

11

Exhibit 7

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Munson Army Health Clinic	2. DATE (YYYYMMDD) 20090502	3. TIME 13:30	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME Derivan, Jacob	6. SSN	7. GRADE/STATUS civilian	
8. ORGANIZATION OR ADDRESS MAHC, Ft Leavenworth, KS			

9. I, Jacob Derivan, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1 - (2a1) Did you redirect Mr. Gibson's time and resources, there by diminishing his authority as the Ft Leavenworth's IH?

No.

2 - (2a2) Are there any instances in which Mr. Gibson was prevented by LT Derivan and LTC Jefferson from ensuring compliance with federal regulations and Army rules and regulations requiring the regular assessment and appropriate testing of Ft. Leavenworth buildings and facilities for industrial hygiene threats and hazards?

On the 28 AUG 07 counseling that Mr. Gibson was presented with, he was notified that he was to defer all Indoor Air Quality (IAQ) Occupational Exposure sampling/testing until further notice and that if a need arose that required some kind of sampling/testing, that permission would be given on a one-for-one basis.

This deferment, in no way, was an instruction for Mr. Gibson to stop performing his duties as the Ft. Leavenworth Industrial Hygienist or to stop performing assessments of the Ft. Leavenworth buildings and facilities. Simply put, if Mr. Gibson needed to perform sampling/testing, it first required supervisory approval.

3 - (2a2) - In the conduct of his duties, did you Mr. Gibson ever discuss how Ft Leavenworth would violate Federal and Army regulations concerning industrial hygiene and safety by not conducting regular assessment and the appropriate testing of Ft Leavenworth's buildings/facilities?

For the 2008 rating period which began 01 NOV 07, Mr. Gibson was presented with new Individual Performance Standards (IPS) which explicitly instructed him to perform Industrial Hygiene (IH) hazard assessment surveys on the buildings maintained on Ft. Leavenworth. These IPS included that Mr. Gibson would require supervisory approval before any IAQ or Occupational Exposure testing was performed.

In the months following Mr. Gibson's presentation of his new IPS, he proposed that the new IPS were not in compliance with DA doctrine pertaining to annual IH surveys on an installation. However, the IPS were developed from DA IH publications (namely AR 40-5 and AR 40-503). On the occasion that it was deemed appropriate for Mr. Gibson to perform IH sampling, he was given permission to do so (13 NOV 08, Bldg 77, the Defense Automated Printing Service).

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT <u>JD</u>	PAGE 1 OF <u>8</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF Jacob Derivan

TAKEN AT

Ft Leavenworth
KS

DATED

20090512

3. STATEMENT (Continued)

4 - (2b) - Abuse of authority- What happened in June 2007 when you ordered Mr. Gibson to stop all IH assessments, testing and surveys?

This was not ordered. Please see answer to 2a2.

5 - (2b) - Who was monitoring the IH issues and maintaining IH program elements?

Mr. Gibson is the IH program manager and coordinator as delineated in his IPS, had visibility on most IH issues, and maintained the IH program elements.

6 - (2b) - If you stopped the assessment, testing and surveys, under what authority did you do this?

The protocol by which IH sampling/testing was approved was changed under supervisory authority.

7 - (2b) - Who did you consult?

This decision was made after a review of Mr. Gibson's performance and use of IH sampling/testing was found to be suspect by the Great Plains Regional Medical Command (GPRMC) Regional IH Program Manager, Scott Bentley. The change in protocol was vetted through the Ft. Leavenworth Civilian Personnel Advisory Center (CPAC) and the JAG office before presentation to Mr. Gibson.

8 - (2b) - Did any major life safety or IH come to the attention of the Munson staff that required IH intervention or assessment? If so, who handled these issues and what was the resolution?

There were four major incidents (Bell Hall - asbestos, the Trolley Station - carbon monoxide, the MEDDAC CDR's office - IAQ, and the Sherman Army Airfield - lead) from JUL 06 - AUG 07 where Mr. Gibson's use and performance of IH sampling/testing became suspect.

In these situations, Mr. Gibson performed the initial IH assessments and testing. The results were ultimately reviewed by GPRMC and determined that independent validation of Mr. Gibson's sampling/testing was necessary. The independent sampling/testing indicated that Mr. Gibson had performed inappropriate sampling, applied the wrong industry consensus standards, and misinterpreted his results.

Where he had indicated that there were serious IH problems, there, in fact, were none.

9 - (2b) - February 2008 - Why were 18 of Ft Leavenworth's 295 buildings selected for a walk thru?

After Mr. Gibson's presentation with new IPS in JAN 08, he stopped performing IH workplace hazard assessments because he contended that he did not understand what Management was asking him to do.

See that the IH Program was falling behind on its work, a priority list of 25 buildings was developed from IH assessments that needed to be redone and customer service requests that had come up.

This priority list was given to Mr. Gibson in FEB 08 as a kind of "To-Do" list to get him moving on the IH assessments that he was supposed to be performing as the Ft. Leavenworth Industrial Hygienist. When the list was complete, he was to move on to whatever building would be next in line for an IH assessment to ultimately continue working his way through the buildings on Ft. Leavenworth.

INITIALS OF PERSON MAKING STATEMENT

JD

PAGE 2 OF 8 PAGES

9. STATEMENT (Continued)

(2b3) Were these "walk-thrus" (as described in item b2), above), unreasonably limited in scope by LT Derivan and LTC person by restricting Mr. Gibson to ask only seven questions of the occupants of each of the 18 buildings? If so, why? What were the questions?

Mr. Gibson is trying to confuse the issue in semantics. The term "walk through" refers to Mr. Gibson's performance of the workplace hazard assessments of the buildings and operations on Ft. Leavenworth. In many cases, since most workplaces on Ft. Leavenworth are strictly office spaces, the assessments were akin to "walk throughs" because they did not require sampling/testing. Nevertheless, Mr. Gibson was required by his IPS to perform IH hazard assessment surveys on the buildings on Ft. Leavenworth.

The "seven questions" that Mr. Gibson is referring to are the seven points listed in Mr. Gibson's IPS under what is required in an IH survey (taken directly from AR 40-503). However, the paragraph that precedes these seven points states that the surveys are to "include but are not limited to" these seven points. In addition, the seventh point states that Mr. Gibson is to "perform all tasks and procedures inherent and fundamental to an appropriate IH assessment of a given operation."

11 - (2B3) What was the level of health risk to personnel conducting operations in the buildings surveyed?

Relatively low. On Ft. Leavenworth there are primarily office spaces with very few hazards. In 2008, there was a wall-to-wall OSHA inspection of the few workplaces with industrial-type operations (mostly Dept of Public Works shops) and no uncontrolled hazards were found; just a couple of safety violations that were easily fixed, but that's about it.

Additionally, if there were unchecked hazards and risks on Ft. Leavenworth, people would be getting injured or sick. Occupational Health has not seen an increase of injuries or sickness in the Ft. Leavenworth employee population.

Continued on Attachment

AFFIDAVIT

I, Jacon Derivan, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 8. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Jacob Derivan
(Signature of Person Making Statement)

WITNESSES:

Anita R. Gates
ANITA R. GATES
MUNSON ARMY HEALTH CENTER
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of May 2009 at Ft Leavenworth KS
Donald F Archibald
(Signature of Person Administering Oath)

Donald F Archibald, COL
(Typed Name of Person Administering Oath)
Investigating Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (JD)

Statement of Jacob Derivan taken _____ dated _____.

Continuation of Statement from Sworn Statement

12 - (2b4) If, after conducting a walk-thru, Mr. Gibson had reason to suspect the existence of an industrial hygiene issue was he authorized to conduct an assessment of the building, but was that assessment unreasonably limited in scope by LT Derivan and LTC Jefferson by restricting Mr. Gibson to "spot testing" for industrial hygiene threats but prohibiting time weighted measurements? If so, did this constitute an abuse of authority by LT Derivan or LTC Jefferson?

Again, Mr. Gibson is misrepresenting the protocol by which he was to perform his IH surveys, and he is again trying to confuse the issue with semantics. Mr. Gibson was to perform workplace hazard assessments by "perform all tasks and procedures inherent and fundamental to an appropriate IH assessment of a given operation." This included taking direct-read measurements or "spot testing" (parameters such as temperature, relative humidity, individual compounds, etc.) to assist him in his assessment of a workplace and aid in the determination of whether or not additional testing, such as time weighted measurements, would be appropriate.

13 - (2b5) Are time weighted measurements an essential part of any properly conducted industrial hygiene program?

Absolutely, if necessary.

14 - (2b6) Did, in October, 2008, LT Derivan and LTC Jefferson permit Mr. Gibson to follow the Corps of Engineers' approach to inspecting buildings but still prohibit him from performing time weighted testing without first receiving prior supervisory approval? If so, did this constitute an abuse of authority by LT Derivan or LTC Jefferson?

Yes, in OCT 08 Mr. Gibson still required supervisory approval to perform time weighted testing because it was still a part of his IPS and he had yet to display an understanding of the appropriate use of time weighted testing.

15 - (2b7) Was it reasonable for LT Derivan and LTC Jefferson to require Mr. Gibson, the only certified Industrial Hygienist at Ft. Leavenworth, to obtain permission from his supervisors before performing time weighted testing on buildings?

Yes, it was reasonable based on Mr. Gibson's inability to display that he understood the appropriate use of time weighted testing.

Additionally, it is worthy to note here that Mr. Gibson is NOT a Certified Industrial Hygienist (CIH). He is a certified Lead and Asbestos inspector in the state of Kansas, and has had the Army classes and minimum background education to perform as an Industrial Hygienist, but he is not a CIH.

Statement of Jacob Derivan taken _____ dated _____.

16 – (2b8) During 2008 were LT Derivan and LTC Jefferson arbitrary in denying 39 of Mr. Gibson's 40 requests to conduct time weighted measurements testing on buildings without an explanation?

I do not know where these statistics are from, but I can attest that Mr. Gibson was only given permission to perform time weighted measurement testing once during 2008. This was because of a combination of reasons.

First, Mr. Gibson spent the greater part of 2008 refusing to perform IH surveys under the guise of not understanding his IPS.

Second, the workplace assessments that were actually performed were generally of office spaces and did not require further testing.

Third, if there were instances where Mr. Gibson felt that additional sampling/testing was required, he did not request it. He was the IH Program Manager and would've been the one to request this.

NOTE: Unfortunately, by 2008, the relationship between Mr. Gibson and myself, his first line supervisor, was such that every work-related interaction necessitated some kind of paper trail (sometimes a hard copy, others just email). A review of all paper trails and email traffic from Mr. Gibson during 2008 shows that not one request for time weighted measurements was submitted, and furthermore, the one time that he was permitted to perform the testing, the request was submitted directly to Management by the Safety department of the customer's office and not Mr. Gibson.

17 – (2b8) What was the reason for denying these requests?

Since no requests were made to perform time weighted measurements, no requests were denied.

18 – (2b8)- Did you consult other IH professional to determine the appropriate course of action?

The GPRMC CIHs were integrally involved in providing advice to Management about any and all issues that were faced by the Munson Army Health Center Preventive Medicine Department with respect to the IH program. In addition, as the situation with Mr. Gibson played out over the last few years, CIHs from the Army Corps of Engineers (CoE) were consulted as independent evaluators and advisors, as well as APEX Environmental, a civilian company that provides IH services.

Statement of Jacob Derivan taken _____ dated _____.

19 – (2c1) Whether or not adequate industrial hygiene assessment and testing has not occurred at Fort Leavenworth, Kansas, in violation of law, rule, and regulation.

1) Did, in August, 2008, the Army Corps of Engineers object to LT Derivan's and LTC Jefferson's two step (walk-thru followed by assessment) approach?

The "walk through" that Mr. Gibson refers to was actually the workplace hazard assessment that Mr. Gibson was supposed to be performing for the operations on Ft. Leavenworth. If during that assessment the need for further IH testing was deemed to be necessary, Mr. Gibson was to submit a request to his supervisor for the testing, give reasoning why the testing was appropriate, and his plan for how the sampling would be conducted.

The CoE agreed that time weighted testing should not be automatically performed for every workplace or operation, and that testing should only be performed where appropriate. We worked closely with the CoE in the fall of 2008 in the hopes of providing Mr. Gibson remedial training as to "what right looks like" in terms of IH services and reports, and to have a colleague available for Mr. Gibson to bounce questions off of.

20 – (2c1) Who was the Corps of Engineers representative and what were his professional qualifications?

We worked with Daniel Mitchell, and he is a CIH for the CoE.

21 – (2c2) Did Corps of Engineer officials determine that the walk-thru alone was of minimal value and that the walk-thru and assessment steps should be combined?

There was no combining to be done; the term "walk through" is a misnomer (please see 2b3 above). The CoE actually advised us that Mr. Gibson's annual workplace hazard assessments should include, minimally, a characterization of all the hazards in a workplace and whether or not the controls in place for those hazards were adequate.

Statement of Jacob Derivan taken _____ dated _____.

22 - (2c3) Did Corps of Engineer officials determine that assessments should include limited measurements of light, noise and, if indoor air quality issues had been raised by the occupants of a building, to conduct carbon monoxide, temperature, humidity and particulate testing?

Yes, they agreed that direct read measurements "should be used at the discretion of the Industrial Hygienist to assist in determining hazard severity" (from MFR - Field Observations of the IH Facility Assessment Process, 26 AUG 08). They also stated that preliminary identification of hazards should rely considerably on the professional judgment of qualified individuals.

Since Mr. Gibson's judgment and interpretation of risk and hazards in workplaces had previously been found to be lacking (please see the "four major incidents" under 2b above), Management required that, if necessary, Mr. Gibson take these direct read measurements to aid in the justification for any occupational exposure testing that Mr. Gibson may recommend.

23- (2d) Whether or not the actions of LTC Jefferson and LT Derivan have created the potential for a substantial and specific danger to the public health and safety at Fort Leavenworth, Kansas.

I do not think so. Mr. Gibson's job was always to perform workplace hazard assessments as the Industrial Hygienist for Ft. Leavenworth. When he lost credibility with respect to his abilities to determine the appropriate use of sampling/testing, appropriate use of consensus industry standards, and the interpretation and delineation of risks and workplace hazards (please see the "four major incidents" under 2b above), Management took steps in an attempt to prevent the repetition of the same errors that Mr. Gibson had made in the past.

24 - (2d1) Does testing buildings without time weighted measurements render an industrial hygiene program essentially useless and constitute a danger to public health and safety? *I don't think so. The identification of hazards relies heavily on the IH's professional judgement. For many of the workplaces on Ft. Leavenworth, (i.e. Offices) time weighted measurements are unnecessary in the identification and characterization of hazards.* (M)

25 - (2d2) Does an industrial hygienist have any means of determining the cumulative effect a suspected toxin might have upon the occupants of a building over an extended period of time without time weighted measurements?

Time weighted measurements are not the only way to determine the cumulative effect a toxin might have on an individual. There are also methods of medical surveillance (i.e., blood tests, urine tests, etc.) that can track how and in what ways toxins might be affecting an individual.

Page 7 of 8 (8)

Statement of Jacob Derivan taken _____ dated _____.

26 - Do have anything further that you would like to add?

No.

Nothing Follows

07 January 2010

MEMORANDUM FOR RECORD

SUBJECT: ADDITIONAL QUESTIONS FOR 1LT DERIVAN FROM 15-6 INVESTIGATION

1. The following are my answers to follow-up questions stemming from a 15-6 Investigation regarding Mr. Karl Gibson's tenure as the Industrial Hygienist at Munson Army Health Center from JAN 2007 – FEB 2009.

2. Questions:

a. **Reference is made to the Fort Leavenworth emergency response team; how did Mr. Gibson's role evolve on this team pre- and post-arrival of LT Derivan and LTC Jefferson?**

I am not aware that Mr. Gibson was ever a part of any Fort Leavenworth Emergency Response Team. During my tenure as the Munson ESO (AUG 2006-FEB 2009), and Mr. Gibson's first line supervisor (JAN 2007-FEB 2009), the issue of Mr. Gibson being a part of such a team never came up in either communication between Mr. Gibson and myself, or such a team and myself.

Furthermore, a search of my archived day planners from my tenure at Munson and email records during this time period (I have my entire MS Outlook PST file archived and available for reference) shows no reference of Mr. Gibson's involvement on such a team (no requests for time to attend team meetings, no involvement in team exercises, no team documents), past or present.

This is key as email, especially from 2007 forward, became a running log of the interactions between Mr. Gibson and myself, unless it was otherwise documented in an MFR of some kind (counselings, accounts of events as they occurred, etc. – all signed by both parties). Nothing official transpired between Mr. Gibson and myself unless it was documented.

I suspect that this is just another fabrication on the part of Mr. Gibson in an attempt to somehow point another finger at Management with the hopes that it convinces someone that Management's actions to fix the Ft. Leavenworth IH program somehow lead to negative health and safety issues or a weakened state of readiness of the Post's first responders.

b. **Why weren't the final changes to Mr. Gibson's memos shared with him?**

The final changes (if any) made to Mr. Gibson's memos were shared with him, with one caveat. I did make a rookie mistake early in 2007 – when this whole situation landed in my lap.

We found it necessary to have Mr. Gibson pass all his official correspondence (emails of an official capacity, reports, etc.) through his first line supervisor (me) before it reached customers. During my review of his first batch of IH reports, I had to change a number of things in his reports; but all changes were editorial in nature (i.e. grammatical errors, correcting incorrectly

quoted references, etc.) and the content (i.e. results derived from analyses, standards by which the results were rated, etc.) was never changed.

When these reports were submitted to the Preventive Medicine (PM) secretary for finalization, one way or another Mr. Gibson had the chance to see the reports had been edited and raised his concern that his reports had been changed and he not notified. This was not an example of Management trying to change Mr. Gibson's reports and pass them off as his; this is an example of a new supervisor (me) figuring out the system in which he had been inserted.

From that point forward, the IH reports submitted by Mr. Gibson were posted to the shared PM shared drive (they were too big – memory-wise – to continually send via email anyway) and Mr. Gibson would notify me of their submission. Any edit or modification made to these reports was available for review on the shared PM drive so that Mr. Gibson would have full visibility of his reports and their status.

It is important to note again that the content of Mr. Gibson's reports was never changed by Management. There was one situation, though, that Management had to include a caveat in one of Mr. Gibson's reports, which stemmed from Mr. Gibson's misuse of an industry standard.

Mr. Gibson had performed a lead analysis for a workplace and applied a "Housing and Urban Development" (HUD) standard to which he compared his results. When held to this standard, some of the analyses failed – barely (For example: the standard gave a limit of something like 0.50ug and the result from the analysis was something like 0.58ug).

The HUD standard was inappropriately applied to this situation as it is a standard designed to protect the families – in particular the children, who generally have a lower body mass – from lead exposures, and is hardly applicable to a workplace where there are no children.

Furthermore, I believe that the report in question was for the Airfield Hangar (forgive me, I cannot be certain without the reports in front of me), which is an industrial setting and held to even less stringent standards for lead.

After vetting the situation through Great Plains Regional Medical Command (GPRMC), it was decided that a caveat would be added to the result – in the form of an asterisk – which stated that the lead result was minimally over the (inappropriately applied) standard and did not pose much of a health risk.

c. Regarding the Provost Marshal's Office Building and the sewer smell incident: Are you aware of this incident? What happened? Are there any reports or other documentation pertaining to this and can they be located?

Yes, I am aware of this incident. Basically, the people in the Provost Marshal's Office (PMO) were getting a nasty sewage smell in the mornings and we were called in to take some measurements to see if there were any health hazards associated with the smell. Mr. Gibson tested for a gamut of compounds - some that offered immediate results and others which were sent away for analysis - on three different occasions; the first two being in the morning when the

complaints were being logged, and the third time over a weekend when we expected the smell had the chance to accumulate due to office inactivity.

On all three occasions, I relayed the measurements that Mr. Gibson took at the PMO to Mr. Jerry Clark, of the Department of Public Works (DPW), so that DPW would have instantaneous feedback from our measurements and could take appropriate action. The first two occasions did not evince any health hazards within the scope of the tests performed, and the third occasion (over the weekend) recorded some hazards that would have endangered workplace occupants, but because it was the weekend no personnel were exposed. Those hazards were easily mitigated before office occupation the next official workday.

There were reports produced by Mr. Gibson for all three visits, with his results tabulated for record. However, we (Management) were still having trouble with Mr. Gibson and his ability or willingness to produce the quality IH reports (as discussed in question #2), and the last I heard about the reports in question – a 14 FEB 09 email (attached for your convenience) – they were still being edited for distribution.

The reports should be archived on the PM shared drive, and as long as they are opened from within that drive, one can see the different iterations of the reports as the changes were tracked.

d. With all of Mr. Gibson's performance issues, why did LT Derivan mark the block that Mr. Gibson "has demonstrated the knowledge and skills necessary to meet the requirements of their position..." on his performance appraisal?

On 25 JAN 08, when the Competency Assessment in question (attached for your convenience) was presented to Mr. Gibson and signed, the situation with Mr. Gibson had not yet degraded to the stage where I felt it necessary to recommend his removal (FEB 2009).

For all intents and purposes, the 2007-2008 Rating Period had just started (new performance standards for the rating period had just been established on 15 JAN 08) and the atmosphere I was trying to foster between Mr. Gibson and I was one of cooperation in the hopes of getting the IH program functional again. I was in no way out to get Mr. Gibson, and despite the issues we'd had with his performance up to that point, I still felt that with the new performance standards and guidance we were getting from GPRMC we could get the program back on track.

Please keep in mind that this form is a check of competency – can he DO this job, is he capable of doing it – and not a part of his annual evaluation. I still have no doubts that Mr. Gibson could have done a good job as the Industrial Hygienist had he wanted to. Also, language is very powerful to me, and I am very deliberate with what I put on paper. If you read the supporting statements that I provided on the form, none of them reference that Mr. Gibson had been doing a good job performing IH duties that his performance counselings show he was struggling with. I was very specific about this.

My purpose was not to destroy Mr. Gibson, and giving him a failed Competency Evaluation would have stayed with him for the rest of his tenure at Munson Army Health Center. Failing

Mr. Gibson on his annual Competency Evaluation, while most probably warranted, would not have done anything to move the program away from the disfunctionality it was in.

3. The POC for this MFR is the undersigned at Jacob.derivan@us.army.mil or via commercial phone at 717-821-5246.



JACOB J. DERIVAN
1LT, MS
Nuclear Medical Science Officer

From: Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Sent: Saturday, February 14, 2009 6:23 PM
To: Gibson, Karl L Mr CIV USA MEDCOM MAHC; Derivan, Jacob J 1LT MIL USA MEDCOM MAHC; Beus, John M COL MIL USA MEDCOM MAHC; Sifford, Jan CIV USA
Cc: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC; Holland, Ronny CIV USA TRADOC; Snedegar, Diane L Ms CIV USA MEDCOM MAHC; 'afge738@gmail.com'
Subject: RE: PMO Memos are on J drive and request for clarity (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Mr. Gibson,

Please direct this email to the right individual, which is LT Derivan, I have not changed any of your reports in anyway. They are submitted to me from LT Derivan and forwarded to Ms. Swiler.

Thank you,

LTC Jefferson
C,PM

-----Original Message-----

From: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Sent: Friday, February 13, 2009 11:54 AM
To: Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Cc: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC; Holland, Ronny CIV USA TRADOC; Snedegar, Diane L Ms CIV USA MEDCOM MAHC; 'afge738@gmail.com'
Subject: RE: PMO Memos are on J drive and request for clarity (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LTC Jefferson,

All my memos are proofed and go through spell/grammar check, so I do not what you are writing about. I believe this is because you and LT Derivan are re-writing my memos in violation with the July 2008 agreement and I have opted to use the MEDDAC Commander's Open Door Policy. Your comments also differ from the 6 and 17 October 2008 counseling and my meetings with the Corps of Engineers. Since you have not told me what you dislike in these memos, I have made changes that I think you might want. I ask for clarity in writing from my supervisor if these are not what you are asking for.

On the J drive under IH memos for LTC to review 2009:

79 PMO VR IAQ Report Version III Jan 2009

79 PMO VR IAQ Report #2 Version III Feb 2009

79 PMO VR IAQ Report #3 Version II Feb 2009

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Fort Leavenworth, KS 66027
(913) 684-6547
Fax (913) 684-6534

-----Original Message-----

From: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Sent: Thursday, February 12, 2009 9:17 AM
To: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Cc: Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Subject: PMO Memos (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Karl,

I have started reviewing the memos you produced for the PMO offices. I am having difficulty believing that you have proofread your work - or even read what you have written - as there are multiple incidences of misspelled or misused words, sentence fragments, choppy grammar, and personal commentary; and many of these errors were duplicated in each report. These kinds of submissions lack professionalism and are not on the level of what would be expected from a journeyman-level Industrial Hygienist such as yourself.

Please edit your reports to eliminate the issues listed above and resubmit by the end of the week. You may want to use the edited versions of your previous reports as references.

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

Classification: UNCLASSIFIED
Caveats: NONE

Classification: UNCLASSIFIED
Caveats: NONE

Classification: UNCLASSIFIED
Caveats: NONE

ONGOING COMPETENCY ASSESSMENT STATEMENT
Non-privileged health care staff only

EMPLOYEE GIBSON, KARL L.	POSITION INDUSTRIAL HYGIENIST	WORK AREA PREVENTIVE MEDICINE
SUPERVISOR 1LT JACOB DERIVAN		DATE OF LAST PERFORMANCE APPRAISAL 31 OCT 2007

- This employee has not demonstrated the knowledge and skills necessary to meet the requirements of their position (See Personnel Documentation Folder)
- This employee has demonstrated the knowledge and skills necessary to meet the requirements of their position, based on job description and defined criteria as per their Initial Competency Assessment Checklist.

Methods of verification: Observation, demonstration, inservice presentation, continuing education, case studies, peer review, discussion groups, mock events, and/or Performance Improvement monitors.

<u>Technical Domain</u>		
① Field experience in the proper calibration and use of measuring instruments		Job responsibility
② Ability to perform solo or team surveys in most workplace settings		
<u>Critical thinking Domain</u>		
① Demonstrate appropriate time management skills		Necessary for role in Preventive Medicine and as a team player
② Treat employees / family with dignity and respect		
<u>Interpersonal Domain</u>		
① Assist in the orientation of new personnel.		

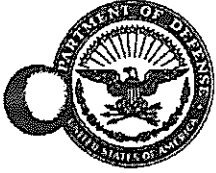
Managers identify competencies for annual review using the following criteria: Is the activity high volume, problem prone, low-volume and high risk, a required competency, identified as part of the department monitoring system, identified through performance improvement monitors, identified through needs assessment, or is it a new change in the service/practice?

EMPLOYEE'S SIGNATURE <i>Karl L. Gibson</i>	DATE 25 Jan 08
SUPERVISOR'S SIGNATURE <i>J. Derivan</i>	DATE 25 Jan 08

Union Exhibit -

12

Exhibit 8



REPLY TO
ATTENTION OF

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

MCXN-PM

10 January 2008

MEMORANDUM FOR RECORD

SUBJECT: INDIVIDUAL PERFORMANCE STANDARDS FOR KARL L. GIBSON

1. Customer Service.

a. Customer service requests/issues outside of regularly scheduled testing will be provided to the supervisor within three (3) working days of request so that a determination can be made as to the PM/IH response. (The exception is an emergency request do to potential or known exposure within the work placed that has caused the activity to shut down).

b. A tracking log will be maintained to monitor the status of customer service requests/issues, and a weekly status report on all Industrial Hygiene service requests will be provided to the first line supervisor by Close of Business of the last work day of each week..

2. Industrial Hygiene (IH) Surveys.

a. You are expected to perform IH hazard assessment surveys each month on buildings maintained on Ft. Leavenworth. These surveys are to include but are not limited to:

- 1) Documentation of all chemicals used within each workplace surveyed.
- 2) Interview of no less than 30% of the work place occupants to determine if a need for testing is warranted.
- 3) Document the physical layout of each building. This is to include, fire exits, storage areas for chemicals and supplies, etc.
- 4) Document any biological concerns within each building, to include but not limited to water damage, mold growth, etc.
- 5) A visual inspection of the work place to determine any other potential risk or hazards. (Photo index of surveyed buildings).
- 6) Document each ergonomic hazard inherent to each activity surveyed.

b. All the above information will be placed in DOEHRS-IH report by the end of each month surveyed.

3. Reporting

- a. Reports will be written in a clear, concise and accurate manner.
- b. Provide technically sound findings and recommendations commensurate with the scope and complexity of the services provided.
- c. Utilize recognized consensus standards, federal and state regulations, DA policies and procedures, and MEDCOM guidance in developing findings and recommendations.
- d. Assign appropriate Risk Assessment Codes (RAC) using the criteria outlined in DA PAM 40-503 and MEDCOM guidance.
- e. Sampling results and associated data will be presented in a clear, concise and factual manner.
- f. Reports will be submitted to the supervisor within five (5) working days of initial survey for final review and approval. All supporting documents (work product) will accompany all reports for supervisor final approval.
- g. All noncompliant results will be explained in a clear and concise manner, include reasoning for the noncompliant values.
- h. Follow-up worksite visits will be conducted until appropriate corrective measures are implemented and effective.
- i. There will be no more than three (3) exceptions noted per quarter.

4. Program Management: To be in place NLT 30 days following initial counseling date.

- a. Update the Industrial Hygiene Program document to reflect current program practices to meet criteria established in DA Pamphlet 40-503 and current MEDCOM guidance. This document should address, as a minimum, IH program responsibilities for the installation safety and health programs (e.g. confined spaces, respiratory protection, personal protective equipment, ergonomics, civilian resource conservation (CRC), etc.)
- b. Develop, revise/update and use an Industrial Hygiene Implementation Plan (IHIP) that meets criteria established in DA Pam 40-503, Appendix C and MEDCOM guidance to manage services that reflect priorities and resources within 30 days of this counseling. The IHIP should include as a minimum:
 - 1) An inventory list of potentially hazardous operations at Ft. Leavenworth.
 - 2) Health hazards present at each operation.
 - 3) Priority action code assigned to each health hazard.
 - 4) Worksites scheduled for evaluation.

- 5) Completed evaluations.
- 6) Amount of time needed to complete each evaluation.
- 7) Risk assessment codes assigned to the operation.

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

1) 75% of the IH Program Office's (IHPO) core shops (semiannual, annual surveys) will be mapped in the location tree.

NOTE: 75% of the IHPO's core shops should be scheduled, not necessarily conducted.

2) Surveys should be conducted for 5% of the total number of core shops that have been scheduled. The data from these surveys should be entered into DOEHRS-IH. Survey entries should include:

- a) Establishing similar exposure groups (SEGs) for the IHPO (STEP 3 of the DoD exposure Assessment Model).
- b) Implementation of the workplace monitoring plan (STEP 4 of the DoD Exposure Assessment Model).
- c) Characterization of exposures (i.e. captured information and developed an exposure estimate for workers within a SEG) (STEP 5 of the DoD Exposure Assessment Model).
- d) Conduct an assessment of on any of the employee exposure data collected during the survey (e.g. ergonomics, air monitoring, noise monitoring) (STEP 6 of the DoD Exposure Assessment Model).
- e) Report and record findings (STEP 7 of the DoD Exposure Assessment Model). All survey data will be entered factually and accurately within 15 working days.

NOTE: Your progress will be monitored through the web-based USACHPPM DOEHRS-IH and through direct supervision. The supervisory chain will take into account that the input of data into the DOEHRS-IH system is slow due to network constraints.

d. Industrial Hygiene Installation Status Report (IHISR) will be completed and submitted semi-annually (15 JUL and 15 DEC).

5. Equipment Maintenance and Calibration: To be completed NLT 30 days following initial counseling date.

- a. Develop and maintain an equipment tracking log.

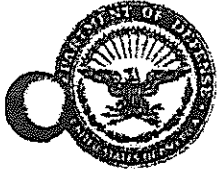
- b. Maintain complete records of calibration as per AR 25-400-2.
- c. Operational calibration will be performed before and after the each use of equipment.
- d. Develop a log to document before and after calibrations of equipment used for testing.
- e. Periodic calibration is performed on all industrial hygiene equipment in accordance with manufacturer recommendations or at least annually, whichever is less.

6. IH Confirmation Testing - Random side by side testing may be performed by commercial and or military employed IH at the discretion of the Supervisor.

7. Individual counseled _____
(Print Name) (Initials)

(Signature)

1LT, MS
Environmental Science Officer



REPLY TO
ATTENTION OF

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

MCXN-PM

16 July 2008

MEMORANDUM FOR RECORD

SUBJECT: CLARIFIED INDIVIDUAL PERFORMANCE STANDARDS FOR KARL L. GIBSON

1. The following will clarify your Individual Performance Standards. If a measurement is not self contained within the following statements, the performance standard reflected in all-capital letters at the end of the statement, as defined on the reverse of DA Form 7222-1, will apply.

2. Customer Service.

a. Customer service requests/issues outside of regularly scheduled testing will be provided to the supervisor within three (3) working days of request so that a determination can be made as to the PM/IH response. (The exception is an emergency request do to potential or known exposure within the work placed that has caused the activity to shut down).

b. A tracking log will be maintained to monitor the status of customer service requests/issues, and a weekly status report on all Industrial Hygiene service requests will be provided to the first line supervisor by Close of Business of the last work day of each week.

3. Industrial Hygiene (IH) Surveys.

a. You are expected to perform IH hazard assessment surveys each month on buildings maintained on Ft. Leavenworth. **TECHNICAL COMPETENCE**

These surveys are to include but are not limited to:

- 1) Documentation of all chemicals used within each workplace surveyed.
- 2) Interview of no less than 30% of the work place occupants to determine if a need for testing is warranted.
- 3) Document the physical layout of each building. This is to include, fire exits, storage areas for chemicals and supplies, etc.
- 4) Document any biological concerns within each building, to include but not limited to water damage, mold growth, etc.

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

6) Document each ergonomic hazard inherent to each activity surveyed.

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

b. All the above information will be placed in DOEHRS-IH report by the end of each month surveyed.

4. Reporting

a. Reports will be written in a clear, concise and accurate manner. COMMUNICATION

b. Provide technically sound findings and recommendations commensurate with the scope and complexity of the services provided. TECHNICAL COMPETENCE

c. Utilize recognized consensus standards, federal and state regulations, DA policies and procedures, and MEDCOM guidance in developing findings and recommendations. RESPONSIBILITY / ACCOUNTABILITY

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

e. Sampling results and associated data will be presented in a clear, concise and factual manner. COMMUNICATION

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

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

h. Follow-up worksite visits will be conducted until appropriate corrective measures are implemented and effective. WORKING RELATIONSHIPS

i. There will be no more than three (3) exceptions noted per quarter.

5. Program Management:

a. Update the Industrial Hygiene Program document to reflect current program practices to meet criteria established in DA Pamphlet 40-503 and current MEDCOM guidance. This document should address, as a minimum, IH program responsibilities for the installation safety and health programs (e.g. confined spaces, respiratory protection, personal protective equipment, ergonomics, civilian resource conservation (CRC), etc.). **INNOVATION / INITIATIVE**

b. Develop, revise/update and use an Industrial Hygiene Implementation Plan (IHIP) that meets criteria established in DA Pam 40-503, Appendix C and MEDCOM guidance to manage services that reflect priorities and resources. **TECHNICAL COMPETENCE**

The IHIP should include as a minimum:

- 1) An inventory list of potentially hazardous operations at Ft. Leavenworth.
- 2) Health hazards present at each operation.
- 3) Priority action code assigned to each health hazard.
- 4) Worksites scheduled for evaluation.
- 5) Completed evaluations.
- 6) Amount of time needed to complete each evaluation.
- 7) Risk assessment codes assigned to the operation.

c. Complete set up of the Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH). **RESPONSIBILITY / ACCOUNTABILITY**

Maintain and use the DOEHRS-IH for all subsequent IH surveys and projects:

1) 75% of the IH Program Office's (IHPO) core shops (semiannual, annual surveys) will be mapped in the location tree.

NOTE: 75% of the IHPO's core shops should be scheduled, not necessarily conducted.

2) Surveys should be conducted for 5% of the total number of core shops that have been scheduled. The data from these surveys should be entered into DOEHRS-IH. Survey entries should include:

a) Establishing similar exposure groups (SEGs) for the IHPO (STEP 3 of the DoD exposure Assessment Model).

b) Implementation of the workplace monitoring plan (STEP 4 of the DoD Exposure Assessment Model).

c) Characterization of exposures (i.e. captured information and developed an exposure estimate for workers within a SEG) (STEP 5 of the DoD Exposure Assessment Model).

d) Conduct an assessment of on any of the employee exposure data collected during the survey (e.g. ergonomics, air monitoring, noise monitoring) (STEP 6 of the DoD Exposure Assessment Model).

e) Report and record findings (STEP 7 of the DoD Exposure Assessment Model). All survey data will be entered factually and accurately within 15 working days.

NOTE: Your progress will be monitored through the web-based USACHPPM DOEHRS-IH and through direct supervision. The supervisory chain will take into account that the input of data into the DOEHRS-IH system is slow due to network constraints.

d. Industrial Hygiene Installation Status Report (IHISR) will be completed and submitted semi-annually (15 JUL and 15 DEC).

6. Equipment Maintenance and Calibration:

a. Develop and maintain an equipment tracking log. INNOVATION / INITIATIVE
b. Maintain complete records of calibration as per AR 25-400-2. RESPONSIBILITY / ACCOUNTABILITY

c. Operational calibration will be performed before and after the each use of equipment. TECHNICAL COMPETENCE

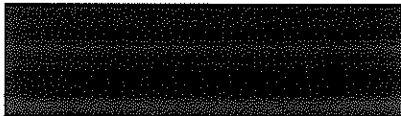
d. Develop a log to document before and after calibrations of equipment used for testing. INNOVATION / INITIATIVE

e. Periodic calibration is performed on all industrial hygiene equipment in accordance with manufacturer recommendations or at least annually, whichever is less. TECHNICAL COMPETENCE

7. IH Confirmation Testing - Random side by side testing may be performed by commercial and or military employed IH at the discretion of the Supervisor. WORKING RELATIONSHIPS and TECHNICAL COMPETENCE

8. Individual counseled / Received Karl Gibson KLG
(Print Name) (Initials)

Karl Gibson
(Signature)



ILT, MS
Environmental Science Officer

Johnson, Cassandra T Ms CIV USA OGC

From: Fano, Robert M Mr CIV USA OTJAG
ent: Thursday, March 18, 2010 2:55 PM
ro: Murdock, Lucrecia M Ms CIV USA ASA MRA
Cc: Mack, Kate B Ms CIV USA ASA MRA; Johnson, Cassandra T Ms CIV USA OGC; Fano, Robert M Mr CIV USA OTJAG
Subject: OSC Investigation (UNCLASSIFIED)
Signed By: robert.fano@us.army.mil

Classification: UNCLASSIFIED
Caveats: NONE

Lucrecia:

The OSC investigator is Ms. Cynthia Stemple. He telephone number is (313) 226-4441, extension 6225. Her email address is cstemple@osc.gov. I believe she is located in Detroit.

The agency's liaison officer is Stephen Artymowicz. His number is (410) 436-7312. He is in the global.

Reportedly, the OSC investigator is interested in obtaining certain emails. I have not seen the OSC request. Stephen inadvertently failed to realize that you were in DC rather than Picatinny. Regardless, we may need to look at some of those emails to determine if they involve attorney client privileged communications.

If you have any questions, call me.

bob

Labor & Employment Law Division
(703) 588-6731/6760

Caution: The information contained in this email and any accompanying attachments may contain Freedom of Information Act protected information, including attorney-client or attorney work product privileged information. This information may not be released outside the Department of Defense without prior authorization from The Judge Advocate General, Department of the Army. If you are not the intended recipient of this information, any disclosure, copying, distribution, or the taking of any action in reliance on this information is prohibited. If you received this email in error, please notify this office immediately by return email (see, 5 USC Section 552 and Army Regulations 25-55 and 27-26).

Classification: UNCLASSIFIED
Caveats: NONE

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Exhibit 9

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Fort Sam Houston, TX	2. DATE (YYYYMMDD) 20090521	3. TIME 1322	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN XXX XX [REDACTED]	7. GRADE/STATUS O6	
8. ORGANIZATION OR ADDRESS Great Plains Regional Medical Center			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I would like to begin this statement with an explanation of what transpired in the Industrial Hygiene (IH) program, requiring the Command to do an intense review and scrutiny of Mr. Gibson's performance as the MAHC Industrial Hygienist. I assumed Command of MAHC in June 2006. Shortly after assuming Command I began to receive IH reports where much attention was focused on Bell Hall and the extensive amount of IH testing that was being performed. In fact Resource Management brought to my attention the significant increase in funds being utilized by IH to conduct air sampling and testing. I began meeting with Mr. Gibson, LTC [REDACTED] and COL [REDACTED] about the negative reports on air quality for Bell Hall and their concern that the occupants and others were being exposed to. The reports generated by Mr. Gibson indicated that exposure to unsafe air conditions existed in numerous locations and that areas needed to be shutdown, cleaned and personnel moved to an alternate location. MAHC generated a report and met with CGSC and Garrison personnel, recommending closure of certain areas of the building. I also recommended that they hire a Professional Environmental firm to come in and test the areas more extensively. The Garrison had to go to IMCOM to obtain an unfinanced requirement under emergency conditions to obtain a significant amount of funding to hire an environmental firm to conduct this testing. The results of the testing were alarming and primarily contradicted the findings of Mr. Gibson stating that the building air conditions were not unsafe. Our report had required relocation of personnel, the shutdown of air handling units to prevent unsafe air circulation and extensive dollars spent to hire the environmental firm and cleaning of the area. I also found out that Mr. Gibson's test did not do the extensive drill down which defined levels of harmful fibers which could have precluded this testing. Our credibility as a reputable source of legitimate information was severely impacted. As a Commander I started to scrutinize all of Mr. Gibson's reports and notice that many of his reports raised questions and lacked accuracy. Not being a qualified IH, I called upon regional support to review Mr. Gibson's reports and discrepancies were noted in his testing procedures and inaccuracies in his information. Mr. [REDACTED] was the regional IH that we utilized to review and validate Mr. Gibson's reports. He has several reports that show how Mr. Gibson's information was not accurate, he also conducted several one-on-one sessions with Mr. Gibson and determined he did not demonstrate the level of expertise required to be an independent IH. I was very concerned that we as a command had issued reports that had caused in my mind reported unsafe conditions that did not in fact exist, therefore causing undo alarm and stress on employees and thousands of dollars expended on unnecessary testing and cleaning as well as encouraging duty sections to purchase equipment for air filtering that might not have been required. When we tried to explain where Mr. Gibson's techniques and reports were inaccurate he became defensive and never would acknowledge any misreporting or inaccuracies. He felt he was being treated unfairly and sought Union counsel routinely. We also brought CPAC in at this point to discuss putting Mr. Gibson on a Performance Improvement Plan (PIP); however, after many meetings the CPAC advised us that Mr Gibson's standards were too vague and until the standards were clearly defined and measured and failures noted we could not do a PIP. We went through extensive reviews and coordination to establish clear and concise standards and determine how to evaluate and determine success in meeting these standards. We did nothing without checking with the region for accuracy and CPAC to ensure we were being fair in our assessments on Mr. Gibson's performance. Our goal was to attempt to get Mr. Gibson's technical performance in compliance with policies and standards. (continued on page 2)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 6 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF COL [REDACTED] TAKEN AT Ft Sam Houston, TX DATED 20090521

9. STATEMENT (Continued)

During this long process we worked with the region and utilized regional and borrowed assets to perform testing that was required in the IH arena. LTC [REDACTED] and ILT [REDACTED] consulted often with the Command and CPAC to make sure they were in compliance with all requirements.

1- (2a1) - How were the lines of authority and responsibility established for the IH program at Fort Leavenworth? 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? If so, what was your assessment of the situation?

- What were his concerns and actions were taken to address them?

A: IH was assigned under the Preventive Medicine Division which fell under LTC [REDACTED] authority. ILT [REDACTED] was the Environmental Science Officer in PM and IH fell under his supervision.

Mr. Gibson never brought anything directly to me. Mr. Gibson voiced concerns that were shared with me through other personnel, primarily LT [REDACTED] LTC [REDACTED] COL [REDACTED] and COL [REDACTED] during their meetings with him and his union representative that he did not agree with the supervision and the oversight of tasks that he felt were his responsibility to perform. He never directly brought those concerns to me.

After the Bell Hall incident, I consulted with the Region immediately to assess the best way to handle the IH program. Mr. [REDACTED] from GPRMC came to Fort Leavenworth and reviewed many of the reports that Mr. Gibson had conducted, where he found significant discrepancies. I asked for the best way to handle the IH program and we met with CPAC and Mr. [REDACTED] to determine if a Performance Improvement Plan was required and how to establish standards that would allow Mr. Gibson to do his job but also allow for supervision and oversight to preclude inaccurate reporting of results. We worked with CPAC and the region to establish these standards. I do not remember all meetings but Mr. Gibson did not agree necessarily with the standards and there were many issues getting him to perform them in a timely manner and without mistakes. In the interim, immediate requirements were performed by Mr. [REDACTED] and regional personnel. All along I was in contact with the region and CPAC on how to get Mr. Gibson performing to standard and also working on getting others to perform immediate PM requirements.

Mr. Gibson's performance of tasks associated with IH assessments had come under substantial scrutiny and review after the Bell Hall closure which was not substantiated when a professional Environmental firm was brought in to assess the presence of asbestos. I consulted with the region to obtain their support to review reports that Mr. Gibson was generating and many discrepancies were found in these reports. I asked the region to conduct a detailed review of Mr. Gibson's reports and assist us with performing PM functions for the installation in the IH area. Mr. [REDACTED] from GPRMC conducted numerous site visits and brought additional personnel to support with IH functions as often as possible. We also worked with CPAC to establish new standards for Mr. Gibson to perform and oversight by the region. During this time period Mr. Gibson felt he needed to consult with his union representatives routinely on the oversight and supervision he was receiving and it appeared he did not agree with the supervision as he felt his actions were IAW with all standards and regulations.

2 - While you were the Munson Army Health Clinic commander who was the person or persons within the command that you relied on to provide industrial hygiene and safety advice to your customers?

A: Initially for IH it was Mr. Gibson, and when reports and inaccuracies were found I used the regional IH Mr. [REDACTED] his staff, COL [REDACTED] as the PM Officer at GPRMC. I also used services of an Environmental firm for recommendations and testing. For Safety I relied on [REDACTED] our Safety Officer at Munson Army Health Center.

----- Continued on page 3 -----

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 6 PAGES

STATEMENT OF COL [REDACTED] TAKEN AT Ft Sam Houston, TX DATED 20090521

9. STATEMENT (Continued)

3 - (2a2) Were you aware of Mr. Gibson being prevented from ensuring compliance with federal and Army rules and regulations as it pertains to conducting regular IH assessments and appropriate testing of Fort Leavenworth buildings and facilities?

A: When the technical reporting of Mr. Gibson was found to be inaccurate and his understanding of how to test and under what standards, (ref. Bell Hall, Airfield Hanger testing and Regional review of IH reports) it was decided that he could not operate independently. We brought the regional IH, Mr. [REDACTED] in to work with Mr. Gibson and try to assist and help him improve his skills. I routinely discussed with the region what needed to be accomplished and we coordinated for regional support to perform any testing and inspections. I am not aware of any non-compliance with federal and Army rules and regulations and ensured any concerns from the installation were addressed. When OSHA came in April 2008, we were fully inspected, reports, regulations and all items were fully disclosed and we did not have any IH violations.

4 - (2a2) Did Mr. Gibson ever bring these suspected violations to your attention?

A: No, not directly to me.

5 - (2a2) Is there any evidence or occurrence of abnormal increases in the clinic's injuries, illnesses or complaints resulting from industrial hygiene related issues from June 2007 to present?

A: No and this was fully disclosed during the OSHA inspection; all 300 Logs were inspected and there was no abnormal increases in clinic injuries, illnesses or complaints resulting from industrial hygiene related issues.

6 - (2b) - Abuse of authority- In June 2007, it is alleged that Mr. Gibson was ordered to stop all IH assessments, testing and surveys were you aware of this? If so, please expound on the reasons for the action.

A: Yes, to the degree that he would not do this independently because his results and testing procedures were proving inaccurate. Mr. Gibson prior to this would determine what testing he needed to do and when with no prior approvals or coordination from the Command. This was discovered with his increased budget expenditures for testing that was later found to be not required. He also was conducting mold testing an assessment that we were not supposed to be testing for and outside our funding supported guidelines. He was also restricted due to using inaccurate standards and on many occasions not conducting the specific testing that would have supported safe and compliant standards. I could not allow him to continue to operate with autonomy and without supervision until we could establish his technical proficiencies and understanding of IH procedures and standards.

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 6. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED SIGNATURE]
(Signature of Person Making Statement)

WITNESSES:

[REDACTED]
US Army OPRMC
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 21st day of May 2009 at Fort Sam Houston, TX

[REDACTED SIGNATURE]
(Signature of Person Administering Oath)

[REDACTED]
ORGANIZATION OR ADDRESS

[REDACTED] COL
(Typed Name of Person Administering Oath)
Investigating Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

Statement of COL [REDACTED] taken at Ft Sam Houston, TX dated 20090521

7 - (2b) Who was monitoring the IH issues and maintaining IH program elements?

A: Mr. Gibson with supervision from ILT [REDACTED] LTC [REDACTED] and Mr. [REDACTED] from GPRMC. During this process we found that Mr. Gibson did not have a tracking and monitoring program in place that alerted when testing needed to be performed. I consulted with the maintenance section to build into the DMLSS program, when air quality test were necessary for ORs, pharmacy, etc. We found many discrepancies in the industrial hygiene records and there was no established program in place to ensure more than one person knew when PM services and inspections were required for the installation. It appeared that Mr. Gibson did not want anyone else to have a full understanding of when and where IH requirements were needed for evaluation and review. We relied on the region intensely to help keep us in compliance and not in violation of any requirements. As I departed command, the COE was being hired to work with Mr. Gibson to ensure testing and compliance was conducted IAW policies and regulations. All of these extra measures required increased man-hours on others and increased resources and funding to support; however, there was no hesitation as no one wanted to compromise the safety and well-being of any employees or patrons by not doing the due diligence to meet IH compliance standards.

8 - Did any major life safety issues that involved IH come to the attention of the Munson staff that required IH intervention or assessment while you were commander? If so, who handled these issues and what was the resolution?

A: I do not understand this question, major life safety ^{CRK} issues? These are the events I remember. The only major event that occurred was an anonymous complaint was made to OSHA that named MAHC. We had an intense OSHA wall to wall inspection that included review of all policies and procedures, operations and extensive walk through of the facility. I also recall an incident in the ORS for potential unsafe air quality, I believe a report generated by Mr. Gibson. We shutdown the OR operations, did testing, informed the employees and all was found to be satisfactory before operations continued.

9 - (2b2) Did, in, February 2008, LT [REDACTED] and LTC [REDACTED] order Mr. Gibson to conduct industrial hygiene "walk-thrus" of 18 of Fort Leavenworth's 295 buildings? If so, did this constitute an abuse of authority by LT [REDACTED] or LTC [REDACTED], in your opinion?

A: Walk thru assessments were an appropriate standard to determine existing conditions and issues that may warrant further testing. The regional consultant stated that many of the assessments in IH were conducted with walk thru and not all required testing. I do not believe this constituted an abuse of authority as the goal, in conjunction with the regional IH and CPAC, was to attempt to have Mr. Gibson conduct accurate assessments and appropriate execution of his IH duties.

Statement of COL [REDACTED] taken at Ft Sam Houston, TX dated 20090521

10 - (2b4) If, after conducting a walk-thru, Mr. Gibson had reason to suspect the existence of an industrial hygiene issue, was he authorized to conduct an assessment of the building, but was that assessment unreasonably limited in scope by LT [REDACTED] and LTC [REDACTED] by restricting Mr. Gibson to "spot testing" for industrial hygiene threats but prohibiting time weighted measurements? If so, did this constitute an abuse of authority by LTC [REDACTED] or COL [REDACTED]?

A: I have no knowledge of the spot testing. The goal of the walk thru was to determine existing conditions and if situations indicated more testing was required testing would be performed.

11 - (2b4)(6) In October, 2008, it is alleged that LT [REDACTED] and LTC [REDACTED] permitted Mr. Gibson to follow the Corps of Engineers' approach to inspecting buildings but still prohibit him from performing time weighted testing without first receiving prior supervisory approval? Were you aware to the Corps of Engineers' assistance? If so what was the intent of using their services? In your opinion, was Mr. Gibson unduly limited in performing his duties during this time frame?

A: I departed in June 2006.

12 - (2b4)(7) Was it reasonable for LT [REDACTED] and LTC [REDACTED] to require Mr. Gibson, the only certified Industrial Hygienist at Ft. Leavenworth, to obtain permission from his supervisors before performing time weighted testing on buildings?

A: Yes, based on his past performance for two reasons. First, to ensure they were aware of where and why testing was required and secondly to ensure the proper supervision or reviews were in place to validate results and accuracy until Mr. Gibson received a sign off on his technical competency.

Statement of COL [REDACTED] taken at Ft Sam Houston, TX dated 2009 05 21

13 - (2c) Did adequate industrial hygiene assessment and testing occurred at Fort Leavenworth, Kansas? Was there any violation of law, rule, and regulation associated with the IH program?

A: I relied on the regional assessment and support and I am not aware of any violation of any rule or regulation. There was some concern that based on the program that was established for Mr. Gibson to follow and he did not do so that we were behind. We looked at several scenarios of hiring an Environmental firm, the COE and using the region. We utilized the region, utilized an Environmental firm for some testing and as I was departing, elected to utilize the COE to get the IH program in full operation and hopefully get Mr. Gibson's technical standards back on track. OSHA noted no discrepancies that I am aware of during the Spring 2008 "no notice" inspection.

14 - (2d) In your opinion were there any actions within the last 3 years that created the potential for a substantial and specific danger to the public health and safety involving industrial hygiene at Fort Leavenworth, Kansas?

A: Not to my knowledge, however, many of Mr. Gibson's reports lead to undo stress and concerns of employees, required use of Government dollars that were not warranted and caused relocations of employees unnecessarily. As a result of this and other inaccuracies in Mr. Gibson's report I felt it was my responsibility to obtain services from other IH and not cause any further hardships on the installations or employees. We addressed any Garrison concerns when they were brought to us and I relied upon the regional assistance to conduct the inspections required. I wanted Mr. Gibson to get assistance and correct his deficient technical skills; however, at no time did he accept any suggestion that he was not conducting his technical assessments accurately. The more we tried to work with him, the more he rejected our attempts and viewed all corrective actions as "attacks" on him personally. He was absent or on leave often and he requested many hours of his duty time to consult with the union. For the record we honored the majority of his requests and were even advised that we did not have to allow as much time as he requested. As the Commander, safety was my primary concern and I would never intentionally disregard any unsafe condition or allow employees to be exposed to any unsafe condition. I believe I tried very hard to support Mr. Gibson on improving his technical standards in fact when CPAC mentioned a possible action of dismissal I was not supportive. My overall goal was to ensure SAFE conditions were in place but also to ensure what we did report was accurate and conveyed conditions as they existed with no misrepresentation of data.

Page 6 of 6

END OF STATEMENT [REDACTED]

14

Exhibit 10

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Port Leavenworth, Kansas	2. DATE (YYYYMMDD) 2009 05 12	3. TIME 16:15	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN XXX-XX-[REDACTED]	7. GRADE/STATUS COL	
8. ORGANIZATION OR ADDRESS Munson Army Health Center			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1 - (2a1) - How were the lines of authority and responsibility established for the IH program at Fort Leavenworth? 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 Ft Leavenworth's IH program? If so, what was your assessment of the situation?

Our IH program is established in accordance with other preventive medicine operations; as part of my initial review of what was going on in that section I vetted the organization through [REDACTED] the GPRMC IH program director. Mr. Gibson's assertions that his efforts were being redirected are correct, but this was part of a larger plan to correct the program which had drifted seriously off course. The previous command group in conjunction with the PM staff, GPRMC staff, the Army Corps of Engineers, OSHA, all attempted to assist Mr. Gibson in explaining the redirection to no avail. My assessment is that Mr. Gibson continues to refuse to take the reasonable advice, mentoring and redirection offered by a host of valid and qualified sources, from OSHA to the Army Corps of Engineers, to Mr. [REDACTED] GPRMC.

2 - (2a1) What were his concerns and actions were taken to address them?

Mr. Gibson has had a litany of concerns and assertions, from abuse of authority to illegal search and seizure in his office, to illegal remote access of his H drive, using his user name, with improper modification of documents. Most of these issues were addressed prior to my arrival and all documentation is contained in several six inch binders. The PM supervisory staff and command appropriately took steps to include assisting Mr. Gibson to talk to CID about his allegations of improper entry into his office, allowing IMD to discuss their ability to access his H drive under his user name, as well as ongoing reeducation on the proper role and function of IH.

My only direct interaction with Mr. Gibson was through his use of my open door policy 18 February 09. All of the allegations were referred to or specifically addressed at that time. However, Mr. Gibson was unable to provide me with original or complete documents, specific names, or any other actionable information. His accusations typically are against "management", but he is unable to define who "management" is. I can provide my MFR from that as well as LTC [REDACTED] additional comments to Mr. Gibson's assertions and inquiries at the time.)

3 - (2a1) While you were the Munson Army Health Clinic commander who was the person or persons within the command that you relied on to provide industrial hygiene and safety advice to your customers?

IH has become a collaborative effort across many commands, to include the following personnel: [REDACTED] Munson Safety Officer; Post Safety, [REDACTED] [REDACTED] GPRMC IH; Army Corps of Engineers, and OSHA.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 4 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF COL [REDACTED] TAKEN AT Munson AHC DATED 20090512

STATEMENT (Continued)

4 - (2a2) Were you aware of Mr. Gibson being prevented from ensuring compliance with federal and Army rules and regulations as it pertains to conducting regular IH assessments and appropriate testing of Ft. Leavenworth buildings and facilities?

Mr. Gibson was never prevented or prohibited from ensuring compliance with any appropriate federal or Army rules and regulations. He was however not permitted to select inappropriate rules and regulations and apply them to this setting as has been his habit for many years.

5 - (2A2) Did Mr. Gibson ever bring these suspected violations to your attention?

Yes, see open door meeting. (Exhibit ___)

6 - (2A2) Is there any evidence or occurrence of abnormal increases in the clinic's injuries, illnesses, or complaints resulting from industrial hygiene related issues from June 2007 to present?

None. Matter of fact, once we established that false numbers were reported in mold counts for at least one building, we saw a decrease in generalized complaints. This was the TRISA building, where inflated mold count numbers had GS and contractor staff convinced they were ill from high mold, and the primary supervisor felt compelled to demand a move to a new building. I intervened at an Installation Planning Board meeting, we brought [REDACTED] up TDY to inspect the building, we showed the manager the original instrument readings (below the final report by a factor of 10 or 100, cannot recall, and lower than outdoor mold counts), demonstrated that there was no hidden source of mold in the basement, and in the end had a positive community education and eliminated mold related complaints from both GS and Contractor staff in that building. We are facing a community wide reeducation effort for the next several years.

(2b) - In June 2007, it is alleged that Mr. Gibson was ordered to stop all IH assessments, testing and surveys, were you aware of? If so, please expound on the reasons for the action?

This is prior to my command time. My understanding from the documentation archived in my files and through discussion with the subject matter experts is that Mr. Gibson was not following normal community standard industrial hygiene practice. He did not tie his testing to complaints validated through Occupational Health, any tracking or other accepted logic other than employee complaints. The complaints were not routed through managers or supervisors, nor through Post Safety. He entered work spaces and performed every test he could purchase equipment for on every building, resulting in a budget for Fort Leavenworth twice that of Corpus Christi Army Depot, and 40 page IH reports. He additionally compared his test results to the most stringent standards he could find regardless of appropriateness with an end result of IH feedback to the community that was skewed to create alarm, and unreasonable recommendations for mitigation against risks that do not exist. Command review of his reports arose when his inability to adequately synthesize and perform higher level analysis of his test results, as well as his inability to appropriately communicate risk to the community without creating undue concern or fear, became apparent to the previous command. Upon this review, Command discovered the discrepancy between instrument measurements and the data in Mr. Gibson's reports. Mr. Gibson was only approved as having competency in basic instrumentation through the Army Corps of Engineers in September 2008. It is further my understanding that Mr. Gibson was never forbidden to perform surveys, but he refused to perform surveys unless he was allowed to also perform a wide range of instrumented testing.

8 - (2b) Who was monitoring the IH issues and maintaining IH program elements?

It has historically been the ESO and the PM officer; once the previous commander began to question IH findings and recommendations, and especially once falsified data was suspected in the IH reports, GPRMC also became involved in monitoring.

9 - (2b) Did any major life safety that involved IH come to the attention of the Munson staff that required IH intervention or assessment while you were commander? If so, who handled these issues and what was the resolution?

Yes, mold in building 53. See note above. We called in [REDACTED] and proved no mold problem. Resolved program manager's and to move into a new building at Garrison expense and resolved multiple generalized complaints of ailments from occupants.

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 4 PAGES

9. STATEMENT (Continued)

(2b2) Did, in, February 2008, LT [REDACTED] and LTC [REDACTED] order Mr. Gibson to conduct industrial hygiene "walk-thrus" of Ft. Leavenworth's 295 buildings? If so, did this constitute an abuse of authority by LT [REDACTED] or LTC [REDACTED] in your opinion?

No, it is Mr. Gibson's job to perform annual to triennial industrial hygiene surveys. It is my understanding from the subject matter experts that the basic survey is a walk through; that cross referenced with Occupational Health and Safety data serves as the decision making matrix for any instrumented testing.

11 - (2b4) If, after conducting a walk-thru, Mr. Gibson had reason to suspect the existence of an industrial hygiene issue was he authorized to conduct an assessment of the building, but was that assessment unreasonably limited in scope by LT [REDACTED] and LTC [REDACTED] by restricting Mr. Gibson to "spot testing" for industrial hygiene threats but prohibiting time weighted measurements? If so, did this constitute an abuse of authority by LT [REDACTED] or LTC [REDACTED]?

All decisions and orders from Mr. Gibson's supervisors were vetted through either the ACOE (Army Corps of Engineers) or Mr. Bentley. It is my understanding that Mr. Gibson was only prevented from excessive and inappropriate testing.

12 - (2b6) In October, 2008, it is alleged that LT [REDACTED] and LTC [REDACTED] permitted Mr. Gibson to follow the Corps of Engineers' approach to inspecting buildings but still prohibit him from performing time weighted testing without first receiving prior supervisory approval? Were you aware to the Corps of Engineers' assistance? If so what was the intent of using their services? In your opinion, was Mr. Gibson unduly limited in performing his duties during this time frame?

have \$90,000 in contracts

We paid \$90,000 to the ACOE to assist Mr. Gibson in retooling his approach to his IH inspections. At the end of the FY08, the ACOE felt that Mr. Gibson was competent in basic instrumented testing but that he still required supervision, and that he was not yet competent in higher level analysis of that data, nor of basic risk communication back to the community.

13 - (2b7) Was it reasonable for LT [REDACTED] and LTC [REDACTED] to require Mr. Gibson, the only certified Industrial Hygienist at Ft. Leavenworth, to obtain permission from his supervisors before performing time weighted testing on buildings?

Mr. Gibson is not certified.

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 4. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

[REDACTED SIGNATURE]
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of May 2009

at Munson AHC
[REDACTED SIGNATURE]
(Signature of Person Administering Oath)

[REDACTED]
MUNSON'S ARMY HEALTH CENTER
ORGANIZATION OR ADDRESS

[REDACTED] COL
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Investigating Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

Statement of COL [REDACTED] taken at Munson AHC dated 20090512

14 – (2c) Did adequate industrial hygiene assessment and testing occurred at Fort Leavenworth, Kansas? Was there any violation of law, rule, and regulation associated with the IH program?.

No, for many years adequate IH was not performed. Results were tampered with, skewed, or outright falsified. Workers were frightened through scare tactics, supervisors were circumvented, there was no rationale for the testing performed, and there was no crosswalk with post safety or even Munson Occupational Health.

15 – (2d) In your opinion were there any actions within the last 3 years that created the potential for a substantial and specific danger to the public health and safety involving industrial hygiene at Fort Leavenworth, Kansas?

No. Workers are not adequately protected on Fort Leavenworth from a perspective that Mr. Gibson has lost significant credibility with the managers and supervisors on this Garrison. However, based on the work done by OSHA, the ACOE and Mr. [REDACTED] this is a very safe work environment.

16 – Do you have anything further to add? [REDACTED]

Nothing Follows

15

Best Copy/Copies Available

Exhibit 11

U.S. Department of Labor
Occupational Safety and Health Administration
Suite 400
271 W. Third St. N.
Wichita, KS 67202
Phone: (316)269-6644 FAX: (316)269-6185
Kansas Toll Free 1-800-362-2896



Notice of Unsafe or Unhealthy Working Conditions

To: [REDACTED] Deputy Garrison Commander
U.S. Army's Combined Arms Center
600 Thomas Avenue Unit 1
Fort Leavenworth, KS 66027

Inspection Number: 116053000 ✓
Inspection Date(s): 04/11/2008-08/14/2008
Issuance Date: 08/21/2008

Inspection Site:
Fort Leavenworth
Leavenworth, KS 66027

The violation(s) described in this Notice is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Notice of Unsafe or Unhealthy Working Conditions (Notice) describes violations of the Occupational Safety and Health Act of 1970, the Executive Order 12196, and 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters. You must abate the violations referred to in this Notice by the dates listed unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Notice you request an Informal Conference with the U.S. Department of Labor Area Office at the address shown above.

Posting - The law requires that a copy of this Notice be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Notice must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

Notification of Corrective Action - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of the OSHA office issuing the citation and identified above. The certification must be sent by you within 10 calendar days of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement

certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

All abatement verification documents must contain the following information: 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director by calling the Wichita Area Office at (316) 269-6644 or toll free in Kansas 1-800-362-2896 within 15 working days after receipt of this Notice. As soon as the time, date, and place of the informal conference have been determined please complete the enclosed "Notice to Employees" and post it where the Notice is posted. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the Notice. In addition, bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far.

Inspection Activity Data - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received the citation, but not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.



NOTICE TO EMPLOYEES

An informal conference has been scheduled with the Occupational Safety and Health Administration (OSHA) to discuss the Notice of Unsafe or Unhealthful Working Conditions (Notice) issued on 08/21/2008. The conference will be held at the OSHA office located at Suite 400, 271 W. Third St. N., Wichita, KS, 67202 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

ABATEMENT CERTIFICATION

Judy A. Freeman, Area Director
U.S. Department of Labor - OSHA
Suite 400
271 W. Third St. N.
Wichita, KS 67202
Phone: (316)269-6644

U.S. Army's Combined Arms Center
600 Thomas Avenue Unit 1
Fort Leavenworth, KS 66027

RE: 116053000

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on _____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on _____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on _____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on _____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on _____
(how?) _____.

I attest that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement activities described in this certification.

Signature

Typed or Printed Name



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Fort Leavenworth, Leavenworth, KS 66027

Citation 1 Item 1 Type of Violation: **Serious**

29 CFR 1910.23(c)(1): Open-sided floor(s) or platform(s), 4 feet or more above the adjacent floor or ground level, were not guarded by standard railings (or the equivalent as specified in 29 CFR 1910.23(e)(3)(i) through (v)), on all open sides of the dock:

Building 275 - the dry cleaning store dock that measured approximately 5ft high and 7.5 feet wide dock opening was not guarded by a gate while not in use. Employees were exposed to fall hazards.

29 CFR 1903.19(c)(2) abatement of the above violation was verified at the time of inspection. No certification is required.

Date By Which Violation Must be Abated: **Corrected During Inspection**

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 2a Type of Violation: **Serious**

29 CFR 1910.36(f)(2): A side-hinged swinging door must be used for exit routes.

Building 53, employees working in the following locations in the basement area were not provided safe egress incase of an emergency;

- a) One of the exits go through a window in one of the offices. The window is locked and other obstructions interfere with the instant use of the exit.
- b) The window is located 30 inches above the floor. The window is not side-hinged.

29 CFR 1903.19(d)(1) requires certification and documentation that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: **01/07/2009**

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 116053000
Inspection Dates: 04/11/2008 - 08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Fort Leavenworth, Leavenworth, KS 66027

Citation 1 Item 2b Type of Violation: **Serious**

29 CFR 1910.37(a)(3); Means of egress were not continuously maintained free of obstructions or impediments to full instant use of exit in the case of fire or other emergency:

Building 53, employees working in the following basement area were not provided safe egress incase of an emergency:

- a) Exits go through a window in one of the offices. The window is locked and other obstructions interfere with the instant use of the exit.

29 CFR 1903.19(d)(1) requires certification and documentation that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 01/07/2009

Citation 1 Item 3 Type of Violation: **Serious**

29 CFR 1910.38(a)(1): The emergency action plan required by 29 CFR 1910.157(a) or (b) when the employer has elected to partially or totally evacuate the workplace in the event of a fire emergency, or required by 29 CFR 1910.160(c)(1), did not cover the designated actions that the employer or employees must take to ensure employee safety from the fire and other emergencies:

The buildings to include, but not be limited to the Lewis & Clark Center, Buildings 136, 275, 53, and 80 - the emergency action plan did not incorporate a way to account for employees during an evacuation emergency.

29 CFR 1903.19(d)(1) requires certification and documentation that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 116053000
Inspection Dates: 04/11/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Fort Leavenworth, Leavenworth, KS 66027

Citation 1 Item 4 Type of Violation: **Serious**

29 CFR 1910.151(c): Where employees were exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body were not provided within the work area for immediate emergency use:

Building 80 in the Hazardous Waste Collection Point, the eye wash station provided by the employer was broken and located on the opposite side of the building from the exposure area. Employees are exposed to chemicals which would include, but not be limited to sodium hydroxide (drano) and sulfuric acid.

29 CFR 1903.19(d)(1) requires certification and documentation that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 116053000
Inspection Dates: 04/11/2008 - 08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Fort Leavenworth, Leavenworth, KS 66027

Citation 2 Item 1 Type of Violation: Other

29CFR 1904.29(b)(1): A log of all recordable work-related injuries and illnesses (OSHA Form 300 or equivalent), was not completed in the detail as required by the regulation:

U.S. Army Combined Arms Center - the record of injury and illnesses for calendar years 2005, 2006, 2007 and 2008 were not recorded on an OSHA 300 log.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

Citation 2 Item 2 Type of Violation: Other

29 CFR 1904.32(a)(2) The employer did not create an annual summary of injuries and illnesses recorded on the OSHA 300 Log:

U.S. Army Combined Arms Center - the record of injury and illnesses annual summary for calendar years 2005, and 2006 was created for the logs.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 116053000
Inspection Dates: 04/11/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Fort Leavenworth, Leavenworth, KS 66027

Citation 2 Item 3 Type of Violation: **Other**

29 CFR 1904.32(a)(4) The employer did not post the annual summary (300A).

Garrison Headquarters and Lewis & Clark Center - the 300A summary log was not posted April 28, 2008.

29 CFR 1903.19(c)(2) abatement of the above violation was verified at the time of inspection. No certification is required.

~~Date By Which Violation Must be Abated:~~ ~~Corrected During Inspection~~


Citation 2 Item 4 Type of Violation: **Other**

29 CFR 1910.1200(e)(1)(i): The written Hazard Communication Program did not include a list of the hazardous chemicals known to be present using an identity that was referenced on the appropriate Material Safety Data Sheet:

Building 85 and 303, the employer did not develop a list of chemical for the chemicals used in the buildings. The chemicals include but are not limited to methyl chloroform (Break-Free CLP Liquid) and (Arma-Sol Dry & Wash).

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

~~Date By Which Violation Must be Abated:~~ 10/08/2008



Judy A. Freeman
Area Director

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U. S. Department of Labor
Occupational Safety and Health Administration



Notice of Alleged Safety or Health Hazards

Thu Apr 24, 2008 2:04pm

Complaint Number		205948557 ✓	
Establishment Name	U.S. Army's Combined Arms Center		
Site Address	Building 136, Ft. Leavenworth, KS 66027		
	Site Phone		Site FAX
Mailing Address	Building 136, Ft. Leavenworth, KS 66027		
	Mail Phone		Mail FAX
Management Official	Dir. of Information Mgt.	Telephone	
Type of Business	U.S. Military	Ownership	
Primary SIC	9711	Primary NAICS	928110
HAZARD DESCRIPTION/LOCATION: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			

DESCRIPTION:

Item 1) Four IT/Computer workers working in their work area in the south side of the building are overexposed to noise. The work area is located in an area that is being renovated. The noise is from work being performed by construction contractors such as, using saws and hammers, tearing out walls, and welding.

Item 2) Four IT/Computer workers are overexposed to lead in their work area located in the south side of the building. Construction contractors are tearing out walls containing lead based paint. No housekeeping measures are being taken to clean up and control the debris and dust containing lead.

Item 3) Four IT/Computer workers are overexposed to welding fumes from construction contractors welding in their work area in the south side of the building. Employees have not been provided with information on what the contractors are welding on.

Item 4) Four IT/Computer workers working in and walking to their work area located in the south side of the building are exposed to hazards from construction work, (including overhead) being done in and near their work area. Construction contractors are performing work including the installation of ceilings, lighting, duct work, and electrical installations. The employees have not been provided with any personal protective equipment.

Building 303, Fort Leavenworth management are improperly working with, removing, hauling, and depositing lead wastes in this ship on Fort Leavenworth.

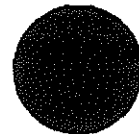
1. There has been no Exposer monitoring, no Employee notification, no Housekeeping no Hygiene facilities practices, Medical surveillance performed and no training.

Building 343

1. There has been no Safety precautions done, no Exposure monitoring performed, no Employee notification performed, no proper Housekeeping performed, no Hygiene facilities and practices followed, no medical surveillance performed and no training given

Building Munson Army Health Center's Operating Room Suite, Employees are exposed to chemical (such as Waste Surgical Gases, Formaldehyde, and Gluteraldehyde) and biological hazards which performing their work.

1. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
2. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.



5. Hazard communication, They are not providing employees with information and training in accordance with paragraph (h) not providing label, no providing protective work clothing and equipment, and not maintaining material safety data sheets.

Command and General Staff College, Lewis & Clark Building, Noise in classrooms and mechanical rooms lack of training, lack of PPE and are improperly allowing federal workers to be exposed to hazards while performing their work.

1. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
2. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
5. Hazard communication, They are not providing employees with information and training in accordance with paragraph (h) not providing label, no providing protective work clothing and equipment, and not maintaining material safety data sheets.
6. Noise, They are not providing employees with information and training, exposure monitoring, employee notification, protective work clothing and equipment, engineer controls and medical surveillance.
7. They are not providing employees safe areas to work IAW Life Safety Code.

Facilities Support Division, Building 304 and 238, improper work practices are spreading lead dust and hazards to employees.

1. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
2. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
5. Permit-required confined spaces, They are not providing employees with information and training, exposure monitoring, employee notification, Protective work clothing and equipment, Engineer Controls and Medical surveillance.
6. Control of Hazardous Energy (Lockout/Tagout) They are not providing employees with information and training, exposure monitoring, employee notification, protective work clothing and equipment, engineer controls and medical surveillance.
7. There has been no Safety precautions done, Exposure monitoring has not occurred and past information has not been provided to employees, no Medical surveillance performed, no PPE provided, and no training provided.

Engineering Division, violations in the Health and Safety standards, lack of training, lack of PPE and re improperly allowing others to exposed federal workers to hazards while performing their work.

1. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.

2. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
5. Hazard communication, They are not providing employees with information and training in accordance with paragraph (h) not providing label, no providing protective work clothing and equipment, and not maintaining material safety data sheets.

Building 275, violations in the Health and Safety standards, lack of training, lack of PPE and re improperly allowing others to exposed federal workers to hazards while performing their work.

1. Indoor Air Quality
2. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
5. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.

Building 237, contractors are exposing federal employees noise, welding, cutting, abating & painting with heavy-metal (such as lead) based traffic pain, operating vehicles such as dump trucks, tractors, pickups, mowers without training or licenses, etc. while performing their work.

1. Hazard Communication, They are not providing employees with information and training in accordance with paragraph (h) not providing label, no providing protective work clothing and equipment, and not maintaining material safety data sheets.
2. They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, Housekeeping IAW paragraph 1910.1025(h)(1) and Medical Surveillance.
3. 1910.95, They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and medical surveillance.
4. They are not providing employees safe area to work IAW life Safety Code.
5. 1910.94, They are not providing employees with information and training, Exposure monitoring of dust, Silica, cement, and all heavy metal hazards from abrasive blasting and street/sidewalk repair, employee notification, Protective work clothing and equipment, and Medical surveillance.
6. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
7. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
8. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.

9. Welding, Cutting, and Brazing, They are not providing employees with information and training, Exposure monitoring, Protective work clothing and equipment, and medical surveillance.
10. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
11. Several of these workers are operating vehicles - commercial trucks and other equipment on public roads without valid Kansas licenses.

Building 53, management has documented violations in the Health and Safety standards, promised repairs, and are failing to do repairs are improperly allowing others to expose federal workers to hazards while performing their work.

1. Indoor Air Quality
2. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
5. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.

Building 136, Fort Leavenworth employees are being exposed to construction hazards (noise, welding, cutting, etc.) while performing their work.

1. There has been no Safety precautions done, no Exposure monitoring, no Employee notification, no House keeping, no Hygiene facilities and practices, no Medical surveillance performed and no training.

Building 80, management has documented violations in the Health and Safety standards, promised repairs and inspections, are failing to do repairs and are improperly allowing others to expose federal workers to hazards while performing their work.

1. Indoor Air Quality
2. (Hazardous Materials) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
3. (Personal Protective Equipment) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
4. (General Environmental Controls) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.
5. (Toxic and Hazardous Substances) They are not providing employees with information and training, Exposure monitoring, Employee notification, Protective work clothing and equipment, and Medical surveillance.

LOCATION:

Building 136
Fort Leavenworth, KS 66027
IT/Computer work area located on the south side of the building.

U.S. Department of Labor
Occupational Safety and Health Administration
Suite 400
271 W. Third St. N.
Wichita, KS 67202
Phone: (316)269-6644 FAX: (316)269-6185
Kansas Toll Free 1-800-362-2896



Notice of Unsafe or Unhealthful Working Conditions

To [REDACTED] Deputy Garrison Commander
U.S. Army's Combined Arms Center
600 Thomas Avenue Unit 1
Fort Leavenworth, KS 66027

Inspection Number: 311788863 ✓
Inspection Date(s): 05/14/2008-08/14/2008
Issuance Date: 08/21/2008

The violation(s) described in this Notice is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

Inspection Site:
Garrison Buildings 304, 238, 237, 85
Fort Leavenworth, KS 66027

This Notice of Unsafe or Unhealthful Working Conditions (Notice) describes violations of the Occupational Safety and Health Act of 1970, the Executive Order 12196, and 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters. You must abate the violations referred to in this Notice by the dates listed unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Notice you request an Informal Conference with the U.S. Department of Labor Area Office at the address shown above.

Posting - The law requires that a copy of this Notice be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Notice must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

Notification of Corrective Action - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of the OSHA office issuing the citation and identified above. The certification must be sent by you within 10 calendar days of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement

certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

All abatement verification documents must contain the following information: 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director by calling the Wichita Area Office at (316) 269-6644 or toll free in Kansas 1-800-362-2896 within 15 working days after receipt of this Notice. As soon as the time, date, and place of the informal conference have been determined please complete the enclosed "Notice to Employees" and post it where the Notice is posted. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the Notice. In addition, bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far.

Inspection Activity Data - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received the citation, but not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.



NOTICE TO EMPLOYEES

An informal conference has been scheduled with the Occupational Safety and Health Administration (OSHA) to discuss the Notice of Unsafe or Unhealthful Working Conditions (Notice) issued on 08/21/2008. The conference will be held at the OSHA office located at Suite 400, 271 W. Third St. N., Wichita, KS, 67202 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

ABATEMENT CERTIFICATION

Judy A. Freeman, Area Director
U.S. Department of Labor - OSHA
Suite 400
271 W. Third St. N.
Wichita, KS 67202
Phone: (316)269-6644

U.S. Army's Combined Arms Center
600 Thomas Avenue Unit 1
Fort Leavenworth, KS 66027

RE: 311788863

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

I attest that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement activities described in this certification.

Signature

Typed or Printed Name

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

Citation 1 Item 1 Type of Violation: **Serious**

29 CFR 1910.37(b)(2): Exits were not marked by a readily visible sign:

Exit signs were not posted for emergency exits in building 273. Employees were not provided safe egress in case of an emergency.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 09/17/2008

Citation 1 Item 2 Type of Violation: **Serious**

29 CFR 1910.147(c)(4)(i): Procedures were not developed, documented and utilized for the control of potentially hazardous energy when employees were engaged in activities covered by this section:

At the establishment, the employer had not developed and implemented Lockout/Tagout written procedures for machines/equipment in the facility such as; the heating boilers and chillers for Building 344 Munson Army Hospital, Truesdell Building, and Lewis & Clark building 83. Boiler operators and HVAC personnel were performing maintenance and service on the boilers, chillers without the use of written Lockout/Tagout procedures. Employees were exposed to possible unexpected release of stored energy or machine/equipment start-up.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/03/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

Citation 1 Item 3 Type of Violation: **Serious**

29 CFR 1910.147(c)(7)(i): The employer did not provide training to ensure: 1) that the purpose and function of the energy control program was understood by the employees and 2) that the knowledge and skills required for the safe application, usage and removal of the energy controls was acquired by the employees:

At the establishment, training provided for employees was inadequate, in that, training did not include the use of specific procedural steps for locking/tagging out equipment. There were no specific procedural steps for each piece of equipment or machine. Employees were exposed to hazards associated with the unexpected release of stored energy or machine/equipment start-up.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008 - 08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 4a Type of Violation: **Serious**

29 CFR 1910.157(e)(2): Portable fire extinguishers were not visually inspected at least monthly:

Portable fire extinguishers located in the following areas were inspected on a monthly basis and inspection documented:

- a) Lewis & Clark,
- b) Building 304, electric shop and carpenter shop,
- c) Building 238, shop, meeting room,
- d) Building 237, roads & grounds building,
- e) Building 53, and
- f) Building 80.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008 - 08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

Citation 1 Item 4b Type of Violation: **Serious**

29 CFR 1910.157(e)(3): Portable fire extinguishers were not subjected to an annual maintenance check:

Portable fire extinguishers located in the following areas have not been subjected to an annual maintenance check since calendar 1997:

- a) Lewis & Clark,
- b) Building 304, electric shop and carpenter shop,
- c) Building 238, shop, meeting room,
- d) Building 237, roads & grounds building,
- e) Building 53, and
- f) Building 80.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008 - 08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

Citation 1 Item 5 Type of Violation: **Serious**

29 CFR 1910.212(a)(1): Machine guarding was not provided to protect operator(s) and other employees from hazard(s) created by Rotating parts and flying chips:

Employees were operating the equipment listed below that was not properly guarded to prevent caught-in accidents:

- a) Building 304, Electric Shop, Buffalo and Westinghouse drill presses were not equipped with chip/chuck guarding,
- b) Building 304, Carpenter Shop, Delta drill press, east wall was not equipped with chip/chuck guarding,
- c) Building 304, Locksmith Shop, Walker-Turner Drill Press was not equipped with chip/chuck guarding,
- d) Building 238, Shop, Sheldon Metal lathe was not equipped with cover guard over chuck, and
- e) Building 238, Shop, Walker-Turner drill press, #3DMU1A was not equipped with chip/chuck guard.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008 - 08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 6a Type of Violation: **Serious**

29 CFR 1910.215(a)(2): Abrasive wheel(s) used on grinding machinery were not provided with safety guard(s) which covered the spindle end, nut, flange projections:

The following listed grinders were not equipped with flange guards, exposing employees to hazards associated with rotating parts:

- a) Building 238, Skilsaw grinder, and
- b) Building 238, Large shop grinder.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

Citation 1 Item 6b Type of Violation: **Serious**

1910.215(b)(9) The distance between the wheel periphery and the adjustable tongue or the end of the peripheral member at the top shall never exceed one-fourth inch.

Employees were operating the shop grinders listed below without tongue guards in place:

- a) Building 238, Skilsaw grinder, and
- b) Building 238, Large shop grinder.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 7a Type of Violation: **Serious**

29 CFR 1910.219(d)(1): Pulley(s) with part(s) seven feet or less from the floor or work platform were not guarded in accordance with the requirements specified at 29 CFR 1910.219(m) & (o):

The following listed machines had drive pulleys not guarded, exposing employees to hazards associated with incoming nip point:

- a) Building 304, Locksmith Shop, Walker-Turner drill press, Serial #SDP-1040,
- b) Building 304, Glass shop, The metal frame cutter drive pulley, and
- c) Building 238, Shop area, The walker-turner drill press (#3DMU1A) drive pulley.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

Citation 1 Item 7b Type of Violation: **Serious**

29 CFR 1910.219(e)(1)(i): Horizontal belts which had both runs 42 inches or less from the floor level were not fully enclosed by guards conforming to requirements specified in 29 CFR 1910.219(m) and (o):

The following machines had drive V-belts that were not adequately guarded, exposing to hazards associated with in-going nip points:

- a) Building 304, Locksmith Shop, The Walker-Turner drill press, Serial #SDP-1040,
- b) Building 304, Glass shop, The metal frame cutter, and
- c) Building 238, The Walker-Turner drill press (#3DMU1A).

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

Citation 1 Item 8 Type of Violation: **Serious**

29 CFR 1910.242(b): Compressed air used for cleaning purposes was not reduced to less than 30 p.s.i.:

Building 304, Electric shop, the air nozzle device located on the east work bench was not designed to reduce to 30 psi. Employees were exposed to hazards associated air embolism.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

Citation 1 Item 9 Type of Violation: **Serious**

29 CFR 1910.305(b)(2): Pull boxes, junction boxes, and fittings were not provided with covers approved for the purpose:

At the following locations had broken electrical service outlet covers. Employees were exposed to electrical shock hazards:

- a) Building 53, copy room,
- b) Building 304, locksmith shop.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

Citation 1 Item 10 Type of Violation: **Serious**

29 CFR 1910.305(g)(1)(iv)(A): Flexible cords and cables may not be used as a substitute for the fixed wiring of a structure:

At the following locations electrical extension cords were used in lieu of permanent wiring. Employees were exposed to electrical shock hazards:

- a) Building 53, Copy room,
- b) Building 304, locksmith shop, used to energize the heater on the south wall.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 311788863
Inspection Dates: 05/14/2008-08/14/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: U.S. Army's Combined Arms Center
Inspection Site: Garrison Buildings 304, 238, 237, 85, Fort Leavenworth, KS 66027

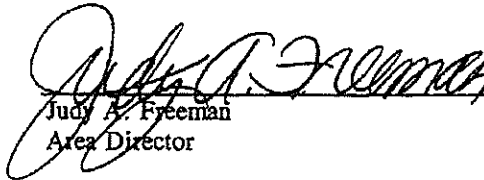
Citation 1 Item 11 Type of Violation: **Serious**

29 CFR 1910.1200(f)(1)(i): The chemical manufacturer, importer, or distributor did not ensure that each container of hazardous chemicals leaving the workplace was labeled, tagged or marked with the identity of the hazardous chemicals:

Employees using the gas containers, oils, and lubricants stored in the white storage container at the back of building 273 were handling containers that were not marked with the name/identity of the hazardous chemical inside the container. Employees were exposed to hazards of over exposure to hazardous chemicals.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008


Judy A. Freeman
Area Director

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration
Suite 400
271 W. Third St. N.
Wichita, KS 67202
Phone: (316)269-6644 FAX: (316)269-6185
Kansas Toll Free 1-800-362-2896



Notice of Unsafe or Unhealthful Working Conditions

To:
Munson Army Health Center
550 Pope Ave., Bldg. 343
Ft Leavenworth, KS 66027

Inspection Number: 116053018 ✓
Inspection Date(s): 05/02/2008-08/15/2008
Issuance Date: 08/21/2008

Inspection Site:
550 Pope Ave., Bldg. 343
Ft Leavenworth, KS 66027

The violation(s) described in this Notice is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Notice of Unsafe or Unhealthful Working Conditions (Notice) describes violations of the Occupational Safety and Health Act of 1970, the Executive Order 12196, and 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters. You must abate the violations referred to in this Notice by the dates listed unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Notice you request an Informal Conference with the U.S. Department of Labor Area Office at the address shown above.

Posting - The law requires that a copy of this Notice be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Notice must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

Notification of Corrective Action - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the Area Director of the OSHA office issuing the citation and identified above. The certification must be sent by you within 10 calendar days of the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (examples: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citations states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement

certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

All abatement verification documents must contain the following information: 1) Your name and address; 2) the inspection number (found on the front page); 3) the citation and citation item number(s) to which the submission relates; 4) a statement that the information is accurate; 5) the signature of the employer or employer's authorized representative; 6) the date the hazard was corrected; 7) a brief statement of how the hazard was corrected; and 8) a statement that affected employees and their representatives have been informed of the abatement.

The law also requires a copy of all abatement verification documents, required by 29 CFR 1903.19 to be sent to OSHA, also be posted at the location where the violation appeared and the corrective action took place.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director by calling the Wichita Area Office at (316) 269-6644 or toll free in Kansas 1-800-362-2896 within 15 working days after receipt of this Notice. As soon as the time, date, and place of the informal conference have been determined please complete the enclosed "Notice to Employees" and post it where the Notice is posted. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the Notice. In addition, bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far.

Inspection Activity Data - You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received the citation, but not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.



NOTICE TO EMPLOYEES

An informal conference has been scheduled with the Occupational Safety and Health Administration (OSHA) to discuss the Notice of Unsafe or Unhealthful Working Conditions (Notice) issued on 08/21/2008. The conference will be held at the OSHA office located at Suite 400, 271 W. Third St. N., Wichita, KS, 67202 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

ABATEMENT CERTIFICATION

Judy A. Freeman, Area Director
U.S. Department of Labor - OSHA
Suite 400
271 W. Third St. N.
Wichita, KS 67202
Phone: (316)269-6644

Munson Army Health Center
550 Pope Ave., Bldg. 343
Ft Leavenworth, KS 66027

RE: 116053018

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

The hazard referenced for the violation identified as Citation ____ and Item ____ was corrected on ____
(how?) _____.

I attest that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement activities described in this certification.

Signature

Typed or Printed Name

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 116053018
Inspection Dates: 05/02/2008 - 08/15/2008
Issuance Date: 08/21/2008



Notice of Unsafe or Unhealthful Working Conditions

Company Name: Munson Army Health Center
Inspection Site: 550 Pope Ave., Bldg. 343, Ft Leavenworth, KS 66027

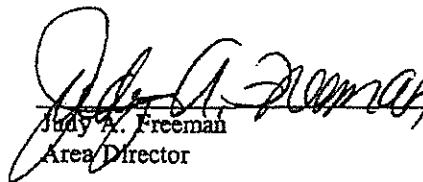
Citation 1 Item 1 Type of Violation: **Serious**

29 CFR 1910.38(a)(1): The emergency action plan required by 29 CFR 1910.157(a) or (b) when the employer has elected to partially or totally evacuate the workplace in the event of a fire emergency, or required by 29 CFR 1910.160(c)(1), did not cover the designated actions that the employer or employees must take to ensure employee safety from the fire and other emergencies:

Lewis & Clark Center - the emergency action plan did not establish a method of accounting for employees during an evacuation emergency. Employees were exposed to hazards associated with evacuation emergencies.

29 CFR 1903.19(c)(1) requires certification that the abatement of the above violation is completed.

Date By Which Violation Must be Abated: 10/08/2008


Judy A. Freeman
Area Director

See pages 1 through 3 of this Notice for information on employer and employee rights and responsibilities.

U.S. Department of Labor

Occupational Safety and Health Administration
Wichita Area Office
271 W. Third St. N., Suite 400
Wichita, KS 67202
Telephone Nr: 316-269-6644
Kansas Toll Free Nr: 1-800-362-2896
Fax Nr: 316-269-6185



Reply to the Attention of: Michelle Lott

December 17, 2009

Commander
USACHPPM-NORTH
Attn: MCHB-AN-IH (MR. [REDACTED])
Bldg. 4411, 1st Floor
Ft. George G. Meade, MD 20755-5225

Re: December 15th Request

Dear Mr. [REDACTED]:

Enclosed please find the requested documents. As per our telephone conversation regarding the first item, the annotations that were on your copy was not on our original. And our original had been written on. With the exception of the annotation that is on the copy that I am sending, the remainder of the page could not be disclosed.

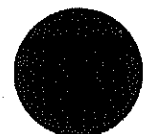
If this office may be of further assistance, please do not hesitate to call/write. Thank you for your interest in workplace health and safety.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle Lott".

for
Judy A. Freeman
Area Director

Enclosures



U. S. Department of Labor
Occupational Safety and Health Administration



Notice of Alleged Safety or Health Hazards

Wed Apr 9, 2008 2:12pm

Complaint Number		205948557	
Establishment Name	U.S. Army's Combined Arms Center		
Site Address	Building 136, Ft. Leavenworth, KS 66027		
	Site Phone		Site FAX
Mailing Address	Building 136, Ft. Leavenworth, KS 66027		
	Mail Phone		Mail FAX
Management Official	Dir. of Information Mgt.		Telephone
Type of Business	U.S. Military		Ownership
Primary SIC	9711	Primary NAICS	928110
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.			

DESCRIPTION:

Item 1) Four IT/Computer workers working in their work area in the south side of the building are overexposed to noise. The work area is located in an area that is being rennovated. The noise is from work being performed by construction contractors such as, using saws and hammers, tearing out walls, and welding.

Item 2) Four IT/Computer workers are overexposed to lead in their work area located in the south side of the building. Construction contractors are tearing out walls containing lead based paint. No housekeeping measures are being taken to clean up and control the debris and dust containing lead.

Item 3) Four IT/Computer workers are overexposed to welding fumes from construction contractors welding in their work area in the south side of the building. Employees have not been provided with information on what the contractors are welding on.

Item 4) Four IT/Computer workers working in and walking to their work area located in the south side of the building are exposed to hazards from construction work, (including overhead) being done in and near their work area. Construction contractors are performing work including the installation of ceilings, lighting, duct work, and electrical installations. The employees have not been provided with any personal protective equipment.

LOCATION:

Building ~~136~~ 37
Fort Leavenworth, KS 66027

IT/Computer work area located on the south side of the building.