



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION YUMA
BOX 99100
YUMA, ARIZONA 85369-9100

IN REPLY REFER TO:
StaO P5100.4A
DSS
22 Jun 15

STATION ORDER P5100.4A

From: Commanding Officer
To: Distribution List

Subj: OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM

Ref: (a) 29 CFR 1910
(b) 29 CFR 1926
(c) 29 CFR 1960
(d) Executive Order 12196
(e) Public Law 91-596
(f) NAVSEA-50420-AA-RAD-010
(g) NAVMED P-5055
(h) OPNAVINST 4110.2
(i) OPNAVINST 5100.23G
(j) NAVMC DIR P5100.8
(k) MCO P5100.19F
(l) MCO P11000.5G
(m) MCO 5100.29B
(n) MCO 3500.27B
(o) MCO P5102.1B
(p) DOD 4715.6R
(q) MCO 5110.1D
(r) MCO 6260.1E
(s) MCO 5104.1 series
(t) MCO 11240.66D
(u) EM 385-1-1
(v) NIOSH PUB 97-117
(w) DUSD Memo dated 4 Feb 97
(x) Federal Standard 313D
(y) 10 CFR 20
(z) 49 CFR 173
(aa) DD Form 2365
(bb) API Standard 2015
(cc) Energy Reorganization Act of 1974
(dd) OPNAVINST 8000.16C
(ee) MCO 5104.3B
(ff) DoD 6050.5G
(gg) DoD 6050.5G-1
(hh) DoD 6050.5H
(ii) DoD Safety and Occupational Health Program Policy Memo 88-1
(jj) DoD 6050.05
(kk) Solid Waste Disposal Act
(ll) OSHA Act of 1970
(mm) Recovery Act of 1976
(nn) StaO 3710.6 Series

Encl: (1) Notice of Unsafe or Unhealthful Working Conditions
(2) Unsafe and Unhealthful Working Conditions NAVMC 11401
(3) Ground Mishap Worksheet
(4) Ground Near Miss Report

- (5) Lockout/Tagout Program Evaluation Form NAVMC 11402
- (6) Lockout/Tagout Log NAVMC 11404
- (7) Lockout/Tagout Energy Source Determination Checklist
- (8) NAVMC 11509 Anymouse
- (9) Radioactive Material Movement (RAM) Form
- (10) NRC Form 3 "Notice to Employees"

1. Situation. To promulgate an OSH Program for Marine Corps Air Station (MCAS) Yuma, Arizona in accordance with the references.

2. Cancellation. StaO P5100.4.

3. Mission. This order provides guidance in the organization and administration of the OSH Program, and outlines the minimum standards to be maintained in these areas.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commanders Intent. To eliminate, mitigate, or avoid any unsafe, hazardous, or unhealthy working environments through conscientious application of the references and this order.

(2) Concept of Operations. The Director of Safety and Standardization (DSS) will implement, administrate, and provide oversight of the OSH Program per the references and this order. DSS has been delegated responsibility for all Safety Programs indicated in this order.

b. Subordinate Element Missions

(1) Director of Safety and Standardization shall:

(a) Assist unit Commanding Officers, Department Heads, Supervisors, Officers in Charge (OICs), Staff Non-Commissioned Officers in Charge (SNCOICs), and Commanders (CDRs) by providing training, checklist to familiarize these personnel with their duties, responsibilities and the Safety Program.

(b) Provide oversight and assistance to Commanding Officers, Department Heads, Supervisors, OICs, SNCOICs, and CDRs in the establishment of their OSH Program.

(c) Conduct Annual OSH Inspections (to include no-notice inspections), prepare inspection reports, conduct trend analysis, and submit to higher headquarters as required by the references and this order.

(f) Retain inspection records for five years.

(g) Serve as the focal point for all OSH issues for all the MCAS Yuma organizations.

(2) Commanding Officers, Officers in Charge shall ensure compliance with this order.

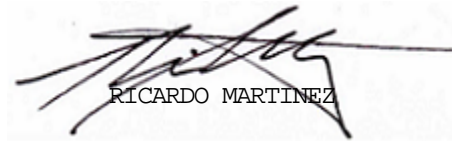
5. Administration and Logistics. Directives issued by MCAS Yuma are published and distributed electronically via website at

<https://intranet.mciwest.usmc.mil/yuma/default.aspx>. For commands without access to the Internet, hard copy versions of MCAS Yuma directives can be obtained through the Directives Control Point at the Air Station Adjutant's office (DSN:269-2253/2918).

6. Command and Signal

a. Command. This order is applicable to all departments, tenant commands, contractors, and personnel aboard MCAS Yuma, including those personnel attached or assigned for temporary duties (including reservist and foreign military units under going training aboard MCAS Yuma), as well as those organizations aboard or using facilities on this installation.

b. Signal. This order is effective on the date signed.



RICARDO MARTINEZ

Distribution: A

LOCATOR SHEET

Subj: OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM

Location: _____
(Indicate the location(s) of the Copy(ies) of this Order.)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

NOTICE OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

MARINE CORPS AIR STATION YUMA DEFICIENCY NOTICE

SECTION A - DEFICIENCY INFORMATION		ID NO:	
Organization:		Location:	
Description:			
Recommendation:			
Supervisor:			
Standard Violated:		RAC:	
OSH Official:		Date:	
SECTION B - ABATEMENT STATUS (COMPLETE ONE OF THE FOLLOWING)			
* ABATEMENT PROJECT INDICATED			
		Date	
		Cost:	
		Labor:	Material:
*ABATEMENT PROJECTED INITIATED			
Project Description:		Action Taken (Include Work Orders/Purchase Request numbers and date as appropriate):	
		Supervisor's Signature	
		Cost Estimate:	Completion Date: (Estimate)
* INTERIM CONTROLS			
SECTION C - COMMENTS			

UNSAFE OR UNHEALTHFUL WORKING CONDITION
NAVMC 11401 REV. 7-98

1. I believe a condition exists which is a safety or health hazard to Marine Corps personnel or property. (Check one)

Civilian: Military:
Employee Representative: Other:

2. Does this hazard immediately threaten life or health?
Yes No

3. Building, worksite, or other location where you believe the unsafe or unhealthful condition exists.

4. Supervisor (if known) at this location is: _____ and phone number is: _____

5. Briefly describe hazard: _____

6. Number of employees exposed to or threatened by hazard: _____

7. If known, list any safety or health standard which you believe may apply to this condition. _____

8. To your knowledge, has this condition been reported to, discussed with, or brought to the attention of a supervisor?

Yes No

9. If yes, please give the results, including any efforts by management to correct condition. _____

10. Name (optional): _____

Phone number (Optional): _____

11. If you are a representative of employees, provide name of your organization. _____

Case Number: _____ (Filled in Installation or Unit Safety Office)

GROUND MISHAP WORKSHEET

To Be Completed by Safety Representative

SERIAL NO: (assigned by command)

Fatalities:

Injuries:

Reporting Unit UIC/RUC/MCC:

Reporting Command Name:

Mishap Type: (Motor Vehicle, Industrial, Explosive, PT, Tactical, Sports and Rec.)

Mishap Sub-Type: (Training, Slip, Trip, Fall, Material Handling, Electrical)

SECTION A: MISHAP DATA

A. MISHAP LOCATION: (If Mishap Occurred on Base, list the UIC/RUC-MCC of the base or activity where the mishap occurred)

DATE OF MISHAP:

MISHAP TIME:

ON/OFF BASE: MCC/RUC/UIC OF BASE

STATE/COUNTRY:

CITY/CNTY/BASE/SHIP:

GENERAL LOCATION: (warehouse, roadway, gym, training area, out to sea)

SPECIFIC LOCATION: (Include Street Name or Highway #, Building #, Nautical Mile, Drop Zone, Name of Training Area – in specific location)

Was Equipment, Vehicle or Weapon Involved in mishap? (Yes/No) (If yes, complete section G (property involved data))

Was Alcohol Involved? (Yes/No) (If yes, include alcohol B.A.C. in Section D (personnel data) under person(s) that were drinking)

Was Drugs (Legal/Illegal) Involved? (Yes/No) (If yes, include drug name in Section D (personnel data) under person(s) that used the drug)

Was the Environment a Factor in mishap? (If yes, list the environmental conditions – low visibility, noise, rain, temp.)

Were Chemicals or Hazardous Material involved? (If yes, list Name of Chemical and MSDS Number)

Were Needle/Sharps Item Involved? (If yes, list Type/Brand of Sharps Involved)

Was Electrical Equipment Involved? (If yes, List Type/Brand Equipment and Voltage)

Was Carbon Monoxide a Factor? (If yes list alarm manufacturer, make and model and date last tested and inspected.)

Was Unit Deployed at the time of the mishap? (Yes or No) (If yes, list command name and MCC/RUC of unit deployed to)

SECTION B: POINT OF CONTACT INFORMATION

B. Point of Contact Information: (Person responsible for Mishap Tracking/Safety Rep)

POINT OF CONTACT NAME:

UIC/RUC/MCC AND COMMAND NAME:

DSN:

COM:

FAX:

E-MAIL:

SAFETY INFORMATION:

Name and Rank of the Safety Rep (if different than above), All Safety Training he/she has completed and Date of Completion.

Command's last safety inspection date and type (IG, base, higher hqtrs, site survey)?

Name, Rank , and signature of section/department Supervisor/OIC/Department Head:

Name: (Print) _____ Rank: _____

Name: (Signature) _____ Date: _____

C. MISHAP SUMMARY

C. MISHAP SUMMARY: (Summary of Mishap, WHO, WHAT, WHERE, WHEN, WHY)

Empty space for MISHAP SUMMARY.

*Complete Sections D, E and F on separate sheet for each person involved and Section G for each property involved.

D. PERSONNEL DATA (Use a separate sheet for each Involved and/or Injured Person)

LAST NAME:	FIRST NAME:	LAST FOUR:
RANK/GRADE:	DOB:	GENDER:

Height:	Weight:	Pay Grade: (E-3, GS-7)	BILLET MOS/JOB TITLE:
Marital Status:		No. Dependents:	
TYPE OF PERSONNEL: (mil, civ, non-dod)		SERV STATUS: (active, FEDCIV)	
BRANCH OF SERVICE (Navy, Marine)		MOS/RATE/JOB SERIES:	
Command Name:		MCC/RUC/UIC:	
Was Personnel Deployed? (Yes or No)(If personnel was deployed list the Command Name and UIC/RUC/MCC the personnel was deployed to)			
Command Name:		RUC/UIC:	
If personnel was permanently transferred as a result of injury list command name and UIC/RUC/MCC.			
Command Name:		RUC/UIC:	
DUTY STATUS: (on or off)	INJURY STATUS: (Fatal, Lost time, No injury)		INJURY OR ILLNESS
BODY PART(S) INJURED: (Arm, leg)		INJURY TYPE: (sprain, fracture, burn)	
SOURCE OF INJURY: (Person, Vehicle, Machinery, Ground)	ALCOHOL B.A.C., IF APPLICABLE:	TYPE OF DRUG USED, IF APPLICABLE	
Was Initial Medical Treatment on Site? (Yes on no)			
Where was the initial medical treatment given? (Name of dispensary, field clinic, ambulance, hospital)?			
HOSP DAY	Start Date:	End Date:	
LOST TIME	Start Date:	End Date:	
LIMITED/LIGHT DUTY	Start Date:	End Date:	
LIST THE PERSONNEL'S WORK HOURS	Start Time:	End Time:	ACTIVITY ENGAGED IN AT THE TIME OF THE MISHAP
Number of Years/Months Experience in activity engaged in at the time of the mishap:			
Was Personnel Participating in Formal Training? (If so, NAME and CID/CIN OF COURSE or was it unit training or PT)			
Was Personnel Participating in Unit Training? (If so, what type of training was it, i.e. PT, Weapons Training, Obstacle Course)			
POSITION in or on Equipment: (Operator, left front, hatch, bumper)			
<i>If License required to operate equipment/vehicle complete the following information:</i>			
OPERATOR LICENSE: (Yes or No) (Includes Motor Vehicle, HMMWV, Explosives, Forklift, etc., if required for operation)		STATE OF ISSUANCE:	

DATE OF EXPIRATION:	(List any restrictions to license)
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TRAINING (LIST ANY COURSES, CERTIFICATIONS, QUAL, OR LICENSES as they relate to activity engaged in at the time of the MISHAP, and include location of training and date of completion)

Course(s)	Date(s) Completed	Location(s) of Training
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*Complete Sections D, E and F on separate sheet for each person involved and Section G for each property involved.

SECTION E: CAUSAL FACTORS/CORRECTIVE ACTION

1. PERSONNEL CAUSAL FACTORS (i.e. failed to follow procedures, unsafe act, lack of attention to detail, inexperienced)

2. CORRECTIVE ACTION OF SUPERVISOR (Supervisor and Safety Representative should collaborate on the proper corrective action.)



MCAS Yuma



GROUND NEAR MISS REPORT

A ground near miss is a potential hazard or incident that has not resulted in any personal injury . Unsafe working conditions, unsafe employee work habits, improper use of equipment or use of malfunctioning equipment have the potential to cause work related injuries. It is everyone's responsibility to report and /or correct these potential accidents/incidents immediately. Please complete this form as a means to report these near-miss situations.

Location _____ Date: _____ Time: _____

Please check all appropriate conditions:

Unsafe Act

Unsafe equipment

Unsafe Condition

Unsafe use of equipment

Description of incident or potential hazard : _____

Reporting Person Signature _____ Phone # _____

(optional)

NEAR MISS INVESTIGATION

Description of the near-miss condition: _____

Causes (primary & contributing) _____

Corrective action taken _____

Signed: _____ Date _____ Phone _____

(Department/Contractor Representative)

Signed: _____ Date _____ Phone _____

(Safety Department)

LOCKOUT/TAGOUT PROGRAM EVALUATION

NAVMC 11402, Rev 7-98

Unit/Department evaluated: _____

Date(s) of evaluation: _____

Evaluation conducted by: _____
(Signature/Printed Name)

1. General policy has been reviewed: YES / NO (circle one)
Comments on general policy:

2. Following specific procedures were reviewed (list):

3. Following specific procedures were modified (list):

4. Following specific procedures were added (list):

5. Review of the Occupational Injuries and Illness Log and associated mishap reports was conducted: YES / NO (circle one)

6. Following injuries resulted from lockout/tagout related mishaps:

NOTE: Conduct evaluation annually.

LOCKOUT/TAGOUT

NAVMC 11404

DEVICE TYPE & SER #	EQUIPMENT DESCRIPTION	PURPOSE	POS. TAG'D OPEN/CLOSED	DATE & TIME	AUTH WORKER	AUTH BY	REMOVED BY	DATE & TIME REMOVED

SIGNATURE: X _____

SHOP/DEPARTMENT: _____

DD/MM/YYYY: ___/___/___

THE PERSON DESIGNATED TO SIGN FOR AN ACTION VERIFIES, BASED ON PERSONAL OBSERVATION, AND CERTIFIES HIS/HER SIGNATURE THAT THE ACTION HAS BEEN COMPLETED IN ACCORDANCE WITH REQUIREMENTS.

LOCKOUT/TAGOUT PROCEDURE/CHECKLIST
ENERGY SOURCE DETERMINATION

DATE: _____

CONDUCTED BY _____

In order to determine all energy sources for each piece of equipment, all questions must be answered. If the question does not apply, write N/A in the blank. Circle "yes" or "no" or fill in the blank.

Location: _____

Work Center: _____

Line: _____

Equipment No: _____

Equipment Name: _____

Model: _____

Specific Procedure No. Assigned: _____

Serial No: _____

List of authorized employees:

- 1.
- 2.
- 3.
- 4.

TRAINING NOTE: A person who locks out or tags out machines or equipment in order to perform servicing or maintenance on that machine or equipment. An affected employee becomes an authorized employee when that employee's duties include performing servicing or maintenance covered under this section.

List of affected employees:

TRAINING NOTE: An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout, or whose job requires him/her to work in an area in which such servicing or maintenance is being performed.

List of other employees:

TRAINING NOTE: Where tagout systems are used, all other employees whose work operations are or may be in an area where energy control procedures may be utilized, shall be instructed about the procedure, and about the prohibition relating to attempts to restart or reenergize machines or equipment which are locked out, blocked out, or tagged out.

Does this equipment have?

Electric power (including battery)?

Yes

No

If yes, Motor Control Center (MCC) or power panel and
breaker number _____

Does it have a lockout device? Yes No

Battery location: _____

Battery disconnect location: _____

Mechanical power? Yes No

Mark each type of energy source that applies:

1). Engine driven? Yes No

If yes, switch or key location: _____

Is lockout device installed? Yes No

If no, method of preventing operation: _____

2). Spring loaded? Yes No

If yes, is there a method of preventing spring activation?

Yes No

If no, how can spring tension be safely released or
secured: _____

3). Counter weight(s)? Yes No

If yes, does it have a method of preventing movement?

Yes No

If yes, can it be locked? Yes No

If no, how can it be secured? _____

4). Flywheel? Yes No

If yes, does it have a method of preventing movement?

Yes No

If yes, can it be locked? Yes No

If no, how can it be secured? _____

Hydraulic power? Yes No

If yes, location of main control/shut off valve _____

Can control/shut off valve be locked in "off" position?

Yes No

If no, location of closest manual shutoff valve_____

Does manual shutoff valve have lockout device?

Yes No

If no, what is needed to lock valve closed?_____

Is there a bleed or drain valve to reduce pressure to zero?

Yes No

If no, what will be required to bleed off pressure?

Pneumatic energy? Yes No

If yes, location of main control/shut off valve

Can control/shut off valve be locked in "off" position?

Yes No

If no, location of closest manual shutoff valve_____

Does manual shutoff valve have lockout device?

Yes No

If no, what is needed to lock valve closed?_____

Is there a bleed or drain valve to reduce pressure to zero?

Yes No

If no, what will be required to bleed off
pressure?_____

Chemical system?

Yes No

If yes, location of main control/shutoff valve

Can control/shutoff valve be locked in off/closed position?

Yes No

If no, location of closest manual shutoff valve

Does manual shutoff valve have lockout device?

Yes No

If no, what is needed to lock valve closed?

Is there a bleed or drain valve to safely reduce system
pressure and drain system of
chemicals? Yes No

If no, how can system be drained and neutralized?

What personal protective clothing or equipment is needed
for this equipment? _____

Thermal energy?

Yes No

If yes, location of main control/shutoff valve

Can control/shutoff valve be locked in "off" or closed position? Yes No

If no, location of closest manual shutoff valve

Does manual shutoff valve have lockout device?

Yes No

If no, what is needed to lock valve closed?

Is there a bleed or drain valve to safely reduce system pressure and temperature and drain system?

Yes No

If no, how can system pressure and temperature be reduced and drained? _____

What personal protective clothing or equipment is needed for this equipment? _____

Special precautions not noted above (i.e., fire hazards, chemical reactions, required cool down periods etc.):

Recommendations or Comments:

Completed by: _____

Reviewed by: _____

Approved by: _____

Did any of the following contribute to the incident? Please explain. Use additional paper if necessary.

- | | |
|--|--|
| : Supervisory condition (i.e. inadequate SOP, etc.) | : Violation (i.e. breaking SOP, breaking TM, etc.) |
| : Medical condition (i.e. fatigue, stress, etc.) | : Maintenance/material issues |
| : Crew coordination (i.e. conflict, assertiveness, etc.) | : Facilities issues |
| : Inattention (i.e. missed radio call, forgotten check list, etc.) | : other |

Please list your recommendations to prevent this situation from occurring in the future. Use additional paper if necessary.

**UNITED STATES MARINE CORPS
RADIOACTIVE MATERIAL (RAM) MOVEMENT FORM**

1. MOVEMENT TYPE (CHECK ONE): <input type="checkbox"/> SHIPMENT /TRANSFER <input type="checkbox"/> RECEIPT				2. DOCUMENT NUMBER: USMC- _____		
3. CONSIGNOR (Originating Unit):			4. CONSIGNEE (Intended Recipient):			
5. COMMODITY DESCRIPTION						
QTY	NSN	Nomenclature	Serial No.	Isotope	Activity	Total Activity
6. MODE OF SHIPMENT		7. PHYSICAL CHARACTERISTICS		8. RADIATION SURVEY RESULTS (If Required)		
<input type="checkbox"/> Air <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Water <input type="checkbox"/> Other		<input type="checkbox"/> Special Form <input type="checkbox"/> Solid <input type="checkbox"/> Normal Form <input type="checkbox"/> Liquid <input type="checkbox"/> Gas		Instrument Used: _____ Calibration Due: _____ SN: _____ Transport Index: _____ Surface: _____ mrad/hr _____ µGy/hr One Meter: _____ mrad/hr _____ µGy/hr Background: _____ mrad/hr _____ µGy/hr Each Instrument or Article Dose Rate < 10 mRem/hr at 4 inches _____ Initial		
9. PRE-SHIPMENT CONTAMINATION SURVEY/ILLUMINATION TEST RESULTS						
Survey/Insepection Performed by: _____ Date: _____		Wipe Counted by: _____ Date: _____		Result: _____ SAT _____ UNSAT Removable: _____ dpm/100 cm ² MDA: _____ µCi _____ Bq		
10. RECEIPT INSPECTION RESULTS						
Inspection Results: _____ SAT _____ UNSAT				Receipt Inspection: Performed by: _____ Date: _____		
NOTE: If UNSAT, Wipe test shall be performed and results entered in Block 9.						
11. BASIC DESCRIPTION						
<input type="checkbox"/> Radioactive Material, Excepted Package Instruments & Articles, 7, UN2911 <input type="checkbox"/> Radioactive Material, Excepted Package Limited Quantity of Class 7, UN2910 <input type="checkbox"/> Radioactive Material, Excepted Package Articles Manufactured from Natural or Depleted Uranium or Thorium, 7, UN 2909 <input type="checkbox"/> Radioactive Material, Excepted Package Empty Packaging, 7, UN 2908 <input type="checkbox"/> Radioactive Material, Type A Package, Special Forms, 7, UN 3332 <input type="checkbox"/> Radioactive Material, Type A Package, 7, UN 2915						
12. Labeling <input type="checkbox"/> Exempt <input type="checkbox"/> Other		13. Marking <input type="checkbox"/> Radioactive <input type="checkbox"/> Exempt <input type="checkbox"/> Other (_____) <input type="checkbox"/> UN # <input type="checkbox"/> RQ		14. Shipping Papers <input type="checkbox"/> Included & Complete <input type="checkbox"/> Exempt		
15. CERTIFICATION: (If Required)						
16. INCIDENT/ACCIDENT NOTIFICATION: 24 HOUR EMERGENCY RESPONSE PHONE NUMBER: POC: COMMENTS:						
17. Printed Name of Certifying Official or RSO As required:			18. Signature:		19. Date	

Instructions for completing the USMC RAM Movement Form (Form is completed by the originating unit):

Block 1. This is the evolution for which the form is being generated. Only one of these

Enclosure (9)

options should be selected.

- Block 2. This is a unique tracking number and is locally generated by the command initiating the movement.
Suggested format: USMC-M67004-01-001
This format identifies the agency, the Unit AAC, the year, and the movement number. The year rolls forward on January 1st, the movement number resets to 001.
- Block 3. This block contains the name and address and of the unit that is offering the item for shipment or transfer. (This unit will show a decrease in their RAM inventory as a result of the transaction).
- Block 4. This block contains the name and address of the location intended to be the final destination of the item being shipped or transferred. (This unit will show an increase in their RAM inventory as a result of the transaction).
- Block 5. This is specific information related to the device being shipped or transferred. All blocks are to be completed as accurately as possible. (Contact the USMC Radiological Control Office at DSN 567-5590 if you have any questions). (Activity for the CAM is 555MBG/15 mCi and 1.11 GBq/30 mCi for the ACADA).
- Block 6. The specific mode of transport should be checked. (Do NOT use the US Postal Service or Military Postal Service).
- Block 7. This information can typically be found in equipment technical manuals. **To determine specific characteristics, a good rule of thumb is that devices containing H-3 will usually be Normal Form, Gas; devices containing Ni-63 are Normal Form, Solid; and devices containing Am-241 are Special Form, Solid.**
- Block 8. Radiation surveys generally do not apply for USMC devices. For guidance concerning the necessity of acquiring radiation survey data, contact the USMC Radiological Controls Office at DSN 567-5590.
- Block 9/10. Completion of these blocks is mandatory. See guidance for conducting pre-shipment and receipt inspections as Provided on the Radiological Controls website at <http://www.logcom.usmc.mil/radcon/>. Complete only the blocks for the type inspection performed, blocks not used should be left blank.
- Block 11. This is a general description of the device and is the basis for claiming applicable exemptions from marking and labeling of the shipping package. Almost all USMC packages fall into the first category, **Radioactive Material, Excepted Package - Instruments or Articles, 7, UN 2911. Pick either Instrument or Article and mark out the other one.**
- Block 12. Marked as "Exempt" unless otherwise directed by the local Transportation Officer or the RCO.
- Block 13. For UN 2910, select "Radioactive" and fill in the UN #, for UN 2911 mark "exempt" and fill in the UN #, if the material is an RQ mark the RQ space. Place these marking on the outside of the marking on the outside of the shipping package. Contact the USMC Radiological Control Office at DSN 567-5590 if you have any questions.
- Block 14. Marked as "Exempt" for on-site transfers. For off-site transfers a shipping manifest and bill of lading maybe required, contact the local Transportation Officer for guidance and ensure the "Included & Complete option is checked. Contact the USMC Radiological Control Office at DSN 567-5590 if you have any questions.
- Block 15. If a package is shipped under a different basic description, other than what is provided, the certifying statement must be in accordance with 49 CFR 172.204. Contact the USMC Radiological Controls Office at DSN 567-5590 if you have any questions.
- Block 16. This information must be provided. It should include a local POC and contact phone number as as a minimum. The RCO should be identified in the comments section as an alternative POC in the event the originating CRSO/IRSO cannot be reached.
- Block 17. The printed name of the individual certifying the information on the form is correct and appropriate disposition/authorization to ship or transfer the device has been obtained.
- Block 18. The signature of the individual certifying the information on the form is correct and appropriate disposition/authorization to ship or transfer the device has been obtained.
- Block 19. The date Block 18 is signed.



NOTICE TO EMPLOYEES

STANDARDS FOR PROTECTION AGAINST RADIATION (PART 20); NOTICES, INSTRUCTIONS AND REPORTS TO WORKERS; INSPECTIONS (PART 19); EMPLOYEE PROTECTION

WHAT IS THE NUCLEAR REGULATORY COMMISSION?

The Nuclear Regulatory Commission is an independent Federal regulatory agency responsible for licensing and inspecting nuclear power plants and other commercial uses of radioactive materials.

WHAT DOES THE NRC DO?

The NRC's primary responsibility is to ensure that workers and the public are protected from unnecessary or excessive exposure to radiation and that nuclear facilities, including power plants, are constructed to high quality standards and operated in a safe and secure manner. The NRC does this by establishing requirements in Title 10 of the Code of Federal Regulations (10 CFR) and in licenses issued to nuclear users.

WHAT RESPONSIBILITY DOES MY EMPLOYER HAVE?

Any company that conducts activities licensed by the NRC must comply with the NRC's requirements. If a company violates NRC requirements, it can be **fined or have its license modified, expanded or revoked.**

Your employer must tell you which NRC radiation requirements apply to your work and must post NRC Notices of Violation involving radiological working conditions.

WHAT IS MY RESPONSIBILITY?

For your own protection and the protection of your co-workers, you should know how NRC requirements relate to your work and should follow them. If you observe violations of the requirements or have a safety concern, you should report them.

WHAT IF I CAUSE A VIOLATION?

If you engaged in deliberate misconduct that may cause a violation of the NRC requirements, or would have caused a violation if it had not been detected, or deliberately provided inaccurate or incomplete information to either the NRC or to your employer, you may be subject to enforcement action. If you report such a violation, the NRC will consider the circumstances surrounding your reporting in determining the appropriate enforcement action, if any.

HOW DO I REPORT VIOLATIONS AND SAFETY CONCERNS?

If you believe that violations of NRC rules or the terms of the license have occurred, or if you have a safety concern, you should report them immediately to your supervisor. You may report violations or safety concerns directly to the NRC. However, the NRC encourages you to raise your concerns with the licensee since the licensee has the primary responsibility for, and is most able to ensure, safe operation of nuclear facilities. If you choose to report your concern directly to the NRC, you may report it to an NRC in-

pector or call or write to the NRC Regional Office serving your area. If you send your concern in writing, it will assist the NRC in protecting your identity if you clearly indicate that you would like your concern to be considered by the NRC Allegation Program. The NRC's toll-free SAFETY HOTLINE for reporting safety concerns is listed below. The addresses for the NRC Regional Offices and the toll-free telephone numbers are also listed below. You can also e-mail safety concerns to NRC.Allegation@nrc.gov.

WHAT IF I WORK WITH RADIOACTIVE MATERIAL OR IN THE VICINITY OF A RADIOACTIVE SOURCE?

If you work with radioactive materials or near a radiation source, the amount of radiation exposure that you are permitted to receive may be limited by NRC regulations. The limits on exposure for workers at NRC licensed facilities whose duties involve exposure to radiation are contained in sections 20.1201, 20.1207, and 20.1208 of Title 10 of the Code of Federal Regulations (10 CFR 20) depending on the part of the regulations to which your employer is subject. While these are the maximum allowable limits, your employer should also keep your radiation exposure as far below those limits as is "reasonably achievable."

MAY I GET A RECORD OF MY RADIATION EXPOSURE?

Yes. Your employer is required to make available to you the information in your dose records (as maintained under the provisions of 10 CFR 20.2106). In addition your employer is required to provide you with an annual report of the dose you received in that monitoring year if the dose exceeds 100 millirem, or if you request an annual report.

HOW ARE VIOLATIONS OF NRC REQUIREMENTS IDENTIFIED?

NRC conducts regular inspections at licensed facilities to assure compliance with NRC requirements. In addition, your employer and site contractors may conduct their own inspections to assure compliance. All inspectors are protected by Federal law. Interference with them may result in criminal prosecution for a Federal offense.

MAY I TALK WITH AN NRC INSPECTOR?

Yes. NRC inspectors want to talk to you if you are worried about radiation safety or have other safety concerns about licensed activities, such as the quality of construction or operations at your facility. Your employer may not prevent you from talking with an inspector. The NRC will make all reasonable efforts to protect your identity where appropriate and possible.

MAY I REQUEST AN INSPECTION?

Yes. If you believe that your employer has not corrected violations involving radiological working conditions, you may request an inspection. Your request should be addressed to the nearest NRC Regional Office and must describe the alleged violation in detail. It must be signed by you or your representative.

HOW DO I CONTACT THE NRC?

Talk to an NRC inspector on-site or call or write to the nearest NRC Regional Office in your geographical area (see map below). If you call the NRC's toll-free SAFETY HOTLINE during normal business hours, your call will automatically be directed to the NRC Regional Office for your geographical area. If you call after normal business hours, your call will be directed to the NRC's Headquarters Operations Center, which is manned 24 hours a day. You can also e-mail safety concerns to NRC.Allegation@nrc.gov.

CAN I BE FIRED FOR RAISING A SAFETY CONCERN?

Federal law prohibits an employer from firing or otherwise discriminating against you for bringing safety concerns to the attention of your employer or the NRC. You may not be fired or discriminated against because you engage in certain protected activities, including but not limited to,

- asking the NRC to enforce its rules against your employer;
- refusing to engage in activities which violate NRC requirements;
- providing information or preparing to provide information to the NRC or your employer about violations of requirements or safety concerns; or
- asking for, or testifying, helping, or taking part in an NRC, Congressional, or any Federal or State proceeding.

WHAT FORMS OF DISCRIMINATION ARE PROHIBITED?

It is unlawful for an employer to fire you or discriminate against you with respect to pay, benefits, or working conditions because you help the NRC or raise a safety issue or otherwise engage in protected activities. Violations of Section 211 of the Energy Reorganization Act (ERA) of 1974 (42 U.S.C. 5851) include actions such as harassment, blacklisting, and intimidation by employers of (i) employees who bring safety concerns directly to their employers or to the NRC; (ii) employees who have refused to engage in an unlawful practice, provided that the employee has identified the illegality to the employer; (iii) employees who have testified or are about to testify before Congress or in any Federal or State proceeding regarding any provision (or proposed provision) of the ERA or the Atomic Energy Act (AEA) of 1954; or (iv) employees who have commenced or caused to be commenced a proceeding for the administration or enforcement of any requirement imposed under the ERA or AEA or who have, or are about to, testify, assist, or participate in such a proceeding.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

If you believe that you have been discriminated against for bringing violations or safety concerns to the NRC or your employer, you may file a complaint with the NRC, the U.S. Department of Labor (DOL), or appropriate state agency. If you desire a personal remedy, a complaint may be filed with the DOL pursuant to Section 211 of the ERA or with appropriate state enti-

ties. Your complaint to the DOL must describe in detail the basis for your belief that the employer discriminated against you on the basis of your protected activity, and it must be filed in writing either in person or by mail within 180 days of the date of the alleged discriminatory action or the date you received any notice, in writing or otherwise, of an adverse personnel action, whichever occurred first. Additional information is available at the DOL web site at www.ehpa.gov. Filing an allegation, complaint, or request for action with the NRC does not exhaust the requirements to file a complaint with the DOL within 180 days. To do so, you may contact the Allegation Coordinator in the appropriate NRC Region, as listed below, who will provide you with the address and telephone number of the correct DOL-USA Regional office to receive your complaint. You may also check your local telephone directory under the U.S. Government listings for the address and telephone number of the appropriate OSHA Regional office.

WHAT CAN THE DEPARTMENT OF LABOR DO?

If your complaint involves a violation of Section 211 of the ERA by your employer, the DOL provides a process for obtaining a personal remedy. The DOL will notify your employer that a complaint has been filed and will investigate your complaint. If the DOL finds that your employer has unlawfully discriminated against you, it may order that you be reinstated, receive back pay, or be compensated for any injury suffered as a result of the discrimination and be paid attorney's fees and costs.

Relief will not be awarded to employees who engage in deliberate violations of the Energy Reorganization Act or the Atomic Energy Act.

WHAT WILL THE NRC DO?

The NRC will evaluate each allegation of harassment, intimidation, or discrimination to determine whether sufficient information is provided to initiate NRC involvement. To assist in this evaluation, an investigator from the NRC's Office of Investigations (OI) may interview you and gather any applicable documentation in your possession. If the NRC determines that the allegation falls within its purview, NRC's OI will initiate an investigation of your allegation of discrimination unless, prior to the initiation of such investigation, you choose to engage in mediation with your employer in an attempt to settle your allegation of discrimination. If a settlement is reached and the NRC is provided such agreement for review and finds it acceptable, the NRC will close your allegation of discrimination and will not perform an investigation. However, any settlement agreement between you and your employer on your discrimination claim will not impact, in any way, the resolution of the underlying technical issues or any other allegation you may have filed or will file with the NRC. Alternatively, if an acceptable settlement is not reached, NRC's OI will initiate an investigation.

If the NRC or the DOL finds that unlawful discrimination has occurred, the NRC may issue a Notice of Violation to your employer, impose a fine, or suspend, modify, or revoke your employer's NRC license.

UNITED STATES NUCLEAR REGULATORY COMMISSION REGIONAL OFFICE LOCATIONS

A representative of the Nuclear Regulatory Commission can be contacted by employees who wish to register complaints or concerns about radiological working conditions or other matters regarding compliance with Commission rules and regulations at the following addresses and telephone numbers.

REGIONAL OFFICES

REGION	ADDRESS	TELEPHONE
I	U.S. Nuclear Regulatory Commission, Region I 475 Allendale Road King of Prussia, PA 19406-1415	(800) 432-1156
II	U.S. Nuclear Regulatory Commission, Region II 245 Peachtree Center Avenue, NE., Suite 1200 Atlanta, GA 30303-1257	(800) 577-8510
III	U.S. Nuclear Regulatory Commission, Region III 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352	(800) 522-3025
IV	U.S. Nuclear Regulatory Commission, Region IV 612 E. Lamar Blvd., Suite 400 Arlington, TX 76011-4125	(800) 952-9677

To report safety concerns or violations of NRC requirements by your employer,

telephone:

NRC SAFETY HOTLINE

1-800-695-7403

To report incidents involving fraud, waste, or abuse by an NRC employee or NRC contractor,

telephone:

OFFICE OF THE INSPECTOR GENERAL

HOTLINE

1-800-233-3497



• - Callaway Plant Site in Missouri and Grand Gulf Plant Site in Mississippi are under the purview of Region IV. The Portsmouth Gaseous Diffusion Plant in Ohio is under the purview of Region II.