



DEPARTMENT OF THE NAVY  
NAVAL HOSPITAL  
2080 CHILD STREET  
JACKSONVILLE, FLORIDA 32214-5000

IN REPLY REFER TO:  
6200.2

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MAY 17 2016

From: Commanding Officer, Naval Hospital Jacksonville  
To: Director, Human Resources Office Branch, Albany, GA

Subj: PERIODIC INDUSTRIAL HYGIENE SURVEY OF THE HUMAN RESOURCES  
OFFICE BRANCH

Ref: (a) OPNAVINST 5100.23G  
(b) NAVMC DIR 5100.8

Encl: (1) Executive Summary  
(2) Industrial Hygiene Survey Report (AL16006)

1. A periodic Industrial Hygiene Survey of the Human Resources Office (HRO) Branch was conducted 6 April 2016 as required by reference (a). Enclosures (1) and (2) are provided for your information.

2. Point of contact is Ms. Tamara Walker, Industrial Hygiene Department, at (904) 546-7114 or [tamara.r.walker2.civ@mail.mil](mailto:tamara.r.walker2.civ@mail.mil).

A handwritten signature in black ink, appearing to read "LT B. L. Sharpe".

B. L. SHARPE  
By direction

Copy to:  
Risk Management Office, MCLB Albany  
Occupational Health Division, NBHC Albany

## EXECUTIVE SUMMARY

A periodic industrial hygiene survey of the Human Resources Office (HRO) Branch was conducted on 6 April 2016 by Alan Dooley, Industrial Hygienist, Naval Hospital, Jacksonville. The purpose of this survey was to identify health hazards present, assess actual health risk, and recommend controls where needed, as well as to assess your Occupational Health program status. No formal response to Industrial Hygiene is needed, although the MDMC Risk Management Office or the unit's Safety representative may specify recommendations made in this report as items for mandatory corrective action. Following is a summary of major findings and recommendations. Detailed findings, observations and recommendations are provided in enclosure (2) and its associated attachments.

**Item:** *Hazard Assessments.* This survey consisted of a walk-through evaluation of the work areas, sampling as required and employee interviews, as appropriate, to assist in the industrial hygiene assessment.

**Recommended Action:** No significant health hazards were identified during this survey. Please review the program summaries in Attachment (1) and the hazard assessments in Attachment (2) for more details on all identified hazards. If there are any changes in work operation from what is described in this report, or if a focused health hazard evaluation of a specific work operation or new project is needed, as the industrial hygienist position at Naval Branch Health Clinic Albany is currently vacant please contact Ms. Tamara Walker, Industrial Hygiene Department, Naval Hospital Jacksonville at (904) 546-7114.

**PERIODIC INDUSTRIAL HYGIENE SURVEY  
THE HUMAN RESOURCES OFFICE BRANCH  
MARINE CORPS LOGISTICS BASE ALBANY, GEORGIA  
REPORT NUMBER: AL16006**

Ref: (a) OPNAVINST 5100.23G, *Navy Safety and Occupational Health Program Manual*  
(b) NAVMC 5100.8, *Marine Corps Occupational Safety and Health (OSH) Program Manual*  
(c) Navy and Marine Corps Public Health Center (NMCPHC) Industrial Hygiene Field Operations Manual (IHFOM)

Att: (1) Program Evaluation Summary  
(2) Individual Hazard Assessment  
(3) Medical Surveillance Summary  
(4) Exposure Monitoring Plan  
(5) Neutral Posture for Computer Use/Computer Breaks  
(6) Customer Satisfaction Survey

**1. Introduction.** Per reference (a), a periodic industrial hygiene survey of the Human Resources Office (HRO) Branch was conducted 6 April 2016 by Alan Dooley, Industrial Hygienist, Naval Hospital, Jacksonville. This survey consisted of a walk-through evaluation of the work areas, a review of the operations and the hazards associated and employee interviews, as appropriate, to assist in the industrial hygiene assessment.

**2. Report Contents.** Reference (a) requires that each Navy workplace, or naval base supported DOD workplace, be thoroughly evaluated in order to accurately identify and quantify all potential health hazards. This report fulfills that requirement. An evaluation summary of Safety and Occupational Health (SOH) programs, control measures, and hazard evaluations is provided in attachment (1). The updated Individual Hazard Assessment is provided in attachment (2). Medical surveillance recommendations are provided in attachment (3). The Exposure Monitoring Plan, provided in attachment (4), details the operations/processes on which more information is required in the form of periodic sampling. Attachment (5), the Neutral Posture for Computer Use/Computer Breaks, can be used for training personnel in utilizing their computer workstations ergonomically. Attachment (6) is a Customer Satisfaction Survey, so that you may critique the services provided.

**3. Design Reviews.** Per reference (a), industrial hygienists should participate in the review of plans and specifications for local projects, standard operating procedures, purchasing transactions, and contracts which involve, or could create, exposure to potential health hazards, such as toxic materials, radiation, noise, or other health hazards. Cognizant facilities management and/or occupational health and safety personnel should ensure that the supporting industrial hygienist is made aware of such plans and specifications and that they are made available for his/her review.

**4. Re-evaluation Schedule and Changes in the Workplace.** Please retain this report on file and post a copy in a common work area for personnel to review. IH surveys had historically

been accomplished with an established survey frequency based on the nature of operations at the Activity/Command in accordance with reference (a). Survey periodicity is now scheduled at the command or shop level in accordance with reference (c).

Ratings and associated survey frequency are now listed on individual work center assessment(s) within this report and reflect as High (annual), Moderate (biennial), or Low (quadrennial) hazard category. Shop periodicity will be continually re-assessed during future IH surveys. The Human Resources Office (HRO) Branch is categorized as a low priority and will be re-evaluated April 2020.

Any significant changes in the type of operations currently performed, current workplace setting, new equipment acquired, or change in the kinds or amounts of chemical used, as identified in the survey, will result in a need for an immediate re-evaluation of the affected area. Industrial Hygiene Department, Naval Hospital, Jacksonville should be notified in the event of any significant operational changes as described above so that a prompt re-evaluation can be completed.

**PERIODIC INDUSTRIAL HYGIENE SURVEY  
PROGRAM EVALUATION SUMMARY  
HUMAN RESOURCES OFFICE BRANCH  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT: AL16006  
APRIL 2016**

New or Significantly Modified Work Center Operations/Processes?

Comments:

- There have been no significant changes since the last survey conducted October 2013.
- All operations were identified for each of the work centers and are provided in the Individual Hazard Assessments (attachment (2)).

**Safety and Occupational Health (SOH) Program Findings and Recommendations**

Ref: OPNAVINST 5100.23G

**1. Medical Surveillance Program Status.**

No Medical Surveillance is Recommended.

Medical Surveillance is Recommended.

Comments:

- The Medical Surveillance Program Summary, attachment (3) summarizes medical surveillance requirements.

**2. Hazardous Material Control and Management (HMC&M) Program (Chapter 7):**

AUL	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	Accurate	<input type="checkbox"/> Y	<input type="checkbox"/> N	(where spot checked)
SDS Files	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	Accurate	<input type="checkbox"/> Y	<input type="checkbox"/> N	(where spot checked)
HAZMAT Training Required?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N					
Other (lead, asbestos, etc.):	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N					

Comments:

- None.

**3. Respiratory Protection Program (Chapter 15):**

Are respirators used to control workplace exposures?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> Voluntary Use
Are they effective?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
Is the Respiratory Protection Program satisfactory?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Marginal <input checked="" type="checkbox"/> N/A
ESAMS agrees with medical surveillance recommendations?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A

Comments:

- None.

**4. Noise and Hearing Conservation Program (HCP) (Chapter 18):**

Are personnel recommended for the HCP?	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N		
Are personnel receiving audiograms?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Not All	<input checked="" type="checkbox"/> N/A
Is hearing protection readily available?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	
Is hearing protection used?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Not observed
Are hearing protection devices adequate?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	
ESAMS agrees with medical surveillance recommendations?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	

Comments:

- None.

**5. Personal Protective Equipment (PPE) (Chapter 20).**

Is PPE required for the job?  Y  N

Is PPE provided?  Y  N  Not All  N/A

Comments:

- None.

**6. Lead Control Program (Chapter 21).**

Is lead used in the workplace?  Y  N

Is exposure to lead in excess of the action level (AL)?  Y  N  N/A

Comments:

- None.

7. Ergonomics (Chapter 23):

Ergonomic risk factors were identified pertaining to:

- Shop work
- Office/Computer work

Available equipment/furniture incorporates good ergonomic design?  Y  N  N/A

Ergonomic training recommended?  Y  N

Comments:

- Office areas are typically equipped with cubicle or executive styled desks. In general, the desks had round edges and keyboards and mice were placed on the desktop. The majority of keyboards had gel pads or wrist rests in front of them to help maintain the wrists in the optimal neutral position and prevent a pressure point between the wrists and desk edge.
- Attachment (5) illustrates the optimum computer station setup and placement of the screen, hands, wrists, etc.

8. Management of Reproductive hazards (Chapter 29):

Reproductive Hazards Present?  Y  N

Comments:

- None.

9. Management of Carcinogenic hazards:

Cancer Causing Hazards Present?  Y  N

Comments:

- None.

10. Other Applicable Programs:

- Asbestos Control (Chapter 17)
- Non-ionizing radiation (Chapter 22)
- Ventilation
- PCBs (Chapter 25)
- Bloodborne Pathogens (Chapter 28)
- Other

Comments: None

11. Exposure Monitoring Plan (EMP):

- Exposure Monitoring needs were identified.
- No Exposure Monitoring needs were identified.

Comments:

- Attachment (4) provides the current Exposure Monitoring Plan.

Additional Comments: None.

INDIVIDUAL HAZARD ASSESSMENT		DATE: 6 April 2016		
RECORDED BY: Alan Dooley COMMAND: Marine Corps Installations East Albany GA BLDG: 3010 SHOP: Human Resource Administration SHOP HAZARD PRIORITY RATING: 3		POC: Mr. Carl Dervin PHONE: 229-639-5240 TOTAL PERSONNEL: 21 (Civ: 21) MALE: 10 FEMALE: 11		
SHOP OPERATIONS: Perform human resources administrative and management functions for the Marine Corps Logistics Base at Albany, GA. Areas of operations include labor relations, staffing, EEO, and workforce development. All identified functions are considered administrative in nature.				
OPERATIONS AND POTENTIAL HEALTH HAZARDS	NUMBER OF WKRS	FREQUENCY /DURATION OF EXPOSURE	CONTROLS (1)	EXPOSURE ASSESSMENT (2)
Administrative type duties, computer use including keyboarding and using mouse: Work-related musculoskeletal disorders (WMSD)  Personnel work at desks where the keyboard and mouse are placed on top of the desks. Keyboard were generally equipped with wrist rest or a gel pad in front of the keyboard.	All	Daily 6-8 hours	ADM: Stretch breaks to avoid long periods in the same posture.	WMSD RISK FACTORS: No ergonomic-related injuries/problems directly related to work were reported during the survey walkthrough.  Gel pads or wrist rests should be employed in front of the keyboards to help maintain a neutral wrist and keep the wrist off of the hard edge of the desk. As chairs are replaced, consideration should be given to purchasing ergonomic chairs with adjustable lumbar support and arm rest height. ErgoGenesis, BodyBilt chairs are an approved GSA source.  Personnel should ensure that workstation is set up correctly (example included in attachment (5)) to help prevent WMSD issues from occurring.  Any ergonomic-related injury should be reported to the command safety officer.
1. USE THE FOLLOWING CONTROL CODES: ADM – Administrative Controls                      PPE – Personal Protective Equipment                      ISO – Isolation DV – Dilution Ventilation                              ENG – Engineering Controls    LV – Local Ventilation				
2. EXPOSURE ASSESSMENT refers to "Potential" exposure and does not take PPE such as respiratory protection or hearing protection into account. Use the following exposure codes: ACCEPTABLE – One where the IH will not expect the similar exposure group (SEG), on average, to be above the selected occupational exposure limit (OEL). UNCERTAIN – Additional data needs to be collected to clarify the exposure assessment. The IH should make an interim exposure assessment based on observation of the process and/or professional judgment. UNACCEPTABLE – One where the IH will expect the SEG, on average, to be exposed above the selected OEL. WMSD RISK FACTORS – Work-related musculoskeletal disorder (WMSD) risks include but are not limited to force, repetition, awkward or static postures, vibration and contact stress. SKIN – The material poses a skin absorption hazard. REPRO HAZARD – The material is a Navy-recognized reproductive hazard. CARCINOGEN – The material contains greater than 0.1% of an OSHA, ACGIH, IARC, OR NTP-recognized carcinogen.				

**SUMMARY OF MEDICAL SURVEILLANCE RECOMMENDATIONS  
HUMAN RESOURCES OFFICE BRANCH  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT NO. AL16006  
APRIL 2016**

Ref: (a) Medical Surveillance Procedures Manual and Medical Matrix, Edition 12, NMCPHC-TM OM 6260 (<http://www.med.navy.mil/sites/nmcpbc/occupational-and-environmental-medicine/oemd/Pages/medical-surveillance-certification.aspx>)

The following table summarizes identified medical surveillance recommendations.

WORK CENTER	WORK PROCESSES	MEDICAL SURVEILLANCE	ESTIMATED # OF PERSONS
		NONE	

**1. Explanation of Medical Surveillance/Certification Recommendations:** Recommendation for inclusion in a hazard-based medical surveillance program for employees involved in a given operation is based on the industrial hygienist's judgment, either through observation or knowledge of the process or representative sampling, that these employees will be routinely exposed to workplace concentrations at or above 50% of applicable OSHA standards or action levels established by Navy instruction or Federal regulation. Medical certification is required by specific Navy or Federal directive where a certain degree of physical fitness has been judged as necessary for a component of the job (i.e. respirator use) or the job itself (i.e. forklift operators or security guards). Governing references regarding certifications should be followed. Scheduling of these personnel for examination is to be accomplished through Occupational Medicine.

**2. New Medical Surveillance Requirements:** The Supervisor's Medical Surveillance and Certification Exam Referral form (SECNAV 5100.1T) is required to be filled out prior to personnel visiting Occupational Medicine for medical surveillance exams ([https://navalforms.documentservices.dla.mil/formsDir/\\_SECNAV\\_5100\\_1T\\_10914.pdf](https://navalforms.documentservices.dla.mil/formsDir/_SECNAV_5100_1T_10914.pdf)).

**UPDATED EXPOSURE MONITORING PLAN  
HUMAN RESOURCES OFFICE BRANCH  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT: AL16006  
APRIL 2016**

COMMAND: Marine Corps Installation East, Albany GA UIC: 67001		P.O.C: Mr. Carl Dervin PHONE: 229-639-5240		SURVEY PERIOD: 2016 BY IHO: ALAN DOOLEY ASSIGNED TO IHT: TBD		
<b>EXPOSURE MONITORING PLAN</b>						
<b>OPERATION AND STRESSOR TO BE MONITORED</b>		<b>NUMBER OF SAMPLES</b>	<b>I METHOD</b>	<b>II AREA</b>	<b>III FREQ</b>	<b>IV MAN-HOURS</b>
No monitoring requirements identified at this time.						
<b>Rationale:</b>		<b>Priority:</b>				
Action.						
Monitoring Plan Completion Reviewed By:				TOTAL HOURS:		
<b>I Method of Measurement</b>	<b>II Area</b>	<b>III Frequency</b>	<b>IV Man-hours (Type/Number of Units/Hours)</b>			
DR--DIRECT READING INSTRUMENT	BZ - BREATHING ZONE	1 - 1X/YEAR	AIR: Full Shift for each area: Up to 3 9			
IT ---INDICATOR TUBE	HZ - HEARING ZONE	2 - 2X/YEAR	STEL: Up to 3 samples 1.5			
F --- FILTER	GA - GENERAL AREA	3 - 3X/YEAR	HEAT STRESS: Full Shift 8			
PD --PERSONAL DOSIMETER	SZ - SOURCE ZONE	4 - 4X/YEAR	NOISE DOSIMETRY: Full Shift: Up to 5 9			
AT --ADSORPTION TUBE (CHARCOAL, SILICA GEL, ETC.)	O - OTHER (SPECIFY)	5 - 1X/2 YEARS	NOISE SLM: All Sources: Up to 5 2.5			
W ----WIPE SAMPLE		6 - 1 X/4 YEARS	VENTILATION: All Hoods, Tanks, or Exhausts: Up to 5 3.5			
B ----BULK		7 - 12X/YEAR	VENTILATION: Air Changes: Up to 3 2.5			
			VENTILATION: Each Walk-In Booth 2.5			
			VENTILATION: Operating Rooms: Each survey: 6 rooms (10 air supply/ 9 exhaust units) 18			

**Sample Rationale:**

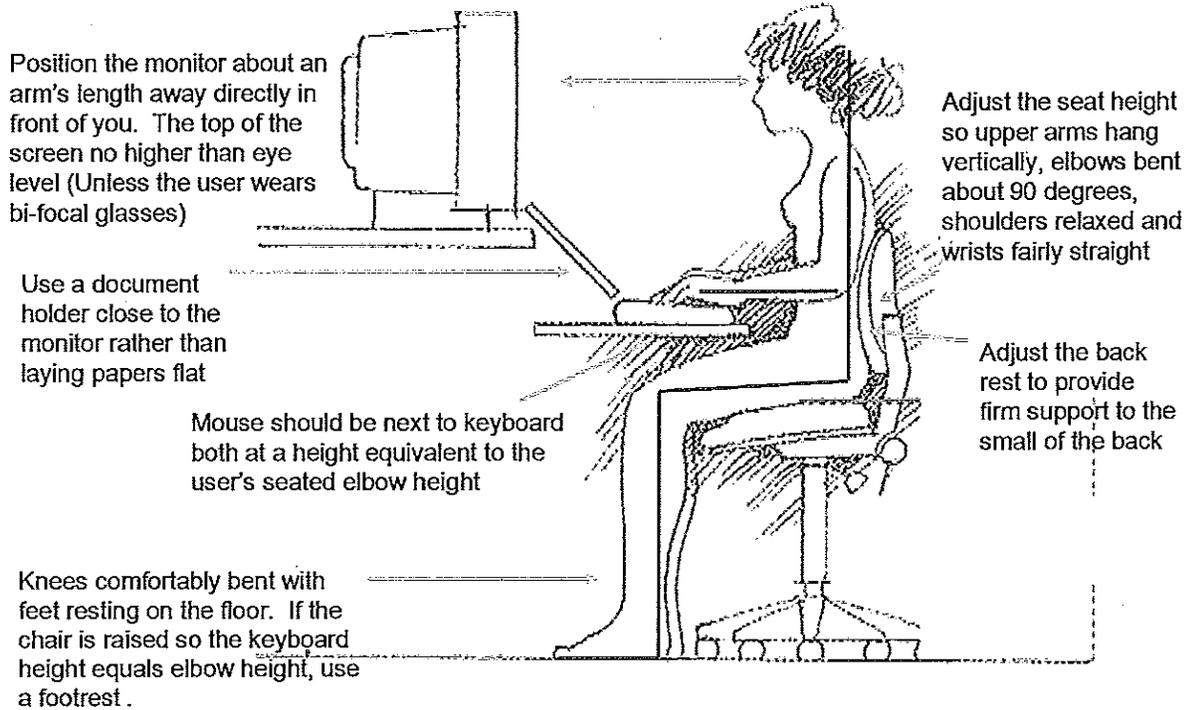
- A: Fulfill regulatory sampling requirements.
- B: Collect sufficient data to allow statistically valid exposure assessments.
- C: Track workplace exposures to determine trends.
- D: Validate professional judgments of unchanged exposure assessments.

**Priority Category:**

- Priority 1:** Needed to fulfill regulatory/instructional requirements (Federal, Navy, BUMED, etc).
- Priority 2:** Noise dosimetry and non-regulatory personal breathing zone sampling.
- Priority 3:** Other sampling needed in order to provide a more accurate or statistically valid exposure assessment.
- Priority 4:** Needed to validate professional judgments and/or to refresh existing data

Regardless of the **Priority** assigned, exposure monitoring is an essential part of the Industrial Hygiene Program for the command. Command and employee support for the sampling process is important. It is requested that every effort be given to cooperating with the personnel assigned to perform the exposure monitoring. Cooperation by both workers and supervisory personnel will expedite the sampling and minimize undue interference with work center operations.

# Neutral Posture for Computer Use



# TIME TO TAKE A COMPUTER BREAK

For every 20 minutes of computer use,  
look at an object 20 feet away for  
20 seconds. This reduces eyestrain.

Move your eyes from top to bottom, from left to right, and then back to top. This relaxes your eyes and reduces eyestrain.

Cup your eyes with your hands and close your eyes. Do this in any direction. This relaxes and moistens your eyes.

Rotate your neck. This promotes blood circulation in the neck.

While seated, elongate your neck by pretending there is a string attached to your head that is slowly pulling upwards. This will promote good posture and relieve some low back pain.

Stretch your arms and fingers and wrists. This reduces stress and improves circulation.

Stretch your arms at your sides and shake your fingers. This relaxes your arms, hands and wrists.

Shake your shoulders. This eliminates tension in the neck, shoulder and upper back.

Stretch your arms back as far as you can, trying to touch your shoulder blades together. This will reduce upper back stress.

**Tip:** Taking 20 second micro-breaks throughout the day to refocus your eyes will reduce fatigue at the end of the day. 20/20 rule: for every 20 minutes of work, rest the eyes 20 seconds.

# CUSTOMER SATISFACTION SURVEY

Industrial Hygiene Department  
Naval Branch Health Clinic, Albany

Command: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate this survey and report by indicating the numbers below that reflect your level of satisfaction:

	Level of Satisfaction				
	Low				High
	1	2	3	4	5
1. Coordination and/or response to request					
2. Courtesy and professionalism of IH personnel					
3. IH personnel's ability to communicate clearly and openly					
4. Clarity of Report					
5. Usefulness of Report					
6. Exposure Monitoring (if applicable)					
7. Timeliness of Report					

7. How can we improve the services we are providing?

8. What other services would you like Industrial Hygiene Services to provide?

9. Additional Comments (add a separate sheet if necessary):

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Shop/Codes: \_\_\_\_\_

PLEASE RETURN THIS SURVEY TO:

Head, Industrial Hygiene Department  
Naval Hospital Jacksonville  
Tamara.r.walker2.civ@mail.mil

**THANKS!!!**