

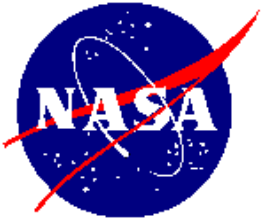
Mission Success Starts With Safety



Construction Safety

SSC Construction Inspection
Safety Findings/Stats

December 2012



Mission Success Starts With Safety



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Construction Safety Findings: 03-07 December 2012

Findings Total: 0

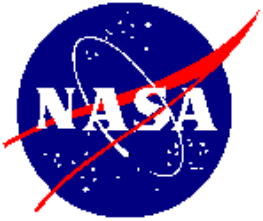
-Serious Findings: 0

-Less than Serious Findings: 0

Mishaps / Close Calls: 1

Close Call: 1

1. A work crew was disassembling scaffolding on level 6.5 when one of the workers dropped a clamp. The clamp fell through a small gap in the deck near the thrust drum, down to Level 5. The clamp bounced on the deck and rolled through another small gap. As the clamp fell from Level 5 to Level 4, it struck another worker on the back. This worker received a small bruise. This case is under investigation.



Construction Safety Findings: 10-14 December 2012

Findings Total: 0

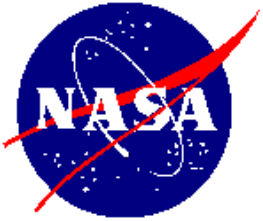
-Serious Findings: 0

-Less than Serious Findings: 0

Mishaps / Close Calls: 0

Other: 2

1. A USACE contractor was attempting to make a partial road crossing to install a communication duct bank on Main Line Road when the soil under the road was found to be very poor, causing excessive undermining of the road. The Jacobs Engineer assigned to assist requested the work be stopped and the contractor agreed. USACE was notified and stopped the project until another method could be formulated.
2. FOSC subcontractor was performing demolition work in the same area the tenant's electricians were reinstalling electrical conduit. The electricians were not wearing adequate Personal Protective Equipment (PPE) for a construction area. FOSC Safety brought this to the attention of the tenant. The tenant purchased new PPE, including safety boots for the electricians.



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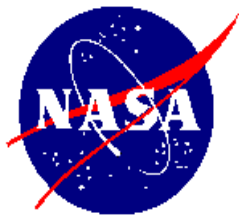
Construction Safety Findings: 17-28 December 2012

Findings Total: 0

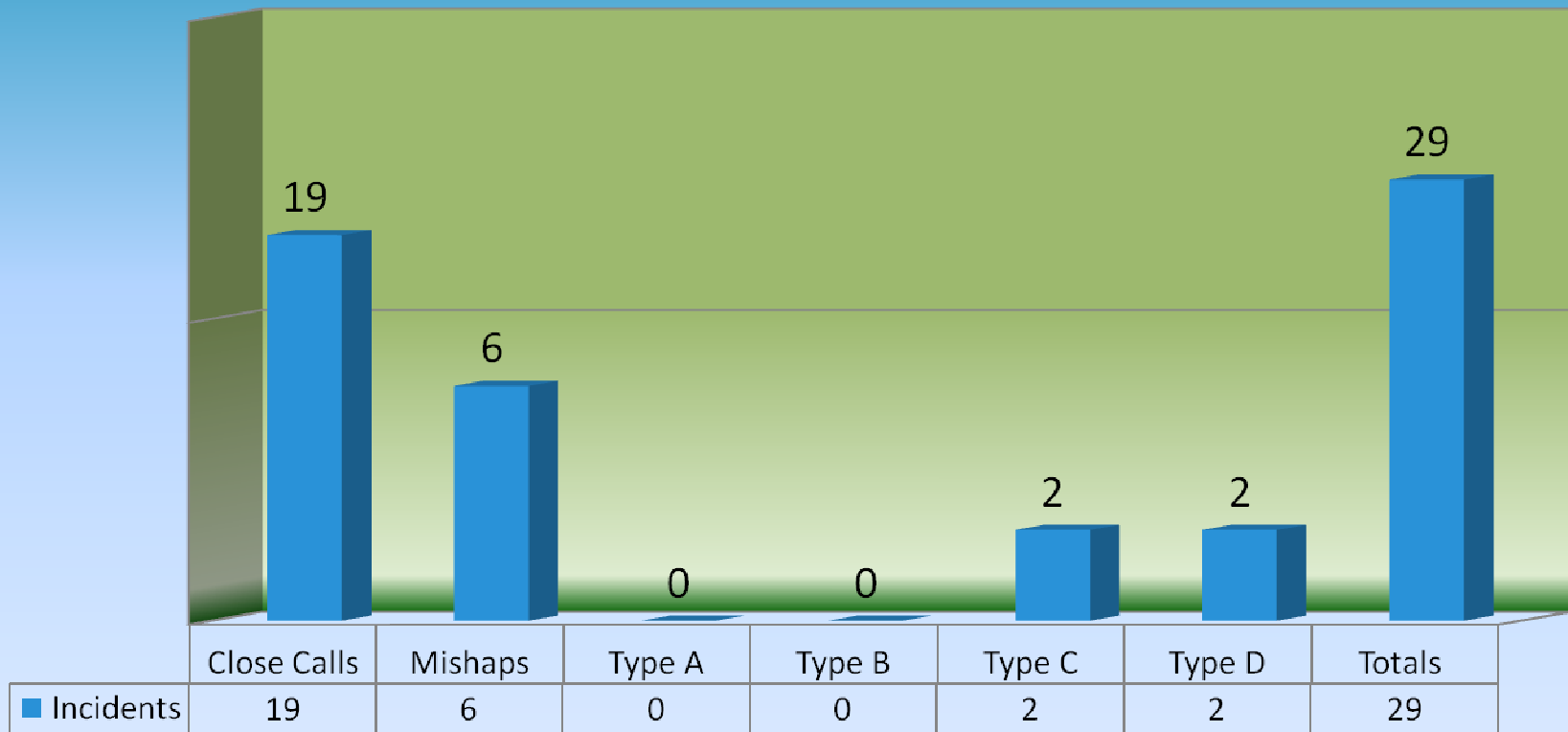
-Serious Findings: 0

-Less than Serious Findings: 0

Mishaps / Close Calls: 0



CY12 NASA Direct Construction Close Calls/Mishaps

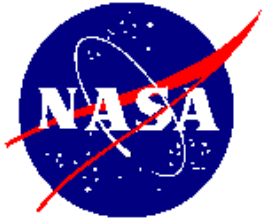


NASA Type C Mishaps:

- 1) Fall/Broken ribs/Restricted Duty
- 2) Smashed hand/Restricted Duty

NASA Type D Mishaps:

- 1) Laceration to Right hand/stitches
- 2) Laceration to thumb/stitches

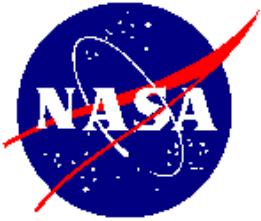


Construction Safety

The “Winter Holiday” season is unlike our other holidays. Instead of a day or a long weekend, the holiday period lasts a couple of weeks. All during that time shopping is being done, parties are being given (and attended), trips are being made, relatives and friends are arriving (and staying), huge meals are being prepared and eaten, and, well, the list goes on and on.

Our coworkers are under a lot of stress during this time, and it can reflect on our safe work place. The stressors lead to distracted workers, and the time off can lead to a “return to reality” lag after the holidays are over. We need to be on the lookout for distracted coworkers or coworkers who are becoming “stressed out.” We need to spend additional time with our people, observing their performance, but also making sure they know that we are genuinely interested in them and any issues or problems they have.

It is also a good idea to take a little extra time with your coworkers at the beginning of their first workday after a holiday absence. A short (30 minute) “welcome back stand down” may be a good way to get everyone refocused on the workplace and their safety. You can take the time to pass out information they may have missed, and let the returning coworkers get back “in the swing.”




Construction Safety

1904.32(b)(6) When do I have to post the annual summary? You must post the summary no later than February 1 of the year following the year covered by the records and keep the posting in place until April 30.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ 

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OSHA no. 300A-107

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then enter the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 300 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these items.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(a)	(b)	(c)	(d)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(e)	(f)

Injury and Illness Types			
Total number of ...			
(1) Injuries	(2) Bruises/abrasions	(3) Hearing loss	(4) All other illnesses
(5) Skin disorders	(6) Respiratory conditions		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Washington, DC 20503. Do not send this completed form to the office.

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., Manufacturer of wire rack tables) _____

Standard Industrial Classification (SIC), if known (e.g., 2715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 33022) _____

Employment Information (If you don't have these figures, see the Instructions on the back of this page for options.)

Annual average number of employees _____

Total hours worked by all employees last year _____

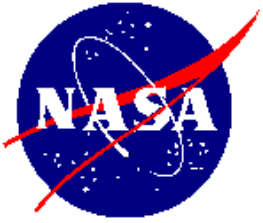
Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Name _____ Title _____

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Questions?

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Have a SAFE month!

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