



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

IN REPLY REFER TO:  
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JAN 10 2017

From: Commanding Officer, Naval Hospital Jacksonville  
To: Program Director, Humanitarian Assistance Program

Subj: PERIODIC INDUSTRIAL HYGIENE SURVEY OF THE HUMANITARIAN  
ASSISTANCE PROGRAM

Ref: (a) OPNAVINST 5100.23G

Encl: (1) Executive Summary  
(2) Industrial Hygiene Survey Report (AL17006)

1. A periodic Industrial Hygiene Survey of the Humanitarian Assistance Program (HAP) was conducted on 15 December 2016 as required by reference (a). Enclosures (1) and (2) are provided for your information.

2. Point of contact is 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](mailto:whitney.r.bishop.civ@mail.mil).

A handwritten signature in black ink, appearing to read "T. R. Walker", written in a cursive style.

T. R. WALKER  
By direction

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

## EXECUTIVE SUMMARY

A periodic industrial hygiene survey of Humanitarian Assistance Program (HAP) was conducted on 15 December 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 Risk Management Office 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.* Since the previous industrial hygiene (IH) survey there have been no changes. 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](mailto:whitney.r.bishop.civ@mail.mil).

**PERIODIC INDUSTRIAL HYGIENE SURVEY  
HUMANITARIAN ASSISTANCE PROGRAM  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT NUMBER: AL17006**

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 Humanitarian Assistance Program (HAP) was conducted on 15 December 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. Humanitarian Assistance-Excess Property Program (HAP-EP) is considered a low hazard category and therefore will be re-evaluated in December 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, 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.

**PERIODIC INDUSTRIAL HYGIENE SURVEY  
PROGRAM EVALUATION SUMMARY  
HUMANITARIAN ASSISTANCE PROGRAM  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT NUMBER: AL17006  
DECEMBER 2016**

New or Significantly Modified Work Center Operations/Processes?

Comments:

- There have been no significant changes since the last survey conducted.
- 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: None.

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

- |                               |                            |                                       |   |          |                            |                            |                      |
|-------------------------------|----------------------------|---------------------------------------|---|----------|----------------------------|----------------------------|----------------------|
| AUL                           | <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) |
| 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:

- 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?                  | <input 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.

<p>6. Lead Control Program (Chapter 21).          Is lead used in the workplace? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N          Is exposure to lead in excess of the action level (AL)? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A          Comments: None.</p>
<p>7. Ergonomics (Chapter 23):          Ergonomic risk factors were identified pertaining to:  <input type="checkbox"/> Shop work  <input checked="" type="checkbox"/> Office/Computer work          Available equipment/furniture incorporates good ergonomic design? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A          Ergonomic training recommended? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N          Comments:  <ul style="list-style-type: none"> <li>Office areas in each shop was typically equipped with cubicle or executive styled desks. In general, the desks had hard 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. A more detailed assessment is documented in each shop's IHA.</li> <li>Attachment (5) illustrates the optimum computer station setup and placement of the screen, hands, wrists, etc.</li> </ul> </p>
<p>8. Management of Reproductive hazards (Chapter 29):          Reproductive Hazards Present? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N          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:  <ul style="list-style-type: none"> <li>Personnel have a small potential to be exposed to noise when walking the warehouse floor. Hazardous noise is a recognized reproductive hazard.</li> </ul> </p>
<p>9. Management of Carcinogenic hazards:          Cancer Causing Hazards Present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N          Comments: None.</p>
<p>10. Other Applicable Programs:  <input type="checkbox"/> Asbestos Control (Chapter 17)  <input type="checkbox"/> Non-ionizing radiation (Chapter 22)  <input type="checkbox"/> Ventilation  <input type="checkbox"/> PCBs (Chapter 25)  <input type="checkbox"/> Bloodborne Pathogens (Chapter 28)  <input type="checkbox"/> Other          Comments: None.</p>
<p>11. Exposure Monitoring Plan (EMP):  <input type="checkbox"/> Exposure Monitoring needs were identified.  <input checked="" type="checkbox"/> No Exposure Monitoring needs were identified.          Comments: None.</p>
<p>Additional Comments: One person works for HAP part time and for LOGCOM part time. Government personnel are working for HAP as reimbursable billets provided by LOGCOM.</p>

<b>INDIVIDUAL HAZARD ASSESSMENT</b>			DATE:	15 December 2016
RECORDED BY: Whitney Bishop	COMMAND: Humanitarian Assistance Program	BLDG: 1360 bay 3 door 11A	SHOP: Humanitarian Assistance Program	SHOP HAZARD PRIORITY RATING: 3
			POC: Terry Cooper	PHONE: 639-6192
			TOTAL PERSONNEL: 2 (Civ: 2)	MALE: 1
			FEMALE: 1	
SHOP OPERATIONS: Humanitarian Assistance Program permits DoD to make available, prepare and transport non-lethal excess property to foreign countries when requested by the Department of State. For the most part contractors provide support in the warehouses at MCLB Albany, however there is one DoD government personnel that provides oversight of the contract and one person that acts as the financial analyst part time.				
OPERATIONS AND POTENTIAL HEALTH HAZARDS	NUMBER OF WKRS	FREQUENCY /DURATION OF EXPOSURE	CONTROLS (1)	EXPOSURE ASSESSMENT (2)
Shop operations: Noise*  Personnel work in an office setting and therefore should not be exposed to hazardous noises. Personnel have a small potential to be exposed to noise when walking the warehouse floor.	2	N/A	N/A.	<b>ACCEPTABLE.</b> Personnel are not exposed to hazardous noise.  <i>* Noise is a recognized developmental reproductive hazard.</i>
Administrative/professional duties: Work-related musculoskeletal disorders (WMSD) (static postures)  Personnel work at desks. In general, the desks had hard 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.	2	Daily Up to 8 hrs	ADM: Stretch breaks to avoid long periods in the same posture.	<b>WMSD RISK FACTORS.</b> 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.
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  
HUMANITARIAN ASSISTANCE PROGRAM  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT NUMBER: AL17006  
DECEMBER 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>			
N/A	N/A	N/A	
<b>Occupation Based Medical Exam Recommendations</b>			
N/A	N/A	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)).



**UPDATED EXPOSURE MONITORING PLAN  
HUMANITARIAN ASSISTANCE PROGRAM  
MARINE CORPS LOGISTICS BASE ALBANY, GA  
REPORT NUMBER: AL17006  
DECEMBER 2016**

COMMAND: HAP UIC: M38441000		P.O.C: See below PHONE:		SURVEY PERIOD: 2016 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>
No sampling is needed at this time.						
Rationale:		Priority:				
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:**

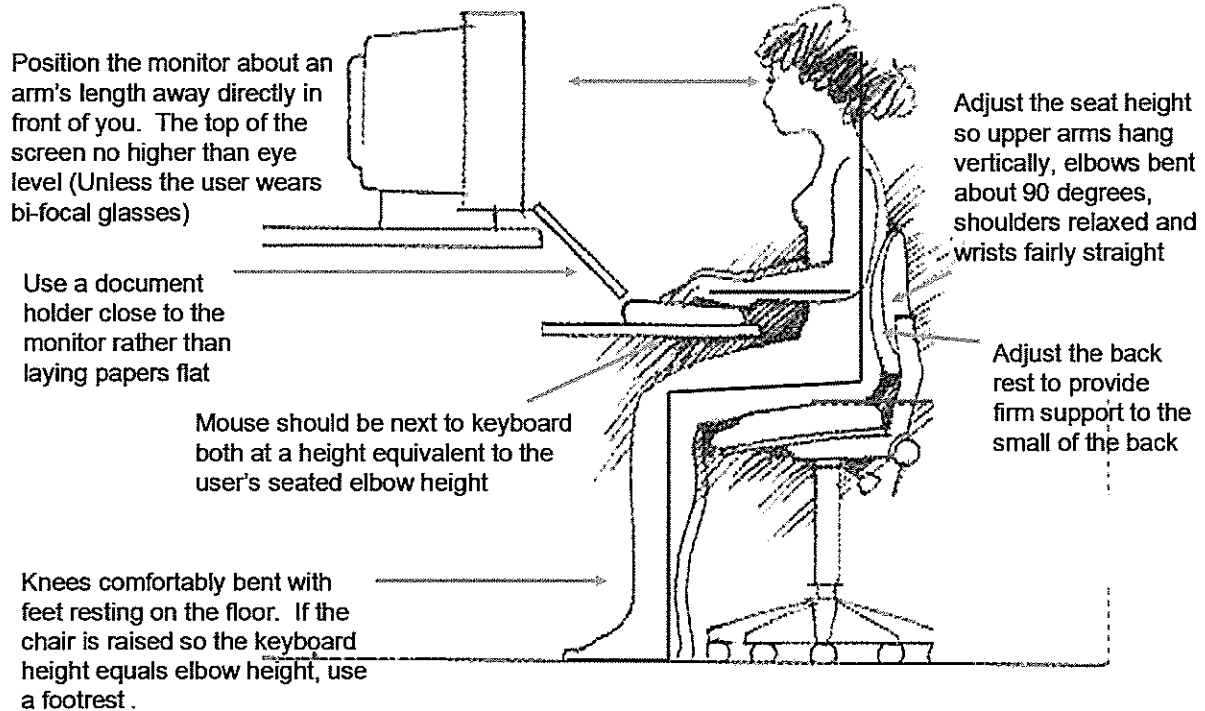
- A: Fulfill regulatory sampling requirements.
- B: Collect sufficient data to allow statistically valid exposure assessments.
- C: Track workplace exposures to determine trends.
- D: Validate professional judgments of unchanged exposure assessments.

**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 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!!!**