

## CHAPTER 5 - SAFETY ASSESSMENTS, LOG OF DEFICIENCIES AND CORRECTIVE ACTION PLANS

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Worksheet 1 – Combined Log of Deficiencies Corrective Action Plan (LOD/CAP)

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# CHAPTER 5 - SAFETY ASSESSMENTS, LOG OF DEFICIENCIES AND CORRECTIVE ACTION PLANS

## A. INTRODUCTION

1. Smithsonian Institution (SI) organizations ensure that safety deficiencies are properly identified and abated through an internal process of reporting and recording safety hazards, promptly initiating corrective action and tracking those actions through completion.
2. The SI then monitors its success in mitigating deficiencies and its overall compliance with the requirement of SD 419 and this *Safety Manual* through the use of various assessment techniques, including physical plant inspections and organizational safety program reviews (conducted by the line management staff, building management and security office) and Management Evaluation and Technical Reviews (conducted by the Office of Safety, Health and Environmental Management).
3. These various tools and techniques provide a system of internal checks and balances that ensure the continual improvement in the overall performance of the SI's safety, health and environmental management programs.

## B. CHAPTER-SPECIFIC ROLES AND RESPONSIBILITIES

1. **Directors** shall:
  - a. Ensure that a process is in place allowing for the prompt reporting of safety deficiencies to responsible persons, and for the expedited and prioritized risk reduction of those hazards through corrective actions.
  - b. Review, sign and post Safety Coordinator reports of inspections, program assessments, and METRs, and ensure that sufficient and prioritized resources are committed to correct safety deficiencies or program shortcomings within their organization.
  - c. Ensure that area supervisors and employee representatives participate in inspections.
  - d. Ensure that the facility Log of Deficiencies and Corrective Action Plan are reviewed and updated frequently, and that correction of violations is executed through specific designated managers, supervisors and other organizational offices.

- e. At least annually and with the Safety Coordinator, conduct a management review of the safety program effectiveness in reducing injuries, risk to property, risk of illness and risk to the environment. The review is also to determine if both the number and severity of injuries (number of days lost) have been reduced, and that the percentage of facility violations that have been corrected has increased.
- f. At least annually and with the Safety Coordinator, establish measurable goals for improving the facility Safety Program. Examples might include increasing the percentage of staff receiving required safety training, increasing the number of violations corrected, and increasing the number of safety programs in full compliance.

**2. Safety Coordinators shall:**

- a. Over the course of 12 months, perform (as a minimum) one complete facility physical Inspection and a Safety Program Management Review (to include a review of programs mandated by this *Manual's* Operational Chapters), based on the requirements of this *Safety Manual*.
- b. Maintain an up-to-date Log of Deficiencies and Corrective Action Plan per the requirements of Section D of this Chapter.
- c. Assist the Director in establishing measurable goals for the improvement of the organization's Safety Program.
- d. Establish the process for the safety committee to perform their own facility inspections in accordance with the requirements of this Chapter.
- e. Post a copy of all inspections, program reviews, and METR reports and corrective actions on the safety bulletin board for all employees to review for a minimum of 30 days or until all corrective actions have been completed, whichever is later, and notify staff when the posting is accomplished.
- f. Ensure that organizational responses to the METR report are provided within the prescribed timeframes directed by OSHM.

**3. Facility Safety Committees shall:**

- a. Over the course of 12 months, perform (as a minimum) one facility physical inspection, per the requirements of this Chapter.
- b. Ensure that the inspection report, with any required corrective actions, is

co-signed by the supervisor from the inspected area prior to submission to the Safety Coordinator.

**4. Building Managers and Security Managers shall:**

- a. As members of the safety committee, inspect their areas of control and responsibility, at least once over a 12 month period, in accordance with this Chapter.
- b. Report all safety hazards identified in the course of their daily facility work in accordance with this Chapter.

**5. Supervisors shall:**

- a. Actively participate in all inspections of work areas and tasks under their control, and initiate corrective action upon identification of hazards.
- b. Include identification of safety hazards as a part of their daily routine, reporting hazards and taking corrective action in a timely manner.

**6. Office of Safety, Health and Environmental Management (OSHEM) shall** audit and assess organizational compliance with the program management and operational chapter requirements of this *Safety Manual*, in accordance with the requirements of this Chapter and SD 419.

**C. SAFETY PROGRAM ASSESSMENT PROCESS**

- 1. The facility must have a process in place and clearly communicated to staff that allows for the prompt identification and reporting of safety deficiencies to the safety coordinator or other responsible persons, and for the prompt assignment of corrective action responsibilities. This process is to address how an identified hazard (deficiency) is reported to the Safety Coordinator, how (and by whom) corrective action on such a deficiency is initiated, and how it is tracked through completion of corrective action.
- 2. The process must assign responsibility and accountability in each step through completion.
- 3. The process shall provide a means for supervisors and employees to immediately report observed unsafe conditions to the Safety Coordinator, and take prompt corrective action to the extent of their abilities.

**4. Safety Committee Inspections**

- a. The safety committee (to include Building Manager and Security Manager) is to establish a schedule to ensure that all areas of the physical

plant are inspected at least once per year, using inspection checklists developed with, and approved by, the Safety Coordinator.

- b. Inspection checklists are to be adequate to check compliance with the operational safety topic chapters of this *Manual*, such as fire safety, egress, electrical, machine guarding, personal protective equipment, eyewash stations, slip/trip hazards, and material safety data sheets (MSDSs).
- c. The various safety committee and the safety coordinator inspections are to be distributed as evenly as possible throughout the year, and conducted in multiple segments as practical, to ensure a regular inspection presence in the facility. Committee members may determine specific areas and/or workplace locations assigned as their responsibility, or, alternatively, one committee member may have more expertise in electrical or fire safety or hazardous materials, and be responsible for that discipline for the entire facility. The safety committee should work with the Safety Coordinator and Building Manager to establish how best to accomplish the inspection mission.
- d. Safety committee members should prepare for the inspections by reviewing accident and injury reports, previous METR reports, employee reports of unsafe conditions, Safety Coordinator's Facility Inspections and Program Assessments and safety committee open agenda items prior to starting the inspections so these areas in the workplace can be checked for any current unsafe working condition(s).
- e. The inspection is also to verify that prior deficiencies (found on previous inspections and listed on the Log of Deficiencies and Corrective Action Plan) have been corrected and follow up on those not corrected.
- f. Supervisors and employees will be interviewed throughout the areas of inspection to ensure knowledge of and compliance with safe work practices.
- g. All deficiencies noted must immediately have an appropriate corrective action initiated by the area supervisor and/or safety committee inspector. Any deficiency assessed as a potential RAC 1 or RAC 2 must have corrective actions taken immediately to reduce the risk to a lesser level (e.g., stop the work). Assistance from the Safety Coordinator and OSHEM may be warranted to develop more permanent risk reduction solutions.
- h. Inspection reports are to be forwarded to the Safety Coordinator within 5-10 working days of the inspection. The report format is left to the discretion of the Safety Coordinator and Safety Committee, but must at

least include the following elements: hazards identified, corrective actions initiated or completed, and the signatures of both the supervisor assuming responsibility for the corrective action and the inspector. **Violations of a serious matter (RAC 1 or 2) must be reported to the Safety Coordinator immediately.**

- i. Within 5 working days of receipt of safety committee inspection reports, the Safety Coordinator shall enter the inspection report deficiencies and corrective actions into their Log per Section D and [Attachment 1](#) of this Chapter.

#### **5. Safety Inspections by Facility Security**

- a. As members of the safety committee, security personnel shall conduct physical inspections of their areas, and in accordance with the requirements of this Chapter.
- b. In addition, security personnel are to report any safety deficiency identified in the course of their daily facility security inspections, within one working day, to the Safety Coordinator for corrective action.

#### **6. Safety Inspections by Building Management**

- a. As members of the safety committee, building management shall conduct physical inspections of areas and infrastructure systems under their control and responsibility (e.g., mechanical rooms, utility rooms, custodial storage, roofs and perimeter areas), in accordance with the requirements of this Chapter.
- b. In addition, building management staff are to report any safety deficiency identified in the course of their regular facility inspections, all routine and non-routine maintenance activities, and facility condition assessments, within one working day, to the Safety Coordinator for corrective action.

#### **7. Safety Coordinator Facility Inspections**

- a. The safety coordinator shall inspect the entire physical plant once per year, as a minimum. The inspections are best accomplished in multiple segments over the course of a 12 month period to create a more regular inspection presence.
- b. Results of the inspection will be entered into the facility Log of Deficiencies and Corrective Action Plan within 5 working days of completion of the inspection segment.
- c. Inspection reports (including at least the Log of Deficiencies and Corrective Action Plans, per [Attachment 1](#) of this Chapter) are to be forwarded to the Director and the Building Manager within 30 days of

completion of the inspection segment.

## **8. Safety Management Program Review**

- a. The Safety Coordinator shall conduct a comprehensive organizational safety program review to evaluate progress of the previous 12 months, and to establish measurable goals and objectives to ensure progress and continuous program improvement for the upcoming 12 months, per [Chapter 3, “Elements of a Comprehensive Safety, Health and Environmental Management Program”](#) of this *Manual*.
- b. The Safety Coordinator shall involve the Director, key facility staff building management and the safety committee in the completion of this review.
- c. The safety program review shall also assess the status of compliance with applicable Operational Programs
  - (1) Each of the operational chapters of this *Safety Manual* lists the requirements and responsibilities of the specific safety programs to ensure compliance with various regulatory standards.
  - (2) Program management emphasis should be placed on proactive steps taken to prevent accidents and improve safety (leading indicators), such as:
    - a. The number or percent of performance standards that included safety performance
    - b. The percent of deficiencies corrected from the previous year
- d. The Safety Coordinator shall prepare a written report for the Director to describe the current status of the safety program to include, as a minimum:
  - (1) A description of safety activities and how these efforts relate to goals set previously, including major efforts such as safety training, the number of Job Hazard Analyses or Workplace Hazard Analyses completed, or the number of inspections completed.
  - (2) Goals for safety activities and program milestones planned for the current year;
  - (3) A comparison of safety deficiencies identified this year with previous years, and the percentage corrected this year as opposed to previous years.
  - (4) Strength and weakness of the overall safety program;

- (5) An analysis of reviews of injury and illness logs and incident investigations;
  - (6) A copy of the current Log of Deficiencies and Corrective Action Plan;
  - (7) Goals and objectives for the current year.
- e. The Safety Coordinator shall provide the Director the report within 30 days of the end of the assessment, with copies provided to the facility safety committee, building management staff and OSHEM, and post the report, signed by the director, on the facility safety bulletin board for at least 30 days for employee review.

**9. OSHEM Management Evaluation and Technical Review (METR)**

- a. OSHEM conducts independent audits and reviews of SI organizational safety programs, in accordance with the responsibilities under SD 419, for the purposes of:
- (1) Evaluating compliance with SI safety and health program requirements and priorities,
  - (2) Determining the program improvement needs of facilities and organizations in order to provide staff expertise, training and guidance for safety program improvement, and
  - (3) Providing Directors program assessments employing standardized metrics that clearly measure safety program performance and improvement.
- b. OSHEM shall announce the annual schedule of METRs in December of the year preceding the new schedule. Individual METR logistics and program assessment agenda will be arranged between the OSHEM team and the organization Safety Coordinator at least 30 days prior to the METR inspection.
- c. OSHEM shall provide the organizational Director with an oral briefing on inspection findings and a written report of findings and deficiencies within 30 days of the end of the METR inspection. The report will detail such items as:
- (1) Deficiencies not in compliance with the *Safety Manual* and applicable regulations and codes in each of the disciplines (occupational safety and health, industrial hygiene, fire and life safety, environmental management) identified during the inspection.
  - (2) Assessment of each operational topic program area, providing an



evaluation of the degree of compliance. A finding, or program non-compliance, will be listed for programs with many deficiencies, deficiencies in many locations, any RAC 1 deficiency, or numerous RAC 2 deficiencies, per [Chapter 4, "Safety Risk Management Program"](#), of this *Manual*.

- (3) Assessment of the Safety Program management elements detailed in [Chapter 3, "Elements of a Comprehensive Safety, Health and Environmental Management Program"](#), of this *Manual*.
- (4) Other unit-specific safety program performance indicators to address unique operational circumstances.
- (5) Risk Assessment Code (RAC) assignments for each finding and deficiency, with a timetable for corrective actions.
- (6) Specific dates (30 days, 120 days, and 240 days from METR report date) on which progress reports on corrective actions taken will be due, through the Organizational Director, to OSHEM.

#### **D. FACILITY-MAINTAINED LOG OF DEFICIENCIES AND CORRECTIVE ACTION PLAN**

- a. Each facility shall maintain a Log of Deficiencies reported to the Safety Coordinator and listing for each deficiency: an identifying number, the date identified, description and location, who identified it and the RAC of the deficiency (see [Attachment 1](#) for templates of the deficiency log and corrective action plan)
- b. A Corrective Action Plan will be established for each deficiency, to include the details of the corrective action, the interim controls taken to reduce the deficiency (if applicable), the interim RAC, the individual/department/division responsible for correcting the deficiency, including a work ticket or project number as applicable, and the estimated completion date. Final completion date will then be noted for the record.
- c. The updated Log of Deficiencies and Corrective Action Plan will be discussed with the Director, key facility staff and building management as frequently as needed but at least twice per year to obtain management commitment, budgetary resources, person, or position responsible for corrective action and estimated completion date
- e. The Log of Deficiencies and Corrective Action Plan will also be made

available to OSHEM for review as part of the METR and its periodic progress report process.

## **E. RECORDS AND REPORTS**

1. Safety inspections, program reviews, METRs, deficiency logs, and corrective action plans shall be clearly documented and fully auditable. Documentation provides an important and essential record of what deficiencies have been identified and what plans are in place for correction of these deficiencies and program shortcomings. Documentation also provides timely and accurate information that can be provided to any employees who reported a hazard, and it keeps management aware of the status of long-term correction items, identifies problem areas, and aids in budgetary prioritization.
2. All records and reports required by this Chapter shall be retained by the organization for at least five years.

### Log of Deficiencies Corrective Action Plan (LOD/CAP)

### ATTACHMENT 1

Note: Safety Coordinators have the option to use either this long version or the next two work sheets that break this into a Log of Deficiencies separate from the Corrective Action Plan in order to fit on 8.5 x 11 paper.

Organization: \_\_\_\_\_  
Safety Coordinator: \_\_\_\_\_

#	Date ID'd	Description of Deficiency	Who ID'd (METR, Safety Coordinator, Safety Committee)	Location	RAC	Plan for Correction	Interim Controls (if applicable)	Interim RAC	Individual or Div responsible to correct (list O/E/O Project # if applicable)	Est Compl Date	Compl Date



# Corrective Action Plan (CAP)

## ATTACHMENT 1

Facility:

Safety Coordinator:

Def#	Date Id'd	Plan for Correction	Interim Controls (if applicable)	Interim RAC	Indiv/Dept/Div responsible to correct (list OFEO Project # if applicable)	Est Compl Date	Compl Date