



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

IN REPLY REFER TO:  
6200.2

Ser 06IHZZ/ 15 14  
NOV 14 2016

From: Commanding Officer, Naval Hospital Jacksonville  
To: Officer in Charge, Inspector-Instructor Staff, Detachment Two, Supply Company (-), 4<sup>th</sup>  
Supply Battalion, 4<sup>th</sup> Marine Logistics Group

Subj: PERIODIC INDUSTRIAL HYGIENE SURVEY OF THE INSPECTOR-INSTRUCTOR  
STAFF

Ref: (a) OPNAVINST 5100.23G  
(b) MCO 5100.29B

Encl: (1) Executive Summary  
(2) Industrial Hygiene Survey Report (Ref. AL17001)

1. A periodic Industrial Hygiene Survey of the Inspector-Instructor Staff was conducted on 12 October 2016 as required by reference (a) and (b). Enclosures (1) and (2) are provided for your information.

2. Point of contact is Ms. Whitney Bishop of the Naval Branch Health Clinic Albany Industrial Hygiene Division, at 229-639-7846 or whitney.r.bishop.civ@mail.mil.

A handwritten signature in cursive script, appearing to read "T. R. Walker".

T. R. WALKER

By direction

Copy to:  
MCLB Albany Risk Management Office, MCLB Albany  
Occupational Health Department, NBHC Albany  
MARFORRES Safety

## EXECUTIVE SUMMARY

A periodic industrial hygiene survey of Inspector-Instructor (I-I) Staff was conducted on 12 October 2016 by Ms. Whitney Bishop, Industrial Hygienist, Naval Branch Health Clinic, Albany. 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 MCLBA Risk Management Office or the MARFORRES safety staff 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.* There have been no changes since the previous industrial hygiene (IH) survey in 1 October 2014. 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:** Please review the program summaries in Attachment (1) and the individual work center 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, please contact Ms. Whitney R. Bishop of the Naval Branch Health Clinic Albany Industrial Hygiene Division, at 229-639-7846 or whitney.r.bishop.civ@mail.mil.

**Item:** *Hazardous Material Control and Management (HMC & M).* The Hazardous Material Inventory/Authorized Use Lists (HMI/AUL) requires updating, especially due to outdated Material Safety Data Sheets (MSDS) for items routinely used. All MSDSs should be updated to reflect the most current Safety Data Sheet (SDS). (NOTE: Per OSHA's Hazard Communication Standard employers must replace obsolete MSDSs with new SDSs by June 2016.

**Recommended Action:** Replace SDSs with the most current SDS, from either the HMMS system or via the manufacturer's website. Remove all unused HAZMATs from the storage area and modify the AUL to reflect only HAZMATs used. The shops should continue to participate in the HMC & M Program. This includes continuing to update the HMI/AUL as needed and maintaining the appropriate Safety Data Sheets so that the file can remain current.

**Reference:** OPNAVINST 5100.23G, and 29 CFR 1910.1200(j)(2)(ii).

**Item:** *Medical Surveillance and Hearing Conservation Program.* All active duty Marines must be included in the Hearing Conservation Program and its associated medical surveillance per MCO 6260.3 of 26 Sept 16. It was also determined during the industrial hygiene survey that only four Marines have in-processed with the Naval Branch Health Clinic, Albany and Industrial Hygiene confirmed they had current audiograms.

**Recommended Action:** It is recommended that the remaining Marines in-process through the clinic to ensure there is a current audiogram on file.

**Reference:** SECNAVINST 5100.10J, OPNAVINST 5100.23G and BUMED ltr M4/11UM41256, and MCLBAO P5100.1L dtd 11Jul 16

**PERIODIC INDUSTRIAL HYGIENE SURVEY  
INSPECTOR-INSTRUCTOR STAFF  
MARINE CORPS LOGISTICS BASE ALBANY  
REPORT NUMBER: AL17001**

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) and (b), a periodic industrial hygiene survey of the Inspector-Instructor (I-I) Staff was conducted on 12 October 2016 by Ms. Whitney Bishop, Industrial Hygienist, Naval Branch Health Clinic, Albany. 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 Assessments for surveyed workcenter(s) are 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 (b). 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. Inspector-Instructor Staff is considered a moderate hazard category and therefore will be re-evaluated in October 2018.

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, Naval Branch Health Clinic Albany at 639-7846 should be notified in the event of any significant operational changes as described above so that a prompt re-evaluation can be completed.

**SUMMARY OF MEDICAL SURVEILLANCE RECOMMENDATIONS  
INSPECTOR-INSTRUCTOR STAFF  
MARINE CORPS LOGISTICS BASE ALBANY  
REPORT NUMBER: AL17001  
OCTOBER 2016**

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

The following table summarizes identified medical surveillance recommendations.

WORKCENTER	WORK PROCESSES	MEDICAL SURVEILLANCE	ESTIMATED # OF PERSONS
<b>Exposure Based Medical Surveillance Recommendations</b>			
Inspector-Instructor Staff	Weapons firing/qualifications	Noise (503)	10
<b>Occupation Based Medical Exam Recommendations</b>			
N/A			

- 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 the 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)).

**PERIODIC INDUSTRIAL HYGIENE SURVEY  
PROGRAM EVALUATION SUMMARY  
INSPECTOR-INSTRUCTOR STAFF  
MARINE CORPS LOGISTICS BASE ALBANY  
REPORT NUMBER: AL17001  
OCTOBER 2016**

New or Significantly Modified Work Center Operations/Processes?

Comments:

- Since the previous industrial hygiene (IH) survey in October 2014, there have been no major command changes however the priority of the command was changed from a low to a moderate hazard rating.
- All operations/process were identified for each of the workcenters 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.  
 Command/Shop Safety Manager is familiar with required Medical Surveillance and Medical Exam Program (if required). Safety Manager knows the Medical Surveillance and Certification Exam Referral Form is required prior to personnel visiting Occupational Medicine for examination.

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

Comments:

- Hazardous Material Inventory/Authorized Use Lists (HMI/AUL) required updating. The AUL list appeared to be outdated with many items listed but no longer used. Only materials currently in use or planned for reoccurring use should be listed on the AUL. Albany HAZMAT Cell's Hazardous Material Management System (HMMS) POC, Ms. Tscharna Dameron (229-639-5810), is aware of the outdated SDSs in the HMMS. She can assist these departments in obtaining updated SDSs for the HAZCOM binders.
- All MSDSs should be updated to reflect the most current Safety Data Sheet (SDS). (NOTE: Per OSHA, MSDSs must be replaced with current SDSs by June 2016). Replace SDSs with the most current SDS, from either the HMMS system or via the manufacturers' website.
- AUL does include cleaning products used on a non-routine basis for minor cleaning of office spaces.
- Ensure HAZCOM training is conducted on an annual basis and as new hazards are introduced for all work centers. Training should include training on specific hazards and OSHA's new Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

**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:

- Respirator use is not required for operations/processes performed in this shop/command.

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

- Are personnel recommended for the HCP?  Y  N  
 Are personnel receiving audiograms?  Y  N  Not All  N/A  
 Is hearing protection readily available?  Y  N  N/A  
 Is hearing protection used?  Y  N  N/A  Not observed  
 Are hearing protection devices adequate?  Y  N  N/A  
 ESAMS agrees with medical surveillance recommendations?  Y  N  N/A (Audiogram records reviewed)

Comments:

- Marines are potentially subject to noise above the DoD criterion for hazardous noise to include peak noise of 140 dBA when performing weapons qualifications and should continue participation in the command's Hearing Conservation Program in accordance with MCO 6260.3 of 26 Sept 16. Marines should wear double hearing protection (ear plugs and ear muffs) when conducting weapons qualifications. Marines are not exposed to any noise on a normal daily basis while performing mission at MCLB Albany.
- Hearing protection devices used are provided at the firing range. Personnel should ensure double hearing protection is in use at the firing range and this includes the use of earplugs and earmuffs.
- A review of Audiogram records was reviewed on 1 November 2016 to identify compliance for required medical surveillance.

Work Center	Medical Surveillance/ Certification	# Personnel in Work Center under Medical Surveillance	# Personnel Current	Compliance Rate (%)
I and I	Noise (503)	10	4	40

The Officer in Charge should ensure all Marines in-process through the Naval Branch Health Clinic Albany located on base to ensure there is a record of a current audiogram.

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:

- Personnel are provided personal protective equipment for the various operations performed.

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:

- Risk to lead exposure during weapons qualifications at the outdoor range is considered minimal.

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:

- Personnel predominantly work in an office environment at a desk. 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. A few of the 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 (8) illustrates the optimum computer station setup and placement of the screen, hands, wrists, etc.

<p>8. Management of Reproductive hazards (Chapter 29):  Reproductive Hazards Present?    <input checked="" type="checkbox"/> Y   <input type="checkbox"/> N</p> <p>Comments:  Reproductive hazards listed in OPNAVINST 6000.1C or NMCPHC-TM-OEM 6260.01C have been identified in this workcenter. It is recommended that, wherever possible, the workcenter reduce, minimize, and/or eliminate the reproductive hazards and personnel exposure. Reproductive hazards are specifically identified for all operations addressed in attachment (2) and is summarized below:</p> <ul style="list-style-type: none"> <li>• Marines are exposed to noise and lead during weapons qualifications.</li> </ul>
<p>9. Management of Carcinogenic hazards:  Cancer Causing Hazards Present?    <input type="checkbox"/> Y   <input checked="" type="checkbox"/> N</p> <p>Comments: None.</p>
<p>10. Other Applicable Programs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asbestos Control (Chapter 17)</li> <li><input type="checkbox"/> Non-ionizing radiation (Chapter 22)</li> <li><input type="checkbox"/> Ventilation</li> <li><input type="checkbox"/> PCBs (Chapter 25)</li> <li><input type="checkbox"/> Bloodborne Pathogens (Chapter 28)</li> <li><input type="checkbox"/> Other</li> </ul> <p>Comments: None.</p>
<p>11. Exposure Monitoring Plan (EMP):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exposure Monitoring needs were identified.</li> <li><input checked="" type="checkbox"/> No Exposure Monitoring needs were identified.</li> </ul> <p>Comments:</p> <ul style="list-style-type: none"> <li>• Attachment (4) provides the current Exposure Monitoring Plan.</li> </ul>
<p>Additional Comments: None.</p>

INDIVIDUAL HAZARD ASSESSMENT		DATE: 12 October 2016		
RECORDED BY: Whitney Bishop COMMAND: Inspector-Instructor Staff BLDG: 7106 SHOP: Inspector-Instructor Staff SHOP HAZARD PRIORITY RATING: 2		POC: HM1 Cossins PHONE: 639-6584 TOTAL PERSONNEL: 10 Active (102 Reserve) (Civ: 0) MALE: 8 FEMALE: 2		
SHOP OPERATIONS: Personnel are responsible for providing equipment, training, administrative and logistical support necessary for mobilization. Personnel also support base and the local community by providing color guard and funeral details along with assisting the annual Toys for Tots Program. Personnel mostly perform administrative tasks. This detachment maintains equipment storage in a warehouse (bldg. 1351).				
OPERATIONS AND POTENTIAL HEALTH HAZARDS	NUMBER OF WKRS	FREQUENCY/DURATION OF EXPOSURE	CONTROLS (1)	EXPOSURE ASSESSMENT (2)
Weapons firing/qualifications: Noise*  All marines are required to perform weapons qualifications and therefore are exposed to hazardous noise during that operation.	10	1 week/year 6-8 hrs	PPE: Double hearing protection is required for noise levels at or above 96 dBA.	<b>UNACCEPTABLE:</b> All active duty Marine Corps personnel are included by Marine Corps policy (MCO 6260.3 of 26 Sept 16) in the Hearing Conservation Program and its associated medical surveillance. Weapons qualification is known to produce overexposures to noise.  <b>Double hearing protection is required and consists of earplugs AND ear muffs. Personnel use hearing protection provided at the firing range.</b>  <b>Medical surveillance for Noise (503) is required.</b>  <i>*Noise is a recognized developmental reproductive hazard.</i>
Weapons firing/qualifications: Lead* dust and petroleum distillates  All marines are required to perform weapons qualifications and this can include minor exposure to lead dust during firing and cleaning operations. Qualifications are performed at an outdoor range.  Personnel are also responsible for cleaning their own weapons with CLP/Royco 634 provided by LSD Armory (petroleum distillates 64742-47-8, 64742-53-6, 64742-88-7).	10	1 week/year 6-8 hrs	PPE: Safety glasses and chemical resistant gloves as needed.  ADM: Wash hands.	<b>ACCEPTABLE.</b> Based on sampling of similar exposure groups at indoor/outdoor facilities at other installations and the natural dilution that occurs at the outdoor facility.  (Note: Armory currently has on hand a bottle from 1999 Labeled CLP Royal Lubricants, Inc, this is now distributed under Royco 634 Anderol Inc.)  <i>* Lead is a recognized developmental reproductive hazard.</i>

<b>INDIVIDUAL HAZARD ASSESSMENT</b>		DATE:	12 October 2016	
RECORDED BY: Whitney Bishop	COMMAND: Inspector-Instructor Staff	POC:	HM1 Cossins	
BLDG: 7106	SHOP: Inspector-Instructor Staff	PHONE:	639-6584	
SHOP HAZARD PRIORITY RATING: 2		TOTAL PERSONNEL:	10 Active (102 Reserve) (Civ: 0)	
		MALE:	8	
		FEMALE:	2	
SHOP OPERATIONS: Personnel are responsible for providing equipment, training, administrative and logistical support necessary for mobilization. Personnel also support base and the local community by providing color guard and funeral details along with assisting the annual Toys for Tots Program. Personnel mostly perform administrative tasks. This detachment maintains equipment storage in a warehouse (bldg. 1351).				
OPERATIONS AND POTENTIAL HEALTH HAZARDS	NUMBER OF WKRS	FREQUENCY/DURATION OF EXPOSURE	CONTROLS (1)	EXPOSURE ASSESSMENT (2)
<p>Professional/Administrative tasks: Work-related musculoskeletal disorders (WMSD) (static postures)</p> <p>Personnel work at desks where the keyboard and mouse are placed on top of the desks. Desks had hard edges and some keyboards were not equipped with a wrist rest or gel pads in front of it. Chairs were not ergonomic because they did not have adjustable arm rest height and lumbar support.</p>	10	Daily Up to 8 hrs	ADM: Stretch breaks to avoid long periods in the same posture.	<p><b>WMSD RISK FACTORS.</b> No ergonomic-related injuries/problems directly related to work were reported during the survey walkthrough.</p> <p>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.</p> <p>Personnel should ensure that workstation is set up correctly (example included in attachment (9)) to help prevent WMSD issues from occurring.</p> <p>Any ergonomic-related injury should be reported to the command safety officer.</p>
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  
INSPECTOR-INSTRUCTOR STAFF  
MARINE CORPS LOGISTICS BASE ALBANY  
REPORT NUMBER: AL17001  
OCTOBER 2016**

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

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**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 the 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  
INSPECTOR-INSTRUCTOR STAFF  
MARINE CORPS LOGISTICS BASE ALBANY  
REPORT NUMBER: AL17001  
OCTOBER 2016**

COMMAND: Inspector-Instructor Staff UIC: M83190SV7	P.O.C: HM1 Cossins PHONE: 639-6584	SURVEY PERIOD: 2016-2018 BY IHO: Whitney Bishop 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>
None requested.					
<b>Rationale:</b>			<b>Priority:</b>		
Action.					
Monitoring Plan Completion Reviewed By:				TOTAL HOURS:	
<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>		
<b>Method of Measurement</b>	<b>Area</b>	<b>Frequency</b>	<b>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:**

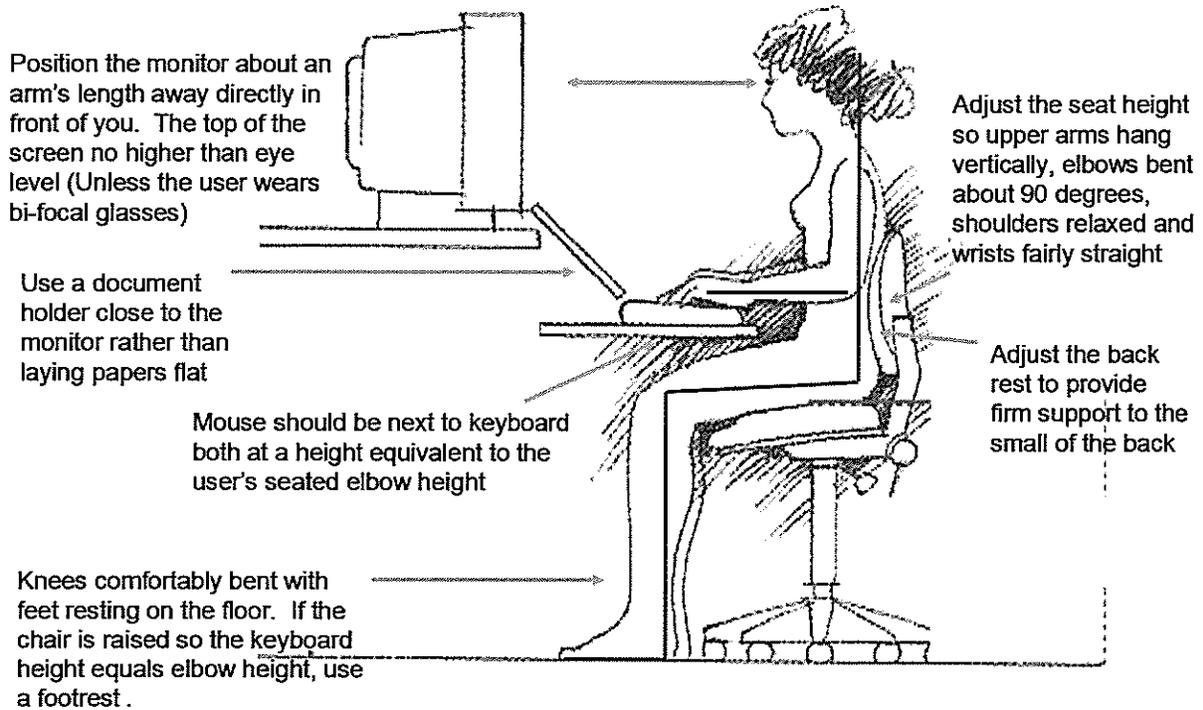
- A:** Fulfill regulatory sampling requirements.
- B:** Collect sufficient data to allow statistically valid exposure assessments.
- C:** Track workplace exposures to determine trends.
- D:** Validate professional judgments of unchanged exposure assessments.

**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 side-to-side and top to bottom. This helps moisten your eyes and reduces eyestrain.

Cup your eyes with your hands and close your eyes. Do not put any direct pressure on your eyes. This relaxes your face and moistens your eyes.

Rotate your ankles. This promotes blood circulation in your legs.

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

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

Close your eyes and gradually lower your head. This relaxes your eyes and neck.

Extend your arms and fingers and rotate. This reduces stress on the upper extremities.

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

Shrug your shoulders. This eliminates stress from the shoulders and upper back.

**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 Division  
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 Division  
Naval Branch Health Clinic, Albany  
Whitney.r.bishop.civ@mail.mil

**THANKS!!!**