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Exhibit 12

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) 20090512	3. TIME 12:30	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN XXX-XY-[REDACTED]	7. GRADE/STATUS LTC	
8. ORGANIZATION OR ADDRESS MAHC, Ft Leavenworth, KS			

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

1 - (2a1) What was the basis for establishing lines of authority and responsibility for the IH program at Fort Leavenworth? Did you redirect Mr. Gibson's time and resources and did this diminish his authority as the Ft Leavenworth's IH?

A: - According to AR 40-5 the Chief, Preventive Medicine establishes and directs the PM program.
 - As the IH, Mr. Gibson responsibilities consist of worksite visits/evaluations which are to be conducted on an annual basis. Additional worksite evaluations are conducted as operations change. At a minimum these evaluations should include hazardous material identification, type of engineering controls, type of PPE required and posting of appropriate signs needed (that is noise-hazardous area, eye protection required), and other responsibilities as define in TB MED 503.
 As the IH, Mr. Gibson had no authority to work independent of the PM Programs established by the AR's and the C, PM.

2 - (2a2) Has Mr. Gibson otherwise been 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?

A: - No. there has been no compliance standards or regulations broken that applies to MAHC, PM programs.

3 - (2a2) In the conduct of his duties, did 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?

A: No. there was never any discussion with Mr. Gibson and me about MAHC, PM section violating federal and or Army regulations.

4 - (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, increase in numbers of injuries, illnesses or complaints except, (coughing, occasional runny eyes, sneezing, HA) during flu season and during peak of allergy season, and a few complaints of employees smelling mold or musty odor at their worksites, which we assessed by Mr. Gibson. No baseline of historical data was assembled by Mr. Gibson on the number of personnel in the building, number of symptoms, sampling results, and corrective actions.

10. EXHIBIT	11. INITIALS [REDACTED] ON MAKING STATEMENT	PAGE 1 OF 5 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] 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 [REDACTED] TAKEN AT MAHC, KS DATED 20090512

9. STATEMENT (Continued)

5 - (2b) In June 2007, it is alleged that you ordered Mr. Gibson to stop all IH assessments, testing and surveys, is this correct? Please expound on the reasons for the action.

A: Please see Tab 1; Deferment of Indoor Air Quality Testing. The reason for this action was based on several reports (4) at a minimum that had incorrect and inaccurate date and reporting of findings. All four buildings were independently tested with drastic differences in the result findings. After reviewing several other reports it reveal that many of Mr. Gibson's testing of Ft. Leavenworth buildings showed non-compliance in almost every building he tested with elevated levels of chemicals which were not found in the buildings, with Mr. Gibson's inability to explain his testing procedures and result findings, it was deemed necessary to stop him from testing. His reports were causing increase anxiety and elevated alarm to the employees working on the Fort.

6 - (2b) Who was monitoring the IH issues and maintaining IH program elements?

A: Mr. Gibson's responsibilities as the IH remained unchanged except for performing IAQ.

7 - (2b) If you stopped the assessment, testing and surveys, under what authority did you do this?

A: Assessments were never stopped nor were surveys. Arbitrarily performing IAQ testing was stopped until assessment was performed by Mr. Gibson and he determined IAQ was needed. Then with approval from his first line supervisor (LT [REDACTED] or me, he was allowed to perform the test. It was the commander's decision to defer Mr. Gibson's ability to conduct testing without supervisor approval. This was made in conjunction with Mr. [REDACTED] the Great Plains Regional Medical Center's (GPRMC) industrial hygienist. GPRMC actually conducted a number of tests.

8 - (2b) Who did you consult?

A: Consults were made to GPRMC, Mr. [REDACTED] GPRMC IH Consultant, Corps of Engineers, Mr. [REDACTED] CIH, and independent IH firm Mr. [REDACTED] CIH.

9 - (2b) Did any major life safety issues that involved 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?

A: No life threatening issues arose to the level of the IH that would need to be reported to me, so that I could inform the Command.

10 - (2b) February 2008 - Why were 18 of Ft Leavenworth's 295 buildings selected for a walk thru?

A: February 2008 - this refers to the Priority list Mr. Gibson's was responsible for putting together, to determine which buildings needed to have an IH assessment done.

11 - (2b3) In your opinion, were these "walk-thrus" which allegedly restricting Mr. Gibson to ask only seven questions of the occupants of each of the 18 buildings, unreasonably limited in scope by LT [REDACTED] or yourself? If so, why? What were the questions?

A: There were no restrictions placed on Mr. Gibson during walk-thrus. He performed direct readings. Please see sample questionnaire Tab 2.

12 - (2b3) What was the level of health risk to personnel conducting operations in the buildings surveyed?

A: Level of health risk to personnel - minimal to none from an IH perspective.

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 5 PAGES

9. STATEMENT (Continued)

(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? If so was that assessment unreasonably limited in scope by LT [REDACTED] or yourself by restricting Mr. Gibson to "spot testing" for industrial hygiene threats but prohibiting time weighted measurements?

A:

14 - (2b4) What were the hazards identified in the walk thru? What was Mr Gibson's assessment of the situation? Did your or LT [REDACTED] opinion differ from Mr. Gibson assessment? If so, why?

A: I am not aware of any identified hazards by Mr. Gibson while performing walk-thrus.

15 - (2b4) What did the "spot testing" entail?

A: "Spot testing" - use of his "direct reading measurement".

16 - (2b6) Did, in October, 2008, LTC [REDACTED] and COL [REDACTED] 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 LTC [REDACTED] or COL [REDACTED]?

A: Yes for the first question and "No" for the second. The Corps of Engineers came out to assess Mr. Gibson's techniques and his understanding. His understanding of the results was not sufficient to properly think through the building processes and risks.

17 - (2b8) In 2008 did you deny 39 of Mr. Gibson's 40 requests to conduct time weighted measurements testing on buildings without an explanation?

A: No - Time weighted measurements did not need to be done at all buildings.

18 - (2b8) What was the reason for denying these requests?

A: N/A

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

N/A

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 5. 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 of Person Making Statement)

WIT: [REDACTED]

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

[REDACTED]
(Signature of Person Administering Oath)

RAMC IH SVCS
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 taken of [REDACTED] taken at MAHC, K dated 20090512

20 – (2c) Whether or not adequate industrial hygiene assessment and testing has not occurred at Fort Leavenworth, Kansas, in violation of law, rule, and regulation. (2c1) When the Army Corps of Engineers assisted Mr Gibson with assessments in August 2008, did they object to LT [REDACTED] two step (walk-thru followed by assessment) approach?

A: I am not aware of this.

21 – (2c1) Who was the Corps of Engineers representative and what were his professional qualifications?

A: Mr. [REDACTED] CIH, PMP US Army Corps of Engineers Kansas City District, 816-389-3911.

22 – (2c1) What was the health risk and what was the level of the risk?

A: I am not aware of this.

23 – (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?

A: Not aware

24 – (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 the industrial hygiene program at Fort Leavenworth, Kansas?

A: Not aware.

Statement taken of [REDACTED] taken at MAHC, KS dated 20090512

25 – Please provide a brief summary of the Sherman Army Airfield hanger testing, retesting, medical surveillance, and final actions taken. What was the impact on the workforce?

A: In March 2007, at the request of COL [REDACTED], IAQ testing was performed by Karl Gibson. Results by Karl Gibson indicated a high level of lead. (See reports dated February and May 2007).

Due to his results the hanger was placed off limits to the general population. After several meetings with DIS and other directorates, a decision was made to have the hanger retested, using an independent firm, along with MAHC-IH retest and sending forth his collected samples to Brooke Army Medical Center, via FEDEX with delivery to [REDACTED] (GPRMC-IH), to confirm Karl Gibson's finding. After the negative findings of asbestos in Bell Hall the directorates began questioning Karl Gibson's testing method and his results.

The final results from BAMC, 'no detectable levels of lead'. The testing was done under the same conditions, with one exception, they equipment was being watched by PM staff for the total 8 hour time frame.

The cost to have the samples run cost MAHC - \$3787.00

26 – Do you have anything additional to add?

No

Nothing to Add *ff*



DEPARTMENT OF THE ARMY
US ARMY PUBLIC HEALTH COMMAND (PROVISIONAL)
PUBLIC HEALTH REGION - NORTH
4411 LLEWELLYN AVENUE
FORT GEORGE G. MEADE, MARYLAND 20755-5225

MCHB-AN-IH

22 December 2009

MEMEORANDUM FOR RECORD

SUBJECT: Re-Swearing In of LTC (ret) [REDACTED]

I contacted LTC (ret) [REDACTED] by phone and asked her to swear to the following statement regarding her email (attached) statements:

"I, (state your name), have read or have read to me this statement which begins on page 1 and ends on page 1. I fully understand the contents of the entire statement made by me. The statement is true. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement."

LTC (ret) [REDACTED] swore to the above statement on 22 December 2009.

[REDACTED]

/ C, Industrial Hygiene Division

Dear LTC (ret) [REDACTED],

As we discussed on the phone, the DA Counsel involved in this investigation has requested answers from you to the following questions:

1. 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 [REDACTED] and LTC [REDACTED]
2. Why weren't the final changes to Mr. Gibson's memos shared with him?
3. 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?
4. With all of Mr. Gibson's performance issues, why did LT [REDACTED] mark the block that Mr. Gibson "has demonstrated the knowledge and skills necessary to meet the requirements of their position..." on his performance appraisal?

Thank you in advance,

22 December 2009

Mr. Beckman, here are my responses to the above questions:

1. I believe that Mr. Gibson was an a member of this team in the capacity a Industrial Hygienist whom performed Pulmonary Function Test on the Emergency Response Team members. This was pre/post LTC [REDACTED] and LT [REDACTED] arrival.
2. The only changes made to Mr. Gibson's memo's were grammatical in nature and content formatting. No results were ever changed on any reports. The process of report submission began with Mr. Gibson, who would forward to LT [REDACTED] if there was any errors in the reports (grammatical) LT [REDACTED] would forward back to Mr. Gibson for correction. After corrections were made, Mr. Gibson would resend to Lt [REDACTED] Lt [REDACTED] would then forward all corrected reports to me (LTC Jefferson) and I would forward to Ms. [REDACTED] (administration assistant) who would format the reports correctly and hard copy for me to sign before sending to the Command group.
3. If I recall correctly the incident with the Provost Marshall building, occupants were complaining of a foul smell. Lt [REDACTED] and Mr. Gibson both went over to the building to asses the situation. It was on the guidance of LT [REDACTED] that the occupants be removed until the odor could be located and the problem fixed. I believe the problem was found to be stockings of some sort which was stuck in the drain and was causing a back up which lead to the foul smell. The problem was remedied with the removing of the blockage. I am not certain if there is a final report. LT [REDACTED] would have more knowledge on this incident since he was lead investigator in it.
4. I cannot speak for LT [REDACTED] I am not certain why he mark the block that he did.

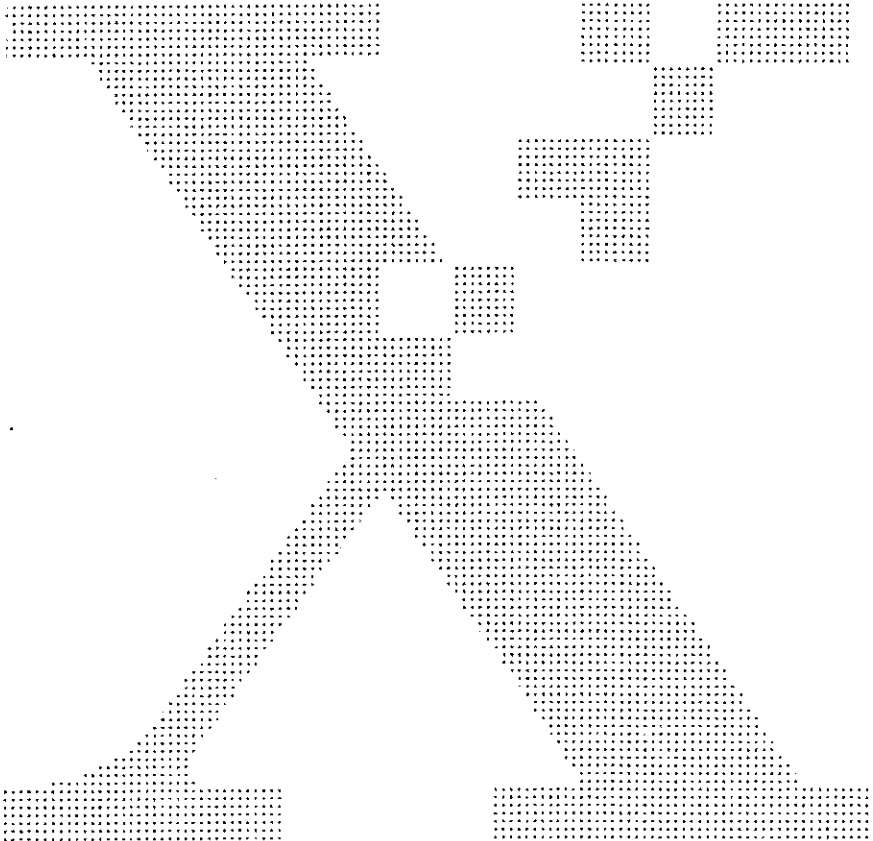
[REDACTED]
USA(RET)

17

Exhibit 13

BentleySD

Microsoft Word - USACE SOW Cost for IH
05/14/09 05:58 PM



DRAFT

**Scope of Work (SOW) and Cost Estimate for USACE-Kansas City District (NWK)
to Provide Industrial Hygiene (IH) Support for the Munson Army Health Center
(MAHC) Command Staff, Ft. Leavenworth
May 27, 2008**

1. Purpose:

In May 2008, MAHC Command Staff requested assistance from NWK, to provide IH support. This support will consist primarily of performing independent technical review and quality assurance review of industrial hygiene survey (e.g., indoor air quality (IAQ), exposure monitoring, ergonomic evaluations, etc.) indoor air quality assessments and sampling reports generated by the MAHC staff Industrial Hygienist (IH). Industrial hygiene work will be performed at MAHC and various tenant organizations located on Ft Leavenworth, KS. --NWK will provide field oversight of building assessments, walkthroughs, ~~thrus or~~ and/or inspections as well as, ~~and also~~ provide technical oversight during sampling activities. All work completed by NWK shall be performed by, or performed under the supervision of, a Certified Industrial Hygienist (CIH).

Comment [B1]: I thought we should state that IH services are provided not only for the MAHC but tenant organizations on Ft Leavenworth - for clarification.

2. Elements of Work and Deliverables:

The three main elements of work to be performed are - Document Review, Field Oversight, and Consultation. Each element, and the associated Deliverables that NWK shall provide are further defined below.

Document Review:

- NWK shall review documents at the request of MAHC Command Staff. Documents may include, but are not limited to: past Building Assessment Reports, Building Assessment Implementation Plans, Recent Building Assessment Reports, sampling data, and other reports or documents generated by the MAHC staff IH.
- Reviews performed by NWK shall address document content, clarity and completeness; verify that standards and/or action levels are properly identified and defined; verify that sampling plans are adequate and appropriate to serve the purpose for which the data is intended; review sampling results and data quality; and verify that any conclusions or findings are supported with adequate and appropriate data, and are well documented.
- For each Document Review that is requested, NWK shall provide the MAHC Command Staff with a brief Memorandum For Record (MFR) to summarize any comments, opinions or findings resulting from the review. The complexity of the MFR shall be commensurate with the complexity of the document being reviewed. The MFR shall be prepared and delivered to the MAHC Command Staff within 3 business days (or less) of receiving the Document Review assignment.

Field Oversight:

- NWK staff shall participate in, and perform Field Oversight, of any activity, at the request of the MAHC Command Staff. Field activities may include, but are not limited to: building inspections and walkthrough surveys, ~~thrus~~, building occupant complaint investigations surveys, and sample collection activities. It is assumed that the MAHC staff IH will be the responsible party for performing any such field work, and that the NWK staff shall be responsible for assuring that any field work (whether it be an inspection, survey or sample collection activity) is performed in accordance with the applicable work plan or Implementation Plan, and also in accordance with industrial hygiene good techniques and/or best practices.
- Prior to starting any field work, NWK shall review the applicable work plans or procedures with the MAHC staff IH. NWK will provide recommendations or comments on the work plans to the MAHC staff IH.
- During the field activity, NWK staff shall keep field notes, to document the field work as it is completed, and make note of the applicable field conditions, any findings of note, any deviations from the applicable work plans, and any other unusual circumstances. The NWK field notes may consist of a combination of handwritten notes and pre-printed inspection forms or checklists.
- For each Field Oversight assignment that NWK completes, NWK shall provide the MAHC Command Staff with a brief Memorandum For Record (MFR) to summarize any comments, opinions or findings, resulting from the field activity. The MFR shall include copies of all NWK field notes. The complexity of the MFR shall be commensurate with the complexity of the document being reviewed. The MFR shall be prepared and delivered to the MAHC Command Staff within 3 business days (or less) of the completion of each Field Oversight activity.

Consultation:

- NWK staff shall be available for informal or formal consultation at the request of the MAHC Command Staff, or the staff IH.
- NWK staff shall prepare an MFR for any consultation, only at the specific request of the MAHC Command Staff.

Supervision. The contractor shall provide the necessary supervision to ensure that the contract work is performed as required. The contractor's representative, as identified in the proposal/contract, shall be available to receive notices and reports of work required from the contracting officer or his representatives. Government direction or supervision of contractor's employees, directly or indirectly, shall not be exercised.

Identification Badges. Contractor personnel shall wear a badge clearly identifying their name and the company they work for.

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Government Furnished Property and Supplies. The government will furnish all equipment and supplies required for the performance of tasks described herein. The contractor shall not use the property provided by the government for any purpose other than in the performance of the tasks described herein.

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Scheduling of Work.

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a. The contractor shall provide personnel an estimated 65 hours per month. The contractor's work hours will be the same as the regular work hours at the site where services are being performed.

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b. The time required to travel round trip from the contractor's facility/office to the site where performance will occur shall not be considered time spent in performance.

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3. Work Flow and Communications:

NWK will take direction only from the MAHC Command Staff. The MAHC Command Staff will make specific requests for Consultation or make specific assignments for Document Review or Field Oversight activities.

The Points of Contact shall be:

USACE-Kansas City (NWK)	Munson Army Health Center (MAHC) Command Staff
Primary POC: [REDACTED] CIH Industrial Hygienist [REDACTED] [REDACTED]@usace.army.mil	Primary POC: 1LT [REDACTED] [REDACTED]
Secondary POC: [REDACTED] P.E. Chief, Environmental Sciences Section [REDACTED] [REDACTED]@us.army.mil	Secondary POC: LTC [REDACTED] 913-684-6531 [REDACTED] ARMY.MIL

SOW and Cost Estimate for NWK to Provide IH Support to MAHC Command Staff

May 27, 2008

DRAFT

USACE-Kansas City (NWK)	Munson Army Health Center (MAHC) Command Staff
	Staff IH: [REDACTED]
	<u>OVERSIGHT AUTHORITY:</u> [REDACTED] <u>GPRMC Regional IH Program Manager</u> <u>2410 Stanley Road - B 1029</u> <u>Fort Sam Houston, TX 78234</u> [REDACTED]

Assignments shall be performed by NWK according to the following procedures:

Document Review:

- MAHC Command Staff shall initiate a Document Review by sending a request to NWK in writing (i.e. e-mail). MAHC Command Staff shall provide the document (electronic or hard-copy) and any other supplemental or accompanying information, as appropriate.
- NWK shall confirm receipt of all Document Review assignments.
- NWK shall maintain a log of all Document Review assignments as they are received.
- Within 3 business days of receiving the Document Review assignment and the subject documents, NWK shall provide a written MFR to the MAHC Command Staff.

Field Oversight:

- MAHC Command Staff shall initiate a Field Oversight assignment by sending a request to NWK in writing (i.e. e-mail). MAHC Command Staff shall provide the appropriate documents (electronic or hard-copy) and any other supplemental or accompanying information, as appropriate.
- NWK shall confirm receipt of all Field Oversight assignments.
- NWK shall maintain a log of all Field Oversight assignments as they are received.
- Within 3 business days of completing the Field Oversight assignment, NWK shall provide a written MFR to the MAHC Command Staff.

Consultation:

SOW and Cost Estimate for NWK to Provide IH Support to MAHC Command Staff

May 27, 2008

DRAFT

- NWK staff shall prepare an MFR for any consultation, formal or informal, only at the specific request of the MAHC Command Staff.
- NWK shall maintain a log of time spent on consultations.

Reporting:

NWK shall submit a Monthly Report that summarizes all activities performed during the month. The NWK Monthly Report shall be submitted by the 10th day of the following month (example – the May 2008 report will be submitted by June 10 2008).

The NWK Monthly Report shall use the following outline:

- Brief narrative on the month's activities by NWK
- List the number and type of each assignments completed that month – including the hours spent on each activity
- List any open or in-progress assignments
- List or summarize any significant findings that are particularly noteworthy, and should be brought to the MAHC Command Staff's attention.
- Summary of funds expended during the month (for both labor and any travel related expenses) and a running balance of funds remaining.

Arbitration:

In the event that there is a disagreement (either technical or procedural) between the NWK staff and the MAHC staff IH, the NWK staff shall refer the matter to the MAHC Command Staff for resolution. For technical issues, the MAHC Command Staff may elect to refer the matter to the Great Plains Regional IH – Mr. Scott Bentley. Upon request, NWK can provide other points of contact who could possibly serve as independent reviewers (i.e. USACE has other CIHs around the country, and also at the HQ level. CHPPM staff may also be possible reviewers.)

Qualifications.

a. Safety/Health Technician:

Training:

Training/education in safety/health

Trained in Respiratory Protection Fit Testing

Trained in OSHA's General Industry

Trained in OSHA's Construction Policy

Trained in JC requirements

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Experience:

At least one year experience working as a
safety/health technician servicing a healthcare
facility

Training hospital personnel—general safety,
HAZCOM, respiratory protection

Fit testing for the N-95 respirator

Ventilation measurements OR evaluations

General Industrial Hygiene Technician experience

Knowledge:

JC requirements

Life Safety Code requirements

Army requirements with respect to the healthcare
environment

General Occupational Safety and Health standards

b. Certified Industrial Hygienist:

Certifications/licenses (required):

-Certified Industrial Hygienist by the American
Board of Industrial Hygiene

-Safety Recognition by one or the following:

Certified Safety Professional-American Society

Of Safety Engineers, Certified Safety

Executive-World Safety Organization, Texas

Workers' Compensation Commission Professional
Safety Source

-Registered Environmental Professional

Education/Training:

-Master's degree in Industrial Hygiene or Public
Health

-Specific training in areas such as

Environmental, Safety, and Health Law;

Asbestos, Lead, JC, Fire Protection, OSHA,

etc.

Experience:

-General Environment, Safety and Health

-5 years associated with healthcare facility

-HAZCOM, Ventilation, Respiratory Protection,

Regulated Medical Wastes, Hazardous Waste, and

Other environmental, safety and health

Concerns

-JC, Life Safety Code, OSHA, inspections and

program monitoring

Cost Estimate:

The following is a cost estimate provided to MAHC Command Staff, based on the discussions held on May 21 2008, and this SOW. The NWK IH positions are reimbursable, and are not centrally funded. It is understood that MAHC will provide funding to NWK, via a MIPR, for the services described in this SOW. NWK understands that accurate cost reporting will be necessary, and that any unused funds shall be returned to MAHC prior to the end of the Fiscal Year.

For the purposes of preparing this cost estimate, the following assumptions were made:

Assumptions:

- The period covered by the cost estimate shall be the remainder of FY2008 – i.e. from June 1 2008 to Sept 30 2008 (4 months).
- The NWK staff charge out rate is \$105 per hour.
- All NWK products or deliverables shall be undergo internal quality control review prior to sending to MAHC.
- Assume the MAHC staff IH plans to complete 5 building assessments each month. This results in 5 Implementation Plans for NWK review and 5 Field Oversight assignments to be completed by NWK.
- Assume each Document Review assignment requires 3 hours to complete (including review of any past reports or supplemental information, review the document itself, prepare the MFR, and internal QC review).
- Assume each Field Oversight assignment requires 8 hours to complete (including review of work plans, initial meetings or discussions prior to start, time spent during inspections or sample collection activities, travel time to/from NWK office to Ft. Leavenworth, prepare the MFR, and internal QC review).
- Assume 8 hours of Consultation time per month
- Assume 2 hours of Reporting time per month
- Distance between NWK office and Ft. Leavenworth is approximately 35 miles each way. Assume 5 round trips per month. Assume standard GSA mileage reimbursement rate of \$.505 per mile.
- Assume 24 hours of "start-up" time during the first month to account for any initial meetings between NWK and the MAHC staff IH.

Estimate:

#	Item	# of hours	Cost
1	5 Document Reviews per month @ 3 hours per Review	15	\$1575
2	5 Field Oversight assignments per month @ 8 hours per assignment	40	\$4200
3	8 hours per month for Consultation	8	\$840
4	2 hours per month for Reporting	2	\$210

Comment [B2]: I would establish a CLIN for each item (1-5). This will help with keeping track of billing. We need to make sure that travel time is not included.

SOW and Cost Estimate for NWK to Provide IH Support to MAHC Command Staff
May 27, 2008

DRAFT

5	Travel related expenses per month	\$175
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subtotal (per month) = \$7000

4 months (June to Sept 2008) = \$28000

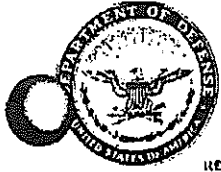
24 hours of "initial start-up" time between 24 \$2520
NWK and the MAHC staff IH

Grand Total = \$30,520

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END

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

REPLY TO
ATTENTION OF:

CENWK-ED-EF (200-1f)

12 SEP 2008

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

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

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

2. Observations:

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

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

3. Recommendations:

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

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

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

[REDACTED]

Chief, Section ED-EF

CF:
MCXN-PM (Derivan)
MCXN-PM (Gibson)
MCHE-DH-IH (GPRMC Bentley)

SUMMARY

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

OVERALL PERCENTAGE 67

Acronyms:

MAX = Maximum score

AUD = Auditor assigned score

Notes:

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

References:

P40-503 = DOD Pamphlet - Industrial Hygiene Program

16055.1 = DOD Instruction - DOD Safety and Occupational Health Program

16055.5 = DOD Instruction: Industrial Hygiene and Occupational Health

A385-10 = Army Regulation 385-10: The Army Safety Program

A25-50 = Army Regulation 25-50 Preparing and Management

Correspondence

Auditor's Signature

Date: 12 SEP 2008

5.00 HAZARD EVALUATION

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

6.00 HAZARD CONTROL

- 6.10
- 6.20 Controls are not adequately documented

7.00 QUALITY ASSURANCE

- 7.10
- 7.20 A documented program audit of the program was not identified.

**GREAT PLAINS REGIONAL MEDICAL COMMAND
ORGANIZATIONAL INSPECTION PROGRAM**

INDUSTRIAL HYGIENE PROGRAM

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

ADMINISTRATIVE DATA

- a. MTF: MUNSON ARMY HEALTH CENTER, FT LEAVENWORTH, KS
- b. Commander: COL ANDREA CRUNKHORN
- c. Industrial Hygiene Officer: KARL GIBSON
- d. POC Phone Number [REDACTED] DSN:
- e. Date of Assessment Visit: 24-28 NOVEMBER 2008

GPRMC EVALUATOR

GPRMC Preventive Medicine

Evaluator: [REDACTED]

SCORING METHODOLOGY

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

PROGRAM MANAGEMENT ANALYSIS

1. INDUSTRIAL HYGIENE PROGRAM DOCUMENT

- a. Does the MTF have a locally developed IH program document readily available and reflects current program practices? (2) POINTS
- b. Does the program document meet the criteria established in Department of the Army Pamphlet (DA Pam) 40-503 and current MEDCOM guidance? (2) POINTS
- c. Does program documents include the SOPs that delineate IH program responsibilities for installation safety and health programs such as confined space, respiratory protection, personal protective equipment, ergonomics, civilian resource conservation program, etc? (2) POINTS

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

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

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

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

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

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

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

3. INDUSTRIAL HYGIENE IMPLEMENTATION PLAN (IHIP)

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

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

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

4. RECORDKEEPING

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

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

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

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

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

5. FOLLOW-UP ON FINDINGS AND RECOMMENDATIONS

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

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

INSTALLATION HAZARD ABATEMENT PLAN

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

7. IH STAFF TRAINING

- a. Does IHPM have a comprehensive IH staff training plan in place? (2) POINTS
- b. Is the IH staff training plan modeled after Army civilian training, education and development (ACTED) training plan? (2) POINTS
- c. Has all IH staff been scheduled to attend DOEHR-IH training? (2) POINTS

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

8. FACILITIES

- a. Does the MTF have an administrative office which meets IH program requirements? (1) POINTS
- b. Is a IH laboratory facility provided to IH meets program requirements? (1) POINTS

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

9. EQUIPMENT

- a. Does the MTFs monitoring equipment meet IH program needs both in terms of type and quantity. Appendix F, DA Pam 40-503 (2) POINTS
- b. Is Equipment maintenance and calibration records properly maintained and readily available? (1) POINTS

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

10. INTERNAL AUDITS

- a. Does the IHPM annually performs an internal audit of the IH program responsibilities and support services? (1) POINTS
- b. Is the IH program audited against the program guidelines established in DA Pam 40-537 (1) POINTS
- c. Does the IHPM prepare a plan of action to address and improve IH program (1) POINTS

Weaknesses resulting from the internal audit?

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

(1) POINTS

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

11. PROGRAM SUPPORT

Crisis Management (Emergencies/ Complaints/ Special Survey Requests)

a. Are responses prepared as written formal standing operating procedure or part of industrial hygiene?

(1) POINTS

b. Does the response process meet the requirements of 29 CFR 1960.28?

(0) POINTS

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

(1) POINTS

OCCUPATIONAL HEALTH PROGRAM (OHP)

- a. Does the IH program have a written or formal process in place to provide IH support to OHP? (1) POINTS
- b. Does the IH support include providing worksite-assessment surveys and sampling data to the OHP physicians/ nurses? (1) POINTS
- c. Does IH support include working with the OHP personnel to recommend control options for work-site exposures based on the results of medical surveillance? (1) POINTS
- d. Does the IH support include targeting work-sites producing high illness and injury rates for evaluation? (1) POINTS
- e. Does IH support include conducting joint work-site evaluations with OHP personnel as needed? (1) POINTS

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

13. HAZARD COMMUNICATION PROGRAM

- a. Does the IHPM have a written or formal process in place to provide IH support to the installation hazard communication program? (0) POINTS
- b. Does the program support include providing chemical exposure data from workplace assessments to supervisors and installation safety personnel? (1) POINTS
- c. Does the IH program include conducting training or providing input into the training of supervisors and workers in the health hazards associated with their jobs as needed or requested? (1) POINTS
- d. Does the IH program support include reviewing MSDS's for locally procured items as part of the installation hazardous material procurement program? (0) POINTS

THERE IS NO PROGRAM DOCUMENT OUTLINING IH SUPPORT IN HAZCOM PRG.

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

- a. Does the IHPM has a written of formal process to adequately support the installation CRCP. (Workers compensation claims review process, illness/injury stats, etc.)? (0) POINTS
- b. Does the IH program support to CRCP including historical and current health hazard inventories and work-site assessment information to the claims review board upon request? (1) POINTS
- c. Does the IH support include performing work-site assessments in support claims review board? (0) POINTS

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

15. RESPIRATORY PROTECTION PROGRAM (RPP)

- a. Does the Respiratory Protection Program operate on contract? (N/A) POINTS
- b. Does the IH program have a written or formal process to adequately address IH support to the installation Respiratory Protection Program? (1) POINTS
- c. Does the IH program support include surveying worksites to determine respiratory protection requirements? (1) POINTS
- d. Does the IH support include the collection of exposure monitoring data to determine the adequacy of the respiratory protection provided? (1) POINTS
- e. Does the IH support include maintaining health inventory survey data regarding RPP equipment which is required and used per operation? (0) POINTS
- f. Does the IH support include conducting or providing technical support to the installation respiratory protection training program? (1) POINTS

PROGRAM ELEMENTS IAW 29 CFR 1910.132/134 NEED TO BE ADDRESSED. IHPM NEEDS TO ACCURATELY CHARACTERIZE WORKPLACE HAZARDS AND IDENTIFY AREAS REQUIRING RESPIRATORY PROTECTION.

16. PERSONNEL PROTECTIVE EQUIPMENT PROGRAM (PPE)

- a. Does the IHPM have a written or formal process in place to adequately address industrial hygiene support to installation Personal Protective Equipment Program? (0) POINTS
- b. Does the IH support include participating in job safety and collecting health hazard inventory data? (1) POINTS
- c. Does the IH support include conducting or providing technical expertise for the training of workers in the proper use and care of PPE? (1) POINTS
- d. Does the IH support include maintaining health hazard inventory survey data regarding the PPE that is required and used per operation/hazard? (1) POINTS

17. DESIGN REVIEW PROGRAM

- a. Does the IH have a written or formal process in place to provide technical review of installation design plans and specifications? (0) POINTS
- b. Does this IH support provide a design review process that is established memorandum of understanding with the installation engineer or other installation design teams. (0) POINTS

1

c. Does the IH program participate in all phases of the design review process and preoperational?

(0) POINTS

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

(0) POINTS

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

18. ERGONOMICS PROGRAM

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

(0) POINTS

b. Does the IH Program support integrate ergonomic considerations into all worksite evaluations?

(0) POINTS

c. Are ergonomic hazards identified and assigned RACs based on qualitative and quantitative surveillance?

(0) POINTS

- d. Does the IH Program maintain a complete inventory of identified ergonomic hazards by operation? (0) POINTS
- e. Does the IH program provide ergonomic findings to installation ergonomics committee or installation occupational safety and health committee? (1) POINTS
- f. Does the IH take an active role in hazard prevention and control process, such as assisting with the development of ergonomic solutions and their implementation and supporting installation training? (1) POINTS
- g. Does IH participate in the installations review process of ergonomic related worker compensation injury and illness claims? (0) POINTS
- h. Does the IH program participate in training the installation workforce as requested or required by installation policy? (1) POINTS
- i. Does the IH serve as a full member of the installation ergonomics committee or as a technical resource to the committee? (2) POINTS

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

BIOLOGICAL HAZARDS CONTROL PROGRAM

- a. Does the IH program have a written or formal process in place to adequately address industrial hygiene support for the installation's biological hazards. (infection control, biomedical waste, etc.)? (0) POINTS
- b. Does IH support include technical input to the development of hazard control plans? (0) POINTS
- c. Does IH support include performing worksite health hazard assessments of operations to identify biological hazards? (0) POINTS
- d. Does IH support to the BHCP include recommending controls and the use of personal protective equipment? (0) POINTS
- e. Does IH support include conducting or providing input into the supervisor and worker training that emphasizes the hazards and appropriate controls as requested or required by local regulation? (0) POINTS

RATING FOR THIS ELEMENT WAS SELF-REPORTED BY IHPM. REVIEW OF EXISTING SAMPLING DATA AND PREVIOUS REPORTS INDICATES IHPM NEEDS TO CHARACTERIZE OCCUPATIONAL EXPOSURES IN SEVERAL AREAS AT MAHC. THESE SURVEYS SHOULD BE ROUTINELY SCHEDULED AND INCLUDED IN THE IHIP FOR MAHC. RESULTS SHOULD BE REPORTED THROUGH THE IC-FMT AND/OR EOC-FMT.

5

CONFINED SPACE ENTRY PROGRAM

- a. Does the IHPM have a written or formal process on place to provide IH support to the installation CSE Program? (1) POINTS
- b. Does IH support include assisting in the selection of respirators, protective clothing, and monitoring instruments? (1) POINTS
- c. Does IH support include identifying confined spaces and including them as part of the health hazard inventory? (1) POINTS
- d. Does IH support include monitoring confined spaces upon request or as required by installation policy? (1) POINTS
- e. Does IH support include providing technical expertise and process review of the installation CSE program and permit systems? (1) POINTS
- f. Does IH support include participating in the health component portion of training in CSE? (1) POINTS

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

INDOOR AIR QUALITY

- a. Does the IHPM have written or formal process in place to provide IH support to the installation IAQ Program as stated in DA Pam 40-503? (2) POINTS
- b. Does the role of IHPM in assessing indoor air quality include prioritizing the evaluation of operations where IAQ problems exist? (0) POINTS
- c. Does the role of the IHPM in assessing indoor air quality include coordinating with the Directorate of Engineering under the auspices of design review to evaluate existing ventilation systems and to recommend improvements? (0) POINTS
- d. What is the approximate over all IH workload in support of IAQ problems? (1) POINTS
- e. Does the IH staff have sufficient training and expertise to evaluate and make recommendations on IAQ problems? (2) POINTS

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

TOTAL POINTS: () POINTS

11

NOTES:

1. Mr. Gibson was not available during this audit, however, he did provide a completed self-assessment checklist. Mr. Gibson called in sick on 25 NOV 2008 and was scheduled for annual leave on the 26th. The surveyor, at the direction of the Commander and with the assistance of the immediate supervisor conducted the survey as scheduled.
2. IHPM needs to develop an Industrial Hygiene Program and Industrial Hygiene Implementation Plan (IHIP) which accurately reflects recognized/identified occupational health hazards within MAHC as well as Ft. Leavenworth.
3. There is no evidence to show work performed between August 2007 to present. Despite management's attempts to provide IHPM training, mentorship and peer-review - there has been little improvement in work product. Mr. Gibson fails to meet several performance measures and is unable to account for work accomplished during the past 18 months.
4. Specific issues involving IAQ in Building 53 were addressed during the visit. Workplace observations, findings and conclusion were addressed under separate cover (See Memorandum dated 5 DEC 2008 - B 58 IAQ).
4. OIP survey findings/recommendation briefed to COL [REDACTED], COL [REDACTED] and COL [REDACTED], LTC [REDACTED] on Wednesday 26 NOV 2008.

REFERENCES

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

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

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

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

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

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

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

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

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

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

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

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

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Exhibit 15



REPLY TO
ATTENTION OF

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

MCXN-PM

06 October 2008

MEMORANDUM FOR RECORD

SUBJECT: PERIODIC PERFORMANCE COUNSELING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

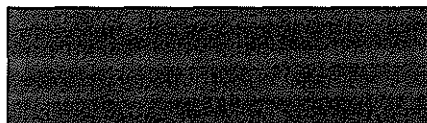
a. Please have two of these Workplace Hazard Assessment reports completed per week (that includes the internal MFR and the report for the customer), starting this week, to be submitted by COB each Friday. Of course, if there are extenuating circumstances that you foresee will preclude you from producing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

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

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

5. Individual counseled:

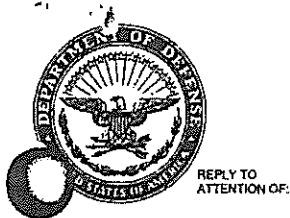
<u>Karl Gibson</u>	<u>KLG</u>
(Print Name)	(Initials)
<u>Karl X. Gibson</u>	<u>6 Oct 08</u>
(Signature)	(Date)



1LT, MS
Environmental Science Officer

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Exhibit 16



DEPARTMENT OF THE ARMY
USA MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH, KS 66027-2332

MCXN-PM

05 March, 2007


MEMORANDUM FOR: RECORD

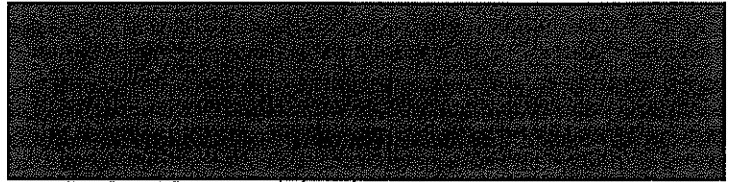
SUBJECT: Chief, Preventive Medicine Performances

1. The purpose of this memorandum is to clarify the expectations of you as the Industrial Hygienist, for Munson Army Health Center.
2. Expectations.
 - a. Abide by the Code of Ethics for the Professional Practice of Industrial Hygiene, as outlined in DA PAM 40-503, figure 5-1, p. 14.
 - b. Ensure all information is accurate. When citing references, include exact location information-title, paragraph, page, etc. This includes, referencing recommendations given. All reports are to go through 2 LT [REDACTED] LTC [REDACTED] who will ensure COL [REDACTED] is forwarded a copy for approval/disapproval, before sending to Munson Commander for signature.
 - c. Communicate appropriately with colleagues to ensure effective working relationships. Stay objective and professional. Ask for clarification when unsure what is being stated by the sender.
 - d. Keep your supervisory chain informed of issues and their impact on the community. Your supervisory chain is: 2 LT [REDACTED] – 1st line Supervisor; LTC [REDACTED] – Senior Rater.
 - e. Commander's Open Door Policy #06-01. You are to read this policy and abide by the guidance written. An attached copy is supplied with this memorandum.
 - f. Maintain a neat and safe working environment.
 - g. Overtime/Compensatory Time – Must be approved by C, Preventive Medicine, or 2 LT [REDACTED] in my absence prior to performing any overtime. With no prior approval from C, PM or her designee, all claims will be denied.

h. When submitting reports/ format should include:

1. Focus on Industrial Hygiene
2. Ensure audience can appropriately use the information.
3. Include OSHA standards (regulatory) in addition to ACGIH (guidance).
4. When using PEL and action level-explain what each means and the importance of each.
5. Ensure recommendations accurately reflect findings and are understandable by the user.

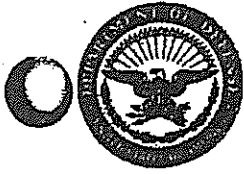
3. If you have any questions please see 2LT  or myself.



LTC, AN
C, Preventive Medicine

Signed by Employee and Date:

Karl Z. Huser 16 Mar 07



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

REPLY TO
ATTENTION OF

MCXN-CDR

7 June 2006

MEMORANDUM FOR Munson Army Health Center

SUBJECT: Munson Army Health Center Commander's Open Door Policy # 06-01

1. Purpose. This open door policy provides the Soldier and civilian employees, regardless of rank or grade, the opportunity to bring personal and professional problems, grievances, and suggestions to the attention of the commander without fear of reprisal. Most issues should be resolved by the chain of command/supervisors, but if that fails, then the Health Center Commander will be available.

2. Scope. This policy applies to all Munson Army Health Center personnel (active duty, civilian, and contractors).

3. Description. Normally, the chain of command is used to resolve problems or difficulties; however, there are occasions when a concern may involve someone in the chain of command. In those instances, it is appropriate to use the Commander's open door policy to resolve the problem. The individual may also see the Commander if he/she has used the chain of command but did not feel it was helpful.

4. Responsibilities. Soldiers, civilian employees, and members of our professional staff may request an appointment with the Commander through the offices of the DCA, DCN, DCCS, or Health Center Sergeant Major.

a. The chain of command/supervision will:

(1) Attempt in all instances to resolve the issue with the individual prior to being brought to the attention of the Health Center Commander.

(2) Inform the Commander of any urgent issues of command interest pertaining to matters from employees, especially if the employee plans on exercising the Commander's open door policy.

b. The individual seeking to meet with the Commander will:

(1) First go through his/her chain of command/supervisor for resolution of any issue.

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(2) If not satisfied with the assistance from the chain of command/supervisor, enlisted Soldiers may request an appointment with the Commander through the Health Center Sergeant Major. Officers and civilian staff may request an appointment with the Health Center Commander through the appropriate Deputy Commander.

(3) If the matter is urgent, the individual will coordinate directly with the Commander's secretary for an appointment.

5. In the interest of avoiding repeated circumvention of prescribed channels, the Health Center Commander retains the right to deny requests where she has already considered, or will be considering, matters submitted in writing as part of an existing formal review process.

6. The point of contact for this memorandum is the Deputy Commander for Administration at DSN [REDACTED] or Commercial [REDACTED]

[REDACTED]

COL, MS
Commanding