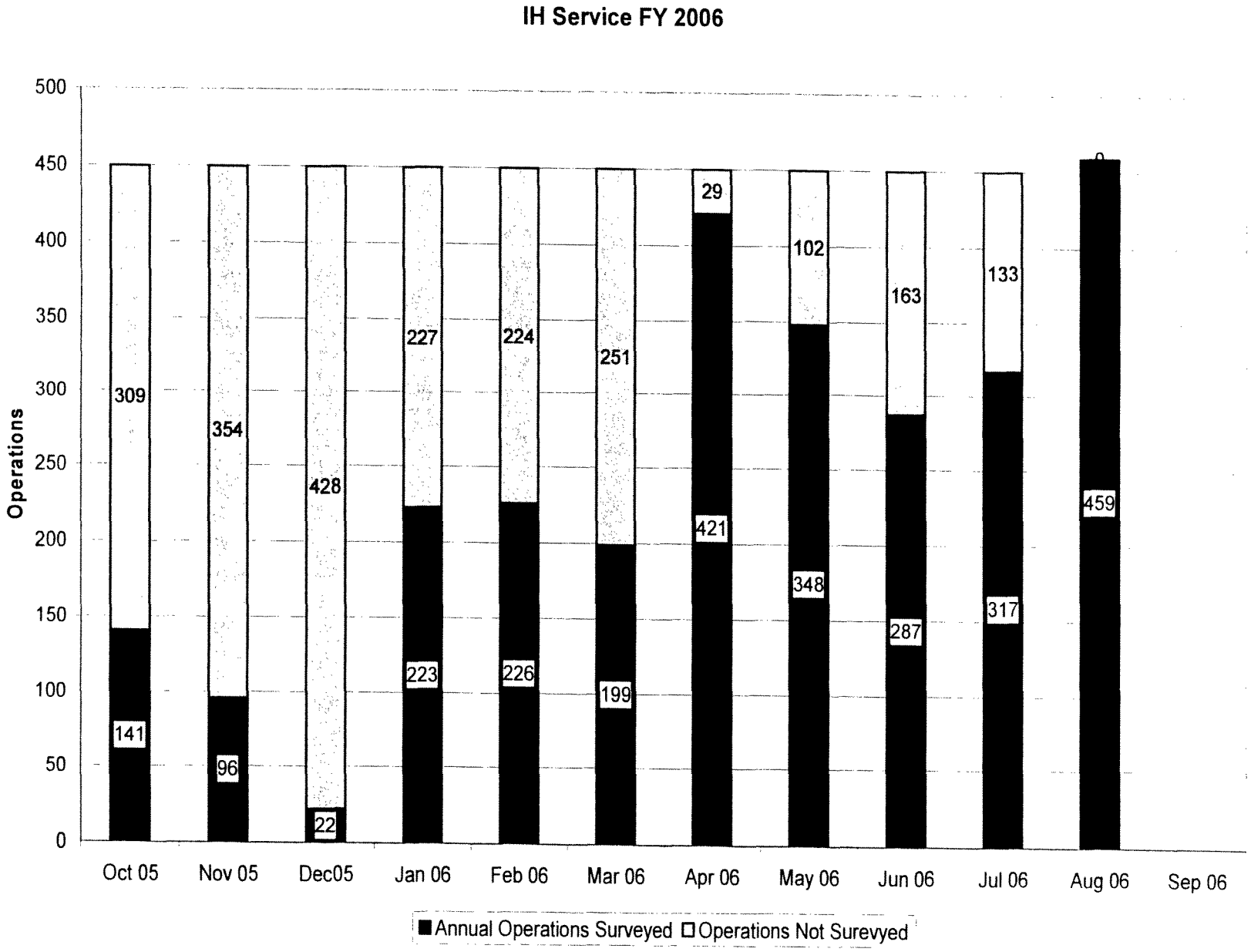
Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.

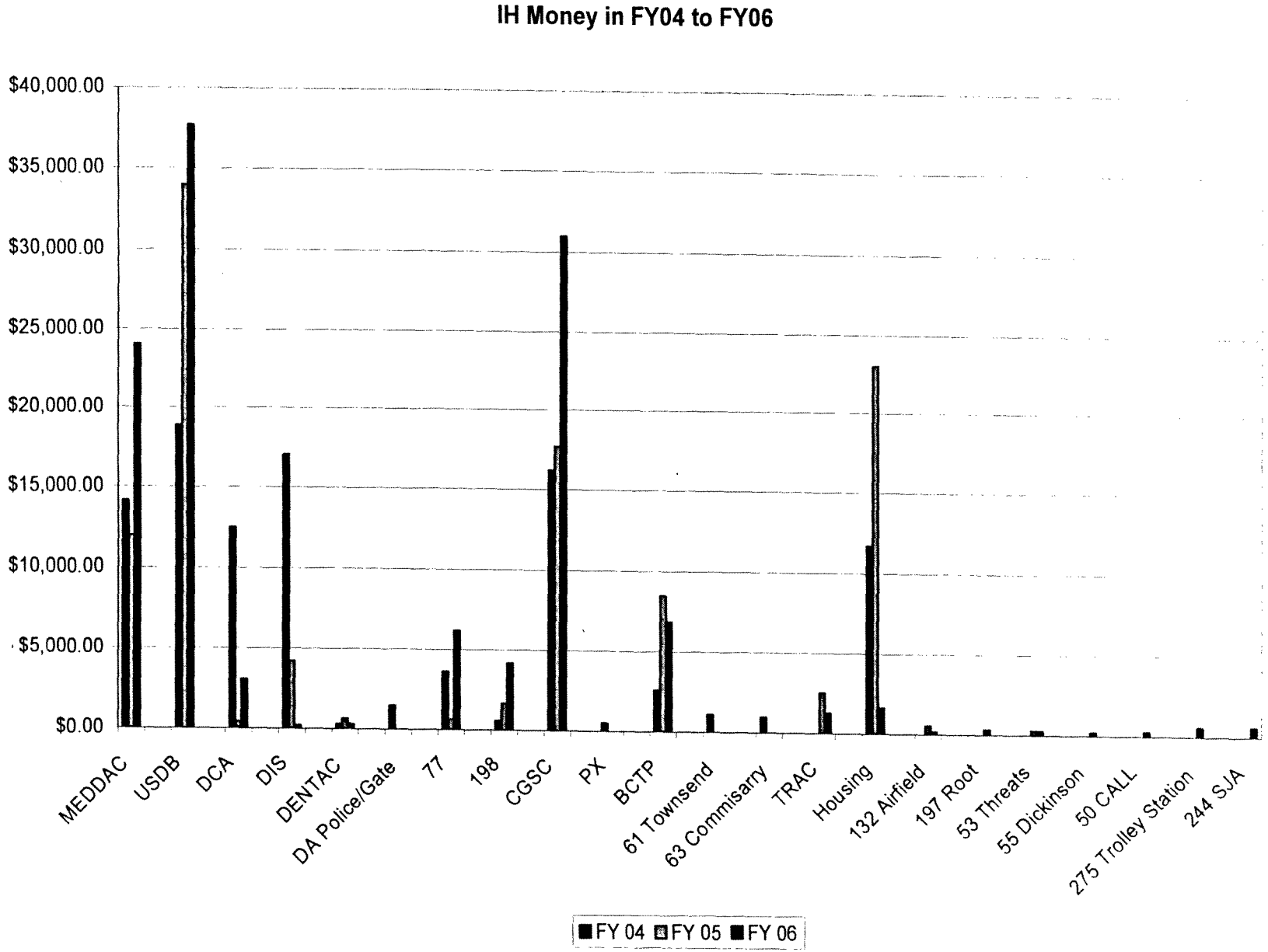
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Fit Test Fire Dept	2/8/Bldg 116

IH Services FY 2006




IH Service FY 2006
Operations
500
450
400
350
300
250
200
150
100
50
0
309
354
428
227
224
251
29
102
163
133
0
141
96
22
223
226
199
421
348
287
317
459
Oct 05
Nov 05
Dec05
Jan 06
Feb 06
Mar 06
Apr 06
May 06
Jun 06
Jul 06
Aug 06
Sep 06
Annual Operations Surveyed
Operations Not Surevyed


IH Money in FY04 to FY06
$40,000.00
$35,000.00
$30,000.00
$25,000.00
$20,000.00
$15,000.00
$10,000.00
$5,000.00
$0.00
MEDDAC
USDB
DCA
DIS
DENTAC
DA Police/Gate
77
198
CGSC
PX
BCTP
61 Townsend
63 Commisarry
TRAC
Housing
132 Airfield
197 Root
53 Threats
55 Dickinson
50 CALL
275 Trolley Station
244 SJA
FY 04
FY 05
FY 06

Location	FY 04	FY 05	FY 06
MEDDAC	$14,149.00	$11,965.00	$24,054.00
USDB	$18,864.00	$33,948.00	$37,688.00
DCA	$12,487.00	$424.00	$3,070.00
DIS	$17,046.00	$4,194.00	$240.00
DENTAC	$318.00	$640.00	$320.00
DA Police/Gate	$1,494.00	$0.00	$0.00
77	$3,622.00	$661.00	$6,180.00
198	$600.00	$1,705.00	$4,189.00
CGSC	$16,209.00	$17,697.00	$30,983.00
PX	$515.00	$0.00	$0.00
BCTP	$2,564.00	$8,453.00	$6,849.00
61 Townsend	$1,120.00	$0.00	$0.00
63 Commisarry	$995.00	$0.00	$0.00
TRAC	$0.00	$2,499.00	$1,298.00
Housing	$11,702.00	$23,068.00	$1,662.00
132 Airfield	$0.00	$555.00	$180.00
197 Root	$0.00	$0.00	$352.00
53 Threats	$0.00	$300.00	$295.00
55 Dickinson	$0.00	$0.00	$240.00
50 CALL	$0.00	$0.00	$300.00
275 Trolley Station	$0.00	$0.00	$600.00
244 SJA	$0.00	$0.00	$600.00
Sub Totals	$101,685.00	$106,109.00	$119,100.00

IH Numbers END OF MONTH REPORT (FY2006)

Surveys for September 2006

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Belton Clinic	4	
Bldg 343 Log	6	
Bldg 1056 Gentry Clinic	24	
Bldg Lewis & Clark	312	
Bldg 111		15
Bldg 48 IAQ	7	
Bldg 343 Pharm. Compounding	21	
Bldg 343 Occ Health	3	
Bldg 644 Harney Gym	40	
Bldg 343 Pathology		6
Totals	413	21

Number of Design Reviews done: 1,300 (# of pages or items read and review for completeness.)

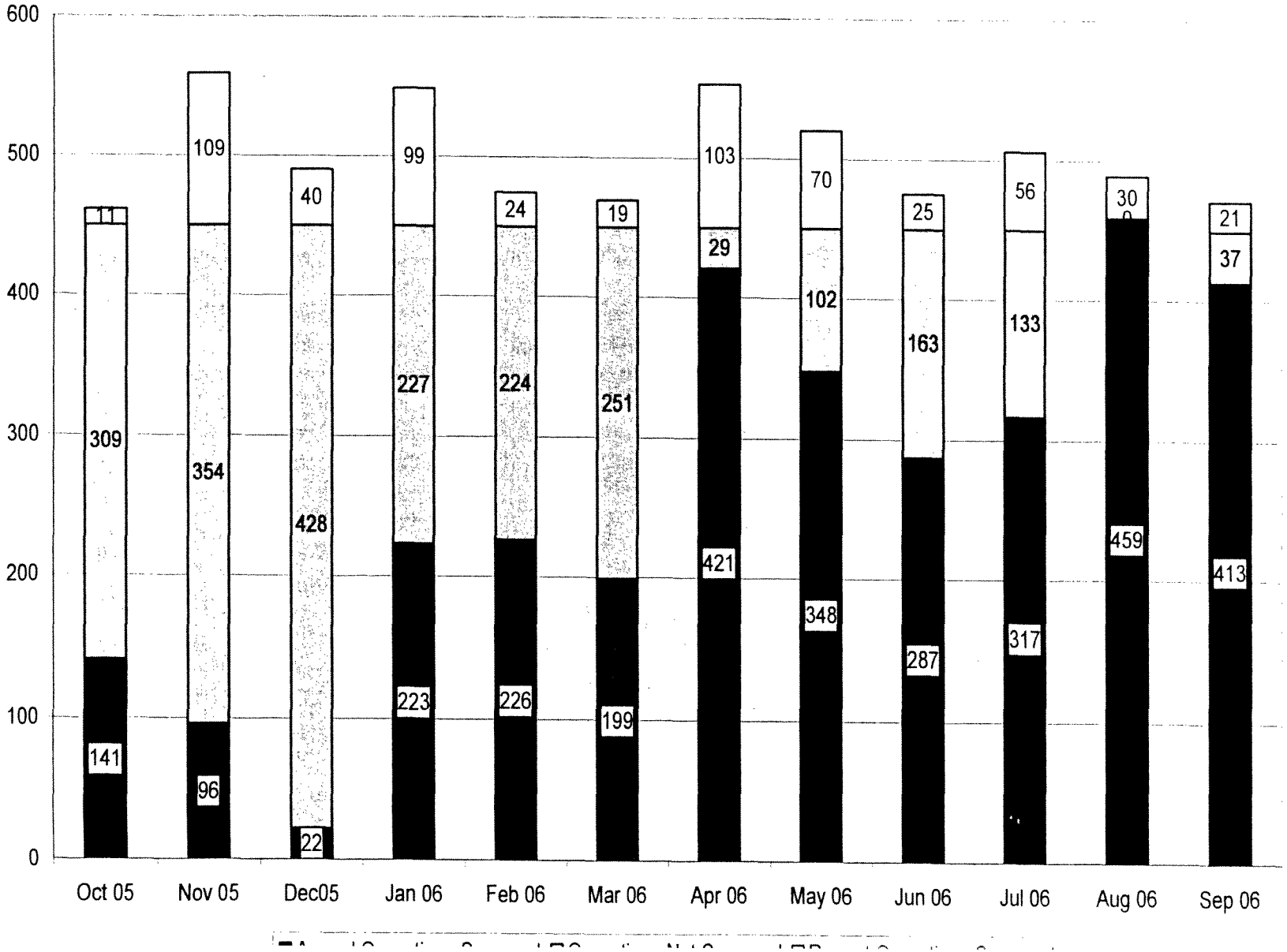
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES & COE Informed
Lewis & Clark	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
Bldg 61 Battle Seminar Facitily	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
New USDB Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	

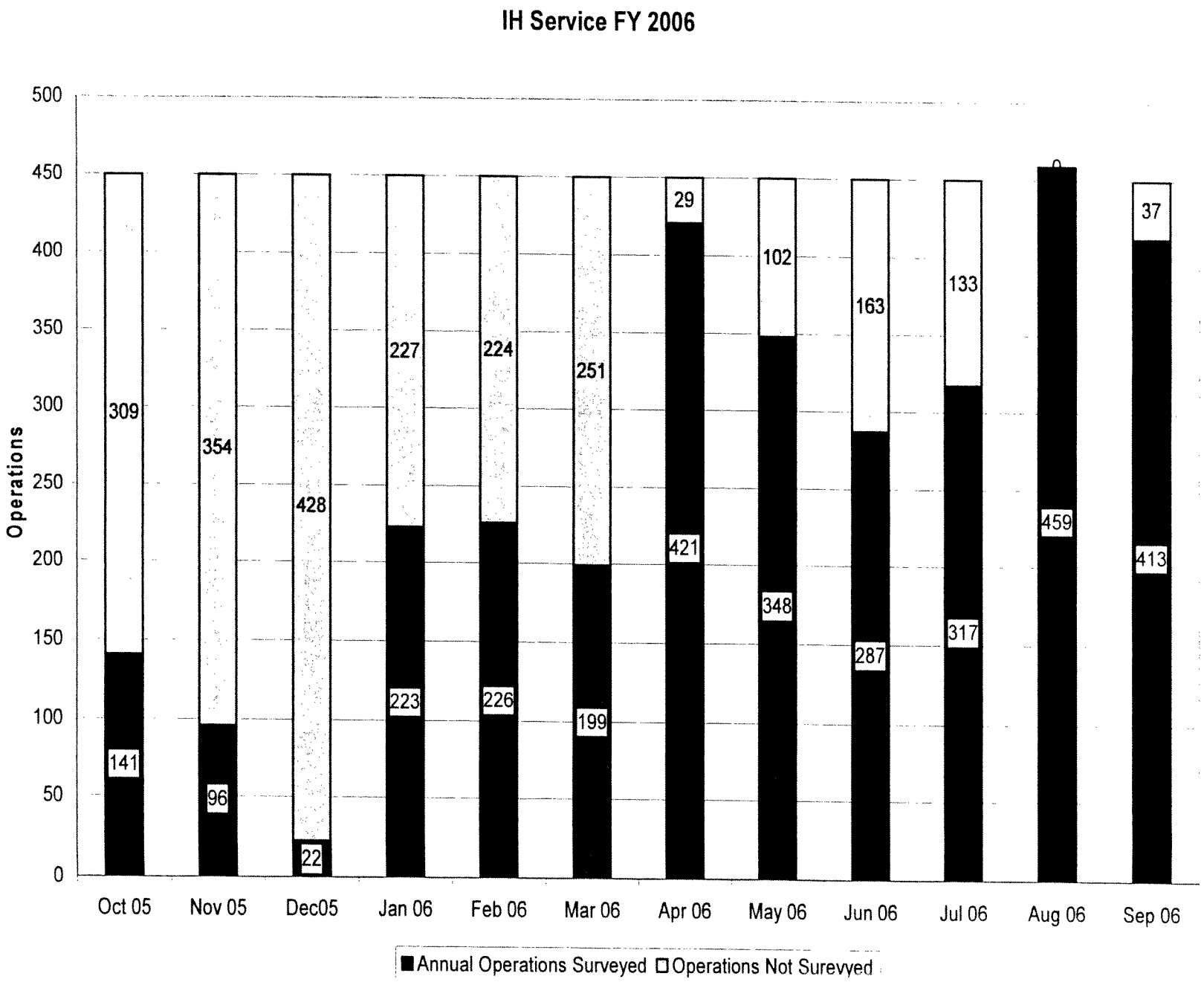
Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.

Training Sessions Provided

Type of Training	#classes/# of Attendees/location
None	2/8/Bldg 116

IH Services for FY 2006




IH Service FY 2006
Operations
500
450
400
350
300
250
200
150
100
50
0
309
354
428
227
224
251
29
102
163
133
0
37
141
96
22
223
226
199
421
348
287
317
459
413
Oct 05
Nov 05
Dec05
Jan 06
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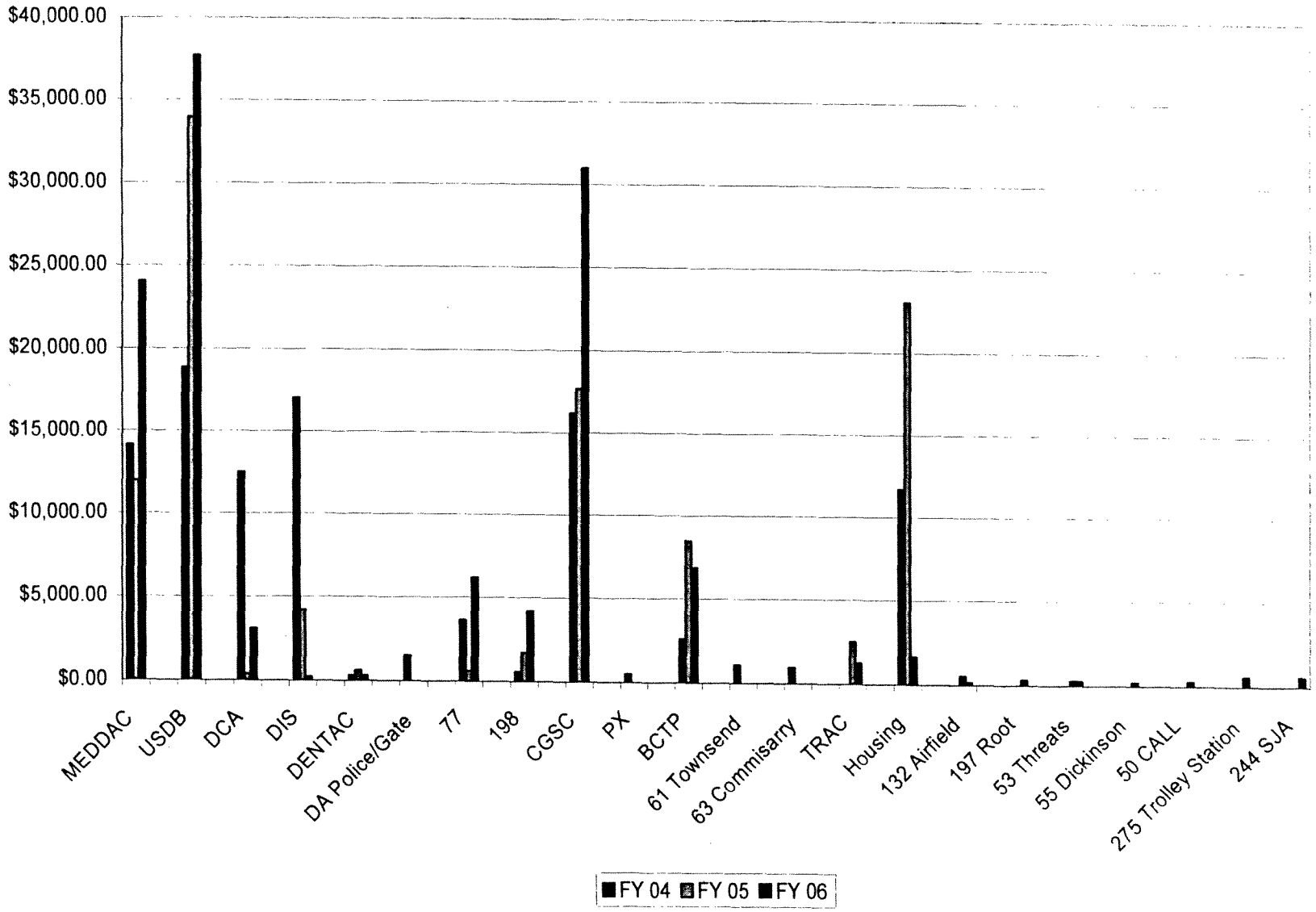
Mar 06
Apr 06
May 06
Jun 06
Jul 06
Aug 06
Sep 06
Annual Operations Surveyed
Operations Not Surevyed

IH Money in FY04 to FY06



Location	FY 04	FY 05	FY 06
MEDDAC	$14,149.00	$11,965.00	$24,054.00
USDB	$18,864.00	$33,948.00	$37,688.00
DCA	$12,487.00	$424.00	$3,070.00
DIS	$17,046.00	$4,194.00	$240.00
DENTAC	$318.00	$640.00	$320.00
DA Police/Gate	$1,494.00	$0.00	$0.00
77	$3,622.00	$661.00	$6,180.00
198	$600.00	$1,705.00	$4,189.00
CGSC	$16,209.00	$17,697.00	$30,983.00
PX	$515.00	$0.00	$0.00
BCTP	$2,564.00	$8,453.00	$6,849.00
61 Townsend	$1,120.00	$0.00	$0.00
63 Commisarry	$995.00	$0.00	$0.00
TRAC	$0.00	$2,499.00	$1,298.00
Housing	$11,702.00	$23,068.00	$1,662.00
132 Airfield	$0.00	$555.00	$180.00
197 Root	$0.00	$0.00	$352.00
53 Threats	$0.00	$300.00	$295.00
55 Dickinson	$0.00	$0.00	$240.00
50 CALL	$0.00	$0.00	$300.00
275 Trolley Station	$0.00	$0.00	$600.00
244 SJA	$0.00	$0.00	$600.00
Sub Totals	$101,685.00	$106,109.00	$119,100.00

IH Numbers END OF MONTH REPORT (FY2007)

Surveys for October 2006

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 1140 USDB Engineers	126	
Bldg 136 IAQ	12	
Bldg 302 Noise	48	48
Bldg Lewis & Clark	130	
Bldg 343 P. Rep	3	
Bldg 343 Pharm. Compounding	21	
Totals	330	48

Karl Gibson was off for 12 work days during October and TDY for 2 work days.

Number of Design Reviews done: 3,300 (# of pages or items read and review for completeness.)

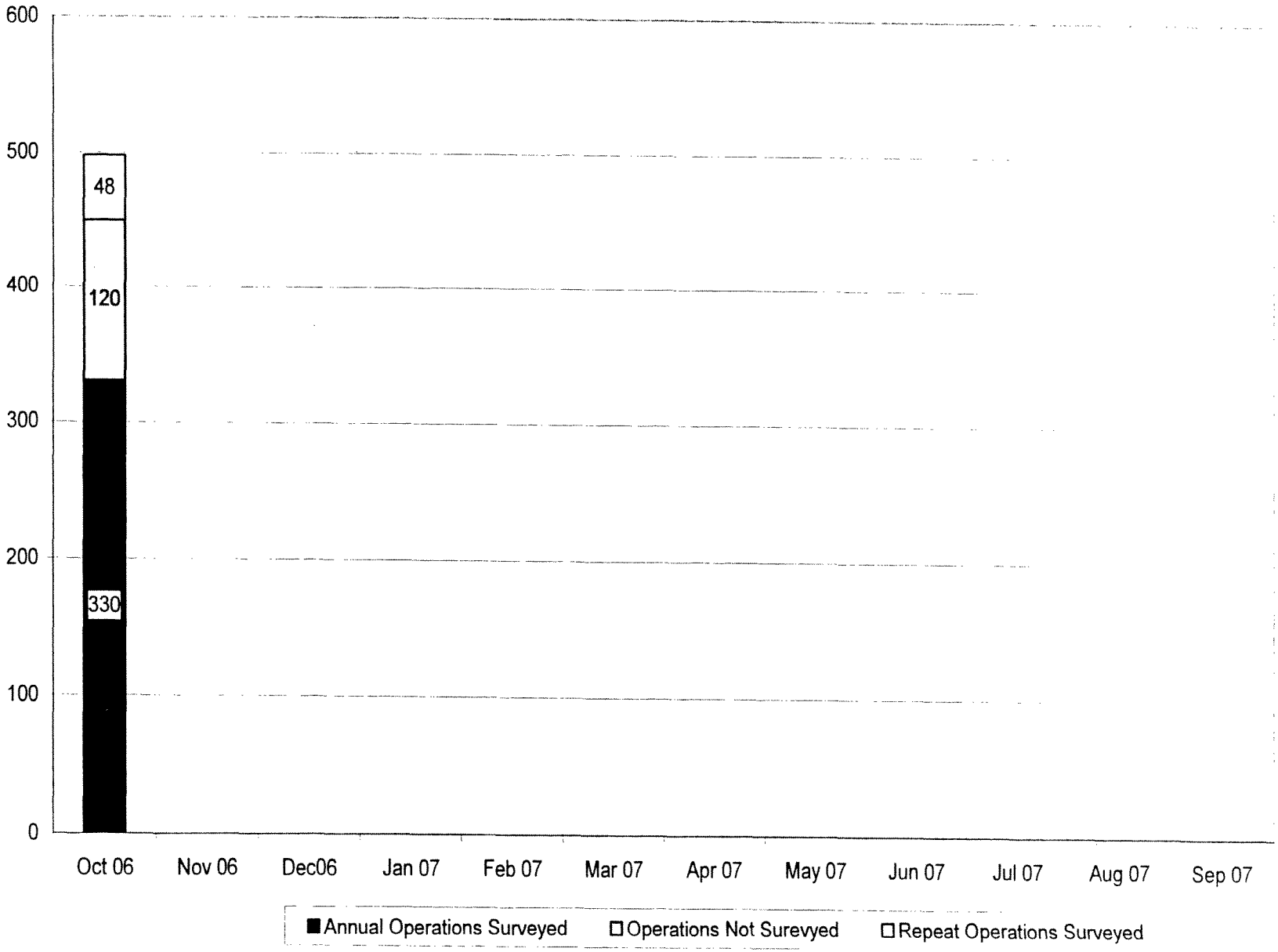
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES & COE Informed
Lewis & Clark	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
Bldg 61 Battle Seminar Facitily	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
New USDB Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	

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

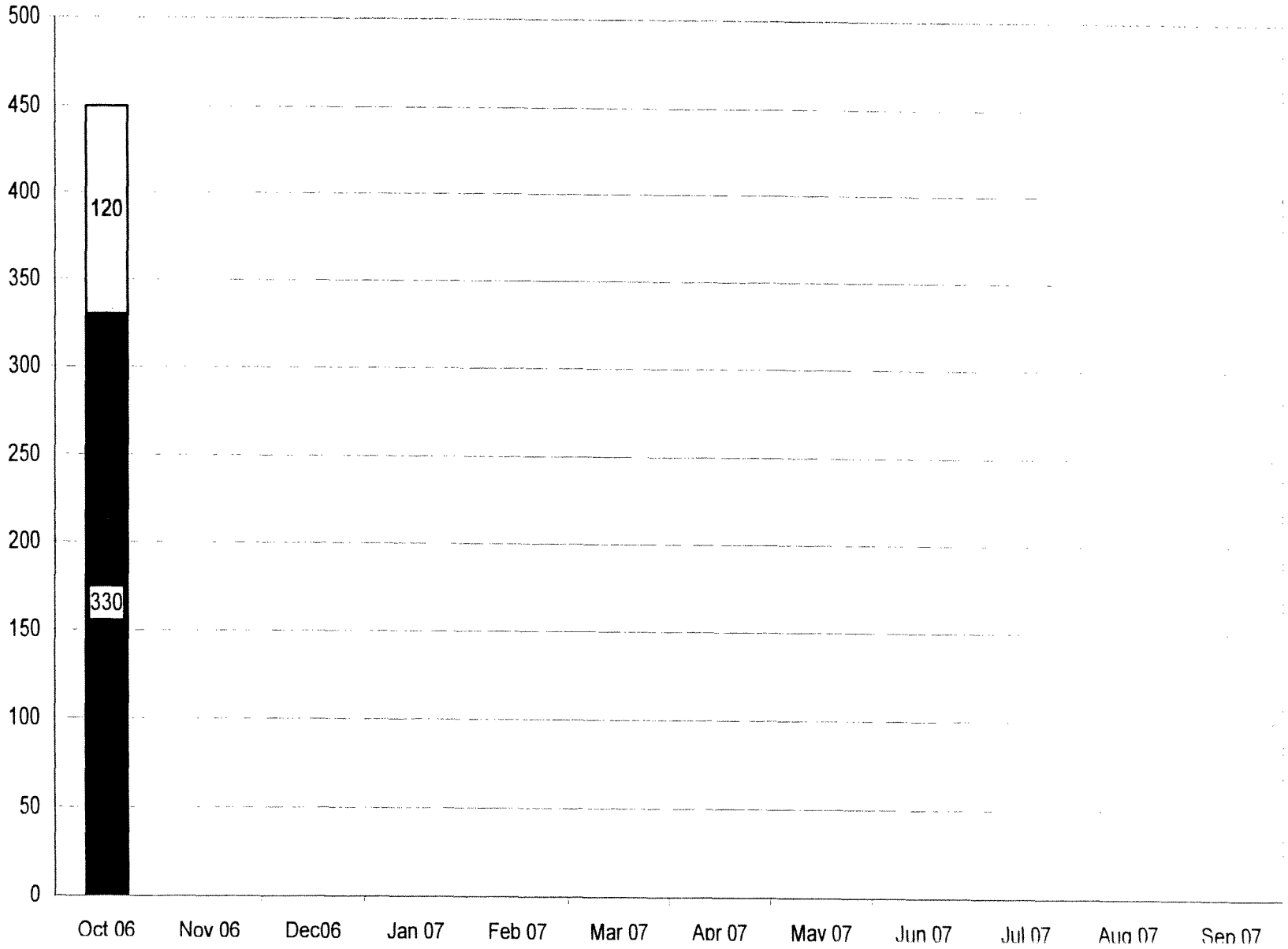
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
None	2/8/Bldg 116

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for November 2006

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 86 Vehicle Maintenance Shops	59	
Bldg 238 HVAC Shops	27	
Bldg 1140 USDB Vent	64	64
Bldg 1140 USDB Lighting	64	64
Bldg 424 DIS DB Shops	51	
Bldg Lewis & Clark	17	
Bldg 343 OR	20	
Bldg 343 Pharm. Compounding	21	
Totals	357	128

Karl Gibson was off for 6 work days and TDY for 2 work days during November's 21 work days.

Number of Design Reviews done: 2,300 (# of pages or items read and review for completeness.)

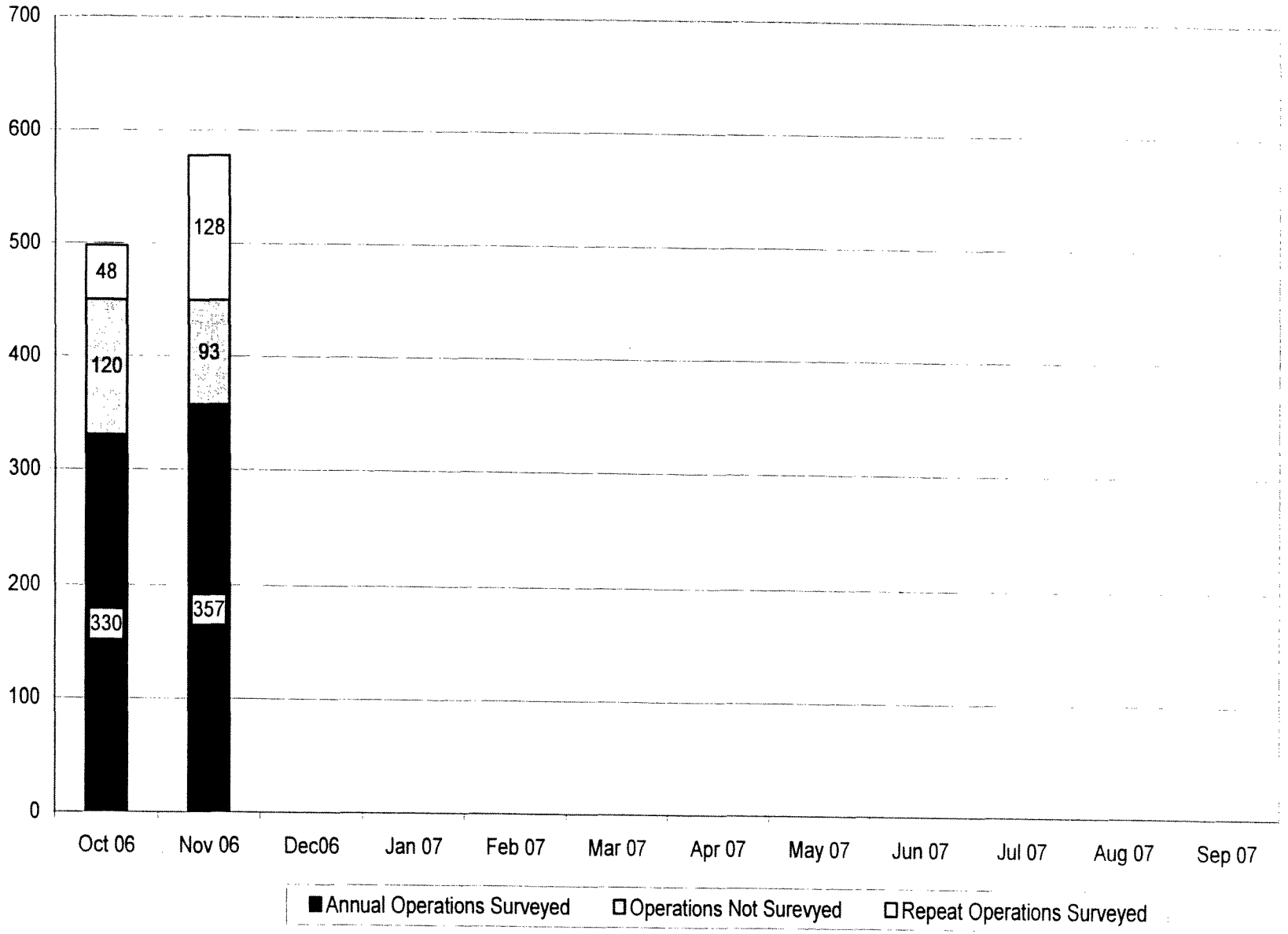
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES & COE Informed
Lewis & Clark	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
Bldg 61 Battle Seminar Facility	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
RCF Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

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

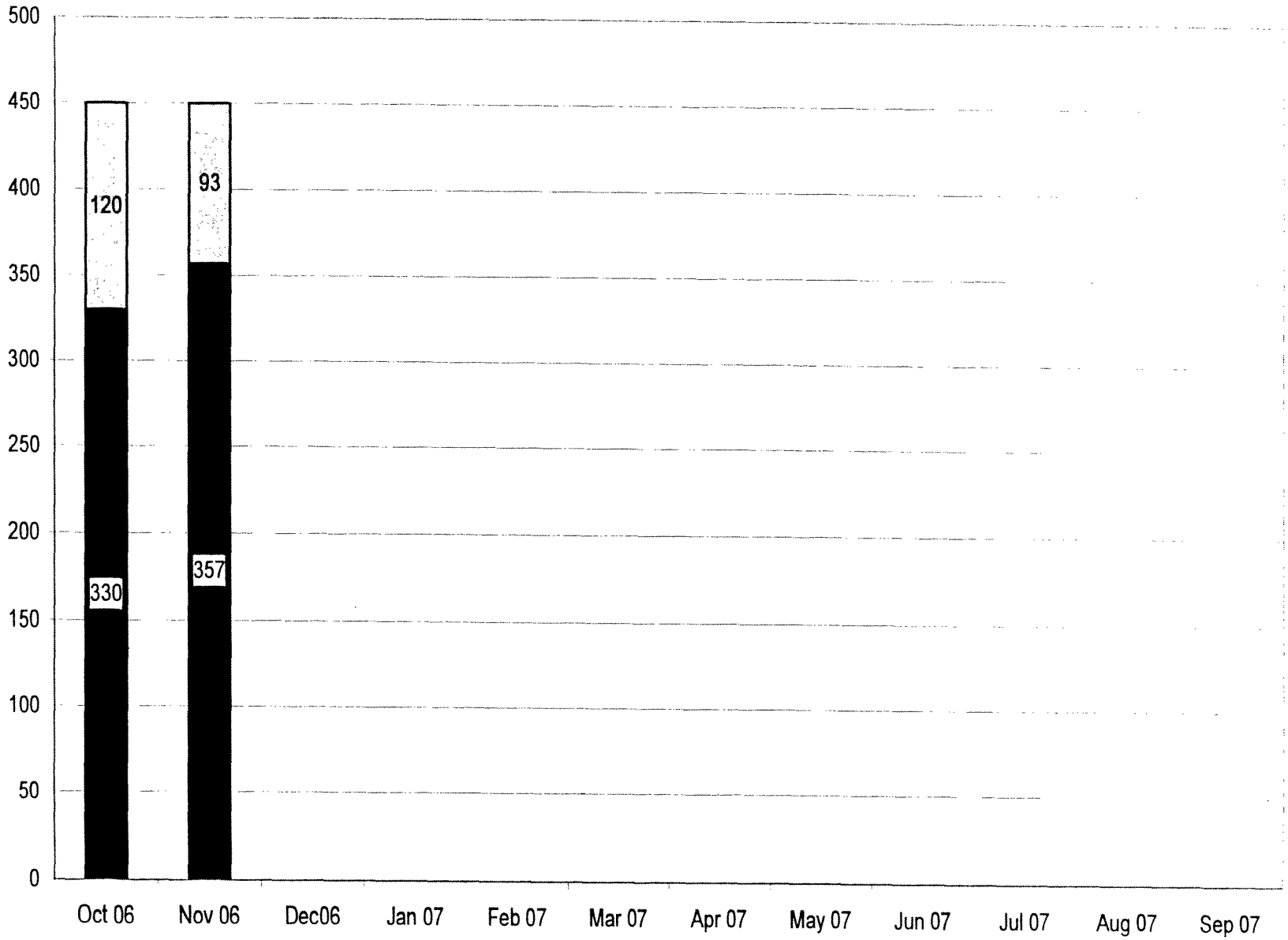
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Lead Awareness	1/6/Bldg 86

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for December 2006

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 343 Pharm. Compounding	21	
Totals	21	

Karl Gibson was off for 16 work days and TDY for 1 work day during December's 20 work days.

During the 4 work day, IH moved from Bldg 116 to Hoge Barracks, attended the RCF charette all 4 days, and assisted in Great Plains assistance visit.

Number of Design Reviews done: 1,300 (# of pages or items read and review for completeness.)

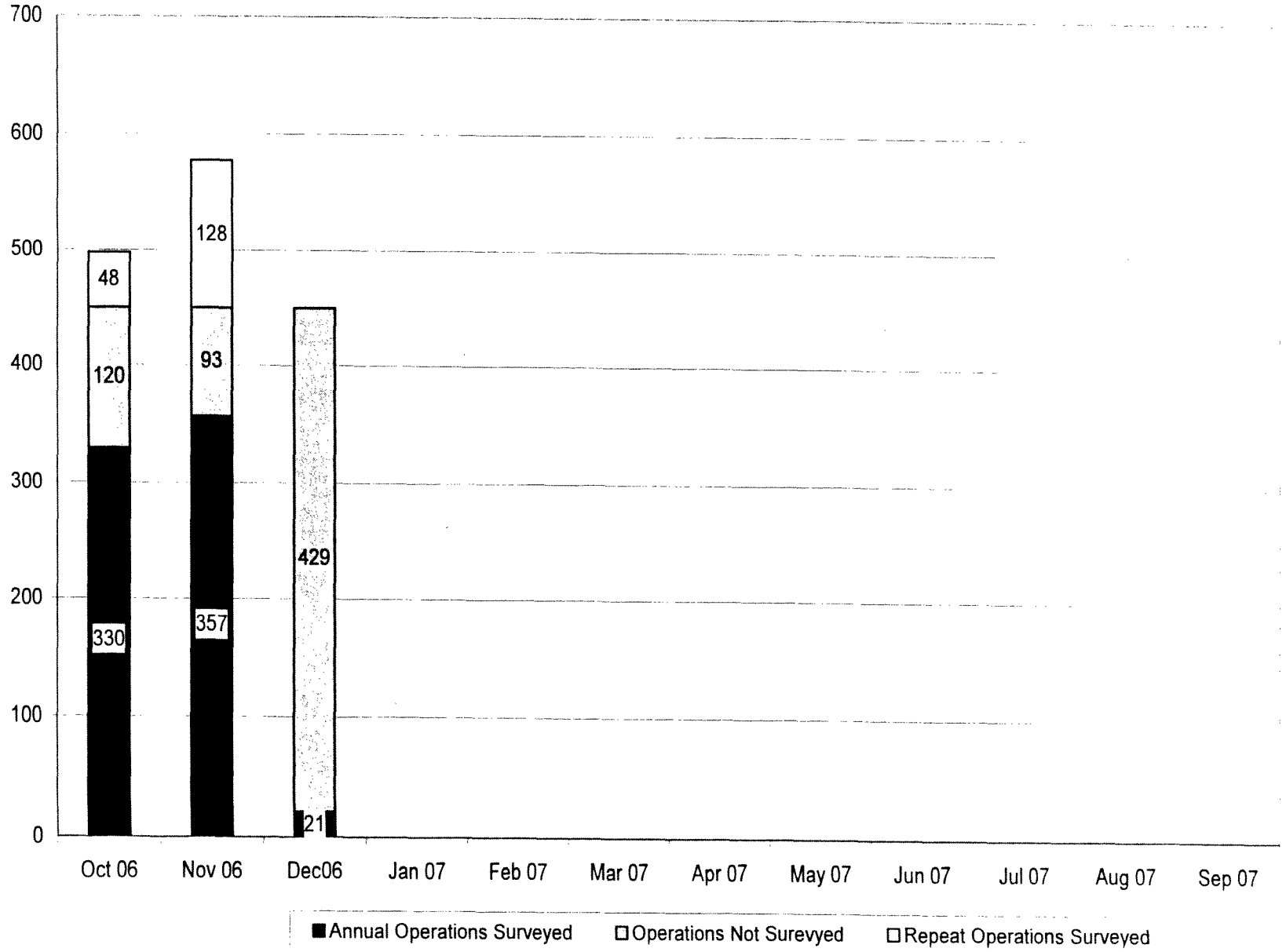
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES has started work with complying.
Lewis & Clark	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
Bldg 61 Battle Seminar Facility	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
RCF Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

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

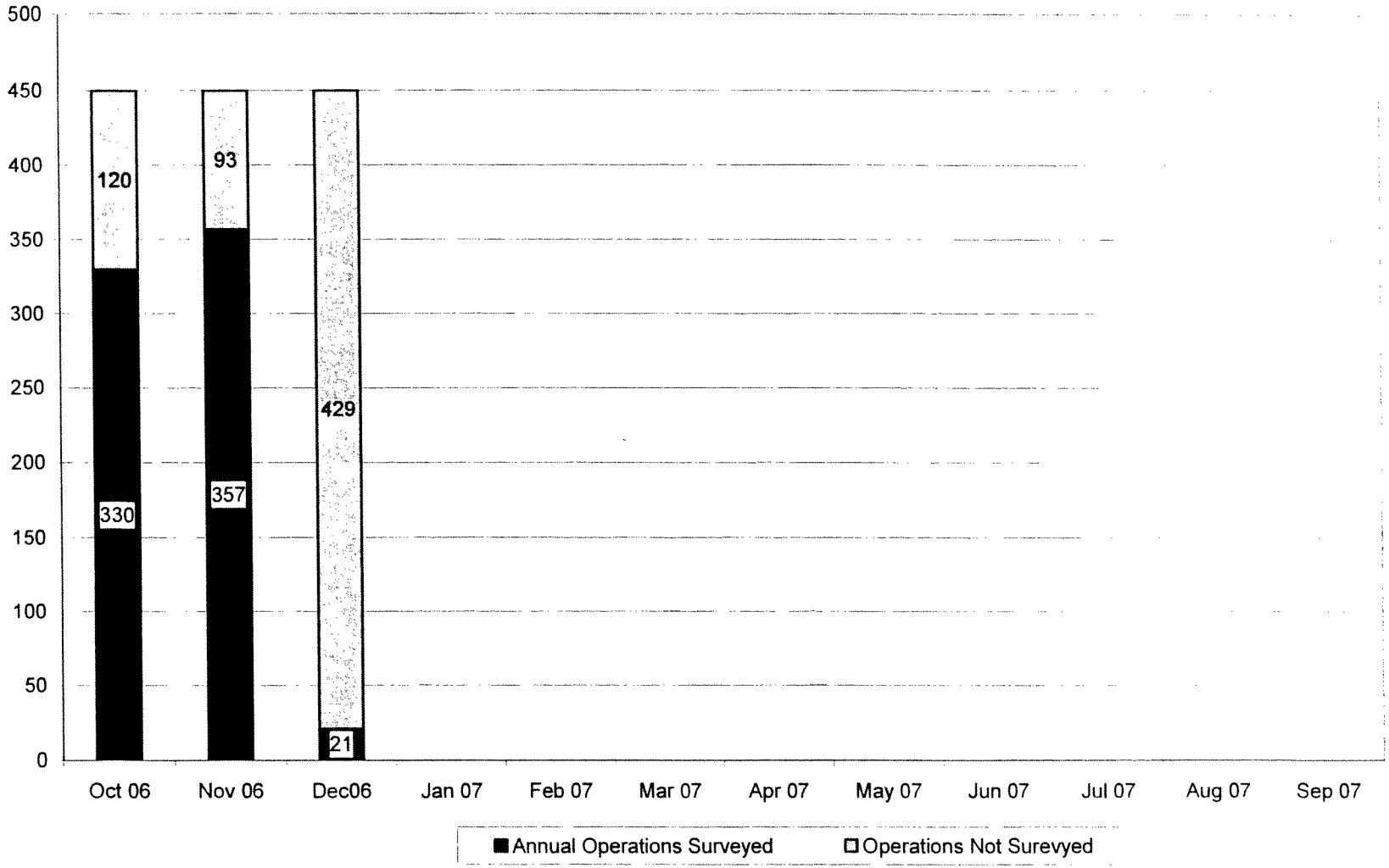
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
None	

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for January 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 227 Ento	9	
Bldg 644 Harney Pool	3	
Bldg 62 Ed Ctr IAQ	12	
Bldg 62 CDC IAQ	8	
Bldg 132 SAAF	10	
Bldg 225 Trusdale Craft Shop	27	
Bldg 45 IAQ	10	
Bldg 62 CDC	112	
Bldg 86 Maint	12	
Bldg 424 DIS at USDB	11	
Bldg 343 Pharm. Compounding x2	42	
Totals	256	

Number of Design Reviews done: 300 (# of pages or items read and review for completeness.)

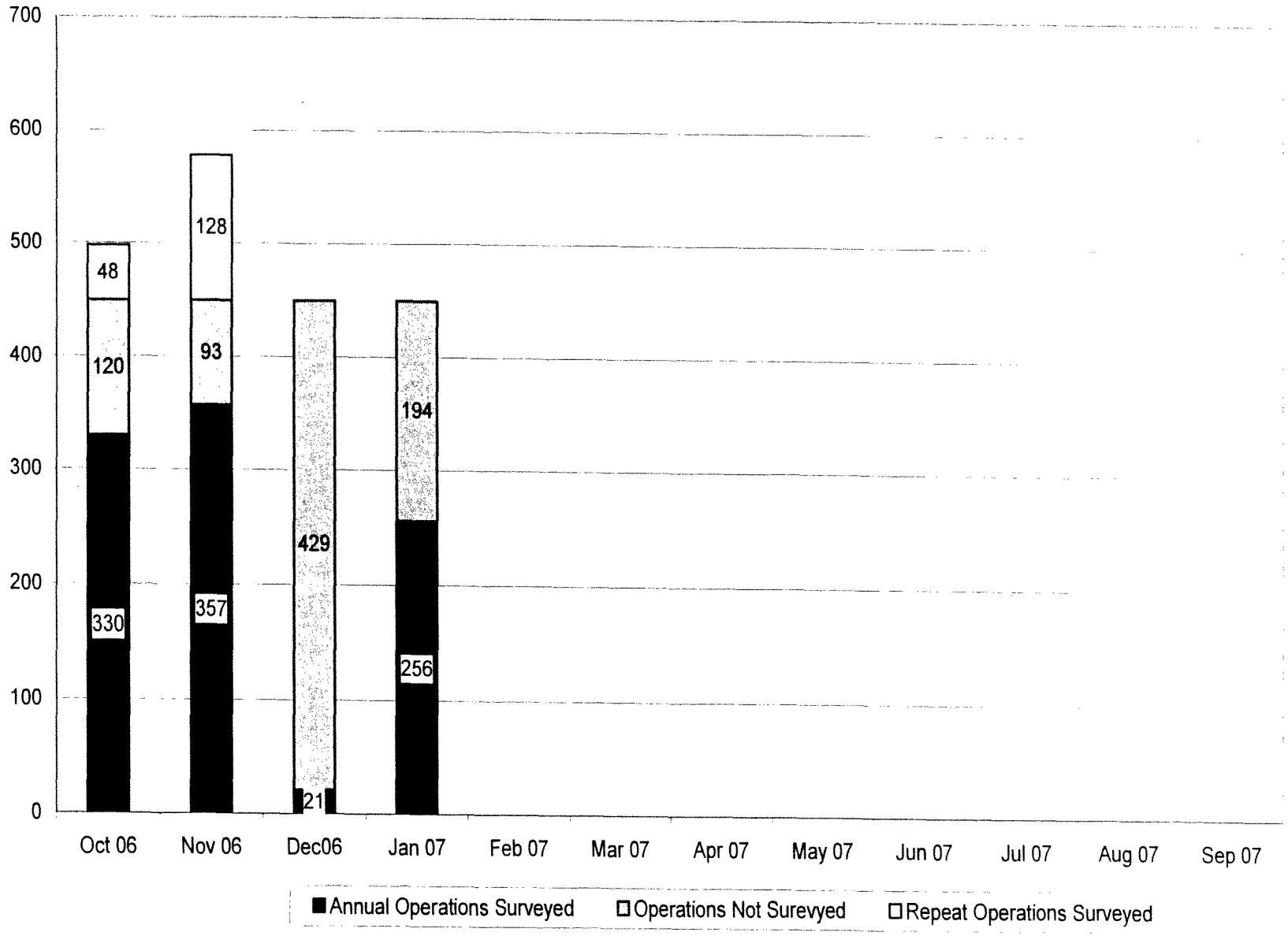
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES has started work with complying.
Lewis & Clark	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	Finished paper work
Bldg 61 Battle Seminar Facility	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
RCF Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

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

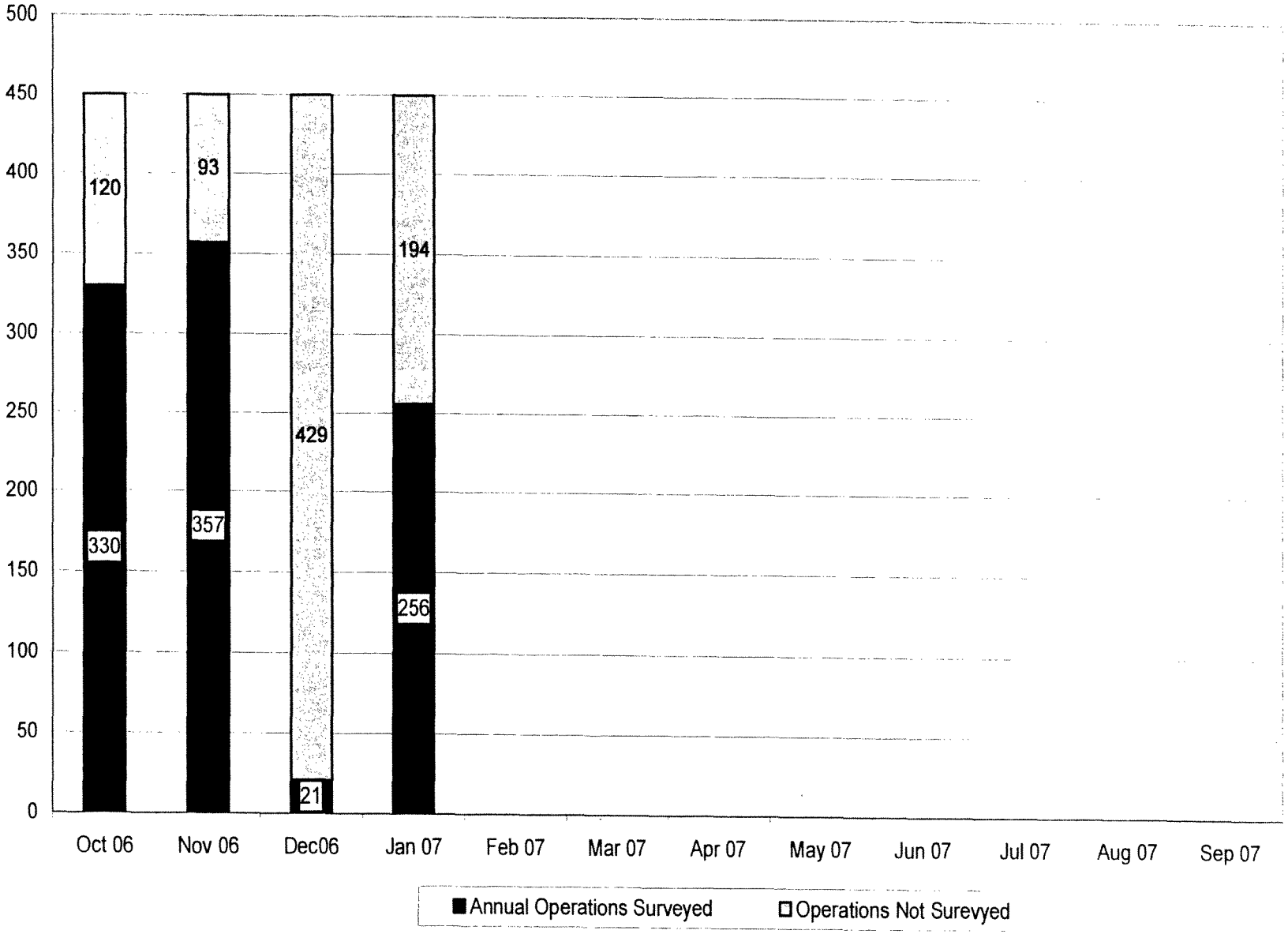
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
None	

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for February 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 45 IAQ	50	
Bldg 62 CDC	84	
Bldg 225 Craft Shop	15	
Bldg 57 Mercury Spill	1	
Bldg 132 SAAF	10	6
Bldg 343 Cdr Office Construction	4	4
Bldg 262 Ex Services	10	
Bldg 77 DAPS	30	
Bldg 343 ASC	13	
Bldg 343 MERT	4	
Bldg 343 Personnel Office	4	
Bldg 343 Med Co.	4	
Bldg 343 Ortho	15	
Bldg 343 PT	10	
Bldg 343 Pathology	26	
Bldg 343 Pharm. Compounding	21	
Bldg 341 Warehouse	48	
Totals	349	10

Number of Design Reviews done: 700 (# of pages or items read and review for completeness.)

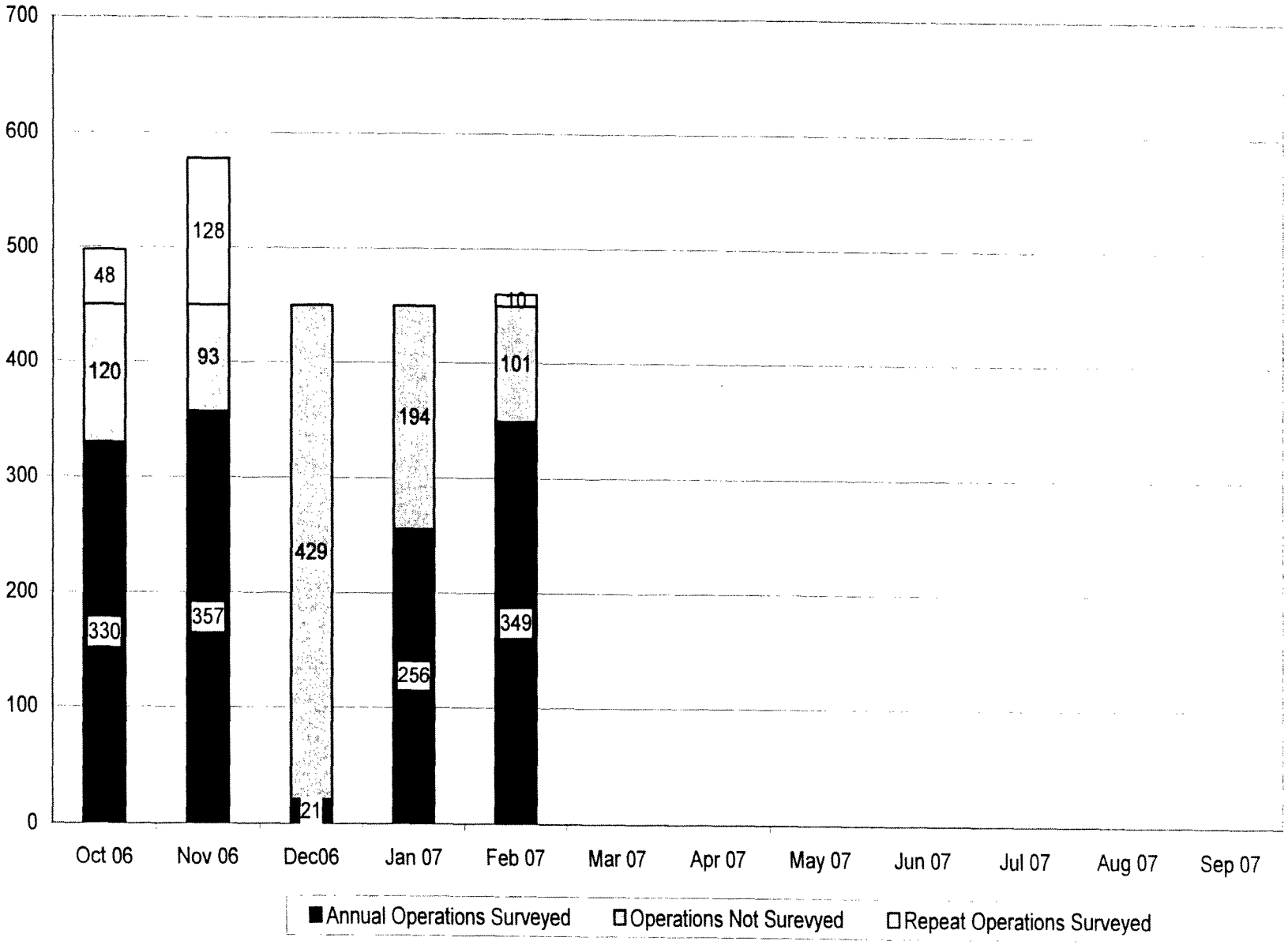
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES has started work with complying.
Bldg 61 Battle Seminar Facility	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
RCF Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
Bldg 52 HVAC Renovation	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
Bldg 318 HVAC Renovation	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
Bldg 198 HVAC Renovation	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

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

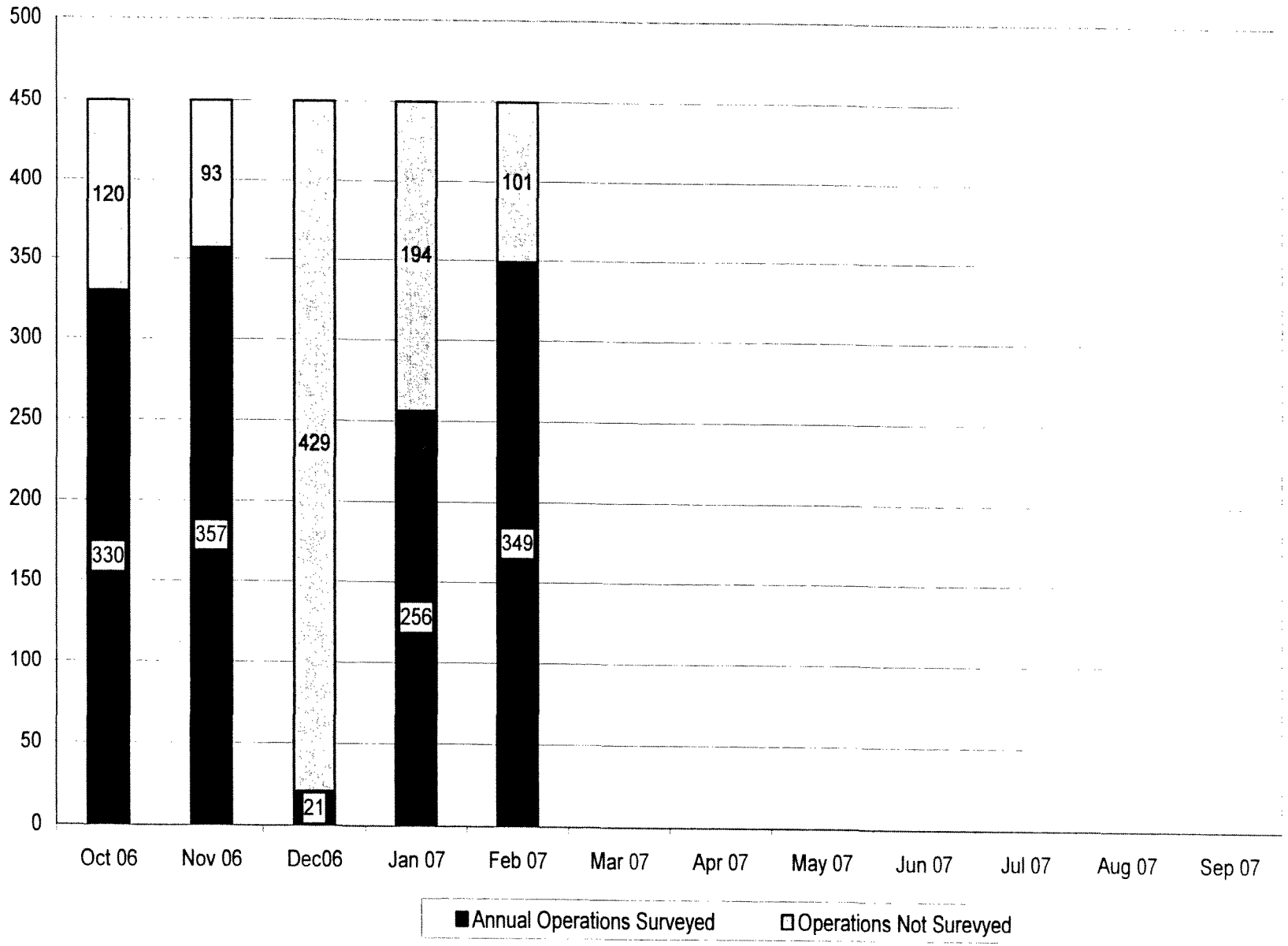
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
None	

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for March 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 343 Med Maint	12	
Bldg 343 OR	26	
Bldg 343 Log	12	
Bldg 343 IMD	8	
Bldg 132 SAAF	6	
Bldg 1056 Gentry	18	
Bldg 343 Radiology	8	
Bldg 343 Pharmacy	12	
Bldg 343 Eye clinic/NCD	4	
Bldg 1140 USDB HC	23	
Bldg 343 PAD	10	
Bldg 343 PM	11	
Bldg 343 RMD	2	
Bldg 343 Command Group	2	
Bldg 343 COD	2	
Bldg 343 MCD	2	
Bldg 343 Pharm. Compounding	21	
Bldg 343 Spec. Clinic	23	
Totals	202	

Number of Design Reviews done: 1,500 (# of pages or items read and review for completeness.)

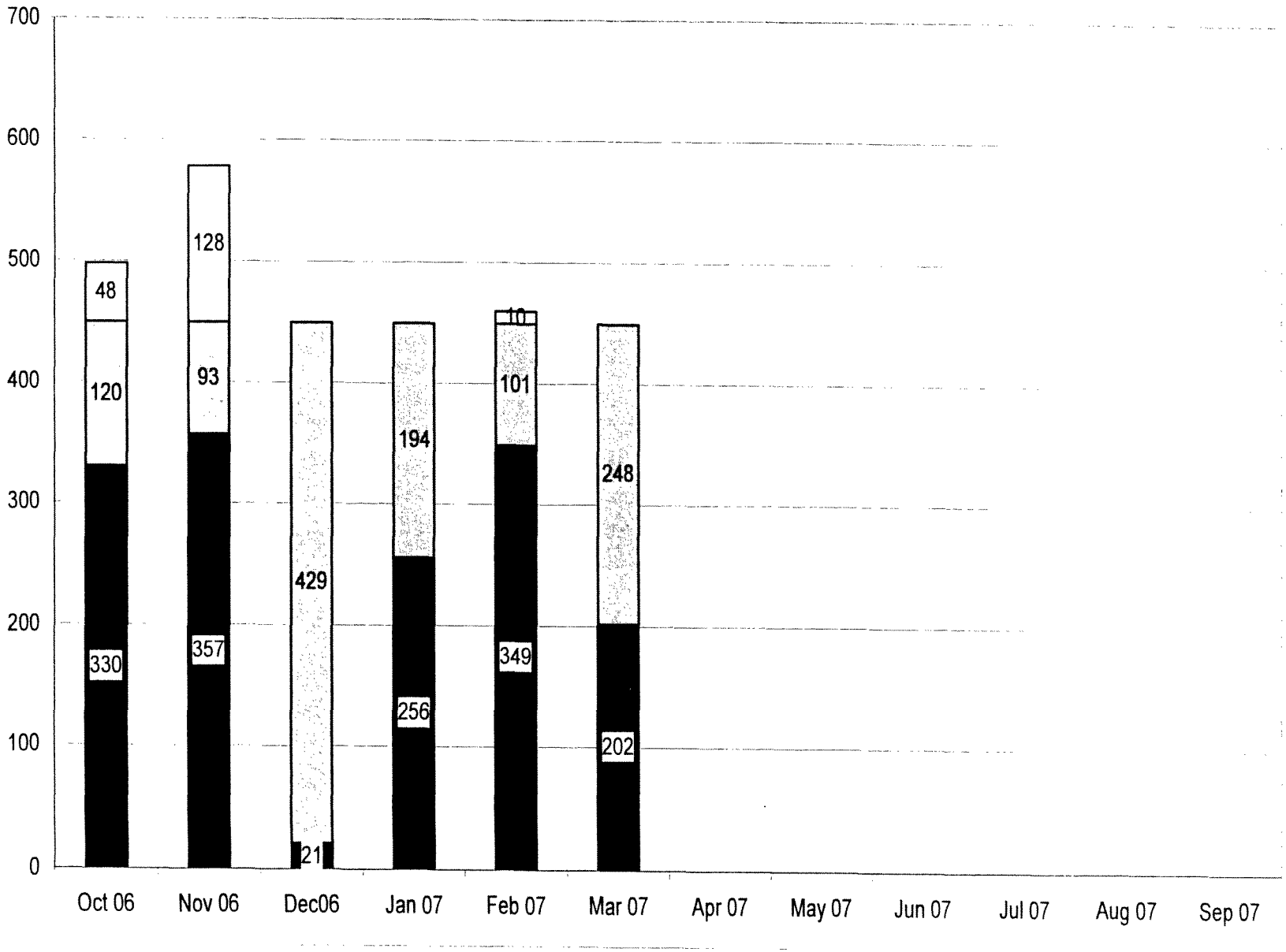
Area	Findings	Recommendations	What has Happened?
Lewis & Clark AFFES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	AFFES has started work with complying.
Bldg 61 Battle Seminar Facility	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
RCF Medium	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	COE Informed
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
MP Bn HQ Complex	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
SAS	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

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

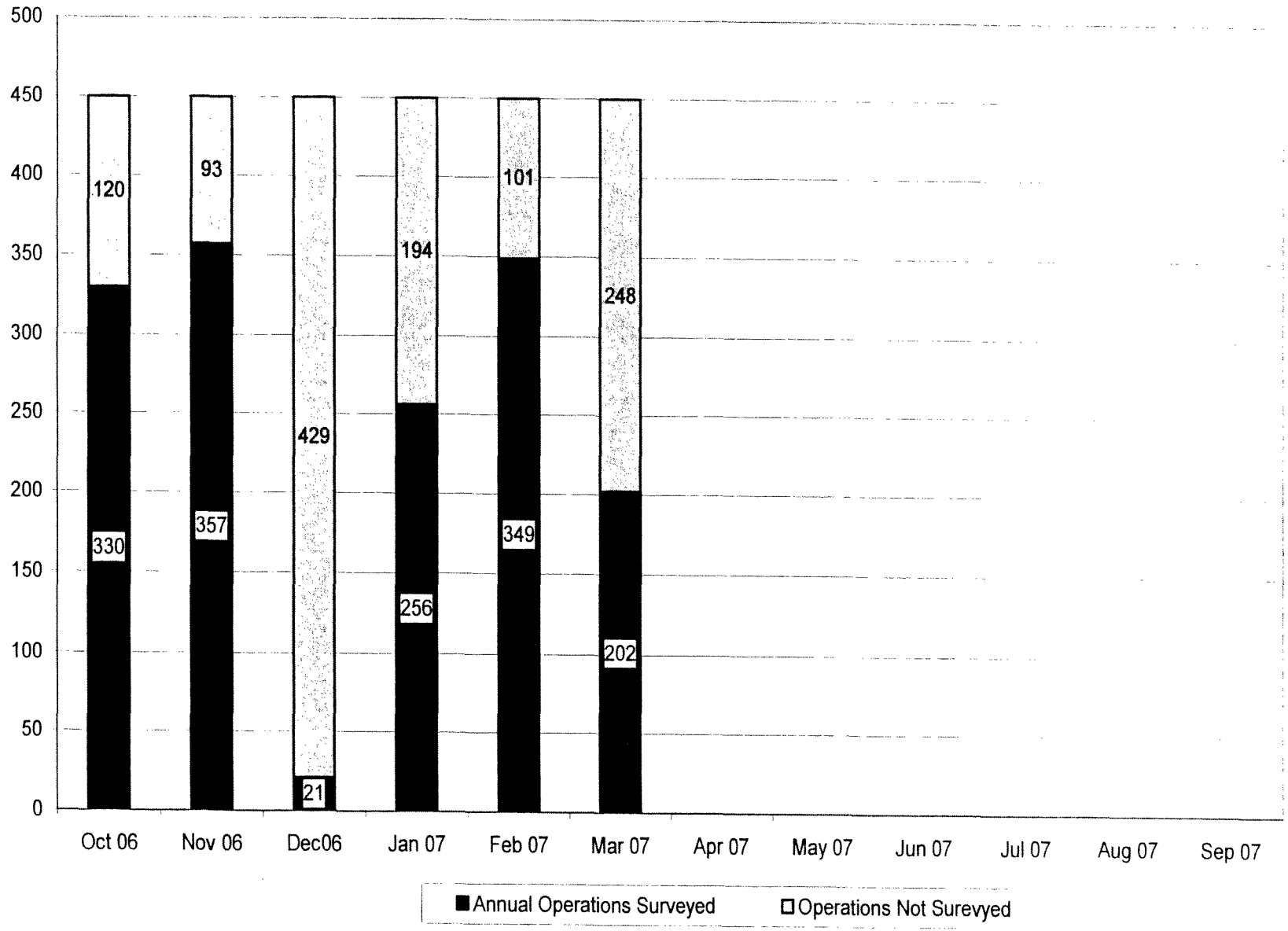
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Fit Testing Fire Dept. 7 Mar 2007	1/1/Bldg 701
Fit Testing Olathe Reserve Center 12 Mar 2007	2/2/Bldg 343
Fit Testing DIS Envir. 13 Mar 2007	1/1/Bldg 80
Lead Awareness 8 Mar 2007	1/6/Bldg 132
Res. Protection and Quan. Fit Testing Procedures 15 Mar 2007	1/18/Bldg 56

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for April 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 132 SAAF		6
Bldg 136 DOIM IAQ	42	
Bldg 343 OR WAG	12	
Bldg 225 IAQ	36	
Bldg 343 PAD		3
Bldg 343 OR Bio	12	
Bldg 198 DCA IAQ	12	
Bldg 343 Pharm. Compounding	21	
Totals	135	9

53 memos were written during the month.

Karl dispatched vehicle on 13 April and 27 April 2007.

Number of Design Reviews done: 450 (# of pages or items read and review for completeness.)

Area	Findings	Recommendations	What has Happened?
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

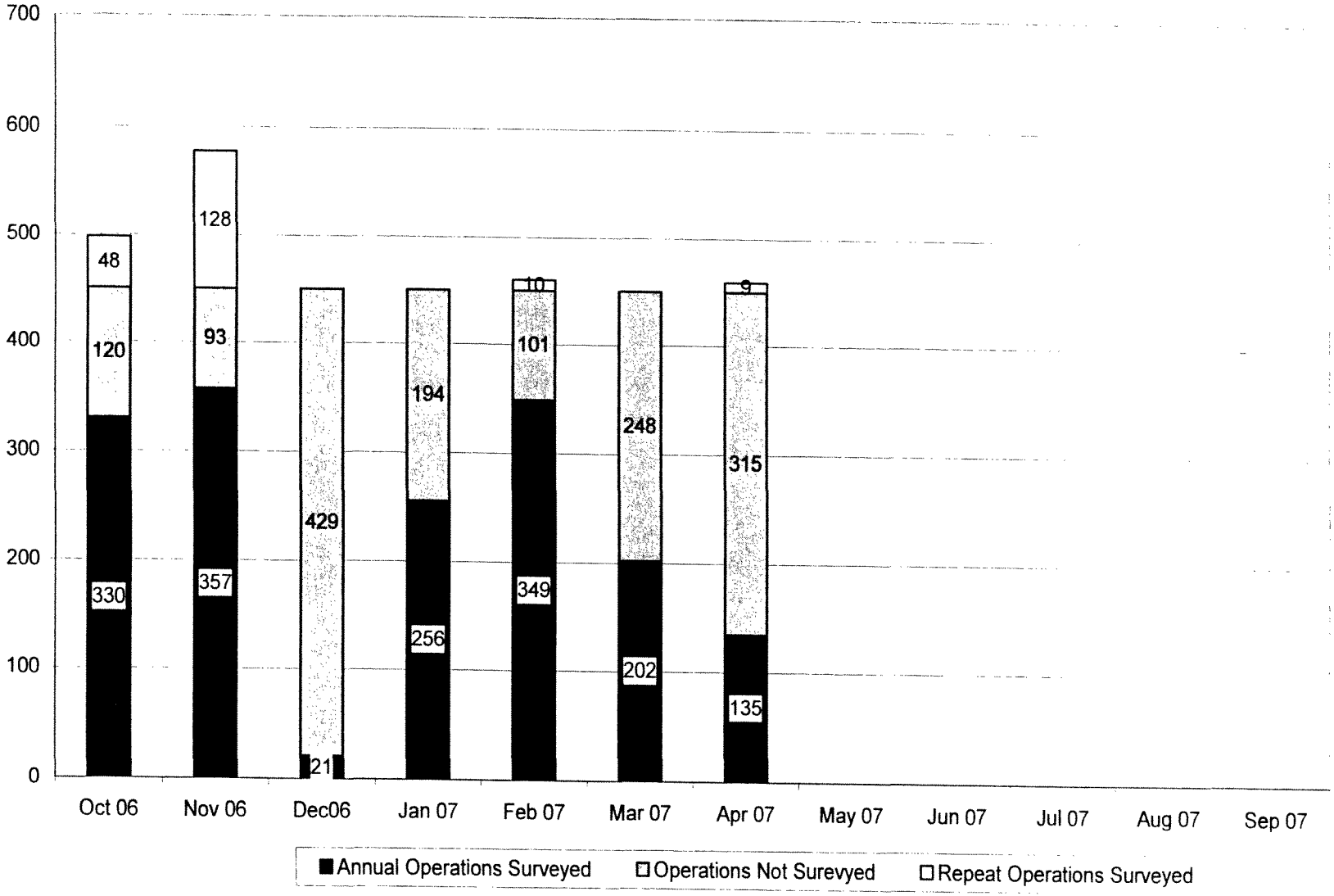
Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.

Training Sessions Provided

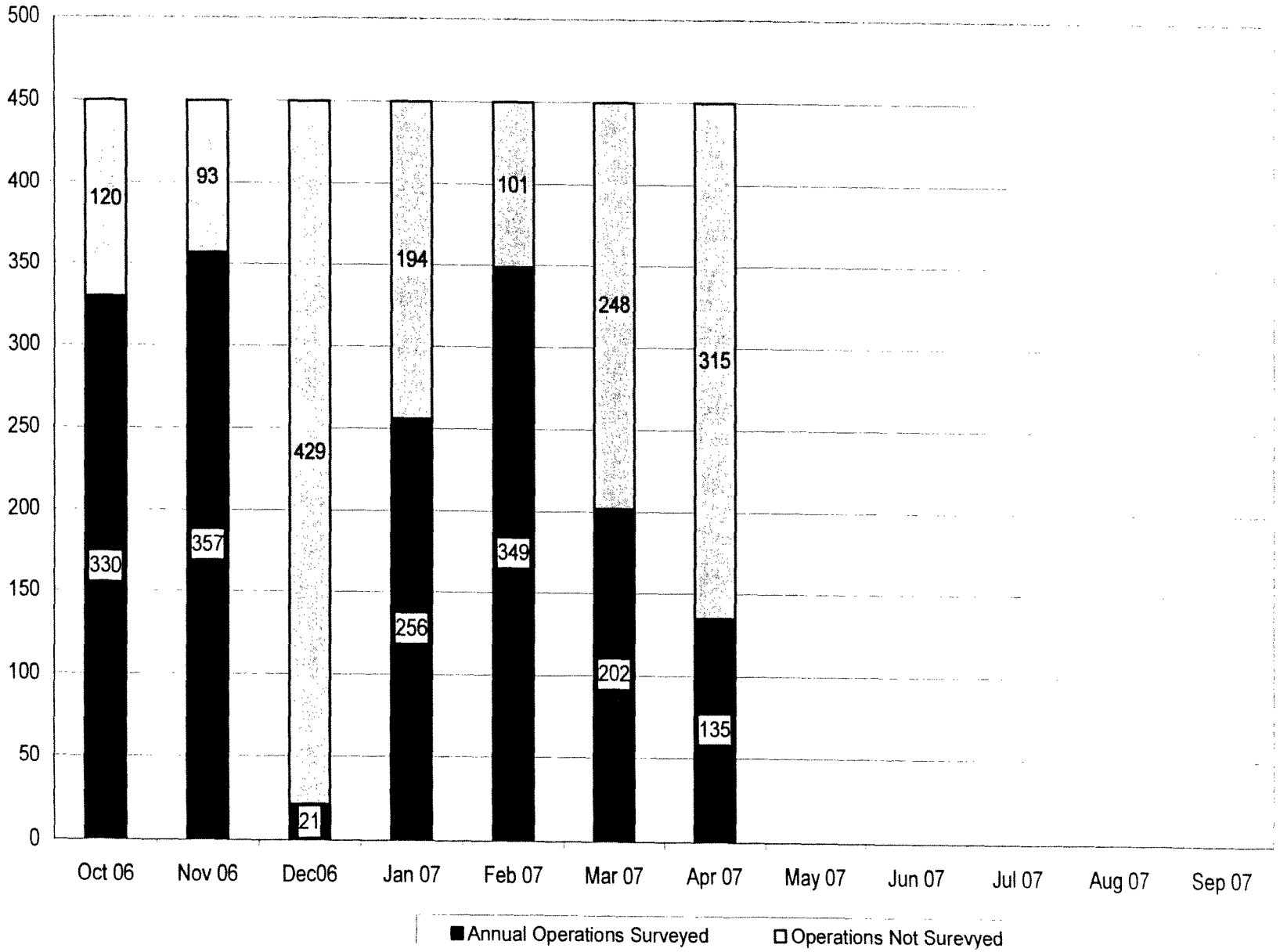
Type of Training	#classes/# of Attendees/location
Fit Testing Fire Dept. 16, 17, 26, & 27 April 2007	40/20/Bldg 701
Fit Testing DA Police 16, 17, 18, 19, & 23 April 2007	66/22/Bldg 320
Fit Testing DIS Envir. 16 April 2007	1/1/Bldg 701

Karl attended DOEHRS-IH from 1-6 April 2007

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for May 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Belton Clinic	4	4 + 4
Bldg 45 NSC IAQ	10	10 + 10
Bldg 102 CTCD IAQ	12	12 + 12
Bldg 55 ACS IAQ	2	2 + 2
Bldg 343 Pharm. Compounding	21	21 + 21
Totals	49	98

Did DOEHRS-IH Data Entry for Karl's Training, Vendors, Labs, and Equipment.

Karl dispatched vehicle on 10 May and 25 May 2007.

Number of Design Reviews done: 5,450 (# of pages or items read and review for completeness.)

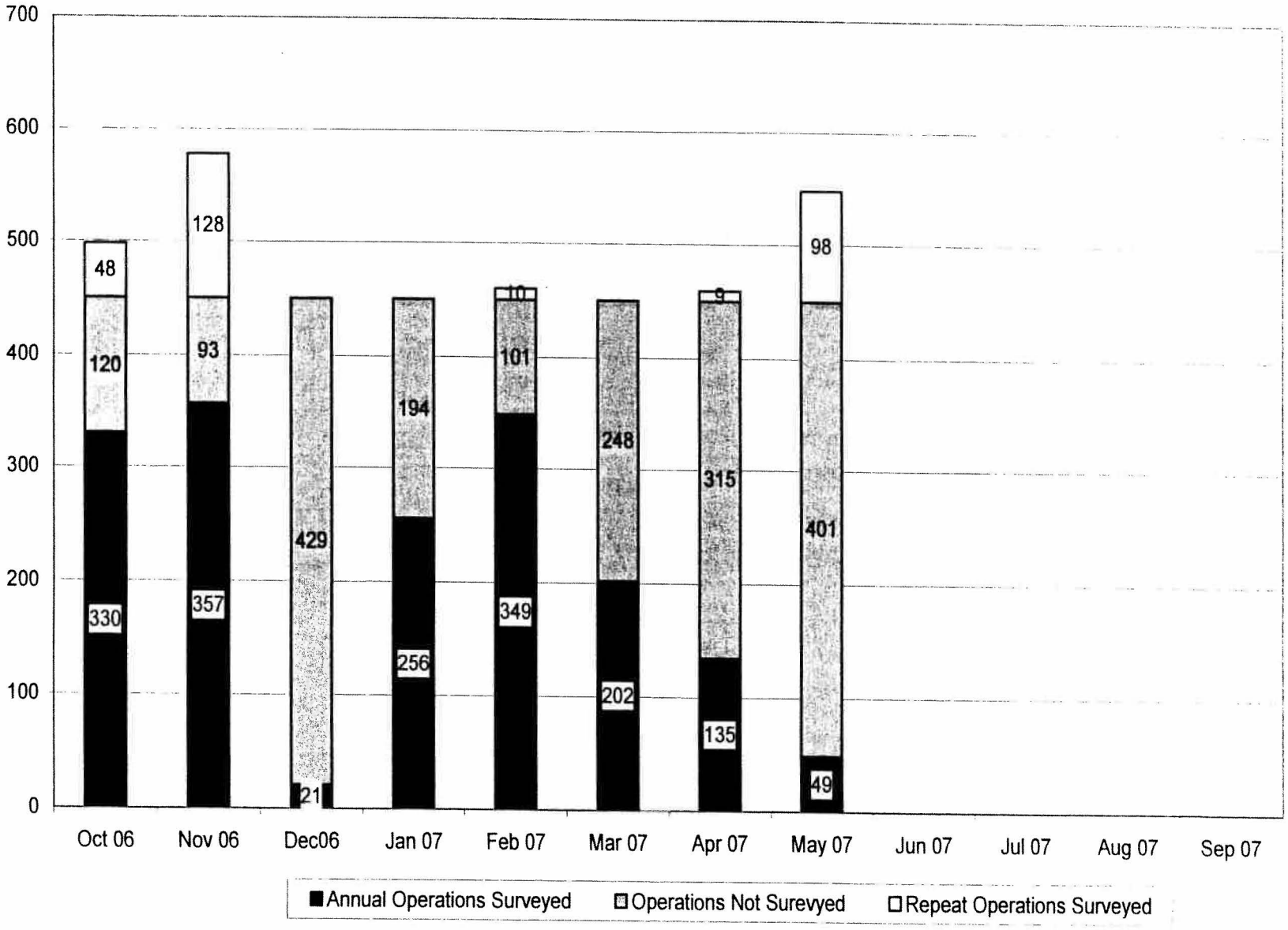
Area	Findings	Recommendations	What has Happened?
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed, CORPS and CHPPM agreed to requirements
BLDG 53	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
BLDG 244	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed
BLDG 198	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed

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

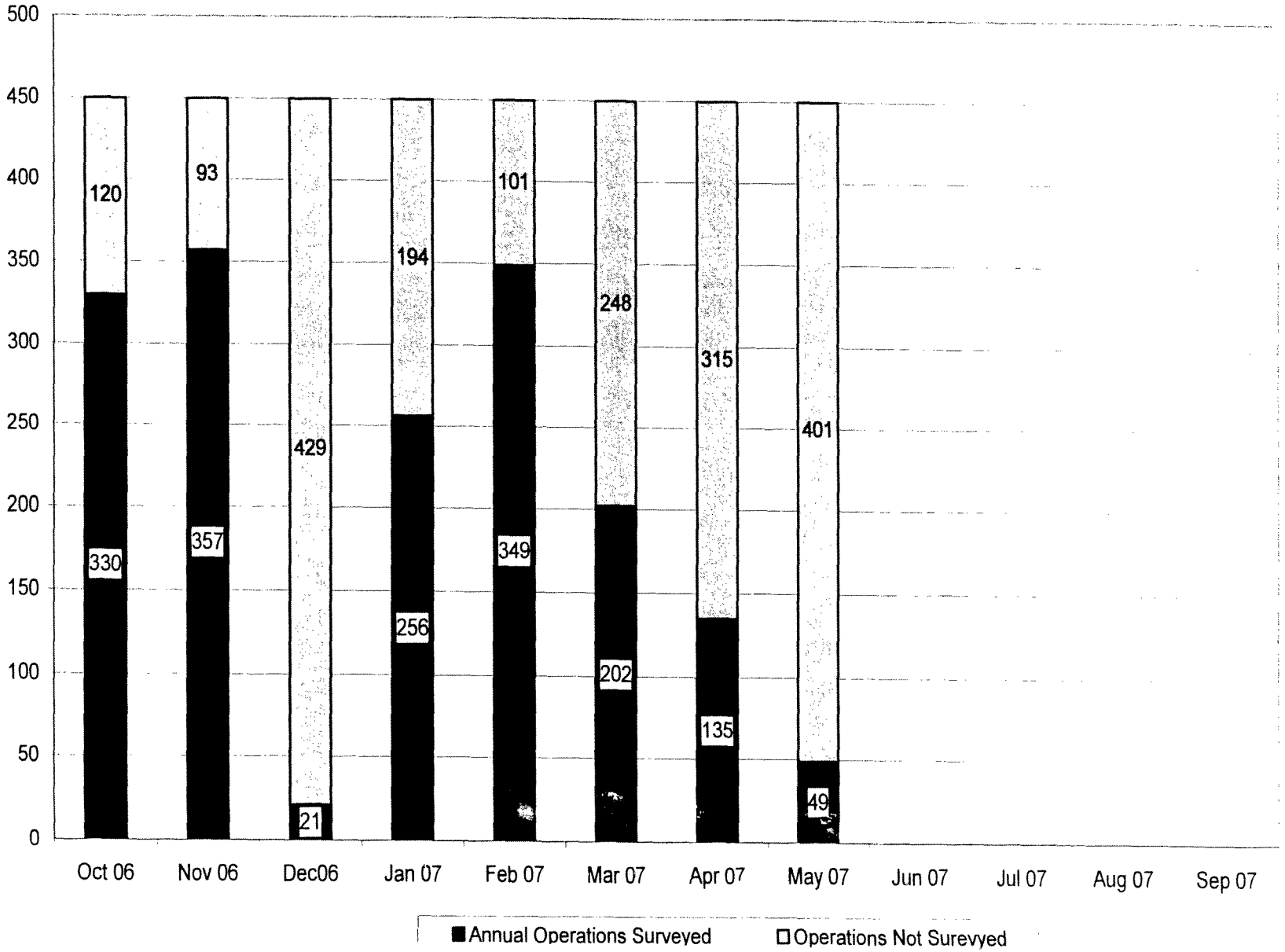
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Fit Testing Fire Dept. 30 May 2007	2/1/Bldg 701
Fit Testing DA Police 10 & 14 May 2007	2/3/Bldg 320
Fit Testing DIS Envir. 25 May 2007	4/2/Bldg 701

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for June 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
Bldg 343 Pathology Ventilation recheck	18	
Bldg 700 PX Lighting	12	
Bldg 343 Pharm. Compounding	21	21 + 21
Totals	51	42

IH scheduled to survey the USDB, but conflicts between LTC Jefferson and USDB management did allow them to start on 4 June 2007 as planned.

Did facility update for ISR.

Did DOEHRS-IH Data Entry for Karl's Equipment and some locations.

Karl dispatched vehicle on 8 June and 22 June 2007.

Number of Design Reviews done: 6,500 (# of pages or items read and review for completeness.)

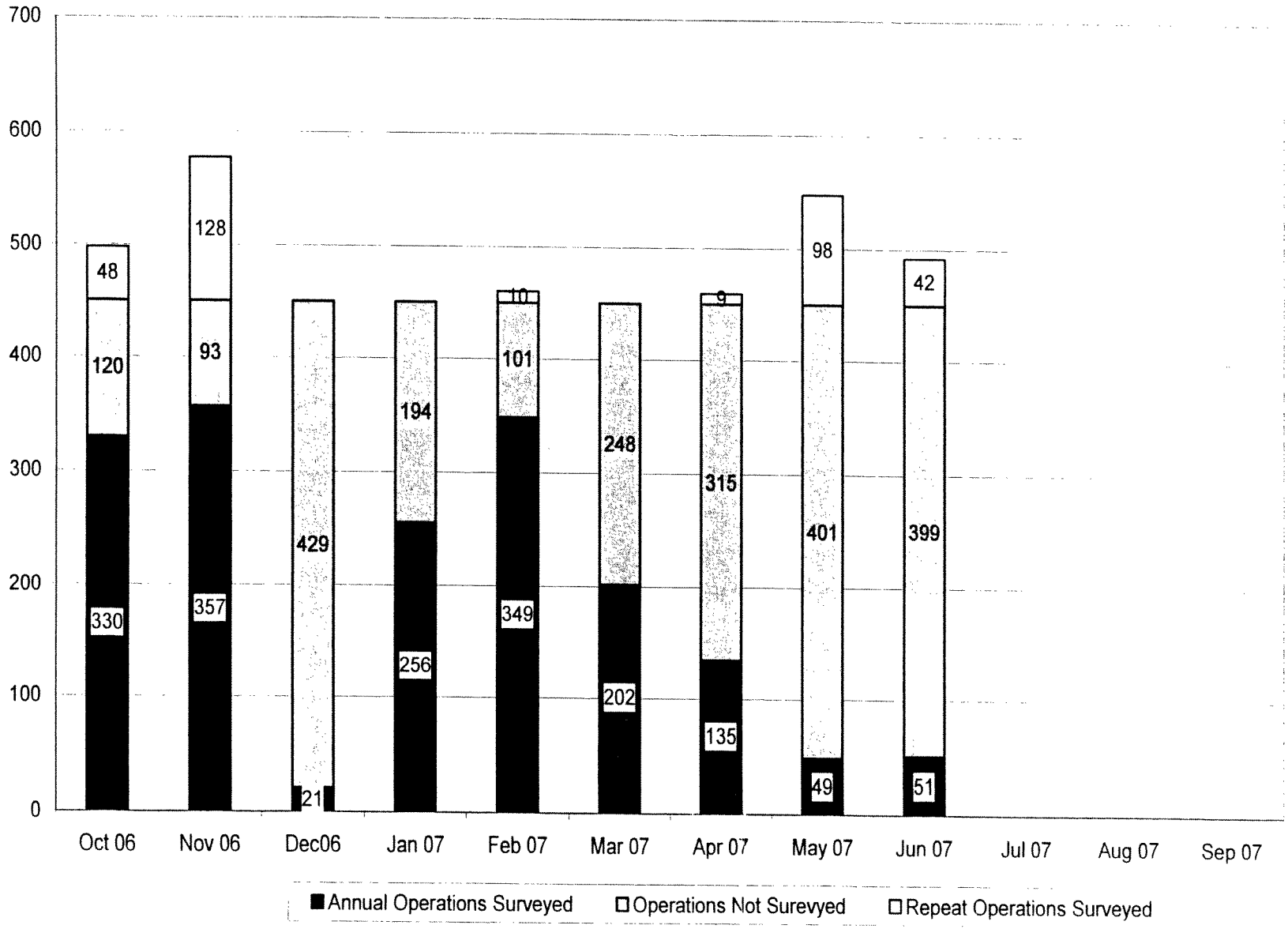
Area	**Findings**	**Recommendations**	**What has Happened?**
CES	Needs to comply with Federal & State Laws & Regulations	Needs to comply with Federal & State Laws & Regulations	DIS Informed, CORPS and CHPPM agreed to requirements

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

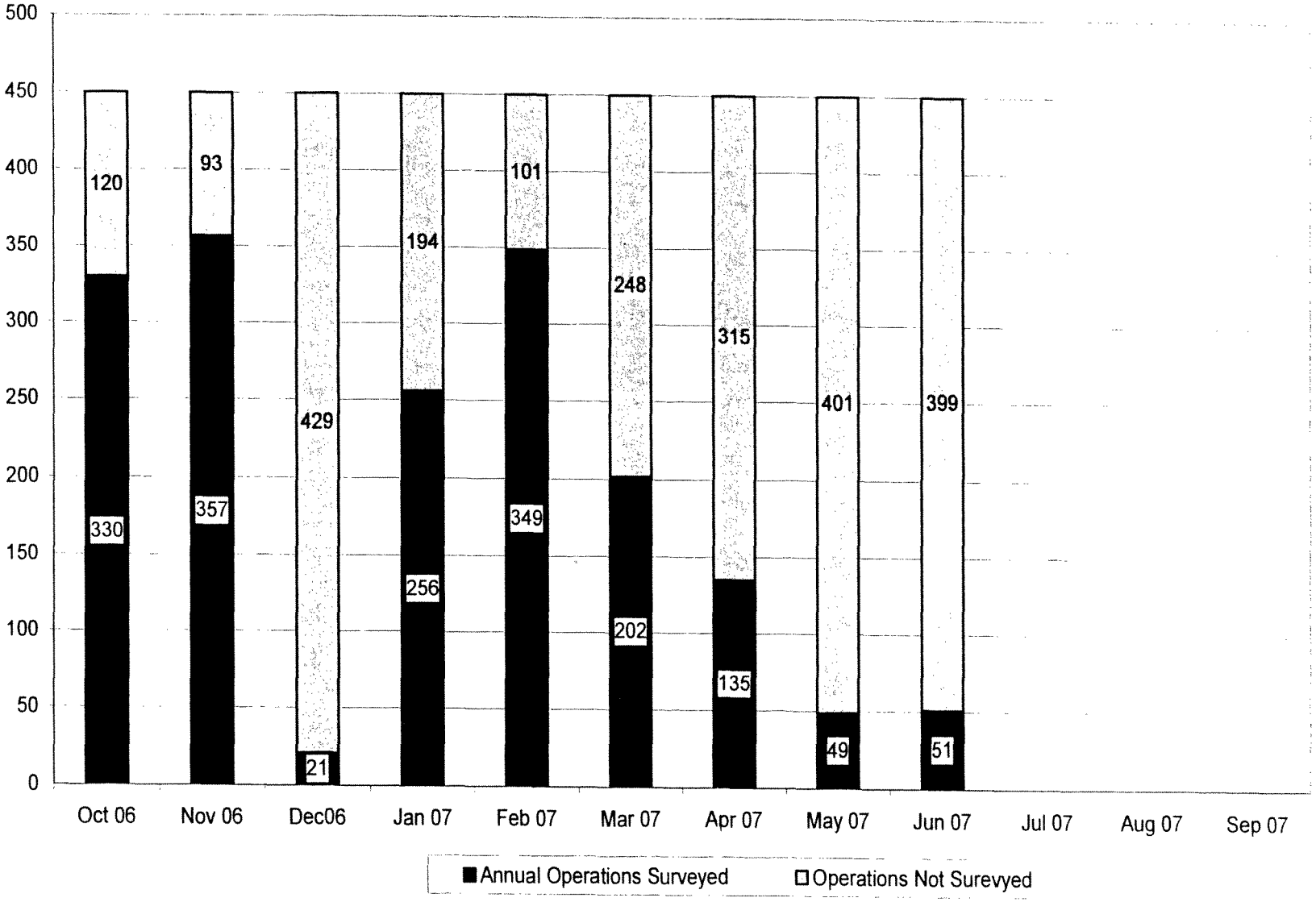
Training Sessions Provided

Type of Training	#classes/# of Attendees/location

IH Surveys Done, Not Done, and Repeated for FY2007



IH Required That Were Done vs. Not Done FY2007



IH Numbers END OF MONTH REPORT (FY2007)

Surveys for November 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Safety Street Light Survey	0	
Bldg 343 Pharm. Compounding for Oct	21	
Totals	21	0

Surveys for December 2007

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Totals		0

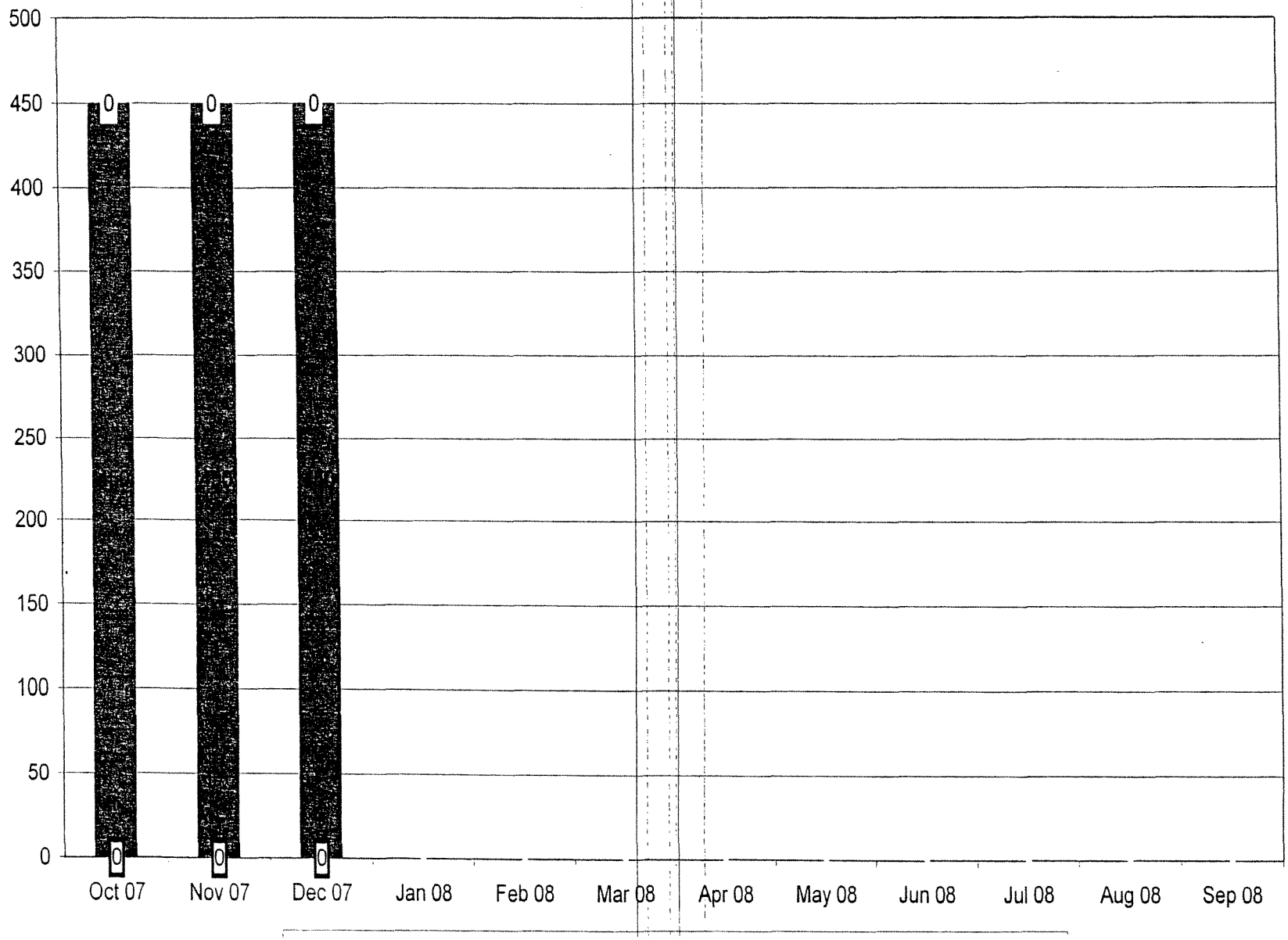
Number of Design Reviews done: 0 (# of pages or items read and review for completeness.)

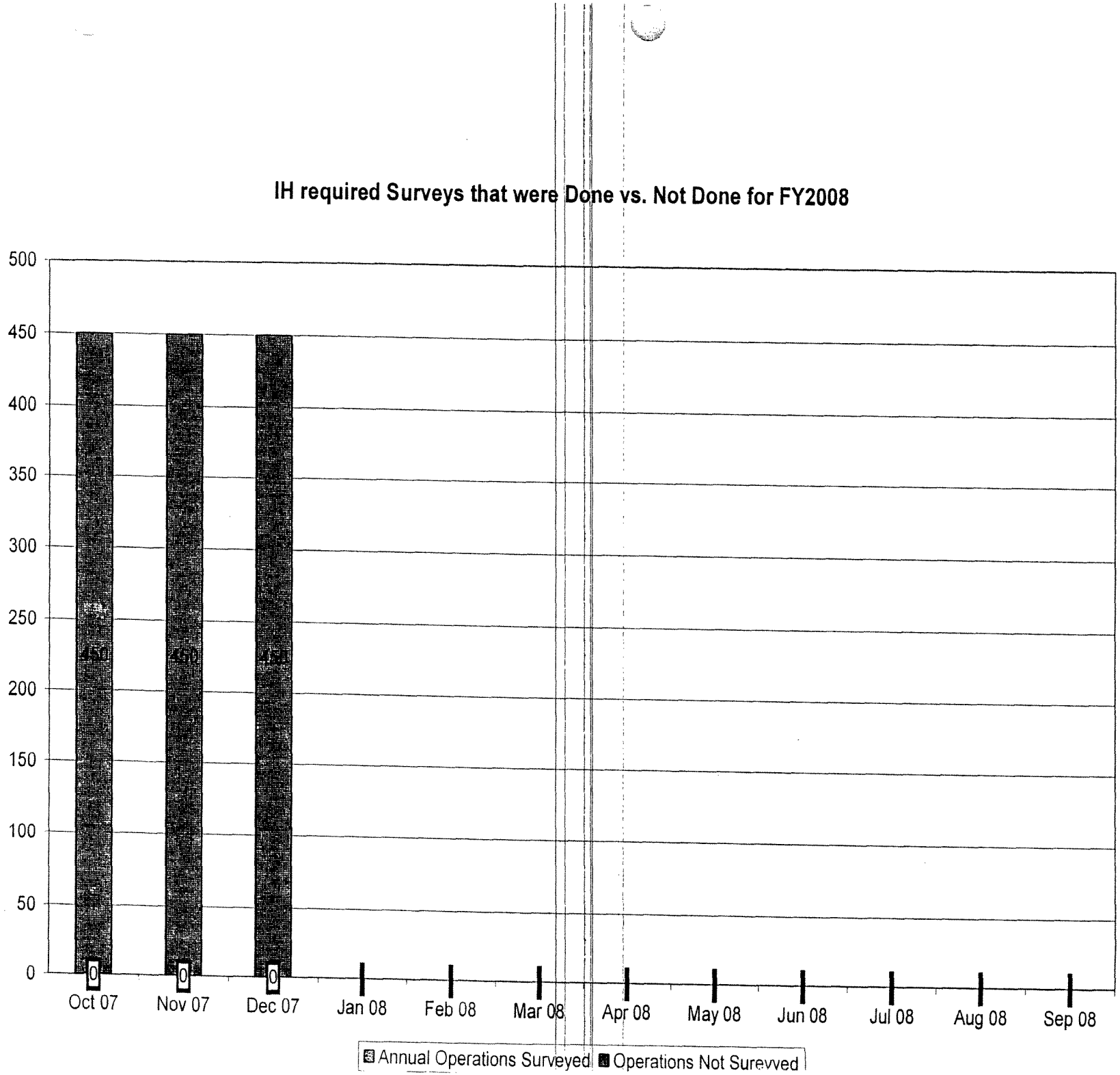
Area	**Findings**	**Recommendations**	**What has Happened?**

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
Respiratory Protection Fit Testing Certification 1 Nov 2007	1/2/ BLDG 77 Devices
Fit Test Fire Dept 16 Nov 2007	1/1/BLDG 701 Fire Dept.

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




IH required Surveys that were Done vs. Not Done for FY2008
500
450
400
350
300
250
200
150
100
50
0
450
460
471
0
0
0
Oct 07
Nov 07
Dec 07
Jan 08
Feb 08
Mar 08
Apr 08
May 08
Jun 08
Jul 08
Aug 08
Sep 08
Annual Operations Surveyed
Operations Not Surevved

IH Numbers END OF MONTH REPORT (FY2008)

Surveys for January 2008

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Bldg 343 Pharm. Compounding for Jan	21	
Totals	21	0

IH Work Log for 7 - 11 Jan 2008

IH section was not able to conduct any kind of IH survey work.

I was tasked with the ISR and IH Program Status reports. Did them and turned into LT Derivan.

I did my training on Wednesday, 9 January.

I dispatched vehicle on 7 January when I returned. No one had done since 3 December when I last did it last. I had talked to NCOIC and asked that someone do it while I was gone and SSG Ealim said he would.

I was tasked with pulling records and files for Subpoena Court Case (USBD/DPW Employee). SJA warned that the Lead case will soon be coming.

Worked on issue with Pharmacy Hood 797 testing. Contract Lab has not been paid since Feb 2007.

Provided DPW Environmental lab POC and information to retest Bldg 77.

IH Work Log for 14 - 18 Jan 2008

IH section was not able to conduct any kind of IH survey work.

I was tasked with the ISR and IH Program Status reports. LT Derivan review and ok submittal.

On Monday 14 January, Did data entry for IHPSR and notified Mr. Bentley as he had requested. Searched for Subpoena records (USBD/DPW Employee). I was off from 1-4 pm.

On Tuesday 15 January, Started search for Subpoena records. LT Derivan tasked me to provided additional information for MEDDAC ISR and research CAC Safety ISR request. Submitted before noon. 1100 hrs met with LT Derivan and Phone with Mr. Bentley on my performance standards. 1300 hrs met with LT Derivan and Union Rep. 1400 - 1600 hrs was on OT.

On Wednesday 16 January, continued search for Subpoena records. 1200 - 1600 hrs OT.

On 17-18 January: Off.

Work Log 22-25 January 2008

IH section was not able to conduct any kind of IH survey work.

I did my time sheet.

I was tasked with the ISR for additional information. I provided to LTC Jefferson and LT Derivan on 23 Jan 08 as required. Waited for LTC Jefferson to see if she had any questions. She did not ask me any questions.

On Tuesday, tried to dispatch vehicle, but battery was dead and needed replaced. Vehicle was taken to Bldg 86 Maintenance.

On Wednesday, picked up vehicle from maintenance and dispatched vehicle. Was informed by LT Derivan that I still will maintain and dispatch vehicle during 2008.

Official time used
Tuesday Official Time: 1100 hrs to 1600 hrs (2 of which are my normal Official Time) Wednesday Official Time: 1200 hrs to 1600 hrs.
Thursday Official Time: 1200 hrs to 1600 hrs.

I have pulled additional files for Subpoena. On 1445 hrs on Friday, 25 January 2007 I finished pulling files and provided LT Derivan list of 11 boxes of files to provided for court.

On Tuesday, Wednesday and Thursday - I had no H drive access. Called IMD. Provided Lap-top to Gary in IMD to update for DOEHRS. It will be at least a week for it to return because they do not have access to sync it.

Listened to DOEHRS training on Thursday from 0830-1100 hrs. Could not log onto web base to see slides.

After approval, sent new MEDCOM Memo SUBJECT: Procuring Ergonomically Equipment and Furniture Dated 23 Jan 2008 to Tammy Schad, MEDDAC Safety, Rich Purkett, Chief Log, and Larry Freyburger, Occ Health Nurse.

Thursday, received results for 797 testing of biological (Mold, Bacteria, and Entotoxens). All is well. I informed LT Derivan and LTC Jefferson. Hand carried invoice to Ms. Yates. She said that it was not her responsibility to do anything with. Since she has my files for contracts, she added it to these file. I received a hard copy of March 07- Current invoices for contracts. It shows a December order of $100. that I did not receive. Informed LT Derivan and Ms. Yates. Provided copies to both.

Friday, picked up TMDE equipment from Log.

We were not on the IHPSR - Incomplete Installations list.

Request to talk to Michelle J. Owens, Installation Records Manager and received e-mail on Friday 25 Jan. Sent to LT Derivan. LT Derivan stated that he would handle this.

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.

2. Records: Asked LT Derivan 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 Steve Henry and received Ticket # 13661230. E-mailed Wisniewski, Kevin 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 Derivan's direction I went to IMD and they copied files from my H drive for lawsuit Subpoena records. I picked up CD with the needed H-Drive files that Dianne L. Knowles in IMD had accessed and copied. I provided this CD to LT Derivan. Local requested records have arrived and I will be meeting SJA on Monday at 0800 hrs to pull required files.

IH Work Log for 28 Jan to 1 Feb 2008

On Monday 28 January 2008, worked on calibration information to enter into DOEHRS-IH. Was on Official time from 0900 to 1300 hrs. Had meeting scheduled with LTC Jefferson and Union at 1330 hrs, but she did not show up for it. SJA arrived to go through lawsuit Subpoena records. I answered questions.

On Tuesday 29 January 2008, worked on calibration information to enter into DOEHRS-IH. SJA arrived to go through lawsuit Subpoena records. I answered questions. Was on Official time from 0930 to 1130 hrs. Had meeting with LTC Jefferson and LT Derivan and Union at 1300 hrs. Was on leave from 1400 hrs to 1600 hrs.

Requested HHIM records from the DOEHRS-IH help desk, talked to Steve Henry and received Ticket # 13661230. E-mailed Wisniewski, Kevin Mr USACHPPM and other staff on the request so information could be obtained.

On Wednesday 30 January 2008, worked on calibration information to enter into DOEHRS-IH. At LT Derivan's direction I went to IMD and they copied files from my H drive for lawsuit Subpoena records.

Went to IMD training at 1430 hrs.

On Thursday 31 January 2008, went to awards ceremony and picked up CD with the needed H-Drive files that Dianne L. Knowles in IMD had accessed and copied. I provided this CD to LT Derivan. I worked on calibration information to enter into DOEHRS-IH.

On Friday 1 February 2008, I worked on calibration information to enter into DOEHRS-IH. I completed the 2008 QuickCompass of Military Health System Employees Survey. I was tasked by LT Derivan to drive and pick up PM items that were used for the CGSC in-processing. I picked up equipment from LOG from calibration. Both Excel and Word documents were acting up and not normal.

Due Outs:

3. SSG Bouie, I e-mailed him after our talk,

a) In May 2007 at the TMDE picked up my equipment that they service and calibrate - I am 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) Teresa McMillen 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 not calibrating it. (Two Dry Cal Calibrators have not returned either, but it is still early for TMDE.)

I asked the he please check on these items and get back with me.

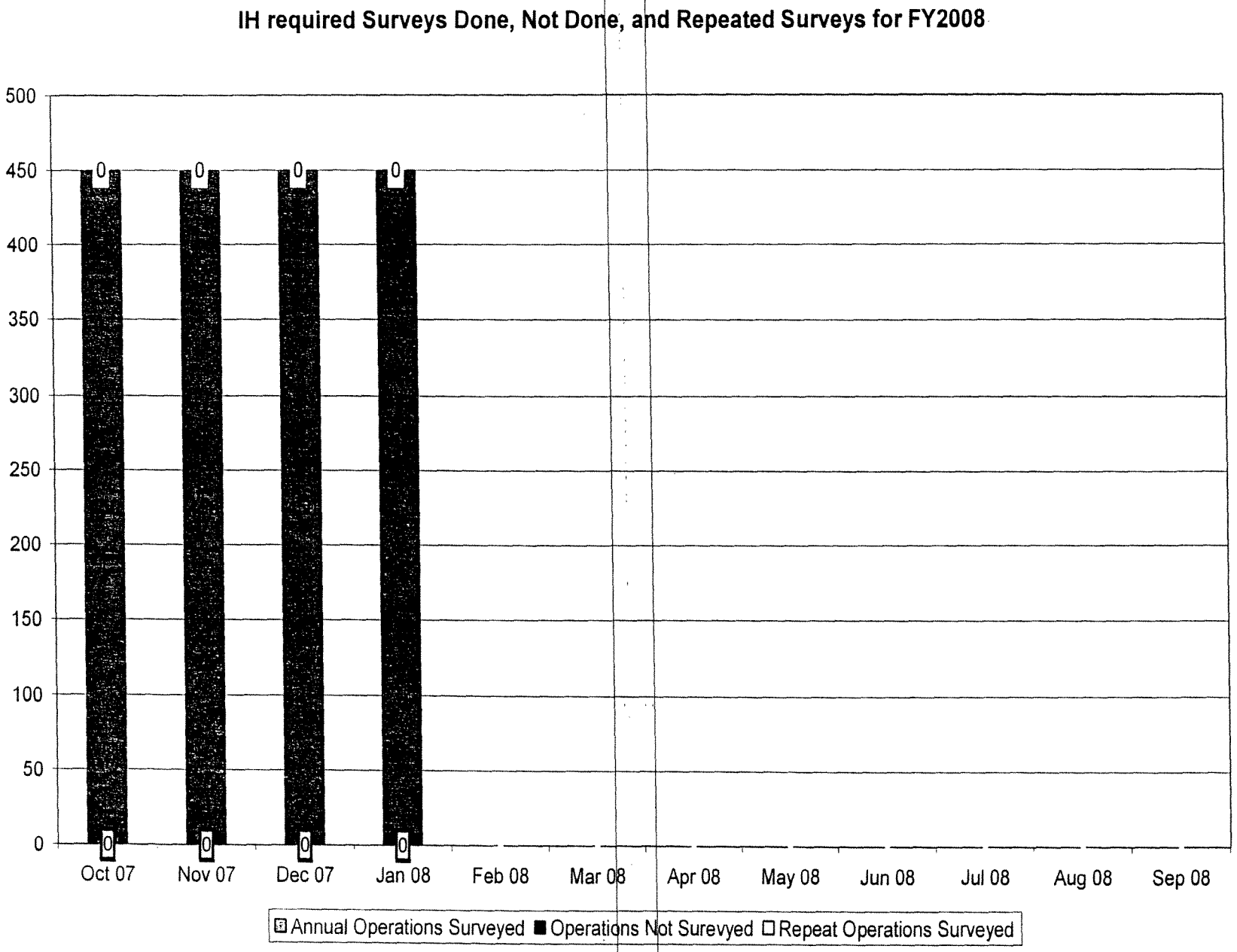
4. The CAC Safety Department is requesting IH assistance in giving a training to the Additional Duty Safety Officer on February 21, 2008 at 1300 hours at the Main Post Chapel's Activity Room. I would like you to speak on either one of these topics: Noise/Vibration, Lighting, Repetitive Motion and/or Equipment Design. Your assistance to the Safety Department would be greatly appreciated. I received on 30 January 2008 and forwarded to LT Derivan.

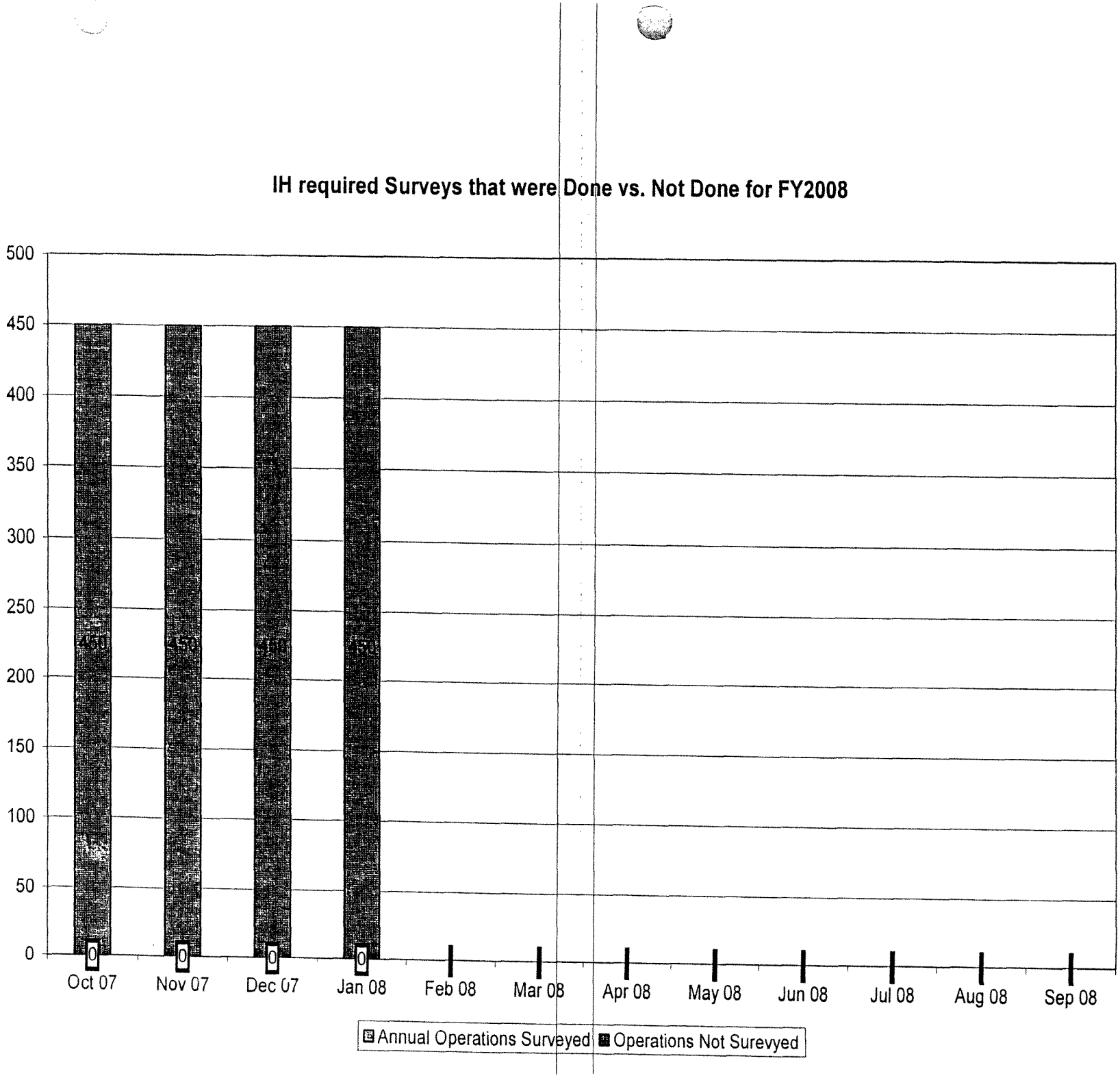
Number of Design Reviews done: 0 (# of pages or items read and review for completeness.)

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


IH required Surveys Done, Not Done, and Repeated Surveys for FY2008
500
450
400
350
300
250
200
150
100
50
0
0
0
0
0
0
0
0
0
Oct 07
Nov 07
Dec 07
Jan 08
Feb 08
Mar 08
Apr 08
May 08
Jun 08
Jul 08
Aug 08
Sep 08
Annual Operations Surveyed
Operations Not Surevyed
Repeat Operations Surveyed


IH required Surveys that were Done vs. Not Done for FY2008
500
450
400
350
300
250
200
150
100
50
0
0
0
0
0
Oct 07
Nov 07
Dec 07
Jan 08
Feb 08
Mar 08
Apr 08
May 08
Jun 08
Jul 08
Aug 08
Sep 08
Annual Operations Surveyed
Operations Not Surevyed

IH Numbers END OF MONTH REPORT (FY2008)

IH work for February 2008

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP
BLDG 77	9 Operations Named	On 22 Feb 2008
BLDG 43	1 Operation Named	On 22 Feb 2008
BLDG 53	1 Operation Named	On 22 Feb 2008

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.	Operations – Processes Assessed	What needs to be Surveyed?
	None Allowed	0

Location of Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Bldg 343 Pharm. Compounding for Feb	21	
Totals	21	0

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

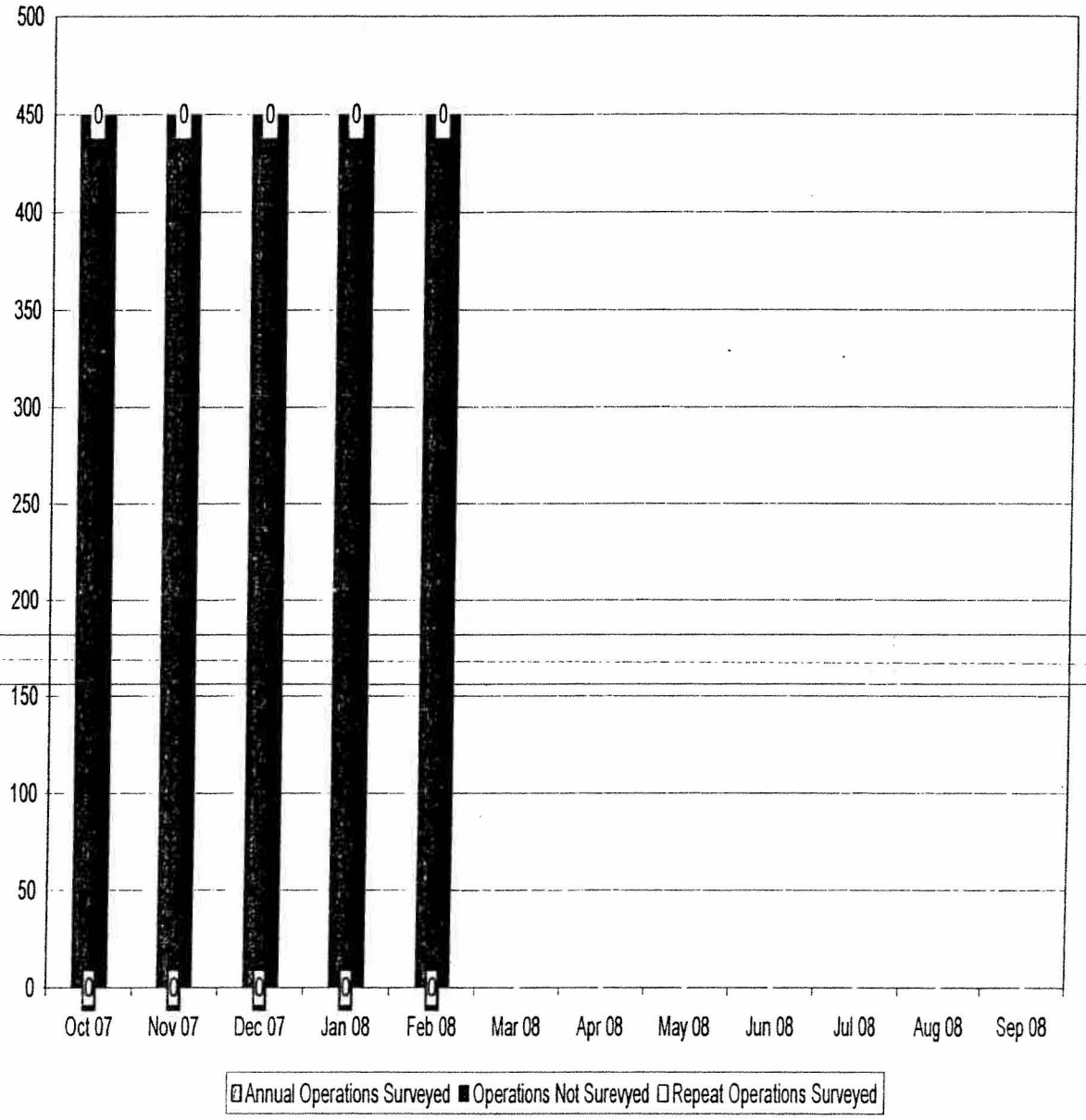
Area	Findings	Recommendations	What h

Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.
On 26 Feb 2008, David Murdock of DOL/DPW has dropped of the design for review Title: Bldg 65 Latrine Addition. They want all comments prior to March 3, 2008. It was provided to LT Derivan on 26 Feb 2008. No permission was given.

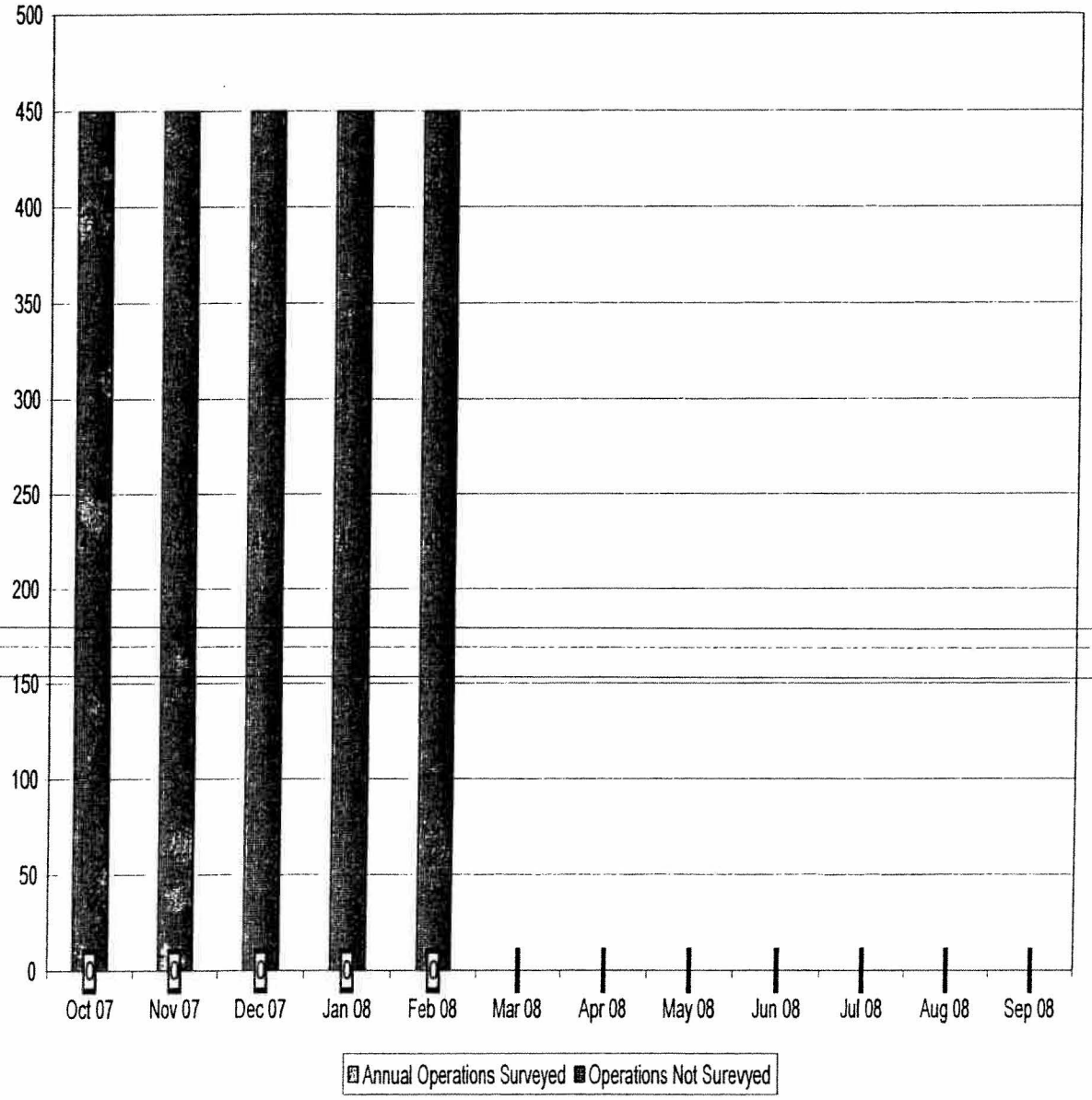
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Hearing Conservation	1/30/ MPC for CAC Safety
797 Pharmacy Hood Testing	1/1/ MAHC

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



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



IH Work Log for 4-8 Feb 2008

4 February 2008: Did time sheet. Was at BLDG 194 with SJA on records. Dispatch vehicle and turn paper work to Ms. Hixson. Did DOEHRS data input. Requested permission to take records from Hoge to Bldg 194 as SJA requested for 5 February 2008.

5 February 2008: Resent request permission to take records from Hoge to Bldg 194 as SJA requested for 5 February 2008. LTC Jefferson for them to be taken over at 1400 hrs. I delayed my official time to deliver records. There is an issue between SJA and Records on allowing non-government persons to look or have access to records. I briefed LTC Jefferson on issue. I worked on Program Document. DOEHRS-IH would not allow access into the system all morning and tried in the afternoon, but could not enter site.

6 February 2008: Delayed entry and off.

7 February 2008: I had four hours off. Sent emails. I picked up equipment and entered into DOEHRS-IH. I Ordered for Supplies for February 2008 for Fort Leavenworth 797 Pharmacy Testing.

8 February 2008: Off.

~~IH Work Log for 11-15 Feb 2008~~

On 11 February 2008, I worked on the class that I am doing for Safety. From 1200 - 1600 hrs I was on Official Time.

On 12 February 2008, At or about 0710 hrs on 12 February 2008, when I, Karl Gibson, arrived at my office – room E3-1325 in Hoge Annex, Fort Leavenworth, KS – I found the door open. I know that the door was secure when I left for my official time on 11 February 2008. I request guidance from LT Derivan on what I should do since I have hand receipted items in this area and records in my office and someone left it unsecured. I believe it is part of the harassment that management is doing because I am applying my rights as an employee and union steward. I looked for items that may be missing. My computer had cables that were not connected. I submitted work order. IMD worked and I got all cables plugged back in. I am missing a personal notebook and my six-sided folder from my desk drawers. LT Derivan wrote Tuesday night an e-mail: "This is a little reminder to all PM staff in Hoge Annex to please ensure the office doors are secured when you vacate the building. If you are the last one to leave our office area (i.e. at lunch or for the night) please take a look down the hall to ensure that the doors of our other offices that empty into the hall are secured as well." SGT Aaron requested use of TMP on Tuesday for range ammo. LT Derivan gave permission. I worked on class that I am doing for Safety. I watched the BLS video for my refresher on Wednesday. I picked up current inventory from Logistics to I could complete my required 100% inventory.

On 13 February 2008, I did training. Renewed BLS and computer based training was done. I was at the theater Sexual Assult Prevention training. I contacted MP Desk at 1000 hrs to report missing items. CPL Hensley came and we did report. At 1130 hrs, LT Derivan can unto my office to show they had 'found' my six sided folder with LTC Jefferson. 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 with A002 analysis, and 1 endotoxic cassette with A007 analysis for February 2008. ($43. supply cost PO# 2008-9 and $426.00 analysis cost PO# 2008-10) Please send them overnight. I also provided with Dianna Yates (913) 684- 6742 or Tina Baker (913) 684 - 6720 on the past invoices. I included them on the e-mail so you can also try this way as well. This is a repeat from last week since the POC I had and sent order to no longer works for Aerotech labs.

On 14 February 2008 at or about 0710 hrs, when I, Karl Gibson, arrived at my office – room E3-1325 in Hoge Annex, Fort Leavenworth, KS – I found my personal notebook on my day-timer desk calendar. My personal notebook could not have been there the day before, because I had written things in my calendar up to 4:00 pm on the 13th. I took pictures. I went to Munson and started the 100% inventory. . I contacted the Provost Marshall's office to inform CPL Hensley on the finding. I spoke to SFC Eastwood and he informed me that CPL Hensley was not available. I informed he who I was, what had happened (see above). I asked that he pass this information to CPL Hensley. He said he would. I spoke to Rich Purkett because of my concerns about a balometer had not returned from TMDE in May 2007. I came back to my office and did inventory. I called TMDE I Fort Riley and spoke to Mike. I provided the Serial Number, Name, and ECN number. He said he would talk to Kathy Felix. I returned to Munson and Log downloaded data for inventory. I spoke again to Rich and Diane Yates. They said they would wait until 19 February 2008 to see what was up with TMDE and SSG Bouie would be back. At 1:15 PM, having not heard from CPL Hensley – I went over to BLDG 320 Provost Marshall's Building and entered the DA Police offices. I spoke to CPT Dawson. He informed me that CPL Hensley was off and would not be back to work until Tuesday, 19 February 14, 2008. I explained why I was there (see above) and showed him the pictures. CPT Dawson said he would leave a message for CPL Hensley and if they needed to contact me they would. I offered he the pictures, but he declined.

On 15 February 2008, I worked on questions for upcoming Mr. Bentley Visit.

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.

2. Records: Asked LT Derivan 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 Steve Henry and received Ticket # 13661230. E-mailed Wisniewski, Kevin 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 Derivan's direction I went to IMD and they copied files from my H drive for lawsuit Subpoena records. I picked up CD with the needed H-Drive files that Dianne L. Knowles in IMD had accessed and copied. I provided this CD to LT Derivan. Local requested records have arrived and I met with SJA on Monday at 0800 hrs to pull required files. On Tuesday, after LTC Jefferson gave permission, I delivered records. Still have no update on HHIM files as of 7 February 2008.

3. SSG Bouie, I e-mailed him after our talk,

a) In May 2007 at the TMDE picked up my equipment that they service and calibrate - I am 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) Teresa McMillen 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 not calibrating it. (Two Dry Cal Calibrators have not returned either, but it is still early 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.

4. 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 Derivan on the same day.

5. On 12 February 2008, SGT Aaron requested use of TMP on Tuesday for range ammo. LT Derivan gave permission. After SGT Aaron wrote "SFC Bledsoe, 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, since 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 408-375-1385." Waiting to hear where vehicle will be parked and where I need to pick up key to dispatch on Tuesday.

6. 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 with A002 analysis, and 1 endotoxic cassette with A007 analysis for February 2008. ($43. supply cost PO# 2008-9 and $426.00 analysis cost PO# 2008-10) Please send them overnight. I also provided with Dianna Yates (913) 684- 6742 or Tina Baker (913) 684 - 6720 on the past invoices. I included them on the e-mail so you can also try this way as well. This is a repeat from last week since the POC I had and sent order to no longer works for Aerotech labs.

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, coordinate equipment use. [PM laptop top and projector was with SGT Aaron's 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 over to Gary to fix. I picked it up at 1230 hours.

The Mr. Bentley visit started at 0850 hrs on 20 February 2008. I provided Mr. Bentley and LT Derivan 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 you can't show me what is a priority? LT Derivan 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 I 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.

3. It was decided that Mr. Bentley 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 J drive documents? Mr. Bentley only wanted J drive documents. I asked 1LT Derivan what about surveys that have been done, but not 'finished' that he and LTC Jefferson are holding. 1LT Derivan said "these documents are where they want them." I printed off the J drive documents and provided to Mr. Bentley.

4. At 1250 hours, Mr. Bentley and I went to the Bldg 77 unannounced. We did a walk through 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; Office AARTS; TSC Art/Graphics. Several items have changed since the last survey and became digital.

5. At 1445 hours, Mr. Bentley and LTC Jefferson and Karl Gibson met. We briefed that changes have occurred in the work places in Bldg 77, even since Mr. Bentley's July 2007 visit to DAPS. Mr. Bentley 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 was valid? I said yes, since it represented conditions on the survey days. They claimed to understand and agreed with me. Mr. Bentley thinks the file system needs to change and files to be done by building. At 1500 hours Mr. Bentley and LTC Jefferson went into a private meeting until after I left work at 1600 hrs.

On 21 February 2008, I prepared clarification questions for Mr. Bentley. At 0930 hrs, Mr. Bentley arrived at PM. I asked questions and both LT Derivan and Mr. Bentley agreed with the process as I asked. I will be writing a SOP when I get a chance. Form 1030 to 1130 hours Mr. Bentley and I worked on IHIP 2008. LT Derivan approved the format and what IHIP 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. Bentley arrived and was with LTC Jefferson. I contacted the number for Bldg 43 that LT Derivan gave me. It turned out to be Bldg 53. At 0845 hrs, Mr. Bentley, LT Derivan and me went to Bldg 53 and toured. At about 0945 hrs, Mr. Bentley, LT Derivan and me went to Bldg 43 and toured. At 1015 hrs, Mr. Bentley and LT Derivan 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 Aaron 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 Derivan and Mr. Bentley, 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 Derivan 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 Steve Henry and received Ticket # 13661230. E-mailed Wisniewski, Kevin 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 Derivan's direction I went to IMD and they copied files from my H drive for lawsuit Subpoena records. I picked up CD with the needed H-Drive files that Dianne L. Knowles in IMD had accessed and copied. I provided this CD to LT Derivan. Local requested records have arrived and I met with SJA on Monday at 0800 hrs to pull required files. On Tuesday, after LTC Jefferson 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. Wisniewski, Kevin 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 Angina, Ratna, "On February 19, 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 Bouie, I e-mailed him after our talk,

a) In May 2007 at the TMDE picked up my equipment that they service and calibrate - I am 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) Teresa McMillen 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 not calibrating it. (Two Dry Cal Calibrators have not returned either, but it is still early 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.

F) I met SSG Bouie 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 keep me informed.

F) Issue with A Balometer, ECN: 000824, Model No. 8372 SN: 55040226 has not returned. I notified LT Derivan and Rich Purchett/Dainne Yates of missing item as I did my 100% inventory. Rich and Dianne advised to contact TMDE again. I called and e-mailed TMDE, Fort Riley. According to an e-mail on 19 Feb 2008, TMDE documents that it left Redstone on 11 June 2007. I emailed Log and LT Derivan 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 Derivan on the same day. I trained on Hearing Conservation and class was a success. (LT Derivan and Mr. Bentley were present to observe training. Received only positive feedback from class.)

5. CLOSED On 12 February 2008, SGT Aaron requested use of TMP on Tuesday for range ammo. LT Derivan gave permission. After SGT Aaron wrote "SFC Bledsoe, 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, since 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 408-375-1385." 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 problems.

6. 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 with A002 analysis, and 1 endotoxic cassette with A007 analysis for February 2008. ($43. supply cost PO# 2008-9 and $426.00 analysis cost PO# 2008-10) Please send them overnight. I also provided with Dianna Yates (913) 684- 6742 or Tina Baker (913) 684 - 6720 on the past invoices. I included them on the e-mail so you can also try this way as well. This is a repeat from last week since the POC I had and sent order to no longer works for Aerotech labs.

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

IH Work Log for 25-29 Feb 2008

On 25 February, Prepared samples, calibrated and did 797 Pharmacy Hood testing with showing SGT Aaron how to do the work. The HHIM CD was delivered and I provided it to LT Derivan for Subpoena. I verified quest equipment that had returned from contract calibration. I found that all quest equipment was present and I notified Supervisor and LOG to inform WAWF. I spoke to Log on Balometer issue. Spent rest of morning and afternoon preparing MFR of events for possible Report of Survey. Provided to Supervisor to review. LT Derivan approved. Had 30 day counseling with LT Derivan.

On 26 February, Copy MFR and deliver to Jill, (PM Sec.) and Rich Purkett (C, LOG) on Balometer issue. Worked on IH Program document even with no guidance or example from supervisor. I had official time from 1400-1600 hrs.

On 27 February, I worked on IH Program document. I had official time from 1200-1600 hrs.

On 28 February, I was off.

On 29 February, I was notified by LOG that Balometer had been found and I was ready to sign hand receipt. I prepared leave forms for Doctor's Appt. and other March leaves. I worked on IH Program document. I picked up equipment and signed hand receipt. I was off from 2-4 pm. I e-mailed work log and hand provided a copy of the "Record of Operational Calibration" and March leave forms.

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 until 27 February 2008. Soldier signed for equipment, I provided him training on how to operate, calibrate, and testing requirements for the noise level meter and octave band analyzer. Waiting return of equipment.

2. Records: Asked LT Derivan 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 Steve Henry and received Ticket # 13661230. E-mailed Wisniewski, Kevin 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 Derivan's direction I went to IMD and they copied files from my H drive for lawsuit Subpoena records. I picked up CD with the needed H-Drive files that Dianne L. Knowles in IMD had accessed and copied. I provided this CD to LT Derivan. Local requested records have arrived and I met with SJA on Monday at 0800 hrs to pull required files. On Tuesday, after LTC Jefferson 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. Wisniewski, Kevin 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 Angina, Ratna, "On February 19, 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. On 25 February, The HHIM CD was delivered and I porvided it to LT Derivan for Subpoena. I asked him status of hard copy records and asked when I needed to get them back. LT Derivan stated he would get back to me on these questions.

3. CLOSED Balometer part in the week of 25-29 February. SSG Bouie, I e-mailed him after our talk,

a) In May 2007 at the TMDE picked up my equipment that they service and calibrate - I am 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) Teresa McMillen 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 not calibrating it. (Two Dry Cal Calibrators have not returned either, but it is still early 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.

F) I met SSG Bouie 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 keep me informed.

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h) On 25 February, I spoke to Log on Balometer issue. Spent rest of morning and afternoon preparing MFR of events for possible Report of Survey. Provided to Supervisor to review. LT Derivan approved. On 26 February I made copies of MFR and deliver to Jill, (PM Sec.) and Rich Purkett (C, LOG) on Balometer issue.

i) On 29 February, I received e-mail from Rich Purkett that the Balometer had been found and shipped back to Munson. I spoke to SSG Bouie and he has not yet contact or send Gilibrator Universal Pump Calibrator kit ECN: B7814, SN: 4462 to TMDE.

4. CLOSED in the week of 18-22 February.

5. CLOSED in the week of 18-22 February.

6. 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 with A002 analysis, and 1 endotoxic cassette with A007 analysis for February 2008. ($43. supply cost PO# 2008-9 and $426.00 analysis cost PO# 2008-10) Please send them overnight. I also provided with Dianna Yates (913) 684- 6742 or Tina Baker (913) 684 - 6720 on the past invoices. I included them on the e-mail so you can also try this way as well. This is a repeat from last week since the POC I had and sent order to no longer works for Aerotech labs.

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

8. Due to Karl Gibson:

a) Karl Gibson's questions and material promised at 15 January 2008 counseling.
b) Memo dated 5 February 2008 Subject: Questions.
c) Memo dated 15 February 2008 Additional Questions concerning the IPS in Feb 2008

9. Gary Glynn request to LT Derivan, "I will need to call CHPPM to get the Site ID, Site Name and registration key to complete the installation. Do you have a phone number for the CHPPM help desk?" I received this request on 29 February 2008 and provided on 29 February 2008.

10. On 26 Feb 2008, David Murdock of DOL/DPW has dropped of the design for review Title: Bldg 65 Latrine Addition. They want all comments prior to March 3, 2008. It was provided to LT Derivan on 26 Feb 2008.

IH Numbers END OF MONTH REPORT (FY2008)

IH work for March 2008

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP
BLDG 275	3 Operations Named	On 3 & 5 Mar 2008
BLDG 80	2 Operations Named	On 3 Mar 2008
BLDG 198	15 Operations Named	On 4 Mar 2008
BLDG 62	2 Operations Named	On 5 Mar 2008
BLDG 102	2 Operations Named	On 6 Mar 2008
BLDG 225	4 Operations Named	On 6 Mar 2008
BLDG 262	2 Operations Named	On 6 Mar 2008
BLDG 227	1 Operation Named	On 11 Mar 2008
BLDG 85	1 Operation Named	On 6 Mar 2008
BLDG 237	9 Operations Named	On 11 Mar 2008
BLDG 304	9 Operations Named	On 11 Mar 2008
BLDG 344	3 Operations Named	On 7 Mar 2008
BLDG 701	2 Operations Named	On 7 Mar 2008
BLDG 95	1 Operation Named	On 7 Mar 2008
BLDG 277	2 Operations Named	On 7 Mar 2008
BLDG 278	1 Operation Named	On 7 Mar 2008
BLDG 628	4 Operations Named	On 11 Mar 2008
BLDG 302	3 Operations Named	On 11 Mar 2008
BLDG 664	3 Operations Named	On 11 Mar 2008
BLDG 318	4 Operations Named	On 11 Mar 2008

From 12-28 March 2008, Karl Gibson was on Sick leave.

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.	Operations – Processes Assessed	What needs to be Surveyed?
	None Allowed	0

Location of IH Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Bldg 343 Pharm. Compounding for Mar	Supplies not received	
Totals		0

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

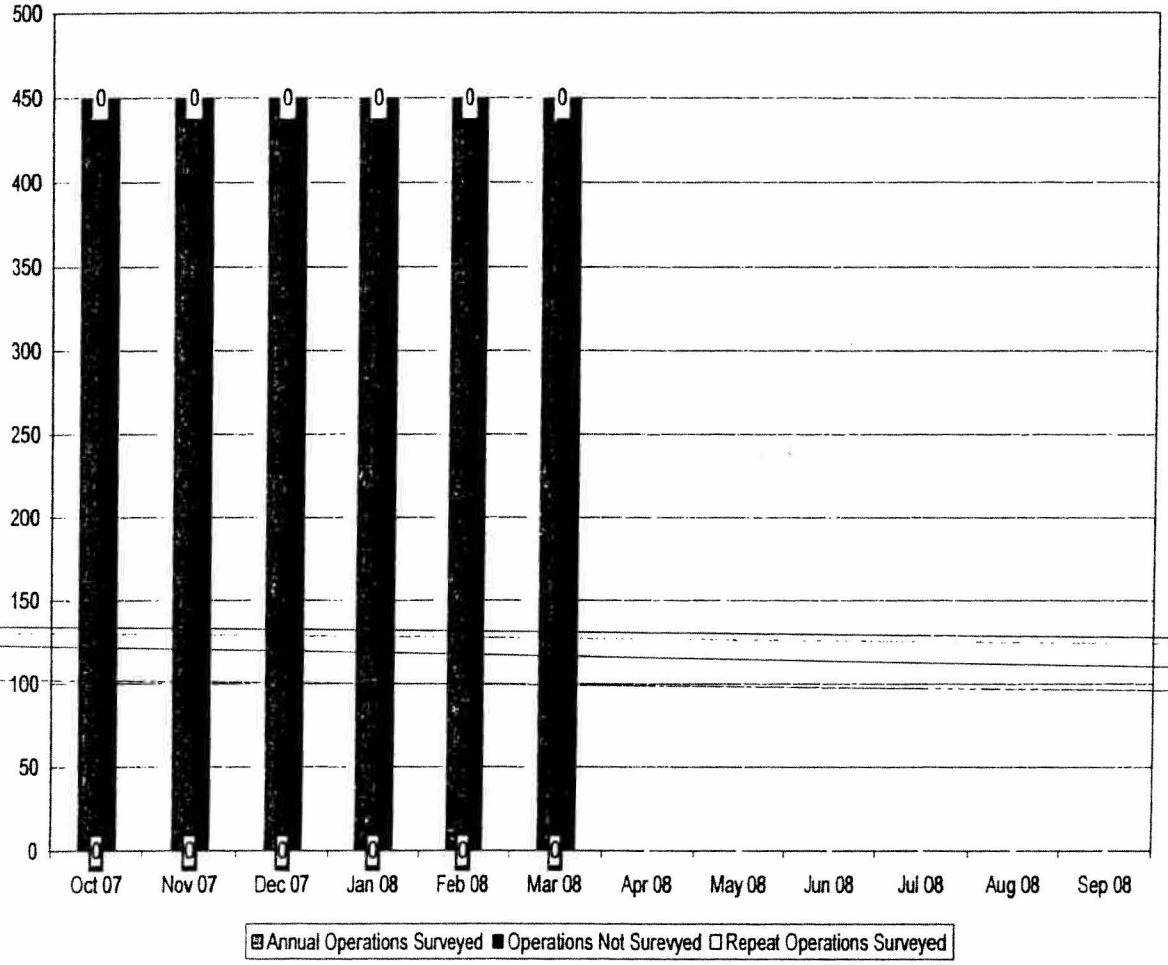
Area	**Findings**	**Recommendations**	**What has**

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

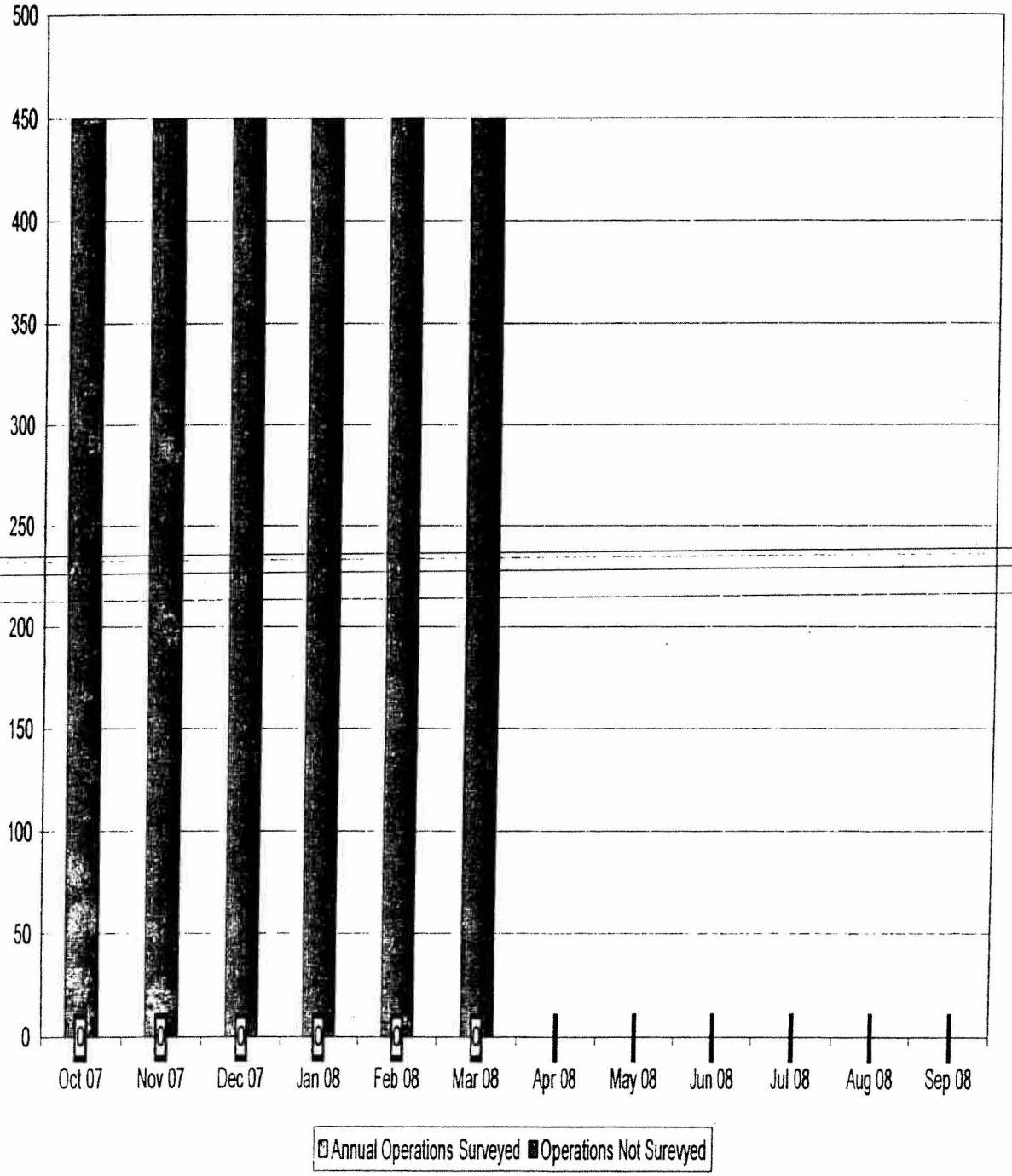
Training Sessions Provided

Type of Training	#classes/# of Attendees/location

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



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



IH Work Log 3-7 March 2008

3 March 2008, when I can in to work this morning, I saw two new icons on my computer. These 2 different Microphones were present in the lower right tool bar. I spoke to Diane at IMD. She did not know and did not have on her computer. She spoke to others in IMD. They said they were for microphones. After my speaking to IMD, both icons disappeared. What was the purpose of these icons and/or these programs? Has access or changes been made on my computer? What is the purpose? I asked LT Derivan. He told me to speak to IMD. I e-mailed to ask Gary Gylnn of IMD these questions. I did my time sheet and corrected past time sheet. Both were resubmitted. I dispatched TMP vehicle and turned in paperwork to Linda Hixson. I worked on Program Document, IHIP. Received MFR on Question Response from LT Derivan. Did walk thur in Buildings 275 and 80. Entered some equipment calibration data into DOEHRS-IH. Did end of the month report for February 2008. Due to family problem, I spoke to LTC Jefferson who oked my 15 minute leave because LT Derivan was not present.

Bldg 275: The CTD are upset and wanting a copy of the last surveys that have occurred in their work areas in 2006 and 2007. The ventilation changes that DOL/DPW promised to raise outside air vent has not happened.

Bldg 80: The DOL/DPW Environmental office wants to know the status of their requested mold testing.

4 March 2008, Sent IH Program Document to LT Derivan to add to LTC Jefferson, C, PM's 2008 Program Document. I entered calibration data on Quest machines into DOEHRS-IH. Updated the Equipment list. Did walk thru of Bldg 198 and then updated IHIP. Received last 797 results and took invoice to LOG. Completed DA form 1687 and took to LOG. From 2-4 pm, I did my official time.

5 March 2008, Updated my 6-sided folder. Did walk thru of Bldg 275 Thrift Shop and Bldg 62 and then updated IHIP. Received CEEP report for FY 2008 from DCA LTC Hutson.

6 March 2008, research and fill out CEEP documentation. Did walk thru Bldg 102, Bldg 262, and Bldg 225. Updated IHIP. Did walk thru in Bldg 85, Bldg 227 was closed today. Updated IHIP. David Murdock provided Design Project BLDGs 472 and 468 BCTP Renovation Project Number BC 4B017-7P at the 95% Design Review for me to review. Comments are due before 18 March 2008. Sent LT Derivan e-mail notice on 6 March 2008. PATRICIA K. FLANAGAN, BSN INFECTION CONTROL COORDINATOR sent a e-mail asking "Have we gotten the results of the cultures on the pharmacy hood you did in January?" I sent to LT Derivan on 6 March 2008 asking "Can I tell her both January and February 2008 results were good? How am I to write up these results? LT Derivan emailed on 6 March 2008 "You can give her a verbal for the good results. How did you submit/write up results in the past?" I called Pat to say both Jan and Feb was

good. On 6 March, I emailed LT Derivan "Since Jan 2006, the format has been the same. But they have not gone out from C, PM for months before. What is wanted now?"

7 March 2008, finish the CEEP documentation. Visited Baker, Khristena M MAHC (Tina) She e-mailed "Karl came to se me regarding a travel debt letter he received for travel in 2006. We checked the voucher and all appears in order. I asked him to contact the customer service number on the letter if there is a dispute. There is one of two things that will happen:
a) DFAS will verify the duplicate payment EFT deposit to Karl's account and if incorrect should rescind the debt letter.
b) DFAS confirms the duplicate payment as valid, and Karl will need to repay the expense. Karl should be able to request a payment schedule if he coordinates in advance otherwise if left alone they may debit his pay directly and may cause undue hardship. I briefed LT Derivan on situation. I repeatedly called Terri McGuire, Defense Finance and left messages.
At 0900 hrs, I provided the following information with the 1 remaining FY2007 and 5 new FY2008 CEEP requests to LT Derivan. "IH has 54 items that are overaged (beyond life span). With these CEEP requests, I will have submitted for 40 of the 54 items to be replaced. I am working on 12 of the others for FY 2009. These items are tracked on Environmental of Care Equipment Performance Indicator QA. I explained his questions. Due to heavy snows, I changed walk thru from Bldg 227 (no one at work), Bldg 237 and Bldg 304 were all out plowing. Did walk thru in Bldg 344, Bldg 701, Bldg 95, Bldg 277, and Bldg 278. Updated IHIP.

IH Work Log 10-14 March 2008

On 10 March 2008, at or about 0715 hrs, Karl Gibson arrived to Hoge Annex for work. His key card would not work at outside door. He walked to Hoge front door. Staff stated they could not help without supervisor of MEDDAC section. Karl Gibson then tried his office door. He could not enter his office or any other PM door. (No lights even at lock were seen.) Karl Gibson tried to reach LT Derivan, supervisor on cell phone. Karl Gibson left message. Karl Gibson called AOD and spoke to LT Derivan about problem. Karl Gibson was told to just wait into hall until someone else arrives. SGT Aaron would need to fix the problem. I had official time from 0800 to 0815. At or about 0825 hrs, LTC Jefferson let Karl Gibson into his office. LTC Jefferson stated that I had to talk to SGT Aaron on getting it fixed. I spoke to SGT Aaron asking for a key that works. SGT Aaron stated that she would get it fixed. I worked on Defense Finance and DTS all day. At 1500 hrs, Karl Gibson emailed "Hello SGT Aaron, My key card has not worked all day. When will I get a working key card so I can get in the building and my office & equipment rooms? Thanks, Karl Gibson" Karl Gibson spoke to SSG Ealim and SSG Ealim stated that he knew that there was a problem and he would get around to getting Karl a new key. I should just wait in the hall until someone showed up to let Karl in.

On 11 March 2008, at or about 0715 hrs, Karl Gibson arrived to Hoge Annex for work. His key card would not work at outside door. He walked to Hoge front door. Karl worked

with Diane Snedegar and got a key card access from Hoge personnel. Did walk thru in Bldg 227, Bldg 237, Bldg 304, Bldg 628, Bldg 302, Bldg 664, and Bldg 318. Entered into IHIP.

On 12-28 March 2008, on Sick leave.

On 31 March 2008; Went through emails. I submited dmhrsi updates. I sent an updated 10-28 March 2008 IH Work log to LT Derivan. Dispatched vehicle and turned in paperwork to Ms. Hixson. On 31 March 2008, I sent e-mail asking status of equipment. On 31 March 2008, sent e-mail asking status of records. On 31 March 2008, LT Derivan e-mailed "There is no new info on the status of that case or our records and we are still standing by." On 31 March 2008, I found that supplies had not arrived. On 31 March 2008; I e-mailed Aerotech to determine status of supplies. On 31 March 2008, I sent an e-mail to LT Derivan asking status. On 31 March 2008, LT Derivan e-mailed "Your FY08 #1 Priority was accepted and submitted and the last I heard was being routed through the deputies for approval." I asked about the others, LT Derivan said that "they are flapping in the wind." On 31 March 2008, I received from the Fire Deptartment to do their annual fit testing. "Karl, Please see the Fire Chief's email (below) to me and the Assistant Chiefs. Thank you. MARSHA FLORIDO Fire & Emergency Services" On 31 March 2008, I e-mailed the request to LT Derivan. On 31 March 2008, LT Derivan replied in email: "Go ahead". I emailed back to the Fire Dept. that I would be there at 0800 on 7, 8, 9, and 10 April 2008. On 31 March 2008, I received a e-mail from (Tena) Baker, Khristena M MAHC in RMD concerning WAWF. It was dated Thursday, March 20, 2008 3:06 PM. "Attached is a WAWF Decision Tree which is structured based on Electronic Commerce Clause 252.232-7003 and invoicing instructions generally found in Addendum 52.212-4 Contract Terms and Conditions. WAWF Decision Tree is intended to be used in conjunction with contract terms and conditions when processing a receiving report. Please ensure all Acceptors have a copy of this decision tree and if there are any questions or concerns please direct them to Mr. William Horton or Kathleen Harman. The chapter in the WAWF Desktop Guide regarding Acceptor Daily and Weekly Functions is also attached. Please ensure that the chapter on Daily and Weekly Functions is reviewed by all Acceptors. There are only 2 "completed" statuses in WAWF, "processed" (DFAS has document to be used for payment process) or "void" (document can not be used). All other statuses require an action by either the government or the vendor. Packing slips and Government managed timecards should be used by the government when determining receipt and acceptance. Please ensure each acceptor has a copy of the entire Desktop Guide, which can be found at the Finance and Accounting Website along with the WEBCARS. Website: http://www.medcomrm.amedd.army.mil/index_a_f.html side bar "Vendor Pay/WAWF" and select from the next dropdown. Training should be provided to all new users by the Activity Group Administrators, and an annual refresher training should be provided by the Activity Group Administrators to all users." On 31 March 2008, I emailed LT Derivan, "LT Derivan, 'Training should be provided to all new users by the Activity Group Administrators, and an annual refresher training should be provided by the Activity Group Administrators to all users.' Do you know how and when this will

happen?" On 31 March 2008, LT Derivan wrote back: "Karl, You can go to Tena Siple for one-on-one training as needed. If you need more specific training in addition to the desk guide and previous training you have received, coordinate through Tena as well." I requested and was given permission for official time from 1100 to 1600 hrs on 1 April 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 until 27 February 2008. Soldier signed for equipment, I provided him training on how to operate, calibrate, and testing requirements for the noise level meter and octave band analyzer. Waiting return of equipment.

2. Records: Asked LT Derivan 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 Steve Henry and received Ticket # 13661230. E-mailed Wisniewski, Kevin 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 Derivan's direction I went to IMD and they copied files from my H drive for lawsuit Subpoena records. I picked up CD with the needed H-Drive files that Dianne L. Knowles in IMD had accessed and copied. I provided this CD to LT Derivan. Local requested records have arrived and I met with SJA on Monday at 0800 hrs to pull required files. On Tuesday, after LTC Jefferson 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. Wisniewski, Kevin 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 Angina, Ratna, "On February 19, 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. On 25 February, The HHIM CD was delivered and I porvided it to LT Derivan for Subpoena.

I asked him status of hard copy records and asked when I needed to get them back. LT Derivan stated he would get back to me on these questions. On 6 March 2008, asked LT Derivan about files. SJA still has and are not done yet. He still waiting for HHIM to be loaded and access CD from CHPPM.

3. 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 not calibrating it. (Two Dry Cal Calibrators have not returned either, but it is still early 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.

F) I met SSG Bouie 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 keep me informed.

i) On 29 February, I received e-mail from Rich Purkett that the Balometer had been found and shipped back to Munson. I spoke to SSG Bouie and he has not yet contact or send Gilibrator Universal Pump Calibrator kit ECN: B7814, SN: 4462 to TMDE.

~~4. CLOSED in the week of 18-22 February.~~

5. CLOSED in the week of 18-22 February.

6. 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 with A002 analysis, and 1 endotoxic cassette with A007 analysis for February 2008. ($43. supply cost PO# 2008-9 and $426.00 analysis cost PO# 2008-10) Please send them overnight. I also provided with Dianna Yates (913) 684- 6742 or Tina Baker (913) 684 - 6720 on the past invoices. I included them on the e-mail so you can also try this way as well. This is a repeat from last week since the POC I had and sent order to no longer works for Aerotech labs.

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

8. Due to Karl Gibson:

a) Karl Gibson's questions and material promised at 15 January 2008 counseling.
b) Memo dated 5 February 2008 Subject: Questions. On 3 March 2008, LT Derivan provided answers to 3 of 5 questions.
c) Memo dated 15 February 2008 Additional Questions concerning the IPS in Feb 2008

9. Gary Glynn request to LT Derivan, "I will need to call CHPPM to get the Site ID, Site Name and registration key to complete the installation. Do you have a phone number for the CHPPM help desk?" I received this request on 29 February 2008 and provided on 29 February 2008.

10. On 26 Feb 2008, David Murdock of DOL/DPW has dropped of the design for review Title: Bldg 65 Latrine Addition. They want all comments prior to March 3, 2008. It was provided to LT Derivan on 26 Feb 2008. I handed the documents to LT Derivan on 3 March 2008.

11. The CAC Safety Awareness Plan for the month of March stresses Personal Protective Equipment. I deeply appreciate the service that the IH Department gave to the Installation's Safety Officers this past month by teaching on Hearing Conversation, but the Month of March focuses on Personal Protective Equipment and I am seeking your experience and knowledge on the Respiratory Protection Program to be shared with the Installation's Additional Duty Safety Officers on March 27, 2008 at 1300 hours. I understand that you may have a busy schedule, but I also realize that your Department has the expert knowledge on the Respiratory Protection Program, therefore I am sincerely asking you to assist the CAC & Fort Leavenworth Safety Department in teaching the ADSO Officers on March 27, 2008 at 1300 hours in the Main Post Chapel. I promise that this will be the last request for this physical year. Received and forwarded request to LT Derivan on 3 March 2008. LT Derivan emailed

12. On 3 March 2008, When I can in to work this morning, I saw two new icons on my computer. These 2 different Microphones were present in the lower right tool bar. I spoke to Diane at IMD. She did not know and did not have on her computer. She spoke to others in IMD. They said they were for microphones. After my speaking to IMD, both icons disappeared. What was the purpose of these icons and/or these programs? Has access or changes been made on my computer? What is the purpose? I asked LT Derivan. He told me to speak to IMD. I asked Gary Gylnn of IMD these questions. Gary stated that it is MEDCOM pushed and keep an eye on them.

13. LT Derivan handed me the Design Project BLDG 318 HVAC System Repair 95% Design for me to review. Comments are due before 11 March 2008.

14. Received CEEP report for FY 2008 from DCA LTC Hutson on 5 March 2008. She wants CEEP requests ASAP. I e-mailed 1lT Derivan. He said do it if have identified need. On 7 March 2008, at 0900 hrs, I provided the following information with the 1 remaining FY2007 and 5 new FY2008 CEEP requests to LT Derivan. "IH has 54 items that are overaged (beyond life span). With these CEEP requests, I will have submitted for 40 of the 54 items to be replaced. I am working on 12 of the others for FY 2009. These items are tracked on Environmental of Care Equipment Performance Indicator QA. I explained his questions. Waiting signatures for LOG turn in.

15. On 5 March 2008, the EOC 2008 Management Plans (Drafts) are on Z:drive/SAFETY/EOC Management Plans/2008. Please review them and send

comments to me be 12 Mar so they can be ready to be discussed at the next EOC Committee. There were very little changes but for each of you owning a plan and book (Derivan,Vandiver, Freeman, Schad and Bouie) please take a quick look to see if the Tabs addressed in the Management Plan still coincide to the TABS in your Management Plan Reference Book (name of Reg, dates etc.) I e-mailed 1LT Derivan on request.

16. On 6 March 2008, David Murdock provided Design Project BLDGs 472 and 468 BCTP Renovation Project Number BC 4B017-7P at the 95% Design Review for me to review. Comments are due before 18 March 2008. Sent LT Derivan e-mail notice on 6 March 2008.

17. On 6 March 2008, PATRICIA K. FLANAGAN, BSN INFECTION CONTROL COORDINATOR sent a e-mail asking "Have we gotten the results of the cultures on the pharmacy hood you did in January?" I sent to LT Derivan on 6 March 2008 asking "Can I tell her both January and February 2008 results were good? How am I to write up these results? LT Derivan emailed on 6 March 2008 "You can give her a verbal for the good results. How did you submit/write up results in the past?" I called Pat to say both Jan and Feb. was good. On 6 March, I emailed LT Derivan "Since Jan 2006, the format has been the same. But they have not gone out from C, PM for months before. What is wanted now?"

18. Travel Voucher. Karl received a debt letter at home on 6 March 2008. I visited Baker, Khristena M MAHC (Tina) She e-mailed "Karl came to se me regarding a travel debt letter he received for travel in 2006. We checked the voucher and all appears in order. I asked him to contact the customer service number on the letter if there is a dispute. There are one of two things that will happen:
a) DFAS will verify the duplicate payment EFT deposit to Karl's account and if incorrect should rescind the debt letter.
b) DFAS confirms the duplicate payment as valid, and Karl will need to repay the expense. Karl should be able to request a payment schedule if he coordinates in advance otherwise if left alone they may debit his pay directly and may cause undue hardship.
I briefed LT Derivan on situation. I repeatedly called Terri McGuire, Defense Finance and left messages. On 10 March 2008, I called Terri McGuire, Defense Finance at 0810 and 0910 and left messages. Terri McGuire, Defense Finance returned my call. She changed the S: to April 30, 2008. She gave me several numbers to call to work the issue. Finely, I reached a Shirley Simmons at Defense Finance that helped. She provided account number of where the second payment went. She needs a new Form 1199. She emailed form to me. Plan is to send form, they really pay me, I pay back and then they search for first second payment.

19. 4 March 2008, Sent IH Program Document to LT Derivan to add to LTC Jefferson, C, PM's 2008 Program Document.

20. On 10 March 2008, Agenda/Minutes EOC Meeting email "Here is the minutes and agenda for Thursdays EOC meeting 1100 in the MCR. Thanks, from Tammy A. Schad, Safety and Occupational Health Specialist Munson Army Health Center Ft. Leavenworth,

KS 66027 I wrote her and LT Derivan: "I will be out on Thursday and can not attend." Ms. Schad asked if I had anything to report. I emailed LT Derivan to say, "Want to say that 797 Pharmacy hood has been tested for January and February 2008 and all is well. Can I?"

21. On 10 March 2008, I received the following email "Good afternoon to all: Wed 12 Mar 08, is MAHC TNG day. As a section we will briefly meet after the last TNG - DMRSHI 0930-1000. Our meeting will start at 1030hrs on 3rd floor PM section. Topics of discussion; Welcome back SSG Ealim from BNOCC; Update CAF folders - SSG Ealim please bring with you. Upcoming SRP - SGT Aaron (requirements); PM move 3rd floor; PI indicators - if any are due please bring so that we can discuss and submit to Jill Open issues of concerns/questions. See you all then, LTC Jefferson" I wrote to LT Derivan, "I will not be able to be there. I will be at my Doctor Appt. Please let me know what happens. Thanks, Karl Gibson."

IH Numbers END OF MONTH REPORT (FY2008)

IH work for March 2008

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP
BLDG 84	4 Operations Named	On 1 April 2008
BLDG 314	1 Operation Named	On 1 April 2008

From 5-20 April 2008, Karl Gibson was on Off.

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.	Operations – Processes Assessed	What needs to be Surveyed?
	None Allowed	0

Location of IH Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Bldg 343 Pharm. Compounding for March & April	March Sampling 21 April Sampling 21	
Totals	42	0

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

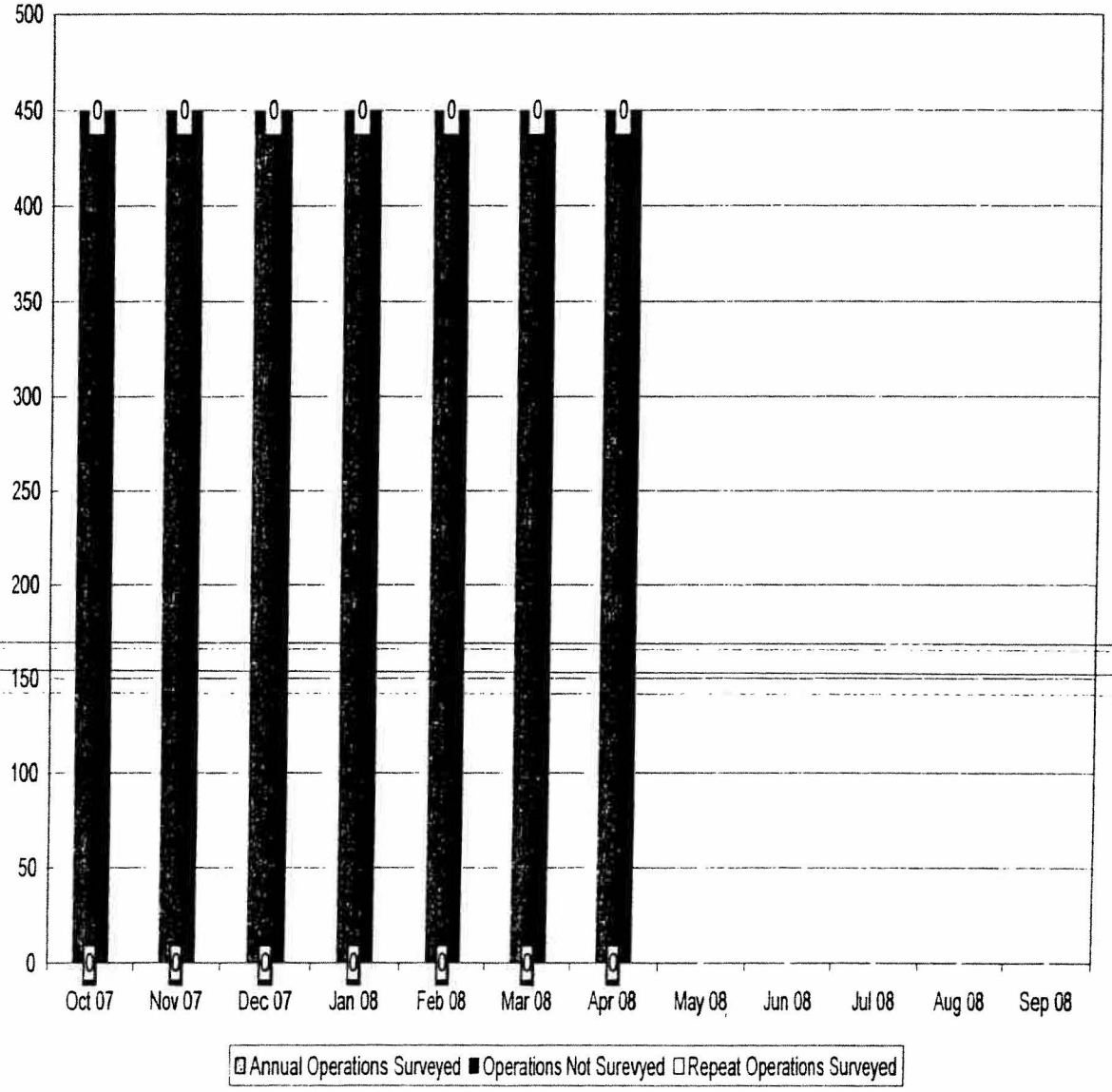
Area	Findings	Recommendations	What h:

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

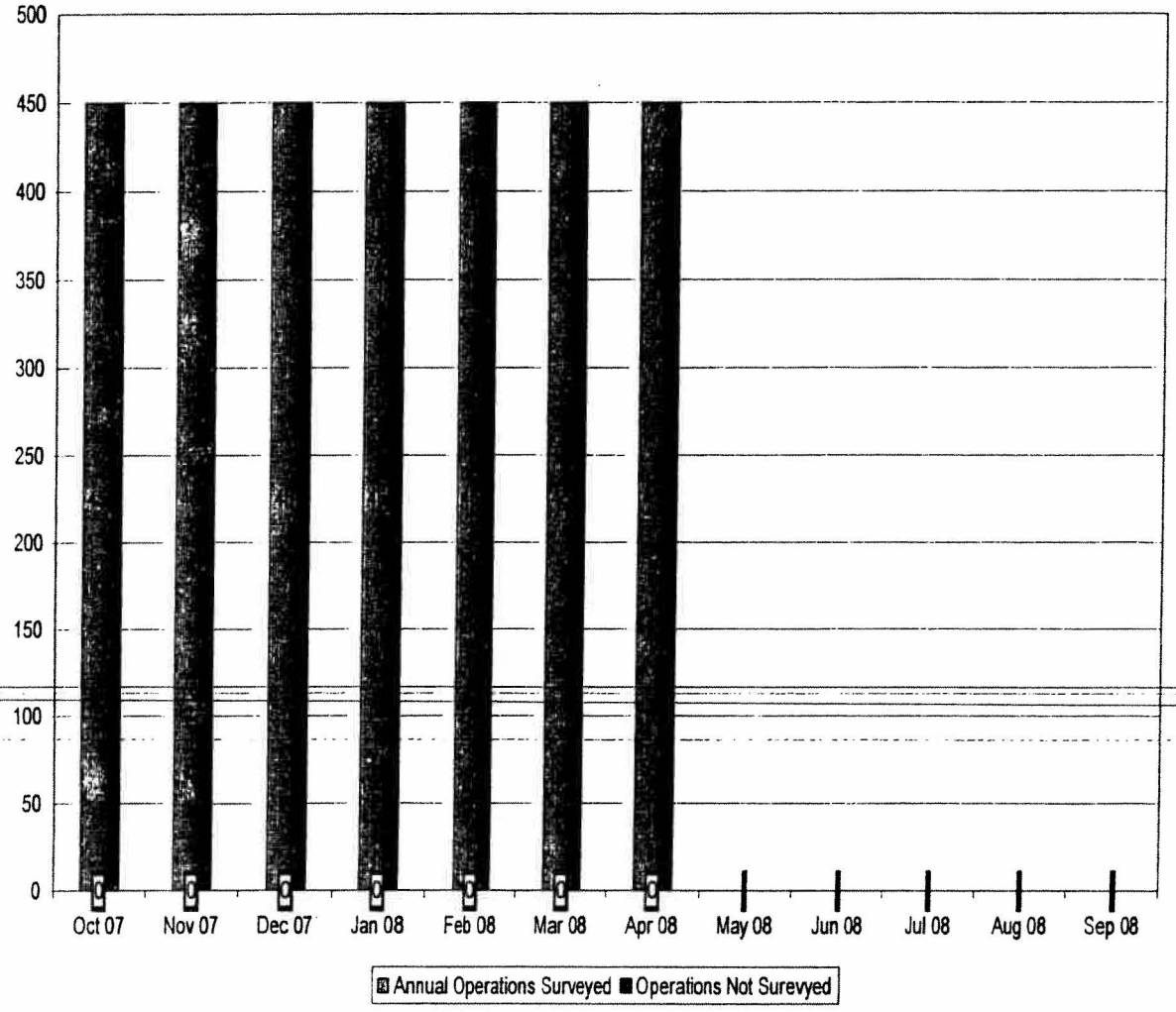
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Fit Testing Fire Dept.	20/20/Bldg 701

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



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



IH Numbers END OF MONTH REPORT (FY2008)

IH work for May 2008

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP
BLDG 470	4 Operations Named	On 2 May 2008
BLDG 46	1 Operation Named	On 16 May 2008
BLDG 47	1 Operation Named	On 16 May 2008

On 7, 8, 15, 23, 26, 27 May 2008, Karl Gibson was on Off.

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.	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 77 DPTM EOC	EOC	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 DPTM	Office	chemical, ergonomic, IAQ, noise, and vision & lighting

Location	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 77 Warehouse	Office, Warehouse	chemical, ergonomic, IAQ, noise, ventilation, and vision & lighting
BLDG 77 DPTM Devices	Office, Engraving, Metal Shop, Plastic Molding, Spray Booth, Storage, Welding Shop, and Wood Shop	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 77 Military Review	Office	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 DAPS	Office, Logistics, Xerox copying, and Binding	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 77 AARTS	Office, Logistics, Mailing, and Xerox Printing	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 TSC Graphics & Arts	Office, Logistics, Warehouse, Large Format Printing, Laminating, Mounting, Video Teleconference Center, Display Making, and Sign Making	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 77 DA Digital Photo	Office and DA Digital Photo	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 275 CTD	Office	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 275 USDB Pickup Point	Office, Pick-up Point	biological, chemical, ergonomic, IAQ, noise, and vision & lighting

Location	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 275 FMWR Thrift Shop	Office, Store	biological, chemical, ergonomic, IAQ, noise, physical, and vision & lighting
BLDG 80 DOL/DPW Environmental	Office, Logistics, Sampling, Household Hazardous Waste, Hazardous Waste	chemical, ergonomic, IAQ, noise, physical, radiological, respiratory protection, ventilation, and vision & lighting
BLDG 80 DOL/DPW Forester	Office, Outdoors	chemical, ergonomic, IAQ, noise, physical, and vision & lighting
BLDG 198 PAO	Office, Public Information, Community Relations, Lamp Newspaper, Broadcast	biological, chemical, ergonomic, IAQ, physical, and vision & lighting
BLDG 198 Chaplain	Office	chemical, ergonomic, IAQ, and vision & lighting
BLDG 198 DHR	Office, Logistics	chemical, ergonomic, IAQ, physical, and vision & lighting

Location of IH Survey	Operations Surveyed	Repeat Operations Surveyed
	None Allowed	0
Bldg 343 Pharm. Compounding for May	May Sampling 21	
Totals	21	0

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

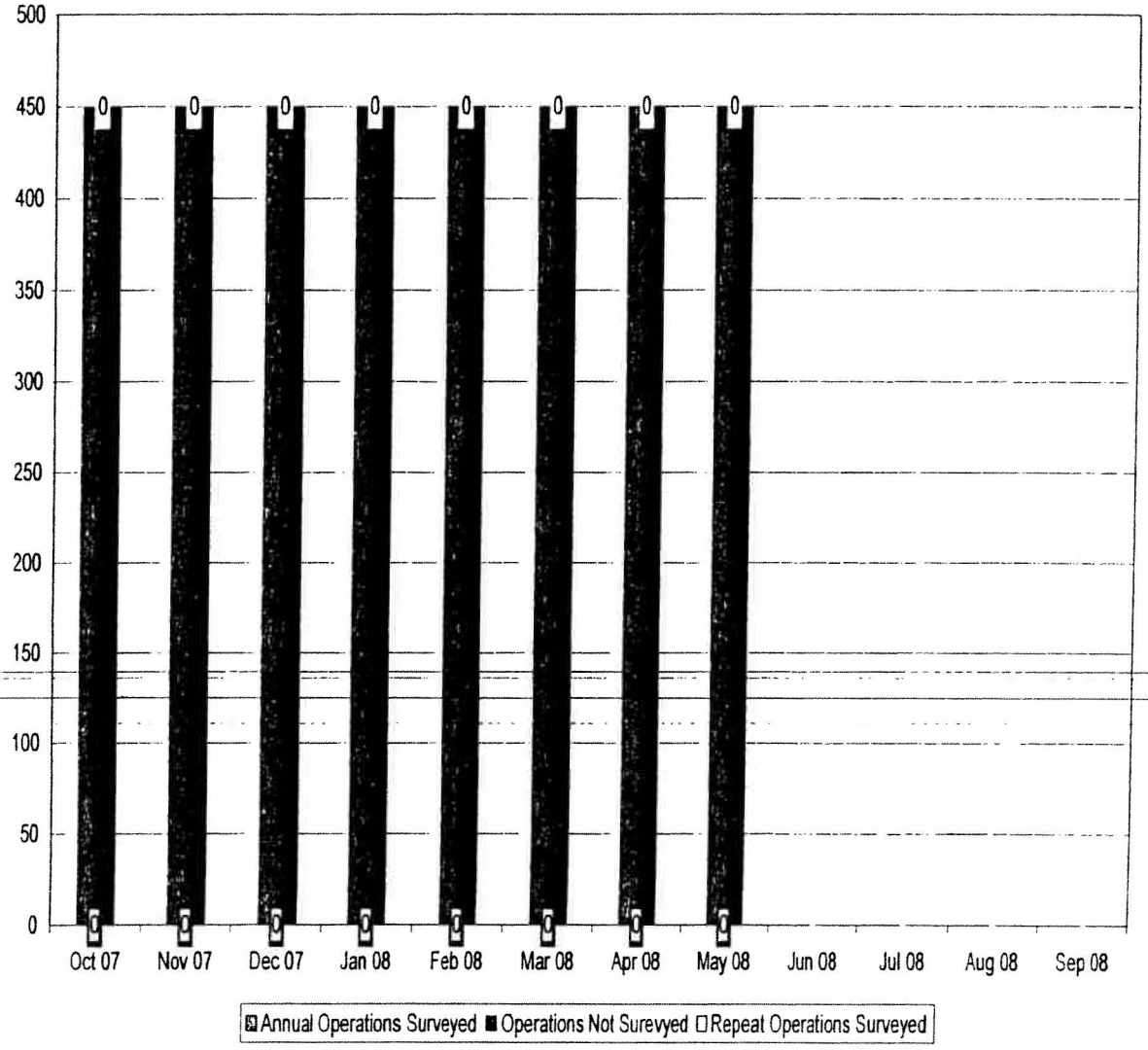
Area	Findings	Recommendations	What has Happened?

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

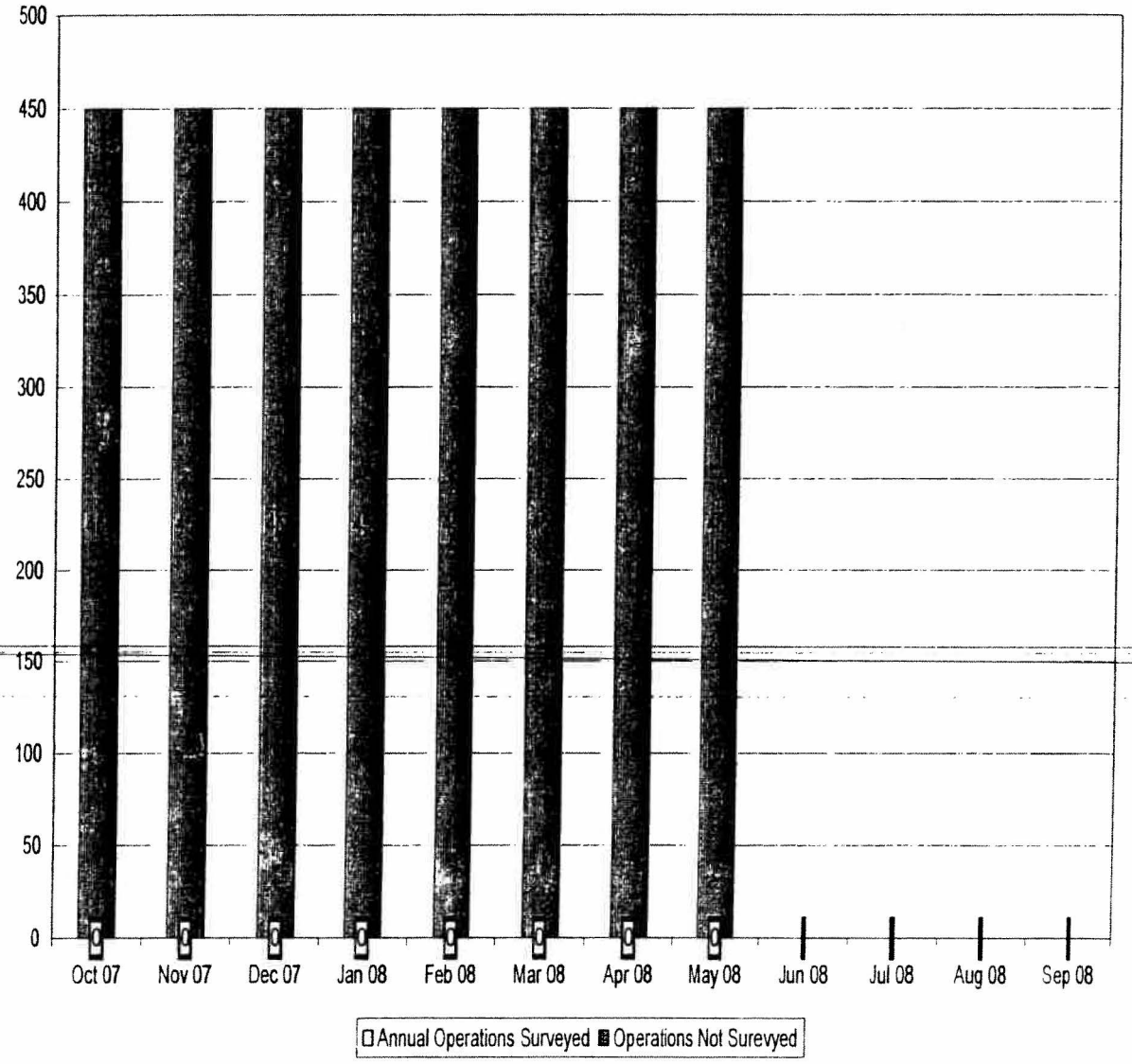
Training Sessions Provided

Type of Training	#classes/# of Attendees/location
Fit Testing Fire Dept.	5/5/Bldg 701

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



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



IH Numbers END OF MONTH REPORT (FY2008)

IH work for June 2008

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP

On 9, 10, 11, 12, 13, 19, and ½ day on 25 June 2008, Karl Gibson was on Off.

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.	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 198 EEO	Office	chemical, IAQ, physical, vision & lighting
BLDG 198 TDS USA Legal Services	Office	chemical, ergonomic, IAQ, noise, physical, and vision & lighting
BLDG 198 Safety	Office Go & Inspect Perform classes	chemical, ergonomic, IAQ, noise, physical, and vision & lighting
BLDG 198 IRACO	Office, Driver, Shredder	chemical, ergonomic, IAQ, noise, and vision & lighting

Location	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 198 FMWR	Office, Shredder	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 198 PAIO	Office, Shredder	chemical, IAQ, noise, and vision & lighting
BLDG 198 NRCCL (was DOC)	Office, Shredder	chemical, ergonomic, IAQ, noise, physical, and vision & lighting
BLDG 198 DCSRM	Office, Logistics, Travel Support, Shredder, Driver of GAS vehicle	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 198 Garrison Commander	Office, Logistics, Shredder, Driver of GAS vehicle	chemical, ergonomic, IAQ, noise, and vision & lighting

Location of IH Survey	Operations Surveyed	Repeat Operations Surveyed
BLDG 635 Single Soldier Quarters Environmental Quarters Inspection *	None	0
Bldg 343 Pharm. Compounding for May	May Sampling 21	
Totals	21	0

* Found moisture on otter wall and carpet, made recommendations.

3-6 June did FOIR look-up.
16-18 June, did LES review and memo with Jill.
23-26 June, work on and did work as required for Eisenring lawsuit.
20 June, get equipment ready got Great Plains visit, equipment returned 30 June 2008.
20 June to 30 June, Computer down and not restored.

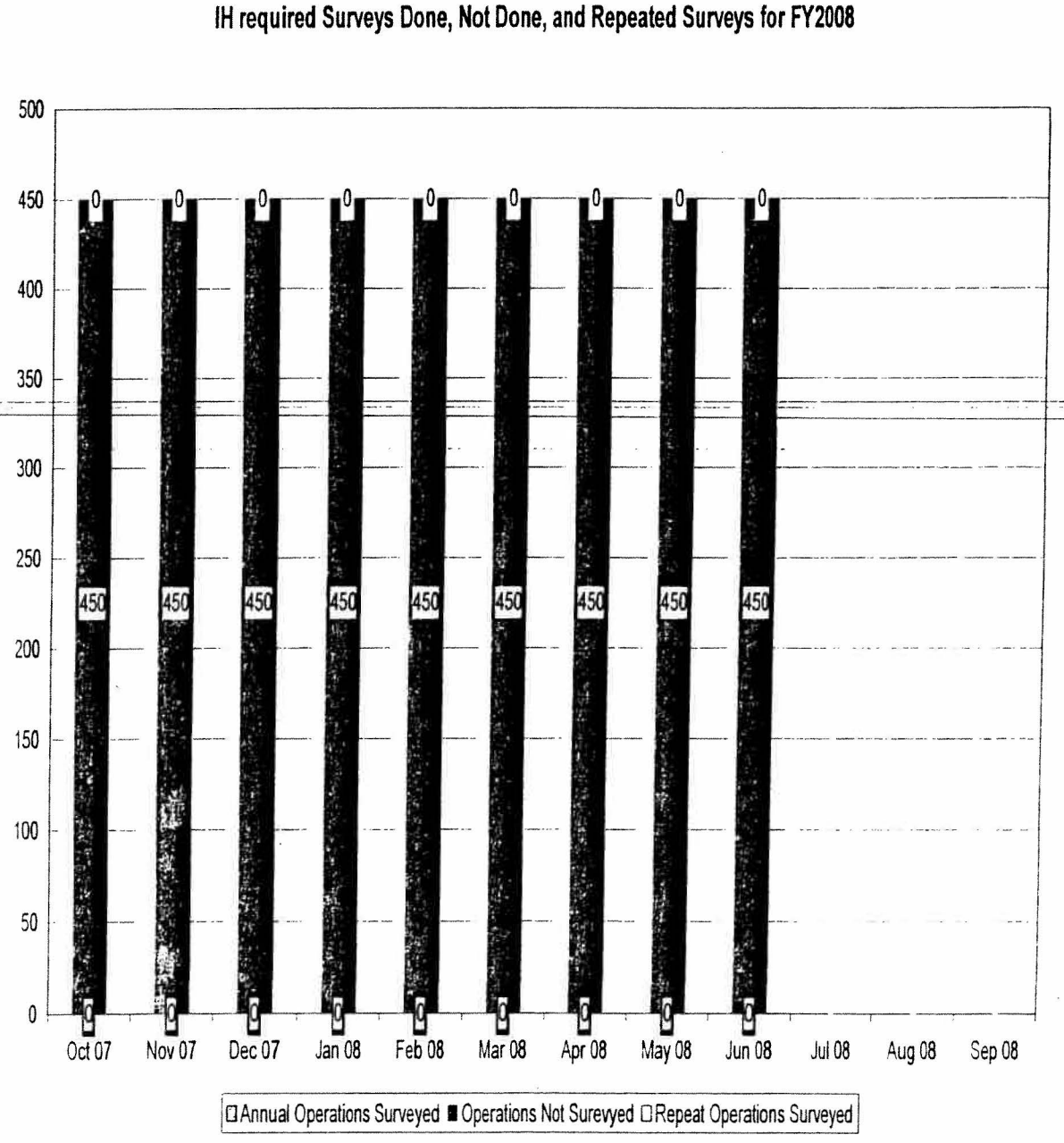
Number of Design Reviews done: 0 (# of pages or items read and reviews for completeness.)

Area	Findings	Recommendations	What has Happened?
95% Design Review for Bldg 198 HVAC/Renovation, Bldg 168 Repairs, and Swing Space Buildings	1) According to the design team, the mechical equipment will exceed standards. They will make offices next to and below them noisy and feel vibration. 2) According to the design team, they have had to reduce heating and cooling water pipe sizes and may not be able to control heating and cooling levels. 3) Asbestos and lead has been identified and should be handled correctly. They had that the government (i.e. IH) would do the pre, during and clearance air samples. They are to change this, but have not yet. 4) I did not check plumbing and do not if the backflow protectors are there or how/who will do water testing. In past, it is written that PM does it. You may want to look.	1) need to comply with DA PAM 40-11 Table 4-1 Acceptable building interior sounds levels 2) Need to comply with ASHRAE Standards 55-current and 62.1-2007 3) Need to change so Contractor hires independent IH to do sampling. 4) LT Derivan needs to review plans and Specs for areas that belong to ESO.	1) Informed DOL/DPW. 2) Informed LT Derivan

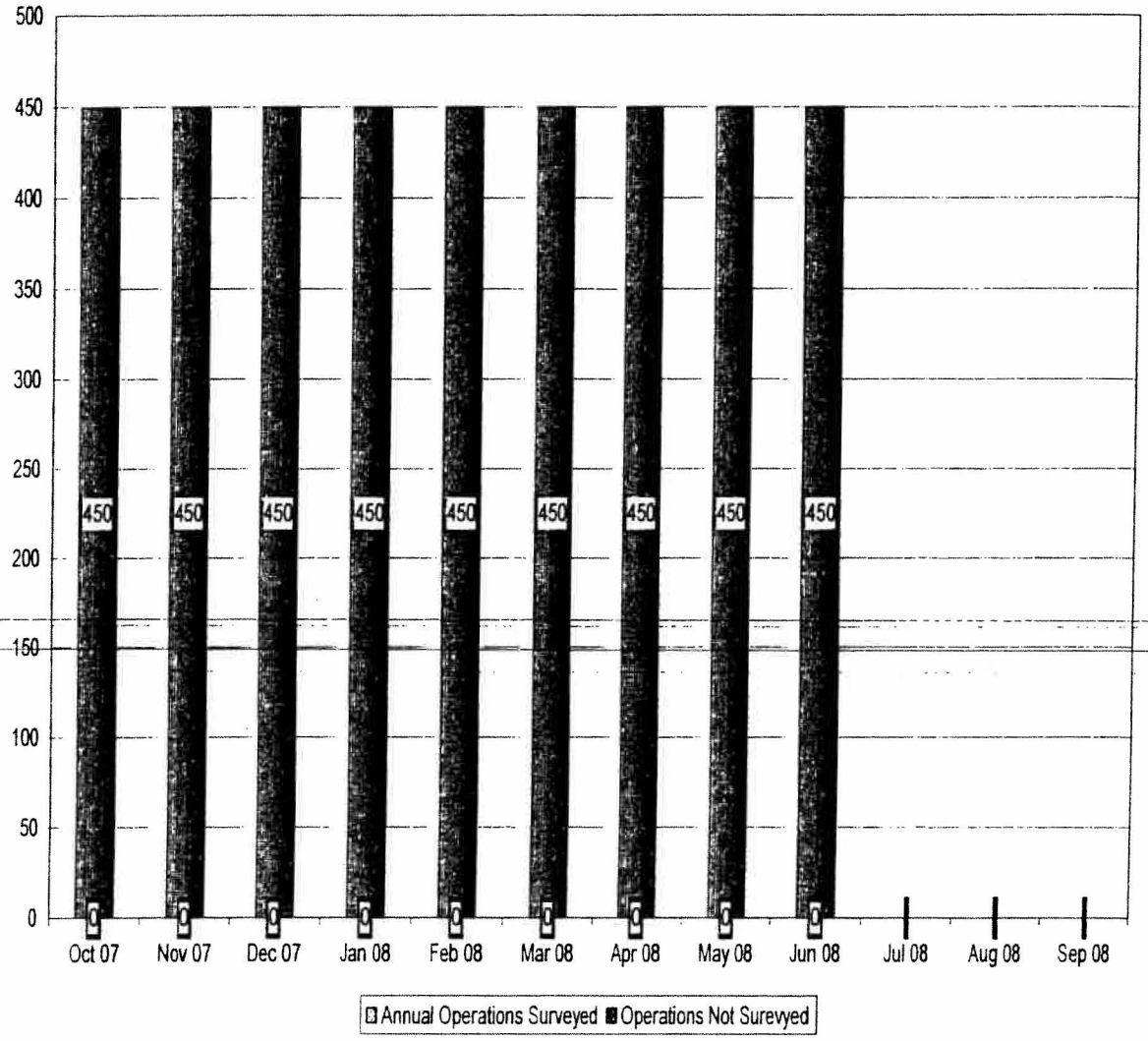
Note: Design Review surveys are done to ensure that new constructions projects control hazards and meet standards.

Training Sessions Provided: None

Type of Training	#classes/# of Attendees/location



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



IH Numbers END OF MONTH REPORT (FY2008)

IH work for July 2008

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP

Karl Gibson was on off for 12 of the 22 work days in July.

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 45 NSC	Deputy Director's Office	IAQ, physical, vision & lighting

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

2, 8, 9, 10, 11, 14, 15, 16, and 28 July, had computer issues.
8 and 16 July, did WAWF.
9 July, did training.
10, 11 July, did work as required for Eisenring lawsuit.
14, 15, and 28 July, worked on LES issues.

Number of Design Reviews done: 700 (# of pages or items read and reviews for completeness.)

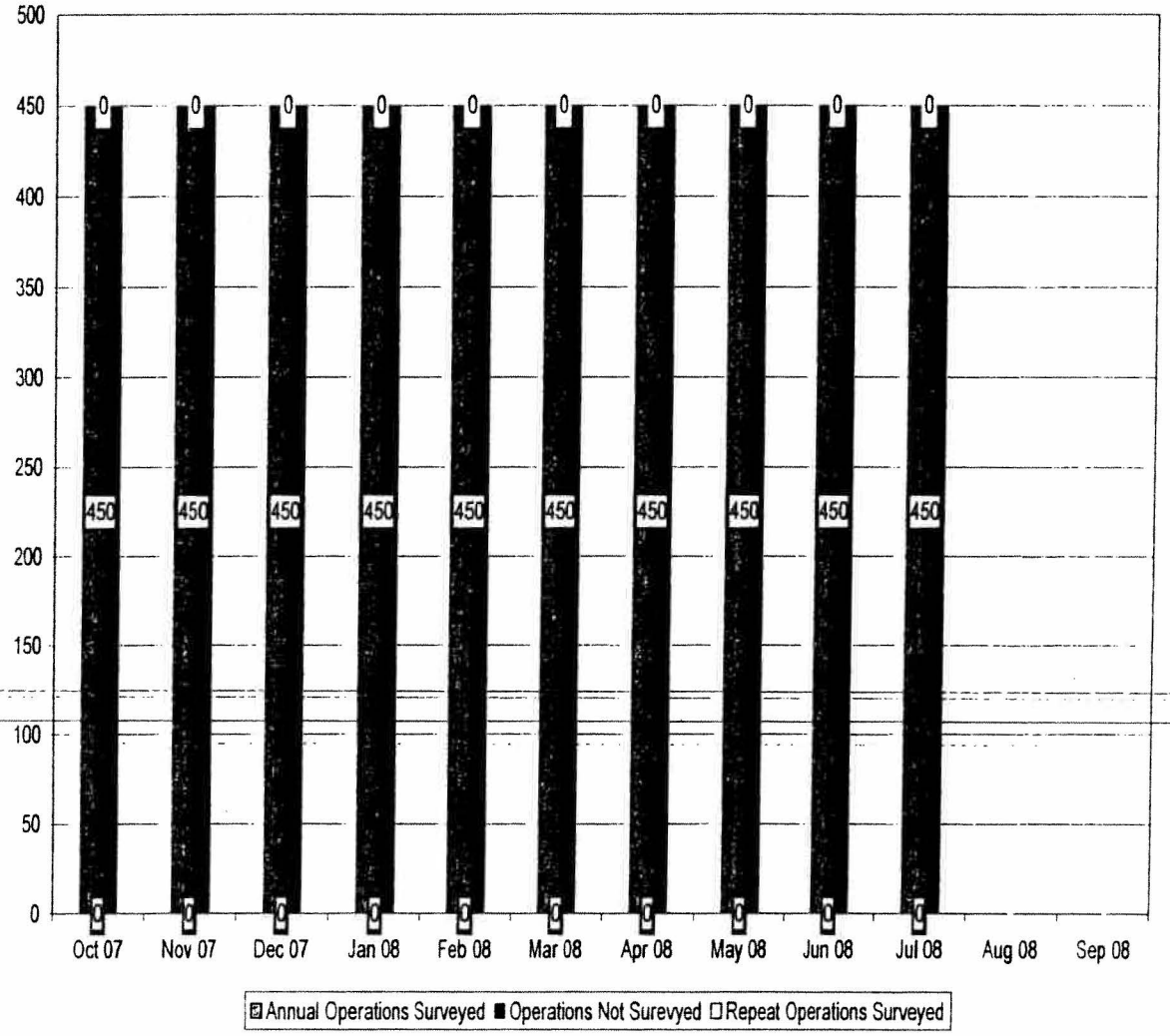
Area	Findings	Recommendations	What has Happened?
95% Design Review for Bldg 198 HVAC/Renovation, Bldg 168 Repairs, and Swing Space Buildings	1) According to the design team, the mechical equipment will exceed standards. 2) According to the design team, they have had to reduce heating and cooling water pipe sizes and may not be able to control heating and cooling levels. 3) Asbestos and lead has been identified and should be handled correctly. 4) ~~I did not check~~ plumbing and do not if the backflow protectors are there or how/who will do water testing.	1) need to comply with DA PAM 40-11 Table 4-1 Acceptable building interior sounds levels 2) Need to comply with ASHRAE Standards 55-current and 62.1-2007 3) Need to change so Contractor hires independent IH to do sampling. 4) LT Derivan needs to review plans and Specs for areas that belong to ESO.	1) Informed DOL/DPW. 2) Informed LT Derivan

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

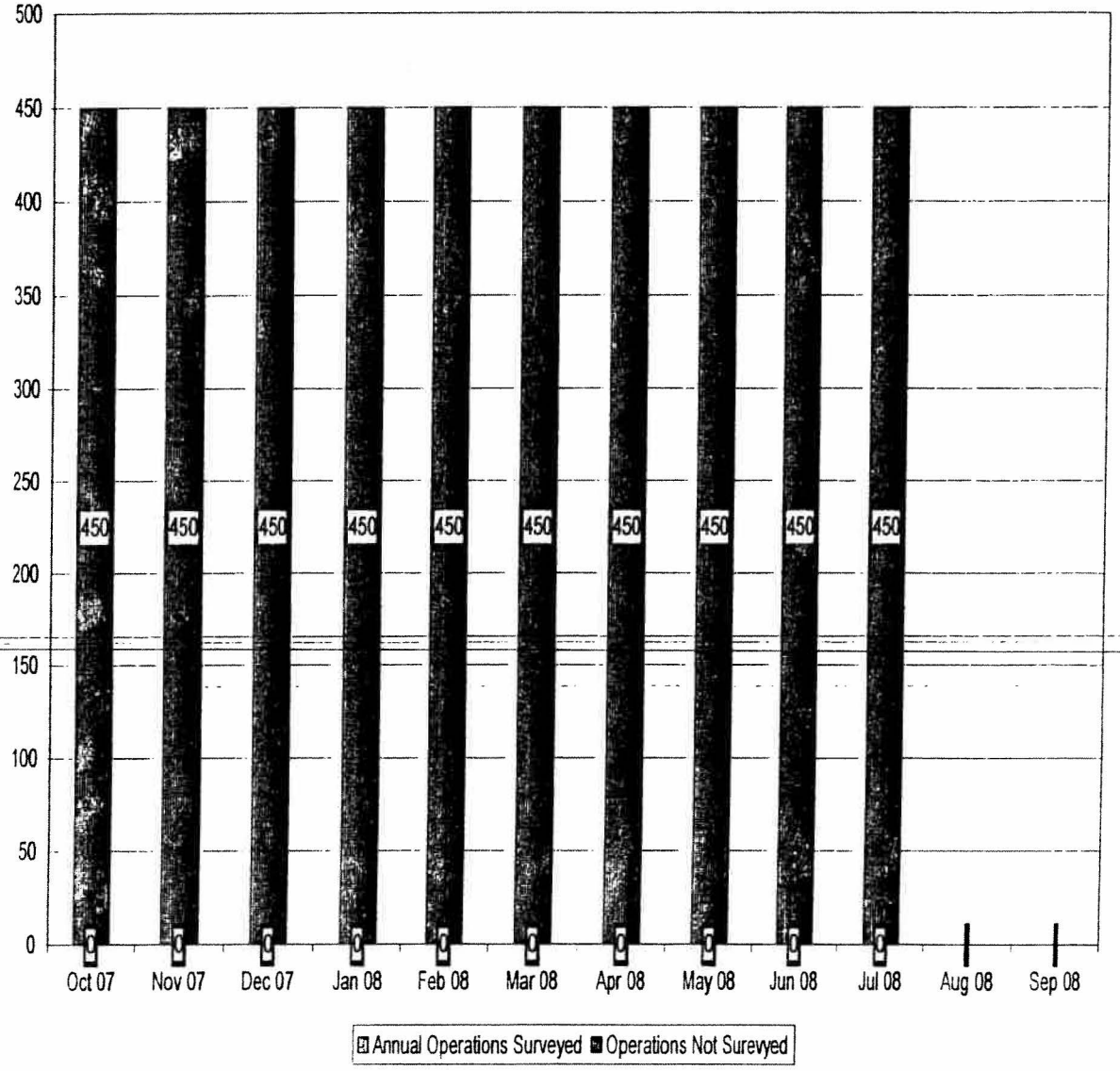
Training Sessions Provided: None

Type of Training	#classes/# of Attendees/location

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



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



IH Numbers END OF MONTH REPORT (FY2008)

IH work for August 2008
Karl Gibson was on off for 6.5 of the 21 work days in August.

IH Shop walk through of workplaces	Operations – Processes Walked Through	Updated IHIP
	None	None

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 45 NSC	HQ; Operations; Maintenance; PID; FID; TPIO Virtual; NSC VTC; CD; BCTP WCOPFOR; TPO-OneSAF; BCTP DB; CD Terrain	IAQ, noise, physical, vision & lighting
BLDG 43 BCKS	Offices	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 DPTM EOC	EOC	chemical, ergonomic, IAQ, noise, and vision & lighting

IH hazard assessment on buildings on Fort Leavenworth	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 77 DPTM	Office	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 Warehouse	Office, Warehouse	chemical, ergonomic, IAQ, noise, ventilation, and vision & lighting
BLDG 77 DPTM Devices	Office, Engraving, Metal Shop, Plastic Molding, Spray Booth, Storage, Welding Shop, and Wood Shop	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 77 Military Review	Office	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 DAPS	Office, Logistics, Xerox copying, and Binding	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 77 AARTS	Office, Logistics, Mailing, and Xerox Printing	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 77 TSC Graphics & Arts	Office, Logistics, Warehouse, Large Format Printing, Laminating, Mounting, Video Teleconference Center, Display Making, and Sign Making	chemical, ergonomic, IAQ, noise, physical, ventilation, and vision & lighting
BLDG 77 DA Digital Photo	Office and DA Digital Photo	chemical, ergonomic, IAQ, noise, and vision & lighting
BLDG 50 CALL	Office	chemical, ergonomic, IAQ, noise, and vision & lighting

IH hazard assessment on buildings on Fort Leavenworth	Operations – Processes Assessed	What needs to be Surveyed?
BLDG 80 DOL/DPW Environmental	Office, Logistics, Sampling, Household Hazardous Waste, Hazardous Waste	chemical, ergonomic, IAQ, noise, physical, radiological, respiratory protection, ventilation, and vision & lighting
BLDG 80 DOL/DPW Forester	Office, Outdoors	chemical, ergonomic, IAQ, noise, physical, and vision & lighting
BLDG 695 MMD	Ms. Lakin's office for ergonomic needs	Ergonomics

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

7, 12, 13, 14, 15, 21, 25, 26, 28, and 29 August, had computer issues.
4 and 26 August, did WAWF.
13 August, did training. 21 August did HAZWOPER training
4 August, worked on LES issues.

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

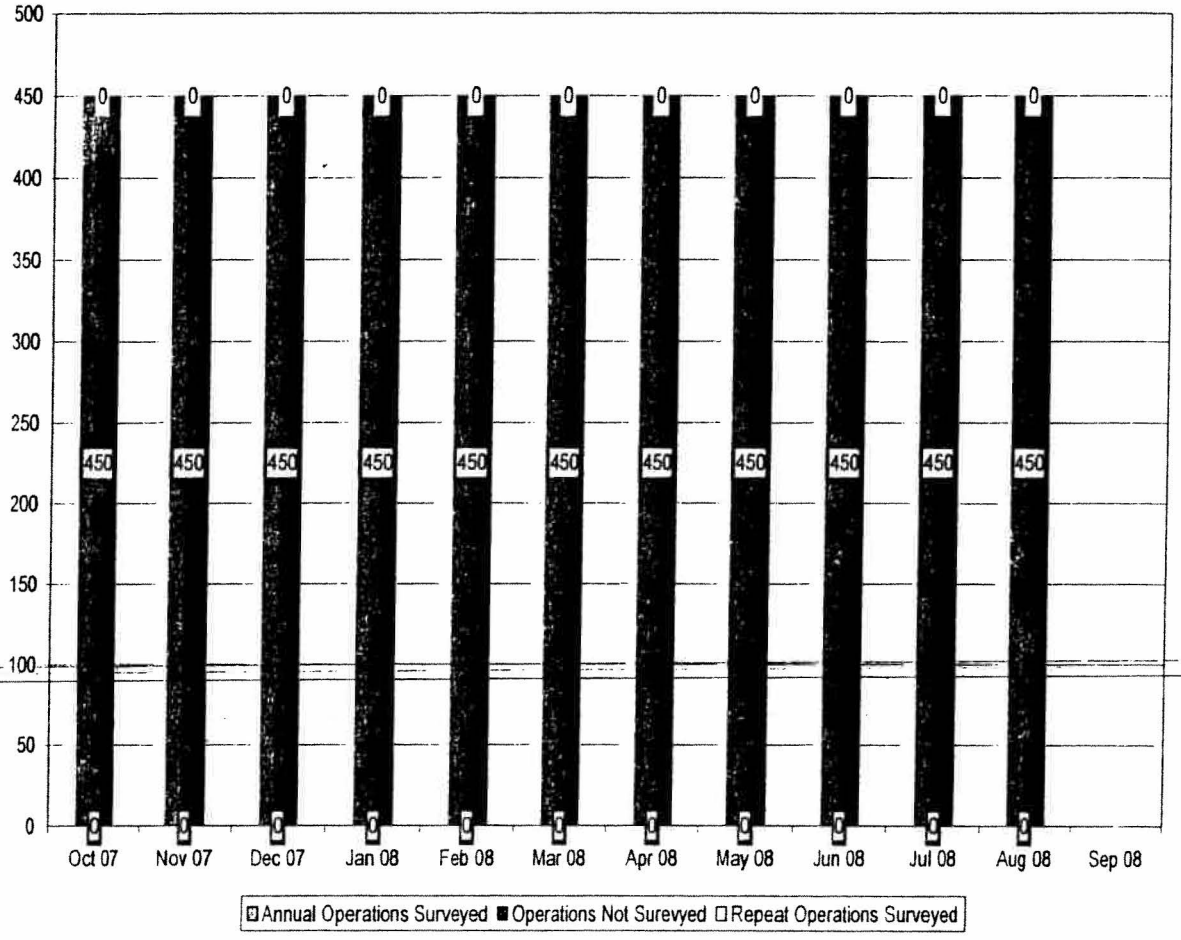
Area	**Findings**	**Recommendations**	**What has Happened?**

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

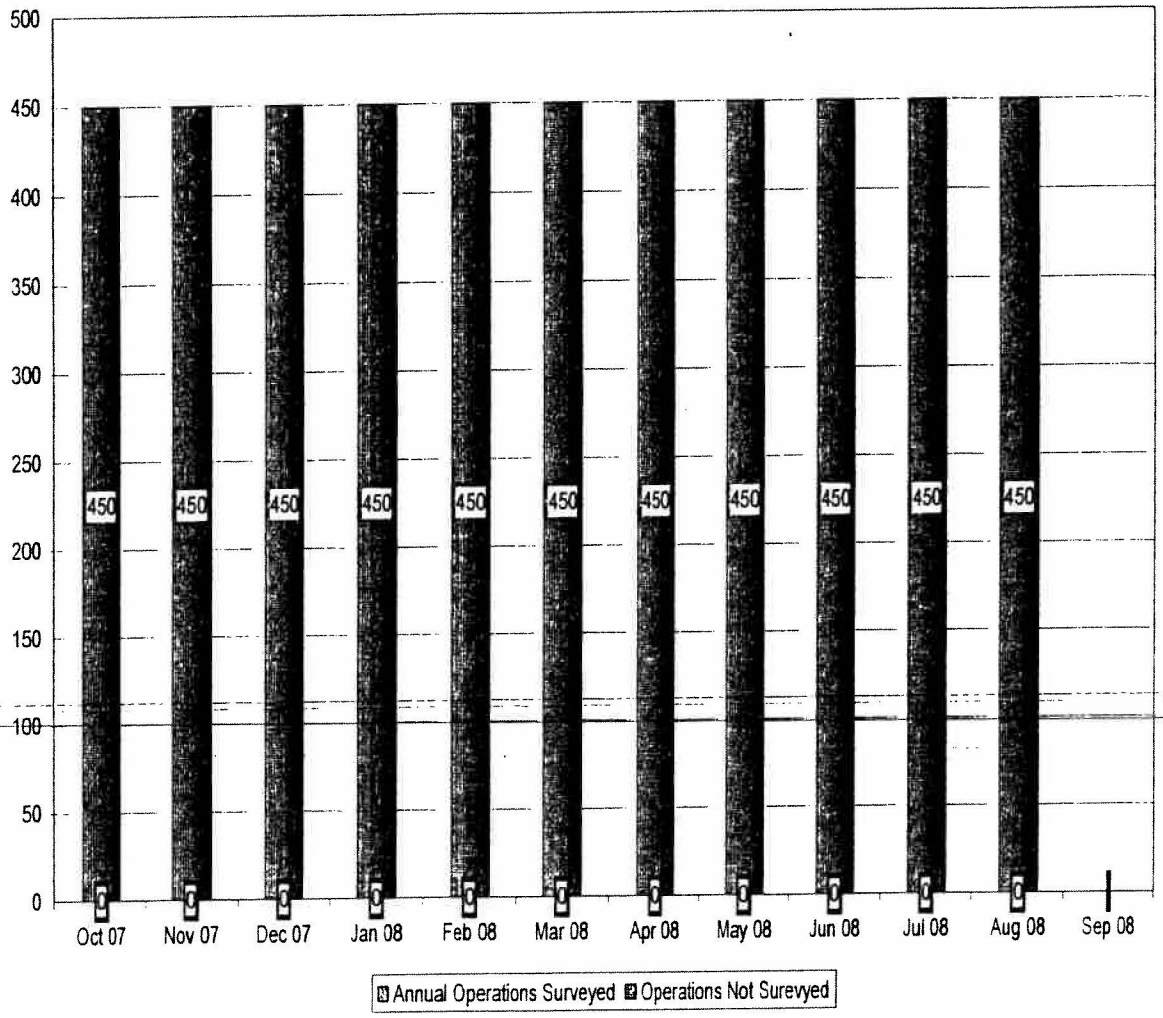
Training Sessions Provided: None

Type of Training	#classes/# of Attendees/location

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



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



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

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.

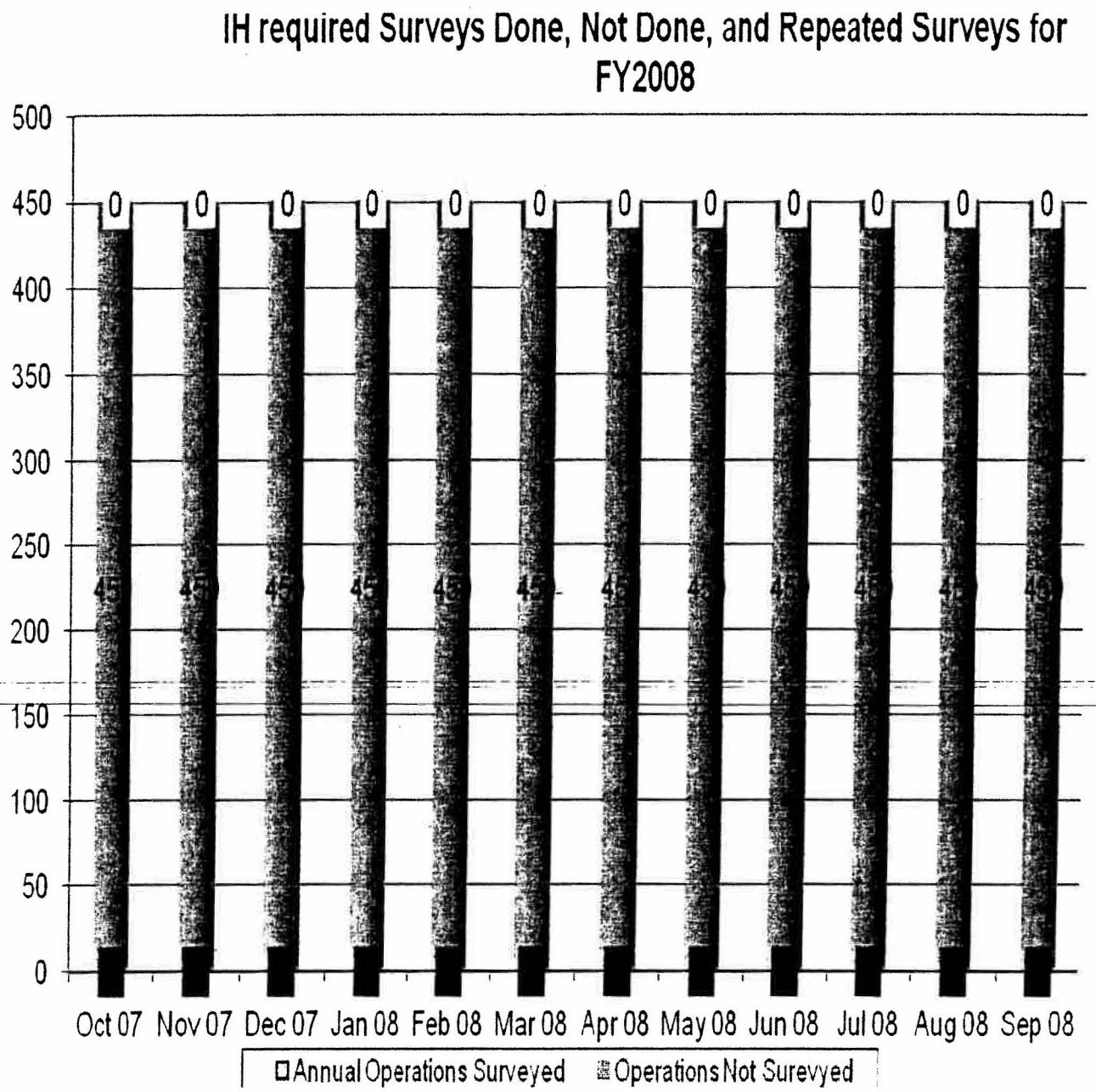
Number of Design Reviews done: 0 (# of pages or items read and reviews for completeness.)

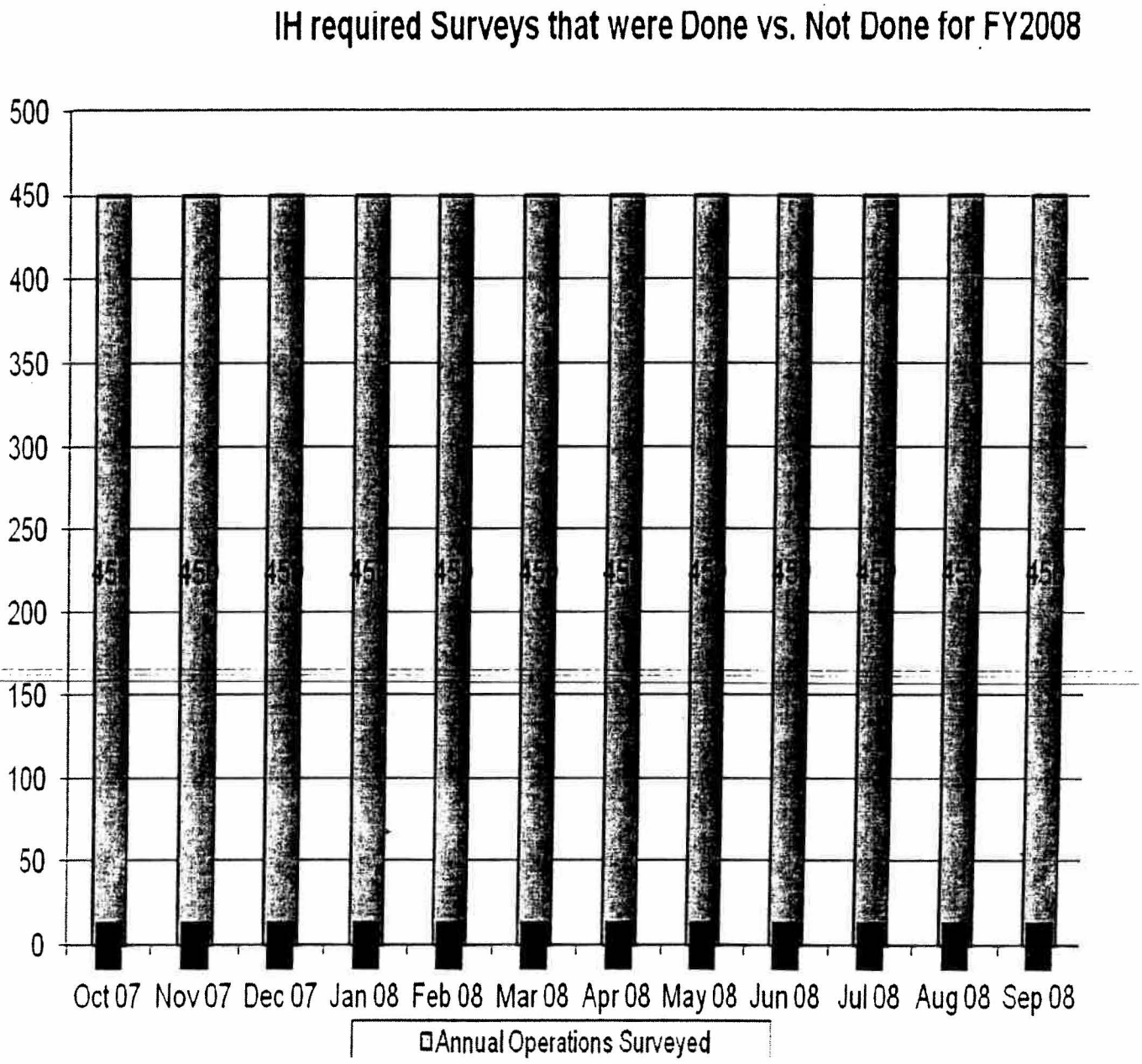
Area	**Findings**	**Recommendations**	**What has Happened?**

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
500
450
400
350
300
250
200
150
100
50
0
0
45
Oct 07
Nov 07
Dec 07
Jan 08
Feb 08
Mar 08
Apr 08
May 08
Jun 08
Jul 08
Aug 08
Sep 08
Annual Operations Surveyed
Operations Not Surevyed


IH required Surveys that were Done vs. Not Done for FY2008
500
450
400
350
300
250
200
150
100
50
0
Oct 07
Nov 07
Dec 07
Jan 08
Feb 08
Mar 08
Apr 08
May 08
Jun 08
Jul 08
Aug 08
Sep 08
Annual Operations Surveyed

E-3

GREAT PLAINS REGIONAL MEDICAL COMMAND
ORGANIZATIONAL INSPECTION PROGRAM

INDUSTRIAL HYGIENE PROGRAM

PURPOSE: The Industrial Hygiene Program OIP Checklist is used to inspect the MTF and Installation Industrial Hygiene Programs. The checklist addresses Federal and State Regulations, DoD, DA, MEDCOM and GPRMC Policies and Procedures.

ADMINISTRATIVE DATA

a. MTF: MUNSON ARMY HEALTH CENTER, FT LEAVENWORTH, KS

b. Commander: COL ANDREA CRUNKHORN

c. Industrial Hygiene Officer: KARL GIBSON

d. POC Phone Number: 913.684.6539 DSN:

e. Date of Assessment Visit: 24-28 NOVEMBER 2008

GPRMC EVALUATOR

GPRMC Preventive Medicine
'aluator: SCOTT D. BENTLEY
,N: 421-2608

SCORING METHODOLOGY

- **Each question has a "Total Point Value" of 2 points.**
- **Each question scored a point value of 1 or 0 points must be addressed in the Summary Report under Findings/Observations.**
- **Areas which are not assessed will be identified by N/A and receive no points. Areas assessed with an N/A will not be included in the total number of question.**

PROGRAM MANAGEMENT ANALYSIS

1. INDUSTRIAL HYGIENE PROGRAM DOCUMENT

a. Does the MTF have a locally developed IH program document readily available and reflects current program practices? (2) POINTS

b. Does the program document meet the criteria established in Department of the Army Pamphlet (DA Pam) 40-503 and current MEDCOM guidance? (2) POINTS

. Does program documents include the SOPs that delineate IH program)onsibilities for installation safety and health programs such as confined space, respiratory)tection, personal protective equipment, ergonomics, civilian resource conservation program, etc? (2) POINTS

d. Has the current Chief reviewed and endorsed IH program documents? **(0) POINTS**

2. DEFENSE OCCUPATIONAL/ENVIRONMENTAL HEALTH REPORTING SYSTEM (DOEHRS)

a. Is the DOEHRS-IH system used for data entry, storage and retrieval? **(0) POINTS**

b. Is the DOEHRS-IH currently operational? **(2) POINTS**

c. Is the percent of the worksite surveys conducted by your IH program entered into the DOEHRS-IH system? <5% **(1) POINTS**

d. Are complaint surveys entered in the DOEHRS-IH system? **(0) POINTS**

NOTE: NO ENTRIES HAVE BEEN MADE SINCE APRIL 2007 - LOCATION / ORGANIZATIONAL TREE IS NOT PROPERLY ESTABLISHED. FULL IMPLEMENTATION REQUIRED BY 30 APR 2009.

3. INDUSTRIAL HYGIENE IMPLEMENTATION PLAN (IHIP)

a. Does the IHIP meets the criteria established in DA Pam 40-503, Appendix C and MEDCOM guidance? **(1) POINTS**

b. Is the IHIP prepared annually? **(0) POINTS**

IHIP DOES NOT ADEQUATELY REFLECT WORK OPERATIONS AT LEAVENWORTH. NO SCHEDULED SURVEYS HAVE BEEN CONDUCTED SINCE AUGUST 2007 - WITH ONE EXCEPTION NOTED (USDB Survey conducted in May 2008 by GPRMC Program Office).

4. RECORDKEEPING

a. Is DOEHRS-IH used as the primarily system for maintaining workplace exposure assessment, personal exposure, and equipment and calibration records? **(0) POINTS**

b. Are hard-copy records maintained for all survey and sampling data collected? **(1) POINTS**

c. Are survey reports generated to document findings and recommendations? **(1) POINTS**

d. Are reports generated to close out IH surveys conducted in response to employee complaints or notification of hazardous worksite conditions? **(1) POINTS**

THERE IS NO SYSTEMATIC RECORDKEEPING. SUGGEST MAINTAINING A BUILDING CASEFILE WITH SURVEY RESULTS MAINTAINED CHRONOLOGICALLY.

5. FOLLOW-UP ON FINDINGS AND RECOMMENDATIONS

a. Are follow-up worksite surveys scheduled and conducted until appropriate corrective measures are implemented and effective? **(1) POINTS**

b. Are IH Metrics reported *quarterly* in accordance with DA guidance provided April 2006 **(0) POINTS**

INSTALLATION HAZARD ABATEMENT PLAN

a. Are IH Survey hazard findings and recommendations reported to installation occupational health or installation hazard abatement committee? **(1) POINTS**

7. IH STAFF TRAINING

a. Does IHPM have a comprehensive IH staff training plan in place? **(2) POINTS**

b. Is the IH staff training plan modeled after Army civilian training, education and development (ACTED) training plan? **(2) POINTS**

c. Has all IH staff been scheduled to attend DOEHR-IH training? **(2) POINTS**

MANAGEMENT CONTINUES TO SUPPORT INDUSTRIAL HYGIENIST THROUGH MENTORSHIP AND CONTINUING EDUCATION - IHPM SHOWS LITTLE IMPROVEMENT AND PERFORMANCE IS CURRENTLY RATED "NEEDS IMPROVEMENT - UNSATISFACTORY". MANAGEMENT HAS NEGOIATED A CONTRACT WITH COE TO PROVIDE OVERSIGHT AND MENTORSHIP TO IHPM.

8. FACILITIES

a. Does the MTF have an administrative office which meets IH program requirements? **(1) POINTS**

b. Is a IH laboratory facility provided to IH meets program requirements? **(1) POINTS**

ADEQUATE SPACE HAS BEEN ALLOCATED FOR THE IH MISSION; HOWEVER, BOTH THE OFFICE AND LABORATORY LACK ORGANIZATION. GENERAL HOUSEKEEPING NEEDS IMPROVEMENT.

9. EQUIPMENT

a. Does the MTFs monitoring equipment meet IH program needs both in terms of type and quantity. Appendix F, DA Pam 40-503 . **(2) POINTS**

b. Is Equipment maintenance and calibration records properly maintained and readily available? **(1) POINTS**

IH LABORATORY IS WELL-EQUIPPED WITH EQUIPMENT AND SUPPLIES. IHPM NEEDS TO ENSURE EQUIPMENT IS MAINTAINED AND CALIBRATED. NEARLY 50% OF THE EQUIPMENT IS OUT OF CALIBRATION.

10. INTERNAL AUDITS

a. Does the IHPM annually performs an internal audit of the IH program responsibilities and support services? **(1) POINTS**

b. Is the IH program audited against the program guidelines established in DA Pam 40-503? **(1) POINTS**

c. Does the IHPM prepare a plan of action to address and improve IH program **(1) POINTS**

eaknesses resulting from the internal audit?

d. Does the IH PM annually prepare and submit un-financed requirements document through the chain of command? **(1) POINTS**

OVER THE PAST SEVERAL YEARS, THE IH PROGRAM HAS BEEN UNDER CLOSE SCRUNITY BY BOTH INTERNAL AND EXTERNAL GROUPS. MANAGEMENT HAS REQUESTED AND RECEIVED STAFF ASSISTANCE VISITS (SAVs) FROM GPRMC, USACHPPM AND CORP OF ENGINEERS TO ASSIST WITH ISSUES AND CONCERNS AT MACH AND FT LEAVENWORTH. THE IHPM HAS LOSS CREDITABILITY WITH COMMAND AND CUSTOMER-BASE. REMEDIAL TRAINING AND MENTORSHIP HAVE BEEN PROVIDED WITH LITTLE POSITIVE IMPACT. IHPM CONTINUES TO "DRAIN" RESOURCES AND SHOWS LITTLE IMPROVEMENT. MANAGEMENT CONTINUES TO WORK ISSUES/CONCERNS.

11. PROGRAM SUPPORT

Crisis Management (Emergencies/ Complaints/ Special Survey Requests)

a. Are responses prepared as written formal standing operating procedure or part of industrial hygiene? **(1) POINTS**

b. Does the response process meet the requirements of 29 CFR 1960.28? **(0) POINTS**

c. What is the average IH program labor hours for responding to and recording complaints, emergencies and special survey? (10) hours **(1) POINTS**

. OCCUPATIONAL HEALTH PROGRAM (OHP)

a. Does the IH program have a written or formal process in place to provide IH support to OHP? (1) POINTS

b. Does the IH support include providing worksite-assessment surveys and sampling data to the OHP physicians/ nurses? (1) POINTS

c. Does IH support include working with the OHP personnel to recommend control options for work-site exposures based on the results of medical surveillance? (1) POINTS

d. Does the IH support include targeting work-sites producing high illness and injury rates for evaluation? (1) POINTS

e. Does IH support include conducting joint work-site evaluations with OHP personnel as needed? (1) POINTS

COMMUNICATIONS BETWEEN IH AND OH NEED TO IMPROVE TO ENSURE TIMELY AND ACCURATE REPORTING.

13. HAZARD COMMUNICATION PROGRAM

a. Does the IHPM have a written or formal process in place to provide IH pport to the installation hazard communication program? (0) POINTS

b. Does the program support include providing chemical exposure data from workplace assessments to supervisors and installation safety personnel? (1) POINTS

c. Does the IH program include conducting training or providing input into the training of supervisors and workers in the health hazards associated with their jobs as needed or requested? (1) POINTS

d. Does the IH program support include reviewing MSDS's for locally procured items as part of the installation hazardous material procurement program? (0) POINTS

THERE IS NO PROGRAM DOCUMENT OUTLINING IH SUPPORT IN HAZCOM PRG

14. CIVILIAN RESOURCE CONSERVATION PROGRAM (CRCP) ALSO KNOW AS WORKERS COMPENSATION CLAIMS REVIEW PROCESS.

a. Does the IHPM has a written of formal process to adequately support the installation CRCP. (Workers compensation claims review process, illness/injury stats, etc.)? (0) POINTS

b. Does the IH program support to CRCP including historical and current health hazard inventories and work-site assessment information to the claims review board upon request? (1) POINTS

. Does the IH support include performing work-site assessments in support claims review board? (0) POINTS

PM IS NOT ACTIVELY INVOLVED IN CRCP. IDEALLY, THE IHPM SHOULD PROVIDE SOME INSIGHT INT
REVNTING/REDUCING WORK-RELATED OCCUPATIONAL INJURIES ILLNESSES CLAIMS

15. RESPIRATORY PROTECTION PROGRAM (RPP)

a. Does the Respiratory Protection Program operate on contract? **(N/A) POINTS**

b. Does the IH program have a written or formal process to adequately address IH support to the installation Respiratory Protection Program? **(1) POINTS**

c. Does the IH program support include surveying worksites to determine respiratory protection requirements? **(1) POINTS**

d. Does the IH support include the collection of exposure monitoring data to determine the adequacy of the respiratory protection provided? **(1) POINTS**

e. Does the IH support include maintaining health inventory survey data regarding RPP equipment which is required and used per operation? **(0) POINTS**

f. Does the IH support include conducting or providing technical support to the installation respiratory protection training program? **(1) POINTS**

PROGRAM ELEMENTS IAW 29 CFR 1910 132/134 NEED TO BE ADDRESSED. IHPM NEEDS TO
CCURATELY CHARACTERIZE WORKPLACE HAZARDS AND IDENTIFY AREAS REQUIRING
SPIRATORY PROTECTION.

16. PERSONNEL PROTECTIVE EQUIPMENT PROGRAM (PPE)

a. Does the IHPM have a written or formal process in place to adequately address industrial hygiene support to installation Personal Protective Equipment Program? **(0) POINTS**

b. Does the IH support include participating in job safety and collecting health hazard inventory data? **(1) POINTS**

c. Does the IH support include conducting or providing technical expertise for the training of workers in the proper use and care of PPE? **(1) POINTS**

d. Does the IH support include maintaining health hazard inventory survey data regarding the PPE that is required and used per operation/hazard? **(1) POINTS**

17. DESIGN REVIEW PROGRAM

a. Does the IH have a written or formal process in place to provide technical review of installation design plans and specifications? **(0) POINTS**

b. Does this IH support provide a design review process that is established memorandum of understanding with the installation engineer or other illation design teams. **(0) POINTS**

c. Does the IH program participate in all phases of the design review process d preoperational? (0) POINTS

d. Does the IH program have a system in place to accurately account for the workload support of the design review process? (0) POINTS

IHPM SHOULD BE ACTIVELY INVOLVED IN DESIGN REVIEW PROCESS. EVIDENCE OF CREDITABILITY ISSUES WITH CUSTOMER-BASE.

18. ERGONOMICS PROGRAM

a. Does the IH program have a written or formal process in place to adequately address industrial hygiene support to the installation ergonomics program? (0) POINTS

b. Does the IH Program support integrate ergonomic considerations into all worksite evaluations? (0) POINTS

c. Are ergonomic hazards identified and assigned RACs based on qualitative and quantitative surveillance? (0) POINTS

d. Does the IH Program maintain a complete inventory of identified ergonomic hazards by operation? **(0) POINTS**

e. Does the IH program provide ergonomic findings to installation ergonomics committee or installation occupational safety and health committee? **(1) POINTS**

f. Does the IH take an active role in hazard prevention and control process, such as assisting with the development of ergonomic solutions and their implementation and supporting installation training? **(1) POINTS**

g. Does IH participate in the installations review process of ergonomic related worker compensation injury and illness claims? **(0) POINTS**

h. Does the IH program participate in training the installation workforce as requested or required by installation policy? **(1) POINTS**

i. Does the IH serve as a full member of the installation ergonomics committee or as a technical resource to the committee? **(2) POINTS**

IHPM PARTICIPATION IN ERGONOMIC WORKING GROUP (EWG) IS LIMITED. POTENTIAL ERGO PROBLEMS AREA(S) SHOULD BE IDENTIFIED DURING BASELINE ASSESSMENTS. THESE PEPAs SHOULD BE INVENTORIED AND INFORMATION ENTERED INTO DOEHRS-IH DATABASE. THIS IS NOT BEING ACCOMPLISHED.

BIOLOGICAL HAZARDS CONTROL PROGRAM

a. Does the IH program have a written or formal process in place to adequately address industrial hygiene support for the installation's biological hazards. (infection control, biomedical waste, etc.)? **(0) POINTS**

b. Does IH support include technical input to the development of hazard control plans? **(0) POINTS**

c. Does IH support include performing worksite health hazard assessments of operations to identify biological hazards? **(0) POINTS**

d. Does IH support to the BHCP include recommending controls and the use of personal protective equipment? **(0) POINTS**

e. Does IH support include conducting or providing input into the supervisor and worker training that emphasizes the hazards and appropriate controls as requested or required by local regulation? **(0) POINTS**

RATING FOR THIS ELEMENT WAS SELF REPORTED BY IHPM. REVIEW OF EXISTING SAMPLING DATA AND PREVIOUS REPORTS INDICATES IHPM NEEDS TO CHARACTERIZE POTENTIAL EXPOSURES IN SEVERAL AREAS AT MAHC. THESE SURVEYS SHOULD BE PRIORITIZED AND IMPLEMENTED. THE IHP FOR MAHC RESULTS SHOULD BE REPORTED THROUGH THE VOMIT AND IP STATEMENT.

. CONFINED SPACE ENTRY PROGRAM

a. Does the IHPM have a written or formal process on place to provide IH support to the installation CSE Program? **(1) POINTS**

b. Does IH support include assisting in the selection of respirators, protective clothing, and monitoring instruments? **(1) POINTS**

c. Does IH support include identifying confined spaces and including them as part of the health hazard inventory? **(1) POINTS**

d. Does IH support include monitoring confined spaces upon request or as required by installation policy? **(1) POINTS**

e. Does IH support include providing technical expertise and process review of the installation CSE program and permit systems? **(1) POINTS**

f. Does IH support include participating in the health component portion of training in CSE? **(1) POINTS**

RATING FOR THIS ELEMENT WAS SELF-REPORTED BY IHPM. PROGRAM DOCUMENT NOT AVAILABLE AT THE TIME OF SURVEY. CSE INVENTORY COULD NOT BE VERIFIED.

. INDOOR AIR QUALITY

a. Does the IHPM have written or formal process in place to provide IH support to the installation IAQ Program as stated in DA Pam 40-503? **(2) POINTS**

b. Does the role of IHPM in assessing indoor air quality include prioritizing the evaluation of operations where IAQ problems exist? **(0) POINTS**

c. Does the role of the IHPM in assessing indoor air quality include coordinating with the Directorate of Engineering under the auspices of design review to evaluate existing ventilation systems and to recommend improvements? **(0) POINTS**

d. What is the approximate over all IH workload in support of IAQ problems? **(1) POINTS**

e. Does the IH staff have sufficient training and expertise to evaluate and make recommendations on IAQ problems? **(2) POINTS**

IHPM LACKS OBJECTIVITY AND PROFESSIONAL JUDGMENT REQUIRED TO BE EFFECTIVE IN HIS HANDLING OF IAQ ISSUES. CONCERNS / REPORTS GENERATED OVERINFLATE ACTUAL CONDITIONS AND CONCERNS. THERE IS NO EVIDENCE OF COORDINATION WITH FACILITIES MANAGEMENT AND THE FOLLOW-UP MANAGEMENT CONTINUES TO PROVIDE DIRECT OVERSIGHT TO ENSURE IHPM DOES CLEAR AND CONCISE FINDINGS RECOMMENDATIONS TO HELP ENSURE A SAFE AND HEALTHFUL WORK ENVIRONMENT.

TOTAL POINTS: ( ) POINTS

NOTES:

1. Mr. Gibson was not available during this audit, however, he did provide a completed self-assessment checklist. Mr. Gibson called in sick on 25 NOV 2008 and was scheduled for annual leave on the 26th. The surveyor, at the direction of the Commander and with the assistance of the immediate supervisor conducted the survey as scheduled.

2. IHPM needs to develop an Industrial Hygiene Program and Industrial Hygiene Implementation Plan (IHIP) which accurately reflects recognized/identified occupational health hazards within MAHC as well as Ft. Leavenworth.

3. There is no evidence to show work performed between August 2007 to present. Despite management's attempts to provide IHPM training, mentorship and peer-review - there has been little improvement in work product. Mr. Gibson fails to meet several performance measures and is unable to account for work accomplished during the past 18 months.

4. Specific issues involving IAQ in Building 53 were addressed during the visit. Workplace observations, findings and conclusion were addressed under separate cover (See Memorandum dated 5 DEC 2008 - B 58 IAQ).

4. OIP survey findings/recommendation briefed to COL Crunkhorn, COL Beus and COL Hutson, LTC Jefferson on Wednesday 26 NOV 2008.

REFERENCES

AR 40-5, Preventive Medicine, 22 July 2005.

Title 29, Code of Federal Regulations (CFR), Part 1910, revised 2004, Occupational Safety and Health Standards.

ASHRAE Standard 62.1 - 2004, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

Industrial Ventilation, 25th Edition, American Conference of Governmental Industrial Hygienists (ACGIH), 2004.

MIL-HDBK-1191, Architectural and Engineering Design Requirements, July 2002.

G 181, Noise Dosimetry and Risk Assessment, August 1999.

Title 29, Code of Federal Regulations (CFR), Part 1910.95, Occupational Safety and Health Standards.

DA PAM 40-501, Hearing Conservation Program, 10 December 1998.

NIOSH Publication No. 98-126, Occupational Noise Exposure, June 1998.

E-4

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)

3 February 2010

MEMORANDUM THRU COMMANDER, USA MEDDAC, 550 Pope Ave., Fort Leavenworth, Kansas 66027

FOR DIRECTOR TRADOC G2 INTELLIGENCE SUPPORT ACTIVITY (TRISA), BLDG #53, 700 Scott Ave., Fort Leavenworth, KS, 66027

SUBJECT: Indoor Air Quality Investigation, BLDG #53, TRADOC

1. REFERENCES.

a. AR 40-5, Preventive Medicine, 25 May 2007.

b. Title 29, Code of Federal Regulations (CFR), Part 1910, 2004 rev., Occupational Safety and Health Standards.

c. ASHRAE Standard 62.1 - 2007, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

d. ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

e. Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

f. Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

2. PURPOSE. To report the findings of the Indoor Air Quality (IAQ) and mold sampling survey conducted in BLDG #53, TRADOC on 14 December 2009.

3. BACKGROUND.

a. On 14 December 2009, Ms Brenda Brewer and Mr Zachary Price, MAHC, conducted a walk-through of work areas throughout BLDG #53, TRADOC. This assessment was requested by Mr Darryl Ward, Director, TRADOC, due to a history of water leaks throughout the basement and a report of slightly elevated levels of mold spores in the

basement air in 2008. On 18 November 2008, ACT, Lenexa, Kansas, collected 9 air samples for mold analysis and reported "slightly elevated" levels of mold in the air in the basement. On 14 December 2010, Ms Brewer collected 15 additional mold samples, including 2 outdoor control samples and 1 swab sample, to determine if there was still an indication of an indoor source of mold in the building. Ms Brewer also measured indoor air quality parameters throughout the building.

b. Employees reported that the basement had a history of extensive water damage from leaking foundation walls. According to a memorandum from Mr. Gary Phillips, Director, TRISA, dated 29 November 2008, post engineers planned to remove some wall panels to check on the condition of the foundation and assess the level of water damage/mold contamination behind the basement office panels. In addition, the Garrison planned to do some immediate mold remediation in the areas where the count was elevated. The Garrison also planned to invest $85-100K in the spring of 2009 to put in a foundation drainage system and replace any moldy sheetrock in the basement and "bentonize" the limestone foundation to limit future water leakage.

c. Employees stated that, to their knowledge, this work was completed. But, employees in the basement reported an additional leak due to errors on the part of a contractor working outside the facility that caused a pipe to backup into the basement.

4. INSTRUMENTATION. Quest, Model AQ5000Pro, S/N 0388, factory calibrated 14 Jan 2009, field calibrated on 13 December 2009.

5. SAMPLING. Mold spore samples were collected on AllergencoD spore traps connected to a vacuum pump, field calibrated to 15 liters per minute (LPM). Most indoor air samples were collected for 10 minutes, for a total sample volume of 150 liters. Some samples in the basement were collected for half that time and volume to avoid potentially obscuring the microscope slide. Outdoor air samples were collected for 2 minutes, for a total sample volume of 30 liters. Samples were sent to ALS Datachem Laboratory in Salt Lake City, UT. ALS Datachem is an American Industrial Hygiene Association (AIHA) accredited laboratory. Pollen and mycelial fragment results are presented as count per cubic meter of air (count/m^3). Mold spore results are presented as spores per cubic meter of air (spores/m^3). There are currently no consensus standards for mold. Abnormal conditions are determined by comparison of the complaint area(s) to indoor and outdoor control samples and the presence of mold genera typically associated with an indoor reservoir of mold growth (i.e.: *Stachybotrys*).

6. STANDARDS.

a. Temperature Range (T): 67 F- 83 F, this temperature range is based on 80 percent occupant acceptability and a humidity ratio at or below 0.012 in spaces where occupants have activity levels that result in metabolic rates between 1.0 and 1.3 met (a met is a unit used to describe energy generated in the body due to metabolic activity) where clothing is worn that provides between 0.5 and 1.0 clo (a clo is a unit used to express the thermal

insulation provided by garments and clothing ensembles) of thermal insulation. Most office spaces fall within these limitations.

b. Relative Humidity (RH): Systems designed to control humidity shall be able to maintain a humidity ratio at or below 0.012, which corresponds to a water vapor pressure of 1.910 kPa (0.277 psi) at standard pressure or a dew point temperature of 16.8°C (62.2°F). The humidity ratio is defined as the ratio of the mass of water vapor to the mass of air at a given volume. The maximum relative humidity level is approximately 85% at 67°F.

c. Carbon Dioxide (CO_2) Level: CO_2 concentration is used as an indicator of indoor air quality. The ASHRAE standard states that CO_2 concentrations should be less than 1,000 ppm. In addition, ASHRAE states that "comfort (odor) criteria with respect to human bioeffluents are likely to be satisfied if the ventilation results in indoor CO_2 concentrations less than 700 ppm above the outdoor air concentration".

7. FINDINGS.

a. Indoor Air Quality Parameters.

(1) The outdoor ambient temperature, RH, and CO_2 levels taken at two locations averaged 27.9°F, 25.8%, and 537 ppm respectively.

(2) Temperatures measured at the time of survey were within recommended guidelines in 8 of 11 rooms surveyed and were slightly cooler in 3 others. Ambient indoor temperatures ranged from 65.2° - 73.4°F. IAQ guidelines recommend maintaining ambient indoor room temperatures between 67° - 83°F with a humidity ratio at or below 0.012.

(3) Relative humidity (RH) measurements ranged from 20.4% - 36.5%. Levels were below 30% in 8 of the 11 rooms surveyed. Although ASHRAE recommends a RH range of 30% - 60%, the humidity ratios were below 0.012 in all rooms surveyed based on temperature and relative humidity levels. Design criteria suggest maintaining the humidity ratio at or below 0.012 to ensure optimal comfort.

(4) Indoor CO_2 levels ranged from 777 - 1,168 ppm. CO_2 measurements were below 1,000 ppm in 8 of the 11 rooms surveyed and less than 700 ppm above the outdoor air levels in all of the rooms surveyed. CO_2 is not toxic, but levels above 1,000 can be an indicator of insufficient ventilation. Complaints will often increase in frequency above 800 ppm. The highest levels were actually found on the first and seconds floors. This is likely due to increased human traffic through these areas.

(5) **TABLE 1** provides a detailed listing of findings in each of the areas surveyed.

TABLE 1

IAQ PARAMETERS

Room #	Temp. °F	RH%	Humidity Ratio	CO_2 ppm	Comments
Outside	27.9	25.4	0.010	537	Average of two outdoor samples
OE Lab Basement	66.2	23.9	0.003	846	Unoccupied, 14 computer stations, moldy wall
Room 005	68.7	20.4	0.003	777	Unoccupied, 4 -5 employees can occupy the space
Room F	69.0	29.7	0.005	896	1 occupant
Room E	67.7	33.0	0.005	860	1 occupant
Room D	70.1	29.1	0.005	829	2 occupants
Room C	72.4	26.7	0.004	844	2 occupants
Room B	73.4	24.9	0.004	834	1 occupant
Room 102	70.9	24.1	0.004	866	1 occupant
110-114 Admin Area	66.5	36.5	0.005	1,161	2 occupants, open area
Room 210	65.2	34.5	0.005	1,168	Water stains on wall
Room 203	71.0	27.8	0.005	1,132	1 occupant

1. IAQ guidelines recommend maintaining ambient indoor room temperatures between 67 - 83 F with a humidity ratio at or below 0.012.
2. Design criteria suggest maintaining the humidity ratio at or below 0.012 to ensure optimal comfort.
3. ASHRAE standard recommends CO_2 levels below 1000 ppm for maximum comfort, but levels are acceptable if the levels indoors are no greater than 700 ppm above outside concentration.

b. Mold. Without consensus standards for exposure to mold, there is no simple way to easily interpret sampling results. While the levels were not high, some of the sample results supported the conclusion that there is potential mold contamination in the basement, with slightly elevated levels of more commonly found molds in Room 203. The levels do not represent a health threat, but the presence of *Stachybotrys* indicates the need for remediation, since this is rarely found in the outdoor air. Specific findings:

(1) There was visible mold in the OE Lab in the basement and evidence of water damage in Room 210.

(2) Room 005 in the basement had 200 spores/m^3 total mold spores, which is borderline moderate and three times outdoor level. More importantly, this room had 143 spores/m^3 of *Stachybotrys* in the air.

(3) Room C has low levels of *Stachybotrys* (14 spores/m^3) with overall total spores slightly above the outdoor air (85 spores/m^3).

(4) Room B had low to moderate levels of *Aspergillus/Penicillium* (129 spores/m^3) with low to moderate total spores (172 spores/m^3). Some species of these two genera of molds are common indicators of an active reservoir of mold growth

within a building. This is more significant since no *Aspergillus/Penicillium* was found in the outdoor air.

(5) Room 203 had low levels of spores that were slightly above outdoor levels (114 spores/m^3) with a low level of *Aspergillus/Penicillium* spores (79 sores/m^3). The remaining samples in the first and second floor were low. There are water stained wall/ceiling surfaces in room 210.

(6) **TABLE 2** provides detailed mold sampling results.

TABLE 2

MOLD SPORE SAMPLING RESULTS – SAMPLED 14 DEC 2009

ROOM	O/S	OE	OE*	005	F	E	D	C	B	102	ADMIN	210	203
	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3	C/m^3
Pollen	0	0	0	0	0	0	0	0	0	0	0	0	0
Mycelial Fragments	0	0	0	0	0	0	0	0	0	0	0	0	0
	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3	S/m^3
Amerospores	36-71	14	0	43	0	0	0	14	0	0	0	9	14
Smuts/ Myxomycetes	0	0	0	14	0	14	57	14	29	7	0	0	0
Stachybotrys	0	0	0	143	0	0	0	14	0	0	0	0	0
Alternaria	0	0	0	0	0	0	14	0	0	0	0	0	0
Cladosporium	0	0	0	0	0	0	29	29	0	0	0	9	21
Basidiospores	0	0	0	0	0	0	0	14	0	0	0	0	0
Ascospores	0-36	0	0	0	0	0	0	0	14	0	0	0	0
Penicillium/ Aspergillus	0	14	0	0	0	0	0	0	129	0	0	0	29
TOTAL SPORES	71-72	28	0	200	0	14	100	85	172	7	0	18	114

KEY: C/m^3 = Counts per cubic meter
S/m^3 = Spores per cubic meter
*TRD02 was taken above the ceiling tiles
O/S = outside

8. RECOMMENDATIONS.

a. According to Mr Phillips 2008 memorandum, DPW has already identified necessary corrective actions that need to occur in the future, which is addition of a suitable central HVAC System. With the only source of air being the current heating and cooling units, IAQ parameters and mold levels could be expected to fluctuate rapidly. Mr Phillips had indicated that everyone in the facility will have to be relocated to complete an HVAC project, but there is no space available. The main concern is comfort, due to the problem

with dry air or insufficient outdoor air during natural fluctuations where there is no forced fresh air into the building.

b. Remediate the wall in the OE Lab Computer Room (already reported to Mr Jerry Clark, DPW Operations and Maintenance).

c. The basement needs a thorough cleaning, including vacuuming with a vacuum with HEPA filtration.

d. Remediate the water stained wall/ceiling in room 210. The levels in 203 are likely the result of past infiltration of mold spores into the building from the outside, but can also be caused by tracking from one area of the building to the other. Levels can be controlled through good housekeeping. If the carpet had been allowed to sit for 2 - 3 days or more before water was extracted, there is likely mold growth underneath and it should be replaced. This will greatly enhance air quality in the area. An alternative is to have a qualified mold remediation contractor thoroughly clean the carpets. Since the water was deep and may have affected drywall, there is always a chance for hidden mold within the wall cavity, but the water damage occurred inside the rooms and not outside, and the evidence didn't indicate that this was likely (mold and extensive wood damage would have likely been noted on the walls under this circumstance).

e. A moldy odor was reported by the occupant in room 005, which turned out to have the highest levels of mold in the air. There was no visible mold in the offices on this side of the basement. Therefore, the carpet is suspect and should be cleaned throughout the basement.

f. Considering the presence of visible mold growth and *Stachybotrys* in the air, IH needs to conduct post remediation testing. Please notify IH when DIS has completed remediation work to schedule a survey.

9. Risk Assessment Code 3 (RAC 3) is assigned to the HVAC discrepancies. Risk assessment is an expression of potential loss, described in terms of hazard severity, mishap probability, and exposure to hazard. The RACs expressed as numerical values ranging from 1 to 5, with 1 representing the greatest health risk. RACs are not designed for health hazards where no occupational exposure limit (OEL) exists, which is the case for mold. The overall IAQ parameters were acceptable and there was no evidence of an indoor reservoir of mold growth or mold spore levels above normal levels. However, conditions within a building can change rapidly and the survey did identify slightly elevated mold spore levels in the basement. Until continuous fresh air is assured, there will still be problems with employee comfort due to exposure to bioeffluents produced by human activity.

10. For further information regarding this assessment, contact Ms Brenda Brewer at 684-6533.

Julie E Lee

JULIE E. LEE
MAJ, AN
CHIEF, PREVENTIVE MEDICINE

CF:
DPW, Chief, Operations and Maintenance Division
MAHC Occupational Health Nurse
Fort Leavenworth CAC Safety Office

BLDG 53 - TRADOC MOLD SPORE TESTING

TOTAL MOLD SPORE COUNTS

LOCATION	OE Lab	Rm 210	RM 203	RM 005	RM F	Rm E	RM D	RM C	RM B	Rm 102	RM 110-114 Admin	O/S West side	O/S North SIde	O/S Average
DEC 2009	28	18	114	200	0	14	100	85	172	7	0	72	71	71.5
MAR 2010	248	377	385	424	399	323	376	483	323	727	688	1350	2390	1870

PERCENT MOLD SPORES COMPARED TO OUTDOOR AIR

LOCATION	OE Lab	Rm 210	RM 203	RM 005	RM F	Rm E	RM D	RM C	RM B	Rm 102	RM 110-114 Admin
DEC 2009	39	25	159	280	0	20	140	119	241	10	0
MAR 2010	13	20	21	23	21	17	20	26	17	39	37

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) 8 February 2010

MEMORANDUM THRU COMMANDER, USA MEDDAC, 550 Pope Ave., Fort Leavenworth, Kansas 66027

FOR DIRECTOR, FAMILY AND MORALE, WELFARE AND RECREATION
296 Grant Avenue, Fort Leavenworth, Kansas 66027

SUBJECT: Indoor Air Quality Investigation, BLDG #55, Army Community Service

1. REFERENCES.

a. AR 40-5, Preventive Medicine, 25 May 2007.

b. Title 29, Code of Federal Regulations (CFR), Part 1910, 2004 rev., Occupational Safety and Health Standards.

c. ASHRAE Standard 62.1 - 2007, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

d. ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

e. Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

f. Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

2. PURPOSE. To report the findings of the Indoor Air Quality (IAQ) and mold sampling survey conducted in BLDG #55, ACS on 14 December 2009.

3. BACKGROUND.

On 15 December 2009, Ms Brenda Brewer, Industrial Hygienist, Preventive Medicine, MAHC, conducted a walk-through of work areas throughout BLDG #55, ACS. The building suffered water damage due to leaking local area HVAC units. This survey was done in order to inspect for mold and assess the air quality in order to determine if hidden mold may be present.

4. INSTRUMENTATION. Quest, Model AQ5000Pro, S/N 0388, factory calibrated 14 Jan 2009, field calibrated on 13 December 2009.

5. SAMPLING. Mold spore samples were collected on AllergencoD spore traps connected to a vacuum pump, field calibrated to 15 liters per minute (LPM). Most indoor air samples were collected for 10 minutes, for a total sample volume of 150 liters. However, the samples in the basement were collected for only 5 minutes to avoid potentially obscuring the microscope slide, since the basement is unfinished and affected by the infiltration of outdoor air. Outdoor air samples were collected for 2 minutes, for a total sample volume of 30 liters. Samples were sent to ALS Datachem Laboratory in Salt Lake City, UT. ALS Datachem is an American Industrial Hygiene Association (AIHA) accredited laboratory. Pollen and mycelial fragment results are presented as count per cubic meter of air (count/m^3). Mold spore results are presented as spores per cubic meter of air (spores/m^3). There are currently no consensus standards for mold. Abnormal conditions are determined by comparison of the complaint area(s) to indoor and outdoor control samples and the presence of mold genera typically associated with an indoor reservoir of mold growth (i.e.; *Stachybotrys*).

6. STANDARDS.

a. Temperature Range (T): 67°F- 83°F, this temperature range is based on 80 percent occupant acceptability and a humidity ratio at or below 0.012 in spaces where occupants have activity levels that result in metabolic rates between 1.0 and 1.3 met (a met is a unit used to describe energy generated in the body due to metabolic activity) where clothing is worn that provides between 0.5 and 1.0 clo (a clo is a unit used to express the thermal insulation provided by garments and clothing ensembles) of thermal insulation. Most office spaces fall within these limitations.

b. Relative Humidity (RH): Systems designed to control humidity shall be able to maintain a humidity ratio at or below 0.012, which corresponds to a water vapor pressure of 1.910 kPa (0.277 psi) at standard pressure or a dew point temperature of 16.8°C (62.2°F). The humidity ratio is defined as the ratio of the mass of water vapor to the mass of air at a given volume. The maximum relative humidity level is approximately 85% at 67°F.

c. Carbon Dioxide (CO_2) Level: CO_2 concentration is used as an indicator of indoor air quality. The ASHRAE standard states that CO_2 concentrations should be less than 1,000 ppm. In addition, ASHRAE states that "comfort (odor) criteria with respect to human bioeffluents are likely to be satisfied if the ventilation results in indoor CO_2 concentrations less than 700 ppm above the outdoor air concentration".

7. FINDINGS.

a. Indoor Air Quality Parameters.

(1) The outdoor ambient temperature, RH, and CO_2 levels taken at two locations averaged 32.4°F, 14.3%, and 466 ppm respectively.

(2) Temperatures measured at the time of survey were within recommended guidelines in 5 of the 6 rooms surveyed. The Director's Office was slightly cooler than recommended. Ambient indoor temperatures ranged from 66.0° - 75.3°F. IAQ guidelines recommend maintaining ambient indoor room temperatures between 67° - 83°F with a humidity ratio at or below 0.012.

(3) Relative humidity (RH) measurements ranged from 15.5% - 24.9%. Levels were below 30% in all 6 rooms surveyed. Although ASHRAE recommends a RH range of 30% - 60%, the humidity ratios were below 0.012 in all rooms surveyed based on temperature and relative humidity levels. Design criteria suggest maintaining the humidity ratio at or below 0.012 to ensure optimal comfort.

(4) Indoor CO_2 levels ranged from 590 – 859 ppm. CO_2 measurements were below 1,000 ppm in all rooms surveyed and less than 700 ppm above the outdoor air levels in all rooms surveyed. CO_2 is not toxic, but levels above 1,000 can be an indicator of insufficient ventilation.

(5) **TABLE 1** provides a detailed listing of IAQ parameters in each of the areas surveyed.

TABLE 1
IAQ PARAMETERS

Room #	Temp. °F	RH%	Humidity Ratio	CO_2 ppm	Comments
Outside	32.4	14.3	NA	466	Average of two outdoor samples
Basement	55.1	38.2	NA	807	Unoccupied-affected by outside air, visible mold in stairwell
Director's Office	66.0	24.4	0.003	850	
Finance Office	69.1	24.9	0.004	859	
Hall – Near Loan Closet	68.6	22.2	0.003	590	
2nd Fl Conference	72.4	20.9	0.004	662	
2nd Fl Survivor Outreach	75.3	18.9	0.004	634	Non-compliant area (control)
1st Fl Reception Area	74.2	15.5	0.003	678	Non-compliant area (control)

1. IAQ guidelines recommend maintaining ambient indoor room temperatures between 67° - 83°F with a humidity ratio at or below 0.012.
2. Design criteria suggest maintaining the humidity ratio at or below 0.012 to ensure optimal comfort.
3. ASHRAE standard recommends CO_2 levels below 1000 ppm for maximum comfort, but levels are acceptable if the levels indoors are no greater than 700 ppm above outside concentration.

b. Mold. Without consensus standards for exposure to mold, there is no way to easily interpret sampling results. The levels were low throughout the facility, and were lower than the outdoor air. No molds that are indicative of an indoor reservoir of mold growth were seen (i.e.; *Stachybotrys*). The basement showed slightly elevated levels of common outdoor molds, but outdoor air was infiltrating the basement through two

pipes that had been cut off and had not been sealed. The basement is unfinished and is not occupied. The levels are typical of indoor environments and do not represent a health threat. A swab sample was taken on the visible mold seen on the wall and ceiling in the basement stairwell. The results indicate low levels (<10,000 CFU/sample) of commonly found molds. The stairwell appears heavily contaminated, but the mold shows desiccation, indicating most of the spores are dormant or dead. This supports a conclusion that this was a result of a previous water infiltration issue, either from humidity in the basement or condensation from the leaking HVAC units. Likewise, small amounts of mold were noted behind several of the HVAC units, which also appeared to be desiccated. **TABLE 2** provides detailed mold air sampling results. **TABLE 3** provides a detail of the swab sampling results.

TABLE 2
MOLD SPORE SAMPLING RESULTS

LOCATION	Basement	Director Office	Finance Office	Hall - Loan Closet	Conference Room	Survivor Outreach	Reception Area	O/S
	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³
Pollen	0	0	0	0	0	0	0	0
Mycelial Fragments	0	0	0	0	0	0	0	0
	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³
Amerospores	43	7	21	7	21	14	64	71-107
Ascospores	14	0	0	0	0	0	0	0
Cladosporium	57	0	21	0	0	14	0	0
Alternaria	29	14	7	0	0	0	14	0
Smuts/ Myxomycetes	0	0	7	0	14	0	0	0
Chaetomium	0	0	7	0	0	0	0	0
Rusts	0	0	0	0	0	0	0	0
Penicillium/Aspergillus	0	0	0	0	50	0	0	0
TOTAL SPORES	**143**	**21**	**63**	**7**	**85**	**28**	**78**	**71-107**

KEY: C/m^3 = Counts per cubic meter
S/m^3 = Spores per cubic meter
O/S = Outside (2 Samples)

TABLE 3
VIABLE SWAB CULTURE ANALYSIS RESULTS

SUMMARY RESULTS	CFU/Sample
Cladosporium spp.	1,380
Penicillium spp.	240
CFU = Colony Forming Units; spp. = multiple species of the same mold genera seen	

8. RECOMMENDATIONS.

a. Mold exist everywhere in the environment and will infiltrate the indoors any time windows or doors are open, or there is any other opening to the outside. The outdoor air infiltrating the basement through the open pipes is one such example of a source of indoor mold. Mr Jerry Clark, Chief, Operations and Maintenance, DPW, sent someone over to correct the situation immediately.

b. The HVAC units are tight against the wall in some locations, and have less than a half inch of access room in other areas. DPW needs to clean behind the units as much as possible to remove the mold spores. Like the basement, the spores appear to be desiccated with little to no current active mold growth. Continued growth is not apt to occur, unless another source of moisture is introduced, but humidity during the warmer months can be sufficient to allow mold growth to continue. Mr Clark sent someone over to clean behind the units.

c. Remediate the basement stairwell drywall. Ms Brewer reported this to Mr Clark and he sent a contractor over to look at the space.

d. Considering the very low levels of mold spores in the air, post remediation testing is not warranted. Diligent housekeeping will keep spores low. Should the units leak again, accelerated mold growth is likely unless remediation occurs within 24 hours of the leak.

e. On 5 February 2010, Ms Brewer walked through BLDG #55 and visually checked the status of the reported repairs/remediation efforts. All of the remediation recommended above had been completed. The employees in the building reported that a contractor remediated mold in the basement stairwell sometime during the week of 25 January 2010. The employees expressed concern about the strong odor from a cleaning product the contractor used (ServPro #154 Sporicidin). The product is a dilute phenol solution (1.56%), has a low health hazard rating (NFPA 1) and has a very pungent odor that can be detected well below the occupational exposure limit. There is no anticipated health risk to employees from the short duration of exposure.

9. Risk Assessment Code 4 (RAC 4) is assigned to this facility. Risk assessment is an expression of potential loss, described in terms of hazard severity, mishap probability, and exposure to hazard. The RACs expressed as numerical values ranging from 1 to 5, with 1 representing the greatest health risk. RACs are not designed for health hazards where no occupational exposure limit (OEL) exists, which is the case for mold. The overall IAQ parameters were acceptable and there is no longer any evidence of an indoor reservoir of mold growth. Sampling indicated mold spore levels were within normal limits. However, conditions within a building can change rapidly and, until continuous fresh air is assured via a centralized HVAC system, there will likely be intermittent problems with employee comfort due to exposure to bioeffluents produced by human activity and seasonal fluctuations. Mr Clark reported that BLDG #55 is on the schedule to be remodeled and modernized in the near future, which will greatly enhance air quality by providing a continuous source of clean, filtered, fresh air.

10. For further information regarding this assessment, contact Ms Brenda Brewer at 684-6533.

Julie E. Lee

JULIE E. LEE
MAJ, AN
Chief, Preventive Medicine

CF:
DPW, Chief, Operations and Maintenance Division
Director, Army Community Service
MAHC Occupational Health Nurse
Fort Leavenworth CAC Safety Office

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) 23 November 2009

MEMORANDUM THRU COMMANDER, USA MEDDAC, 550 Pope Ave, Fort Leavenworth, Kansas 66027

FOR HQ, U.S. ARMY TRADOC ANALYSIS CENTER (TRAC)-FORT LEAVENWORTH, BLDG #286, 255 Sedgwick Ave, Fort Leavenworth, KS 66027-2345

SUBJECT: Indoor Air Quality Investigation, BLDG #314 TRAC, Funston Hall

1. REFERENCES.

a. AR 40-5, Preventive Medicine, 25 May 2007.

b. Title 29, Code of Federal Regulations (CFR), Part 1910, 2004 rev., Occupational Safety and Health Standards.

c. ASHRAE Standard 62.1 - 2007, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

d. ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

e. Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

f. Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

2. PURPOSE. To report the findings of mold testing conducted in BLDG #314 on 4 November 2009 and to compare those results to sampling done in 2005 and 2006.

3. BACKGROUND. Ms Lynn Leath, Senior Operations Research Analyst, TRAC, contacted Ms Brenda Brewer to request mold sampling in BLDG #314, Funston Hall. A history of the facility showed that a mold sampling was conducted by the MAHC IH in April 2005 and June 2006. Sampling was conducted before and after carpet removal in the basement. Initial air sampling conducted in April 2005 showed an amplification of total mold spores in the basement and a potential amplification on the East Wing of the first floor. Sampling conducted in June of

2006 showed that the basement air sample was much cleaner after carpet removal and additional housekeeping efforts. No repeat sample was taken on the East Wing of the first floor for comparison. Ms Leath requested sampling be done before and after carpet replacement on the 1st and 2nd floor, due to the history of the building and some employees' reported sensitivity to mold.

4. SAMPLING. Mold samples were collected on AllergencoD spore traps connected to a vacuum pump, field calibrated to 15 liters per minute (LPM). Indoor air samples were collected for 10 minutes, for a total sample volume of 150 liters, with the exception of the basement, which was collected for 6 minutes, for a total sample volume of 90 liters. Outdoor air samples were collected for 2 minutes, for a total sample volume of 30 liters. Samples were sent to ALS Datachem Laboratory in Salt Lake City, UT. ALS Datachem is an American Industrial Hygiene Association (AIHA) accredited laboratory. Pollen and mycelial fragment results are presented as counts per cubic meter of air (counts/m^3). Mold results are presented as spores per cubic meter of air (spores/m^3). There are currently no consensus standards for mold. Abnormal conditions are determined by comparison of the complaint area(s) to indoor and outdoor control samples and by the presence of certain genera that are indicators of an indoor reservoir of mold growth (i.e.; *Stachybotrys*).

5. FINDINGS. Based on the findings of this assessment, there is no evidence that an indoor reservoir of mold growth exists in this building. Total spore counts should generally be around 1/3rd or less than outdoor spore counts. In this case, indoor spore counts were less than 1/10th of outdoor spore counts. In addition, no mold genera were found that are typical indicators of an indoor reservoir for mold growth. The following table provides a summary of mold spore sampling results.

MOLD SPORE SAMPLING RESULTS

Sample #	FL001	FL002	FL003	FL004	FL005	FL006	FL007	FL008	FL009
LOCATION	W.1ST FLR	C.1ST FLR	E.1ST FLR	BSMT	W.2ND FLR	C.2ND FLR	E.2ND FLR	O/S - N	O/S - S
	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³
Pollen	0	0	0	0	0	0	0	0	36
Mycelial Fragments	0	0	0	0	0	0	0	0	0
	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³
Amerospores	7	0	0	0	0	0	14	143	429
Epicoccum	7	7	7	0	0	0	0	0	0
Smuts/Myxomycetes	50	29	79	12	7	29	43	893	536
Cladosporium	0	0	21	48	0	7	0	250	500
Rusts	0	0	0	0	0	7	7	0	0
Basidiospores	0	0	0	0	0	0	7	0	0
TOTAL SPORES	64	36	107	60	7	43	71	1286	1465

KEY: C/m^3 = Counts per cubic meter; S/m^3 = Spores per cubic meter
Location Labels: W = West, C = Center, E = East, N = North, S = South, O/S = outside

6. RECOMMENDATIONS. Continue to conduct routine housekeeping to keep dust from accumulating. Continue to encourage employees regularly clean their own work stations as needed. No corrective action is necessary at this point. Contact Ms Brewer after the new carpet has been installed for comparison repeat sampling.

7. ALS Datachem Laboratory analytical reports are available upon request. For further information regarding this survey contact Ms Brewer at 684-6533.

Julie E. Lee

JULIE E. LEE
MAJ, AN
CHIEF, PREVENTIVE MEDICINE

CF:
MAHC Occupational Health Nurse
Fort Leavenworth CAC Safety Office
Ms Margaret Fratzel, Director, Operations Directorate, TRAC
Ms Lynn Leath, Senior Operations Research Analyst

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)

4 March 2010

MEMORANDUM THRU COMMANDER, USA MEDDAC, 550 Pope Ave, Fort Leavenworth, Kansas 66027

FOR HQ, U.S. ARMY TRADOC ANALYSIS CENTER (TRAC)-FORT LEAVENWORTH, BLDG #286, 255 Sedgwick Ave, Fort Leavenworth, KS 66027-2345

SUBJECT: Indoor Air Quality Investigation, BLDG #314 TRAC, Funston Hall

1. REFERENCES.

a. AR 40-5, Preventive Medicine, 25 May 2007.

b. Title 29, Code of Federal Regulations (CFR), Part 1910, 2004 rev., Occupational Safety and Health Standards.

c. ASHRAE Standard 62.1 - 2007, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

d. ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

e. Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

f. Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

2. PURPOSE. To report the findings of indoor air quality (IAQ) testing conducted in BLDG #314 on 4 February 2010 and to compare those results to sampling done on 4 November 2009.

3. BACKGROUND. Ms Lynn Leath, Senior Operations Research Analyst, TRAC, contacted Ms Brenda Brewer to request mold sampling in BLDG #314, Funston Hall. A history of the facility showed that mold sampling was conducted by the MAHC IH in April 2005 and June 2006, with elevated levels found in some areas in April 2005. Carpeting was removed from the basement and replaced with tile. Sampling conducted following tile installation in 2006 showed an improvement in indoor air quality and a reduction in mold spores compared to 2005. Ms

Leath contacted Ms Brewer to request sampling prior to carpeting being torn out of the 1st and 2nd floors and following installation of new carpeting. Ms Brewer conducted the initial sampling on 4 November 2009. Results showed no indoor reservoir of mold growth with very low spore counts compared to the outdoor air. On 4 February 2010, Ms Brewer and Ms Mary Jo Kiely, IH Technician, conducted sampling following the new carpet installation. Sampling was done for mold, but included fiberglass, fibers and skin cells, due to an employee's medical concerns, and particulate levels, at the request of Ms Leath. Sampling was repeated at all locations in order to assess the overall indoor air quality and compare the most recent results to the previous survey results. Sampling was also done in Room 138 where Ms Leath reported mold had been remediated recently.

4. SAMPLING. Mold samples were collected on AllergencoD spore traps connected to a vacuum pump, field calibrated to 15 liters per minute (LPM). Indoor air samples were collected for 10 minutes, for a sample volume of 150 liters, with the exception of the basement, which was collected for 5 minutes, for a sample volume of 90 liters. Outdoor air samples were collected for 3 minutes, for a total sample volume of 45 liters. Samples were sent to AEML Laboratory in Pompano Beach, FL. AEML is a participant in the AIHA Proficiency Testing Program and is accredited by the American Association for Laboratory Accreditation for Biological Testing (Cert #2572.01). Pollen and hyphal fragment results are presented as count per cubic meter of air (count/m^3). Mold spore results are presented as spores per cubic meter of air (spores/m^3). There are currently no consensus standards for mold. Abnormal conditions are determined by comparison of the complaint area(s) to indoor and outdoor control samples and the presence of mold genera typically associated with an indoor reservoir of mold growth (i.e.; *Stachybotrys*). Fiberglass, fibers, skin cell and insect fragment analysis was also requested and reported as count/m^3. There are no standards set for these contaminants. These measurements are used to assess relative cleanliness between areas within a building. **TABLE 1** shows the comparison between mold spore count readings taken on 4 November 2009 and 4 February 2010. **TABLE 2** shows the detailed mold sampling results from the survey conducted on 4 February. **TABLE 3** shows the particulate levels measured on 4 February. **FIGURE 1** is a comparison chart of the total mold spore count levels detected on 4 November and 4 February. **FIGURE 2** is a chart of particulate levels detected relative to outdoor particulates on 4 February.

TABLE 1
TOTAL MOLD SPORES COMPARISON 4 NOV 2009 & 4 FEB 2010

Sample #	FL001	FL002	FL003	FL004	FL005	FL006	FL007	FL008	FL009
LOCATION	W.1ST FLR	C.1ST FLR	E.1ST FLR	BSMT	W.2ND FLR	C.2ND FLR	E.2ND FLR	O/S - N	O/S - S
	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³
4 NOV 2009	64	36	107	60	7	43	71	1286	1465
4 FEB 2009	47	107	80	44	67	33	67	311	356

KEY: S/m^3 = Spores per cubic meter Location Labels: W = West, C = Center, E = East N = North, S = South, O/S = outside

FIGURE 1
TOTAL MOLD SPORES COMPARISON 4 NOV 2009 & 4 FEB 2010

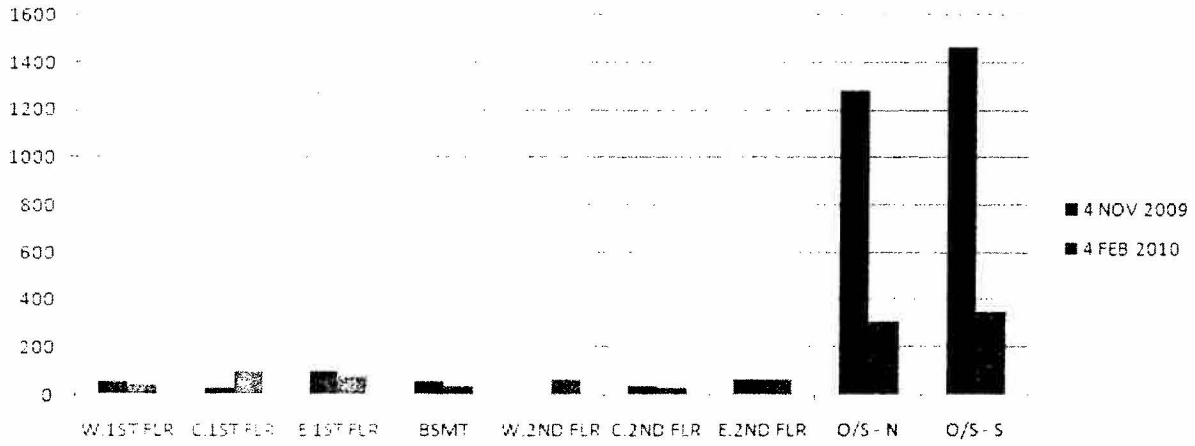


TABLE 2
MOLD SPORE SAMPLING RESULTS – DETAIL

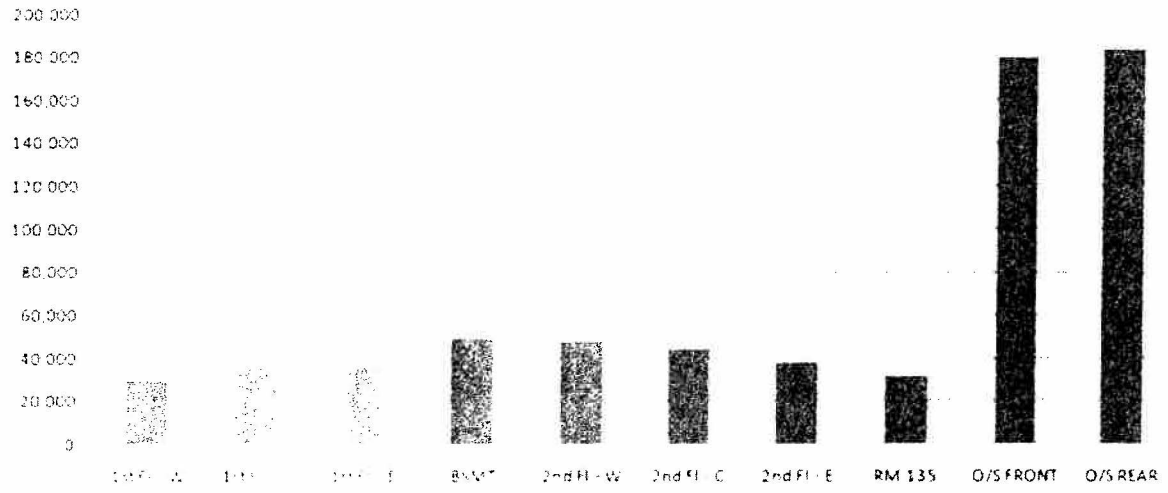
Sample #	FL001	FL002	FL003	FL004	FL005	FL006	FL007	FL010	FL008	FL009
LOCATION	W.1ST FLR	C.1ST FLR	E.1ST FLR	BSMT	W.2ND FLR	C.2ND FLR	E.2ND FLR	RM 138	O/S - N	O/S - S
	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³	C/m³
Pollen	0	33	0	0	0	0	7	0	22	0
Hyphal Fragments	0	0	0	11	0	0	7	0	0	0
Fiberglass	7	707	47	11	0	13	47	17	22	22
Fibers	167	433	593	844	467	160	340	408	67	22
Insect Parts	7	0	7	0	0	0	13	8	0	0
Skin Cells	1,507	2,600	8,880	3,300	2,147	1,173	5,400	2,050	511	200
	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³	S/m³
Alternaria	0	0	7	0	0	0	0	0	0	0
Amerospores	0	0	13	0	0	0	0	0	0	0
Aspergillus/Penicillium-Like	40	80	33	11	53	27	53	108	222	333
Basidiospores	0	0	0	0	0	0	0	0	0	0
Cladosporium	7	20	0	11	7	7	7	17	67	0
Pithomyces	0	0	0	0	0	0	0	0	22	22
Smuts/Myxomycetes/Periconia	0	0	20	22	7	0	0	25	0	0
TOTAL SPORES	47	107	80	44	67	33	67	158	311	356

KEY: C/m³ = Counts per cubic meter
S/m³ = Spores per cubic meter
Location Labels: W = West, C = Center, E = East, N = North, S = South, O/S = outside

TABLE 3
PARTICULATE SAMPLING RESULTS – 4 FEB 2010

Location	Count (particles/liter or air)
West Wing – 1st Floor	29,652
Center – 1st Floor	36,565
East Wing 1st Floor	36,144
Basement	48,887
West Wing – 2nd Floor	47,484
Center – 2nd Floor	44,163
East Wing – 2nd Floor	38,041
ROOM 135 (1ST Floor East Wing)	31,673
Outside – Front	178,956
Outside – Rear	182,854

FIGURE 1
PARTICULATE SAMPLING RESULTS – 4 FEB 2010



5. FINDINGS. Based on the findings of this assessment, there is no evidence that an indoor reservoir of mold growth exists in this building. In addition, there was no amplification of mold genera seen that would be an indicator of an indoor reservoir for mold growth. Although

Aspergillus and *Penicillium* can be indicators of an indoor source of mold, the levels were lower than the outdoor levels. The total spore count in Room 138 was slight higher than 1/3rd of outdoor levels, but levels were still low overall. Particulate levels were significantly lower than the outdoor air, indicating the HVAC system is doing a good job of filtering out particles from the fresh air entering the facility. There were no obvious spikes in fiberglass, fibers, skin cells or insect parts to indicate a source of indoor air contamination, although some work areas were found to be dusty.

6. RECOMMENDATIONS. Continue to conduct routine housekeeping to keep dust from accumulating. Continue to encourage employees regularly clean their own work stations as needed. No corrective action is necessary at this point.

7. AEML Laboratory analytical reports are available upon request. For further information regarding this survey contact Ms Brewer at 684-6533.

Julie E. Lee

JULIE E. LEE
MAJ, AN
Chief, Preventive Medicine

CF:
MAHC Occupational Health Nurse
Fort Leavenworth CAC Safety Office
Ms Margaret Fratzel, Director, Operations Directorate, TRAC
Ms Lynn Leath, Senior Operations Research Analyst

COVER PAGE

ANALYTICAL REPORT FOR Munson Army Health Center

Phone: (913)684-6533
E-mail: brenda.j.brewer@amedd.army.mil

Munson Army Health Center
550 Pope Ave.
Fort Leavenworth, KS 66027

ALS WorkOrder: 9317053
Client Project ID: Replacement Carpet Bldg 3

Attention: Brenda Brewer

Client Purchase Order: Bldg 314-TRAC

Client Sample ID	Lab Sample ID	Date Received	Date Analyzed
FL001	9317053001	November 13, 2009	November 19, 2009
FL002	9317053002	November 13, 2009	November 19, 2009
FL003	9317053003	November 13, 2009	November 19, 2009
FL004	9317053004	November 13, 2009	November 19, 2009
FL005	9317053005	November 13, 2009	November 19, 2009
FL006	9317053006	November 13, 2009	November 19, 2009
FL007	9317053007	November 13, 2009	November 19, 2009
FL008	9317053008	November 13, 2009	November 19, 2009
FL009	9317053009	November 13, 2009	November 19, 2009

This report contains results of analyses performed by ALS Laboratory Group pertaining to the sample(s) referenced above. ALS Laboratory Group is AIHA accredited for specified Fields of Testing as documented by the scope of accreditation. The Mycology laboratory manager and analysts hold at least a B.S. degree in Microbiology or equivalent discipline, and are well qualified and experienced with microbial identification.

ANALYSIS DATA SHEET

BIOAEROSOL SPORE ANALYSIS

Client: Munson Army Health Center
Project ID: Replacement Carpet Bldg 314

Method: MC-AN-001
Matrix: Air-O-Cell

Lab Sample ID	9317053001	9317053002	9317053003
Client Sample ID	FL001	FL002	FL003
Density Rating	3	2	1
Total Volume (L)	150	150	150
Total Volume (m^3)	0.150	0.150	0.150

Summary Results	Analyst Count	Count/m^3	Analyst Count	Count/m^3	Analyst Count	Count/m^3
Pollen	0	0	0	0	0	0
Mycelial Fragments	0	0	0	0	0	0
	Analyst Count	**Spore Count/m^3**	**Analyst Count**	**Spore Count/m^3**	**Analyst Count**	**Spore Count/m^3**
Amerospores	**1**	**7**	0	0	0	0
Epicoccum	**1**	**7**	**1**	**7**	**1**	**7**
Smuts/Myxomycetes	**7**	**50**	**4**	**29**	**11**	**79**
Cladosporium	0	0	0	0	**3**	**21**
Rusts	0	0	0	0	0	0
Basidiospores	0	0	0	0	0	0
Total Spores	**9**	**64**	**5**	**36**	**15**	**107**

Method Used: Samples are analyzed under plain light microscopy with the aide of appropriate staining techniques and visualized under 630x magnification. The density rating of the sample is estimated by visual observation. 100% of the entire slide is read. Spore particulate concentrations are calculated utilizing trace length and microscopic field diameter as recommended by the manufacturer of the spore trap cassette. All microscopists hold at least a B.S. degree in Microbiology or equivalent discipline.

Analyzed By: Adrian A. Gallardo
Analyst

Reviewed By: Peter P. Steen
Peer Review

ANALYSIS DATA SHEET

BIOAEROSOL SPORE ANALYSIS

Client: Munson Army Health Center
Project ID: Replacement Carpet Bldg 314

Method: MC-AN-001
Matrix: Air-O-Cell

Lab Sample ID	9317053004	9317053005	9317053006
Client Sample ID	FL004	FL005	FL006
Density Rating	1	4	4
Total Volume (L)	90	150	150
Total Volume (m^3)	0.0900	0.150	0.150

Summary Results	Analyst Count	Count/m^3	Analyst Count	Count/m^3	Analyst Count	Count/m^3
Pollen	0	0	0	0	0	0
Mycelial Fragments	0	0	0	0	0	0
	Analyst Count	**Spore Count/m^3**	**Analyst Count**	**Spore Count/m^3**	**Analyst Count**	**Spore Count/m^3**
Amerospores	0	0	0	0	0	0
Epicoccum	0	0	0	0	0	0
Smuts/Myxomycetes	**1**	**12**	**1**	**7**	**4**	**29**
Cladosporium	**4**	**48**	0	0	**1**	**7**
Rusts	0	0	0	0	**1**	**7**
Basidiospores	0	0	0	0	0	0
Total Spores	**5**	**60**	**1**	**7**	**6**	**43**

Method Used: Samples are analyzed under plain light microscopy with the aide of appropriate staining techniques and visualized under 630x magnification. The density rating of the sample is estimated by visual observation. 100% of the entire slide is read. Spore particulate concentrations are calculated utilizing trace length and microscopic field diameter as recommended by the manufacturer of the spore trap cassette. All microscopists hold at least a B.S. degree in Microbiology or equivalent discipline.

Analyzed By: Adrian A. Gallardo
Analyst

Reviewed By: Peter P. Steen
Peer Review

ANALYSIS DATA SHEET

BIOAEROSOL SPORE ANALYSIS

Client: Munson Army Health Center
Project ID: Replacement Carpet Bldg 314

Method: MC-AN-001
Matrix: Air-O-Cell

Lab Sample ID	9317053007	9317053008	9317053009
Client Sample ID	FL007	FL008	FL009
Density Rating	2	3	2
Total Volume (L)	150	30	30
Total Volume (m^3)	0.150	0.0300	0.0300

Summary Results	Analyst Count	Count/m^3	Analyst Count	Count/m^3	Analyst Count	Count/m^3
Pollen	0	0	0	0	**1**	**36**
Mycelial Fragments	0	0	0	0	0	0
	Analyst Count	**Spore Count/m^3**	**Analyst Count**	**Spore Count/m^3**	**Analyst Count**	**Spore Count/m^3**
Amerospores	**2**	**14**	**4**	**143**	**12**	**429**
Epicoccum	0	0	0	0	0	0
Smuts/Myxomycetes	**6**	**43**	**25**	**893**	**15**	**536**
Cladosporium	0	0	**7**	**250**	**14**	**500**
Rusts	**1**	**7**	0	0	0	0
Basidiospores	**1**	**7**	0	0	0	0
Total Spores	**10**	**71**	**36**	**1286**	**41**	**1465**

Method Used: Samples are analyzed under plain light microscopy with the aide of appropriate staining techniques and visualized under 630x magnification. The density rating of the sample is estimated by visual observation. 100% of the entire slide is read. Spore particulate concentrations are calculated utilizing trace length and microscopic field diameter as recommended by the manufacturer of the spore trap cassette. All microscopists hold at least a B.S. degree in Microbiology or equivalent discipline.

Analyzed By: Adrian A. Gallardo
Analyst

Reviewed By: Peter P. Steen
Peer Review

COMMENTS PAGE

Client: Munson Army Health Center
Project ID: Replacement Carpet Bldg 314

General Lab Comments

The results provided in this report relate only to the items tested.
Samples were received in acceptable condition unless otherwise noted in the Narrative Comments.

This page is the concluding page of the report.