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June 19, 2010

U. S. Office of Special Counsel
1730 M Street, N.W. Suite 218
Washington DC, 20036-4505

SUBJECT: OSC File No. DI-08-3062, Karl Gibson's Comment Letter #2

Ms. Lynn Alexander,

1. As per your May 25, 2010 letter, I, Karl L. Gibson wish to make the following comments concerning management's allegations of violations of regulation and gross mismanagement by me while in Preventive Medicine section and the command of Munson Army Health Center and US Army MEDDAC, Fort Leavenworth, Kansas.

2. Management has made claims that Karl Gibson has refused to do work and has received training to perform. There are conflicts with these claims and management official's sworn statements and testimony. Jacob Derivan was Karl Gibson's supervisor and rater from December 8, 2006 to November 16, 2008; Beverly Jefferson was Karl Gibson's supervisor and rater from July 1, 2006 to December 7, 2006, senior rater from December 8, 2006 to November 16, 2008, and supervisor and rater from November 17, 2008 to March 27, 2009.; COL Carmen Rinehart was commander of the USA MEDDAC and Munson Army Health Center at Fort Leavenworth from June 2006 to June 2008; COL Andrea Crunkhorn was commander of the USA MEDDAC and Munson Army Health Center at Fort Leavenworth from June 2008 to present.

2.a. According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 594 He was asked if Karl Gibson refused to do what his supervisor asked of him. Jacob Derivan answered: "Well, he (Karl Gibson) was doing those tasks well. Again, if I tasked him (Karl Gibson) him to collect a bunch of reports for a Freedom of Information request, he was doing it. **He never said, No, I'm not going to do it - if I asked him or listed something for him to do.**" But in Jacob Derivan's sworn statement in Tab 11 of Assistant Secretary Thomas R. Lamont letter on page 8 he claimed: "Mr. Gibson spent the greater part of the 2008 refusing to perform IH surveys." It is notable that Mr. Gibson was not charged with refusing to follow Jacob Derivan's directive. If I had refused – Jacob Derivan would have charged me for any refusal.

2.a.1) In COL Carmen Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 6 she claimed "I wanted Mr. Gibson to get assistance and correct his deficient technical skills; however, **at no time did he accept any suggestion** that he was not conducting his technical assessments accurately. The more we tried to work with him, the more he rejected our attempts and view all corrective actions as 'attacks' on him." It is notable that Mr. Gibson was not charged with refusing to follow these 'assistance'.

2.a.2) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 207-208 Question: "In respect to when you filled out this job competency evaluation (on January 25, 2008) of Mr. Gibson and the failed rating (on November 1, 2007), **can you tell me specifically what training management provided to the employee to help him improve on his job performance** and where that was outlined and where management came back in and re-evaluated the employee and gave him feedback so he could improve on his job performance before the end of the rating period?" Jacob Derivan answered: "As far as I know during the 2007 rating period Karl wasn't given, since it was developing towards about halfway through and really snowballed towards the end of it with the deferment, about a month before the end of the rating evaluation period, **Karl wasn't given any formal, extra formal training**."

2.a.3) In COL Andrea Crunkhorn's sworn statement in Tab 14 of Assistant Secretary Thomas R. Lamont letter on page 1 she stated "The previous command group in conjunction with the PM staff, GPRMC staff, the Army Corps of Engineers, and OHSA, all attempted to assist Mr. Gibson in explaining the redirection to no avail. **My assessment is that Mr. Gibson continues to refuse to take the reasonable advice, mentoring and redirection offered by a host of valid and qualified sources, from OSHA to the Army Corps of Engineers, to Mr. Bentley/GPRMC**." It is notable that Mr. Gibson was not charged with refusing to follow these 'assistance'.

2.a.4) In Tab 11 of Assistant Secretary Thomas R. Lamont letter on Ongoing Competency Assessment Statement record on January 25, 2008 by Jacob Derivan that Karl Gibson 1) "**This employee has demonstrated the knowledge and skills necessary to meet the requirements of their position, based on job description and defined criteria as per their Initial Competency Assessment Checklist." and 2) "Ability to perform solo or team surveys in most workplace settings.**"

2.a.5) Karl Gibson requested from COL Andrea Crunkhorn Commander, USA MEDDAC under Freedom of Information Act request FP-09-019648/FA-09-0033, dated April 20, 2009 for my individual training records from 1990 to present (April 20, 2009). Fort Leavenworth's Office of Adjutant General responded on August 12, 2009 with my training records. **The last recorded training Karl Gibson received was on March 11, 1998.** The claim of training according to the FOIA request is false. (See FOIA request for Karl Gibson training record.)

2.a.6) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 643 Question: "According to these emails, sir, did you not tell him (Karl Gibson) to keep you informed as to what he was doing? Jacob Derivan answered "Yes." Question: "And every individual task that he did, you instructed him on what to do?" Jacob Derivan answered: **"It was more in terms of he (Karl Gibson) said, I want to do this, and I would say yes or no."** But in Jacob Derivan's sworn statement in Tab 11 of Assistant Secretary Thomas R. Lamont letter on page 8 he claimed: "Mr. Gibson spent the greater part of the 2008 refusing to perform IH surveys." It is notable that Mr. Gibson was not been charged with refusing to follow Jacob Derivan's directive. The claim that Karl Gibson refused to do surveys is false.

2.a.7) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 698 Question: "Did he (Karl Gibson) do anything when he went over there or did he just walked into the area and then leave and then write a report? Jacob Derivan answered: "**At that point, he did just exactly what the performance standard said**. This is what you SUBJECT: OSC

need to do for, let's say a survey or assessment. So interview 30 percent of the in-place personnel, he would talk to just 30 percent and the letter of the law, you know and keep going. **That's why ultimately we needed to adjust it because the performance standards listed things that we needed but IH assessment wouldn't be limited to, but Mr. Gibson was doing only what we asked him (to do)** and ultimately you need the industrial hygienist to, again, do everything that needs to be done to characterize a hazard and then determine whether or not the workplace was safe or if control needs to be put in place."

2.a.8) According to Jacob Derivan's Memorandum for Record; SUBJECT: Periodic Performance Counseling; Dated 29 August 2008 in paragraph 3. Jacob Derivan wrote "Daily assigned tasks. The tasks that are assigned for any given day are to be priority for that day. There may be times when tasks are subsidiary to other tasking (i.e. 'Pick up scanner for IH inventory') that will be assigned at a later date. My expectations of what is expected of you are usually very explicit. **You are not to carry the tasking on to the next level unless you have been directed to do so**."

2.a.9) In COL Carmen Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 2 she claimed "I do not remember all meetings but Mr. Gibson did not agree necessary with the standards and **there were many issues getting him to perform** them in a timely manner and without mistakes." Since the supervisor Jacob Derivan stated "**Mr. Gibson was doing only what we asked him" to do**, COL Carmen Rinehart's claim is false.

2.a.10) In COL Andrea Crunkhorn's sworn statement in Tab 14 of Assistant Secretary Thomas R. Lamont letter on page 1 she stated "The previous command group in conjunction with the PM staff, GPRMC staff, the Army Corps of Engineers, and OSHA, all attempted to assist Mr. Gibson in explaining the redirection to no avail. My assessment is that **Mr. Gibson continues to refuse** to take the reasonable advice, mentoring and redirection offered by a host of valid and qualified sources, form OSHA to the Army Corps of Engineers, to Mr. Bentley/GPRMC." Since the supervisor Jacob Derivan stated "**Mr. Gibson was doing only what we asked him" to do**, COL Andrea Crunkhorn's claim is false.

2.a.10.a) According to the record: the PM staff provided no training. (See FOIA request for Karl Gibson training record.)

2.a.10.b) According to the record: Scott Bentley preformed 3 formal investigations of Karl Gibson that happened in July 2007, August 2007 and February 2008. (See MFR, SUBJECT: Mr. Scott Bentley Visit 16-18 July 2007; Dated 18 July 2007.) (See MFR, SUBJECT: Meetings on 21-29 August 2007; Dated 31 August 2007.) (See Email; SUBJECT: IH Work Report for 20-24 August 2007; Dated August 23, 2007.) (See MFR; SUBJECT: Mr. Bentley Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson; Dated 22 February 2008.) The record clearly shows that no training was provided in these formal investigations and Scott Bentley spent very little time with Karl Gibson. In the July 2007 formal investigation, Scott Bentley spent less than 1 hour total with or around Karl Gibson. In the August 2007 formal investigation, Scott Bentley spent less than 3 hours total with or around Karl Gibson. In the February 2008 formal investigation, Scott Bentley spent less than 4 hours total with or around Karl Gibson.

2.a.11) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 3, 2010 page 829-830 Question: "**Could you show me where the documentation is, sir, that Mr. Gibson received any training prior to this (January 25, 2008) certification here**? Jacob Derivan answered: "**Training in what**?" Question: "Well, on one hand you're saying that – that's what I'm confused on. **Because you're saying that he went an entire year and had problems in the same areas that you failed him for 2007-2008, which was IH surveys and reports. And so if he went the entire year of 2006/2007 and had problems and you were trying to save his job, what training did you give him** in order to equip him, better equip him, with what he needed to perform in those areas in which you failed him for in 2007 and 2008?" Jacob Derivan answered: "**At this point in time we didn't have a lot of chance to give him any training.**" Additionally, on page 834 Question: "As far as the guidance he (Karl Gibson) needed in order to enhance his understanding of IH surveys and reports, **did you recommend that he take any type of report writing course** or take an additional class that you could enhance his understanding of how he was supposed to do his job as far as surveys is concerned?" Jacob Derivan answered: "**At this point, no I didn't**." In Tab 11 of Assistant Secretary Thomas R. Lamont letter on Ongoing Competency Assessment Statement record on January 25, 2008 by Jacob Derivan that Karl Gibson 1) "This employee has demonstrated the knowledge and skills necessary to meet the requirements of their position, based on job description and defined criteria as per their Initial Competency Assessment Checklist." and 2) "Ability to perform solo or team surveys in most workplace settings." (See FOIA request for Karl Gibson training record.) The claim of training is false.

2.a.12) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 3, 2010 page 825-826 Question: "can you think of any particular documents that dealt with a particular building that Mr. Bentley reviewed that he found to be wrong with Mr. Gibson's work?" Jacob Derivan answered: "To give you specifics on which specific reports, no I can't remember."

2.b. Management has made claims that Karl Gibson has not produced an Industrial Hygiene Implementation Plan to coordinate the IH work and so work and hazards could be tracked.

2.b.1) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 707 Jacob Derivan was asked about Karl Gibson Industrial Hygiene Implementation Plan (IHIP). This is an **annual tracking schedule** of what needed to be performed to maintain IH program elements. Jacob Derivan answered "So Karl produced his IHIP for the rating period and this is one of those scenarios where again, not being an industrial hygienist, I said, I think I'm going to need Scott Bentley's help on this, so I sent it to Mr. Bentley because I wasn't really sure what exactly needed to be there, so I asked my subject expert and got guidance on it." Question: "And the attached document that would be an example of the IHIP?" Jacob Derivan answered "**That would be, I think, the IHIP that Mr. Gibson submitted for the suspenses included in his performance standards.**" Question: "Just for clarification, the comments that Mr. Bentley responded to you in this email, these are comments on this IHIP that Mr. Gibson submitted, correct?" Jacob Derivan answered "Yes."

2.b.2) In COL Carmen Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 4 she claimed "During the process we found that **Mr. Gibson did not have a tracking and monitoring program** in place that alerted when testing needed to be performed....there

was no established program in place to ensure more than one person knew when PM services and inspections were required for the installation. It appeared that Mr. Gibson did not want anyone else to have a full understanding of when and where IH requirements were needed for evaluation and review." COL Carmen Rinehart's claim is false.

2.b.3) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 708 Jacob Derivan was asked about Karl Gibson Industrial Hygiene Program Document. Jacob Derivan answered "**Mr. Gibson had a performance standard which said submit your updates for the industrial hygiene program document**, which is actually a part of the preventive medicine program document, so basically we were asking submit updates which you would want to included in the preventive medicine program document and he needed to do this by a certain suspense. And this is what he submitted as his recommended updates to the program document." Jacob Derivan also confirms this on pages 713 and 714.

2.c. Management has made claims that Karl Gibson was hard to work with, refused to do what management wanted, or documentation of these problems.

2.c.1) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 3, 2010 page 862-863 Question on Arbitration of disagreements between Mr. Gibson and the Corps of Engineers: "Here it states, **in the event that there are – there is a disagreement, either technical or procedural,** between the Corps of Engineers' staff and Army Munson staff industrial hygienist which is Karl Gibson, the Corps of Engineers' staff will refer the matter to the Army Munson Hospital command staff for resolution. For technical issues, the Army Munson command staff may elect to refer the matter to the Great Plains Regional industrial hygiene, Mr. Scott Bentley." Was this used? **No, this was never used** because Karl Gibson did not have any disagreement, either technical or procedural, between the Corps of Engineers' staff and himself. (See FY 2009 Scope of Work and Cost Estimate for CENWK to Provide Industrial Hygiene Support for Munson Army Health Center Command Staff, Fort Leavenworth, Kansas; Dated October 6, 2008.)

2.c.2) Yet in COL Carmen Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 6 she claimed "I wanted Mr. Gibson to get assistance and correct his deficient technical skills; **however, at no time did he accept any suggestion** that he was not conducting his technical assessments accurately. The more we tried to work with him, the more he rejected our attempts and view all corrective actions as 'attacks' on him." It is notable that Mr. Gibson was not charged with refusing to follow these 'assistance'." COL Carmen Rinehart's claim is false.

2.c.3) In Jacob Derivan's sworn statement #2 in Tab 11 of Assistant Secretary Thomas R. Lamont letter on page B stated "**I have my entire MS Outlook PST file archived and available** for reference." According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 20, 2010 page 205 when asked if he could produce emails concerning the Corps of Engineers for the arbitration Jacob Derivan answered "I don't know if those emails are in existence any more. I don't have an email on the Munson server. **I don't have an email Outlook account any more** so I don't know if they are out there."

2.c.4) In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 592 Question: "**Was there a standard operating procedure on what was to go into each**

assessment survey, was it ever written and given to Mr. Gibson?" Jacob Derivan answered: "**No**."

2.d. Management has made claims that Karl Gibson made errors and the Corps of Engineers were the experts to identify these errors.

2.d.1) In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 632-633 Question: "You claim that the Corps of Engineers were the experts in lead for Building 77 DAPS survey (in 2008), and according to Mr. Mitchell's certificates (of training) here as far as lead is concerned he has not received any current training in lead since 1996, so **how would you assess that he's an expert when it to lead and his training certificate has expired since 1996**? Jacob Derivan answered: "I can't explain that. **I don't know** that he hasn't taken refresher courses and gotten CME's to keep his certification up."

2.d.2) In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 641-643 Question: "You (Jacob Derivan) testified that after October 6, 2008, you gave control over the IH program to Mr. Gibson and you did not know what Mr. Gibson did as far as Building 77 DAPS (on November 13, 2008), as far as the wipe samples." Jacob Derivan answered "Okay." Jacob Derivan was handed a s series of emails between Karl Gibson and Jacob Derivan concerning Building 77 DAPS. Question: "According to those emails there were you very much involved in the process dealing with Building 77?" Jacob Derivan answered "Looks like he kept me in the loop." Question: "According to you, you didn't have anything to do with Mr. Gibson's process and how he went out and conducted the wipe samples with Building 77?" Jacob Derivan answered "I didn't." Question: Did you task Mr. Gibson to do surveys according to these emails here? Jacob Derivan answered: "I said, Go ahead and do it." **Did you approve the sampling and the analysis of the wipe samples that Mr. Gibson used?" Jacob Derivan answered: "Yes." Question: "Did you inform Mr. Gibson during these that he was wrong in how he conducted the wipe samples?" Jacob Derivan answered: "No....I said Go ahead and do it. As the IH you have permission.**" Question: "According to these emails, sir, did you not tell him (Karl Gibson) to keep you informed as to what he was doing? Jacob Derivan answered "Yes." Question: "**And every individual task that he did, you instructed him on what to do?" Jacob Derivan answered: "It was more in terms of he (Karl Gibson) said, I want to do this, and I would say yes or no."** (See Emails SUBJECT: BLDG 77 – DAPS Request to Order Supplies and Test; and SUBJECT: BLDG 77 Written Outline detailing your strategy as to what doing to determine compliance; Dated October 1, to November 13, 2008.)

2.d.3) In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 20, 2010 page 122-130 Questions were asked of Jacob Derivan as to how Mr. Gibson failed to use the appropriate IH measures and enforceable health or standards. Question: **"Could you explain exactly how Mr. Gibson failed to do this?"** Jacob Derivan answered **"Well, one situation that comes to mind which was a very big one, we had an issue over at Building 77, the print plant....They wanted to confirm that their workplace was clean....Mr. Gibson asked – relayed the situation to us and we were working with their organization, the print plant's safety coordinator somehow too, but basically wanted Mr. Gibson to come back in and resample. We gave him permission....**The tests that were performed, I think it was a wipe test,...but there was a wipe test that was done inappropriately....Well, Mr. Gibson came back in and was here to prove that this work environment was indeed clean. He came back in and did the same test again, wrong test, wrong standard, and even after Mr. Dan Mitchell of the Corps of Engineers recommended that he not do it that

way." Question: **"You speak about incorrect standards, incorrect sampling, what was incorrect about what he done?"** Jacob Derivan answered **"I can't."** Question: "Could you articulate for me what he (Karl Gibson) not do correct that was in accordance to the standards?" Jacob Derivan answered "He did a wipe test which, first of all, doing a wipe test on **galvanized sheet metal** I know was one of the specific problem was wrong." Question: "You didn't know what the process is in doing this but you evaluated him on it? Jacob Derivan answered "I don't know off the top of my head all the intricacies of that scenario because **I had trip reports in front of me from the Corps of Engineers to rely on plus I had Mr. Mitchell that I can talk to.**" Question:" So I'm asking you as his supervisor did you approve for him to do these tests?" Jacob Derivan answered "I said, Go back out and survey and make sure it's clean." Question: "Based upon the Corps of Engineers going out with Mr. Gibson did they find anything wrong as to the process he done in performing the tests at Building 77? Jacob Derivan answered "Yes." Question: 'What was that they found wrong?" Jacob Derivan answered "That he used the wrong sampling techniques and used the wrong standard."

2.d.4) In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 20, 2010 page 132-133. Jacob Derivan was presented with the Corps of Engineers trip report concerning the Building 77 Print plant. Question: "Could you look at the Section 3 of this document and it's entitled November 20, 2008, industrial hygiene technical support, technical observation, 13 November 2008 sampling at Building 77. Could you read the very last sentence of Number 3? Jacob Derivan answered "Says, '**Mr. Mitchell concurred with Mr. Gibson to obtain wipe samples for closure purposes'**." Question: "If you could begin at the beginning of that sentence?" Jacob Derivan answered "'However, as wipe sampling was completed during the 22 March 07 event, Mr. Mitchell concurred with Mr. Gibson to obtain wipe samples for closure purposes'." Question: "**So according to this statement here, Mr. Mitchell agreed with what Mr. Gibson done in Building 77?"** Jacob Derivan answered **"Sounds like Mr. Mitchell concurred to go ahead and do wipe samples for closure purposes."** (See Corps of Engineers Memorandum SUBJECT: Industrial Hygiene Technical Support – Technical Observations 13 November 2008 Sampling at BLDG 77 – DAPS; Dated 20 November 2008)

2.d.5) In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 632-638 Question: "You claim that the Corps of Engineers were the experts in lead for Building 77 DAPS survey, and according to Mr. Mitchell's certificates (of training) here as far as lead is concerned he has not received any current training in lead since 1996, **so how would you assess that he's an expert when it to lead and his training certificate has expired since 1996?** Jacob Derivan answered: "**I can't explain that**. I don't know that he hasn't taken refresher courses and gotten CME's to keep his certification up." Question: "When you were asked why Mr. Gibson failed in IH surveys and IH reports did you testify that one of the situations that came to your memory had to deal with this Building 77 in which he took wipe samples and and the wipe samples that he took was incorrect?" Jacob Derivan answered "Yes." Question: "And you said **you had based that assessment on the information that was supplied to you by Mr. Dan Mitchell; is that correct, sir?"** Jacob Derivan answered **"Yes."** But since Mr. Mitchell written document states that he concurred with the wipe samples Jacob Derivan was asked Question: "But yet you stated earlier that you failed him because his wipe samples were done incorrectly; is that correct?" Jacob Derivan answered "They were done inappropriately....It was still a wrong use of the method." Question: "**So how did you come to the conclusion that he (Karl Gibson) failed** based upon how he performed the wipe samples for Building 77?" Jacob Derivan answered "**Based on Mr. Mitchell's input to me."**

2.d.6) In Daniel Mitchell's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 956-960 Mr. Dan Mitchell was asked about a Corps of Engineers Memorandum SUBJECT: Industrial Hygiene Technical Support – Technical Observations 13 November 2008 Sampling at BLDG 77 – DAPS; Dated 20 November 2008. When asked if he recognized this, Dan Mitchell answered: "I completed a review of a sampling plan...I know of no correlation between an occupational exposure and a concentration on a surface or the presence of lead in that setting, so it may be present but the pathway is not set and there's really not a good correlation between the presence of lead and what would be determined an occupational exposure. **The appropriate assessment for lead for comparing it to the occupational lead standard is the OSHA standard.**" Question: "Would just for the purposes of comparing if there was any difference between the two samplings (was that what you agreed to)?" Dan Mitchell answered: "Yes. Question: Would it, if he did the wipe sampling again, in your opinion would that be appropriate way of identifying whether or not there was a hazard?" Dan Mitchell answered: "Wipe sampling should not have been included in the initial sampling for assessing the lead in the occupational setting. **The wipe sampling was not – is not a method used per OSHA standard.**" Ms Hinkebein, Army attorney asked if this "First, can you identify did you draft this report?" Dan Mitchell answered: "Yes, I was present at the time of sampling and this is my observations as far as a physically a trip report. Includes my observations and it's signed by – **I drafted the document and my supervisor signed it.**" Question: "And then can you tell me, there is an excerpt from the Code of Federal Regulations attached to that. Did you include that with your report?" Dan Mitchell answered: "Yes." Question: "**And in the next page is a, looks like, a letter from Pace Analytical, was that included in the report as well or can you tell me what that is?** Dan Mitchell answered: **"Yes, those are the results from the sampling that were completed at the time."** Question: "And there's several pages of that, that's the same thing?" Dan Mitchell answered: "Yes." (See Corps of Engineers Memorandum SUBJECT: Industrial Hygiene Technical Support – Technical Observations 13 November 2008 Sampling at BLDG 77 – DAPS; Dated 20 November 2008)

2.d.7) Compare Jacob Derivan's and Daniel Mitchell's statements to facts:

2.d.7.a) What does the OSHA Standard state? It states: OSHA standard in 29 CFR 1910.1025 Lead paragraph (h) Housekeeping, sub paragraph (1) "Surfaces. All surfaces shall be maintained as free as practicable of accumulations of lead."

2.d.7.b) What does this mean? OSHA's interpretation letter to Mr. Frank White, dated January 13, 2003 is provided. OSHA provides its letters of OSHA's interpretation of what it the standard means. What does "as free as practicable of accumulations of lead" mean?

According to OSHA, "As you are aware, the requirement to maintain surfaces "as free as practicable" is performance-oriented. No quantitative levels of lead in dust are identified by the standard. The requirement is met when the employer is vigilant in his efforts to ensure that surfaces are kept free of accumulations of lead-containing dust. The role of the Compliance Safety and Health Officer (CSHO) is to evaluate the employer's housekeeping schedule, the possibility of exposure from these surfaces, and the characteristics of the workplace.

In situations where employees are in direct contact with lead-contaminated surfaces, such as working surfaces or floors in change rooms, storage facilities and, of course, lunchroom and eating facilities, OSHA has stated that the Agency would not expect surfaces to be any cleaner than the 200-ug/ft^2 HUD level."

The HUD's current Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (the Guidelines) provide detailed, comprehensive, technical information on how to identify lead-based paint hazards.

CHAPTER 15: *CLEARANCE*

Unless U.S. Environmental Protection Agency (EPA) regulations establish different clearance levels, the following HUD clearance standards should be used, based on wipe sampling:
* 100 mg/ft2 for floors.
* 500 mg/ft2 for interior window sills.
* 800 mg/ft2 for window troughs and exterior concrete or other rough surfaces.

The EPA has established health based standards for lead dust. According to EPA, **40 CFR Part 745 Lead; Identification of Dangerous Levels of Lead; Final Rule 745.65 Lead-based paint hazards (b)** ***Dust-lead hazard.*** "A dust-lead hazard is surface dust that contains a mass-per-area concentration of lead equal to or exceeding 40 mg/ft2 on floors or 250 mg/ft2 on interior window sills based on wipe samples."

2.d.7.c) According to OSHA, how is lead dust measured? In http://www.osha.gov/SLTC/surfacecontamination/exposure.html OSHA states "Surface contamination Exposure Evaluation. Surface contamination may cause serious injury and permanent damage. Workers that may be exposed need to be aware of the evaluation methods for hazards in their work environment. The following references aid in evaluating surface contamination hazards in the workplace." There are several methods that OSHA allows to measure lead dust in wipes:
NIOSH Method LEAD in Surface Wipe Samples No. 9100,
OSHA Method ID-125G,
OSHA Method ID-125, and
OSHA Method ID-1006.
Each of these method clearly show that they are to be used for lead wipe samples.

2.d.7.d) Mr. Dan Mitchell's memorandum entitled November 20, 2008, industrial hygiene technical support, technical observation, 13 November 2008 sampling at Building 77. In Daniel Mitchell's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 960 Question: "**And in the next page is a, looks like, a letter from Pace Analytical, was that included in the report as well or can you tell me what that is? Dan Mitchell answered: "Yes, those are the results from the sampling that were completed at the time."** Question: "And there's several pages of that, that's the same thing?" Dan Mitchell answered: "Yes." Dan Mitchell claims these PACE Analytical documents reflect Karl Gibson's work, but they do not reflect what Karl Gibson's work. (See Corps of Engineers Memorandum SUBJECT: Industrial Hygiene Technical Support – Technical Observations 13 November 2008 Sampling at BLDG 77 – DAPS; Dated 20 November 2008)

2.d.7.d.1) Page 1, Cover letter Pace Analytical to Ms. Debbie Hazelbeck; dated November 28. 2007. States "Enclosed are the analytical results for sampling for sample(s) received by the laboratory on November 27, 2007." Karl Gibson conducted the Building 77 survey on November 13, 2008. These are not Karl Gibson's samples or results.

2.d.7.d.2) Page 2 and 3. This project name is **Ductwork** sample and contains 3 wipe samples:1) center **inside** vent, 2) left **inside** vent, and 3) cabinet under #1 vent collected on 11/21/07. Karl Gibson conducted the Building 77 survey on November 13, 2008. These are not Karl Gibson's samples or results. These appear to be where Jacob Derivan got the idea Karl Gibson was doing a wipe test on galvanized sheet metal. In Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 20, 2010 page 122-130 Question: "Could you articulate for me what he (Karl Gibson) not do correct that was in accordance to the standards?" Jacob Derivan answered "He did a wipe test which, first of all, doing a wipe test on **galvanized sheet metal** I know was one of the specific problem was wrong." Question: "You didn't know what the process is in doing this but you evaluated him on it? Jacob Derivan answered "I don't know off the top of my head all the intricacies of that scenario because I had trip reports in front of me from the Corps of Engineers to rely on plus I had Mr. Mitchell that I can talk to." These fabricated work report results isn't Karl Gibson's work.

2.d.7.d.3) Page 4. This page shows someone in management has changed sample results for wipe sample in the center inside vent for Aluminum, Cadmium, Lead, and Zinc. These are not Karl Gibson's samples or results.

2.d.7.d.4) Page 9, Chain of Custody for project name is Ductwork sample and contains 3 wipe samples:1) center inside vent, 2) left inside vent, and 3) cabinet under #1 vent collected on 11/21/07. Company Name is DOL/DPW Environmental Div, Karl Gibson does not work for this organization. Company address is 810 McClellan Ave, Karl Gibson worked at 550 Pope Ave.
Report to D. Hazelbeck, not Karl Gibson.

2.d.7.d.5) Page 10-14, Purchase Order No. 0770, Order Date: 21 August 07
Sample Notes: Taken by P. Gearld 21 Nov 2007 @ 0830. These are not Karl Gibson's samples or results.

2.d.8) These results were fabricated to smear Karl Gibson.

3. Management has made claims that Scott Bentley is their best to place management's and the Department of the Army's views. In Scott Bentley's Great Plains Regional Medical Command Organization Inspection Program of Commander COL Andrea Crunkhorn program as of 24-26 November 2008 in Tab 16 of Assistant Secretary Thomas R. Lamont letter on page 2/8 Scott Bentley informed Commander COL Andrea Crunkhorn, 1LT Jacob Derivan, LTC Beverly Jefferson, COL John Beus that "**No scheduled surveys have been conducted since August 2007**." According to Assistant Secretary Thomas R. Lamont letter on page 18 declared "Perhaps no one but Mr. Scott Bentley can best put into perspective and capture the "state" of the MAHC IH program under Mr. Gibson, roughly from 1999 (When Mr. Bentley became the GPRMC IHPM) forward."

3.a. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 340 Question: "As a technical advisor and consultant that responsible for overseeing the operation of this program, **if this program is not operating in accordance with local, state, and federal regulation, as the overseer of this program, what action do you take?**" Scott Bentley answered: "The actions, the specific action that we took for this program?" Question: "No, that you take." Scott Bentley answered: "**Okay, I make sure that the work gets done**." There is no

evidence that Scott Bentley insured that the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 were performed.

3.b. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 358 When Scott Bentley was asked if Karl Gibson could perform all the DA 40-503 annual IH surveys? Scott Bentley answered: "He's one person. There's no way that we would expect him (Karl Gibson), we, Department of the Army we're not going to set him up to fail. **There's no way that he's (Karl Gibson is) going to be able to go through each of those work environments and do those assessments with one person. There's no way**." Even though Scott Bentley stated this of the requirement and Karl Gibson, there is no evidence that Scott Bentley insured that the annual, legally-required Industrial Hygiene Surveys for all 295 DOD/DA workplace buildings on Fort Leavenworth in 2007, 2008, and 2009 were performed.

3.c. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 428-429 Question: "To be clear, you claim in this rating period (1 November 2007 thru 16 November 2008) that Mr. Gibson placed wrong lab results in a report?" Scott Bentley answered: "I did not say that." Question: "You did not?" Scott Bentley answered: "No, **my testimony was that I did not review any of the reports that Mr. Gibson generated during the rating period (1 November 2007 thru 16 November 2008) .**"

3.d. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 446-447 Question: "You have spoke earlier in your testimony that there were several lab services that Mr. Gibson performed that were deemed unnecessary. Where was Mr. Gibson – which **one of these lab services that was produced by – performed by Mr. Gibson was deemed unnecessary?"** Scott Bentley answered: "That was prior to this rating period (1 November 2007 thru 16 November 2008)". Scott Bentley was asked to clarify, and he again stated "**no, not during this rating period.**"

3.e. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 356 Scott Bentley answered "I've not seen the IHIP, the '08 IHIP."

3.e.1) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 359 Scott Bentley answered "What I'm saying here is that I did not see the 2008 IHIP that was produced if one was produced. **I haven't seen that document**...I have no idea what Mr. Gibson put in that IHIP. That's his document. This is his program."

3.e.2) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 359 Scott Bentley answered again concerning the 2008 IHIP "**He never produced it as far as I know.**"

3.e.3) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 360 Scott Bentley answered again concerning the 2008 IHIP: "I have no way of knowing what Mr. Gibson put in the plan. **I have not seen it**."

3.e.4) Scott Bentley's sworn testimony disagrees with Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 707 According to Jacob Derivan's sworn

testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 707 Jacob Derivan was asked about Karl Gibson Industrial Hygiene Implementation Plan (IHIP). This is an **annual tracking schedule** of what needed to be performed to maintain IH program elements. Jacob Derivan answered "So Karl produced his IHIP for the rating period and this is one of those scenarios where again, not being an industrial hygienist, I said, I think **I'm going to need Scott Bentley's help on this, so I sent it to Mr. Bentley** because I wasn't really sure what exactly needed to be there, so I asked my subject expert and got guidance on it." Question: "And the attached document that would be an example of the IHIP?" Jacob Derivan answered "**That would be, I think, the IHIP that Mr. Gibson submitted for the suspenses included in his performance standards.**" Question: "Just for clarification, the **comments that Mr. Bentley responded to you in this email, these are comments on this IHIP that Mr. Gibson submitted, correct?**" Jacob Derivan answered "**Yes**."

3.e.5) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 10, he stated "**The problem is** – that when he went to apply what he saw to the IHIP – he was unable to determine the level of risk – **everything was a PRIORITY 1**." Scout Bentley stated "Mr. Gibson noted the identified deficiencies and was to take that information and **apply it to the IHIP....Much to my dismay – Mr. Gibson had taken no action to correct** the issues we identified in February 2008."

3.e.6) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 356. When asked about the 2007-2008 Industrial Hygiene Implementation Plan, Scott Bentley answered: "Without seeing IHIP, I have no idea exactly what was presented to the Corps....**I've not seen the IHIP, the '08 IHIP**."

3.e.7) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 357-358 When asked about the 2007-2008 Industrial Hygiene Implementation Plan, Scott Bentley answered: "The IHIP that was presented in February of 2008 was – **I saw the 2007 document. It was not inclusive enough**."

3.e.8) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 358-359 Question: "Well, you're telling me, you're telling me that what the Corps of Engineers said here, okay, you're the expert, your advising them on how things should be done in accordance to the regulation, so I'm not understanding why the Corps of Engineers, you are the expert be advising them to do things in accordance to the DA PAM 40-503, why the Corps of Engineers would have you to revisit that format if you're doing stuff in compliance with the individual regulation? Scott Bentley answered: "**What I'm saying here is that I did not see the 2008 IHIP that was produced if one was produced. I haven't seen that document....I have no idea what Mr. Gibson put in that IHIP**. That's his document. This is his program." Question: "Okay, so you're saying you didn't know what was in his IHIP program?" Scott Bentley answered: "**He never produced it as far as I know**."

3.e.9) So, according to Scoot Bentley - which is it? – was it: 1) "**everything was a PRIORITY 1"?** or was it **2) "I've not seen the IHIP"?** Or was it **3) "It was not inclusive enough"?** Or was it **4) apply it to the IHIP....Much to my dismay – Mr. Gibson had taken no action to correct the issues"?** Or was it **5) "I haven't seen that document....I have no idea what Mr. Gibson put in that IHIP"?** Scott Bentley has said them all about the same IHIP under oath.

3.f. Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 9 he claimed "Mr. Gibson flat out refused to perform the assigned tasks."

3.f.1) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 708 Jacob Derivan was asked about Karl Gibson Industrial Hygiene Program Document. Jacob Derivan answered "**Mr. Gibson had a performance standard which said submit your updates for the industrial hygiene program document**, which is actually a part of the preventive medicine program document, so basically we were asking submit updates which you would want to included in the preventive medicine program document and he needed to do this by a certain suspense. And this is what he submitted as his recommended updates to the program document."

3.f.2) According to Jacob Derivan sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 also confirms Karl Gibson performs the tasks assigned on pages 713 and 714.

3.g. According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010. According to Agency's expert Scott Bentley on three separate times (Scott Bentley claimed on Page 403, Lines 2-4; Page 426, Line 18; and Page 426, Lines 20-21) that he was on Fort Leavenworth for "OSHA's wall to wall inspection" in May/Spring 2008.

3.g.1) According to COL Carman Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 4 she claimed "We had an intense OSHA wall to wall inspection that included review of all policies and procedures, operations and extensive walk through of the facility."

3.g.2) Karl Gibson and AFGE Local #738 Union knows this testimony is not truthful.

3.g.3) Ms. Hinkebein, Army attorney and Officer of the Court, wrote in Paragraph 8 ANSWER, that "In addition, there was no "Wall to Wall" inspection done during this timeframe." In this, the Agency acknowledges that Scott Bentley has committed perjury during his testimony (and COL Carman Rinehart's committed perjury in her sworn statement).

3.g.4) The Union has requested to know what the Agency's recommendation and plans to deal with this – as so far the Agency and Ms. Hinkebein, attorney and Officer of the Court, has done nothing concerning this perjury. (See FMCS #090630-03183-8, Agency response to Discovery Request; Dated 23 February 2010)

3.h. How to evaluate Mr. Gibson's work? In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 1 he claimed "Over the past three (3) years I have been actively engaged in as a technical advisor and consultant to MAHC management as well as **a coach and mentor Mr. Gibson in meeting his performance expectations**."

3.h.1) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 3 he claimed "I conducted a formal investigation to determine Mr. Gibson's **technical competency and validity of information presented in the 32 industrial hygiene survey reports** generated between April and July 2007." In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 3 he claimed "**My goal (and that of the Commander) was to validate the information contained in the reports**."

3.h.1.a) According to the record: Scott Bentley preformed a formal investigations of Karl Gibson that happened in July 2007. (See MFR, SUBJECT: Mr. Scott Bentley Visit 16-18 July 2007; Dated 18 July 2007.) The record clearly shows that no training was provided in this formal investigation and Scott Bentley spent very little time with Karl Gibson. In the July 2007 formal investigation, Scott Bentley spent less than 1 hour total with or around Karl Gibson.

3.h.1.b) According to an email form Scott Bentley to COL Carmen Rinehart on August 14, 2007 SUBJECT: RE: Follow up ref. Leavenworth Site visit, in paragraph 6. Scott Benley writes "**Since, I have not seen the actual sampling data and lab reports** – I feel it would be more beneficial for Mr. Gibson to rework his own reports (I can 'direct' from here – with LT Derivan's help.)". Scott Bentley claims are false because Scott Bentley admits that he did not see the actual sampling and lab reports, how can he claimed that 32 reports were wrong?

3.h.2) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 4 he claimed "I also discovered evidence to support allegations that Mr. Gibson has produced (1) false or misleading statements, and (2) concealment of that which should be disclosed." If management reviewed his so-called 'evidence' , they did not charge Mr. Gibson with these false allegations.

3.h.3) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 8 he claimed "Based on my initial assessment (July 2007), it was determined that the supervisor would initiate a performance improvement plan (PIP) to address technical competencies and deficiencies identified." Karl Gibson was not placed on a PIP in 2007 or 2008.

3.h.3.a) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 9 he claimed "Command wished to close the loop and get the original 32 reports submitted between April 2007 and July 2007 approved and distributed. **Mr. Gibson flat out refused to perform the assigned tasks**." Mr. Gibson never refused any task and management did not charge Karl Gibson for this claim.

3.h.3.b) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 13 he claimed "**Mr. Gibson did make some of my recommended formal changes and editorial enhancements.**" So, Karl Gibson either "flat out refused" or "did make some of my recommended" but not both.

3.h.3.c) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 13 he claimed "With Mr. Gibson's allegation that the original 32 reports submitted between April 2007 and July 2007 has later/modified by his supervisors – **Mr. Gibson was placed on a PIP.**" Karl Gibson was not placed on a PIP in 2007 or 2008. Karl Gibson never alleged that the "original 32 reports submitted between April 2007 and July 2007 has later/modified by his supervisor". Karl Gibson was never told what these 32 reports were, so I do not know if they were modified by his supervisor.

3.h.3.d) In Carman Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 1 she claimed "We also brought CPAC in at this point to discuss putting Mr. Gibson on a Performance Improvement Plan (PIP); however, after many meetings the **CPAC advised us that Mr. Gibson's standards were too vague and until the standards where clearly defined and**

measured and failures noted, we could not do a PIP." Karl Gibson was not placed on a PIP in 2007 or 2008. Only after the US Office of Special Counsel's findings did LTC Beverly Jefferson issued a draft PIP in February 2009.

3.h.3.e) According to Janice Sifford's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 397. Question: "Did Lieutenant Derivan ever ask you about work standards with respect to the grievant?" Janice Sifford, CPAC answered: "Not with the rating period (2006-2007) in question here, no." According to Janice Sifford's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 400. Question: "**Did you discuss a PIP** with Lieutenant Derivan? Janice Sifford answered: "I discussed a PIP in the context of the entire performance management system, being that anytime during the rating period, at the end of the rating period if an employee was failing to meet in one or more performance objectives, that it was a requirement to establish a PIP or a performance improvement plan. The minimum period of time established at Fort Leavenworth is 90 days....And we talked about the completion or lack thereof. **There was no discussion for a PIP for that performance rating period."**

3.h.4) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 370-371. Question: "So when he (Karl Gibson) went out and done these walk-throughs and these facility assessments and these industrial hygiene surveys, **what did he do with the information?**" Scott Bentley answered "**I'm not sure....to be honest.**" Question: "But as the oversighter and the expert over this (program) that gave advise to Lieutenant Derivan and had oversight of this program, **you're telling me from November 1, 2007, up to October of 2008, you don't know if any reports were written?**" Scott Bentley answered "**I don't know that any reports were generated during that period."**

3.h.5) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 424-425 Question: "**Do you know what Lieutenant Derivan instructed him (Karl Gibson) to do on a daily basis?**" Scott Bentley answered "**No,** I wasn't involved in his day-to-day supervision. I clearly stated that." Question: "Okay, so you wouldn't know whether Lieutenant Derivan would have directed him to do something that did not bring clarity to what he was supposed to do in regards to how to conduct surveys and reports?" Scott Bentley answered "I do know that in that Mr. Gibson, if he had a question Lieutenant Derivan couldn't answer Lieutenant Derivan, as he stated yesterday, would know where to go to get the answer that he needed to respond to Mr. Gibson....**I did not play a direct role in his evaluation**."

3.h.6) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 429 Scott Bentley answered again, "My testimony that **I did not review any reports that Mr. Gibson generated during the rating period (November 1, 2007 to November 16, 2008)**."

3.h.7) According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 430-432 Question: "You stated, to be clear again, **in this rating period did you know how Lieutenant Derivan dictated reports were to be written by Mr. Gibson?** Scott Bentley answered "**No, I wasn't there**." Scott Bentley was asked to read page 2, note after paragraph 4 in the October 6, 2008 counseling. Scott Bentley answered "This guidance supersedes the guidance given to you on 24 September 2008. The internal MFR is your work and what or not is to – or what not to

include will not be dictated to you. It is based on your observations and professional judgment." Question: "Okay, so according to this, Lieutenant Derivan would dictate what would go in the report and what wouldn't go in the report; is that correct? Scott Bentley answered "He uses the word dictate, yeah." Question: "I'm saying **according to his (Jacob Derivan's) statement here?**" Scott Bentley answered "**Yeah**" Question: "Okay, To be clear in this rating period **did you know how Lieutenant Derivan dictated how IH walk-throughs, IH assessments and IH surveys were to be conducted?**" Scott Bentley answered "**I was not present when Mr. Derivan gave instruction to Mr. Gibson**. I don't know that." (See MFR SUBJECT: Periodic Performance Counseling, Dated 6 October 2008)

3.h.8) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 5 he claimed "**Documentation shows that numerous military supervisors identified similar issues/concerns with Mr. Gibson as far back as 1999.**" According to Scott Bentley's sworn testimony in FMCS No. 090630-03183-8 Transcript dated January 21, 2010 page 438-439. Scott Bentley was asked about these issues going back to 1999. Scott Bentley answered "Sure, I'll list them all. I think I can remember all their names. Major White, Rodriquez-White, who was the last one before Jefferson?" Karl Gibson rater was Major Nobach.

3.h.8.a) According to the Senior System Civilian Evaluation Report Period covering 1999/11/01 thru 2000/10/31 Rater Major Evelyn Rodriquez-White states "1) Knowledgeable and capable of handling the most complex procedures; 2) Maintains high standards of professionalism in a challenging work environment; 3) Exceptional dedication and commitment to the MEDDAC, Preventive Medicine and Installation mission; 4) His organizational skills in coordinating resources with CHPPM, GPRMC, USAR, Kansas and Missouri National Guard resulted in non-duplication of services and remaining within the budget while meeting military readiness.; 5) Demonstrated a high level of program management expertise by completing 100% if the Industrial Hygiene Program surveys; and 6) Took charge in automating and updating the Industrial Hygiene Implementation Plan managing managing hazard evaluations by command, job site, risk assessment code and hazards." Rater gave Karl Gibson a performance rating was Excellence 75% or more Objectives. Senior rater LTC Doreen Lounsbery states "1) Provided exceptional Industrial Hygiene services to Fort Leavenworth and 2) Instrumental in the handling of the asbestos issues on Fort Leavenworth." Senior Rater rating gave Karl Gibson a top box 1 rating. (See Senior System Civilian Evaluation Report Period covering 1999/11/01 thru 2000/10/31)

3.h.8.b) According to the Senior System Civilian Evaluation Report Period covering 2000/11/01 thru 2001/06/21 Rater Major Evelyn Rodriquez-White states "1) Demonstrates high level of expertise in Industrial Hygiene arena; 2) display a strong personal commitment to successfully completing all projects; 3) His diligent surveillance of occupational hazardous exposures and recommendations resulted in the long past due equipment repair; and 4) His many Industrial Hygiene endeavors greatly supported the Munson Army Health Center in receiving a JCAHO survey score of 98. Rater gave Karl Gibson a performance rating was Excellence 75% or more Objectives. Senior rater LTC Doreen Lounsbery states "1) Instrumental in the handling of the Lead issues on Fort Leavenworth and 2) Outstanding ability to evaluate and prioritize Industrial Hygiene services. Senior Rater rating gave Karl Gibson a top box 1 rating. (See Senior System Civilian Evaluation Report Period covering 2000/11/01 thru 2001/06/21)

3.h.8.c) According to the Senior System Civilian Evaluation Report Period covering 2002/06/18 thru 2002/10/31 (4 ½ months) Rater 1LT Ronald Henely. Rater gave Karl Gibson a performance

rating was Excellence. Senior Rater rating gave Karl Gibson a 2 rating. Karl Gibson was given a cash award. (See Senior System Civilian Evaluation Report Period covering 2002/06/18 thru 2002/10/31)

3.h.8.d) According to the Senior System Civilian Evaluation Report Period covering 2002/11/01 thru 2003/10/31 Rater 1LT Ronald Henely. Rater gave Karl Gibson a performance rating was Excellence 75% or more Objectives. Senior Rater rating gave Karl Gibson a top box 1 rating. (See Senior System Civilian Evaluation Report Period covering 2002/11/01 thru 2003/10/31)

3.h.8.e) According to the Senior System Civilian Evaluation Report Period covering 2003/11/01 thru 2004/10/31 Rater 1LT Ronald Henely. Rater gave Karl Gibson a performance rating was Excellence 75% or more Objectives. Major Linda Nobach was the senior rater and she states "1) An exceptional professional demonstrating expertise, competence and dedication; 2) Very attentive to details, conscientious; and 3) An asset to the facility, the installation and the AMEDD." Senior Rater rating gave Karl Gibson a top box 1 rating. (See Senior System Civilian Evaluation Report Period covering 2003/11/01 thru 2004/10/31)

3.h.8.f) According to the Senior System Civilian Evaluation Report Period covering 2004/11/01 thru 2005/10/31 Rater 1LT Ronald Henely. Rater gave Karl Gibson a performance rating was Excellence. The rater states "1) Received commendable recommendation from GPRMC (that is Scott Bentley) for IH program management and 2) His many Industrial Hygiene surveys greatly support the United States Disciplinary Barracks in working toward ACA in 2006." Major Linda Nobach was the senior rater and she states "1)Excels in handling tough situations; 2) Outstanding ability to evaluate and priortize Industrial Hygiene services; and 3) Always eager to enhance potential with education and training." Senior Rater rating gave Karl Gibson a top box 1 rating. (See Senior System Civilian Evaluation Report Period covering 2004/11/01 thru 2005/10/31)

3.h.8.g) According to the Senior System Civilian Evaluation Report Period covering 2005/11/01 thru 2006/06/30 Rater Major Linda Nobach Rater gave Karl Gibson a performance rating was Excellence 75% or more Objectives. The rater states "Displays highest level of integrity and pride in his work; 2) Unselfish devotion to duty and mission; 3) Dedicated to delivering the highest quality of IH service to Fort Leavenworth; 4) Gives freely of himself and his time to meet mission needs; 5) industrila Hygiene surveys supported the United States Disciplinary Barracks with to score 99.4 out of 100 standards and received ACA accreditation.; and 6) Provided professional collaboration between occupational healthcare personnel to resolve specific instances of elevated medical surveillance results and injuries by addressing the workplace causes of exposure and action of the particular health hazard generating concern." COL Ernest Degenhardt was the senior rater. Senior Rater rating gave Karl Gibson a top box 1 rating. (See Senior System Civilian Evaluation Report Period covering 2005/11/01 thru 2006/06/30)

3.h.8.h) According to Ernest Degenhardt's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 358-359. Question: "The grievant Karl Gibson, did he work for you, sir? Ernest Degenhardt answered: "Yes, that's correct." Question: "And how long did he work for you, sir?" Ernest Degenhardt answered: "For two years." Question: "So during those two years, you were his, is it fair to say, senior rater?" Ernest Degenhardt answered: "That's correct." Question: "**And so can you in your opinion describe Karl's capabilities as the IH project manager?**" Ernest Degenhardt answered: "**I thought Karl was capable and knowledgeable**."

3.h.8.i) According to Ernest Degenhardt's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 367. Question: "So the two years, sir, that you were the senior rater over Karl, you signed off on two appraisals that appear to be excellent, is that correct?" Ernest Degenhardt answered: "Yes."

3.i. How involved was Mr. Gibson's supervisors with Karl Gibson? In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 5 he claimed "LTC Jefferson, Chief, Department of Preventive Medicine has been proactive and remains activitly involved in resolving the industrial Hygiene related issues. LTC Jefferson has been unbiased in her assessment in her assessment of the situation and has initiated reasonable supervisory controls in managing Mr. Gibson."

3.i.1) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 74, Question: "During this performance evaluation (July 2006-October 2007) as his (Karl Gibson's) senior rater, **you state that you don't recall ever having counseled Karl**?" Beverly Jefferson answered: "**Yes**."

3.i.2) According to Memorandum SUBJECT: Second Step Appeal of Karl Gibson Evaluation 1 November 2007 to 16 November 2008; Dated 23 February 2009, paragraph 8.a. "**Since LTC Jefferson refused to communicate with me (Karl Gibson), by her own statement during our informal step one meeting between myself and my Union stewards during this (November 1, 2007 to November 16, 2008) rating period,** what high professional standards am I to follow, or refer to?"

3.i.3) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 131 Beverly Jefferson was asked about Karl Gibson's licenses and credentials. Question: "So within the routine maintenance as a senior rater **you would not know what the credentials of your employees are with respect to their duties?**" Beverly Jefferson answered: "**Well, I should know, but I don't know.**"

3.i.4) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 323 Question: "**Did you provide Mr. Karl Gibson an approved work plan for the rating period** (July 2006-October 2007)?" Jacob Derivan answered: "**No**. Why would we?"

3.i.5) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 2 he claimed "During the first 4-5 months of 2007, Mr. Gibson was issued five counseling statements addressing various aspects of his work performance and conduct."

3.i.5.a) MFR, SUBJECT: Mid-point Counseling; dated 4 December 2006

3.i.5.b) MFR, SUBJECT: Initial Counseling; Dated 8 January 2007

3.i.5.c) MFR, SUBJECT: Chief, Preventive Medicine Performances; Dated 5 March 2007 with MFR, SUBJECT: Minutes for the 6 March 2007 Meeting; Dated 12 March 2007

3.i.5.d) MFR, SUBJECT: Addendum to Individual performance Standards; Dated 14 March 2007 with MFR, SUBJECT: Minutes for the 14 March 2007 Meeting; Dated 14 March 2007

3.i.5.e) MFR, SUBJECT: Performance Expectations for Karl Gibson (GS-0690-11-Industrial Hygienist, Ft Leavenworth, KS); Dated 9 April 2007 with MFR, SUBJECT: Performance Expectations for Karl Gibson Questions; Dated 25 May 2007

3.i.5.f) None of these counseling statements address the issues Scott Bentley raises.

3.j. How did management respond to the asbestos issues in Bell Hall then vs. now?

3.j.1) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 1-2 he claimed "The stage was set when COL Rinehart took immediate and decisive action to **remove employees from Bell Hall** based on Mr. Gibson's reported 'documented' overexposures to asbestos on 12 JUN 2006....The Corps of Engineers (COE) contracted with outside certified industrial hygiene firm (APEX) to resample the entire work area. **Samples were collected and evaluated using TEM**." No employees were removed from Bell Hall.

3.j.2) According to Ernest Degenhardt's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 359-360. Concerning Bell Hall report. Question: "Let's just go to Karl's reports. Did you have any problems with, in your position, with Karl's reports?" Ernest Degenhardt answered: "The first time I began to have some question about his reports was, at Bell Hall there was testing....and the results seemed to be somewhat alarming." Question: "Okay, in what way?" Ernest Degenhardt answered: "In that there was – **there was a whole lot more mold than there had ever been before**, and so at that point I brought in and consulted the IH guy at Brook Army Medical Center....And he came down and kind of looked at it, and I talked to Lieutenant Colonel Jefferson and Karl. And that was on a minimal of one occasion, and it quite frankly could have been two....It's been a couple of years ago. It was for sure once and maybe twice." Question: "So your concerns with respect to Bell Hall were what, the mold?" Ernest Degenhardt answered: "Well, that there was such a drastic change in the amount of positive findings." Question: "So what steps did you take, sir? **I know you called somebody in from Brooks Medical Center, What was their function?**" Ernest Degenhardt answered: "**Their function was to just look at the system and process of his testing to make sure we were doing everything correctly**." Question: "And what were the results of that?" Ernest Degenhardt answered: "**He thought that the tests were done okay**." In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 1, he stated "I also maintain direct supervision and oversight of the industrial programs at Brooke Army Medical Center, Fort Sam Houston, TX."

3.j.3) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 187 Concerning to Bell Hall report. Question: "Are you aware of when this independent contractor company coming out and doing side by side testing with Karl, are you aware of the results they found along with Karl's results that same day?" Jacob Derivan answered: "**I don't, I don't have direct knowledge. I don't know that I've actually seen those reports. This is what I've been told through management of this incident**." Question: "Has Karl ever been given an opportunity to speak with management in regards to that incident, specifically you and/or Lieutenant Colonel Jefferson, whereby he identified those side by side results?" Jacob Derivan answered: "I've seen Karl's rebuttal to the Corps of Engineers statement on the issue and on the independent, the independent industrial hygiene, whatever, the company that actually did the independent survey and how he refutes their findings but **I've never sat down with Karl and talked about Bell Hall**."

3.j.4) In the Memorandum For Record, SUBJECT: Preventive Medicine Comments to the US Army Corps of Engineers Asbestos Issues at Bell Hall – Observations dated 18 July 2006 – I clearly point out to my command and the Corps that my sampling and monitoring plan complies with OSHA. I clearly point out to my command and the Corps that the Corps of Engineers sampling and monitoring plan DOES NOT complies with OSHA. I show point by point what is wrong. Additionally, I refute every false claim that the Corps of Engineers makes in their document that Scott Bentley is now claiming. Additionally, According to Ernest Degenhardt's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 359-360. Question: "So what steps did you take, sir? **I know you called somebody in from Brooks Medical Center, What was their function?**" Ernest Degenhardt answered: "**Their function was to just look at the system and process of his testing to make sure we were doing everything correctly**." Question: "And what were the results of that?" Ernest Degenhardt answered: "**He (Scott Bentley) thought that the tests were done okay**." (See MFR SUBJECT: Performance Expectations for Karl Gibson Questions; Dated May 25, 2007 Enclosure 1)

3.j.5) In the Memorandum For Record, SUBJECT: Minutes for the 19 April 2007 Meeting, dated 19 April 2007 - I state in paragraph 1.b., "For each of the 4 listed surveys that the Commander had issues with, I once again explained what had occurred. **The bottom line appeared to be that the Commander did not like the results found during the surveys**."

3.j.6) In the Memorandum For Record, SUBJECT: Performance Expectations for Karl Gibson Questions; dated 25 May 2007 - I state the details concerning the four building surveys (which include Bell Hall) and provide details on each survey and the memorandum/reports provided to include Memorandum For Record, SUBJECT: Preventive Medicine Comments to the US Army Corps of Engineers Asbestos Issues at Bell Hall – Observations dated 18 July 2006.

3.j.7) What kind of testing for asbestos does OSHA require? In OSHA regulations 29 CFR 1910.1001 Asbestos and 29 CFR 1926.1101 Asbestos, in Appendix A OHSA Reference Method Mandatory. **This method requires PCM testing and not TEM method** to be conducted. In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 2 he states "The Corps of Engineers (COE) contracted with outside certified industrial hygiene firm (APEX) to resample the entire work area. **Samples were collected and evaluated using TEM**." As Karl Gibson identified, sampling by COE contractor did not comply with OSHA regulations. I clearly show that the Corps assessment of my work and their own work was wrong and Scott Bentley is misstating the facts. (See Memorandum For Record, SUBJECT: Preventive Medicine Comments to the US Army Corps of Engineers Asbestos Issues at Bell Hall – Observations dated 18 July 2006)

3.k. How did management respond to the other 3 safety issues Scott Bentley raises then vs. now?

3.k.1) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 2 he states "During the period 1 September 2006 and 30 December 2006, command responded to three (3) similar industrial hygiene issue/concerns. Specifically, (1) **B 275 Trolley** where Mr. Gibson reportedly exercised poor professional judgment in his response to a potential carbon monoxide situation; (2) **MAHC Command Suite** where Mr. Gibson did not follow proper protocol for determining occupancy clearance after a water leak event in the Commander's office, MAHC, and (3) **SAAF Building 132** where Mr. Gibson failed to demonstrate best practices and techniques in evaluating potential lead exposures in the aircraft hangar building."

3.k.2) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 135 Question: "Referring to the Trolley Building, what was the primary complaint with, what was the primary complaint in the building?" Beverly Jefferson answered: "I believe Mr. Gibson received a call from the employees stating that there was cars left running. The Trolley Station, like I said, their offices were right at basement level and you've got a laundromat on top so windows were left open. Cars were left running and they were getting car fumes through there and that was their complaint and wanted him to come over and do an indoor air quality testing of that." Question: "Okay, and did you direct Karl to go over and do this testing?" Beverly Jefferson answered: "Either myself or the LT (Derivan) probably told him to go over." Question: "And did Karl Gibson come back with findings?" Beverly Jefferson answered: "I'm sure he did." Question: "**So what was the problem with that report?**" Beverly Jefferson answered: "**The problem with that report is that he went over and actually done an assessment**."

3.k.3) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 188 Concerning the Trolley Station report. Question: "Management identifies, though, that Karl had issue or **they had issues with what Karl was reporting**, so after that issue was identified – **did you go out with Karl to the site and observe Karl perform additional testing?**" Jacob Derivan answered: "**No**."

3.k.4) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 138 Question: "In regards to the commander's office in the Munson Army Health Center, can you talk to me and tell me what the complaints were with regard to this particular?" Beverly Jefferson answered: "As I recall, I came back off TDY and at that time they were doing some remodeling of that, the command suite and they were working on the commander's office. They had pulled down tiles and had saw that some of the piping was wet and from what I was told, because I was not here, I was TDY, I came in, came back on this, that they had asked Mr. Gibson to check for, either check, just do an indoor air quality or check for mold, I can't remember exactly, but **whatever testing he did was beyond what command at that time had requested him to do**."

3.k.5) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 191-192. Concerning the Commander's office report. Question: "With respect to the commander's office testing, was Karl ever given a directive to do testing in the commander's office by any person within the MEDDAC command?" Jacob Derivan answered: "**I believe that Karl was working with Colonel Degenhardt on that issue** and I'm not sure how the directive was given to him or – I know that he was asked to go assess the commander's office and about as much as I knew at the time. **I'm not sure what, if Colonel Degenhardt gave him a specific command to do** X, Y, and Z or what tests were performed, I can't speak to that." Question: "Were you aware of when management ordered Karl to do that specific testing?" Jacob Derivan answered: "I don't know the time line." (See MFR SUBJECT: BLDG 343 Records Survey Request; Dated 31 January 2007.)

3.k.6) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 141 Question: "As the industrial hygiene program manager and the person who is conducting surveys and testing and doing assessments and when he gets his report, survey samples back from the labs and he is applying standards **is he directed in a Department of Defense regulation in what standard he is to apply?**" Beverly Jefferson answered: "**There are certain standards but the standards he used can be his choice**." Question: "**So they can be his choice?**"

Beverly Jefferson answered: "**Uh-huh, uh-huh (Yes).**"

3.k.7) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 123 Question: "**Did you sit down with Mr. Gibson and show him with relevancy to management's complaints during this rating period (July 2006-October 2007), okay, what was lacking in his reports or what was in error**?" Beverly Jefferson answered: "**Like I said, I did not.**"

3.k.8) In the Memorandum For Record, SUBJECT: Minutes for the 19 April 2007 Meeting, dated 19 April 2007 - I state in paragraph 1.b., "For each of the 4 listed surveys that the Commander had issues with, I once again explained what had occurred. **The bottom line appeared to be that the Commander did not like the results found during the surveys**."

3.k.9) In the Memorandum For Record, SUBJECT: Performance Expectations for Karl Gibson Questions; dated 25 May 2007 - I state the details concerning the four building surveys (which include Bell Hall) and provide details on each survey and the memorandum/reports provided to include:

3.k.9.a) 1) Memorandum For Record, SUBJECT: Preventive Medicine Comments to the US Army Corps of Engineers Asbestos Issues at Bell Hall – Observations dated 18 July 2006;

3.k.9.b) 2) Memorandum For Record, SUBJECT: Bldg 275 Carbon Monoxide Exposures, dated 13 November 2006 - **where by my first recommendation is "Remove personnel or prevent vehicle exhaust from being sucked into the outside air intake."** The findings show personnel were overexposed to Carbon Monoxide on each of the 5 days tested using 4 different calibrated instruments.

3.k.9.c) 3) Memorandum Thru Commander, USA MEDDAC, SUBJECT: Air Sampling Because of Debris Falling into Commander's Office from Ceiling Tiles and Carpet Replacement Project January – February 2007, dated 5 February 2007 – **I was directed by COL Degenhardt what tests I could conduct and when I could perform these tests**. I should note that this was a case of fraud, waste and abuse by COL Carman Rinehart because there was no water leak and no legitimate cause to change the ceiling tiles and carpet except COL Rinehart wanted the Command wing to look as new as the newly renovated second floor of MAHC; and

3.k.9.d) 4) Memorandum Thru Commander, USA MEDDAC, SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – report 1 and report #4, Dated 6 February 2007 and 8 May 2007. Even though management claims there was only two tests, **I was directed by COL Degenhardt what tests I could conduct and when I could perform these tests** – 30 January 2007, 28 February 2007, 8 March 2007, and 10 April 2007.

3.k.9.e) **As I show in the reports, conditions were changed by management so different results were collected. I used only OSHA approved methods**.

3.l. What was the report process?

3.l..1) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 128-130 Question: "Can you talk about or explain to me the process that

when Karl manufactured a report, he must send it to who?" Beverly Jefferson answered: "His (Karl Gibson's) report first goes through the LT" Question: "And what was the purpose of that?" Beverly Jefferson answered: "**Lieutenant Derivan to review it and if corrections needed to be done, he would correct them and then send it back to Mr. Gibson for correction to be done.**" Question: "**And would Mr. Gibson make those corrections?**" Beverly Jefferson answered: "**He would.**" Question: "And then after Karl Gibson made those corrections he would then?" Beverly Jefferson answered: "Send it back to Lieutenant Derivan." Question: "**Before they (reports) hit the command's desk, so that's five levels of review; correct?"** Beverly Jefferson answered: **"Correct.**" Question: "But yet from the first review going back to Karl, he would make whatever appropriate changes management had identified?" Beverly Jefferson answered: "Right."

3.1..2) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 121-122 Beverly Jefferson was asked concerning the 32 reports. Question: "**Did you ever provide copies of those (32) reports to Mr. Gibson?** Beverly Jefferson answered: "**I don't know if we ever gave him copies but he would have had his own personal copies.**" Question: "Okay, assuming that Mr. Gibson has copies of these reports, **did you ever sit down with Mr. Gibson and go over these reports and outline to him specifically what management's concerns were with regards to these reports?"** Beverly Jefferson answered: "**I did not.**"

3.1..3) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 123 Question: "**Did you sit down with Mr. Gibson and show him with relevancy to management's complaints during this rating period (July 2006-October 2007), okay, what was lacking in his reports or what was in error?**" Beverly Jefferson answered: "**Like I said, I did not.**"

3.1..4) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 124 Concerning the 32 reports. Question: "**Are you aware of, of any time of Mr. Bentley actually sitting down with Mr. Gibson and going over his reports with Mr. Gibson and outlining what management was now identifying to be deficiencies in Mr. Gibson's reports as far as the information and/or the standards he was applying?**" Beverly Jefferson answered: "**I was never part of those so I cannot speak, I'm not aware.**"

3.1..5) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 349-350. On Building 136 and changing reports. Jacob Derivan answered: "So if I create a document, it's going to say Jacob Derivan created this on that document. Every time I change that document, every time I make a key stroke to that document and save it. It's going to update that data, okay? And that's non-changeable. **You can't change that without using some program outside, which are rarely** – this is the data I relied on when we found there were discrepancies between what Karl said were his reports, the ones he submitted and the ones we had as management. So, I looked at the report that were – had the inflated data that were in the shared folder (J drive) on the network. **Karl's versions of the reports that had the correct data were on his own personal H drive,** which only he can access."

3.1..6) Yet, in Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 4 he states "Specifically, in Building 136, DIOM survey report dated **16 April 2006** (TAB 7)....**A review of the actual data sheet show carbon dioxide levels measured between**

285-625 ppm at the time of survey." See H drive October 26, 2006 and April 16, 2007 BLDG 136 reports.

3.l..6.a) According to the H drive report that Jacob Derivan reports having the correct data, the report for Building 136, Dated October 26, 2006 – the Carbon Dioxide levels are accurately recorded as being 1) 692 ppm (parts per million) on page 7 and 2) 771 ppm on page 8.

3.l..6.b) According to the H drive report that Jacob Derivan reports having the correct data, the report for Building 136, Dated April 16, 2007 - the Carbon Dioxide levels are accurately recorded as being 1) **886 ppm** on page 7, 2) **585 ppm** on page 8, 3) **2,314 ppm** on page 9, and 4) **467 ppm** on page 10.

3.l..6.c) **I have no record on a 16 April 2006** report and I was never accused of any wrong doing for this alleged report.

3.l..6.d) I have provided the screen shots of the reports in question. 1) my version of the these reports are called 1) **136IAQApr07** and 2) **136IAQSchredderOct06**. I provided the screen shots of the J drive where I placed the reports. I placed 1) 136IAQApr07 in the "IH Memos for LT" file and 2) 136IAQSchredderOct06 in the "IH" file. I show screen shots that my version of the these reports are called 1) 136IAQApr07 and 2) 136IAQSchredderOct06 were removed from the shared folder (J drive) on the network. I show screen shots of a **136IAQSchredderOct06bj** and **136IAQApr07bj** on the shared folder (J drive) on the network. (See Screen Shots)

3.l..6.e) The Union requested the Archived Preventive Medicine Memorandums. The signed archived copy of the report for Building 136, Dated October 26, 2006 reflects Karl Gibson's version of the report with the correct levels. The signed archived copy of the report Building 136, Dated April 16, 2007 is missing in violation of OSHA and Army archive regulations. (See CPAC letter Union requested the Archived Preventive Medicine Memorandums; Dated June 10, 2009.)

3.l..6.f) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 594 Question if Karl Gibson refused to do what his supervisor asked of him. Jacob Derivan answered: "Well, he (Karl Gibson) was doing those tasks well. Again, if I tasked him (Karl Gibson) him to collect a bunch of reports for a Freedom of Information request, he was doing it. **He never said, No, I'm not going to do it - if I asked him or listed something for him to do.**"

3.l..6.g) Management has claimed in Karl Gibson's 14 day suspension and at other times that no one but Karl Gibson could access the H drive reports.

3.l..6.g.1) Request for Leave shows Karl Gibson was on Leave on November 21, 2007.

3.l..6.g.2) Pay period time sheet 20 January 2008 to 2 February 2008 shows Karl Gibson was in Court on 29 January 2008 from 1400-1600 hrs.

3.l..6.g.3) Screen Shots of all of Karl Gibson's H drive file and documents were modified on November 21, 2007 from 9:33 to 9:39 while Karl Gibson was on leave.

3.l..6.g.4) Screen Shots of Karl Gibson's H drive files were created on November 21, 2007 from 9:33 to 9:39 while Karl Gibson was on leave.

3.l..6.g.5) Screen Shots of Karl Gibson's H drive BLDG 77 files with message "Cannot rename or open for it is being used by another person or program."

3.l..6.g.6) MFR SUBJECT: Access to Karl Gibson H drive; Dated 28 July 2008 and Screen Shots of Karl Gibson's H drive with message 77DefensePrintShopMar07.doc is locked for editing by 'GibsonKL'.

3.l..6.g.7) Screen Shots of Karl Gibson's computer on 3 March 2008 where Microphones were added and then disappeared.

3.l..6.g.8) Screen Shots of all of Karl Gibson's H drive file and documents were accessed on January 29, 2008 after 1400 hrs while Karl Gibson was in Court and on leave.

3.l..6.g.9) Email Jacob Derivan and Karl Gibson SUBJECT: IH Memos to Jill; Dated February 6, 2009 to February 9, 2009. Jacob Derivan writes "The person "g5ecxddm" who has made edits to some of your reports is Dan Mitchell from the CoE."

3.l..6.g.10) Copy of Memorandum; SUBJECT: Industrial Hygiene Survey of BLDG 77 DAPPS on 13 November 2008 to verify Corrections from the March 2007 IH Survey; Dated 4 February 2009.

3.l..6.g.10.a) **Department of the Army Pamphlet 40–503 Paragraph 4–4. Survey frequency and scope** requires:
a. "Recognizing existing and potential hazards is a step towards improving health and safety in the workplace.
b. The 29 CFR 1960, AR 385-10, and AR 40-5 require the annual inspection of workplaces by OSH personnel who are qualified to recognize and evaluate hazards. The IHPM ensures that this annual workplace survey documents the IH aspects, such as—
(1) Chemical, physical, biological, and ergonomic hazards inherent to each activity.
(2) Existing measures employed to control exposure to the hazard."

3.l..6.g.10.b) The DA PAM 40-503 required documentation of operations, hazards and if adequate controls to control the hazards were removed from this report.

3.m. Did Karl Gibson refuse to do the work he was assigned and did he reject training or assistance as Scott Bentley claimed?

3.m.1) In Carman Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 1, she states "**When we tried to explain** where Mr. Gibson's techniques and reports were inaccurate, he became defensive and never would acknowledge any misreporting or inaccuracies." There is no documentation that Carman Rinehart ever tried to explain or meet with Karl Gibson. She did not meet with Karl Gibson where Mr. Gibson's techniques and reports were spoken about.

3.m.2) In COL Carmen Rinehart's sworn statement in Tab 13 of Assistant Secretary Thomas R. Lamont letter on page 6 she claimed "I wanted Mr. Gibson to get assistance and correct his deficient technical skills; however, at no time did he accept any suggestion that he was not conducting his technical assessments accurately. **The more we tried to work with him, the more he rejected** our attempts and view all corrective actions as 'attacks' on him." It is notable that Mr. Gibson was not charged with refusing to follow these 'assistance'.

3.m.3) In Andrea Crunkhorn's sworn statement in Tab 14 of Assistant Secretary Thomas R. Lamont letter on page 1, she states "The previous command group in conjunction with the **PM Staff, GPRMC staff, the Army Corps of Engineers, OSHA,** all attempted to assist Mr. Gibson in explaining the redirection to no avail. My assessment is that Mr. Gibson continues to refuse to take reasonable advice, mentoring and redirection offered by a host of valid and qualified sources, form OSHA to the Army Corps of Engineers, to Mr. Bentley/GPRMC." There is no documentation that Karl Gibson had any interaction with OSHA, because management refused to allow it. Karl Gibson was not counseled or charged with these alleged "refusals". (See FOIA training documentation that shows no training for Karl Gibson since March 1998.)

3.m.4) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 8 he states "Everyone involved who attempted to provide Mr. Gibson guidance, support, assistance; mentoring, counseling, education **was rejected out-of-hand by Mr. Gibson.**" Karl Gibson was not counseled or charged with these alleged "refusals".

3.m.5) In Scott Bentley's sworn statement in Tab 5 of Assistant Secretary Thomas R. Lamont letter on page 9 he states "Command wished to close the loop and get the original 32 reports submitted between April 2007 and July 2007 approved and distributed. **Mr. Gibson flat out refused to perform the assigned tasks.**" Karl Gibson was not counseled or charged with these alleged "refusals".

3.m.6) According to Ernest Degenhardt's testimony in FMCS No. 0900534 Transcript dated June 23, 2009 page 358-359. Question: "The grievant Karl Gibson, did he work for you, sir?" Ernest Degenhardt answered: "Yes, that's correct." Question: "And how long did he work for you, sir?" Ernest Degenhardt answered: "For two years." Question: "So during those two years, you were his, is it fair to say, senior rater?" Ernest Degenhardt answered: "That's correct." Question: "And so can you in your opinion describe Karl's capabilities as the IH project manager?" Ernest Degenhardt answered: "**I thought Karl was capable and knowledgeable.**"

3.m.7) According to Beverly Jefferson's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 106 Beverly Jefferson was asked about how cooperative Karl Gibson was to make changes Management asked for. Beverly Jefferson answered: "**Mr. Gibson was always very eager to, to attempt to do any changes that, I'm going to with management because he always referred to management, that management would suggest.**"

3.m.8) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 150-151. About new directives given to Karl Gibson on August 28, 2007. Jacob Derivan answered: "We had given him (Karl Gibson) some directives when we identified parts of the IH program that were lacking." Question: "**And did Karl Gibson meet those expectations after he was given the directives by management?**" Jacob Derivan answered: "**Yes, he lived up to those new**

expectations." Question: **"So it's my understanding that Karl Gibson after he was counseled always performed whatever directives or expectations that management gave to him during his performance rating period?**" Jacob Derivan answered: "**If we initiated new directives such as occupational exposure testing will be deferred until further notice, then yes, he had complied with those.**"

3.m.9) According to Jacob Derivan's sworn testimony in FMCS No. 0900534 Transcript dated May 11, 2009 page 158. Question: "**After giving Karl special guidance in terms of performance rating assistance would Karl implement your suggestions as far as improving his performance?**" Jacob Derivan answered: "**He would, he would make changes to, if we, if we recommended make a change.**"

3.m.10) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 594 Question: Did Karl Gibson refused to do what his supervisor asked of him? Jacob Derivan answered: "Well, he (Karl Gibson) was doing those tasks well. Again, **if I tasked him** (Karl Gibson) him to collect a bunch of reports for a Freedom of Information request, he was doing it. **He never said, No, I'm not going to do it - if I asked him or listed something for him to do.**" But in Jacob Derivan's sworn statement in Tab 11 of Assistant Secretary Thomas R. Lamont letter on page 8 he claimed: "Mr. Gibson spent the greater part of the 2008 refusing to perform IH surveys." It is notable that Mr. Gibson was not been charged with refusing to follow Jacob Derivan's directive. If I had refused – Jacob Derivan would have charged me for any refusal.

3.m.11) According to Corps of Engineer's Dan Mitchell's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 3, 2010 page 953 Question: "Do you recall this meeting was Mr. Gibson very receptive to your comments regarding his reports?" Dan Mitchell answered: "**I think every time I worked with Mr. Gibson he was cooperative and I thought receptive to recommendations and we did have – and I think we did agree on that changes were necessary to improve the effectiveness of the reports, so I think it was a working session.** I think it took all day."

3.m.12) In Tab 11 of Assistant Secretary Thomas R. Lamont letter on Ongoing Competency Assessment Statement record on January 25, 2008 by Jacob Derivan that Karl Gibson 1) "**This employee has demonstrated the knowledge and skills necessary to meet the requirements of their position, based on job description and defined criteria as per their Initial Competency Assessment Checklist." and 2) "Ability to perform solo or team surveys in most workplace settings.**"

3.m.13) Karl Gibson requested from COL Andrea Crunkhorn Commander, USA MEDDAC under Freedom of Information Act request FP-09-019648/FA-09-0033, dated April 20, 2009 for my individual training records from 1990 to present (April 20, 2009). Fort Leavenworth's Office of Adjutant General responded on August 12, 2009 with my training records. **The last recorded training Karl Gibson received was on March 11, 1998.**

3.m.14) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 698 Question: "Did he (Karl Gibson) do anything when he went over there or did he just walked into the area and then leave and then write a report?" Jacob Derivan answered: "**At that point, he did just exactly what the performance standard said.** This is what you

need to do for, let's say a survey or assessment. So interview 30 percent of the in-place personnel, he would talk to just 30 percent and the letter of the law, you know and keep going. **That's why ultimately we needed to adjust it because the performance standards listed things that we needed but IH assessment wouldn't be limited to, but Mr. Gibson was doing only what we asked him (to do)** and ultimately you need the industrial hygienist to, again, do everything that needs to be done to characterize a hazard and then determine whether or not the workplace was safe or if control needs to be put in place."

3.m.14.a) According to Jacob Derivan's Memorandum for Record; SUBJECT: Periodic Performance Counseling; Dated 29 August 2008 in paragraph 3. Jacob Derivan wrote "Daily assigned tasks. The tasks that are assigned for any given day are to be priority for that day. There may be times when tasks are subsidiary to other tasking (i.e. 'Pick up scanner for IH inventory') that will be assigned at a later date. My expectations of what is expected of you are usually very explicit. **You are not to carry the tasking on to the next level unless you have been directed to do so**."

3.m.14.b) According to Jacob Derivan's sworn testimony in FMCS No. 090630-03183-8 Transcript dated March 2, 2010 page 643 Question: "According to these emails, sir, did you not tell him (Karl Gibson) to keep you informed as to what he was doing? Jacob Derivan answered "Yes." Question: "And every individual task that he did, you instructed him on what to do?" Jacob Derivan answered: **"It was more in terms of he (Karl Gibson) said, I want to do this, and I would say yes or no."**

The claims refusal to reform and of training or retraining are false.

Karl L. Gibson

Enclosed Tabs

Enclosure 1: FMCS Case 090630-03183-8 Transcript of Testimony: Vol I Dated January 20,2010;

Enclosure 2: FMCS Case 090630-03183-8 Transcript of Testimony: Vol II Dated January 21,2010;

Enclosure 3: FMCS Case 090630-03183-8 Transcript of Testimony: Vol III Dated March 2,2010;

Enclosure 4: FMCS Case 090630-03183-8 Transcript of Testimony: Vol IV Dated March 3,2010

Enclosure 5: FMCS Case 0900534 Transcript of Testimony: May 11, 2009

Enclosure 6: FMCS Case 0900534 Transcript of Testimony: June 23, 2009

Enclosure 7: Freedom of Information Act Request response concerning Mr. Gibson's training records; Dated August 12, 2009

Enclosure 8: Memorandum for Record, SUBJECT: Periodic Performance Counseling; Dated 29 August 2008

Enclosure 9: Memorandum for Record, SUBJECT: Mr. Scott Bentley Visit 16-18 July 2007; Dated 18 July 2007

Enclosure 10: Memorandum for Record, SUBJECT: Meetings on 21-29 August 2007; Dated 31 August 2007

Enclosure 11: Email SUBJECT: IH Work Report for 20-24 Aug 2007; Dated 23 August 2007

Enclosure 12: Memorandum for Record, SUBJECT: Mr. Bentley Visit on New Job Standards and Individual Performance Standards for Karl Gibson; Dated 22 February 2008

Enclosure 13: FY 2009 Scope of Work for Corps of Engineers for Fort Leavenworth's Industrial Hygiene Support; Dated October 6, 2008

Enclosure 14: Email chain concerning BLDG 77 – DAPS Request to Order Supplies and Test; Dated October 1 – November 13, 2008

Enclosure 15: Memorandum, SUBJECT: Industrial Hygiene Technical support – Technical Observations 13 November 2008 Sampling at BLDG 77 – DAPS; Dated 20 November 2008

Enclosure 16: 29 CFR 1910.1025 Lead, OSHA's Interpretation; Method ID-125G; Method number 1006; Fact Sheet No. OSHA 93-49; Lead in Surface Wipe Samples, NIOSH Method 9100; HUD Chapter 15; EPA 40 CFR 745.65;

Enclosure 17: 29 CFR 1910.1001 Asbestos

Enclosure 18: Agency response to Discovery request, Dated 23 February 2010

Enclosure 19: Email Scott Bentley to COL Carman Rinehart SUBJECT: Follow up ref Leavenworth Site visit; Dated August 14, 2007

Enclosure 20: Memorandum for Record SUBJECT: Periodic Performance Counseling; Dated 6 October 2008

Enclosure 21: Senior System Civilian Evaluation Report for Karl Gibson 1999/11/01 to 2000/10/31; 2000/11/01 to 2001/05/21; 2002/06/18 to 2002/10/31; 2002/11/01 to 2003/10/31; 2003/11/01 to 2004/10/31; 2004/11/01 to 2005/10/31; 2005/11/01 to 2006/06/30

Enclosure 22: Memorandum For Colonel John Beus, SUBJECT: Second Step Appeal of Karl Gibson Evaluation 1 November 2007 to 16 November 2008; Dated 22 February 2009

Enclosure 23: Memorandum for Record SUBJECT: Mid-point Counseling; Dated 4 December 2006

Enclosure 24: Memorandum for Record SUBJECT: Initial Counseling; Dated 8 January 2007

Enclosure 25: Memorandum for Record SUBJECT: Chief, Preventive Medicine Performances; Dated 5 March 2007 with MFR SUBJECT: Minutes for the 6 March 2007 Meeting; Dated 12 March 2007

Enclosure 26: Memorandum for Record SUBJECT: Addendum to Individual Performance Standards; Dated 14 March 2007 with MFR SUBJECT: Minutes for the 14 March 2007 Meeting; Dated 14 March 2007

Enclosure 27: Memorandum for Record SUBJECT: Performance Expectations for Karl Gibson (GS-0690-11 – Industrial Hygienist, Ft Leavenworth, KS); Dated 9 April 2007 with MFR SUBJECT: Minutes for the 19 April 2007 Meeting; Dated 19 April 2007

Enclosure 28: Memorandum for Record SUBJECT: Performance Expectations for Karl Gibson Questions; Dated 25 May 2007

Enclosure 29: Memorandum for Record, SUBJECT: BLDG 343 Records Survey Request; Dated 31 January 2007

Enclosure 30: Email SUBJECT: IH Memos to Jill; Dated February 6-9, 2009

Enclosure 31: Memorandum showing Management's changes SUBJECT: Industrial Hygiene Survey of Building 77 DAPS on 13 November 2008 to Verify Corrections from March 2007 IH Survey; Dated 4 February 2009

Enclosure 32: OPM Form 71 November 19-21, 2007; Time Sheet January 20 – February 2, 2008

Enclosure 33: Screen Shots of Karl Gibson's H drive modified on 21 November 2007 while Karl Gibson was on leave

Enclosure 34: Screen Shots of Karl Gibson's H drive files being created on 21 November 2007 while Karl Gibson was on leave

Enclosure 35: Screen Shots of Karl Gibson's H drive files being modified by others

Enclosure 36: Screen Shots of Karl Gibson's H drive files being accessed by others on January 29, 2008 while Karl Gibson was in court

Enclosure 37: Memorandum H Drive version SUBJECT: Industrial Hygiene Survey and Building Indoor Air Quality in BLDG #136; Dated 26 October 2006 AND Memorandum H Drive version SUBJECT: Industrial Hygiene Survey for the Building Indoor Air Quality in BLDG #136 in FY2007; Dated 16 April 2007

Enclosure 38: IH memorandum process screen shots for BLDG 136 memos

Enclosure 39: CPAC letter to Union to data request for archived final memorandums; Dated June 10, 2009

Memorandum, SUBJECT: Industrial Hygiene Survey and Building Indoor Air Quality in BLDG #136; Dated 26 October 2006

Memorandum, SUBJECT: Industrial Hygiene Survey – Fort Leavenworth DOIM, Building 136; Dated 4 September 2007

Memorandum, SUBJECT: August 2006 SJA requested Industrial Hygiene Survey of Fort Leavenworth's OSJA Offices, BLDG #244; Dated 5 September 2006

Memorandum, SUBJECT: August 2008 SJA requested Industrial Hygiene Indoor Air Quality for BLDG #244 – OSJA Visit #1 on 3 September 2008; Dated 7 February 2009

Memorandum, SUBJECT: August 2008 SJA requested Industrial Hygiene Indoor Air Quality for BLDG #244 – OSJA Visit #2 on 18 December 2008; Dated 7 January 2009

Memorandum, SUBJECT: BLDG #53 Indoor Air Quality Survey of Basement Offices; Dated 15 November 2005

Memorandum, SUBJECT: BLDG #53 Indoor Air Quality Survey of Offices – Report #2; Dated 3 January 2006

Memorandum, SUBJECT: BLDG #53 Indoor Air Quality Survey of Offices – Report #1; Dated 18 July 2006

Enclosure 40: Scott Bentley's Great Plains Regional Medical Command Organization Inspection Program of Commander COL Andrea Crunkhorn program as of 24-26 November 2008

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AFL-CIO LOCAL 738

KARL GIBSON,)
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Grievant,)
)
-vs-) FMCS No. 090630-03183-8
)
)
DEPARTMENT OF THE ARMY,)
COMBINED ARMS CENTER, and)
FORT LEAVENWORTH AGENCY,)
)
Respondents.)

TRANSCRIPT OF PROCEEDINGS
January 20, 2010

BE IT REMEMBERED that on Wednesday, the 20th of January, 2010, the aforementioned cause came on for hearing before Mr. Michael D. Gordon, Arbitrator.

The Grievant was present and represented by Ms. Janice Jackson, Steward, Local 738.

The Respondent was represented by Ms. Annie Hinkebein, Office of Staff Judge Advocate.

Also present were Ms. Audrey Harris, Ms. Hope Thompson, Mr. Jerry Kislia and Mr. Scott Bentley.

signature for that date.
MS. HINKEBEIN: Okay.
Q (By Ms. Jackson) I'd like you to look at page 2 of this individual evaluation here that was issued to Mr. Gibson?
ARBITRATOR GORDON: That's the back page.
MS. JACKSON: Yes. Under Section (b), where you have Bullet Examples here, and you stated for the second bullet that Mr. Gibson failed to use the appropriate industrial hygiene measures and enforceable health or safety standards to assess occupational exposure during performance of industrial hygiene surveys and services.
Could you explain exactly how Mr. Gibson failed to do that?
A Well, one situation that come comes to mind which was a very big one, we had an issue over at Building 77, the print plant. And so individuals in there were referencing a report that Mr. Gibson had done previously. I don't know the exact date of the previous event but I know that they asked him to come back, it was during this rating period. We had the Corps of Engineers on hand at

this point in time.
They wanted to confirm that their workplace was clean. Based on Mr. Gibson's previous report it said that the workplace wasn't clean, that it was a hazardous environment, and they had gone out and gotten some cleaning crews to come in and take care of what they hoped would clean up the workplace and they wanted some proof that it was actually clean.
Mr. Gibson asked -- relayed the situation to us and we were working with their organization, the print plant's, safety coordinator somehow, too, but basically wanted Mr. Gibson to come back in and resample. We gave him permission.
We sent the Corps of Engineers along with him and as a little bit of a back story, the first set that was done, the first set of tests that were done, were done incorrectly. The tests that were performed, I think it was a wipe test, and Corps of Engineers can attest to this better than I can and articulate it better, but there was a wipe test that was done inappropriately. The standard by which it was compared to was inappropriate, was wrong, the wrong one to use.

And those were issues with the original one.
Well, Mr. Gibson came back in and was here to prove that this work environment was indeed clean. He came back in and did the same test again, wrong test, wrong standard, even after Mr. Dan Mitchell of the Corps of Engineers recommended that he not do it that way. He said, this isn't -- this probably isn't appropriate. You can probably do it a different way. You can use your professional judgment. I'm not going to put words in Mr. Mitchell's mouth but based on his trip report he recommended against it and Mr. Gibson decided to do the faulty testing again anyway. And that's just completely wrong.
When we do inappropriate tests, when we're using the wrong standards, and then based on those inappropriately used tests and standards you're telling somebody that the workplace is hazardous, you're introducing a lot of fear, you're making people feel that where they are working is unsafe unnecessarily.
That was the crux of the whole issue. We were trying to get to using the correct standards, using the correct tests at the appropriate times and that's just not what

Mr. Gibson was doing. That's just one example of a survey that he didn't come through on which lead to that rating.
Q Okay, you speak about incorrect standards, incorrect sampling, what was incorrect about what he done?
A In industrial hygiene there are certain census standards for certain type of test or an operation. Again, I can't -- I'm not -- I can't get into specifics, first of all, because I don't have the operation, what the people were doing in front of me. I don't remember exactly what exactly was going on other than they were printing in there.
But I do know that --
Q Not to cut you off but did you not know you were coming here today? I mean this is in regards to this evaluation period that you failed him on. So I'm asking you you're stating about how he performed a test and he didn't do it in accordance to the standards and didn't do it correctly, so I'm asking you as his first-line supervisor what -- could you articulate for me what did he not do correct that was in accordance to the standards?

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MS. JACKSON: Annie, do you have the Corps of Engineers' report, Building 77 in here?

MS. HINKEBEIN: Yeah, but I can --

A He did a wipe test which, first of all, doing a wipe test on galvonized sheet metal I know was one of the specific problems was wrong. If you do a wipe test on a galvonized sheet metal and find heavy metals of course you're going to find metals because to galvonize the sheet metal you use leads and stuff like that and you're going to find it, and reporting it to people that they have been exposed to lead are wrong, too. So now you have three steps of totally inappropriately using a test and a standard to people and ultimately it was telling the people that they were in danger in the workplace when they weren't.

Q (By Ms. Jackson) Am I understanding you said you didn't know what the process is in doing this but you evaluated him on it?

A I don't know off the top of my head all the intricacies of that scenario because I had trip reports in front of me from the Corps of Engineers to rely on, plus I had Mr. Mitchell that I can talk to and say, Hey, what happened here. I talked to Karl about it. I asked, So what do you

plan on doing on this trip out to the print plant to confirm it?

I mean these all went into my evaluation in the end.

Q Did you approve these tests that Mr. Gibson did?

A I said -- at this point we said -- okay, back up a little bit.

I went through about six weeks where I was instructed to give Karl on a daily basis tasks to do and at the end of that day or early in the morning the next day we would review what he had done.

At the end of that period I handed the entire program back to him. I said, Look, Mr. Gibson, I've been counseling you since November of '07 on the appropriate way to -- what we need from you in your reports. I've counseled you and given you guidance that you need to use the appropriate standards when you go out and perform testing. You need to do everything that you need to do when you're doing a survey or an assessment of a workplace so that you can determine whether there's a hazard there or not.

I don't remember the actual date, I think it was around the beginning of October but I

gave him a counseling that said, I'm turning the entire program back to you. I'm not going to dictate where you're going to go today. I'm not going to make the decision on if you're going to be looking for X, Y or Z. That's the industrial hygienist. I handed the program back to him and you can see it in counseling. I said, We're going to let you do your job. I'm not going to tell you by this date you need to have X, Y or Z done.

Of course he still had performance standards to live by where if he did an assessment we had suspensions built into them saying, You need to get the report to me, I think, in a week or something like that. But I wasn't going to tell him, You need to do -- like I was setting up his appointments for him. I would call Building 100 say, Hey, Mr. Gibson is going to come out and do an assessment of his workplace. Then I would put in E-mail to Karl, You need to be there at 9 o'clock. I wasn't going to do that for him any more.

Q Sir, my question was not as to whether you turned the program back over to him.

My question was did you approve these tests? You're speaking the reason -- one of the

reasons that carried weight for you failing Mr. Gibson on this entry here had to do with the example you gave in regards to Building 77, so I'm asking you as his first-line supervisor did you -- you're stating he did things that was not in compliance with the standards.

So I'm asking you as his supervisor did you approve for him to do these tests?

A I said, Go back out and survey and make sure it's clean.

Q Okay, you also stated that in comparison to the Corps of Engineers that he did these tests wrong. Is that your testimony?

A In comparison to the Corps of Engineers, I don't believe the Corps of Engineers did any testing.

Q Well, you just stated -- did you not just state that you sent the Corps of Engineers out with him?

A I did.

Q Okay. So based upon -- let me ask you this.

Based upon the Corps of Engineers going out with Mr. Gibson did they find anything wrong as to the process he done in performing the tests at Building 77?

A Yes.

Q And what was that they found wrong?

A That he used the wrong sampling techniques and he used the wrong standard.
Q Okay, I'd like you to go to Exhibit 68 in there and this is the information that was submitted to the Union from Management and if you scroll through that you'll come to a memorandum dated November 20, 2008, which dealt with this Building 77 that you're talking about.
A Can you help me out here because this is like, I don't know how many pages.
ARBITRATOR GORDON: Back toward the middle. There's numbers on those green tags. Can we back up a minute?
As part of your question you said something about these were submitted to the Union in response to a request?
Was this --
MS. JACKSON: Being a data request.
ARBITRATOR GORDON: What kind of data?
MS. JACKSON: It was a data request for information in regards to this particular --
ARBITRATOR GORDON: The 77 job?
MS. JACKSON: No, in regards to this particular grievance, the Union requested certain information from Management and Management

submitted this.
ARBITRATOR GORDON: Right, I just wanted to write down what --
MS. JACKSON: That deals with November 20, 2008, has to deal with the example that he gave as to one of the reasons why Mr. Gibson was failed. He failed Mr. Gibson because Mr. Gibson did not use the appropriate industrial hygiene measures and enforceable health or safety standards to assess occupational exposure during performance of industrial hygiene surveys and services.
He was talking about an example.
ARBITRATOR GORDON: Right, Building 77 or whatever it was.
MS. JACKSON: Right.
ARBITRATOR GORDON: But there's more than that in here apparently?
MS. JACKSON: Yes.
ARBITRATOR GORDON: Is this the documents that Management produced to the Union in response to request for what?
MS. JACKSON: For all information that the Agency had in regards to Mr. Gibson. If you go back to Tab 67, this was the Union's data

request.
ARBITRATOR GORDON: Okay.
MS. JACKSON: For his 2007/2008 evaluation.
ARBITRATOR GORDON: Okay, I think that's what I wanted to know. 68 is a response to the Union's request in 67?
MS. JACKSON: Yes.
ARBITRATOR GORDON: And there's one document in there that focuses on Building 77?
MS. JACKSON: Yes.
ARBITRATOR GORDON: And that's what you're asking about?
MS. JACKSON: Yes, that he used as an example.
Q (By Ms. Jackson) Okay, could you look at Section 3 of this document and it's entitled November 20, 2008, industrial hygiene technical support, technical observation, 13 November 2008, sampling at Building 77.
Could you read the very last sentence of No. 3?
A Says, Mr. Mitchell concurred with Mr. Gibson to obtain wipe samples for closure purposes.
Q No, if you could begin at the beginning of that

sentence?
A I'm sorry. I saw a highlighted area. However, as wipe sampling was completed during the 22 March '07 event Mr. Mitchell concurred with Mr. Gibson to obtain wipe samples for closure purposes.
Q So according to this statement here, Mr. Mitchell agreed with what Mr. Gibson done in Building 77?
A Sounds like Mr. Mitchell concurred to go ahead and do wipe samples for closure purposes.
Q Okay, but you just testified that the Corps of Engineers, if I'm understanding you correctly, did not agree with Mr. Gibson's wipe sampling?
A Well, there's a lot more to this trip report than that sentence.
Q I'm just asking you what you testified to a few minutes ago.
A I said that, the Corps of Engineers did not agree.
Q Excuse me?
A The Corps of Engineers with the whole way that when Karl went back and performed his survey to say that the place was clean they didn't agree with the way he did it.
Q I'm talking about sampling, what you just testified to, that they didn't agree with his wipe sampling, that's what you just testified to, sir,

document where lines were drawn through and Mr. Gibson's document was changed?
A They all look editorial. First of all, I don't see any content being changed. I see editorial changes.
Secondly, I don't know who made these changes. If these were changes Dan Mitchell made you'd have to speak to him. I don't have anything on here that -- digital signature that says he made these changes or not.
Q Did not Mr. Gibson ask you, going back to Exhibit 74 --
A He does, yeah. Does it say on here that code that's given in the E-mail? Is that on these documents?
Q Okay, Mr. Gibson --
ARBITRATOR GORDON: Are you on 74 now?
Q (By Ms. Jackson) Yes, if you look at page 2 and this is from Karl Gibson to you, Lieutenant Derivan, as well as Lieutenant Colonel Jefferson, and he states, Hello Lieutenant Colonel Jefferson and Lieutenant Derivan. I have looked at these memos and have the following questions. Who is g5ecxddm and why did this person change my memos without my knowledge for the Building 47, 77, 470

memos listed below. These memos were changed without my knowledge and I non-concur with these changes and in accordance with our July 2008 meeting and agreement. I request you remove my name from these memos. These memos were changed from the style and format the Corps of Engineers and I agreed to. These memos were changed from the October 6, 2008, counseling that left the format and contents up to me.
For the Building 244 and Building 50 memos not listed below, then you responded and said that the person g5ecxddm was Mr. Dan Mitchell.
A Yes.
ARBITRATOR GORDON: Are we still on the 74?
MS. JACKSON: Yes.
A What I'm saying is I don't know if this is that document because it doesn't say on here that these edits were made by g5dcxddm. You would have to ask Mr. Mitchell if these are the edits that he made.
Q (By Ms. Jackson) But you responded that it was him. The question was in regards to those documents?

A And I can't be sure if these are actually those documents because it doesn't say on here anywhere that these are. They might be but I can't attest to it.
Q Okay, so what were you attesting to?
A That Dan Mitchell did make editorial edits to make -- I mean look, you can see he's got a question mark in the middle of one of headers. The fonts are all different. There's things in the wrong places. He was prettying up the report if this is, in fact, the reports but I'm not going to sit here under oath and say these are the reports that Dan Mitchell changed when I don't have any stamp on them that says these changes were made by g5dcxddm.
Q Okay, the Corps of Engineers, you stating that Mr. Mitchell made changes to reports, how does the Corps of Engineers have access to the information Management system with the army Munson Hospital to actually come in and go on the computer and change Mr. Gibson's documents? How could the Corps of Engineers do that?
A I sent them to them.
Q You send them to them?
A Yes, as a part of peer review that we instituted,

that Karl knew that the Corps of Engineers was here for.
Q Okay, so you forward these documents up to the Corps of Engineers but you're saying you're not sure whether they are these documents?
A No, I know that I forwarded the documents to them. I'm saying I'm not sure this document is the one that he gave me because nowhere on it does it say that these are the changes he made.
Q Okay. And do you have -- will you be able to produce the E-mails that show that you forwarded these documents to Mr. Dan Mitchell for his review?
A I don't know if those E-mails are in existence any more. I don't have an E-mail on the Munson server. I don't have an E-mail Outlook account any more so I don't know if they are out there.
Q Well, how would you be able to get these individual memos off of Mr. Gibson's drive?
A I wouldn't. He submitted them to me saying, Hello, Lieutenant Derivan, the memo for Building 470 is on the J drive for review and that's when I received them and then I would at that point I was working with the Corps of Engineers, like I said earlier, most of it was vetted through them at

E-2

AFL-CIO LOCAL 738

KARL GIBSON,)
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Grievant,)
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-vs-) FMCS No. 090630-03183-8
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)
DEPARTMENT OF THE ARMY,)
COMBINED ARMS CENTER, and)
FORT LEAVENWORTH AGENCY,)
)
Respondents.)

TRANSCRIPT OF PROCEEDINGS

VOLUME II

January 21, 2010

BE IT REMEMBERED that on Wednesday, the 21st of January, 2010, the aforementioned cause came on for hearing before Mr. Michael D. Gordon, Arbitrator.

The Grievant was present and represented by Ms. Janice Jackson, Steward, Local 738.

The Respondent was represented by Ms. Annie Hinkebein, Office of Staff Judge Advocate.

Also present were Ms. Audrey Harris, Mr. Terry Mialia and Mr. Scott Bradley.

Annie. I'm very clear in what I'm asking. I'm very clear.

ARBITRATOR GORDON: Let me see if I can get us back on track. Before these conversations in mid January I assume you talked to Derivan about how to make things right under his shop?

THE WITNESS: Correct.

ARBITRATOR GORDON: And based on some of the things he said, because he's not an industrial hygienist, he asked for your input as to what might be done to get things back in line?

THE WITNESS: Correct.

ARBITRATOR GORDON: As a result of those conversations did the two of you come up with the items that are listed in Agency 1?

THE WITNESS: Yes.

ARBITRATOR GORDON: And they were reduced to writing before the telephone conference with the grievant?

THE WITNESS: That's correct.

ARBITRATOR GORDON: And during the telephone conversation with the grievant did both of you participate in the conversation or did you just sit and listen or were you just present as a resource for both people to ask questions to based

on your expertise in the area?

THE WITNESS: I believe that the initial conversation was conducted several days before.

ARBITRATOR GORDON: Which initial, with Derivan?

THE WITNESS: With Derivan and Mr. Gibson. And Mr. Gibson had posed questions to Derivan that he could not respond to.

He then set forth or set up the telephone conversation on the 15th where all three of us would be together to respond back.

ARBITRATOR GORDON: Was the initial conversation where the grievant asked the questions a conversation that you participated in?

THE WITNESS: No, I did not.

ARBITRATOR GORDON: I almost understand. How do you feel?

Go ahead and ask whatever you want to ask.

Q (By Ms. Jackson) I'm understanding you, sir, and I'm going to move on, that you have no bearing in Mr. Gibson's performance?

A I do not rate the individual, no.

Q That's not my question. My question is do you have any bearing in his performance?

ARBITRATOR GORDON: I'm not sure what a bearing means.

A I'm not sure what you're asking.

ARBITRATOR GORDON: What role does he play?

MS. JACKSON: Yes, in his performance.

A Again, I serve as a technical advisor, consultant.

Q (By Ms. Jackson) As a technical advisor/consultant that's responsible for this IH program that you say fall under your supervision because it is one of the states; is that not what you said?

A I didn't say anything about supervision. I do not supervise any of the employees at the individual MTFs excepts for those assigned to me directly.

Q Okay, explain for me, explain to me as the Great Plains regional industrial hygiene manager what role, since this is the State of Kansas and it falls as you previously stated under your direct supervision -- under your authority, what role do you play for this IH program?

A For this IH program?

Q Yes.

A Again, that of technical advisor and consultant for industrial hygiene matters.

Q As a technical advisor and consultant that's responsible for overseeing the operation of this program, if this program is not operating in accordance with local, state and federal regulation, as the overseer of this program, what action do you take?

A The actions, the specific actions that we took for this program?

Q No, that you take.

A Okay, I make sure that the work gets done.

Q And how do you do that?

A We either do it through contract, we have other industrial hygienists come in and do the work, which is exactly what we did in this situation.

Q Okay. And when you say you do it -- either do it through contract or you have other industry hygiene areas come in, do you prior to going outside Department of the Army do you always check with CHPPM first to see if they are available to do oversight of whatever IH program that you're having problems with?

A Sure, yes.

Q Okay, so each time that you had an outside entity to come in, such as the Corps of Engineers, you checked with CHPPM to make sure that they was

the IH program document as a chapter or appendix to the overall preventive medicine program document, and who does that?
A If it exists.
Q And who does that?
A The chief of PM would put together --
Q The program management document?
A When I'm saying is the industrial hygiene program document is a stand-alone document? It may be included as a chapter or an appendix to the big program document for preventive medicine if it exists.
Q Okay, and that's what my question is.
Who does the overall program management document?
A The chief of preventive medicine.
Q Okay. Let's go to -- I'd like to go to Tab 51 of the Union's exhibit.
Are you familiar with this document here, sir?
A Yes, this is an E-mail I received in August 26, 2008.
Q Okay, what is your understanding of this document here, sir?
A This is a trip report for the 26th of August site

visit conducted by the Corps of Engineers.
Q And exactly what was the Corps' findings?
A Apparently the Corps observed Mr. Gibson -- give me a minute to read it, please.
Q Yes.
A Mr. Mitchell outlines his responsibilities under the scope of work to Mr. Gibson identifying him -- giving him the purpose of the visit and purpose of the visit was to observe facility assessment processes and technical observations.
In addition, Mr. Mitchell as the professional colleague is available to provide unofficial review and feedback to Mr. Gibson on technical issues and documents related to the facility hazard assessment process.
I can read this whole thing if you'd like.
Q No.
ARBITRATOR GORDON: Did you want him to focus in on the observation or the recommendation or something else?
MS. JACKSON: No. I wanted to ask him if he was familiar with this document. He stated that he was.
My next question -- and asked him what

was his understanding of the document which I did.
Q (By Ms. Jackson) My next question to you is based upon this report from the Corps of Engineers did they find anything significantly wrong with Mr. Gibson's program?
A Significantly wrong?
Q Yes.
A No.
Q Okay, I'd like you to look at Exhibit 58, please.
Are you familiar with this document here?
A Yes.
Q What is your understanding of this particular document, sir?
A This is a summary of the audit findings, the program audit report that was done on Mr. Gibson's program.
Q Okay. Based upon this document here did the Corps of Engineers agree with your version of the industrial hygiene implementation plan?
A Agree with my version?
Q Yes.
A It's not my version. It's the Department of the Army 40-503 version. It's not something that I created.

Q Okay, and what was that Department of the Army 40-5 version?
A Well, the observation is that structure of the current IHIP contains the additional information. Most related to scheduling which may detract from the plan's objective.
Without seeing the IHIP I have no idea exactly what was presented to the Corps.
Q Okay, based upon this here --
A It may have been Mr. Gibson's interpretation of what was to be included in the report, so I have no idea. I've not seen the IHIP, the '08 IHIP.
Q Okay. As the program manager that has oversight of Mr. Gibson's program, do you have any knowledge where Mr. Gibson was instructed to do a facility walk-through, a facility assessment and then an industrial hygiene survey?
A The reason for that protocol was that the technical competencies were in question based on prior evaluations of reports. Technical competency, again, the first part that we have to do is the identification of recognized hazards.
Mr. Gibson was unable to articulate nor was he able to differentiate between various levels of risk. That was the purpose for him to

walk-through. He was asked in January, this is August or September. He was asked in January of 2008 to walk-through those 25 facilities and to establish and to revise the IHIP.

Q Okay, but who instructed you as the technical expert to Lieutenant Derivan, you're telling me that the Army regulation 40-5 states that you supposed to do a walk-through?

A 40-503.

Q 503?

A Yes.

Q States that you're supposed to do a walk-through, a facility assessment and then an IH survey?

A No, again, the basis for industrial hygiene are identification, evaluation and control. These are processes.

As an industrial hygienist you walk-through these processes. The first thing that you look at is you go in and you identify recognized hazards, okay. Mr. Gibson with 17 years experience should be able to walk into a facility and identify hazards within that work area environment.

The IHIP that was presented in February of 2008 was -- I saw the 2007 document. It was

not inclusive enough. It did not give the supervisor the information that they needed to say, okay, you've been out to this work area, you've identified these hazards. This is the sampling that needs to be done. That's what the IHIP is supposed to include.

The scheduling process, it's a living document. The scheduling process is used for manpower. He's one person. There's no way that we would expect him, we, Department of the Army, we're not going to set him up to fail. There's no way that he's going to be able to go through each of those work environments and do those assessments with one person. There's no way.

Q So if as the oversighter of this program --

A Correct.

Q -- and the expert advisor to Lieutenant Derivan you're telling me that Mr. Gibson being instructed to do a walk-through, a facility assessment and an industrial hygiene survey came from nobody but Lieutenant Derivan? You didn't have any input in that at all?

A I didn't say that.

Q Okay. Well, you're telling me, you're telling me that what the Corps of Engineers said here, okay,

you're the expert, you're advising them on how things should be done in accordance to the regulation, so I'm not understanding why the Corps of Engineers, you as the expert be advising them to do things in accordance to the DA PAM 40-503, why the Corps of Engineers would have you to revisit that format if you're doing stuff in compliance with the individual regulation?

A What I'm saying here is that I did not see the 2008 IHIP that was produced if one was produced. I haven't seen that document.

What this states is the structure of the current IHIP contains additional information most related to scheduling which may detract from the plan's objective. I have no idea what Mr. Gibson put in that IHIP. That's his document. This is his program.

Q Okay, but you had oversight of that program; did you not?

A I have oversight of the industrial hygiene program, yes.

Q Okay, so you're saying you didn't know what was in his IHIP program?

A He never produced it as far as I know.

Q I'd like to go to Exhibit 60.

ARBITRATOR GORDON: 60?

MS. JACKSON: 60.

A Okay.

Q (By Ms. Jackson) Prior to me going to this tab here when you came out in February of '08, February of '08 visit that you had, did you sit down with Mr. Gibson and dictate each column for your version of the Fort Leavenworth IHIP program?

A Did I dictate?

Q Yeah.

A I gave him a template to follow.

Q Okay. So you as the technical advisor if you gave him a template to follow, why would you testify that you didn't know what was involved in it?

A I have no -- again, can you produce the 2000 -- what I'm saying is I did not see the 2008 industrial hygiene implementation plan. I have no way of knowing what Mr. Gibson put in that plan. I have not seen it.

Q Okay, have you seen this document here?

A This one?

ARBITRATOR GORDON: Union 60?

MS. JACKSON: Yes.

A No.

Q (By Ms. Jackson) You're not familiar with this

with Mr. Gibson's reports?
MS. HINKEBEIN: You mean in addition to what he's already stated?
ARBITRATOR GORDON: What were the past problems in which he says there was no further growth?
MS. JACKSON: Right, he's saying Mr. Gibson had problems in his reports.
ARBITRATOR GORDON: You're asking him what were those problems that continued?
Q (By Ms. Jackson) What were those problems, yes.
A The problems that were continued were the lack of clarity, the lack of misapplication -- not the lack of, but misapplication of standards, the content of the report, the alarmness type writings that were going on.
Q Okay, could you define what do you mean by content of reports?
A The content.
Q What do you --
A The information, the scientific, the scientific basis for the report.
Q Okay.
A The information in there was incorrect.
Q Okay, and was that to deal with samples or what

information you're saying was incorrect?
A The past reports there were deficiencies in the sampling. Mr. Gibson had sample results from the laboratory. That information did not match that information that was contained in his written reports.
Oftentimes it was made worse.
Q Okay, and can you think of any lab samples in this rating period in which the results where he went out and done testing was incorrect?
A To my knowledge no reports were generated until October of 2008, no.
Q None at all?
A None.
Q Okay. So when he went out and done these walk-throughs and these facility assessments and these industrial hygiene surveys, what did he do with that information?
A I'm not sure that -- again, from my perspective I'm not sure that any work was done until we had the Corps of Engineers on board --
Q Okay.
A -- to be honest.
Q But as the oversighter and the expert over this that gave advice to Lieutenant Derivan and had

oversight of this program, you're telling me from November 1, 2007, up until October of 2008, you don't know if any reports were written?
A I don't know that any reports were generated during that period. If you can provide me copies of reports that were generated during that period, that's fine. There may have been one in September but it was after the Corps of Engineers was hired that Mr. Gibson authored. That's not to say that there were not reports that were conducted or surveys that were conducted but Mr. Gibson was no involved in those surveys.
Q I'd like you, okay, we looking at Tab 62?
A Okay.
Q And in looking at Tab 62 I want to hold onto Tab 60. You said you're not familiar with this document?
ARBITRATOR GORDON: 60?
Q (By Ms. Jackson) Tab 62.
A This I had no input in.
Q Okay, and you're not familiar with the document o Tab 60; is that correct?
A That's correct.
Q Do you know or have you been afforded the opportunity to be advised why the Fort Leavenworth

Lieutenant Derivan would go along with the Corps' recommendation as far as reports instead of the reports that you provided?
A I think if you compare the reports they are very similar.
Q Okay.
A Might be a matter of format but not content.
Q Okay, so explain, what's the difference in your contents and format in comparison?
A I'm not sure what are you asking?
Q Well, I mean you're saying, you're the one that stated that the reports are basically the same. It's difference as far as format and contents so I'm asking you based upon the reports that you submitted how was your reports formatted and what exactly -- what exactly you include in comparison to the Corps of Engineers?
A Can you go back to the report that was presented yesterday with the lines through it?
Q Okay, you want to look at Tab 75?
A Is it 75? Okay, this is a copy of a report that Mr. Gibson generated; correct?
Q I don't know, you tell me. Is this what he generated?
A I'm assuming this is a report that Mr. Gibson put

understanding correctly he's saying that this box in the status was a red box?
THE WITNESS: Yes.
ARBITRATOR GORDON: It's a black box I'd say.
MS. JACKSON: And the box means what?
THE WITNESS: Red, yellow, green, again, when we're presenting documents to command for review, we do red, yellow, green, status reports. If there is a problem it's a red. If it's 70 percent to 92 percent compliant, it's yellow. And if it's 92 and above, it's green, just like school.
Q (By Ms. Hinkebein) And then if there is --
A If there's a red box when I state in there that, you know, you were instructed, you failed to meet that criteria, that's a red box. He failed to meet the assignment that was given to him by Lieutenant Derivan. And that's further documented in a counseling statement that Lieutenant Derivan issued on the 25th of February.
Q And let's see this document is multiple pages and there's a few boxes in the Status column spread throughout but there's several columns with no status, basically the status is blank.

What does that mean?
A That this, again, was developed as a tool for Lieutenant Derivan to track Mr. Gibson's progress with these individual requirements. So Mr. Derivan could then use it as a supervisor and go in and say, Look, you are expected to perform IH hazard assessment surveys each month at work sites maintained by Leavenworth, so as Mr. Derivan is doing his reviews with Mr. Gibson he could use this as a tool if he so desired to indicate what the status of that requirement is.
Q Okay.
A Referring back.
Q And then if you go back to the beginning of this exhibit, it is an E-mail from Mr. Derivan or First Lieutenant Derivan to Mr. Gibson with several people copied on it. In the E-mail he says, The questions below that you have reiterated from the document MFR additional questions on IPS February 2008 were answered for you by Mr. Bentley on 9 May '08 in the document Gibson response, which I am offering to you again for your convenience.
Does that sound about accurate, that this spreadsheet was originally provided to

Mr. Gibson on 9 May 2008?
A I forwarded the information to Mr. Derivan during a site visit for an OSHA wall-to-wall survey at that time, yes.
Q Do you know whether or not Lieutenant Derivan provided any -- let me ask you this.
Besides this spreadsheet, did you provide any response to Mr. Gibson's questions either the list that you're referencing on thi spreadsheet or any other of his lists of questions?
A I mean we, again when I was up here in February, I read over the list and I attempted to answer some of his questions during that site visit on the 19th through the 22nd of February face-to-face.
Q But the other thing that was written by you in response was the spreadsheet, if you recall?
A Correct, as I recall.
Q And then do you know whether or not Lieutenant Derivan provided any responses in addition to yours?
A Lieutenant Derivan, according to this memo, did respond to other issues independently directly to Mr. Gibson.
Q Okay.

A Where he asked for further clarification on Item 36, 36a, b, c and d and e as well.
Q And then in reference to your responses do you know whether or not Mr. Gibson was satisfied with the responses?
A I'm assuming. Again, the responses were provided through his supervisor to him so -- to Mr. Gibson. I have no way of knowing if he was directly satisfied or not.
Q Do you recall receiving any other requests for clarification?
A Not for Mr. Gibson, no.
Q As a seasoned industrial hygienist do you think Mr. Gibson was given sufficient guidance to enable him to successfully perform his duties during the rating period?
A I do.
Q In reference to the Corps of Engineers' involvement can you explain why they were called in, why they were requested?
A Basically they were called in because the time requirement -- the time commitment that was required for Mr. Gibson was more than any of us, myself or CHPPM, could provide.
We realized that he needed one-on-one

write reports?
A I do know that in that Mr. Gibson if he had a question Lieutenant Derivan couldn't answer Lieutenant Derivan, as he stated yesterday, would know where to go to get the answer that he needed to respond to Mr. Gibson.
Q But I'm telling you, I'm asking you, unless you're there day in and day out to know exactly what transpired between Mr. Gibson and Lieutenant Derivan, how can you sit there and say that these questions are not legitimate questions that he's asking as an experienced IH program manager when you don't know what Lieutenant Derivan instructed him to do?
A I can tell you that I was here on Fort Leavenworth for eight weeks during the rating period.
Q Okay, and so what does that mean you was here for eight weeks?
A Over the rating period I was here for eight weeks.
Q Okay, so explain to me what do you mean?
A We had conversations. We talked.
Q I mean tell me what some of those conversations were you had since you didn't play a direct role in his evaluation?
A I did not play a direct role in his evaluation.

Q If you could tell me some of those conversations that you had that may have played a part in Mr. Gibson I would like you to elaborate for the record?
A We've gone over all that. We've talked about the goals and objectives. We've talked about that. We've talked about the IHIP. We've talked about the industrial hygiene program document. We've talked about contracting with the Corps of Engineers to provide the mentorship and the guide and that was needed. You know, what more would you like?
Q You made mention you was present here in May and is that May 2008?
A May 2008, yes.
Q You were present here in May for an OSHA walk-through?
A It was an OSHA wall to wall, yes.
Q OSHA?
A Wall-to-wall inspection of the facility, of Fort Leavenworth.
Q Okay, and who ordered that OSHA wall to wall, as you say, of Fort Leavenworth, who?
A Who ordered it?
Q Yes, I mean was that something that Colonel

Rinehart requested OSHA to come in and do?
A No, it was a result of a complaint.
Q Of a complaint?
A Um-hum, filed by the Union.
Q Are you sure that was done in the month of May?
A Pretty sure, yes.
Q Could it have been the month of March?
A I'm pretty sure it was May.
Q Could it have been the month of April?
A Pretty sure it was the month of May.
Q Okay.
A When the OSHA surveyor came, I'm pretty sure it was the month of May.
Q Okay, I'm an occupational safety and health inspector here on the installation, sir.
A Okay.
Q That's why I'm asking you. Are you sure it was May?
MS. HINKEBEIN: Is this relevant? How's this relevant? I'm going to object to this whole line of questioning as being irrelevant.
A Okay, I don't have my calendar with me. It was in the spring.
Q (By Ms. Jackson) Okay, in the spring, okay. To be clear you claim there were no IH produced

reports by Mr. Gibson during the rating period before October 2008; is that correct?
A There may have been one in September.
Q There may have been, now it's one in September?
A Maybe. I don't know. Again, I wasn't involved in the day-to-day operations.
Q Okay, but your previous testimony that you just gave is that up until October 2008 there was no reports submitted by Mr. Gibson?
A I didn't see any reports submitted by Mr. Gibson.
MS. HINKEBEIN: But he did clarify after he said that that there could have been one or some before then.
MS. JACKSON: Before when?
MS. HINKEBEIN: October. He originally said October then he clarified and said there could have been some before that --
A September, I don't know --
MS. HINKEBEIN: -- that he had seen.
A -- that I had seen.
Q (By Ms. Jackson) What reports in this rating period -- I'm going to strike that out.
To be clear, you claim in this rating period that Mr. Gibson placed wrong lab results in a report?

A I did not say that.
Q You did not?
A No, my testimony was that I did not review any reports that Mr. Gibson generated during the rating period.
Q Okay, but your previous testimony, sir, was that you submitted templates because the contents which had to do with the information that he submitted based off of lab tests was incorrect. That was your testimony, sir.
A That was for the previous rating period.
Q Okay, but you're saying --
A 2006/2007. We provided Mr. Gibson templates.
MS. HINKEBEIN: He already testified to this so I object to you asking it over and over and over again until you get the answer that you want.
MS. JACKSON: No, I'm not asking over and over again. When I ask him to get clarifying questions --
ARBITRATOR GORDON: Ask the next question.
MS. JACKSON: -- he claims that, Oh, we're in this rating period.
ARBITRATOR GORDON: Let's get something

that is objectable before we get into an argument over a question that doesn't exist.
Q (By Ms. Jackson) So I'm understanding you correctly, earlier when you testified you were speaking of a rating period which we're not in question now in 2006 to 2007.
Is that what you were talking about when you talked about incorrect information being present in the report?
A Correct.
Q Okay.
A My testimony is that I did not review any reports during this rating period that Mr. Gibson performed.
Q Okay.
A Except for those that were reviewed by the Corps of Engineers and those dates may be September sometime.
Q Okay. You stated, to be clear again, in this rating period did you know how Lieutenant Derivan dictated reports were to be written by Mr. Gibson?
A Did I know how?
Q Lieutenant Derivan had dictated how reports were to be written by Mr. Gibson?
A No, I wasn't there.

Q I'd like to go to Exhibit 62, and I'd like you to look at page 2 and could you read that note into the record?
A Which?
Q The note that's after No. 4.
ARBITRATOR GORDON: 4(a) down there.
A Is that where you're reading? This guidance supersedes the guidance given to you on 24 September 2008. The internal MFR is your work and what or what not is to -- or what not to include will not be dictated to you. It is based on your observations and professional judgment.
Q (By Ms. Jackson) Okay, so --
A However -- let me read all. However, it is strongly recommended that the criterion laid out in the September 24, '08, guidance be a template for the information that you include in the internal MFRs.
Q Okay, so according to this Lieutenant Derivan would dictate what would go in the report and what wouldn't go in the report; is that correct?
A He uses the word dictate, yeah.
Q I'm saying according to his statement here?
A Yeah.
Q Okay. To be clear in this rating period did you

know how Lieutenant Derivan dictated how IH walk-throughs, IH assessments and IH surveys were to be conducted?
A Did I know how?
Q Right. Your testimony earlier was that Mr. --
A I was not present when Mr. Derivan gave instruction to Mr. Gibson. I don't know that.
Q Okay, so how could you attest and testify that Mr. Gibson did not do IH walk-throughs and assessments and surveys in compliance with what his supervisor directed him to do? If you didn't know what those directions were?
Earlier you testified that when he did his assessments and his walk-throughs and his surveys that he was having the same problems that he had prior to this rating period which was 2006/2007. He was continuing to have the same problems in this rating period.
So my question to you is if you are not sure of how Lieutenant Derivan dictated to him on how he should do these walk-throughs, how could you testify that he was not doing things in compliance?
MS. HINKEBEIN: Can you hold on a second? I guess I would ask that you reask that

so that they couldn't -- they didn't have a reason to come out. By stating that the reports that we were reviewing were not his work.
Q Okay.
A That's exactly what I said.
Q Okay, and so what role was CHPPM to play when they came out?
A They were to come out as a consult, consultation for Mr. Gibson to do program review, take a look at his sampling methods, his procedures, his basic competencies as an industrial hygienist.
As I explained early, earlier, Mr. Gibson's credibility was in question at that point.
Q Okay, so would you say -- you're talking about Mr. Gibson's reports, so then observing Mr. Gibson's report does that constitute the whole industrial hygiene program?
A Didn't I say program?
Q No, you're saying Mr. Gibson claims that the reports was not his industrial hygiene reports. Is that what you said, sir?
A That's what he claimed, yes.
Q So my question to you is CHPPM coming out to look at the industrial hygiene program, does that just

entails the reports?
A No.
Q Okay, so what part of the reports --
A The basis for the request from command was that the reports and the individual's competencies were in question. Mr. Gibson was in question.
CHPPM was to come out and to do an evaluation of the program and review his competencies.
ARBITRATOR GORDON: Based on the reports that he claimed weren't his?
THE WITNESS: Based on the reports that he claimed. That's the reason that we asked CHPPM to come out and intervene.
Q (By Ms. Jackson) Okay, in regards to CHPPM, you stated in your testimony earlier that you know prior between the timeframe of 1999 and 2006 that reports were sent up to CHPPM by supervisors here?
A That's not what I said.
Q Okay, what did you say, sir?
A I said that his previous supervisors had questions on certain reports that Mr. Gibson generated. Those reports were sent to me. If it was beyond my scope, and that indoor air quality was beyond my scope at that time, I was not proficient in

indoor air quality. I know my limitations. We have folks at CHPPM that specialize in indoor air quality. Those reports were sent to CHPPM for review. That information came back to me as they should through the regional medical command having authority and responsibility for the IH program here at Leavenworth. The reports come back to me. I sent those back to the supervisor.
Q Okay. Could you say, could you outline, what supervisors -- do you remember what supervisors submitted those reports?
A Sure, I'll list them all. I think I can remember all their names. Major White, Rodriques White, who was the last one before Jefferson?
ARBITRATOR GORDON: If you can't remember --
A I don't remember the names. The captain, the male captain, the SO. I don't remember the names.
Q (By Ms. Jackson) Okay, when you, sir, when you got those reports back from CHPPM and you forward those reports up to their supervisor, as the overseer of the IH program did you have any recommendations for their supervisor based on whatever information you got back?
A Sure, the reports were edited and sent forward.

Q Okay, when you say edited --
A The recommendations were listed.
Q Okay, and when you're saying edited I'm not understanding, are you saying --
A Reviewed, reviewed, edited, yeah.
Q Was his reports changed?
A No.
Q Okay, could you explain what you mean when you say edited?
A They would look at the report. They editorialized, they would look at it, review it. Review would be a better word, if you will. They would make recommendations. This standard is not appropriate. Whatever the recommendations were. Then those were sent back to the supervisors.
Q As the overseer of this program here, did you make any -- was any of those recommendations that you got back negative on any of those reports --
A Yes.
Q -- that was submitted?
A Yes.
Q Did you make any recommendations to his supervisor on how to address those issues?
A No, I just sent those back to the supervisor.
Q Okay.

well, in February -- on February 25th Mr. Gibson was issued a counseling statement that he did not meet the suspense for developing the IH program document or the IH plan.
Q Were you aware that Mr. Gibson had submitted that information to Lieutenant Derivan in February 22, 2008, that information that you said he did not complete?
A What information is that?
Q The information that had to deal with his, was that the individual -- the industrial hygiene implementation plan that you said Mr. Gibson did not submit to his supervisor based upon that counseling statement that took place on February 25, 2008? Were you aware that that information was submitted to his supervisor on February 22, 2008?
A I was here on the 22nd. He didn't have it available. It was due on the 15th. He still missed the deadline. It was due February 15th.
Q My question to you was you aware that he submitted it to --
A No, I know when I left the morning of the 22nd that that report was not completed.
Q To be clear, where in this rating period did

Mr. Gibson conduct mold testing?
A I have no idea. Again, as I testified earlier there are very few reports that were generated during that rating period.
Q You spoke earlier in your testimony that there were several lab services that Mr. Gibson performed that were deemed unnecessary.
Where was Mr. Gibson -- which one of these lab services that was produced by -- performed by Mr. Gibson was deemed unnecessary?
A That was prior to this rating period.
Q And was Mr. Gibson ever informed that those lab services were unnecessary?
THE WITNESS: May I speak to my counsel?
ARBITRATOR GORDON: Can you hold off on it?
What's the relevance of this kind of questioning, though? Is it in relation to the question?
MS. JACKSON: The relevance has to deal with --
THE WITNESS: I'm not sure what we're doing here.
ARBITRATOR GORDON: Welcome to the club.
MS. JACKSON: He's stating that a lot of

what Mr. Gibson done was unnecessary.
ARBITRATOR GORDON: But that was a prior rating period. We're going to do Fowler on that.
THE WITNESS: We're keep on going back and forth. You talked prior rating, then you push it back to the rating period.
MS. JACKSON: I don't push anything, sir.
ARBITRATOR GORDON: Talk to me.
MS. JACKSON: I'm not the one that keeps going to prior rating. When it suits him he says, Oh, we're talking about this rating, I meant the prior rating. Whenever it suits whatever answer he wants to give at that particular time then he talks about he meant the prior rating. I'm going about the testimony that he gave, sir.
He stated during this rating period Mr. Gibson performed many unnecessary -- a lot of the lab services that he performed was deemed unnecessary.
ARBITRATOR GORDON: Whether you said that before or not are you saying that now?
THE WITNESS: No.
ARBITRATOR GORDON: Okay, go ahead.
Q (By Ms. Jackson) Okay. There again, I'm going to

go back to this asbestos.
ARBITRATOR GORDON: Let take 10 minutes. Everybody is getting -- let's take a break.
(A BRIEF BREAK WAS TAKEN AT THIS TIME)
ARBITRATOR GORDON: Okay, let's continue.
Q (By Ms. Jackson) To be clear, you stated in this rating period you downloaded templates directly to Mr. Gibson's computer.
When did that occur?
A I believe that we provided the templates to Mr. Gibson during the February visit. We either downloaded them from a thumb drive or we prepared a CD for him.
Q Do you have access to any IH programs to include DOEHRS during this rating period?
A Yes.
Q So that means you can have access to Mr. Gibson's reports?
A I can see what Mr. Gibson is doing. I have visual access of all the people under my --
ARBITRATOR GORDON: I'm sorry, you have what, visual?
A I have visual access on the computer to all the people under my review. I have access to see what

E-3

AFL-CIO LOCAL 738

KARL GIBSON,)
)
Grievant,)
)
-vs-) FMCS No. 090630-03183-8
)
)
DEPARTMENT OF THE ARMY,)
COMBINED ARMS CENTER, and)
FORT LEAVENWORTH AGENCY,)
)
Respondents.)

TRANSCRIPT OF PROCEEDINGS
March 2, 2010
VOLUME III

BE IT REMEMBERED that on Wednesday, the 2nd of March, 2010, the aforementioned cause came on for hearing before Mr. Michael D. Gordon, Arbitrator.

The Grievant was present and represented by Ms. Janice Jackson, Vice President, Local 738.

The Respondent was represented by Ms. Annie Hinkebein, Office of Staff Judge Advocate.

Also present were Ms. Audrey Harris and Mr. Scott Bentley.

for eight hours with a pump and take samples?
Q No, I'm saying surveys.
A When you start saying occupational exposure that starts implying there's some type of sampling to be done. Yeah, he was allowed to go out and do assessments in workplaces.
Q On paragraph 3b. Would you read into the record what this section says?
A 3b says, Purpose, briefly describe the reason why the evaluation or survey is being conducted, i.e., conduct an ergonomic work site evaluation by observing the employee performing routine duties and tasks at assigned work stations.
Q Okay, was the standard operating procedure on what was to go into each assessment survey, was that ever written and given to Mr. Gibson?
A Standard operating procedure, you mean like, You're going to put this, this, and this in a thing is.
Q Um-hum.
A No, this was probably the closest it ever came to that because, again, it was Karl's work. The issue ultimately was, again, to be clear, concise and give the customer what they needed. That's why we gave them examples.

Again, just like actual workplace assessments, there's so many variables that as the industrial hygienist you need to make sure you include what is necessary for the assessment, so if I had put that, yes, you will have A, B, C and D in it, that might not cover half of the assessments he would do. And then those surveys would be missing -- excuse me, those reports would be missing information, so I gave him kind of like an outline. You need to have these types of things in there to make it complete, but if I don't say it explicitly in there, and I probably do, it's not limited to just these things. Some of these things may not be applicable to the actual assessment he did so they wouldn't be necessary to have them. Again, that's what we were looking for, that independent thought for Mr. Gibson to be able to produce these reports for us.
Q Under section 4a of this memorandum for record you stated that you were providing Mr. Gibson with multiple examples of reports that Mr. Bentley had provided.
Did you ever give Mr. Gibson those reports?

A Yes.
Q I'd like to go to Tab 62.
Are you familiar with this document?
A Yes.
Q In this report did you note that Mr. Gibson was failing in IH surveys or reports?
A No.
Q In this report in paragraph 1 you wrote, You have done a good job on your daily assigned tasks and as your supervisor I have confidence that you will continue to do so in coordinating your own work once again.
Could you explain how Mr. Gibson could go from doing a good job to failing in less than a month?
A Well, he was doing those tasks well. Again, if I tasked him to collect a bunch of reports for the Freedom of Information Act request he was doing it. He never said, No, I'm not going to do it if I asked him or listed something for him to do. In that way he was doing a good job keeping up with the daily assigned tasks.
Q Okay, did you not testify that those tasks went from six to eight weeks you were assigning him daily tasks?

A Um-hum.
Q And those tasks could include walk-throughs, facility assessment or surveys, as well as writing reports?
A They could have, yeah.
Q Okay, so right before his evaluation was over with, according to your testimony, he was doing well in performing what you assigned him on a daily task.
So my question is how did he go from doing well in performing what you gave him to do on a daily task to overall failing in these areas?
A Well, because I don't think he had produced any actual reports yet because we were working with the Corps of Engineers to finally, again, give him the side-by-side help he needed to produce a good report. Again, trying to remove Management from the subject.
So we hadn't had a chance, I don't think, at this point to actually look at the reports. Furthermore, after this point the reports that were produced I used the Corps of Engineers' peer review to evaluate them so it wasn't just me looking at his reports and saying, bad, bad, bad, bad, bad, or something like that,

one. Now you're on page 2?
MS. JACKSON: Yes.
A Assuming that's what this document is it says expiration date 09 September 2012.
ARBITRATOR GORDON: I think maybe if you just tell me what this certificate is -- here, I can get it off here. I'm just going to write in, what, Project Management Professional? Is that the credential?
MS. HINKEBEIN: Summary up above includes something about lead --
ARBITRATOR GORDON: Yeah, get me a clear, darker copy later today.
MS. HINKEBEIN: Okay.
ARBITRATOR GORDON: You've got one you can read.
MS. JACKSON: Right.
Q (By Ms. Jackson) You claim that the Corps of Engineers were the experts in lead for Building 77 DAPS survey, and according to Mr. Mitchell's certificates here as far as lead is concerned he has not received any current training in lead since 1996, so how would you assess that he's an expert when it comes to lead and his training certificate has been expired since 1996?

A I can't explain that. I don't know that he hasn't taken refresher courses and gotten CMEs to keep his certification up. These are the initial training documents and Dan would have to answer those questions.
When we worked with the Corps of Engineers, you know, I'm not in control of their internal training schedules and stuff like that, but the assumption was that their people were trained in the appropriate fields.
Q Okay, let's go to Exhibit 68 and it's part of the middle, a good way -- I'm looking for the November 20, 2008. It's kind of middle of the exhibit.
MS. HINKEBEIN: Say it again, you're looking for something dated November?
MS. JACKSON: November 20, 2008.
A I think I found something.
Q (By Ms. Jackson) You got it here, okay. Did you testify earlier, sir, when you were asked why Mr. Gibson failed in IH surveys and IH reports did you testify that one of the situations that came to your memory had to deal with this Building 77 in which he took wipe samples and the wipe samples that he took was incorrect?

Is that correct, sir?
A Yes.
Q And you said that you had based that assessment on the information that was supplied to you by Mr. Dan Mitchell; is that correct, sir?
A Yes.
Q Would you look at paragraph 3 and could you for the record read the very last statement of paragraph 3 beginning with, However?
A However, as a wipe sampling was completed during the 22 March 2007 event, Mr. Mitchell concurred with Mr. Gibson to obtain wipe samples for closure purposes.
Q Okay, so here it states that Mr. Mitchell concurred with how Mr. Gibson had performed his wipe sample test; is that correct?
A That's what it says.
Q But yet you stated earlier that you failed him because his wipe samples were done incorrectly; is that correct?
A They were done inappropriately. Again, Mr. Mitchell wasn't there to tell Karl how to do his job. Karl was wanting to show for himself at this point, I believe, and so he made his recommendations and said, I don't think this is an

appropriate way to do it and Karl gave his reasons behind it and Dan said, Okay, but it still didn't make the fact that he used wipe sampling inappropriately right. It was still a wrong use of the method.
Q You're saying he's doing it wrong, sir, but you just read into the record here where Mr. Mitchell concurred with how he did it, so how are you saying that the reason you failed him was based upon information you received from Mr. Mitchell and yet Mr. Mitchell is concurring with how he performed those wipe samples so how does that go together, sir?
A Again, it's taking a line out of a statement and coming out of context.
If you talk to Mr. Mitchell he will be more than happy to explain that this was not the appropriate way to delineate to these individuals who worked in this DAPS print plant that their environment was safe.
Q Sir, how could you say what Mr. Mitchell is going to testify to? He would have to state that himself; is that correct?
A I'm not putting the words in his mouth.
Q That's what it sounds like to me, sir.

ARBITRATOR GORDON: Let's go on.
Q (By Ms. Jackson) When did Mr. Gibson's rating period be over with, sir?
A I believe it was like November 14th or 16th.
Q November 16th or 14th -- 14 or 16, for the record was it November 16 of 2008?
A Can we look at it? I'm getting a little fuzzy headed.
ARBITRATOR GORDON: You want to take a little break?
How much longer do you have, you think, a while?
MS. JACKSON: No, I just have a few more questions then I'll be done.
ARBITRATOR GORDON: Can we be done by 12:30? I'm not trying to cut you off but he's been coughing all morning and stuff. If we're going to need to take a break we might take one pretty quick.
MS. JACKSON: We can stop here, sir, and start back up.
THE WITNESS: Actually let's just push through, sir. I've felt worse and been in worse situations.
MS. HINKEBEIN: Let's at least get to a

good stopping point.
MS. JACKSON: This would be a good stopping point here, sir.
(OFF-THE-RECORD DISCUSSION.)
ARBITRATOR GORDON: Let's take lunch till 1:15.
(NOON RECESS.)
ARBITRATOR GORDON: Let's go back on the record. Over lunch I've been supplied to insert into the two booklets Union Exhibit 95 and Agency Exhibits 44 and 45.
So I think we're now ready to resume with the cross-examination.
Q (By Ms. Jackson) Right, we were at Exhibit 68 and we were looking at the November 20, 2008, document that dealt with industrial hygiene technical support, technical observations, 13 November 2008 sampling at Building 77.
The last question I think I asked you for the record was when did Mr. Gibson's rating period end?
A 16 November 2008.
Q 16 November 2008. And if I'm recalling correctly, sir, you stated in your previous testimony that the reason Mr. Gibson failed on IH reports and

surveys was that he had performed his sampling of Building 77 incorrectly; is that correct?
A Yes, that was one of the reasons.
Q Okay, and what did you base that on since this document here is outside the end of that rating period?
A That's true, the document was produced on November 20th but the work that Karl performed inappropriately when he performed the testing was done on 13 November, which was within the rating period.
Q And so did you receive a report from Mr. Mitchell within that three-day timeframe?
A No, I probably received it on November 20th.
Q Okay, so how did you come to the conclusion that he failed based upon how he performed the wipe samples for Building 77?
A Based on Mr. Mitchell's input to me. We had spoken and I received this report.
Q Okay, I understand that but the report was after the rating period.
A That's true.
Q Okay, so I'm tying to understand what did you base that on since it was after the rating period?
A I didn't have Karl's evaluation done on

November 16th. There were still work that was -- that he had performed that I was waiting for feedback on so that I could evaluate him fairly.
Q So when did you actually perform his evaluation?
A Well, I finished it up probably in the week or two after November 16th.
Q Okay, so anything that transpired after November 16, 2007, am I understanding you correctly, it was applied to his 2007/2008 evaluation?
A None of the work that Karl performed was applied to this 2007/2008 performance evaluation if it occurred after November 16th.
Q Okay, so then how did this apply?
A Because that work was performed on November 13th.
Q Okay, did you have any dealings with how Mr. Gibson performed his wipe samples here at Building 77?
A Please clarify your statement. I mean he had to ask me.
Q Would you include it in how he conducted the wipe samples at Building 77?
A No, we had been working on this issue with actually some other individuals involved with the Building 77 issue. I think one of their safety

people, and the request was made for Karl to come out and do a survey of 77 to prove that the environment was safe, it was clean.

Based on the situation I actually gave Karl the go-ahead to go ahead and do a survey, go do some testing to show these people that it's clean, do what you need to do as an industrial hygienist.

Again, it had been tossed back into his court and he asked for permission like he was supposed to. He thought that he would need to do some kind of sampling and we gave him permission. He went on and did the wrong sample.

Q He did the wrong sample, okay, but did he -- were you involved in how he actually performed the sample, that's what my question was?

A Mr. Mitchell was the one who accompanied Mr. Gibson on the trip.

Q Okay, did you have any direct dealings with his day-to-day tasks after October 6, 2008?

A You mean would I assign them to him?

Q Yes.

A Not that I -- not the way I was before that. I mean if something -- if a request came into me I would have passed it onto him. If a task came

down from Munson, say, We needed X, Y and Z, I would have said, Hey, Karl, we need this by this time.

But in terms of setting things up, I don't recall setting anything up for him as a part of, I'm setting all this stuff for you and go do it. That was all turned back over to him.

Q Did you instruct him to keep you in the loop when he went to do Building 77?

A Sure.

Q I'd like for you look at Tab 95. You testified that after October 6, 2008, you gave control over the IH program to Mr. Gibson and you did not know what Mr. Gibson did as far as Building 77 DAPS, as far as the wipe samples.

A Okay.

Q Are you familiar with those E-mails there?

A Looks like a string of E-mails between me and Karl.

Q Okay, and according to those E-mails there were you very much involved in the process dealing with Building 77?

A Looks like he kept me in the loop.

Q Okay, but according to you you didn't have anything to do with Mr. Gibson's process and how

he went out and conducted the wipe samples with Building 77?

A I didn't, I didn't go out with him and test with him.

Q I'm not talking about testing. I'm talking about being involved as to what was going on with Building 77.

A He would keep me informed, yes.

Q Read the set of E-mails. Did you task Mr. Gibson to do surveys according to these E-mails here?

A Without reading them all talks about Mr. Sneed from DAPS wanting to ensure that it's clean and I said, Go ahead and do it.

Q Okay. Did you approve Mr. Gibson ordering the supplies that he needed in order to do the wipe samples?

A Yes.

Q Did you approve the sampling and the analysis of the wipe samples that Mr. Gibson used?

A If he was ordering supplies he would need to analyze them, too.

Q Okay, so I take that's a yes?

A Yes.

Q Did you inform Mr. Gibson during these that he was wrong in how he conducted the wipe samples?

A No, because at this point I didn't -- I didn't even know that.

Q You didn't?

A Mr. Mitchell was the one telling us that ultimately that this was -- this shouldn't have been done this way. Again I was out of the IH program. I was letting Karl determine -- you know, if he needed to do testing, granted, he still needed supervisory approval but Karl was going to determine if it needed to be done. He was the IH. I was giving him the latitude to make the decisions. He made the decision that seemed to make sense based on what I was seeing so, I said, Go ahead and do it. As the IH you have permission.

Q According to these E-mails, sir, did you not tell him to keep you informed as to what he was doing?

A Yes.

Q And every individual task that he did you instructed him on what to do?

A It was more in terms of he said, I want to do this and I either said yes or no.

Q Okay, but yet you testified that after October 6th you turned it over to him for him to perform his job as he see fit with the IH program?

MS. JACKSON: I'm sorry, I missed the number. What exhibit are you on?
MS. HINKEBEIN: 22.
Q (By Ms. Hinkebein) Would you say this is another example of you providing a counseling to Mr. Gibson regarding his performance deficiencies and how to improve on his performance?
A Yes.
Q So this would be notice to him regarding performance deficiencies?
A Yes.
Q Will you go to Agency Exhibit 24 and is this another example of you outlining his performance for him, Mr. Gibson's performance for him?
A Yes.
Q I believe in paragraph 2 you indicated -- give me a second here?
ARBITRATOR GORDON: Sure.
Q (By Ms. Hinkebein) Well, in reference to paragraph 2, probably you've had a chance to read it while I'm sitting here trying to figure out what I needed to ask, what was the problem -- can you explain what the problem was that you were addressing in that paragraph?
A I believe Karl had asked me -- well, Karl had a

list of buildings he was supposed to go to as a priority, a list of 25, and we were working our way down that list. In the normal course of business people are going to call up and say, Hey, I think I have a problem here. Can you send someone out to help us out. We delineated that as a customer service report, someone needs help and attention now.
Karl had asked me, What do I do? I have a priority list and squeaky wheel. Which one do I pay attention to? I'm giving him guidance to the priority list is the priority, that's what a priority list is, but if somebody needs attention now we need to fit it now.
Q Was there ever a problem with him going out to do these workplace hazard assessments to where he would go out and do it but basically do nothing? Was that ever an issue?
A After we put in place the new performance standards and we probably had done a couple rounds of answering questions, we said, Okay, let's try it. He went out to a couple of workplaces and, again, my visibility on what he did during those assessments is through the reports. That's how I know what he did and what he didn't do.

The first set of reports basically said, Management won't let me do any kind of testing so I couldn't determine if there were any hazards here. Then we had to go kind of back to the drawing board. Okay, now, in your assessments you need to make sure you're doing this, this and this so, yeah, that first round really got nothing done.
Q So what could you interpret that he did? Did he do anything when he went over there or did he just walk into the area and then leave and then write a report?
A At that point he just did exactly what the performance standards said. This is what you need to do for, let's say, a survey or an assessment. So interview 30 percent of the in-place personnel, he would talk to just 30 percent and letter of the law, you know, keep going. That's why ultimately we needed to adjust it because the performance standards listed things that were needed but IH assessment wouldn't be limited to but Mr. Gibson was doing only what we asked him and ultimately you need the industrial hygienist to, again, do everything that needs to be done to characterize a hazard and then determine whether or not the

workplace was safe or if a control needs to be put in place.
Q If you look at Agency Exhibit 1, the individual performance standards, for example, where it says industrial hygiene surveys, and it says, you are expected to perform these surveys, paraphrasing?
MS. JACKSON: Where are you at?
MS. HINKEBEIN: Agency Exhibit 1, the individual performance standards, paragraph 2, industrial hygiene surveys.
Q (By Ms. Hinkebein) It says, These surveys are to include but are not limited to and you list out six things, you're saying that he did the six things but nothing else?
A Generally that was what he'd come back with. And then basically say that, Since I couldn't test I couldn't figure out if there was a hazard there. He would actually put something like that in his report saying, Management would not let me test so I could not determine if there was a hazard. Something to that effect.
Of course that doesn't go in a report to a customer airing internal grievances. That's not the right place so, again, we tried to recog and try to give guidance, et cetera.

again. You'll do your assessment, determine that there might be an over-exposure, that you need further information to determine the full effects of it and then get permission to do it before you do the sampling.

Q And then just the last sentence in that paragraph says, To date, you have failed to provide Management with the required IH work product?

MS. JACKSON: Which paragraph are you on?

ARBITRATOR GORDON: Page 2, the last sentence, top paragraph.

MS. JACKSON: Page 2?

ARBITRATOR GORDON: Yeah, I think you're looking on the right page.

MS. JACKSON: At the top?

ARBITRATOR GORDON: Last sentence in that top paragraph.

MS. HINKEBEIN: Right above, I will attempt again.

ARBITRATOR GORDON: Are you good?

MS. JACKSON: Yes.

A Yeah, I see it. I'm trying to figure out exactly what I was talking about right here as I dive into this document.

ARBITRATOR GORDON: Take your time and if it doesn't come back, tell us.

A Basically I'm talking about his performance standards, I think, because I'm saying, all these documents, all these counselings where I was giving him guidance outlined the requirements for you to meet an acceptable level for each assigned task. To date, you have failed to provide Management with the rider IH work product.

Q (By Ms. Hinkebein) And then if you'll go to paragraph e which is at the very bottom of that page?

A Yes.

Q In that paragraph is there another reference to the issue regarding him thinking that he is not allowed to do any testing?

A Yes.

Q Can you outline that for us?

A Sure, again, I'm basically saying that the deferment of indoor air quality and occupational exposure testing memo that we just looked at, that your new performance objectives actually superseded that document anyway, but we kept in the performance -- we kept the idea that occupational exposure testing needed to be given

supervisory approval before he could do it, and I'm delineating that for him again.

Q And then Agency Exhibit 6 talked about the IHIP and that he has demonstrated a satisfactory understanding of the IHIP and how it works and there's been some testimony about the issues with him producing the IHIP and what the IHIP is.

If you will go to Agency, I believe it's 45?

A Okay.

Q If you'll look over this E-mail and the attached document, do you recognize this?

A Yes.

Q And can you explain for the record what is this E-mail, what's the purpose of it and what is the attached document?

A One of Mr. Gibson's performance standards was to produce an industrial hygiene IHIP, forget what it stands for. Sorry, not thinking straight right now, to produce an IHIP which is basically a listing of all the operations at Fort Leavenworth, what type of hazards might be there. In a more advanced version of the IHIP it would show if testing had been done in an operation, what type of results, whether there was still a hazard,

things likes that. It's a living document that's updated as he does his work.

So Karl produced his IHIP for the rating period and this is one of the scenarios where, again, not being an industrial hygienist, I said, I think I'm going to need Mr. Bentley's help on this, so I sent it to Mr. Bentley because, I mean, I wasn't really sure what exactly needed to be there, so I asked my subject expert and got guidance on it.

Q And in the attached document that would be an example of the IHIP?

A That would be, I think, the IHIP that Mr. Gibson submitted for the suspenses included in his performance standards.

Q Just for clarification, the comments that Mr. Bentley responded to you in this E-mail, these are comments on this IHIP that Mr. Gibson submitted; correct?

A Yes.

Q If you'll go to Agency Exhibit 44?

MS. JACKSON: Exhibit 44?

MS. HINKEBEIN: Yes.

Q (By Ms. Hinkebein) Do you recognize this document, the E-mail and the attached document?

A Yes.
Q And can you explain to me or for the record what this is?
A Mr. Gibson had a performance standard which said submit your updates for the industrial hygiene program document, which is actually a part of the preventive medicine program document, so basically we were asking submit updates which you would want included in the preventive medicine program document and he needed to do so by a certain suspense.
And this is what he submitted as his recommended updates to the program document.
MS. JACKSON: Okay, but this shows that this document's subject was forward IH program document, from what? Where does this document come from, Miss Hinkebein? It doesn't even show where this document comes from.
ARBITRATOR GORDON: Which one are you talking about?
MS. JACKSON: The subject in the E-mail shows forward IH program document for IH program, from who?
MS. HINKEBEIN: Says down there, original message, from Karl Gibson to Derivan and

he indicates in the E-mail, I have the following recommended updates for the C PM's, 2008 program document.
MS. JACKSON: Yes, but it's listed to you, Annie Hinkebein.
MS. HINKEBEIN: Top thing means I printed it off from my computer. I printed the E-mail off from my computer. It wasn't sent to me. Mr. Gibson's E-mail, he did not send it to me. Somebody else forwarded it to me.
MS. JACKSON: That's what I'm asking, who forwarded it to you because it doesn't show where the document came from.
MS. HINKEBEIN: Doesn't matter what's at the top.
MS. JACKSON: It does.
MS. HINKEBEIN: Only matters what's in the body.
ARBITRATOR GORDON: She's saying that the E-mail itself came from the grievant. She printed it out and was given, I guess, to Derivan or Management or whatever, but she printed it out, I guess, in preparation for today's hearing.
MS. JACKSON: My question is where did it come from, who sent it to her? How could she

print it off her computer? It had to be sent to her from somebody and this E-mail does not show where this document came from.
MS. HINKEBEIN: I don't think I have to testify to that. I feel like that would be attorney work product information.
MS. JACKSON: Why not?
ARBITRATOR GORDON: Why is it important where it came from? Isn't it important the E-mail? Do you deny the E-mail was sent?
MS. JACKSON: That's just it. I don't know who it was sent this.
ARBITRATOR GORDON: Why don't you ask Mr. Gibson if he sent it.
MS. JACKSON: Shows that this was sent to Derivan.
ARBITRATOR GORDON: And says from --
MS. JACKSON: Doesn't show Mr. Gibson had this document attached to it when he sent it to Derivan. Subject, IH program document, IH 2008. Concerning the program management program document, I have not seen a completed 2007 program document from C preventive medicine. I have asked Becky, Larry and Jill. They have not seen one either, but yet she has this program document

attached so I'm asking where did it come from because it doesn't show Mr. Gibson.
ARBITRATOR GORDON: Do you deny that he sent the E-mail itself?
MS. JACKSON: Yes.
ARBITRATOR GORDON: Forget the attachments for a minute.
MS. JACKSON: Yes, I'm denying that he didn't forward this attachment here because he never seen the industrial hygiene --
MS. HINKEBEIN: Mr. Gibson can testify to that? He's still under oath; right?
ARBITRATOR GORDON: We'll hold it. It says, I have the following recommended updates which I assume refers to the documents or some documents.
MS. JACKSON: My question is how could she print this -- if Mr. Gibson sent this --
ARBITRATOR GORDON: I don't care how she printed it.
MS. JACKSON: I do.
ARBITRATOR GORDON: Well, unfortunately I get to decide --
MS. JACKSON: Okay.
ARBITRATOR GORDON: -- on my importance.

I'm the decider. The witness has testified that this is the document that he received. If you want to put the grievant on later on to say, I didn't send it, I never saw it, this is all a fabrication, whatever he says, that's fine.

But the lawyer doesn't have to tell you from what file she got the record if she's producing -- this is something that you came up with, you didn't produce it to her. It's in, testimony is what the testimony is.

If you want to put somebody on to say this isn't an accurate document, then you can do so when it's your turn again.

MS. JACKSON: Well, it's not because he --

ARBITRATOR GORDON: Then you prove it later.

MS. JACKSON: Doesn't show how she got it.

ARBITRATOR GORDON: I don't care how she got it. I know that I have it and that I know the witness testified he received it. You want to say that he didn't receive it, you ask him, you don't have to ask her.

MS. JACKSON: I will, sir.

Q (By Ms. Hinkebein) Okay, if you'll go to the program document -- well, let me just ask you.

When you received this E-mail was there an attachment to it with the program document, the suggested program document?

A I'm assuming so.

ARBITRATOR GORDON: You don't remember for sure?

THE WITNESS: I don't.

Q (By Ms. Hinkebein) Okay. Can you explain to me what is it that was done with this document? What was the purpose of him sending you this document?

A This was his recommended updates for the chief of preventive medicine's program document, so basically he's saying, this is what I would -- these are my recommendations for inclusion in the PM program document.

Q And did you review it when he sent it to you?

A I looked it over but at that point I sent it to Colonel Jefferson and said, These are Karl's recommendations, and that was about the end of what I did with it because after that it wasn't really my game anyway.

Q In your review of it did you notice anything --

A Yes.

Q -- that concerned you?

A There's a lot of, I guess I should say, sarcasm in it.

ARBITRATOR GORDON: I thought you didn't remember if he had sent that document or not.

THE WITNESS: Well, I know that I had received his recommended updates because it was performance standard. If he had it then I would have had to mark him as not compliant as one of his performance standards. I'm not sure if he actually forwarded it to me via E-mail. A lot of times with larger documents, sir, we would post them to the shared drive because if you send a lot of large documents through E-mail it can crash it, things like that, so we had a work-around that just post it on the shared drive, then you can pick it up.

Q (By Ms. Hinkebein) You said there was a lot of, I think you said, sarcasm in it.

Can you just provide one or two examples of what you're talking about?

A Let's see here. I know there was, I believe -- here we go. Toward the back there's a bunch of charts where it lists things like it's Appendix A, actually. It says there's headers Focus,

Objective, Command Priority, so under command priority, take No. 1, survey, frequency and scope. Under command priority says, Random assessment of buildings then in bold says, Not on priority list. Then right next to it in risk-based priority he goes onto say this is something that could be regulated, so he's basically saying there's all these command priorities that you're saying -- I think this is what he's saying, the way I took it.

I have all these priorities that I'm recommending but you don't think it's a priority and critically regulated and goes on for pages.

Obviously it's a stab at Management but at that point, again, I wasn't about to change what he had written so I submitted it to Colonel Jefferson.

Q Is that because the requirement was he submit suggestions but not anything beyond just submitting the suggestions for that part of his performance objective?

A Correct, performance standards and submit your suggestions by this date.

Q Did his industrial hygiene program document, did that have anything to do with the IHIP?

A Not directly. The IHIP was more kind of a

E-4

AFL-CIO LOCAL 738

KARL GIBSON,

Grievant,

-vs- FMCS No. 090630-03183-8

DEPARTMENT OF THE ARMY,
COMBINED ARMS CENTER, and
FORT LEAVENWORTH AGENCY,

Respondents.

TRANSCRIPT OF PROCEEDINGS

March 3, 2010

VOLUME IV

BE IT REMEMBERED that on Wednesday, the 3rd of March, 2010, the aforementioned cause came on for hearing before Mr. Michael D. Gordon, Arbitrator.

The Grievant was present and represented by Ms. Janice Jackson, Vice President, Local 738.

The Respondent was represented by Mr. [illegible], Office of [illegible]

[illegible]

Industrial Hygienists TLV a guideline or a standard?
A I believe it's a standard.
Q It's a standard. Okay. Was it your testimony earlier that all standards are enforceable by law?
A Yes.
Q Okay, could you read that portion again? Did you not just read that according to this document here the national consensus standards as it makes reference to the American Conference of Government Industrial Hygienists are not enforceable by law, so the Army here is calling this guideline a standard.

Do you know why that is?

A It's calling it a consensus standard and I would have to defer to my industrial hygienist subject matter experts to see if there's a difference and to sort that out for me.
Q But you just stated that all standards are enforceable by law but it states here it's not?
A According to my understanding a standard is but is there a difference between a consensus standard and a standard, I don't know.
Q Could it be that the American Government of -- the American Conference of Government Industrial

Hygienists is not a standard, it's a guideline?
A It could be but I would have to defer to my certified industrial hygienist subject matter experts to know for sure.
Q Okay. During this rating period could you show us where Mr. Bentley looked at Mr. Gibson's report and Mr. Gibson was using standards?

ARBITRATOR GORDON: What?

MS. JACKSON: During this rating period, could he show us where Mr. Bentley was looking at Mr. Gibson's reports and he was using standards versus guidelines?

A Just sitting here and asking me to do that off the top of my head I can't pull it out.

ARBITRATOR GORDON: Doesn't bother anybody else, I guess it shouldn't bother me, but how does he know what Bentley was looking at?

MS. JACKSON: Because he was the one that is his supervisor so a lot of these reports that they make reference to all throughout their submission of these documents like they have with Mr. Mitchell, a lot of them they have where they critique specific documents that's supposedly Mr. Gibson done but none of them have the unedited version of these documents to actually compare to

what their analysis is.

So through his testimony he stated that Mr. Bentley had reviewed Mr. Gibson's documents and found some of them to be incorrect.

So I'm asking could he show us where those documents are that Mr. Bentley reviewed.

ARBITRATOR GORDON: It's probably a minor point. I think what you're asking him is what were the documents that he sent to Bentley for his review that has that nomenclature it in.

MS. JACKSON: Right, that played a part in him failing Mr. --

MS. HINKEBEIN: Mr. Bentley or Mr. Mitchell?

MS. JACKSON: No, Mr. Bentley. He stated in his testimony also yesterday when you were questioning him that Mr. Bentley had reviewed Mr. Gibson's work. He stated that, so I'm asking him where those documents are at that Mr. Bentley supposably reviewed that he found to be wrong as far as Mr. Gibson using standards versus guidelines.

A Well, they are probably somewhere in the E-mail system or on the PM hard drive. I don't have it.
Q (By Ms. Jackson) Okay, can you think of any righ

off the hand -- since you said that he reviewed these documents, can you think of any particular documents that dealt with a particular building that Mr. Bentley reviewed that he found to be wrong with Mr. Gibson's work?
A To give you specifics on which specific report, no, I can't remember. It was three years ago.
Q Did you not know you were coming here today, sir?
A Of course I did.
Q Okay. Let's go to Union Tab No. 9.

Did you state, sir -- I'll let you get there.

A I'm here.
Q Did you state that this particular document did not cover surveys and reports?
A I said it did not cover the performance of Mr. Gibson's IH work. It was more related to things like calibration of instruments, ability to perform surveys and we tested that the guy could do the job. When we had Mr. Bentley next to him or Mr. Mitchell next to him he proved that he could do the job. When we took the training wheels away he simply didn't perform well.

I go onto say he demonstrates appropriate time management skills. He treats

employees and his family with dignity and respect. He assists in the orientation of new personnel.
Q Okay, could you read what you have written there for No. 2?
A He has the ability to perform solo or team surveys in most workplace settings.
Q Okay, so this particular document here does talk about surveys?
A Yes, I just said that.
Q Okay, but your testimony a few minutes ago is that it did not, sir?
A It does not speak to his performance.
Q But I'm talking about as far as competence, you're stating here that he's competent in order to do that?
A I said he's competent to hold the position for that job. In my bullet I said he had the ability to perform. I was very specific in the verbiage I used because I wasn't about to say that his performance was what it needed to be because everything else I had said it wasn't and we were trying to fix that.
Q Okay, what is your definition of competence?
A Able to do a job.
Q Okay, so I'm confused at what you're saying.

You're saying he's competent to do the job but you wouldn't in any way say that he's competent to do the job because he had problems in certain areas. Is that what you're saying?
A I'm saying Mr. Gibson had the ability to do the job we were asking him but showed a lot of poor performance in performing those duties.
Q Okay, so how could you rate him as being competent then?
A Again, this goes in a six-sided folder.
Q I'm not asking about a six-sided folder, sir, I'm asking about this form.
A I'm trying to explain myself.
Q Okay.
A Please let me. This goes in a six-sided folder. I didn't want to start a fire storm that checking the top box saying he's not competent and he can't do the job because he knew he could. He just needed the guidance, so I gave him this form so that we could move on with fixing the program and, again, was very specific about the language I used to not say that he was performing adequately. I said he had the ability to do it because he does.
Q Okay, what's the date on this form at the top, sir?

A The date on the form at the top is 31 October 2007.
Q Okay, and the date at the bottom is what, sir?
A 25 January '08.
Q Okay, did you not previously testify that Mr. Gibson had many problems in his previous evaluation in which he was identified -- he was having the same problems during this rating period, 2007/2008, so you're telling me that after a year of you saying that this individual personnel is having significant problems in the performance of their job you could sit here and rate him as being competent in order to perform that job?
A I was trying to keep his job. I said he had the ability to do his job and that's why I filled this form out that way.
Had I said otherwise we'd be probably sitting here for a different reason.
Q Okay. So where is the documentation? Could you show me where the documentation is, sir, that Mr. Gibson received any training prior to this certification here?
A Training in what?
Q Well, on one hand you're saying that -- that's

what I'm confused on. Because you're saying that he went an entire year and had problems in the same areas that you failed him for 2007/2008, which was IH surveys and reports.
And so if he went the entire year of 2006/2007 and had problems and you were trying to save his job, what training did you give him in order to equip him, better equip him, with what he needed to perform in those areas in which you failed him for in 2007 and 2008?
A At this point in time we didn't have a lot of chance to give him any training.
Q You didn't?
A This was January 25th. Mr. Gibson takes a lot of leave, we all do, around Christmas time, so December is pretty much out. I know that the same as this rating period, the previous rating period, his evaluation probably wasn't signed until the month of December because we wanted to make sure it was done correctly and appropriately, so between the time he received his previous failure rating and the signing of this form there wasn't a lot of time to start doing contingency training and a lot of training.
By this time we had installed the new

performance standards which were the first step to try to fix the problem.
Q Did you recommend during this rating period that he receive any training?
A Guidance, well, training was Mr. Gibson's -- any specific training that was in addition to what he normally would have gotten was Mr. Gibson's responsibility and he did recommend some things to me along the way. Those were vetted to Great Plains and they decided whether or not he would go or not. But we never got past the point that Mr. Gibson said he didn't understand what we were even asking him to do.

So for most of the year we were just trying to get past, Please just do your job. These are the conditions. These are the standards we want you to do, and for six months of the rating period Mr. Gibson was contending he didn't understand what we were asking him to do so how could we go out and start training if we can't even get to the point of starting to work.

So, again, we picked the more pressing issue which was let's get to the point where we can start working and the training would come with it. I think Mr. Gibson was able to take a couple

classes that he needed for some certification refresher or something like that and one of them was turned down.

But other than that, that's how the course of the rating period went.
Q Okay, so am I understanding you correctly as Mr. Gibson's individual supervisor you're telling me that it was his responsibility to make sure that he got training within that rating period.

What role did you play as his supervisor in enhancing his professional development?
A Well, Karl Gibson is the industrial hygiene coordinator. Again I'm not an industrial hygienist so how am I supposed to tell him, You need to take that course, unless someone gives me a reference on, Industrial hygienists need this. I relied on him to tell me what he needed.
Q Well, if you his supervisor and you're not able to tell him what areas he needs in order to enhance his professional development, why were you rating him?
A I was rating him by my position. An environmental supervisor in Army Munson Health Center rates the industrial hygienist. Just because I'm not an industrial hygienist doesn't mean I can't be his

supervisor.
Q I didn't say that, sir. You're saying you were not an industrial hygienist?
A Exactly.
Q I'm asking you as his individual supervisor if you were not an industrial hygienist and you don't feel like it was your responsibility to do anything to add to his professional development, whose responsibility was it?
A The responsibility fell on Mr. Gibson's shoulders as the IH coordinator. He's the industrial hygienist. He is supposed to be the local subject matter expert and he's the one to give me the recommendations.

Every year I asked him, What TDYs do you want to take, what training, what conferences do you want to go to and he would submit that and that would be vetted through Great Plains, because, again, I can't decide what necessarily a hygienist needs and they would determine what training was appropriate and go from there?
Q Okay, did he submit -- for this rating period did he submit any requests to you for training that you approved?
A I believe so. He went to the lead and asbestos

refresher that he needed to keep his certifications. Like I said, I think one of them was turned down because it was deemed redundant in one of the classes.
Q As far as the guidance he needed in order to enhance his understanding of IH surveys and reports, did you recommend that he take any type of report writing course or take an additional class that you could enhance his understanding of how he was supposed to do his job as far as surveys is concerned?
A At this point, no, I didn't. We had staff assistance visits from the program manager and we were giving him guidance almost on a daily basis.
Q Okay, well, did the experts, Mr. Scott Bentley and Mr. Mitchell, recommend to you that Mr. Gibson be sent for some type of training?
A Not to my knowledge.
Q Are you familiar, sir, with the -- there are several reports in here that reference work that Mr. Mitchell did as far as one of them was Building 470, the other one was 77, 120.

Are you aware that each one of these building's HVAC system was renovated? In other words, the HVAC system that was in those buildings

on paper his observations for a few days. You can see they come out a couple days after Christmas. things like that, so you have it in writing but the performance that was evaluated was during the rating period.

Now, again, this is Christmas time. Karl didn't get his evaluation till right before he went on leave because we signed it. Everything was finally signed, I think, in the middle of December.

Q Sir, I'm not asking you that. I'm asking you when did you communicate these findings --

A I'm trying to explain that to you.

Q Okay.

A So I gave him his evaluation and everyone went away for Christmas. We came back and the next rating period, which would have been January after the new year, and that's when we started back on, Let's get back on track here. Let's go with another round of this is how you might fix this. This is your guidance on, you know, you might need to change that. You can state this in another way, and we just went forward.

To the day I left we were still having trouble with Karl producing a good report.

Q You have not answered when you communicated this information that was written by Mr. Mitchell to Mr. Gibson?

A I gave him guidance based on Mr. Mitchell's observations when we came back after this rating period.

Q Okay.

A How could I give guidance to Karl if he's on vacation?

Q I'm just asking for a date, sir, a date of when you communicated.

A I don't know.

Q Did you do this in writing, did you do it verbally, how did you do it?

A I was still giving him counselings. A lot of it was in E-mail and because he would write and say, I did a report, it's on the J drive, then I would respond to that E-mail with my recommendations so there were E-mails with my recommendations. There weren't that many counselings left because we were moving toward the end of my tenure and I think Colonel Jefferson was kind of taking over at the time.

If you're asking when I relayed that these things needed to be fixed, I relayed them as

soon as I could as a supervisor. But it was after the rating period.

Q Okay, and did you do that in writing? How did you do that?

A Probably through E-mail like I just said.

Q Through E-mail?

A Because he would submit a report on the shared drive and then he would send me an E-mail saying, Lieutenant Derivan, report X, Y, Z is ready for your review on the shared drive. I would review it. I would go over with Mr. Mitchell. Mr. Mitchell would make his observations and I would write Karl back in E-mail saying, These are the things you need to look at to tweak this report to make it acceptable.

Q To tweak the report, so the reports that Mr. Mitchell observed and looked at and gave you documentation as to how he viewed that report, you would go back and tell Mr. Gibson to correct that?

A I would take -- again, if there was something that Mr. Mitchell observed was an issue then I could relay that back to Mr. Gibson that it needed to be fixed.

Q And did you ever document any of that?

MS. HINKEBEIN: Objection, she's asked

that several times and he's already answered it.

ARBITRATOR GORDON: You're talking about to the grievant or to Mitchell? Document to whom?

MS. JACKSON: To the grievant.

ARBITRATOR GORDON: You have asked that several times.

Q (By Ms. Jackson) Okay, did this comply with the statement of work that was assigned to Mr. Mitchell to do?

A To make observations and to submit them?

Q Yes.

A I don't see how it doesn't.

Q I'm asking you.

A I don't see how it doesn't.

Q Okay, go to Exhibit 88. And we're going to look at Section 5 of the scope of work?

A Can you give me a page?

Q Yes, it's page 3, if you actually count the pages it's 1, 2, 3, 4, 5?

A No, 5, Arbitration?

Q Yes. Here it states, In the event that there are -- there is a disagreement, either technical or procedural, between the Corps of Engineers' staff and Army Munson staff industrial hygienist, which is Mr. Gibson, the Corps of Engineers' staff

will refer the matter to the Army Munson Hospital command staff for resolution. For technical issues the Army Munson command staff may elect to refer the matter to the Great Plains Regional industrial hygiene, Mr. Scott Bentley. Upon request, the Corps of Engineers can provide other points of contact who could possibly serve as independent reviewers.

So when Mr. Mitchell reviewed Mr. Gibson's work and there was a disagreement as to the technical and the procedure of how he done his work, did you at all contact Mr. Gibson and let Mr. Gibson know about that?

A I don't think that's what that's talking about. That's not the way I understood it. I understood it to be a disagreement if they were working together and there was actually some kind of argument.

Mr. Mitchell's reports are --

Q Argument?

A That's the way I understood it and that may be just my understanding.

Mr. Mitchell's observations were exactly that. They were just observations. They are not disagreements.

Q Well, sir, that's what it states here, In the event that there is a disagreement, either technical or procedure, so disagreement as to how the work was done.

A That's your understanding of it. That wasn't my understanding.

Q So your understanding was that if there was supposed to be argument?

A Yeah, just like we're here today with an arbitrator. We can't seem to come to an agreement so we have an arbitrator. Why would you need an arbitrator because Mr. Mitchell made an observation of what Mr. Gibson was doing?

Q Sir, that's not what this reads here. It is very explanatory what this reads here.

ARBITRATOR GORDON: I can't understand it.

MS. HINKEBEIN: Could I give my interpretation of it?

ARBITRATOR GORDON: If both of you would it would help me.

MS. HINKEBEIN: My interpretation of this is that it's the arbitration clause for this contract not for arbitration between Mr. Gibson disagrees with how Mr. Mitchell evaluates him. If

it's if either party feels like they are not fulfilling the terms of this contract this is the arbitration clause for the contract.

MS. JACKSON: That's not what that states here.

ARBITRATOR GORDON: Tell me what you think it says.

MS. JACKSON: This is stating if there is a disagreement, if there is a disagreement between the Corps of Engineers, which Mr. Mitchell was hired by the Army Munson Health Command staff to review Mr. Gibson's work, they are saying here if there is a disagreement between Mr. Mitchell's observation of the work that Mr. Gibson has done and Mr. Gibson then that is supposed to be forwarded up to the command and the command can also bring in -- it could be further referred to Mr. Scott Bentley of the Great Plains Regional industrial hygienist department. Since he supposably is the expert and has oversight, if those two come to a disagreement as far as the work being done, then the command could have referred to it Mr. Mitchell to have his viewpoint of how he's seeing this should have been done.

So my question is with all of these

reports that Mr. Mitchell looked at Mr. Gibson's work and reviewed Mr. Gibson's work and came up that he had all of these problems in how he conducted surveys, how he wrote reports, who informed Mr. Gibson that there was a disagreement with how he done his work, and was this disagreement forwarded up to the command for the command to resolve it? That's what it specifically states here.

ARBITRATOR GORDON: Let me back off and tell you why I'm confused. As I understand arbitration there's nothing about arbitration in here. There's a way of progressing disagreements up to. I think there's maybe agreement to Bentley, and then he decides.

MS. JACKSON: Yes, but they never done that because they never informed Mr. Gibson. He never seen these reports until now. All of these reports.

ARBITRATOR GORDON: Which reports?

MS. JACKSON: All of the reports, the Agency Exhibit 31 through 35 that Mr. Mitchell wrote up. Mr. Gibson was never afforded that information. No one ever contacted him to tell him. Okay, Mr. Mitchell has reviewed your reports

gets very confusing what is applicable occupational standard.

And in my opinion there is not an OSHA standard that would apply in this situation. Because of the nature, the nature of the exposures would be very similar to what you would see in a non-observational setting and would not be determined to be occupational exposures. Pollen, hay fever, those things that are ubiquitous in the environment and you would see them in other locations other than an occupational setting would not result in a unique situation that would be determined occupational.

Q And how does that relate back to the report that you were going over?

A I believe it had standards that -- I believe it was referring to standards other than occupational standards.

Q Did you have any concerns with the type of sampling that Mr. Gibson conducted during his surveys that you were aware of?

A For facility inspections in my opinion the amount of sampling could have been reduced. I was -- Mr. Gibson -- I was concerned that there was a sampling for particulate, respirable particulate,

that I did not think was -- really indicated or was supported by any occupational study, so I didn't think that was of value, but in general in a facility inspection I would defer to professional judgment as far as what would be necessary in a facility inspection.

So I would not rely heavily and solely do real-time sampling for facility inspection in my opinion, but if another industrial hygienist at that stage would like to take different samples I would defer to their professional judgment in that case.

So I had concerns about some of the data being generated and the interpretation of that data at this stage, especially when it comes down to real-time sampling for respirable particulate or indoor air quality issues, but that's a matter of my professional judgment.

Q Okay. Let's go to Agency Exhibit 26 and this is some E-mail traffic.

If you could review that and see if you recognize that E-mail traffic?

A I completed a review of a sampling plan for a Building 77. It was DAPS. DAPS survey. It was a -- it was, I guess, referred to as a closure or

a clearance exercise for a problem that was previously identified, and in the review I was concerned that for the -- was identified as a hazard, occupational hazard, and I recommended that they do not try to assess that occupational exposure using wipe sampling and I recommended that they delete that type of sampling from the plan.

I did that because I know of no correlation between an occupational exposure and a concentration on a surface or the presence of lead in that setting, so it may be present but the pathway is not set and there's really not a good correlation between the presence of lead and what would be determined an occupational exposure.

The appropriate assessment for lead for comparing it to the occupational lead standard is the OSHA standard which indicates air sampling would be the appropriate sampling for assessing lead exposure in an occupational setting.

So that's the -- my understanding of the E-mail and why -- the logic to what I was getting to as far as eliminating the wipe sampling.

Q And then if you'll go to Agency Exhibit 28, is this related, this document which is dated 20

November 2008, subject, Industrial hygiene technical support, technical observations 13 November 2008 sampling at Building 77, DAPS, is this the related -- does this relate to that E-mail traffic?

A It's the report following the clearance sampling.

In regards to the first E-mail I think the argument was made that in order for them to be comparable the sampling approached needed to match the sampling that was completed prior to the clean-up and that they needed to use the same protocol, so eventually I agreed and said for that purposes of comparing to your pre samples you need to do the same sampling method.

Q And that would just be for the purposes of comparing if there was any difference between the two samplings?

A Yes.

Q Would it, if he did the wipe sampling again, in your opinion would that be an appropriate wait of identifying whether or not there was hazard?

A Wipe sampling should not have been included in the initial sampling for assessing the lead in the occupational setting. The wipe sampling was not -- is not a method used per OSHA standard. So

it should have not been in the pre sampling -- pre exercise or the pre evaluation and should not have been included in the post, either one, in my opinion.

Q Okay, and since we're on this report, 30 November 2008, let's just go over that.

Is this again another report?

MS. JACKSON: 30 November or 20?

ARBITRATOR GORDON: Are we on 30?

MS. HINKEBEIN: I apologize. I misspoke. It's 20 November.

Q (By Ms. Hinkebein) Can you just go over that? First, can you identify did you draft this report and then your supervisor signed it?

A Yes, I was present at the time of sampling and this is my observations as far as a physically a trip report. Includes my observations and it's signed by -- I drafted the document and my supervisor signed it.

Q And then can you tell me, there is an excerpt from the Code of Federal Regulations attached to that.

Did you include that with your report?

A Yes.

Q And in the next page is a, looks like, a letter from Paste Analytical, was that included in the

report as well or can you tell me what that is?

A Yes, those are the results from the sampling that was completed at the time.

Q And there's several pages of that, that's the same thing?

A Yes.

Q Okay, could you go over that report and identify what -- and discuss any issues that you identified?

A I identified the purposes, the objective of sampling was that it was to determine whether the corrective actions that were previously required were effective. It states that I expressed some concern about wipe sampling and that it states that Mr. Gibson said wipe sampling was required by 29 CFR 1910.1025, the OSHA standard for lead, and that they, that OSHA has adopted a standard of 50 micrograms per square foot for lunchroom areas and then basically for comparison reasons compared the pre and post that he needed to take wipe samples. That was our discussion from the E-mail included in paragraph 3.

Then it expresses some concerns, fundamental errors that I believe in the interpretation of the standard that I [illegible]

says that previous sampling of the area supported a negative initial determination for lead in the facility in accordance with the OSHA lead standard. And that once that initial negative assessment had been completed that the lunchroom, the lunchroom requirements of the standard do not apply as it is not a lead-controlled work area.

Q Can we go back to paragraph 3, second sentence, it says, Mr. Mitchell expressed my concern that wipe sampling is not an appropriate means to assess occupational exposure.

When that sentence says my concern, is that Mr. Leibbert's concern or who is that?

A That is my concern. That is just a grammar problem. It was my concern, Mr. Mitchell's concern in that situation.

Q Anything else with this report that you want to identify?

A It also indicates that there was the application of EPA standards. I did not feel that they were applicable to an occupational environment. I believe that this came down to comparing the results to an RCRA hazardous waste threshold and I provided in the interpretation the one -- it was inappropriate to compare the standard to an EPA

standard and then there were problems in the calculation if you were going to compare it, that the calculation was incorrect and expresses that in paragraph b.

Q 4b, is that what you're talking about?

A 4b, I'm sorry. And goes into the process to if you were using a total lead analysis and how to convert that to a toxic characteristics leachate procedure, and I'm familiar with this because as a chemist I worked on TCLP samples for seven years, so I understood the conversion, I have some experience with that.

It indicates that Mr. Morris, who was the representative from DAPS, that he expressed concern about the language in the report of 22 March 2007, which is Mr. Gibson's memoranda, and that he thought that it was not -- that it may be appropriate to redact statements related to the metals on basis of technical grounds, as occupational sampling demonstrated that the exposure to metals was significantly below the OSHA permissible exposure levels. And that he felt that the language in the report was inflammatory and exaggerated the risk.

In 6, paragraph 6, there was the

E-5

American Federation of Government Employees AFL-CIO Local 738, Karl Gibson

vs.

Department of the Army Combined Arms Center and Fort Leavenworth, Agency.

FMCS Case 0900534

TRANSCRIPT OF PROCEEDINGS

May 11, 2009

BEFORE

HONORABLE GERARD A. FOWLER
Arbitrator

Fort Leavenworth, Kansas

APPEARANCES

The employee, Karl Gibson, appears in person and by Mr. Michael C. Kelly, National Vice President, AFGE Ninth District, 3000 Tower Drive, Suite 708, Del City, Oklahoma, 73115, and Mr. Ron Holland, Chief Steward, AFGE Local 738, P.O. Box 3224, Fort Leavenworth, Kansas, 66027.

The Agency appears by Ms. Anne E. Hinkebein, Office of the Staff Judge Advocate, 415 Custer Avenue, Fort Leavenworth, Kansas, 66027; and Captain Elisa L. Harmon.

refused to sign.

MS. HINKEBEIN: Actually I don't think I have this one. I'll look through but didn't -- you've been looking through my exhibits. Do you recall seeing it in there?

MR. KELLY: No. There's so many things here I can't keep track of everything.

MR. HOLLAND: Okay. We'll bring this back to you.

Q (By Mr. Holland) During this performance evaluation as his senior rater you state that you didn't recall ever having counseled Karl.

A Yes.

Q So how would Karl know if he was failing to meet management's expectations if you again state that you didn't do a work performance plan? You say that he's simply following what his job description duties are but yet there's nothing outlined as far as mission objectives, the standards under which he's going to be evaluated, so how was Karl made aware by you if you didn't counsel him that --

A Those performance standards, again, were produced by his immediate supervisor, who was Lieutenant Derivan.

MR. HOLLAND: Yes.

REDIRECT EXAMINATION

By Mr. Holland:

Q If you return to tab A, page 90, Memorandum for Record dated 5 March, 2007.

A Yes.

Q What examples of misconduct are you referring to in the statement and when were they provided to Mr. Gibson?

A What examples of misconduct --

Q Because under Expectations, a, if you look on that specific form under 2a?

A Uh-huh.

Q It says abide by the Code of Ethics for the Professional Practice of Industrial Hygiene as outlined in DA PAM 40-503. Ensuring that all information is accurate. You state that during this performance time, that Karl was using inflammatory language, --

A Uh-huh.

Q -- he was providing inaccurate data, he was costing the government, that --

MS. HINKEBEIN: Can we go off the record?

(Off the record.)

Q At any rate, so here it says abide by Code of

Ethics. You have alleged that Mr. Gibson is using inaccurate information, he's making what I would assume to be unethical reports through inflammatory language. Where were these examples provided to Mr. Gibson?

A I don't have the report. There are several reports that were submitted to the command that after going through several of the reports and seeing the same consistency of cut, paste, and noncompliance on several buildings she halted them, referred those reports up to Mr. Bentley for review, and that's how we found out pretty much that the reports were inaccurate.

Q Did you ever provide copies of those reports to Mr. Gibson?

A I don't know if we ever gave him copies but he would have had his own personal copies. I mean, he keeps the files. He keeps his files so --

Q So he, he keeps all, all the files?

A He keeps everything on his computer and submits them that way. We print off hard copies for the command to review.

Q Okay, assuming that Mr. Gibson has copies of these reports, did you ever sit down with Mr. Gibson and go over these reports and outline to him

specifically what management's concerns were with regards to these reports?

A I did not but I believe Mr. Bentley did.

Q When Mr. Gibson writes his industrial hygiene reports is he directed through either OSHA, federal law, Department of Defense guidelines and/or Army regulatory directives in how he is to write reports and the information that is to be contained in those reports?

A Not how to write reports but standards he is supposed to follow in testing.

Q So just the standards, so he can write whatever he wants, is that my understanding?

A His report needs to be written in a way but I don't think OSHA or the Army reg or anyone tells him specifically how he, he is to write his reports.

Q Okay, whose requirements, then, is it of what he is to report and what format would be, would he be required to use?

A The format has always been up to Mr. Gibson. However, I guess there had been issues on the format that he was using and that had become an issue on making his reports, again, more concise and more accurate versus lengthy reports that gave

no relevance or validation to what he did out there, so -- and that came from Great Plains, you know, just to make them concise and more accurately written, but OSHA and all of them basically directs him to his standards that he must follow when he's outside testing, is my understanding.

Q Okay, understanding that you've identified in part what standards he is to follow when he is doing the testing, the question again is did you sit down with Mr. Gibson and show him with relevancy to management's complaints during this rating period, okay, what was lacking in his reports or what was in error?

A Like I said, I did not. That came through Mr. Bentley. I answered that earlier.

Q Is Mr. Bentley part of Karl Gibson's rating chain?

A Mr. Gibson is the IH consultant for Great Plains Regional Medical Center and we fall under that command.

Q Now you say Mr. Gibson is or --

A I'm sorry, Mr. Bentley.

Q Okay, again, my question is is Mr. Bentley part of Karl Gibson's --

A He is not.

A He had actually two rooms.
Q Okay. Again, was Mr. Gibson given adequate storage space?
A Yes, he was.
Q Did he ever request additional space?
A Not to my knowledge, no.
Q Not to your knowledge. When you say Mr. Gibson was still failing to provide accurate information is it your determination that every time Karl submitted a document or a report to management, that it had, that there was a requirement for it to be a hundred percent accurate?
A If they're going out to the community that would be an expectation, they needed to be a hundred percent accurate.
Q Can you talk about or explain to me the process that when Karl manufactures a report he must send it to who?
A His report first goes through the LT, --
Q And what was the purpose of that?
A I'm sorry, Lieutenant Derivan, and that's for Lieutenant Derivan to review it and if corrections needed to be done he would correct them and then send it back to Mr. Gibson for correction to be done.

Q And would Mr. Gibson make those corrections?
A He would.
Q And then after Karl Gibson made those corrections he would then?
A Send it back to Lieutenant Derivan.
Q And then after they went from Lieutenant Derivan they would go to?
A To me.
Q To you?
A Yes.
Q And what was the purpose of that?
A To go through his chain of command if you want to speak.
Q Okay, so would you review those?
A I would review them as a supervisor, yes.
Q For accuracy of information and content; correct?
A Uh-huh, uh-huh, correct.
Q Did you ever match those reports to Karl's lab samples?
A No.
Q After they go through you and they go to the commander what --
A Go through me and then back through Miss Swiler and then Miss Swiler sends them on to the command.
Q Are you referring --

A Well, I'm not, sorry, not to the command. She actually sends them to the deputy, deputy chief nurse.

Q So they would go to Miss Swiler?

A Uh-huh.

Q Jill Swiler, S W I L E R; --

A Uh-huh.

Q -- right? And she is the secretary for?

A She's the administrative assistant for PM.

Q So once she got your initial reports she, her objective was to do what?

A To send a official copy to the deputy chief nurse and from his desk it would go to the commander.

Q So in this process of Karl submitting a report there's Lieutenant Derivan, yourself, Jill Swiler, the deputy nurse you said?

A Uh-huh, deputy chief nurse.

Q Before they hit the command's desk, so that's five levels of review; correct?

A Correct.

Q But yet from the first review going back to Karl he would make whatever appropriate changes management had identified?

A Right.

Q Okay. And again, in your earlier testimony you

stated that the command, meaning the commander, had concerns about reports that were showing up on her desk that contained inaccurate or invalid data; correct?

A Right, and Colonel Rinehart, our previous commander, did have IH experience, so again, I'm not an IH, she was able to pick that up, whereas the rest of us did not have IH experience.

Q Okay. And you say she has IH experience. Is she licensed, certified or credentialed?

A She is not licensed far as I understand.

Q Okay. On Fort Leavenworth who is licensed and certified or credentialed to do industrial hygiene?

A We don't have a certified industrial hygienist to my understanding.

Q So Karl's not certified?

A I have been told he is not.

Q Is he licensed?

A I don't know if he's licensed or not. Yes?

Q So, so within the routine maintenance as a senior rater you would not know what the credentials of your employees are with respect to their duties?

A Well, I should know but I don't know. My understanding is I was told that Mr. Gibson is not

Q Did the contractor follow OSHA approved testing?
A As far as I know they did.
Q Referring to the Trolley Building, what was the primary complaint with, what was the primary complaint in the building?
A I believe Mr. Gibson received a call from the employees stating that there was cars left running. The Trolley Station, like I said, their offices were right at basement level and you've got the laundromat on top so windows were left open. Cars were left running and they were getting car fumes through there and that was their complaint and wanted him to come over and do an indoor air quality testing of that.
Q Okay. And did you direct Karl to go over and do this testing?
A Either myself or the LT probably told him to go over.
Q And did Karl Gibson come back with findings?
A I'm sure he did. He probably submitted some lab results and they probably came back maybe a couple of days later, I don't know.
Q So what was the problem with that report?
A The problem with that report is had he went over and actually done an assessment and determined

think they thought, but anyway.

Q Did you go over to the Trolley Station and did you take a look yourself?

A I did not.

Q In regards to the commander's office in the Munson Army Health Center, can you talk to me and tell me what the complaints were with regard to this particular --

A As I recall, I came back off TDY and at that time they were doing some remodeling of that, the command suite and they were working on the commander's office. They had pulled down tiles and had saw that some of the piping was wet and from what I was told, because I was not here, I was TDY, I came in, came back on this, that they had asked Mr. Gibson to check for, either check, just do an indoor air quality or check for mold, I can't remember exactly, but whatever testing he did was beyond what command at that time had requested him to do.

Q Okay. So did Karl previous to doing testing of the commander's office, in previous reports within MEDDAC had he identified some ongoing issues that he felt may have been contributed to to the issues ongoing in the commander's office?

know.
Q Did you add any instrumentation to his reports?
A Not that I'm aware of, no.
Q Did you add any references to his reports?
A I think we may have added maybe a standard, a change in standard, how he'd written it, how he wrote it versus how it was written in the book.
Q As the industrial hygiene program manager and the person who is conducting surveys and testing and doing assessments and when he gets his report, survey samples back from the labs and he is applying standards is he directed in a Department of Defense regulation in what standard he is to apply?
A There are certain standards but the standards he used can be his choice.
Q So they can be his choice?
A Uh-huh, uh-huh.
Q Okay, in these reports that he writes?
A Uh-huh.
Q Did you add any lab information to his reports?
A Did not.
Q Did you happen to add any pictures or delete any pictures from reports he had submitted?
A Did not.

Q Okay.
A I don't want to get caught up in semantics on that.
Q Well, when it comes to performance, and I'm not trying to argue with you either, the issue remains if management says, look, we would like you to do the following, that's a directive. However, if it says use your best discretion, that's guidance.
A We had given him some directives when we identified parts of the IH program that were lacking.
Q Okay. And did Karl Gibson meet those expectations after he was given the directives by management?
A From what I'm thinking of, the one directive that I, that I'm thinking of where we said that occupational exposure testing would be deferred until further notice and it would be only given, it would be only performed under supervisory approval, then yes, he, he didn't perform it again because he was never given a supervisory approval so in that case yes, he, he lived up to those new expectations.
Q Okay. So it's my understanding that Karl Gibson after he was counseled always performed whatever directives or expectations that management gave to

him during his performance rating period?
A If we initiated new directives, such as occupational exposure testing will be deferred until further notice, then yes, he had complied with those. He was still in multiple ways not complying with his performance standards that were originally there.
Q And what performance standards would those be?
A Well, the ones that we're going to talk about later, the ones that we had issues with, i.e., his IH surveys, how he was conducting them, things like that. Those were the issues that management had.
Q During this official rating period was Karl given opportunities for retraining?
A Most definitely.
Q And what were those retrainings that management offered?
A On at least two occasions the Great Plains Regional Medical Command IH program manager came out on staff assistance visits. Every day myself and Colonel Jefferson were available to him to give him guidance on what he needed to do. If we didn't know right off what the answers to his questions were we always got in contact with

either approve them or say these don't make sense, and the independent company could not verify Karl's reports, or results.

Q Okay. Are you aware of when this independent contractor company coming out and doing side by side testing with Karl, are you aware of the results they found along with Karl's results that same day?

A I don't, I don't have direct knowledge. I don't know that I've actually seen those reports. This is what I've been told through management of this incident.

Q Has Karl ever been given an opportunity to speak with management in regards to that incident, specifically you and/or Lieutenant Colonel Jefferson, whereby he identified those side by side results?

A I've seen Karl's rebuttal to a Corps of Engineers statement on the issue and on the independent, the independent industrial hygiene, whatever, the company that actually did the independent survey and how he refutes their findings but I've never sat down with Karl and talked about Bell Hall.

Q Okay. And in this refuting, your words, Karl's refuting of this Agency's findings were the test

results identical statistically?
A I can't speak to statistically. I know that Karl found asbestos and they did not.
Q With regard to the Trolley Station, did you ever go to the Trolley Station after Karl had come back and he had filed his initial report?
A Not based on his report, but I had been out to the Trolley Station after the incident took place to speak to the personnel there and they showed me around. It wasn't like to do my own survey or assessment.
Q Okay. Management identifies, though, that Karl had issue or they had issue with what Karl was reporting so after that issue was identified did you go out with Karl to the site and observe Karl perform additional testing?
A No, I believe the issue with the Trolley Station was not so much that, maybe it was testing but it was how he performed it. Again, I actually think for this incident I was on TDY but a carbon monoxide sensor I believe was left with the occupants of the building and when it went off they were, they were given instructions, I think, I wasn't involved directly with the situation, but instead of working with the building managers to

tell me verbatim, but what is Karl Gibson's duties as industrial hygiene program manager? What are his responsibilities?

A I mean, I could talk for the next two hours about what his responsibilities as a program manager but generally to, to go out and to coordinate the assessment of workplace hazards and to do occupational exposure testing where necessary, to provide guidance or recommendations to workplace inhabitants that he's done assessments for, things like that, also if he needs equipment calibrated or replaced.

Q Okay.

A As the coordinator that would be under his scope of duties, too, and that's a very broad statement.

Q And that's fair enough. Thank you for your candidness. With respect to the commander's office testing, was Karl ever given a directive to do testing in the commander's office by any person within the MEDDAC command?

A I believe that Karl was working with Colonel Degenhardt on that issue and I'm not sure how the directive was given to him or -- I know that he was asked to go assess the commander's office and about as much as I knew at the time. I'm not sure

what, if Colonel Degenhardt gave him a specific command to do X, Y and Z or what tests were performed, I can't speak to that.

Q Okay, you referenced that, though, as being one of four major report issues and so if you're aware of the four major report issues I'm just wanting to know what those issues were with the commander's office in respect to what Karl Gibson performed --

A It still fell underneath the umbrella of technical competence. When I saw the evaluation of how the scenario occurred after a fact, basically like an after-action report, the way, when he went in and did the testing, when, you know, they were still ripping up the carpets, I believe, things like that were happening, wasn't the appropriate time apparently to be performing these, the testing and it wasn't the scope of what management had asked him to do. They wanted to see if it was going to be safe to put the commander back into this office instead of is it safe while they're tearing everything up. That wasn't the scope. I think that's the, the realm of where the issue was, because he went in and tested at an inappropriate time.

Q Okay. Are you aware of when management directed

Karl with regards to this, quote unquote, tearing up of, obviously you're saying carpet, I believe?

A I believe they were changing the carpet.

Q Were you aware of when management ordered Karl to do that specific testing?

A I don't know the time line.

Q You don't know if management specifically gave him a time and a date of when he was to perform the test?

A No, I don't.

Q With respect to airfield, the Sherman Army Airfield lead issue that you have referred to, when Karl went out and originally did the industrial hygiene testing and he came back and he made his report finding to management what was management's reaction?

A The lead, the lead he found in his samples was unusually high. We vetted it through Great Plains to see what they thought of it and they said yes, this doesn't make sense, we, this is something we are going to need to look at again, these numbers don't make sense. "Karl, can you explain why these numbers are like this?" "No." Okay. Well, let's get another test done, because they were looking to I believe repaint the inside of the

E-6

Ron

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES AFL-CIO LOCAL 738

KARL GIBSON,
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DEPARTMENT OF THE ARMY,
COMBINED ARMES CENTER and
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Respondents.

TRANSCRIPT OF PROCEEDINGS

VOLUME II

TUESDAY, JUNE 23, 2009

BE IT REMEMBERED that heretofore that on on Tuesday, June 23, the aforementioned cause came on for hearing before Gerard Fowler, Arbitrator.

The Grievant was present and represented by Ronny L. Holland, Chief Stewart Local 738 and Michael C. Kelly, 9th District National Vice President.

The Respondent was represented by Annie Hinkebein, Office of Staff Judge Advocate.

Also present were Scott Bentley,

Q Those documents that you're referring to, those reports, those were a product of a second arbitration which Mr. Karl Gibson has grieved; is that correct?
A Correct. So at this point we never got to a performance improvement plan because the whole tenor of the whole situation changed.
Q Outside of the documents, my question is at this point in time on 5 March, 2007 -- I'll go back to the beginning of the rating period which is July 2006, correct?
A Yes.
Q Okay, so now you're into March 2007. You had a of change of rate, correct?
A Yes.
Q When you became his immediate rater, did you guys implement a work plan, an approved work plan?
A We gave him his performance objectives.
Q My question is, did you provide Mr. Karl Gibson an approved work plan for the rating period?
A No. Why would we?
Q In accordance with the TAPES manual, you are required to within 30 days provide the employee in writing an approved work performance plan

provided extensive testimony. It's in the transcript.

MR. KELLY: I don't remember. I'm asking the question. If the arbitrator says --

MS. HINKEBEIN: I object to it being asked and answered then.

ARBITRATOR FOWLER: If it's already in, it's in. What we're trying to do is not delay. Since you're at a disadvantage, I'm going to let you.

MR. KELLY: Thank you. I appreciate this, and then I'll shut up.

Q (By Mr. Kelly) Go ahead.

A So if I create a document, it's going to say Jacob Derivan created this on that document. Every time I change that document, every time I make a key stroke to that document and save it, it's going to update that data, okay? And that's non-changeable. You can't change that without using some programs outside, which are rarely -- this is the data I relied on when we found there were discrepancies between what Karl said were his reports, the ones he submitted and the ones we had as management.

So I looked at the report that were -- had

the inflated data that were in the shared folder on the network. Karl's versions of the reports that had the correct data were on his own personal H drive, which only he can access.

Q Now I'm getting the memory now. So let me ask you -- and now I remember. I apologize. What would Karl gain, in your opinion, what would he [illegible] by purposely inflating values?

[illegible] have no idea. I don't know why he would do that. And I'm not going to start making suppositions on it.

Q [illegible] are [illegible] on his writing. Okay, so [illegible] hundreds of [illegible] dollars, can you explain what you [illegible]?

[illegible] which [illegible] are [illegible] the wrong [illegible] unacceptable [illegible] 's [illegible]

So if [illegible] had -- if we had measured [illegible] was [illegible], let's say, in a place, obviously it needs to be brought down.

Humidity is not a regulatory thing unless we're at an extreme case, so we will just use it for the sake of argument. If someone had to

Q Sir, it's Mike Kelly. I'm the advocate for the union. How are you doing today?
A I'm doing very well, thank you.
Q Can you hear me okay?
A I do.
Q I've got a bunch of questions here, but I am going to narrow them down to real quick here.
ARBITRATOR FOWLER: Ask him to state his name.
Q (By Mr. Kelly) State your name for the record, please.
A My name is Colonel Ernest F. Degenhardt.
Q Spell it for me.
A E-R-N-E-S-T, last name is D-E-G-E-N-H-A-R-D-T.
Q Okay, sir, thank you. The grievant Karl Gibson, did he at one time work for you, sir?
A Yes, that's correct.
Q And how long did he work for you, sir?
A For two years.
Q So during those two years, you were his, is it fair to say, senior rater?
A That's correct.
Q And so can you in your opinion describe Karl's capabilities as the IH project manager.
A I thought that Karl was capable.

Q Yes, sir.
A And knowledgeable.
Q Okay. So let me ask you this. Did he perform the duties as an IH manager, in your opinion, at a successful level?
A I think he had the knowledge and background to do it, although I think that he had some challenges in kind of a really reining in his full scope in accountability. In other words, I think there were some challenges in communication that I actually was a little bit concerned with, with his initial rater.
Q And what do you mean by initial rater, sir?
A His rater was Lieutenant Colonel Jefferson, his immediate boss.
Q Okay, and --
A And so, you know, I wanted there to be a little bit tighter communication about what was going on in the day-to-day activities of Karl with Colonel Jefferson and then of course to me.
Q Okay, so there was a concern that you had of communication between Karl and his first-level supervisor? Is that a fair statement?
A Well, it wasn't a concern, but I wanted to up the ante on that communication, which I did.

Q What do you mean by up the ante?
A In other words, I asked Lieutenant Colonel Jefferson to state more information on the day-to-day mission that he was delivering.
Q Let's just go to Karl's reports. Did you have any problems with, in your position, with Karl's reports?
A The first time I began to have some question about his reports was, at Bell Hall there was testing.
Q Okay.
A And the results seemed to be somewhat alarming.
Q Okay, in what way?
A In that there was -- there was a whole lot more mold than there had ever been before, and so at that point I brought in and consulted the IH guy at Brook Army Medical Center.
Q Okay.
A And he came down and kind of looked at it, and I talked to Lieutenant Colonel Jefferson and Karl. And that was on a minimal of one occasion, and it quite frankly could have been two.
Q Uh-huh.
A It's been a couple of years ago. It was for

sure once and maybe twice.

Q So your concerns with respect to Bell Hall were what, the mold --

A Well, that there was such a drastic change in the amount of positive findings.

Q So what steps did you take, sir? I know you called somebody in from Brooks Medical Center. What was their function?

A Their function was to just look at the system and process of his testing to make sure we were doing everything correctly.

Q And what were the results of that?

A He thought that the tests were done okay.

Q Okay.

A He was also somewhat alarmed about the positive findings. And I'm going by memory now.

Q I understand.

A We then had a private company come in at the request of Garrison, and they did some tests, and there was a difference in the findings.

Q Okay. I know this has been a while, but do you remember, was it a significant difference or --

A Yeah. My memory is that it was a significant difference, yes, and that should all be on record there. I'm sure it is.

Q That's fine. Just with one more question and maybe we're done. I just want to make sure I understand you.

So the two years, sir, that you were the senior rater over Karl, you signed off on two appraisals that appear to be excellent; is that correct?

A Yes.

MR. KELLY: Okay. No more further questions.

MS. HINKEBEIN: No questions.

ARBITRATOR FOWLER: Thank you, sir, for testifying this morning.

CARMEN RINEHART,

(called as a witness, being first duly sworn to testify, on behalf of Grievant, testified as follows via telephone:)

DIRECT EXAMINATION

By MR. KELLY:

Q Colonel Rinehart?

A Yes.

Q Can you hear me okay?

A I can.

Q Could you spell your last name for us, please.

A Sure. It's R-I-N-E-H-A-R-T.

explain what the regulatory requirements are concerning performance standards.

Q Did Lieutenant Derivan ever ask you work standards with respect to the grievant?

A Not with the rating period in question here, no.

Q So let me ask you this then. Did you have any input whatsoever with respect to the rating period that we're talking about right now, which was what, July of '06 to October 31, 2007?

A I did.

Q Okay, what -- yes, ma'am, go ahead. I'm sorry.

A I said I had several discussions with Lieutenant Derivan. He indicated that he was experiencing some performance deficiencies and wanted to be able to articulate to Mr. Gibson what performance he expected.

Q Okay, so I don't mean to interrupt you. I'm a country boy, but performance expectations, with his job, with his IH duties?

A Okay, the job description establishes the duties to be assigned.

Q Okay.

A The performance standards or individual

A I reviewed several performance counselings, which I believe would be clarification or elaboration of the standards because it set forth what expectations management had, yes. I review those memorandum.

Q Did you discuss a PIP with Lieutenant Derivan?

A I discussed a PIP in the context of the entire performance management system, being that anytime during the rating period, at the end of the rating period if an employee was failing to meet in one or more performance objectives, that it was a requirement to establish a PIP or a performance improvement plan. The minimum period of time established at Fort Leavenworth is 90 days.

Q Okay.

A And we talked about the completion or lack thereof. There was no discussion for a PIP for that performance rating period.

MR. KELLY: Okay. I have nothing further.

CROSS-EXAMINATION

By MS. HINKEBEIN:

Q Ms. Sifford, can you tell me, are ratees responsible under TAPES to learn what is

RON

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DEPARTMENT OF THE ARMY
US ARMY COMBINED ARMS CENTER AND FORT LEAVENWORTH
OFFICE OF THE ADJUTANT GENERAL
861 MCCLELLAN AVENUE
FORT LEAVENWORTH, KANSAS 66027-1361

REPLY TO
ATTENTION OF:

August 12, 2009

Freedom of Information and Privacy Act Office

Ms. Karl Gibson
1003 North 4th
Lansing, KS 66043

Dear Mr. Gibson:

This is in further response to your Freedom of Information Act (FOIA) request FP-09-019648/FA-09-0033, dated April 20, 2009, requesting a copy of the following documents be provided to you:

--Individual training records from 1990 to present.

The information you requested is enclosed. There is no cost associated with processing your request.

Should you have any questions concerning this response, please contact Nancy L. Davis at: U.S. Army Combined Arms Center, ATTN: FOIA/PA Officer, 881 McClellan Avenue, Fort Leavenworth, Kansas 66027-1361, telephone 913-684-7175 or email nancy.l.davis@us.army.mil.

Encls

Sincerely,

Nancy L. Davis
Records Management Analyst
FOIA/PA

Employee Info

Name:	GIBSON, KARL, L	**PS-Occ Code-PB:**	GS-0690-11/10
Title:	INDUSTRIAL HYGIENIST	**Current Supervisor:**	
Servicing CPAC:	(EX) FORT LEAVENWORTH		
Servicing CPOC:	Southwest CPOC		

Training Data

Training Course Title	End Date	Hours
ASBESTO/CONTR/SUPER	1998-03-11	---
HAZWOPER REFRESHER	1997-11-01	---
FUND OF OCC SAFETY &	1997-09-12	---
ASBESTOS CONTR TRNG	1997-08-28	---
CONTRACT/SUPER REFRE	1997-08-28	8
RADIATION RISK ASSES	1997-07-15	---
HLTH & ENV RISK WORK	1997-07-11	---
HAZWOPER REFRESHE 40	1997-06-20	8
HAZWOPER REFR TRNG	1997-06-20	---
LEAD SUPV/CONT REFRE	1997-06-19	---
LEAD SUPERVI REFRESH	1997-01-23	8
LEAD INSP REFRESH TR	1997-01-22	8
RAD SAFETY REFRESHER	1996-10-10	2
RADIATION STY REF	1996-10-10	2
ASBESTOS REFRESHER	1996-08-29	8
HAZWOPER REFRESHER	1996-06-21	8
ANN BIRTH MNTH TRNG	1996-06-05	5
INDUSTRL HYGINE CONF	1996-05-23	40
LEAD REFRESHER	1996-03-08	8
LEAD REFRESHER	1996-03-07	8
CONTRACT OFFICER REP	1995-12-08	40
SFTY CNCL HZD MTR FX	1995-11-29	16
INDUSTRIAL VENT FUND	1995-09-13	24
ASBESTOS CN/SPV REFR	1995-08-31	8
EMGC RESP HAZ MATRL	1995-08-25	40
REVIEW INDUSTRL HYG	1995-08-11	40
AIDS WKPLACE	1995-06-21	1
MEDDAC BASIC	1995-06-07	5
POSH REFSHER	1995-06-07	1
AMERICAN IND HYG	1995-05-26	40
NA	1995-02-24	24
CONTRCT/SUPV REF ASB	1994-09-01	8
POSH	1994-05-13	2
HAZARDOUS MATERIAL	1994-04-29	40
CONTR/SUPV REFR ASB	1993-09-01	8
EPA RISK ASSMN	1993-08-20	16
WASTE MGMT WKSHOP W	1993-08-09	16
PRINCIPLES OF ERGONO	1993-08-06	32
INDOOR AIR QTY-NIOSH	1993-05-05	16
ADV CARDIAC LIFE SUP	1993-04-20	8
LEAD INSPECTOR REFR	1993-04-15	24
ASBESTOS CONTR TSE	1992-09-04	12
EARLY HAZARD RECOGN	1992-07-17	8
INDUSTRIAL HYGIENE C	1992-01-31	40
HEALTH HAZ MNG C	1992-01-17	40
HOC SFTY ENG MGMT CT	1992-01-16	40

OSHA F/FED AGENCYS	1991-10-10	24
OSHA COMPL-HLTH AREA	1991-10-02	40

E-8

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM

29 August 2008

MEMORANDUM FOR RECORD

SUBJECT: PERIODIC PERFORMANCE COUNSELING

1. It has been nearly three weeks since I implemented the procedure whereby daily work is assigned and discuss with you at the end of the duty day what has and what has not been accomplished. The following is my assessment of a few topics that have come to my attention during that time.

2. Daily work schedule. As you know, we have quite a list of operations to catch up on and each day there is plenty of work to do. You have done a good job working on your daily assigned tasks and I encourage you to continue to do so. If you are aware of a task that needs to be accomplished, but has not been assigned, please bring it to my attention so that appropriate adjustment to work assignments can be made. Likewise, if you encounter an assigned task that you feel is not feasible under the circumstances or which might be done in a better manner than is being asked of you, bring it to my attention.

3. Daily assigned tasks. The tasks that are assigned for any given day are to be priority for that day. There may be times when tasks are subsidiary to other taskings (i.e. "Pick up scanner for IH inventory") that will be assigned at a later date. My expectations of what is expected of you are usually very explicit. You are not to carry the tasking on to the next level unless you have been directed to do so (i.e. completing the IH Inventory once acquiring the scanner when only tasked with picking up the scanner). While I appreciate you taking the initiative to work on a future tasking, this expenditure of time weakens your ability to accomplish the tasks of priority for the day (i.e. tasks #4 and #5 on the day the scanner was picked up were not completed, while the IH inventory, which was not assigned, was). Again, if you see where a non-assigned tasking or a change to the daily priority would be necessary or of benefit, you need to communicate this to me so that we may make the appropriate adjustments.

4. Missed appointments. If, when you receive your daily taskings there are appointments (i.e. "Perform IH Surveys for: 0900 – Bldg 80"), you are expected to be at the appointment at that time. If you cannot be at the prescribed place at the prescribed time, professional courtesy dictates that you call the POC and explain your delay, give them a time that they can expect you, or make other arrangements. Missing appointments without a courtesy call (i.e. missing the 25 AUG 08 tasking to be at Bldg 80 at 0900) is not successful performance. In the future, if an appointment is missed or if you anticipate that an appointment will be missed, you should automatically give the POC a courtesy call and notify me of any adjustments that were necessary.

5. Reimbursement for use of POV. In the event that you are required to use your POV to accomplish prescribed IH duties because the GOV is not available, you may be compensated through the DTS system. However, reimbursement for POV will only be approved for instances where the GOV is not available for an appointment with an assigned time (i.e. "Perform IH Surveys for: 0900 –

Bldg 80"). Taskings that do not have a time restraint attached to them (i.e. "Pick up scanner for IH Inventory") will not be approved for reimbursement as other assigned tasks may be worked on while the GOV is unavailable.

The steps of this reimbursement process are as follows:

a. Keep a monthly MS Excel travel log of the instances that you had to use your POV to perform IH duties at a specified time. The data recorded in the log will include the DATE of the travel, the DESTINATION of the trip, and the ROUND TRIP MILEAGE from Hoge Annex to the destination and back.

b. Submit the log for supervisory approval and/or validation at the end of the month.

c. Take the approved travel log to the MERT office where they can assist you in entering your travel into DTS for reimbursement.

6. Individual counseled: Karl G. Gibson (Print Name) KLG (Initials)

Karl G. Gibson (Signature) 29 Aug 08 (Date)

J. Derivan

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer

E-9

18 July 2007

Memorandum For Record

SUBJECT: Mr. Scott Bentley Visit 16-18 July 2007

1. During the week of 16-18 July 2007, PM had the services of Mr. Scott Bentley, GPRMC IH.

a. Mr. Bentley spent very little time with Karl Gibson, Industrial Hygiene Program Manager.

b. On 16 July 2007, Mr. Bentley spent about one hour around me - while he was in and out of 2LT Derivan's office. I was not permitted to attend the in-briefing or the many hours of meetings that Mr. Bentley had with officials in the MEDDAC.

1). At the afternoon (about 1330 hrs) discussion,

a) Mr. Bentley quizzed Karl Gibson as to why I was writing memorandums in the new format that my supervisors required of me. I told Mr. Bentley that I was using the mix of the 3 "Camp Swampy" reports that I was told Mr. Bentley had provided and that LTC Jefferson and 2LT Derivan had made changes to. I asked where Mr. Bentley had gotten the idea of applying RACs to recommendations? Mr. Bentley said that this is what he did. I asked, "why was OSHA requirements that were needed but not done - recorded as a RAC 2?" I received no response. I asked, "why was Army requirements that were needed but not done - recorded as a RAC 3?" I received no response. I asked, "why was IH good practice that should be done - recorded as a RAC 4? I received no response. I was shown no memorandums that I had written.

b) Mr. Bentley went into 2LT Derivan office and they spoke behind closed doors.

c) 2LT Derivan entered my office and I was informed by 2LT Derivan that my Performance Expectations have changed from the 19 April 2007 counseling where the outline of IH performance expectations concerning that at least LTC Jefferson's requirements that: 1) "that all air samples be collected on three consecutive days"; 2) that "you will be required to collect side-by-side samples"; 3) "the other set will be sent to the GPRMC IH Program Manager and transported to Brooks AFIOH Laboratory in San Antonio, TX (GPRMC IH Services will pay for the Brooks AFIOH Laboratory sampling fees)"; 4) "A minimum of six (6) samples will be collected to ensure statistical analyses can be completed"; and 5) "all statistics will be analyzed and reviewed by the GPRMC Regional IH Program Manager before results are released to appropriate activity managers" will no longer be requirements for Karl Gibson. I asked 2LT Derivan, since I am in the 12th month of the current rating period, when will I received these NEW performance expectations? I received no reply from 2LT Derivan.

2) 2LT Derivan went back into his office and he spoke to Mr. Bentley behind closed doors.

3) Mr. Bentley came back into my office with 2LT Derivan and asked me if I could change my future witting of my memos by adding art work and drawings to the memos I wrote. I requested to see examples of this kind of survey "writing" since I have never seen these kinds of report writing. I expressed concern that I was not hired to be an artist and have not been educated on how I could draw these kinds of reports. So I requested to 2LT Derivan that I receive professional education on how to do

this. I asked when would I receive examples of this kind of "ART" memos? Mr. Bentley said he would provide examples. By the end of the visit, I had not received any examples of art or drawings in IH memos. I again asked 2LT Derivan when and where would I be receiving educations to draw this kind of art? I received no reply from 2LT Derivan.

4) Mr. Bentley and 2LT Derivan went into office and they spoke behind closed doors.

5) Mr. Bentley asked to meet me at Munson to look at the Pathology and Pharmacy. I was to bring some of the equipment that I use during surveys. I agreed. Mr. Bentley went into 2LT Derivan office and they spoke behind closed doors.

6) I loaded up my equipment and went to Munson's pathology lab. Mr. Bentley arrived 30 minutes later. Mr. Bentley asked me to get the lab manager and I did. Mr. Bentley asked the civilian manager if she had a copy of the last IH report. She provided this to Mr. Bentley. They went over the report while the manager praised the support Mr. Gibson had provided the lab. This praise of Karl Gibson seemed to upset Mr. Bentley. Mr. Bentley asked me to set up my balometer and measure one 2x2 foot vent. Mr. Bentley pulled the lab manager and spoke to her in private. When they finished talking, I asked Mr. Bentley if he was ready for me to measure the air flow. Mr. Bentley said yes. I measured a 2x2 vent with a 2x2 hood. Mr. Bentley said fine, he would meet me at the pharmacy. Mr. Bentley left. I thanked the lab manager for her time and put my equipment away.

7) I went to the Pharmacy and found Mr. Bentley speaking to the head pharmacist The pharmacist praised the support Mr. Gibson had provided the pharmacy with the 797 testing requirements. I just stood there watching. This praise of Karl Gibson seemed to upset Mr. Bentley. After they finished talking, Mr. Bentley saw me and stated that he would be meet me back to my office at 0800 hrs the next morning.

c. On 17 July 2007, Mr. Bentley had scheduled to arrive at Karl Gibson's office at 0800 hrs. Mr. Bentley arrived at Mr. Gibson's office at 1545 hrs. I get off at 1600 hrs.

1) Mr. Bentley asked me if I would mind signing my own reports? I said that I do not mind, but I have never been allowed to do so.

2) Mr. Bentley stated that he had observed no problems with my IH techniques or procedures. Mr. Bentley said he had questions on how a piece of equipment (the AQ 5000pro) worked. I showed Mr. Bentley how this system worked and provided the manual for his reading.

3) Mr. Bentley presented me with a copy of the BAMC 2004 Nutrition Care Division "memo" and since it was 1615 hrs, we agreed to meet on Wednesday, the 18th at 0800 hrs.

d. On 18 July 2007, Mr. Bentley had scheduled to arrive at Karl Gibson's office at 0800 hrs. Mr. Bentley arrived at Mr. Gibson's office at 1030 hrs and asked to go Building 77. I drove us across post to the building. I walked him through the DAPS work area. I introduced Mr. Bentley to the DAPS supervisor. The DAPS supervisor praised the support Mr. Gibson had provided to them. This praise of

18 July 2007

Memorandum For Record
SUBJECT: Mr. Scott Bentley Visit 16-18 July 2007

Karl Gibson seemed to upset Mr. Bentley. Mr. Bentley asked to leave and return the PM offices. Mr. Bentley went straight into 2LT Derivan's office and closed the door. At 1128 hrs, Mr. Bentley came out of 2LT Derivan's office and asked why 61 fc was non-compliant to the IES 30-60 fc standard. I asked Mr. Bentley if he was asking me if 61 was greater than 60? Mr. Bentley said never mind and left my office.

e. I did not see or speak to Mr. Bentley after this.

2. POC is Mr. Karl Gibson, Industrial Hygienist at 4-6547 or karl.gibson@cen.amedd.army.mil

Karl Gibson
GS-11, Industrial Hygienist
USA MEDDAC

CC:
LTC Jefferson
2LT Derivan

Provided to LTC Jefferson and LT Derivan on 18 July 2007.

E-10

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 31 August 2007

MEMORANDUM FOR RECORD

SUBJECT: Meetings on 21-29 August 2007

1. Issue with DOIM, Bldg 136. They informed me that they were looking at the October and April reports. Scott said that we would be doing side-by-side samples. Scott Bentley and crew came to "see" and repeat the same survey I had done. After they interviewed the XO of DOIM, they found conditions had changed from earlier report surveys. In the past weeks, the contractor had removed carpet and asbestos tiles/mastic. They used a mastic remover and workers complained about odors. DOIM asked that a noise survey be done as well. During the survey: Because they did not know how to set up the balometer, I assisted in the setting it up for them. As I had warned them, they were not able to complete the air change survey that they had insisted could be done. They measured in the same manor as I had when I was told that I was wrong. Because they did not bring noise level measurement equipment, I provided. Because they did not know how to take noise measurements, I was asked to do this for them and did it for them. Because they did not bring a camera, I provided. They choose not to measure respirable particulate. They measured temperature, RH and Carbon Dioxide levels at one point in time about 1400 hrs. They measured less than 700 ppm of CO2 even though all outside air was shut off to the areas in question. During July visit, Scott had said this was impossible. Additionally, they wanted to test for Ozone. I questioned why they would test for ozone since they had no MSDSs stating it was present in the work places. They thought the servers or computers might be emitting ozone even though it could not be smelled. Because they did not bring anything to test for ozone, I was asked to provide. I provided a Drager with current ozone chip (does spot check) and passive ozone badges (does TWA monitoring). I was told that they knew how to operate. On 22 August, they could not operate drager system and did not take the passive badges to obtain TWA results. At the end of the day, I got the system operational for 23 August. At 1030 on the 23rd, I took Kurt (Mr. Bentley's assistant) and was requested to measure the nonexistent ozone in the building. I did so, and there was less than 25 ppb of ozone in the air. We returned to PM offices by 1115 and I down loaded the basement pictures for them. They not do side-by-side samples, repeat the same survey I had done, or test for asbestos even though broken asbestos tiles were present in the work place. On 24 August, they went to the USDB and I was not allowed to attend. I was not allowed in the in briefing or out briefing.

2. What I learned according to Scott Bentley:

a) LTC Jefferson and LT Derivan do not like the report format that they require and have ordered me to use. Yet, they refuse to provide an example of what they now want. Scott Bentley said that he would provide an example of what he thought was best, but so far he has not.

b) IHs are to always side with management. I asked where was that in writing?

c) When they checked the files, my results and the file results match. They did not know how to use the DA provided Industrial Hygiene Statistics Spread sheet, I showed them how (even though it has been available for Army His to use before 2000). They did not know how to use the Quest 5001pro or software, I showed them how. They appear to not trust proven technical measures that even CHPPM uses.

3. Meeting on 29 August 2007 at 1500 hrs with LTC Jefferson, 2LT Derivan and Karl Gibson to provide a verbal summary of the visit during the week of 21-29 August, PM had the services of Mr. Scott Bentley, GPRMC IH.

a) I started the tape recorder as I was directed to do, but LTC Jefferson refused to allow any recording of the meeting even though she and 2LT Derivan had directed I get a tape recorder and use it. She declared she did not want a recording made of what they said. I turned it off. I stated that I wanted a Union Witness. They refused to allow.

b) 2LT Derivan read the MFR Subject: Deferment of Indoor Air Quality and Occupational Exposure Testing. I asked for examples of errors. They had none. I asked for examples of improper use of sampling techniques. They had none. I asked for examples of misuse of regulatory standards & IH guidelines. They had none. I asked for examples of inappropriate of sample results. They had none.

c) I non-concurred and was told I could not non-concur.

4. POC is Mr. Karl Gibson, Industrial Hygienist at 4-6539 or karl.gibson@cen.amedd.army.mil.

Karl L. Gibson

KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

Provided to LTC Jefferson and LT Derivan on 31 Aug 07

E-11

Gibson, Karl L MAHC

From: Gibson, Karl L MAHC
Sent: Thursday, August 23, 2007 3:58 PM
To: Derivan, Jacob J 2LT
Subject: IH work report for 20-24 Aug 2007 (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LT Derivan,

IH section was not able to conduct the scheduled USDB surveys.

IH section retested the OR personnel for WHAG since the equipment tests showed that it was not leaking.

I listened to the DOEHRS Online refresher training on 23 Aug 2007.

Issue with DOIM, Bldg 136. Scott Bentley and crew came to "see". Because they did not know how to set up the balometer, I assisted in the setting it up for them. As I had warned them, they were not able to complete the air change survey that they had insisted could be done. They measured in the same manor as I had when I was told that I was wrong. Because they did not bring noise level measurement equipment, I provided. Because they did not know how to take noise measurements, I was asked to do this for them and did it for them. Because they did not bring a carmra, I provided. They choose not to measure respirable particulate. They measured temperature, RH and Carbon Dioxide levels at one point in time about 1400 hrs. They measured less than 700 ppm of CO2 even though all outside air was shut off to the areas in question. During July visit, Scott had said this was impossible. Additionally, they wanted to test for Ozone. I questioned why they would test for ozone since they had no MSDSs stating it was present in the work places. They thought the servers or computers might be emiting ozone even though it could not be smelled. Because they did not bring anything to test for ozone, I was asked to provide. I provided a Drager with current ozone chip (does spot check) and passive ozone badges (does TWA monitoring). I was told that they knew how to operate. On 22 August, they could not operate drager system and did not take the passive badges to obtain. At the end of the day, I got the system operational for 23 August. At 1030 on the 23rd, I took Kurt and was requested to measured the nonexistant ozone in the building. I did so, and there was less than 25 ppb of ozone in the air. We returned to PM offices by 1115 and I down loaded the basement pictures for them.

What I learned:

1) LTC Jefferson and LT Derivan do not like the report format that they require and have ordered me to use. Yet, they refuse to provide an example of what they now want. Scott Bentely said that he would provide an example of what he thought was best, but so far he has not.

2) According to Scott Bentley, IHs are to always side with management. I asked where was that in writing?

3) When they checked the files, my results and the file results match. They did not know how to use the DA provided Industrial Hygiene Statistics Speadsheet, I showed them how (even though it has been avaliable for Army His to use before 2000). They did not know how to use the Quest 5001pro or software, I showed them how. They appear to not trust proven techical measures that even CHPPM uses.

Classification: UNCLASSIFIED
Caveats: NONE

E-12

MFR 22 February 2008

SUBJECT: Mr. Bentley Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson

1. The Mr. Bentley visit started at 0850 hrs on 20 February 2008. Mr. Karl Gibson provided Mr. Bentley and 1LT Derivan copies of my MFR Subject: Questions dated 5 Feb 2007. The purpose of the visit is to work on Program Document and new IHIP.

2. Issues of the visit:

a. Establishing a IH Program Document. Mr. Karl Gibson explained that it was the C, PM's program Document, not mine. Only the C, PM can change it. Mr. Karl Gibson was told Mr. Karl Gibson is the expert and Mr. Karl Gibson was to write a new Program Document for PM. Mr. Karl Gibson asked: If Mr. Karl Gibson was the C, PM? Is Mr. Karl Gibson to do her job? What are the new command priorities? How is Mr. Karl Gibson to produce something NEW with no example or direction from the command? Mr. Karl Gibson was told "Just do it". Mr. Karl Gibson asked how can Mr. Karl Gibson just do it if you can't show me what is a priority? LT Derivan stated that he had given me a list 6 weeks ago. I stated that I received this so called list of just 26 buildings on the afternoon of 1 Feb 2008 and nothing on it but rank # and Building #. Mr. Karl Gibson asked - What does this mean? Mr. Karl Gibson received no response.

b. Doing/ changing IH Implementation Plan. Mr. Karl Gibson asked what was wrong with 2007's? They did not like, they want it to be written, supervisor and command approved, but be living and changing. Mr. Karl Gibson repeatedly asked for an example of what they are talking about and they refused to show an example. Mr. Karl Gibson asked how Mr. Karl Gibson could schedule and plan anything if the command can't give Mr. Karl Gibson their goals, mission, and priorities? Mr. Karl Gibson received no answer. Mr. Karl Gibson asked what Mr. Karl Gibson was allowed to do for these surveys. Could Mr. Karl Gibson do sampling? Could Mr. Karl Gibson do air monitoring? Could Mr. Karl Gibson do ventilation? Mr. Karl Gibson was told if in IHIP and command approved. What about biological samples? Do you know the current command policy is? Mr. Karl Gibson said Mr. Karl Gibson had not seen any policy. Mr. Karl Gibson was told that anything Mr. Karl Gibson wanted to do in a survey would need to be written in IHIP and approved.

MFR 22 February 2008
SUBJECT: Mr. Bentley Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson

3. It was decided that Mr. Bentley would walk with Mr. Karl Gibson through what they wanted me to do. He asked for the case file for Bldg 77. Mr. Karl Gibson had no such item. (This is an Air Force requirement, but not Army.) Mr. Karl Gibson pointed out that in the program document of FY 2007, that filing was not a priority. Mr. Karl Gibson was requested to print off survey documents. Mr. Karl Gibson asked H or J drive documents? Mr. Bentley only wanted J drive documents. Mr. Karl Gibson asked 1LT Derivan what about surveys that have been done, but not 'finished' that 1LT Derivan and LTC Jefferson are holding. 1LT Derivan said "these documents are where they want them." Mr. Karl Gibson printed off the J drive documents and provided to Mr. Bentley.

4. At 1250 hours, Mr. Bentley and Mr. Karl Gibson went to the Bldg 77 unannounced. Mr. Bentley and Mr. Karl Gibson did a walk through of the Building. Mr. Bentley and Mr. Karl Gibson talked to 5 people. Mr. Bentley and Mr. Karl Gibson agreed that the following shops were in the building: Emergency Operations Center; Information System Processing (Military Review); Office DPTM; Print Plant (Defense Printing); Televideo Center; Devices; Warehouse; Office AARTS; TSC Art/Graphics. Several items have changed since the last survey and processes became digital.

5. At 1445 hours, Mr. Bentley and LTC Jefferson and Karl Gibson met. Mr. Bentley and Mr. Karl Gibson briefed that changes have occurred in the work places in Bldg 77, even since Mr. Bentley's July 2007 visit to DAPS. Mr. Bentley stated that he was going to show Mr. Karl Gibson what kind of IHIP they wanted. Mr. Karl Gibson was asked then since there were changes, did Mr. Karl Gibson think the April 2007 report was valid? Mr. Karl Gibson said yes, since it represented conditions on the survey days. They claimed to understand and agreed with Mr. Karl Gibson. Mr. Bentley thinks the file system needs to change and files to be done by building. At 1500 hours Mr. Bentley and LTC Jefferson went into a private meeting until after Mr. Karl Gibson left work at 1600 hrs.

6. On 21 February 2008, Mr. Karl Gibson prepared clarification questions for Mr. Bentley. At 0930 hrs, Mr. Bentley arrived at PM. Mr. Karl Gibson asked questions and both 1LT Derivan and Mr. Bentley agreed with the process as Mr. Karl Gibson asked. Mr. Karl Gibson will be writing a SOP when Mr. Karl Gibson get a chance. From 1030 to 1130 hours Mr. Bentley and Mr. Karl Gibson worked on IHIP 2008. LT Derivan approved the format and what IHIP looked like. Mr. Karl Gibson then worked on "IHIP 2008".

MFR 22 February 2008

SUBJECT: Mr. Bentley Visit on New Job Standards and Individual Performance Standards for Mr. Karl Gibson

7. On 22 February 2008, at 0830 hrs, Mr. Bentley arrived and was with LTC Jefferson. Mr. Karl Gibson contacted the number for Bldg 43 that LT Derivan gave him. It turned out to be Bldg 53. At 0845 hrs, Mr. Bentley, LT Derivan and Mr. Karl Gibson went to Bldg 53 and toured. At about 0945 hrs, Mr. Bentley, LT Derivan and Mr. Karl Gibson went to Bldg 43 and toured. At 1015 hrs, Mr. Bentley and LT Derivan went to the out briefing for the visit, but Mr. Karl Gibson was not allowed to go. Mr. Karl Gibson went back to Hoge and worked on "IHIP 2008".

8. Enclosed in weekly work log:
Memo dated 5 February 2007 Subject: Questions. I provided to LT Derivan and Mr. Bentley, but did not get a signed Received from them. Most questions were not answered during visit.

9. Mr. Karl Gibson Sent:
Memo Subject: IHIP 2008 as of 22 Feb 2008
Memo Subject: Calibration Log for IH Equipment as of 11 February 2008
Memo Subject: Additional Questions concerning the IPS in Feb 2008

10. POC is Mr. Karl Gibson, Industrial Hygienist, (913) 684-6547 or karl.gibson@cen.amedd.army.mil

Karl L Gibson

KARL GIBSON
Industrial Hygienist
USA MEDDAC

Provided to LT Derivan on 22 Feb 2008
Karl L Gibson

E-13

FY 2009 Scope of Work and Cost Estimate for CENWK to Provide Industrial Hygiene Support for Munson Army Health Center Command Staff, Fort Leavenworth, Kansas
October 6th, 2008

1. PURPOSE: In May 2008, MCXN Command Staff requested US Army Corps of Engineers – Kansas City District (CENWK) assistance to provide IH support. This support will consist primarily of performing independent technical and quality assurance reviews of the current processes related to industrial hygiene surveys. Industrial hygiene work will be performed at Fort Leavenworth and various tenant organizations. CENWK will provide field oversight of building assessments, walkthroughs, and/or inspections as well as provide technical oversight during sampling activities. All work completed by CENWK will be performed by or performed under the supervision of a Certified Industrial Hygienist (CIH). The CENWK, Environmental Engineering Branch, Environmental Sciences Section will provide the supervision to ensure that the work described herein is performed to accepted standards

2. WORK ELEMENTS: The three main elements of work to be performed are - Document Review, Field Oversight, and Consultation. Each element and the associated Deliverables that CENWK will provide are defined below.

a. Document Review: CENWK will review documents at the request of MCXN Command Staff. Reviews performed by CENWK will address document content, clarity and completeness: verify that standards and/or action levels have been properly identified and applied; verify that sampling plans are appropriate; review sampling results and data quality; and verify that conclusions are adequately supported and documented. For each requested review CENWK will discuss with MCXN a reasonable time frame to complete the review and provide comments. Comments will be provided to MCXN Command Staff as a memorandum summarizing comments, opinions or findings

b. Field Oversight: CENWK staff will participate in, and perform field oversight, of any industrial hygiene-related activity, at the request of the MCXN Command Staff. CENWK staff will wear their CAC Card while on post. The MCXN staff IH is responsible for performing all fieldwork and CENWK staff will be responsible for assuring that any field work (whether it an inspection, survey or sample collection activity) is performed in accordance with the applicable work plan, standards, and accepted industrial hygiene best practices. Prior to starting any fieldwork, CENWK will review the applicable work plans or procedures with the MCXN staff IH. CENWK will provide recommendations or comments on the work plans to the MCXN staff IH. During the field activity, CENWK staff will keep field notes of the applicable field conditions, any findings, any deviations from the applicable work plans, and any other unusual circumstances. The CENWK field notes may consist of a combination of handwritten notes and preprinted inspection forms or checklists. For each assignment that CENWK completes, CENWK will provide the MCXN Command Staff with a memorandum to summarize comments, opinions or findings of field observations. The MFR will be prepared and delivered to the MCXN Command Staff within a reasonable time following completion of the oversight activity.

e. Consultation: CENWK staff will be available for consultation at the request of the MCXN Command Staff or the staff IH.

3. WORK FLOW AND COMMUNICATIONS: Only MCXN Command Staff will make task assignments under this SOW. The Points of Contact are summarized below:

CENWK

Primary POC:
Dan Mitchell, CIH
Industrial Hygienist
816-389-3911
daniel.d.mitchell@usace.army.mil
CENWK-ED-EF

Secondary POC:
Jason Leibbert, P.E.
Chief, Environmental Sciences Section
816-389-3571
jason.leibbert@us.army.mil
CENWK-ED-EF

MIPR Technical POC:
Dan Mitchell

MIPR Financial POC:
David Penman
816-389-3760
david.f.penman@usace.army.mil

MCXN

Primary POC:
1LT Jacob Derivan
jacob.derivan@amedd.army.mil
913-684-6533
MCXN-PM (MAHC)

Secondary POC:
LTC Beverly Jefferson
Chief, Preventive Medicine
913-684-6531
Beverly.Jefferson@amedd.army.mil
MCXN-PM (MAHC)

Staff:
Karl Gibson
Industrial Hygienist
913-684-6547
karl.gibson@amedd.army.mil
MCXN-PM (MAHC)

OVERSIGHT AUTHORITY
Scott D. Bentley, CIH
GPRMC Regional IH Program Manager
2410 Stanley Road - B 1029
Fort Sam Houston, TX 78234
210-295-2608
scott.bentley@amedd.army.mil
MCHE-DH-IH (GPRMC)

4. WORK PROCEDURES:

a. Document Review: MCXN Command Staff will initiate a document review by sending a request to NWK in writing (i.e. e-mail). MCXN Command Staff will provide the document (electronic or hard-copy) and any other supplemental or accompanying information. CENWK will confirm receipt of all assignments and will maintain a log of assignments as they are

received. Within a reasonable period of time CENWK will provide written draft comments to MCXN Command Staff for review. Once approved, final copies will be distributed to MCXN Command Staff and Staff IH.

b. Field Oversight: MCXN Command Staff will initiate a Field Oversight assignment by sending a request to CENWK in writing (i.e. e-mail). MCXN Command Staff will provide the appropriate documents (electronic or hard-copy) and any other supplemental or accompanying information, as appropriate. CENWK will confirm receipt of field oversight assignment. Within a reasonable time following completion of field oversight, CENWK will provide a draft written memorandum to MCXN Command Staff for review. Once approved, a final copy will be forwarded to MCXN Command Staff and the Staff IH.

c. Consultation: CENWK staff will prepare a MFR or Conversation Record of consultation provided which will be kept for internal records. Copies of which will be available upon request. As deemed appropriate, formal correspondence will be generated at the request of MCXN Command Staff.

5. ARBITRATION: In the event that there is a disagreement (either technical or procedural) between the CENWK staff and the MCXN staff IH, the CENWK staff will refer the matter to the MCXN Command Staff for resolution. For technical issues, the MCXN Command Staff may elect to refer the matter to the Great Plains Regional IH – Mr. Scott Bentley. Upon request, NWK can provide other points of contact who could possibly serve as independent reviewers (i.e. USACE has other CIHs around the country, and also at the HQ level. CHPPM staff may also be possible reviewers.)

6. COST ESTIMATE: The following is a cost estimate provided to MCXN Command Staff based on the discussions held on May 21 2008, and this SOW. The CENWK IH positions are reimbursable, and are not centrally funded. It is understood that MCXN will provide funding to NWK via a MIPR for the services described in this SOW. CENWK understands that accurate cost reporting will be necessary and that any unused funds will be returned to MCXN prior to the end of the Fiscal Year. For the purposes or preparing this cost estimate, the following assumptions were made:

a. The period covered by the cost estimate will be for the remainder of FY2009 – i.e. from November 1 2008 to Sept 30 2009.

b. The CENWK staff charge out rate is $105 per hour.

c. All CENWK products or deliverables will undergo internal quality control review prior to sending to MCXN.

d. Assume CENWK will review an average of one Field Oversight assignment per month.

e. Assume each Document Review assignment requires 3 hours to complete (including review of any past reports or supplemental information, review the document itself, prepare the MFR, and internal QC review).

f. Assume each Field Oversight assignment requires 10 hours to complete (including review of work plans, initial meetings or discussions prior to start, time spent during inspections or sample collection activities, travel time to/from CENWK office to Ft. Leavenworth, prepare the MFR, and internal QC review).

g. Assume 8 hours of Consultation time per month

h. Assume 2 hours of Reporting time per month

i. Distance between CENWK office and Ft. Leavenworth is approximately 35 miles each way. Assume 1 round trip per month. Assume standard GSA mileage reimbursement rate of $.505 per mile ($35) or option for a rental car ($60), plus gas. Total costs are summarized below

Line	Item	Hours	Cost
1	Average 3 document reviews per month @ 3 hours per review	9	$945
2	1 Field oversight assignment per month @ 10 hours per assignment	10	$1,050
3	8 hours per month for consultation	8	$840
4	2 hours per month for reporting	2	$210
5	Travel related expenses per month		$70
		subtotal (per month) =	$3,110

Total 11 months (November 2008 to Sept 2009) = $34,265

7. REVISION HISTORY: October 2008 Revised FY 2008 SOW by CENWK

8. The CENWK point of contact for this action is Daniel D. Mitchell, CIH. He can be reached by phone at (816) 389-3917 or by email at Daniel.d.mitchell@usace.army.mil.

E-Signed by Andrea Crunkhorn
VERIFY authenticity with ApproveIt

ANDREA E. CRUNKHORN
COL, SP
Commander

E-14

Gibson, Karl L Mr CIV USA MEDCOM MAHC

From: Derivan, Jacob J 1LT MAHC
Sent: Tuesday, October 28, 2008 3:34 PM
To: Gibson, Karl L MAHC
Cc: Jefferson, Beverly LTC MAHC
Subject: RE: Bldg 77 - DAPS Request to Order Supplies and Test (UNCLASSIFIED)
Signed By: jacob.derivan@us.army.mil

Classification: UNCLASSIFIED
Caveats: NONE

Karl,

Go ahead and order the supplies you need to do the testing listed below.

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

-----Original Message-----
From: Gibson, Karl L MAHC
Sent: Tuesday, October 21, 2008 11:05 AM
To: Derivan, Jacob J 1LT MAHC
Cc: Jefferson, Beverly LTC MAHC
Subject: RE: Bldg 77 - DAPS Request to Order Supplies and Test
(UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LT Derivan,

Status Check because I have not heard from you,

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Ft Leavenworth, KS 66027
(913) 684-6547
(913) 684-6543 (fax)

-----Original Message-----
From: Gibson, Karl L MAHC
Sent: Thursday, October 16, 2008 9:48 AM
To: Derivan, Jacob J 1LT MAHC
Subject: RE: Bldg 77 - DAPS Request to Order Supplies and Test
(UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LT Derivan,

If I am to recheck the areas that were ID in the March 2007 survey, I will need to:

Measure TWA for metals in Breathing Zone. (Aluminum, Cadmium, Lead, Zinc, Copper, Nickel)
Measure by wipe sample the metals and how good the clean up was. (Aluminum, Cadmium, Lead, Zinc, Copper, Nickel)
Measure TWA for formaldehyde in breathing zone.
Measure TWA for asbestos in GA and Breathing Zone.

I am scheduled to survey on 13 November 2008. May I order supplies and do testing?

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Ft Leavenworth, KS 66027
(913) 684-6547
(913) 684-6543 (fax)

-----Original Message-----
From: Derivan, Jacob J 1LT MAHC
Sent: Thursday, October 09, 2008 10:02 AM
To: Gibson, Karl L MAHC
Subject: RE: Bldg 77 - DAPS (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Excellent. Please keep me apprised.

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

-----Original Message-----
From: Gibson, Karl L MAHC
Sent: Thursday, October 09, 2008 10:00 AM
To: Derivan, Jacob J 1LT MAHC
Cc: joseph.sneed@dla.mil; Jefferson, Beverly LTC MAHC
Subject: RE: Bldg 77 - DAPS (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LT Derivan,

I spoke to Mr. Sneed and said I am open to do survey sometime between 12-21 Nov 2008. He has to check an see what day will work best for him to come and he is to call me tomorrow.

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Ft Leavenworth, KS 66027
(913) 684-6547
(913) 684-6543 (fax)

-----Original Message-----
From: Derivan, Jacob J 1LT MAHC
Sent: Wednesday, October 08, 2008 1:35 PM
To: Gibson, Karl L MAHC
Cc: joseph.sneed@dla.mil; Jefferson, Beverly LTC MAHC
Subject: RE: Bldg 77 - DAPS (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Karl,

Please contact Mr. Sneed by COB 09 OCT 08 and coordinate with him with respect to Bldg 77 - DAPS. Keep me apprised of what you and Mr. Sneed schedule.

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

-----Original Message-----
From: Derivan, Jacob J 1LT MAHC
Sent: Wednesday, October 01, 2008 1:21 PM
To: Gibson, Karl L MAHC
Cc: 'joseph.sneed@dla.mil'; Jefferson, Beverly LTC MAHC
Subject: Bldg 77 - DAPS (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: NONE

Karl,

Mr. Joseph Sneed at DAPS HQ is requesting to arrange another inspection of Bldg 77 - DAPS. He has been working with Facilities Personnel to have discrepancies fixed since your visit in FEB 07 and would like to verify that

the corrections made were successful. He would also like to be present when you perform your inspection. Please contact Mr. Sneed and schedule a time (two or more weeks from now for his convenience) that is mutually suitable to help him out. His contact information is as follows:

Joey Sneed
DAPS HQ
Safety & Occupational
Health, Environmental
Program Manager
717-605-2223
DSN 430-2223
FAX 717-605-1208

Let me know if you run into any snags fulfilling this tasking.

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

Classification: UNCLASSIFIED

Caveats: NONE

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Caveats: NONE

Classification: UNCLASSIFIED
Caveats: NONE

Classification: UNCLASSIFIED
Caveats: NONE

Gibson, Karl L Mr CIV USA MEDCOM MAHC

From: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Sent: Thursday, November 13, 2008 12:53 PM
To: Gibson, Karl L Mr CIV USA MEDCOM MAHC; Yates, Dianna M Mrs CIV USA MEDCOM MAHC; Welton, Shelley A Mrs CIV USA MEDCOM MAHC
Cc: Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Subject: RE: BLDG 77 written outline detailing your strategy as to what doing to determine compliance (UNCLASSIFIED)

Karl,

We will only be analyzing any samples you take for the specific analytes that you have noted below.

LT

From: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Sent: Wed 11/12/2008 10:02 AM
To: Yates, Dianna M Mrs CIV USA MEDCOM MAHC; Welton, Shelley A Mrs CIV USA MEDCOM MAHC
Cc: Jefferson, Beverly LTC MIL USA MEDCOM MAHC; Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Subject: RE: BLDG 77 written outline detailing your strategy as to what doing to determine compliance (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello Shelley and Diane,

Need PO numbers.

For Bldg 77 DAPS Survey:

1) Measure TWA for metals in Breathing Zone. (Aluminum, Cadmium, Lead, Zinc, Copper, Nickel)
Collect 6 samples plus blank on 37mm 0.8u MCE matched weight cassettes with a flow rate 1-4 lpm (want about 2 lpm) for 8 hrs.
If we pay for individual metals, it will cost $210. Per sample or $1,470.00 If we pay for a metals profile for these metals plus 9 others, it will cost $115. Per sample or $805.00 Both are done by the same approved methods. Need to know managements wants

- which way do I ask the lab run them and do we waste money?

Need PO number from LOG: Schneider Labs 1-800-785-5227

2) Measure by wipe sample the metals and how good the clean up was.
(Aluminum, Cadmium, Lead, Zinc, Copper, Nickel) Collect 6 samples plus blank on ASTM wipe media in hard-shelled container wiping 1 sq foot.
Send the samples as a bulk to Schneider Labs. (Yes a wipe can be a bulk.
Just record how big the sample was and it is easiest to keep it a 1 sq

foot.)
Ask for them to provide total ug of sample (i.e. and if you know the area, you have ug/ft2) and ppm (or ug/g).
It will cost $65. Per sample or $455.00

Need PO number from LOG: Schneider Labs 1-800-785-5227

3) Measure TWA for formaldehyde in breathing zone.
Collect 6 samples plus blank on Sensors Passive Dosimeters (Badges) 8 Hour Formaldehyde Test Item # 4180 for 8 hrs.
It will cost $40. Per sample or $280.00 (They are ordered.)

4) Measure TWA for asbestos in GA and Breathing Zone.
Collect 6 samples plus blank on 25mm 0.45 u MCE cassettes with a flow rate 1-4 lpm (want about 2 lpm) for 8 hrs.
Request PCM fiber count, and if greater than or equal .005 f/cc, then conduct TEM analysis.
It will cost $10. Per sample for PCM or $70.00; if need TEM add $70. Per sample with ACT Lab.

Need PO number from LOG: ACT, 9801 Renner Blvd, Lenexa, KS 66219 (913) 469-0006

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Ft Leavenworth, KS 66027
(913) 684-6547
(913) 684-6543 (fax)

-----Original Message-----
From: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Sent: Tuesday, November 04, 2008 12:16 PM
To: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Cc: 'Mitchell, Daniel D NWK'; Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Subject: RE: BLDG 77 written outline detailing your strategy as to what doing to determine compliance (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LT Derivan,

IAW DA PAM 40-503:

Heavy metals BZ compliance IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the exposure required by OSHA's regulation 29 CFR 1910.1000, 29 CFR 1910.1018,
29 CFR 1910.1025, 29 CFR 1910.1026, and 29 CFR 1910.1027 and ACGIH.

Black/Brown dirt-like substance contains several heavy metals. The heavy metal wipe compliance to EPA hazardous waste standards EPA's 40 CFR Parts 239 through 279 and to OSHA 29 CFR 1910.1025 and 29 CFR 1910.1000.

Formaldehyde BZ compliance IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the exposure required by OSHA's regulation 29 CFR 1910.1048 and ACGIH.

Asbestos BZ compliance IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the exposure required by OSHA's regulation 29 CFR 1910.1001.

What is management's response to my funding/lab question?

Hello Dan,

I'll be starting at BLDG 77 at about 0800 hrs and be there all day. See you there,

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Ft Leavenworth, KS 66027
(913) 684-6547
(913) 684-6543 (fax)

-----Original Message-----
From: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Sent: Tuesday, November 04, 2008 11:52 AM
To: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Cc: Mitchell, Daniel D NWK; Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Subject: RE: BLDG 77 written outline detailing your strategy as to what doing to determine compliance (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Karl,

You have listed what and how you intend to test in DAPS, but you still haven't provided how you are going to determine compliance. What standards are you going to be using and are they appropriate?

Dan Mitchell will be accompanying you on the 13th. Please coordinate directly with him on the dates and times that you will be performing this survey. As always, please CC me with any correspondence.

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

-----Original Message-----

From: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Sent: Tuesday, November 04, 2008 10:59 AM
To: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC; Yates, Dianna M Mrs CIV USA MEDCOM MAHC
Cc: Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Subject: BLDG 77 written outline detailing your strategy as to what doing to determine compliance (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LT Derivan and Diane,

For Bldg 77 DAPS Survey:

1) Measure TWA for metals in Breathing Zone. (Aluminum, Cadmium, Lead, Zinc, Copper, Nickel)
Collect 6 samples plus blank on 37mm 0.8u MCE matched weight cassettes with a flow rate 1-4 lpm (want about 2 lpm) for 8 hrs.
If we pay for individual metals, it will cost $210. Per sample or $1,470.00 If we pay for a metals profile for these metals plus 9 others, it will cost $115. Per sample or $805.00 Both are done by the same approved methods. Need to know managements wants

- which way do I ask the lab run them and do we waste money?

Need PO number from LOG:

2) Measure by wipe sample the metals and how good the clean up was. (Aluminum, Cadmium, Lead, Zinc, Copper, Nickel) Collect 6 samples plus blank on ASTM wipe media in hard-shelled container wiping 1 sq foot.
Send the samples as a bulk to Schneider Labs. (Yes a wipe can be a bulk. Just record how big the sample was and it is easiest to keep it a 1 sq foot.)
Ask for them to provide total ug of sample (i.e. and if you know the area, you have ug/ft2) and ppm (or ug/g).
It will cost $65. Per sample or $455.00

Need PO number from LOG:

3) Measure TWA for formaldehyde in breathing zone.
Collect 6 samples plus blank on Sensors Passive Dosimeters (Badges) 8 Hour Formaldehyde Test Item # 4180 for 8 hrs.
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4) Measure TWA for asbestos in GA and Breathing Zone.
Collect 6 samples plus blank on 25mm 0.45 u MCE cassettes with a flow rate 1-4 lpm (want about 2 lpm) for 8 hrs.
Request PCM fiber count, and if greater than or equal .005 f/cc, then conduct TEM analysis.
It will cost $10. Per sample for PCM or $70.00; if need TEM add $70. Per sample with ACT Lab.

Need PO number from LOG:

Karl Gibson

Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Ft Leavenworth, KS 66027
(913) 684-6547
(913) 684-6543 (fax)

Classification: UNCLASSIFIED
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Caveats: NONE

Classification: UNCLASSIFIED
Caveats: NONE

Classification: UNCLASSIFIED
Caveats: NONE

E-15

DEPARTMENT OF THE ARMY
KANSAS CITY DISTRICT, CORPS OF ENGINEERS
700 FEDERAL BUILDING
KANSAS CITY, MISSOURI 64106-2896

REPLY TO
ATTENTION OF:

CENWK-ED-EF (40-5f)

20 November 2008

FOR Chief, Preventive Medicine, Munson Army Hospital, Fort Leavenworth, Kansas

SUBJECT: Industrial Hygiene Technical Support – Technical Observations 13 November 2008 sampling at BLDG 77- DAPS.

1. References.

a. Memorandum, MCXN-PM, 22 March 2007, subject: Industrial Hygiene (IH) Similar Exposure Group (SEG) Assessment, Defense Automated Printing Service (DAPS), BLDG #77, Fort Leavenworth, KS For FY 2007.

b. 29 CFR 1910.1025 – OSHA Lead Standard

c. Letter, Pace Analytical to Ms. Debbie Hazelbach, DIS Enviromental, dated 28 November 2007.

2. Mr. Mitchell arrived at BLDG 77 0815 hrs. Met Messrs. Karl Gibson, MXCN Industrial Hygienist; Ken Morris, Defense Logistics Agency; and Joseph Sneed, DAPS Headquarters.

3. Mr. Gibson indicated that the objective of the sampling was to duplicate the 22 March 2007 inspection to determine whether required corrective actions were effective. Mr. Mitchell expressed my concern that wipe sampling is not an appropriate means to assess occupation exposure. Mr. Gibson stated that wipe sampling is required by OSHA in 29 CFR 1910.1025 and OSHA has adopted the HUD Standard of 50 ug/ft2 for lunchroom areas. However, as wipe sampling was completed during the 22 March 2007 event, Mr. Mitchell concurred with Mr. Gibson to obtain wipe samples for closure purposes.

4. Upon review of the 22 March 2007 memorandum and lead standard, fundamental errors in the initial report relating to interpretations of OSHA standards and sample data have been made. Primary concerns are summarized below:

a. Application of 29 CFR 1910.1025. Previous sampling supports a negative initial determination for lead for this facility. Therefore, it is only necessary to repeat the exposure assessment if conditions change which may result in occupational exposure. Provision of a lunchroom or associated sampling is not required by this standard and is clearly stated. A copy of the standard is enclosed.

b. Relating EPA standards to occupational exposure is not appropriate as applicable OSHA standards currently exist for the metals of concern. In my opinion, compliance with these standards has been demonstrated. However, fundamental errors in the 22 March 2007 memorandum were found related to wipe sampling and data interpretation. The conclusions based

on these results are invalid. Errors include 1) Results of wipe sampling are reported in units of mass of target analyte per area (ug/ft^2). Standards to determine whether a material should be classified as a hazardous waste are expressed in units of mass target analyte to mass of the matrix i.e. soil or dust (ug/kg). Conversion from area to mass for comparison to hazardous waste regulations is not possible without knowing the mass of the dust sampled; 2) In addition, if a mass to mass concentration could be obtained, for results to be compared to cited hazardous waste regulation would also require the reported value, as the reported value represent the total metal present, to be reduced by a factor of twenty to account for the differences between a total and the TCLP (Toxic Characteristic Leachate Procedure) used to determine whether a material should be considered a hazardous waste. It does not appear that this factor was applied.

5. During subsequent discussions Mr. Morris expressed concern about the language contained in paragraph 7 of the 22 March 2007 memorandum. It may be appropriate to redact the statements related to the health effects of metals on the basis of technical grounds; as occupational sampling demonstrates that exposure to metals is significantly below OSHA permissible exposure levels and the application of wipe sampling results was flawed. The language of the report is inflammatory and exaggerates risk.

6. In discussion with employees, concern about the cleanliness of the ductwork was a recurrent issue. Mr. Steven Sutley, DAPS, noted that the ductwork had been cleaned, however, stated that subsequent sampling of the ductwork has not been disclosed. He visually inspected the ductwork and dust is still present. He is concerned that the facility is not being forthright. Messrs. Gibson, Mitchell, Morris, and Sneed visually inspected a section of ductwork. Later, Mr. Morris obtained a copy of the sample results, dated 28 November 2007, from DIS. A copy of which is enclosed and was provided to Mr. Sutley. The report identified the presence of zinc, lead, and cadmium. Mr. Mitchell expressed concern about the validity of the results in supporting a potential occupational exposure on two grounds:

a. Wipe sample results, by their nature, should not be the sole basis to determine whether there is a potential occupational exposure. Critical to this assessment is determining the likely route of exposure. For the DAPS operation, in my opinion, the inhalation route would be the predominant route of exposure. Sampling has not identified an airborne hazard. However, Mr. Sutley expressed a concern that the dust in the ducts, when rattled, could produce an airborne exposure. To address his concern, Mr. Sneed mechanically "rattled" all of the ducts using a broom. Mr. Sutley agreed that this was prudent and would represent a "worst case".

b. The ducts are manufactured from galvanized sheet metal, which naturally contains zinc, lead, and cadmium and is confirmed by the wipe sample results.

7. Sampling Observations. During the review all of the samples appeared to have been collected using standard sampling practices. However, one of the personal pumps, Mr. Sutley's, quit running. It is unknown as to length of time or number of times the pump had stopped. Therefore, the sample should be determined invalid.

CENWK-ED-EF(40-5f)
SUBJECT: Industrial Hygiene Technical Support – Technical Observations 13 November 2008 sampling at BLDG 77- DAPS.

8. If you have any questions or concerns related to these observations and comments, the point of contact is Mr. Daniel Mitchell, CIH. He can be reached at (816) 389-3911 or via email at daniel.d.mitchell@usace.army.mil

Encls

JASON M. LEIBBERT, P.E.
Chief, Section ED-EF

CF:
MCXN-PM (Derivan)

records) relevant to employees exposed to the substance.

It is appropriate to note that the final regulation does not require that employers purchase a copy of RTECS, and many employers need not consult RTECS to ascertain whether their employee exposure or medical records are subject to the rule. Employers who do not currently have the latest printed edition of the NIOSH RTECS, however, may desire to obtain a copy. The RTECS is issued in an annual printed edition as mandated by section 20(a)(6) of the Occupational Safety and Health Act (29 U.S.C. 669(a)(6)).

The Introduction to the 1980 printed edition describes the RTECS as follows:

"The 1980 edition of the Registry of Toxic Effects of Chemical Substances, formerly known as the Toxic Substances list, is the ninth revision prepared in compliance with the requirements of Section 20(a)(6) of the Occupational Safety and Health Act of 1970 (Public Law 91-596). The original list was completed on June 28, 1971, and has been updated annually in book format. Beginning in October 1977, quarterly revisions have been provided in microfiche. This edition of the Registry contains 168,096 listings of chemical substances: 45,156 are names of different chemicals with their associated toxicity data and 122,940 are synonyms. This edition includes approximately 5,900 new chemical compounds that did not appear in the 1979 Registry. (p. xi)

"The Registry's purposes are many, and it serves a variety of users. It is a single source document for basic toxicity information and for other data, such as chemical identifiers ad information necessary for the preparation of safety directives and hazard evaluations for chemical substances. The various types of toxic effects linked to literature citations provide researchers and occupational health scientists with an introduction to the toxicological literature, making their own review of the toxic hazards of a given substance easier. By presenting data on the lowest reported doses that produce effects by several routes of entry in various species, the Registry furnishes valuable information to those responsible for preparing safety data sheets for chemical substances in the workplace. Chemical and production engineers can use the Registry to identify the hazards which may be associated with chemical intermediates in the development of final products, and thus can more readily select substitutes or alternative processes which may be less hazardous. Some organizations, including health agencies and chemical companies, have included the NIOSH Registry accession numbers with the listing of chemicals in their files to reference toxicity information associated with those chemicals. By including foreign language chemical names, a start has been made toward providing rapid identification of substances produced in other countries. (p. xi)

"In this edition of the Registry, the editors intend to identify "all known toxic substances" which may exist in the environment and to provide pertinent data on the toxic effects from known doses entering an organism by any route described. (p xi)

"It must be reemphasized that the entry of a substance in the Registry does not automatically mean that it must be avoided. A listing does mean, however, that the substance has the documented potential of being harmful if misused, and care must be exercised to prevent tragic consequences. Thus, the Registry lists many substances that are common in everyday life and are in nearly every household in the United States. One can name a variety of such dangerous substances: prescription and non-prescription drugs; food additives; pesticide concentrates, sprays, and dusts; fungicides; herbicides; paints; glazes, dyes; bleaches and other household cleaning agents; alkalies; and various solvents and diluents. The list is extensive because chemicals have become an integral part of our existence."

The RTECS printed edition may be purchased from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402 (202-783-3238).

Some employers may desire to subscribe to the quarterly update to the RTECS which is published in a microfiche edition. An annual subscription to the quarterly microfiche may be purchased from the GPO (Order the "Microfiche Edition, Registry of Toxic Effects of Chemical Substances"). Both the printed edition and the microfiche edition of RTECS are available for review at many university and public libraries throughout the country. The latest RTECS editions may also be examined at the OSHA Technical Data Center, Room N2439—Rear, United States Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210 (202-523-9700), or at any OSHA Regional or Area Office (*See*, major city telephone directories under United States Government-Labor Department).

[53 FR 38163, Sept. 29, 1988; 53 FR 49981, Dec. 13, 1988, as amended at 54 FR 24333, June 7, 1989; 55 FR 26431, June 28, 1990; 61 FR 9235, Mar. 7, 1996. Redesignated at 61 FR 31430, June 20, 1996, as amended at 71 FR 16673, Apr. 3, 2006]

§ 1910.1025 Lead.

(a) *Scope and application.* (1) This section applies to all occupational exposure to lead, except as provided in paragraph (a)(2).

(2) This section does not apply to the construction industry or to agricultural operations covered by 29 CFR Part 1928.

(b) *Definitions. Action level* means employee exposure, without regard to the use of respirators, to an airborne concentration of lead of 30 micrograms per cubic meter of air (30 μg/m³) averaged over an 8-hour period.

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Director means the Director, National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health, Education, and Welfare, or designee.

Lead means metallic lead, all inorganic lead compounds, and organic lead soaps. Excluded from this definition are all other organic lead compounds.

(c) *Permissible exposure limit (PEL).* (1) The employer shall assure that no employee is exposed to lead at concentrations greater than fifty micrograms per cubic meter of air (50 μg/m³) averaged over an 8-hour period.

(2) If an employee is exposed to lead for more than 8 hours in any work day, the permissible exposure limit, as a time weighted average (TWA) for that day, shall be reduced according to the following formula:

Maximum permissible limit (in μg/m³)=400÷hours worked in the day.

(3) When respirators are used to supplement engineering and work practice controls to comply with the PEL and all the requirements of paragraph (f) have been met, employee exposure, for the purpose of determining whether the employer has complied with the PEL, may be considered to be at the level provided by the protection factor of the respirator for those periods the respirator is worn. Those periods may be averaged with exposure levels during periods when respirators are not worn to determine the employee's daily TWA exposure.

(d) *Exposure monitoring*—(1) *General.* (i) For the purposes of paragraph (d), employee exposure is that exposure which would occur if the employee were not using a respirator.

(ii) With the exception of monitoring under paragraph (d)(3), the employer shall collect full shift (for at least 7 continuous hours) personal samples including at least one sample for each shift for each job classification in each work area.

(iii) Full shift personal samples shall be representative of the monitored employee's regular, daily exposure to lead.

(2) *Initial determination.* Each employer who has a workplace or work operation covered by this standard shall determine if any employee may be exposed to lead at or above the action level.

(3) *Basis of initial determination.* (i) The employer shall monitor employee exposures and shall base initial determinations on the employee exposure monitoring results and any of the following, relevant considerations:

(A) Any information, observations, or calculations which would indicate employee exposure to lead;

(B) Any previous measurements of airborne lead; and

(C) Any employee complaints of symptoms which may be attributable to exposure to lead.

(ii) Monitoring for the initial determination may be limited to a representative sample of the exposed employees who the employer reasonably believes are exposed to the greatest airborne concentrations of lead in the workplace.

(iii) Measurements of airborne lead made in the preceding 12 months may be used to satisfy the requirement to monitor under paragraph (d)(3)(i) if the sampling and analytical methods used meet the accuracy and confidence levels of paragraph (d)(9) of this section.

(4) *Positive initial determination and initial monitoring.* (i) Where a determination conducted under paragraphs (d) (2) and (3) of this section shows the possibility of any employee exposure at or above the action level, the employer shall conduct monitoring which is representative of the exposure for each employee in the workplace who is exposed to lead.

(ii) Measurements of airborne lead made in the preceding 12 months may be used to satisfy this requirement if the sampling and analytical methods

used meet the accuracy and confidence levels of paragraph (d)(9) of this section.

(5) *Negative initial determination.* Where a determination, conducted under paragraphs (d) (2) and (3) of this section is made that no employee is exposed to airborne concentrations of lead at or above the action level, the employer shall make a written record of such determination. The record shall include at least the information specified in paragraph (d)(3) of this section and shall also include the date of determination, location within the worksite, and the name and social security number of each employee monitored.

(6) *Frequency.* (i) If the initial monitoring reveals employee exposure to be below the action level the measurements need not be repeated except as otherwise provided in paragraph (d)(7) of this section.

(ii) If the initial determination or subsequent monitoring reveals employee exposure to be at or above the action level but below the permissible exposure limit the employer shall repeat monitoring in accordance with this paragraph at least every 6 months. The employer shall continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time the employer may discontinue monitoring for that employee except as otherwise provided in paragraph (d)(7) of this section.

(iii) If the initial monitoring reveals that employee exposure is above the permissible exposure limit the employer shall repeat monitoring quarterly. The employer shall continue monitoring at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the PEL but at or above the action level at which time the employer shall repeat monitoring for that employee at the frequency specified in paragraph (d)(6)(ii), except as otherwise provided in paragraph (d)(7) of this section.

(7) *Additional monitoring.* Whenever there has been a production, process, control or personnel change which may result in new or additional exposure to lead, or whenever the employer has any other reason to suspect a change which may result in new or additional exposures to lead, additional monitoring in accordance with this paragraph shall be conducted.

(8) *Employee notification.* (i) The employer must, within 15 working days after the receipt of the results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

(ii) Whenever the results indicate that the representative employee exposure, without regard to respirators, exceeds the permissible exposure limit, the employer shall incude in the written notice a statement that the permissible exposure limit was exceeded and a description of the corrective action taken or to be taken to reduce exposure to or below the permissible exposure limit.

(9) *Accuracy of measurement.* The employer shall use a method of monitoring and analysis which has an accuracy (to a confidence level of 95%) of not less than plus or minus 20 percent for airborne concentrations of lead equal to or greater than 30 $\mu g/m^3$.

(e) *Methods of compliance*—(1) *Engineering and work practice controls.* (i) Where any employee is exposed to lead above the permissible exposure limit for more than 30 days per year, the employer shall implement engineering and work practice controls (including administrative controls) to reduce and maintain employee exposure to lead in accordance with the implementation schedule in Table I below, except to the extent that the employer can demonstrate that such controls are not feasible. Wherever the engineering and work practice controls which can be instituted are not sufficient to reduce employee exposure to or below the permissible exposure limit, the employer shall nonetheless use them to reduce exposures to the lowest feasible level and shall supplement them by the use of respiratory protection which complies with the requirements of paragraph (f) of this section.

(ii) Where any employee is exposed to lead above the permissible exposure limit, but for 30 days or less per year,

the employer shall implement engineering controls to reduce exposures to 200 μg/m³, but thereafter may implement any combination of engineering, work practice (including administrative controls), and respiratory controls to reduce and maintain employee exposure to lead to or below 50 μg/m³.

TABLE I

Industry	Compliance dates: [1] (50 μg/m³)
Lead chemicals, secondary copper smelting.	July 19, 1996.
Nonferrous foundries	July 19, 1996. [2]
Brass and bronze ingot manufacture	6 years. [3]

[1] Calculated by counting from the date the stay on implementation of paragraph (e)(1) was lifted by the U.S. Court of Appeals for the District of Columbia, the number of years specified in the 1978 lead standard and subsequent amendments for compliance with the PEL of 50 μg/m³ for exposure to airborne concentrations of lead levels for the particular industry.

[2] Large nonferrous foundries (20 or more employees) are required to achieve the PEL of 50 μg/m³ by means of engineering and work practice controls. Small nonferrous foundries (fewer than 20 employees) are required to achieve an 8-hour TWA of 75 μg/m³ by such controls.

[3] Expressed as the number of years from the date on which the Court lifts the stay on the implementation of paragraph (e)(1) for this industry for employers to achieve a lead in air concentration of 75 μg/m³. Compliance with paragraph (e) in this industry is determined by a compliance directive that incorporates elements from the settlement agreement between OSHA and representatives of the industry.

(2) *Respiratory protection.* Where engineering and work practice controls do not reduce employee exposure to or below the 50 μg/m³ permissible exposure limit, the employer shall supplement these controls with respirators in accordance with paragraph (f).

(3) *Compliance program.* (i) Each employer shall establish and implement a written compliance program to reduce exposures to or below the permissible exposure limit, and interim levels if applicable, solely by means of engineering and work practice controls in accordance with the implementation schedule in paragraph (e)(1).

(ii) Written plans for these compliance programs shall include at least the following:

(A) A description of each operation in which lead is emitted; e.g. machinery used, material processed, controls in place, crew size, employee job responsibilities, operating procedures and maintenance practices;

(B) A description of the specific means that will be employed to achieve compliance, including engineering plans and studies used to determine methods selected for controlling exposure to lead;

(C) A report of the technology considered in meeting the permissible exposure limit;

(D) Air monitoring data which documents the source of lead emissions;

(E) A detailed schedule for implementation of the program, including documentation such as copies of purchase orders for equipment, construction contracts, etc.;

(F) A work practice program which includes items required under paragraphs (g), (h) and (i) of this regulation;

(G) An administrative control schedule required by paragraph (e)(6), if applicable;

(H) Other relevant information.

(iii) Written programs shall be submitted upon request to the Assistant Secretary and the Director, and shall be available at the worksite for examination and copying by the Assistant Secretary, Director, any affected employee or authorized employee representatives.

(iv) Written programs must be revised and updated at least annually to reflect the current status of the program.

(4) *Mechanical ventilation.* (i) When ventilation is used to control exposure, measurements which demonstrate the effectiveness of the system in controlling exposure, such as capture velocity, duct velocity, or static pressure shall be made at least every 3 months. Measurements of the system's effectiveness in controlling exposure shall be made within 5 days of any change in production, process, or control which might result in a change in employee exposure to lead.

(ii) *Recirculation of air.* If air from exhaust ventilation is recirculated into the workplace, the employer shall assure that (A) the system has a high efficiency filter with reliable back-up filter; and (B) controls to monitor the concentration of lead in the return air and to bypass the recirculation system automatically if it fails are installed, operating, and maintained.

(5) *Administrative controls.* If administrative controls are used as a means of reducing employees TWA exposure to lead, the employer shall establish and

implement a job rotation schedule which includes:

(i) Name or identification number of each affected employee;

(ii) Duration and exposure levels at each job or work station where each affected employee is located; and

(iii) Any other information which may be useful in assessing the reliability of administrative controls to reduce exposure to lead.

(f) *Respiratory protection*—(1) *General.* For employees who use respirators required by this section, the employer must provide respirators that comply with the requirements of this paragraph. Respirators must be used during:

(i) Periods necessary to install or implement engineering or work-practice controls.

(ii) Work operations for which engineering and work-practice controls are not sufficient to reduce employee exposures to or below the permissible exposure limit.

(iii) Periods when an employee requests a respirator.

(2) *Respirator program.* (i) The employer must implement a respiratory protection program in accordance with 29 CFR 1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m).

(ii) If an employee has breathing difficulty during fit testing or respirator use, the employer must provide the employee with a medical examination in accordance with paragraph (j)(3)(i)(C) of this section to determine whether or not the employee can use a respirator while performing the required duty.

TABLE II—RESPIRATORY PROTECTION FOR LEAD AEROSOLS

Airborne concentration of lead or condition of use	Required respirator
Not in excess of 0.5 mg/m³ (10X PEL)	Half-mask, air-purifying respirator equipped with high efficiency filters.[2,3]
Not in excess of 2.5 mg/m³ (50X PEL)	Full facepiece, air-purifying respirator with high efficiency filters.[3]
Not in excess of 50 mg/m³ (1000X PEL) ...	(1) Any powered, air-purifying respirator with high efficiency filters[3]; or (2) Half-mask supplied-air respirator operated in positive-pressure mode.[2]
Not in excess of 100 mg/m³ (2000XPEL) ..	Supplied-air respirators with full facepiece, hood, helmet, or suit, operated in positive pressure mode.
Greater than 100 mg/m³, unknown concentration or fire fighting.	Full facepiece, self-contained breathing apparatus operated in positive-pressure mode.

[1] Respirators specified for high concentrations can be used at lower concentrations of lead.
[2] Full facepiece is required if the lead aerosols cause eye or skin irritation at the use concentrations.
[3] A high efficiency particulate filter means 99.97 percent efficient against 0.3 micron size particles.

(3) *Respirator selection.* (i) The employer must select the appropriate respirator or combination of respirators from Table II of this section.

(ii) The employer must provide a powered air-purifying respirator instead of the respirator specified in Table II of this section when an employee chooses to use this type of respirator and such a respirator provides adequate protection to the employee.

(g) *Protective work clothing and equipment*—(1) *Provision and use.* If an employee is exposed to lead above the PEL, without regard to the use of respirators or where the possibility of skin or eye irritation exists, the employer shall provide at no cost to the employee and assure that the employee uses appropriate protective work clothing and equipment such as, but not limited to:

(i) Coveralls or similar full-body work clothing;

(ii) Gloves, hats, and shoes or disposable shoe coverlets; and

(iii) Face shields, vented goggles, or other appropriate protective equipment which complies with § 1910.133 of this Part.

(2) *Cleaning and replacement.* (i) The employer shall provide the protective clothing required in paragraph (g)(1) of this section in a clean and dry condition at least weekly, and daily to employees whose exposure levels without regard to a respirator are over 200 μg/m³ of lead as an 8-hour TWA.

(ii) The employer shall provide for the cleaning, laundering, or disposal of protective clothing and equipment required by paragraph (g)(1) of this section.

(iii) The employer shall repair or replace required protective clothing and

equipment as needed to maintain their effectiveness.

(iv) The employer shall assure that all protective clothing is removed at the completion of a work shift only in change rooms provided for that purpose as prescribed in paragraph (i)(2) of this section.

(v) The employer shall assure that contaminated protective clothing which is to be cleaned, laundered, or disposed of, is placed in a closed container in the change-room which prevents dispersion of lead outside the container.

(vi) The employer shall inform in writing any person who cleans or launders protective clothing or equipment of the potentially harmful effects of exposure to lead.

(vii) The employer shall assure that the containers of contaminated protective clothing and equipment required by paragraph (g)(2)(v) are labelled as follows:

CAUTION: CLOTHING CONTAMINATED WITH LEAD. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.

(viii) The employer shall prohibit the removal of lead from protective clothing or equipment by blowing, shaking, or any other means which disperses lead into the air.

(h) *Housekeeping*—(1) *Surfaces.* All surfaces shall be maintained as free as practicable of accumulations of lead.

(2) *Cleaning floors.* (i) Floors and other surfaces where lead accumulates may not be cleaned by the use of compressed air.

(ii) Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other equally effective methods have been tried and found not to be effective.

(3) *Vacuuming.* Where vacuuming methods are selected, the vacuums shall be used and emptied in a manner which minimizes the reentry of lead into the workplace.

(i) *Hygiene facilities and practices.* (1) The employer shall assure that in areas where employees are exposed to lead above the PEL, without regard to the use of respirators, food or beverage is not present or consumed, tobacco products are not present or used, and cosmetics are not applied, except in change rooms, lunchrooms, and showers required under paragraphs (i)(2) through (i)(4) of this section.

(2) *Change rooms.* (i) The employer shall provide clean change rooms for employees who work in areas where their airborne exposure to lead is above the PEL, without regard to the use of respirators.

(ii) The employer shall assure that change rooms are equipped with separate storage facilities for protective work clothing and equipment and for street clothes which prevent cross-contamination.

(3) *Showers.* (i) The employer shall assure that employees who work in areas where their airborne exposure to lead is above the PEL, without regard to the use of respirators, shower at the end of the work shift.

(ii) The employer shall provide shower facilities in accordance with §1910.141 (d)(3) of this part.

(iii) The employer shall assure that employees who are required to shower pursuant to paragraph (i)(3)(i) do not leave the workplace wearing any clothing or equipment worn during the work shift.

(4) *Lunchrooms.* (i) The employer shall provide lunchroom facilities for employees who work in areas where their airborne exposure to lead is above the PEL, without regard to the use of respirators.

(ii) The employer shall assure that lunchroom facilities have a temperature controlled, positive pressure, filtered air supply, and are readily accessible to employees.

(iii) The employer shall assure that employees who work in areas where their airborne exposure to lead is above the PEL without regard to the use of a respirator wash their hands and face prior to eating, drinking, smoking or applying cosmetics.

(iv) The employer shall assure that employees do not enter lunchroom facilities with protective work clothing or equipment unless surface lead dust has been removed by vacuuming, downdraft booth, or other cleaning method.

Pace Analytical
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Pace Analytical Services, Inc.
9608 Loiret Blvd.
Lenexa, KS 66219
(913)599-5665

November 28, 2007

Ms. Debbie Hazelbeck
DIS Environmental
841 McLellan Ave
Fort Leavenworth, KS 660271361

RE: Project: Ductwork Sample
Pace Project No.: 6031852

Dear Ms. Hazelbeck:
Enclosed are the analytical results for sample(s) received by the laboratory on November 21, 2007. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Angie Brown

Angie.Brown@pacelabs.com
Project Manager

A2LA Certification Number: 2456.01
Arkansas Certification Number: 05-008-0
Illinois Certification Number: 001191
Iowa Certification Number: 118
Kansas/NELAP Certification Number: E-10116
Louisiana Certification Number: 03055
Oklahoma Certification Number: 9205/9935
Utah Certification Number: 9135995665

Enclosures

Pace Analytical
www.pacelabs.com

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9608 Loiret Blvd.
Lenexa, KS 66219
(913)599-5665

SAMPLE SUMMARY

Project: Ductwork Sample
Pace Project No.: 6031852

Lab ID	Sample ID	Matrix	Date Collected	Date Received
6031852001	3275 CENTER INSIDE VENT	Wipe	11/21/07 08:33	11/21/07 11:20
6031852002	3276 LEFT INSIDE VENT	Wipe	11/21/07 09:14	11/21/07 11:20
6031852003	3277 CABINET UNDER #1 VENT	Wipe	11/21/07 09:37	11/21/07 11:20

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Lenexa, KS 66219
(913)599-5665

SAMPLE ANALYTE COUNT

Project: Ductwork Sample
Pace Project No.: 6031852

Lab ID	Sample ID	Method	Analytes Reported
6031852001	3275 CENTER INSIDE VENT	EPA 6010	4
6031852002	3276 LEFT INSIDE VENT	EPA 6010	4
6031852003	3277 CABINET UNDER #1 VENT	EPA 6010	4

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Lenexa, KS 66219
(913)599-5665

ANALYTICAL RESULTS

Project: Ductwork Sample
Pace Project No.: 6031852

Sample: 3275 CENTER INSIDE VENT **Lab ID: 6031852001** Collected: 11/21/07 08:33 Received: 11/21/07 11:20 Matrix: Wipe

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
6010 MET ICP, Wipe	Analytical Method: EPA 6010 Preparation Method: EPA 3050							
Aluminum	1530	Total ug-	5.0	1	11/26/07 00:00	11/27/07 12:34	7429-90-5	
Cadmium	09.7	Total ug-	0.50	1	11/26/07 00:00	11/27/07 12:34	7440-43-9	
Lead	65.6	Total ug-	0.50	1	11/26/07 00:00	11/27/07 12:34	7439-92-1	
Zinc	8860	Total ug-	250	50	11/26/07 00:00	11/28/07 13:56	7440-66-6	

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Lenexa, KS 66219
(913)599-5665

ANALYTICAL RESULTS

Project: Ductwork Sample
Pace Project No.: 6031852

Sample: 3276 LEFT INSIDE VENT **Lab ID: 6031852002** Collected: 11/21/07 09:14 Received: 11/21/07 11:20 Matrix: Wipe

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
6010 MET ICP, Wipe	Analytical Method: EPA 6010 Preparation Method: EPA 3050							
Aluminum	**2080**	Total ug-	5.0	1	11/26/07 00:00	11/27/07 12:40	7429-90-5	
Cadmium	**6.9**	Total ug-	0.50	1	11/26/07 00:00	11/27/07 12:40	7440-43-9	
Lead	**46.5**	Total ug-	0.50	1	11/26/07 00:00	11/27/07 12:40	7439-92-1	
Zinc	**6250**	Total ug-	250	50	11/26/07 00:00	11/28/07 14:00	7440-66-6	

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Lenexa, KS 66219
(913)599-5665

ANALYTICAL RESULTS

Project: Ductwork Sample
Pace Project No.: 6031852

Sample: 3277 CABINET UNDER #1 VENT **Lab ID: 6031852003** Collected: 11/21/07 09:37 Received: 11/21/07 11:20 Matrix: Wipe

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
6010 MET ICP, Wipe	Analytical Method: EPA 6010 Preparation Method: EPA 3050							
Aluminum	**2940**	Total ug-	5.0	1	11/26/07 00:00	11/27/07 12:45	7429-90-5	
Cadmium	**12.3**	Total ug-	0.50	1	11/26/07 00:00	11/27/07 12:45	7440-43-9	
Lead	**309**	Total ug-	0.50	1	11/26/07 00:00	11/27/07 12:45	7439-92-1	
Zinc	**3780**	Total ug-	.250	50	11/26/07 00:00	11/28/07 14:05	7440-66-6	

Pace Analytical Services, Inc.
9608 Loiret Blvd.
Lenexa, KS 66219
(913)599-5665

QUALITY CONTROL DATA

Project: Ductwork Sample
Pace Project No.: 6031852

QC Batch: MPRP/5192 Analysis Method: EPA 6010
QC Batch Method: EPA 3050 Analysis Description: 6010 MET Wipes
Associated Lab Samples: 6031852001, 6031852002, 6031852003

METHOD BLANK: 257782
Associated Lab Samples: 6031852001, 6031852002, 6031852003

Parameter	Units	Blank Result	Reporting Limit	Qualifiers
Aluminum	Total ug-	ND	5.0	
Cadmium	Total ug-	ND	0.50	
Lead	Total ug-	ND	0.50	
Zinc	Total ug-	ND	5.0	

LABORATORY CONTROL SAMPLE: 257783

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Aluminum	Total ug-	500	478	96	80-120	
Cadmium	Total ug-	50	48.9	98	80-120	
Lead	Total ug-	50	49.7	99	80-120	
Zinc	Total ug-	50	45.9	92	80-120	

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Lenexa, KS 66219
(913)599-5665

QUALIFIERS

Project: Ductwork Sample
Pace Project No.: 6031852

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

Pace Analytical is NELAP accredited. Contact your Pace PM for the current list of accredited analytes.

Pace Analytical

Chain-of-Custody / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: of 101984

Section A — Required Client Information:

Company	DOL/DPW Environmental Div
Address	810 McClellan Ave
	Fort Leavenworth KS 66027
Email To:	debbie.hazelbeck@us.army.mil
Phone	(913) 684-3307
Fax	(913) 684-8978
Requested Due Date/TAT:	28 Nov 07

Section B — Required Project Information:

Report To:	D Hazelbeck
Copy To:	Same
Purchase Order No.:	0770
Project Name:	Ductwork Sample
Project Number:	

Section C — Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ Other

SITE LOCATION ☐GA ☐IL ☐IN ☐MI ☐MN ☐NC ☐OH ☐SC ☐WI ☐OTHER

Section D — Required Client Information

SAMPLE ID

One Character per box. (A-Z, 0-9 / ,-) Samples IDs MUST BE UNIQUE

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Other	Filtered (Y/N)	Requested Analysis: Aluminum TCLP	Arsenic TCLP	Lead TCLP	Zinc TCLP	Residual Chlorine (Y/N)	Pace Project No.
1	3275 Center Inside Vent	WP	G	21Nov07	0830	21Nov07	0833		1										X	X	X	X		
2	3276 Left Testicle Vent	WP	G	21Nov07	0911	21Nov07	0914		1										X	X	X	X		
3	3277 Cabinet under #1 Vent	WP	G	21Nov07	0934	21Nov07	0937		1										X	X	X	X		
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Phillip Hedrick	11/21/07	1120	Fed Ex	11/21/07	1120

SAMPLE CONDITION

Temp in °C	Received on Ice	Custody Sealed Cooler
	Y/N	Y/N
	Y/N	Y/N
	Y/N	Y/N
	Y/N	Y/N

Additional Comments:

* Expedite Results by 29 Nov 07

Signature of Highland

SEE REVERSE SIDE FOR INSTRUCTIONS

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER: DATE Signed (MM / DD / YY)

PURCHASE ORDER NO. 0770
SAMPLE NO. 3275

ORDER DATE: 21 Aug 07

TO: PACE
9508 Loiret Blvd
Lenexa, Ks 66219-4108
(913) 599-5665
Attn: Angela Brown

FROM: DIS Env
Bldg 80
810 McClellan Ave
Fort Leavenworth Ks
(913) 684-3307
(913) 684-8978 fax
Attn: Debbie Hazelbeck

Building No. 77
Building Address: DAPs Print Plant
Sample Location: Inside Ductwork - Center inside vent
Sample Description: Wipe - 1 square foot
Sample Notes: Taken by P. Gearld, 21 Nov 07 @ 0830

REQUESTED TESTS	QUOTED COST
~~TCLP for Aluminum, Cadimum,~~ Lead and Zinc	3 wipes for $135.00 3 day turn around- Expedite results

TOTAL COST THIS SAMPLE: $135.00

RECEIVED BY:

DATE:

PURCHASE ORDER NO. 0770
SAMPLE NO. 3276

ORDER DATE: 21 Aug 07

TO: PACE
9508 Loiret Blvd
Lenexa, Ks 66219-4108
(913) 599-5665
Attn: Angela Brown

FROM: DIS Env
Bldg 80
810 McClellan Ave
Fort Leavenworth Ks
(913) 684-3307
(913) 684-8978 fax
Attn: Debbie Hazelbeck

Building No. 77
Building Address: DAPs Print Plant
Sample Location: Inside Ductwork - Left inside vent
Sample Description: Wipe - 1 square foot
Sample Notes: Taken by P. Gearld, 21 Nov 07 @ 0911

REQUESTED TESTS	QUOTED COST
TCLP for Aluminum, Cadimum, Lead and Zinc	3 wipes for $135.00 3 day turn around- Expedite results

TOTAL COST THIS SAMPLE: $135.00

RECEIVED BY:

DATE:

PURCHASE ORDER NO. 0770
SAMPLE NO. 3277

ORDER DATE: 21 Aug 07

TO: PACE
9508 Loiret Blvd
Lenexa, Ks 66219-4108
(913) 599-5665
Attn: Angela Brown

FROM: DIS Env
Bldg 80
810 McClellan Ave
Fort Leavenworth Ks
(913) 684-3307
(913) 684-8978 fax
Attn: Debbie Hazelbeck

Building No. 77
Building Address: DAPs Print Plant
Sample Location: Under Ductwork - Cabinet Under Vent #1
Sample Description: Wipe - 1 square foot
Sample Notes: Taken by P. Gearld, 21 Nov 07 @ 0911 DW

REQUESTED TESTS	QUOTED COST
TCLP for Aluminum, Cadimum, Lead and Zinc	3 wipes for $135.00 3 day turn around- Expedite results

TOTAL COST THIS SAMPLE: $135.00

RECEIVED BY:

DATE:

REQUEST FOR TESTING

The following testing is requested to support my mission.

PURCHASE ORDER NO. 0770
SAMPLE NO. 3275

ORDER DATE: 21 Nov 07

TO: PACE
9508 Loiret Blvd
Lenexa, Ks 66219-4108
(913) 599-5665
Attn: Angela Brown

FROM: DIS Environmental
Bldg 80
810 McClellan Ave
Fort Leavenworth Ks
(913) 684-3307
(913) 684-8978 fax
Attn: Debbie Hazelbeck

Building No. 77
Building Address: DAPs Print Plant
Sample Location: Inside Ductowork - Center inside vent
Sample Description: Wipe - 1 square foot
Sample Notes: Taken by P. Gearld, 21 Nov 07 @ 0830

REQUESTED TESTS	QUOTED COST
TCLP for Aluminum, Cadimum, Lead and Zinc	3 wipes for $135.00 3 day turn around- Expedite results

TOTAL COST THIS SAMPLE: $135.00

Signature: Debbie Hazelbeck Date: 21 Nov 07
Debbie Hazelbeck

REQUEST FOR TESTING

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PURCHASE ORDER NO. 0770
SAMPLE NO. 3276

ORDER DATE: 21 Nov 07

TO: PACE
9508 Loiret Blvd
Lenexa, Ks 66219-4108
(913) 599-5665
Attn: Angela Brown

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Sample Location: Inside Ductowork - Left inside vent
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REQUESTED TESTS	QUOTED COST
TCLP for Aluminum, Cadimum, Lead and Zinc	3 wipes for $135.00 3 day turn around- Expedite results

TOTAL COST THIS SAMPLE: $135.00

Signature: Debbie Hazelbeck Date: 21 Nov 07
Debbie Hazelbeck

E-16

Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1025
- **Title:** Lead.
- **Appendix:** A , B , C , D

1910.1025(a)

Scope and application.

1910.1025(a)(1)

This section applies to all occupational exposure to lead, except as provided in paragraph (a)(2).

1910.1025(a)(2)

This section does not apply to the construction industry or to agricultural operations covered by 29 CFR Part 1928.

1910.1025(b)

Definitions.

"Action level" means employee exposure, without regard to the use of respirators, to an airborne concentration of lead of 30 micrograms per cubic meter of air (30 ug/m(3)) averaged over an 8-hour period.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Director" means the Director, National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health, Education, and Welfare, or designee.

"Lead" means metallic lead, all inorganic lead compounds, and organic lead soaps. Excluded from this definition are all other organic lead compounds.

1910.1025(c)

Permissible exposure limit (PEL).

1910.1025(c)(1)

The employer shall assure that no employee is exposed to lead at concentrations greater than fifty micrograms per cubic meter of air (50 ug/m(3)) averaged over an 8-hour period.

1910.1025(c)(2)

If an employee is exposed to lead for more than 8 hours in any work day, the permissible exposure limit, as a time weighted

Housekeeping -

1910.1025(h)(1)

Surfaces. All surfaces shall be maintained as free as practicable of accumulations of lead.

1910.1025(h)(2)

Cleaning floors.

1910.1025(h)(2)(i)

Floors and other surfaces where lead accumulates may not be cleaned by the use of compressed air.

1910.1025(h)(2)(ii)

Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other equally effective methods have been tried and found not to be effective.

1910.1025(h)(3)

Vacuuming. Where vacuuming methods are selected, the vacuums shall be used and emptied in a manner which minimizes the reentry of lead into the workplace.

This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any situation not delineated within the original correspondence.

January 13, 2003

Mr. Frank White
Vice President
Organization Resources Counselors, Inc.
1910 Sunderland Place, NW
Washington, DC 20036-1608

Dear Mr. White:

Thank you for your letter of November 2, 2000 to the Occupational Safety and Health Administration's (OSHA) Directorate of Compliance Programs. In your letter, you requested guidance specifically on 29 CFR 1926.62(h)(1), 1926.62(i)(2)(i), and 1926.62(i)(4)(ii), regarding allowable levels of lead-contaminated dust on workplace surfaces. Please excuse this long delay in response, but be assured that this issue has received thorough evaluation in an effort to provide an appropriate answer.

The paragraphs you referenced in your letter are from the Lead-in-Construction Standard, 29 CFR 1926.62, and concern housekeeping and hygiene. Your questions had to do with the level of measurable lead contamination which meets the definition of **practicable** for areas such as rafters.

The requirements of 29 CFR 1926.62 at Section 1926.62(h)(1) state that *"All surfaces shall be maintained as free as practicable of accumulations of lead."* Section 1926.62(i)(2)(i) of this standard requires that *"The employer shall provide clean change areas for employees whose airborne exposure to lead is above the permissible exposure level ..."* Section 1926.62(i)(4)(ii) requires that *"The employer shall assure that lunchroom facilities or eating areas are as free as practicable from lead contamination..."* Also, in the Compliance Directive for the Interim Standard for Lead in Construction, CPL 2-2.58, OSHA recommends the use of HUD's acceptable decontamination level of 200 ug/ft^2 for floors in evaluating the cleanliness of change areas, storage facilities, and lunchrooms/eating areas.

The term "practicable" was used in the standard, as each workplace will have to address different challenges to ensure that lead-surface contamination is kept to a minimum. It is OSHA's view that a housekeeping program which is as rigorous as "practicable" is necessary in many jobs to keep airborne lead levels below permissible exposure conditions at a particular site. The intent of the standard was that this be accomplished primarily by vacuuming floors, rafters, and other surfaces, or by methods equally effective in preventing the dispersal of lead into the workplace. Re-entrainment of lead dust is an additional source of exposure and one that engineering controls are not generally designed to control. Clean-up is an exceptionally important provision of the standard as it minimizes the re-entrainment of lead dust into the air.

The *proposed* language for this provision required that "surfaces...be maintained free of accumulation of lead which, if dispersed, would result in airborne concentrations above the permissible exposure limit." This requirement would be very difficult for the employer to comply with, and OSHA to enforce, because it would be nearly impossible to objectively determine when the condition in the standard would occur. OSHA's view, therefore, is that a rigorous housekeeping program is absolutely necessary to keep airborne lead levels below permissible limits but that the obligation should be measured by "practicability." As you are aware, the requirement to maintain surfaces "as free as practicable" is performance-oriented. No quantitative levels of lead in dust are identified by the standard. The requirement is met when the employer is vigilant in his efforts to ensure that surfaces are kept free of accumulations of lead-containing dust. The role of the Compliance Safety and Health Officer (CSHO) is to evaluate the employer's housekeeping schedule, the possibility of exposure from these surfaces, and the characteristics of the workplace.

In situations where employees are in direct contact with lead-contaminated surfaces, such as working surfaces or floors in change rooms, storage facilities and, of course, lunchroom and eating facilities, OSHA has stated that the Agency would not expect surfaces to be any cleaner than the 200-ug/ft^2 HUD level. As discussed above, for other surfaces such as rafters, no specific level can be set to define how "clean is clean" nor what level of lead contamination meets the definition of "practicable." The intent of this provision is to ensure that employers regularly clean and conduct housekeeping activities to prevent avoidable lead exposure, such as those potentially caused by re-entrained lead dust.

You also inquired whether contaminated surfaces (such as rafters) must be cleaned or whether the employer can address the potential exposure through alternative methods, such as sealing the lead in place. The intent of the "as-free-as-practicable" requirement is to ensure that accumulations of lead dust do not become sources of employee lead exposures. Therefore, any method that achieves this end is acceptable.

We hope you find this information helpful and thank you for your interest in occupational safety and health. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretations of the requirements discussed. Note that our enforcement guidance may be affected by changes to the OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at OSHA's website at http://www.osha.gov. If you have any further questions, please feel free to contact the Office of Health Enforcement at (202)693-2190.

Sincerely,

Richard E. Fairfax, Director
Directorate of Compliance Programs

<<< Back to Sampling and Analytical Methods

Printing Instructions

For problems with accessibility in using figures, illustrations and PDFs in this method, please contact the SLTC at (801) 233-4900. These procedures were designed and tested for internal use by OSHA personnel. Mention of any company name or commercial product does not constitute endorsement by OSHA.

Metal and Metalloid Particulates in Workplace Atmospheres (ICP Analysis)

[248 KB PDF, 43 pages]

Related Information: Chemical Sampling - Antimony & Compounds (as Sb), Beryllium and Beryllium Compounds (as Be), Cadmium, Chromium, Metal and Insoluble Salts, Cobalt, Metal, Dust & Fume (as Co), Copper Dusts & Mists (as Cu), Copper Fume (as Cu), Iron Oxide Fume, Lead, Inorganic (as Pb), Manganese Compounds (as Mn), Molybdenum (as Mo), Insoluble Compounds (Total Dust), Nickel, Soluble Compounds (as Ni), Vanadium, Zinc Oxide Fume

Method no.:	ID-125G
Control no.:	T-ID125G-FV-03-0209-M
Matrix:	Air, Wipe, or Bulk
OSHA Permissible Exposure Limits:	Permissible Exposure Limits (PELs) are listed in Table 1 for elements commonly found in industrial environments. This method has the capability of sampling and analyzing more than these elements, the number being limited by instrumental capability, as well as digestion solubility and stability.
Collection Procedure:	A calibrated personal sampling pump is used to draw a known volume of air through a mixed-cellulose ester membrane filter contained in a styrene cassette.
Minimum Recommended Air Volumes:	Time Weighted Average Samples - 480 L Short-Term Exposure Limit Samples - 30 L* Ceiling Samples - 30 L
Recommended Sampling Rate:	2 L/min
Analytical Procedure:	Filters are digested with nitric acid, sulfuric acid and hydrogen peroxide. Dissolution of the elements is facilitated by addition of hydrochloric acid. Analysis is performed using Inductively Coupled Argon Plasma-Atomic Emission Spectroscopy (ICAP-AES).
Detection Limits:	See Table 2
Validation Level:	See Table 3
Precision and Accuracy:	See Table 3
Method Classification:	Validated analytical method
Chemist:	Jerry Septon, Ray Abel, Michael Simmons
Date (Revised):	November, 1988 (September, 2002)

* Take 60-L samples when evaluating STEL exposures to beryllium.

Commercial manufacturers and products mentioned in this method are for descriptive use only and do not constitute endorsements by USDOL-OSHA. Similar products from other sources can be substituted.

Division of Physical Measurements and Inorganic Analyses
OSHA Technical Center
Sandy City, Utah

1. Introduction

1.1 Scope

1.1.1 This method describes the collection and subsequent analysis of airborne metal and metalloid particulate by Inductively Coupled Argon Plasma-Atomic Emission Spectroscopy (ICAP-AES).

1.1.2 This method provides rapid simultaneous analysis and data reduction for a wide range of elements, eliminating the necessity of separate analyses by conventional atomic absorption techniques.

1.1.3 This method was validated for 13 elements (Be, Cd, Co, Cr, Cu, Fe, Mn, Mo, Ni, Pb, Sb, V, and Zn). Other elements can be added to or subtracted from the method. The capability for expanding the analysis to other elements is mainly dependent on laboratory instrumentation and element solubility and stability in the acid matrix used for digestion.

1.2 History

1.2.1.Previous to the introduction of ICAP-AES, samples containing metallic particulates were digested in a variety of ways and analyzed by Atomic Absorption Spectroscopy (AAS) at the OSHA Analytical Laboratory.

1.2.2 A first generation plasma source and spectrometer (Jarrell-Ash Model 975 Atomcomp) was then used by the OSHA Analytical Laboratory. The analytical procedure for this instrument is described in OSHA Method No. ID-125 (8.1).

1.2.3 Procurement of new inductively coupled plasma (ICP) instruments, computers, and software allowed

Arsenic, Cadmium, Cobalt, Copper, Lead, and Nickel
(Open Vessel Microwave Digestion/ICP-MS Analysis)

Method number: 1006

Control number: T-1006-FV-01-0502-M

Analyte (isotope)	Target Concn (mg/m^3)	OSHA PEL (mg/m^3)*	ACGIH TLV (mg/m^3)	RQL ($\mu g/m^3$)	Standard Error of Estimate (%)
As (75)	0.01	0.01**	0.01	0.34	±5.75
Cd (114)	0.005	0.005**	0.01	0.013	±5.43
Co (59)	0.1	0.1	0.02	0.0064	±5.29
Cu (63)	0.1	0.1	0.2	0.30	±5.27
Ni (60)	1.0	1.0	1.5	0.25	±5.37
Pb (208)	0.05	0.05**	0.05	0.029	±5.26

* PELs are from Table Z-1 & Table Z-2 of 29 CFR , 1910.1000. PELs are time-weighted averages (TWA).

** Arsenic, cadmium and lead have expanded standards requiring biological monitoring and/or medical examinations (29 CFR 1910.1018, 29 CFR 1910.1025, 29 CFR 1910.1027 and 29 CFR 1926.62).

Procedure: A calibrated personal sampling pump is used to draw a known volume of air through a mixed-cellulose ester (MCE) membrane filter with back-up pad (BUP) contained in a polystyrene cassette. The inside walls of the cassette are wiped with a cellulose nitrate filter. The filter and accompanying cassette wipe are digested in a microwave oven with nitric acid and hydrogen peroxide. The BUP, if visibly contaminated, is analyzed separately following microwave digestion. After cooling, hydrochloric acid is added and the sample is microwaved again. Analysis is done by Inductively-Coupled Plasma/Mass Spectrometry (ICP/MS). Other analytical techniques may be used after compatibility with the digestate of this method is demonstrated for the analytes of interest. These techniques include, but are not limited to, Flame Atomic Absorption Spectrometry (FAAS), Graphite Furnace Atomic Absorption Spectrometry (GFAAS) and Inductively Coupled Plasma-Atomic Emission Spectrometry (ICP-AES). Those using a different analytical technique must consider the detection limit, precision, and sensitivity of the technique as it relates to each particular analyte. Digestates from other methods (e.g. ID-105, ID-121, ID-125G, ID-206) can be analyzed by ICP/MS after compatibility with the ICP/MS instrumentation is evaluated and equivalent analytical results are demonstrated.

Recommended sampling time and sampling rate: 240 min at 2.0 L/min (480L) TWA

Special requirement: The industrial hygienist (IH) must use an MCE filter in conjunction with a sodium carbonate-impregnated BUP when sampling for volatile arsenic compounds.

Status of method: Evaluated method. This method has been subjected to the established procedures of the Methods Development Team.

January 2005 Phil Giles

Methods Development Team
Industrial Hygiene Chemistry Division
OSHA Salt Lake Technical Center
Sandy UT 84070-6406

Fact Sheets (Program Highlights) · Table of Contents

U.S. Department of Labor
Program Highlights

Fact Sheet No. OSHA 93-49

LEAD EXPOSURE IN CONSTRUCTION (#3 IN A SERIES OF 6)
HOUSEKEEPING AND PERSONAL HYGIENE PRACTICES

Lead is a cumulative and persistent toxic substance that poses a serious health risk. A rigorous housekeeping program and adherence to basic personal hygiene practices will minimize employee exposure to lead. In addition, these two elements of the worker protection program will help to prevent taking lead- contaminated dust out of the worksite and home to the workers' families, thus ensuring that the duration of lead exposure does not extend beyond the workshift and providing added protection to employees and their families.

Housekeeping

An effective housekeeping program involves at least daily removal of accumulations of lead dust and lead-containing debris. Vacuuming lead dust with high-efficiency particulate air (HEPA)- filtered equipment or wetting it with water before sweeping are effective control measures. Such cleaning operations should be conducted, whenever possible, at the end of the day, after normal operations cease. Furthermore, all persons doing the cleanup should be provided with suitable respiratory protection and personal protective clothing to prevent contact with lead.

In addition, all lead-containing debris and contaminated items accumulated for disposal should be collected and put into sealed impermeable bags or other closed impermeable containers. Bags and containers should be appropriately labeled as lead-containing waste. These measures are especially important as they minimize additional sources of exposure that engineering controls generally are not designed to control.

Personal Hygiene Practices

To minimize exposure to lead, special attention should be given to workers' personal hygiene. The employer must provide and ensure that workers use washing facilities. Clean change areas, and separate non-contaminated eating areas must also be provided. Cars should be parked where they will not be contaminated with lead. These measures will reduce the worker's period of exposure to lead and the ingestion of lead, ensure that the duration of lead exposure does not extend beyond the workshift, significantly reduce the movement of lead from the worksite, and provide added protection to employees and their families.

Change Areas: The employer must provide a clean change area equipped with storage facilities for street clothes and a separate area with facilities for the removal and storage of lead-contaminated protective work clothing and equipment. This separation is essential in preventing cross contamination of the employee's clothing.

Clean change areas are to be used for taking off street clothes, suiting up in clean working clothes (protective clothing), donning respirators prior to beginning work, and dressing in street clothes after work. No lead-contaminated items should enter this area.

Work clothing must not be worn away from the job site. Under no circumstances shall lead-contaminated work clothes be laundered at home or taken from the worksite, except to be laundered professionally or properly disposed of following applicable Federal, state, and local regulations.

Showers: When there is potential for extensive contamination of the employees' skin, hair, and protective clothing, shower facilities must be provided if feasible so that exposed employees can wash lead from their skin and hair prior to leaving the worksite. Where showers are provided, employees must change out of their work clothes and shower before changing into their street clothes and leaving the worksite.

Workers who do not change into clean clothing before leaving the worksite may contaminate their homes and automobiles with lead dust. Other members of the household may then be exposed to harmful amounts of lead.

Personal Practices (eating, drinking, etc.): The employer must ensure that employees who work with lead either clean or remove their protective clothing and wash their hands and face prior to eating, drinking, smoking or applying cosmetics and that these latter practices are never permitted while in the work area or in areas subject to the accumulation of lead. HEPA vacuuming can be used to remove loose contamination from the work clothing prior to eating.

Washing Facilities: Adequate washing facilities shall be provided for employees. Such facilities shall be in near proximity to the worksite and provided with water, soap, and clean towels to enable employees to remove lead contamination from their skin.

Contaminated water from washing facilities and showers must be disposed of in accordance with applicable local, state, or federal regulations.

LEAD in Surface Wipe Samples 9100

Pb MW: 207.19 CAS: 7439-92-1 RTECS: OF7525000

METHOD: 9100, Issue 1 **EVALUATION: PARTIAL** **ISSUE 1: 15 August 1994**

PURPOSE: Determination of surface contamination by lead and its compounds.

LIMIT OF DETECTION: **2 µg Pb** per sample (0.02 µg/cm ^{2} for 100-cm^2 area) by **flame AAS** or **ICP**; **0.1 µg Pb** per sample (0.001 µg/cm ^{2} for 100-cm^2 area) by **graphite furnace AAS**.

FIELD EQUIPMENT:
1. Bags, plastic, sealable (e.g., with attached wire, tape or "zip"-type seal).
2. Sample pads, 2" x 2", sterile cotton gauze (Curity™, Johnson & Johnson™, or equivalent), or ashless quantitative filter paper.
   NOTE: Wash'n Dri™ wipes may also be used. Other wipes may not ash properly, or may have a significant lead blank value.
3. Gloves, latex, disposable.
4. Template, plastic, 10 cm x 10 cm, or other standard size.
5. Water, distilled, in plastic squeeze bottle.

SAMPLING:
1. Using a new pair of gloves, remove a gauze pad from its protective package. Moisten the gauze pad with approximately 1 to 2 mL of distilled water.
   NOTE 1: Apply no more distilled water than that necessary to moisten approximately the central 80% of the area of the gauze pad. Excess distilled water may cause sample loss due to dripping from the gauze pad.
   NOTE 2: If using the premoistened Wash'n Dri™, omit the distilled water.
2. Place the template over the area to be sampled. Wipe the surface to be sampled with firm pressure, using 3 to 4 vertical S-strokes. Fold the exposed side of the pad in and wipe the area with 3 to 4 horizontal S-strokes. Fold the pad once more and wipe the area with 3 to 4 vertical S-strokes.
3. Fold the pad, exposed side in, and place it in a new plastic bag. Seal and label the bag clearly. Discard the gloves.
4. Clean the template in preparation for the next wipe sample .
5. Include two blank pads (moistened and placed in bags) with each sample set.

SAMPLE PREP: Use the procedure of NIOSH Method 7105, including final sample dilution to 10 mL.
NOTE: Additional portions of nitric acid may be needed for complete digestion of the sample, including the pad. Include appropriate media and reagent blanks.

MEASUREMENT: Screening of all samples by flame AAS or ICP, followed by graphite furnace AAS for those samples giving "Not Detected" is an efficient scheme. Use the procedures of NIOSH Methods 7082 (Lead by flame AAS), 7300 (Elements by ICP), 7105 (Lead by graphite furnace AAS), or other appropriate methods.

METHOD WRITTEN

WRITTEN BY: Peter M. Eller, Ph.D., QASA/DPSE

CHAPTER 15: CLEARANCE

1993b). Since these smaller dust particles are associated with an increased risk of lead poisoning, clearance dust testing is required to determine if a leaded dust hazard remains following lead hazard control work.

Unless U.S. Environmental Protection Agency (EPA) regulations establish different clearance levels, the following HUD clearance standards should be used, based on wipe sampling:

- 100 $\mu g/ft^2$ for floors.
- 500 $\mu g/ft^2$ for interior window sills.
- 800 $\mu g/ft^2$ for window troughs and exterior concrete or other rough surfaces.

There is no standard for vacuum sampling at this time.

Portable XRF analyzers have not yet demonstrated a capacity to detect dust lead levels in the range of interest. Wet chemical field test kits are also not sufficiently reliable for routine analysis of leaded dust at this time and do not yield quantitative data that can be compared to clearance standards.

Dust samples must be analyzed by laboratory methods such as atomic absorption spectroscopy, inductively coupled plasma-emission spectroscopy, laboratory XRF using standard methods, or other equivalent analytical methods (see Appendix 14). Only laboratories that participate in a national proficiency testing program and are recognized by EPA should be used.

If the dust sample from any surface indicates a leaded dust level above the clearance standard, all similar surfaces in the dwelling that sample represents (e.g., all interior window sills or floors) should be recleaned and retested. Only the similar components need to be recleaned, not necessarily the entire dwelling. If any such surface fails twice, the property owner should consider additional hazard control measures and/or further sealing of the surface. See sections D and VII for further disussion interpreting dust sampling results.

A. Multifamily Housing (20 or More Units)

It is possible to conduct clearance dust sampling in a number of randomly selected dwelling units in multifamily housing where similar dwelling units have undergone comparable types of lead hazard control activity. The random sampling can be performed for a portion of the housing development or for all of it. In either case the randomly selected units represent a specified group of housing units. The contractor must not know in advance which units will be sampled since this would bias the results. In addition, it is necessary to choose an adequate number of randomly selected units (Table 7.3). Significant cost savings could be realized with such a sampling plan.

However, the implications of random clearance sampling should be understood fully before it is used. First, if the random sampling shows that levels of leaded dust are too high, it will be necessary to reclean not only the affected component in the selected dwelling unit, but also the affected component in *all* the other units that the randomly selected unit was meant to represent. Alternatively, all the units represented by the randomly selected unit could be sampled individually to determine which ones need recleaning. The costs of repeated sampling should be compared with the costs of repeated cleaning. Regardless of whether all the represented units are sampled or recleaned, a further delay in permitting residents back into the area is possible when using random clearance sampling.

Second, insurance carriers covering lead hazard control work may demand a high degree of assurance that the work was performed properly in each and every dwelling. The extra cost of dust sampling in all units is likely to be minor compared to the liability of a child with an elevated blood lead level in an abated unit that was not sampled but was later found to contain high leaded dust levels.

Third, there has been a significant failure rate in attaining compliance with clearance dust standards in both the ongoing public housing program and the HUD Demonstration Project

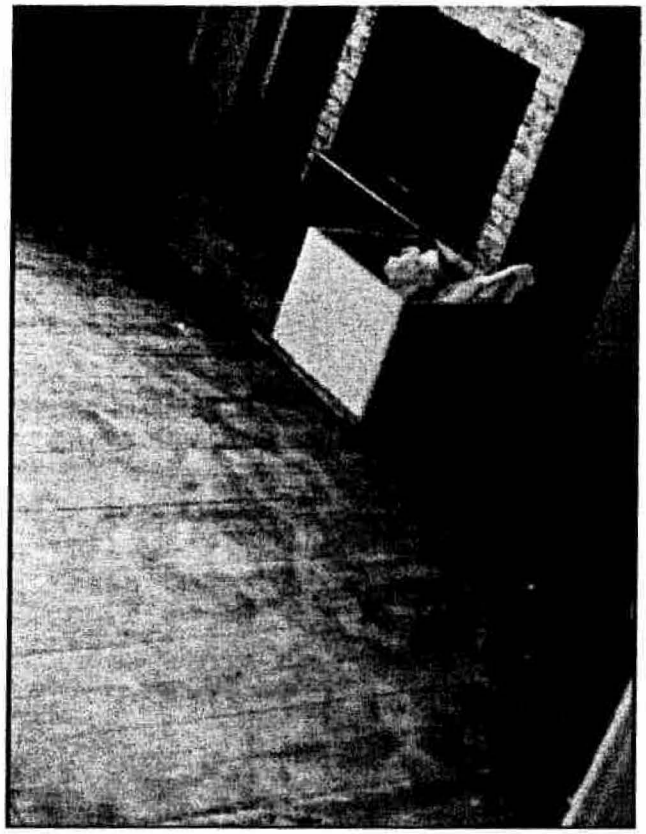
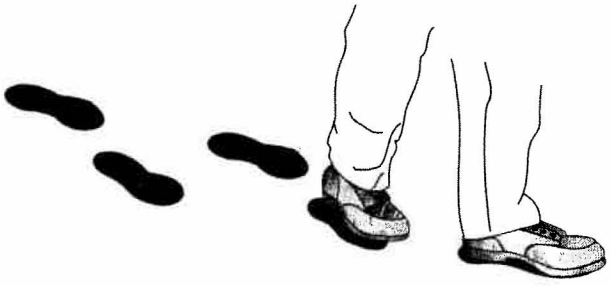


Figure 15.1 Visible Dust Indicates Cleaning Should Be Repeated.

Lead Tracking

Lead dust can be transported from one area to another on shoes.

Tracking lead dust from one area to another is a big problem on lead hazard control jobs. Lead dust can be tracked on shoes from the work area to the outside. Sometimes lead dust from the outside soil is tracked into the work area. Lead dust from a porch or nonwork area can get tracked into a cleaned area. When this happens, the whole area must be cleaned.



There are conflicting reports regarding the use of the so-called "white glove test" as part of the visual examination. Some housing agencies have indicated that they find this to be a useful preliminary examination tool, while others indicate that this test almost always shows some discoloration, even if surfaces have been cleaned well. Until it has been demonstrated to effectively predict leaded dust levels, use of the "white glove test" is left to the discretion of the examiner and is not recommended by HUD. The "white glove test" is *not* a substitute for laboratory analysis of dust samples.

Finally, the grounds around the dwelling should also be examined visually to make certain that all waste and debris have been removed and that leaded dust or paint chips were not transferred outside the dwelling. For example, waste should not be left at the curbside for trash pickup; all waste should be removed from the site. The examiner should be particularly conscientious about looking for paint chips when exterior components have been disturbed.

IV. Clearance Dust Sampling

A visual examination alone is not adequate for determining if a residence is safe for occupancy, since small dust particles are not visible to the naked eye. A person with normal eyesight cannot detect individual dust particles smaller than 50 μm in diameter (Olishifski, 1983). Data indicate that a significant percentage of the dust generated during abatement is smaller than 50 μm (Mamane, 1994; NIOSH,

Table 15.2 Interim HUD Clearance Dust Standards (Wipe Sampling Only)[1]

Surface	Leaded Dust Loading (μg/ft²)	Leaded Dust Loading (mg/m²)[2]
Bare and carpeted floors	100	1.08
Interior window sills	500	5.38
Window troughs	800	8.61
Exterior concrete or other rough surfaces	800	8.61

[1] No clearance standards are currently available for vacuum sampling.

[2] To convert from μg/ft² to mg/m², multiply by 0.01076.

B. Dust Results

Interim HUD clearance dust standards are shown in Table 15.2. These may be revised subject to EPA's issuance of regulations.

No standard method has been developed to correlate the wide variety of vacuum methods available with the wipe sampling standards. Until and unless EPA regulations state otherwise, all hard surfaces should be tested with wet wipe samples. While vacuum sampling is acceptable, there is no HUD Interim Clearance Standard for vacuum sampling at this time, making interpretation of vacuum sampling results against recognized standards impossible.

The results of dust samples collected using a vacuum method may be reported in lead concentration (μg/g) and loading (μg/ft²); wipe sampling results are reported in loading only. For clearance purposes, however, the lead concentration cannot be used to determine the effectiveness of the cleanup. It is possible to remove nearly all leaded dust from a surface, but not change its concentration significantly, since most cleaning methods do not preferentially remove lead from the dust. However, adding lead-free soil or dust to the area *will* reduce the concentration, even in the absence of cleaning. In short, leaded dust loading (not leaded dust concentration) should be used to determine if an adequate cleanup job has been completed. If leaded dust levels exceed those given in Table 15.2, the contractor must repeat the cleaning until compliance is achieved.

The recleaning should be focused on those surfaces where the sampling results indicate that the first round of cleaning was inadequate. For example, if floor leaded dust levels are above the standard, but interior window sills and window troughs are below the standard, only the floors need to be recleaned. Similarly, if single-surface samples fail in one room, then only that room and any rooms not sampled need to be recleaned. If composite samples fail, then *all* the surfaces the composite represents need to be recleaned (or resampled individually to determine which ones require recleaning). For example, consider the two examples shown in Tables 15.3 and 15.4.

In Table 15.3, only the floors in Rooms 1 and 2 require recleaning (assuming a four-room unit). In Table 15.4 the window troughs should be recleaned in all four rooms and any rooms not sampled. While the window troughs could conceivably be sampled individually to determine which ones require recleaning, it is likely to be far more cost-effective to simply reclean all of them. When cleaning troughs, the sills should also be cleared, even if they were not originally contaminated. In both examples, repeated sampling of the recleaned surfaces should be completed to ensure that the recleaning was sufficiently effective.

For composite sampling the HUD Interim Clearance Standard should *not* be reduced by dividing the standard by the number of subsamples in the composite. The purpose of the

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Title 40: Protection of Environment

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PART 745—LEAD-BASED PAINT POISONING PREVENTION IN CERTAIN RESIDENTIAL STRUCTURES

Section Contents

surface sample in the composite. The weighted arithmetic mean is obtained by summing, for all samples, the product of the sample's result multiplied by the number of subsamples in the sample, and dividing the sum by the total number of subsamples contained in all samples. For example, the weighted arithmetic mean of a single surface sample containing 60 $\mu g/ft^2$, a composite sample (three subsamples) containing 100 $\mu g/ft^2$, and a composite sample (4 subsamples) containing 110 $\mu g/ft^2$ is 100 $\mu g/ft^2$. This result is based on the equation [60+(3*100)+(4*110)]/(1+3+4).

Window trough means, for a typical double-hung window, the portion of the exterior window sill between the interior window sill (or stool) and the frame of the storm window. If there is no storm window, the window trough is the area that receives both the upper and lower window sashes when they are both lowered. The window trough is sometimes referred to as the window "well."

Wipe sample means a sample collected by wiping a representative surface of known area, as determined by ASTM E1728, "Standard Practice for Field Collection of Settled Dust Samples Using Wipe Sampling Methods for Lead Determination by Atomic Spectrometry Techniques, or equivalent method, with an acceptable wipe material as defined in ASTM E 1792, "Standard Specification for Wipe Sampling Materials for Lead in Surface Dust."

§ 745.65 Lead-based paint hazards.

top

(a) *Paint-lead hazard.* A paint-lead hazard is any of the following:

(1) Any lead-based paint on a friction surface that is subject to abrasion and where the lead dust levels on the nearest horizontal surface underneath the friction surface (e.g., the window sill, or floor) are equal to or greater than the dust-lead hazard levels identified in paragraph (b) of this section.

(2) Any damaged or otherwise deteriorated lead-based paint on an impact surface that is caused by impact from a related building component (such as a door knob that knocks into a wall or a door that knocks against its door frame.

(3) Any chewable lead-based painted surface on which there is evidence of teeth marks.

(4) Any other deteriorated lead-based paint in any residential building or child-occupied facility or on the exterior of any residential building or child-occupied facility.

(b) *Dust-lead hazard.* A dust-lead hazard is surface dust in a residential dwelling or child-occupied facility that contains a mass-per-area concentration of lead equal to or exceeding 40 $\mu g/ft^2$ on floors or 250 $\mu g/ft^2$ on interior window sills based on wipe samples.

(c) *Soil-lead hazard.* A soil-lead hazard is bare soil on residential real property or on the property of a child-occupied facility that contains total lead equal to or exceeding 400 parts per million (µg/g) in a play area or average of 1,200 parts per million of bare soil in the rest of the yard based on soil samples.

(d) *Work practice requirements.* Applicable certification, occupant protection, and clearance requirements and work practice standards are found in regulations issued by EPA at 40 CFR part 745, subpart L and in regulations issued by the Department of Housing and Urban Development (HUD) at 24 CFR part 35, subpart R. The work practice standards in those regulations do not apply when treating paint-lead hazards of less than:

(1) Two square feet of deteriorated lead-based paint per room or equivalent,

(2) Twenty square feet of deteriorated paint on the exterior building, or

(3) Ten percent of the total surface area of deteriorated paint on an interior or exterior type of component with a small surface area.

Subpart E—Residential Property Renovation

top

Source: 63 FR 29919, June 1, 1998, unless otherwise noted.

§ 745.80 Purpose.

top

This subpart contains regulations developed under sections 402 and 406 of the Toxic Substances Control Act (15 U.S.C. 2682 and

E-17

Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1001
- **Title:** Asbestos.
- **Appendix:** A, B, C, D, E, F, G, H, I, J

1910.1001(a)

Scope and application.

1910.1001(a)(1)

This section applies to all occupational exposures to asbestos in all industries covered by the Occupational Safety and Health Act, except as provided in paragraph (a)(2) and (3) of this section.

1910.1001(a)(2)

This section does not apply to construction work as defined in 29 CFR 1910.12(b). (Exposure to asbestos in construction work is covered by 29 CFR 1926.1101.)

1910.1001(a)(3)

This section does not apply to ship repairing, shipbuilding and shipbreaking employments and related employments as defined in 29 CFR 1915.4. (Exposure to asbestos in these employments is covered by 29 CFR 1915.1001).

1910.1001(b)

Definitions.

"Asbestos" includes chrysotile, amosite, crocidolite, tremolite asbestos, anthophyllite asbestos, actinolite asbestos, and any of these minerals that have been chemically treated and/or altered.

"Asbestos-containing material (ACM)" means any material containing more than 1% asbestos.

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

"Authorized person" means any person authorized by the employer and required by work duties to be present in regulated areas.

"Building/facility owner" is the legal entity, including a lessee, which exercises control over management and record keeping functions relating to a building and/or facility in which activities covered by this standard take place.

"Certified Industrial Hygienist (CIH)" means one certified in the practice of industrial hygiene by the American Board of Industrial Hygiene.

Permissible exposure limit (PELS) --

1910.1001(c)(1)

Time-weighted average limit (TWA). The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fiber per cubic centimeter of air as an eight (8)-hour time-weighted average (TWA) as determined by the method prescribed in Appendix A to this section, or by an equivalent method.

1910.1001(c)(2)

Excursion limit. The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of thirty (30) minutes as determined by the method prescribed in Appendix A to this section, or by an equivalent method.

1910.1001(d)

Exposure monitoring. --

1910.1001(d)(1)

General.

1910.1001(d)(1)(i)

Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour TWA and 30-minute short-term exposures of each employee.

1910.1001(d)(1)(ii)

Representative 8-hour TWA employee exposures shall be determined on the basis of one or more samples representing full-shift exposures for each shift for each employee in each job classification in each work area. Representative 30-minute short-term employee exposures shall be determined on the basis of one or more samples representing 30 minute exposures associated with operations that are most likely to produce exposures above the excursion limit for each shift for each job classification in each work area.

1910.1001(d)(2)

Initial monitoring.

1910.1001(d)(2)(i)

Each employer who has a workplace or work operation covered by this standard, except as provided for in paragraphs (d)(2)(ii) and (d)(2)(iii) of this section, shall perform initial monitoring of employees who are, or may reasonably be expected to be exposed to airborne concentrations at or above the TWA permissible exposure limit and/or excursion limit.

1910.1001(d)(2)(ii)

Where the employer has monitored after March 31, 1992, for the TWA permissible exposure limit and/or the excursion limit, and the monitoring satisfies all other requirements of this section, the employer may rely on such earlier monitoring results to satisfy the requirements of paragraph (d)(2)(i) of this section.

1910.1001(d)(2)(iii)

Where the employer has relied upon objective data that demonstrate that asbestos is not capable of being released in airborne concentrations at or above the TWA permissible exposure limit and/or excursion limit under the expected conditions of processing, use, or handling, then no initial monitoring is required.

1910.1001(d)(3)

Monitoring frequency (periodic monitoring) and patterns. After the initial determinations required by paragraph (d)(2)(i) of this section, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees. In no case shall sampling be at intervals greater than six months for employees whose exposures may reasonably be foreseen to exceed the TWA permissible exposure limit and/or excursion limit.

1910.1001(d)(4)

Changes in monitoring frequency. If either the initial or the periodic monitoring required by paragraphs (d)(2) and (d)(3) of this section statistically indicates that employee exposures are below the TWA permissible exposure limit and/or excursion limit, the employer may discontinue the monitoring for those employees whose exposures are represented by such monitoring.

1910.1001(d)(5)

Additional monitoring. Notwithstanding the provisions of paragraphs (d)(2)(ii) and (d)(4) of this section, the employer shall institute the exposure monitoring required under paragraphs (d)(2)(i) and (d)(3) of this section whenever there has been a change in the production, process, control equipment, personnel or work practices that may result in new or additional exposures above the TWA permissible exposure limit and/or excursion limit or when the employer has any reason to suspect that a change may result in new or additional exposures above the PEL and/or excursion limit.

1910.1001(d)(6)

Method of monitoring.

1910.1001(d)(6)(i)

All samples taken to satisfy the monitoring requirements of paragraph (d) of this section shall be personal samples collected following the procedures specified in Appendix A.

1910.1001(d)(6)(ii)

All samples taken to satisfy the monitoring requirements of paragraph (d) of this section shall be evaluated using the OSHA Reference Method (ORM) specified in Appendix A of this section, or an equivalent counting method.

1910.1001(d)(6)(iii)

If an equivalent method to the ORM is used, the employer shall ensure that the method meets the following criteria:

1910.1001(d)(6)(iii)(A)

Replicate exposure data used to establish equivalency are collected in side-by-side field and laboratory comparisons; and

1910.1001(d)(6)(iii)(B)

The comparison indicates that 90% of the samples collected in the range 0.5 to 2.0 times the permissible limit have an accuracy range of plus or minus 25 percent of the ORM results at a 95% confidence level as demonstrated by a statistically valid protocol; and

1910.1001(d)(6)(iii)(C)

The equivalent method is documented and the results of the comparison testing are maintained.

1910.1001(d)(6)(iv)

To satisfy the monitoring requirements of paragraph (d) of this section, employers must use the results of monitoring analysis performed by laboratories which have instituted quality assurance programs that include the elements as prescribed in Appendix A of this section.

1910.1001(d)(7)

Employee notification of monitoring results.

1910.1001(d)(7)(i)

The employer must, within 15 working days after the receipt of the results of any monitoring performed under this sections, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees.

1910.1001(d)(7)(ii)

Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1001 App A
- **Title:** OSHA Reference Method - Mandatory

This mandatory appendix specifies the procedure for analyzing air samples for asbestos and specifies quality control procedures that must be implemented by laboratories performing the analysis. The sampling and analytical methods described below represent the elements of the available monitoring methods (such as Appendix B of thier regulation, the most current version of the OSHA method ID-160, or the most current version of the NIOSH Method 7400). All employers who are required to conduct air monitoring under paragraph (d) of the standard are required to utilize analytical laboratories that use this procedure, or an equivalent method, for collecting and analyzing samples.

Sampling and Analytical Procedure

1. The sampling medium for air samples shall be mixed cellulose ester filter membranes. These shall be designated by the manufacturer as suitable for asbestos counting. See below for rejection of blanks.

2. The preferred collection device shall be the 25-mm diameter cassette with an open-faced 50-mm electrically conductive extension cowl. The 37-mm cassette may be used if necessary but only if written justification for the need to use the 37-mm filter cassette accompanies the sample results in the employee's exposure monitoring record. Do not reuse or reload cassettes for asbestos sample collection.

3. An air flow rate between 0.5 liter/min and 2.5 liters/min shall be selected for the 25-mm cassette. If the 37-mm cassette is used, an air flow rate between 1 liter/min and 2.5 liters/min shall be selected.

4. Where possible, a sufficient air volume for each air sample shall be collected to yield between 100 and 1,300 fibers per square millimeter on the membrane filter. If a filter darkens in appearance or if loose dust is seen on the filter, a second sample shall be started.

5. Ship the samples in a rigid container with sufficient packing material to prevent dislodging the collected fibers. Packing material that has a high electrostatic charge on its surface (e.g., expanded polystyrene) cannot be used because such material can cause loss of fibers to the sides of the cassette.

6. Calibrate each personal sampling pump before and after use with a representative filter cassette installed between the pump and the calibration devices.

7. Personal samples shall be taken in the "breathing zone" of the employee (i.e., attached to or near the collar or lapel near the worker's face).

8. Fiber counts shall be made by positive phase contrast using a microscope with an 8 to 10 X eyepiece and a 40 to 45 X objective for a total magnification of approximately 400 X and a numerical aperture of 0.65 to 0.75. The microscope shall also be fitted with a green or blue filter.

9. The microscope shall be fitted with a Walton-Beckett eyepiece graticule calibrated for a field diameter of 100 micrometers (+/-2 micrometers).

10. The phase-shift detection limit of the microscope shall be about 3 degrees measured using the HSE phase shift test slide as outlined below.

a. Place the test slide on the microscope stage and center it under the phase objective.

b. Bring the blocks of grooved lines into focus.

NOTE: The slide consists of seven sets of grooved lines (ca. 20 grooves to each block) in descending order of visibility from sets 1 to 7, seven being the least visible. The requirements for asbestos counting are that the microscope optics must resolve the grooved lines in set 3 completely, although they may appear somewhat faint, and that the grooved lines in sets 6 and 7 must be invisible. Sets 4 and 5 must be at least partially visible but may vary slightly in visibility between microscopes. A microscope that fails to meet these requirements has either too low or too high a resolution to be used for asbestos counting.

c. If the image deteriorates, clean and adjust the microscope optics. If the problem persists, consult the microscope manufacturer.

11. Each set of samples taken will include 10 percent blanks or a minimum of 2 field blanks. These blanks must come from the same lot as the filters used for sample collection. The field blank results shall be averaged and subtracted from the analytical results before reporting. A set consists of any sample or group of samples for which an evaluation for this standard must be made. Any samples represented by a field blank having a fiber count in excess of the detection limit of the method being used shall be rejected.

12. The samples shall be mounted by the acetone/triacetin method or a method with an equivalent index of refraction and similar clarity.

13. Observe the following counting rules.

a. Count only fibers equal to or longer than 5 micrometers. Measure the length of curved fibers along the curve.

b. In the absence of other information, count all particles as asbestos that have a length-to-width ratio (aspect ratio) of 3:1 or greater.

c. Fibers lying entirely within the boundary of the Walton-Beckett graticule field shall receive a count of 1. Fibers crossing the boundary once, having one end within the circle, shall receive the count of one half (1/2). Do not count any fiber that crosses the graticule boundary more than once. Reject and do not count any other fibers even though they may be visible outside the graticule area.

d. Count bundles of fibers as one fiber unless individual fibers can be identified by observing both ends of an individual fiber.

e. Count enough graticule fields to yield 100 fibers. Count a minimum of 20 fields; stop counting at 100 fields regardless of fiber count.

14. Blind recounts shall be conducted at the rate of 10 percent.

Quality Control Procedures

1. Intralaboratory program. Each laboratory and/or each company with more than one microscopist counting slides shall establish a statistically

designed quality assurance program involving blind recounts and comparisons between microscopists to monitor the variability of counting by each microscopist and between microscopists. In a company with more than one laboratory, the program shall include all laboratories and shall also evaluate the laboratory-to-laboratory variability.

2.a. Interlaboratory program. Each laboratory analyzing asbestos samples for compliance determination shall implement an interlaboratory quality assurance program that as a minimum includes participation of at least two other independent laboratories. Each laboratory shall participate in round robin testing at least once every 6 months with at least all the other laboratories in its interlaboratory quality assurance group. Each laboratory shall submit slides typical of its own work load for use in this program. The round robin shall be designed and results analyzed using appropriate statistical methodology.

2.b. All laboratories should also participate in a national sample testing scheme such as the Proficiency Analytical Testing Program (PAT), or the Asbestos Registry sponsored by the American Industrial Hygiene Association (AIHA).

3. All individuals performing asbestos analysis must have taken the NIOSH course for sampling and evaluating airborne asbestos dust or an equivalent course.

4. When the use of different microscopes contributes to differences between counters and laboratories, the effect of the different microscope shall be evaluated and the microscope shall be replaced, as necessary.

5. Current results of these quality assurance programs shall be posted in each laboratory to keep the microscopists informed.

[57 FR 24330, June 8, 1992; 59 FR 40964, Aug. 10, 1994]

E-18

KARL GIBSON
Grievant

vs

Date: 23 February 2010

DEPARTMENT OF THE ARMY
CAC AND FORT LEAVENWORTH
Agency

FMCS #090630-03183-8

AGENCY RESPONSE TO DISCOVERY REQUEST

The agency, through its designated representative, responds to Grievant's request for documents. The Agency notes that the applicable Collective Bargaining Agreement contains no provision or requirement for discovery.

General Objections

1. The Agency objects to all requests in the Grievant's January 22, 2010 set of document requests to the extent that they would require disclosure of information and/or production of documents prepared for or generated in anticipation of litigation, or which constitutes communications between the Agency witnesses and counsel on the grounds of attorney-client work product and/or trial preparation privileges. Inadvertent production, if any, of documents subject to the attorney-client privilege or disclosing or constituting work product shall not be a waiver of those privileges.

2. With respect to the documents produced, the Agency reserves all objections as to relevancy and materiality, and the Agency's production is without waiver of, or prejudice to, any such objections or any objections the Agency may wish to assert later, including, but not limited to, objections as to admissibility at hearing of particular documents or categories of documents.

3. Information already contained in the record in this matter that may be responsive will not be reproduced or referenced.

4. Each of the specific Responses set forth below is subject to and incorporates these General Objections.

Request for Documents

1. Preventive Medicine Program Document for FY 2008

ANSWER: The Agency is trying to locate this document.

2. Mr. Scott Bentley's Templates for this rating period

ANSWER: Sample documents enclosed.

3. IH Document Log for this time frame.

ANSWER: The Agency objects to this request as unclear. Please be more specific regarding the IH Document Log. Is this the weekly log Mr. Gibson was required to provide to 1LT Derivan? If so, it appears these are already contained within the Union's exhibits.

4. Corp of Engineers Contract for Mr. Mitchell's Service (NIPR)

ANSWER: Document enclosed

5. Great Plain's Inspections of Fort Leavenworth IH Program prior to FY 2006

ANSWER: The Agency objects to this request as unclear. Please specify what documents related to Great Plains' Inspections are being requested. Also please specify a date range.

6. CHHPM's "Can't Come Letter" for this rating period.

ANSWER: Documents enclosed.

7. Commander's Request for CHHPM's assistance this rating period in question.

ANSWER: Documents enclosed.

8. OSHA's Wall to Wall Inspection in May/Spring 2008

ANSWER: The Agency objects to this request as unclear. In addition, there was no "Wall to Wall" inspection done during this timeframe. Please indicate what specific document you are requesting.

9. Scope of Work Mr. Bentley and Corp of Engineers had for Mr. Gibson

ANSWER: The Agency objects to this request as unclear. The Agency thinks this may be the same request as in Request #4 above. Please clarify what specific document you are requesting.

10. Mr. Bentley's 8 weeks here, reports, and emails over period.

ANSWER: The Agency objects to this request as unclear. Please be more specific regarding which documents you are requesting.

11. Mr. Bentley's TDY orders for his 8 week period here.

ANSWER: The Agency objects to this request as not relevant and not likely to lead to information relevant to this Arbitration.

12. IH protocols written by Bentley and/or Derivan

ANSWER: The Agency objects to this request as unclear. What is meant by "IH protocols written by Bentley and/or Derivan"? Please provide clarification and be more specific in what documentation is being requested.

13. Scope of Work for February 2008 visit.

ANSWER: No Scope of Work was written for Mr. Bentley's February 2008 visit.

14. Mr. Bentley/Derivan's Procedures to review work product.

ANSWER: No formal written procedures exist.

15. Downloading Regulations (IMD) for Munson Army Medical Center Emails from Mitchell to Derivan.

ANSWER: Document enclosed

16. Mr. Mitchell's tracking log for this time period

ANSWER: Document enclosed

17. Corp of Engineers approval for Mr. Mitchell to change Mr. Gibson's Reports.

ANSWER: Please see Scope of Work section in document provided in response to #4 above.

18. Mr. Mitchell's Credential; IH, Asbestos & Lead

ANSWER: Documents enclosed

19. Mr. Mitchell's Training Record during this period.

ANSWER: Documents enclosed

20. Regulation authorizing Mr. Mitchell to perform on Federal Post without a Kansas License.

ANSWER: Document enclosed

21. Mr. Mitchell's Training License from META

ANSWER: Document enclosed

22. A copy of the document in which the Army in October 2008 reassigned Fort Leavenworth Munson Army Medical Center IH Program from under the supervision of Great Plains Regional Medical Center to CHPPM West.

ANSWER: The Agency objects to this request on the basis that the request is confusing and not relevant to the matter at issue. Notwithstanding the objection the Agency provides the following: Southern Regional Medical Command (SRMC) is provisional and stood up 01 October 2009, not 2008. The correct terminology is not Great Plains Medical Center but rather Great Plains Regional Medical Command. Western Regional Medical Command (Ft. Lewis) picked up Kansas, not USA Center for Health Promotion and Preventive Medicine. The USACHPPM has been reorganized under the Public Health Command (Provisional). The actual transfer is expected to be finalized in October 2010.

23. A copy of the Organizational Chart prior to October 2008 in which Fort Leavenworth Munson Army Medical Center IH Program is shown as being under the command of Great Plains Regional Medical Center.

ANSWER: Documents enclosed

Respectfully,

Anne E. Hinkebein
Agency Representative

E-19

Jefferson, Beverly LTC MAHC

From: Bentley, Scott D Mr BAMC-Ft Sam Houston TX
ent: Tuesday, August 14, 2007 9:21 AM
o: Rinehart, Carmen L.C. COL MAHC
Cc: Jefferson, Beverly LTC MAHC; Derivan, Jacob J 2LT
Subject: RE: Follow up ref. Leavenworth Site visit (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Good morning Ma am:

I have been working this issue through CHPPM. I spoke with Ms. Donna Doganiero and MAJ Palalay (CHPPM Main last week during Force Health Protection (FHP) Conference in Louisville. Also visited with LT Derivan on the same issues. In short, I am proposing the following action(s):

1. Develop a 30-day performance improvement plan (PIP) for Mr. Gibson addressing his risk communication and technical shortfalls.

2. Mr. Gibson will rewrite the reports (32) in a prescribed format. I will provide a 72 hour turn-around on the review of those reports. Reports will be completed in groups of 6 and anticipate the total process to take less than 20 days to complete.

3. Mr. Gibson will complete the AIHA Basic Industrial Hygiene and Risk Communication course.

4. USACHPPM has agreed to send technical support personnel to review and assess Mr. Gibson's technical standing. I have this tentatively scheduled for the 2nd or 3rd week in September. USACHPPM will focus on technical competencies such as ventilation, IAQ, ghting, sampling protocols and application of regulatory and design criteria.

5. Mr. Gibson will ensure all data is entered into the DOEHRS-IH tracking system. By doing so, he will be able to generate the reports required and I will have visibility on the data and information being entered.

We will need to document each step of this process. If Mr. Gibson fails to satisfactorily meet the goals/objectives as outlined - we will proceed with a recommendation for removal.

My technical bosses at CHPPM would like to keep this situation within MEDCOM. After my face-to-face discussion with them last week, we felt it would be prudent to allow Mr. Gibson rewrite his reports in a prescribed manner. This would avoid his allegations "that management is telling me what to write" and 'minimizing the findings". Since, I have not seen the actual sampling data and lab reports - I feel it would be more beneficial for Mr. Gibson to rework his own reports (I can "direct" from here - with LT Derivan's help.).

t Derivan indicated last week that he had concerns with Mr. Gibson's "allegations" of a ommand cover-up to customers (I believe Mr. Gibson planted the notation that the "results are so bad" that "command does not want to release them"). If this is the case, I trongly suggest, at a minimum, that management issue a letter of reprimand citing nappropriate and ineffective risk communication. This type of behavior can not be olerated and the employee needs to be put on formal notice.

nal PIP will be submitted by C/B Wednesday 15 August 2007.

TT D. BENTLEY
MC Regional Industrial Hygiene Program Manager Department of Preventive Medicine (DPM)
anley Road - Building 1.29, 3rd Floor Fort Sam Houston, TX 78234
.295.2608 DSN: 421-[illegible]
.295.2416 FAX

1

E-20

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM

06 October 2008

MEMORANDUM FOR RECORD

SUBJECT: PERIODIC PERFORMANCE COUNSELING

1. Since the beginning of August 2008, we have worked together on the IH Program (coordinating taskings and performing IH assessments) and have looked for ways to streamline the work we do. 24 SEP 08 was the last time that I assigned your daily taskings, and as of 29 SEP 08 I have turned the scheduling reins back over to you. You have done a good job on your daily assigned tasks and as your supervisor; I have confidence that you will continue to do so in coordinating your own work once again.

2. During this time we have also worked with the Corps of Engineers (CoE) and they have offered an independent perspective by accompanying you on a site visit, performing a document review with recommendations, and looking at the IHIP with advice on how we might simplify it. These experiences with Dan Mitchell have been very valuable and have aided in setting the stage for our success in the future.

3. From this point forward, you will be given more latitude to function as the Industrial Hygienist:

a. Workplace Hazard Assessments and Surveys – You are to handle these as you see fit, and generally, to this point you have been. Of course the fundamentals of each type of assessment will still apply (i.e. documentation of hazards based on regulations enforceable by law), but what goes into each assessment or survey will no longer be dictated to you. This is to give you the opportunity to rely on your experience and professional judgment. Of course, there are two caveats:

1) The work you perform will still have to fulfill your Individual Performance Standards, which should not be a problem. In addition, if you determine that TWA sampling is necessary, it will still need supervisory approval.

2) We will need to standardize, through development of plans of action in the form of SOPs, what will go into each assessment/survey. However, we are not looking to reinvent the wheel and GPRMC has offered to send us theirs that we might tailor it to our needs. We will work on this together in the near future.

3) As always, the CoE may accompany you on your site visits, conduct peer review, etc.

b. Reports – Management has decided to go with the recommendations of the CoE:

1) Produce an internal MFR that you will author and sign and include anything you wish to incorporate from your assessment or survey. This, again is so that you will have the opportunity to use your experience and professional judgment to voice your unfettered evaluation.

2) Produce the report for distribution to the customer that will, for Workplace Hazard Assessments, include all hazards in a workplace by operation (again, based on regulations enforceable by law), the controls in place (or lack thereof), and whether or not said controls are adequate.

3) On 12 SEP 08 you had the chance to work with Mr. Mitchell converting an original draft of the Bldg 50 – CALL report to the system laid out above for the Workplace Hazard Assessment. We will set up a time that you may work with Mr. Mitchell, again, on how surveys and Customer Service Request reports will fit into the above system.

4) As always, the CoE or Scott Bentley may conduct peer reviews of your internal MFR or the reports produced for distribution.

*NOTE: This guidance supersedes the guidance given to you on 24 SEP 08. The internal MFR is your work and what or what not to include will not be dictated to you; it is based on your observations and professional judgment. However, it is strongly recommended that the criterion laid out in the 24 SEP 08 guidance be a template for the information that you include in the internal MFR's.

4. There are a couple of customer service requests that are taking precedence right now (Pope Hall, the C.A.R.L. issues, fit testing) but we need to focus on producing the reports for the Workplace Hazard Assessments that we have already done (the operations in Bldgs 77, 275, 43, and 80 = approx. 15 operations).

a. Please have two of these Workplace Hazard Assessment reports completed per week (that includes the internal MFR and the report for the customer), starting this week, to be submitted by COB each Friday. Of course, if there are extenuating circumstances that you foresee will preclude you from producing these reports at this pace, please let me know. The intent is to catch up on reporting that we are behind on while still moving forward with new projects.

b. Please continue to move forward with the Workplace Hazard Assessments on the priority list of 25 Bldgs that were established back in Spring 08. Bldg 198 is either the next building to be assessed or very close to next. Double check that the occupants have not moved out and then conduct the assessments. Unless they have actually started moving out of the building, we are going to move forward with Workplace Hazard Assessments of it because, as you know, nothing is definite here on Ft. Leavenworth until it actually happens.

c. Look over the list of 25 Bldgs and estimate how long you think it will take to work through them. This will not be a deadline or turned into a suspense, but we are looking to determine how long completion of the list will take. Please submit this estimate to me by COB 10 OCT 08.

5. Individual counseled: Karl Gibson (Print Name) KCG (Initials)

Karl T. Gibson (Signature) 6 Oct 08 (Date)

Jacob Derivan

JACOB J. DERIVAN
1LT, MS
Environmental Science Officer

E-21

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)	c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
[illegible]SON, KARL L.	INDUSTRIAL HYGIENIST, GS 11, 0690

d. ORGANIZATION/INSTALLATION	e. REASON FOR SUBMISSION
USAMEDDAC, FORT LEAVENWORTH, KS 66027	[X] ANNUAL [ ] SPECIAL [ ] INTERN

f. PERIOD COVERED (YYYYMMDD)	g. RATED MOS.	h. RATEE COPY (Check one and date)
FROM 1999/11/01 THRU 2000/10/31	11	[ ] GIVEN TO RATEE [ ] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SIGNATURE	DATE
RODRIGUEZ-WHITE, EVELYN M.	Evelyn M Rodriguez-White	

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT MAJ, AN, USAMEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI)	SIGNATURE	DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used)	SIGNATURE	DATE
LOUNSBERY, DOREEN M.	Doreen M Lounsbery	

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT LTC, MC, USAMEDDAC, FORT LEAVENWORTH, KS 66027
DEPUTY COMMANDER FOR CLINICAL SERVICES

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE
	Karl L. Gibson	

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

SES - AWARD, BONUS/ SALARY INCREASE	RECOMMENDATIONS					b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI
	RATING (1)	SALARY (2)		PERFORMANCE AWARD - BONUS (3)		PERCENT OF SALARY (**EXCLUDES** Locality Pay) % (C
		YES	NO	YES	NO	AMOUNT $ (OR)
COMMENDING OFFICIALS						QSI (GS with Successful Level 1 Rating Only - minimum of 52 weeks must have elapsed since last QSI) T
RATER						(Grade/Step):
INTERMEDIATE RATER						AWARD APPROVED BY
PERFORMANCE REVIEW BOARD						DATE (YYYYMMDD) / FUND CITE
SENIOR RATER		ES		$		

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars). Position Description (DA Form 374) is correct: [X] YES [ ] N

Industrial Hygienist of Fort Leavenworth, Combined Arms College, United States Disciplinary Barracks, 2 AMC Ammunition Plants, the Reserve and National Guard Units in 39 Missouri and 15 Kansas Counties, and a Health Center with 12 Clinics supporting Fort Leavenworth and 44,000 beneficiaries, $367,000 of equipment, and an annual budget of $12,000. Performing force protection that maintains readiness, eliminate or control workplace hazards to prevent illness or injury for soldiers, inmates, and civilians, characterize workplace exposure hazards to facilitiate exposure-based medical surveillance for occupational healthcare, and comply with OSHA, EPA state and DoD laws and regulations in order to reduce costs and include toxic chemicals, hazardous materials, asbestos, noise, ventilation lead, ergonomics, confined space, environmental pollution, indoor air quality, radiation, and other potential exposures.

PART V - VALUES (Rater)

VALUES	BULLET COMMENTS
Loyalty Duty Respect Selfless service Honor Integrity Personal courage	o Knowledgeable and capable of handling the most complex procedures o Maintains high standards of professionalism in a challenging work environment o Exceptional dedication and commitment to the MEDDAC, Preventive Medicine and Installation mission

PERIOD COVERED *(YYYYMMDD)*	RATEE'S NAME	SSN
1999/11/01 - 2000/10/31	GIBSON, KARL	

PART VI - PERFORMANCE EVALUATION *(Rater)*

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives rati

[X] Excellence 75% or More Obj [ ] Excellence 25-74% Obj [ ] Success All or Excellence 1-24%Obj [ ] Needs Improvement 1 or More Obj [ ] Fails 1 or More Ol

Includes Excellence in Org Mgt/Ldshp OR EEO/AA Obj for supv/mgr [ ] Yes [ ] No

b. BULLET EXAMPLES

o Single-handedly managed and coordinated an effective, comprehensive IH program that saved $3 million in Environmental Diffe pay. In addition, the colloboration between IH and OH has resulted in the reduction of FECA costs by $56,000.

o His organizational skills in coordinating resources with CHPPM, GPRMC, USAR, Kansas and Missouri National Guard resulted in non-duplication of service and remaining within the budget while meeting military readiness.

o Demonstrated a high level of program management expertise by completing 100% of Industrial Hygiene Program surveys throughout the installation.

o Took charge in automating and updating the Industrial Hygiene Implementation Plan managing hazard evaluations by command, site, risk assessment code and hazards.

o Instrumental in writing the template for MEDDAC Respirator proteciton SOPs and Fit Testing Protocol Operations Plan, training over 200 personnel and fit tested 202.

o A team player, he collaborated with Occupational Health personnel by addressing workplace hazards in survey findings, resulting in immediate attention and proactive execution of preventive measures thereby decreasing community panic.

o Committed in ensuring hazard free environment for all personnel, Mr. Gibson is a member of various installation subcommittees (i.e., Ergonomics, Radiation Protection, and Pollution Prevention).

o Served as a committee member of the MEDDAC Safety and Infection Control, Safety and Occupational Health Advisory Council committees.

PART VII - INTERMEDIATE RATER *(Optional)*

BULLET COMMENTS

PART VIII - SENIOR RATER *(if used)* or **RATER** *(no senior rater used)*

OVERALL PERFORMANCE RATING

[X]	
2	SUCCESSFUL
3	
4	FAIR
5	UNSUCCESSFUL (**MUST** Have Senior Rater Review)

PART IX - SENIOR RATER *(if used)*

BULLET COMMENTS *(Performance/Potential)*

o Provides exceptional Industrial Hygiene services to Fort Leavenworth.

o Instrumental in the handling of the asbestos issues on Fort Leavenworth.

o Potential to serve as Industrial Hygienist for a larger installation.

A completed DA Form 7222-1 was received with this report and considered in my evaluation and review:

[X] YES [ ] NO *(Explain)*

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME *(Last, First, Middle Initial)*
ABSON, KARL L.

c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
INDUSTRIAL HYGIENIST, GS 11, 0690

d. ORGANIZATION/INSTALLATION
USAMEDDAC, FORT LEAVENWORTH, KS 66027

e. REASON FOR SUBMISSION
☐ ANNUAL ☒ SPECIAL ☐ INT

f. PERIOD COVERED *(YYYYMMDD)*
FROM 2000/11/01 THRU 2001/06/21

g. RATED MOS.
8

h. RATEE COPY *(Check one and date)*
☐ GIVEN TO RATEE ☐ FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER *(Last, First, Middle Initial)*
RODRIGUEZ-WHITE, EVELYN M.

SIGNATURE

DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT MAJ, AN, USAMEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

b. NAME OF INTERMEDIATE RATER *(Optional)(Last, First, MI)*

SIGNATURE

DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER *(Last, First, Middle Initial)(If used)*
LOUNSBERY, DOREEN M.

SIGNATURE

DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT LTC, MC, USAMEDDAC, FORT LEAVENWORTH, KS 66027
DEPUTY COMMANDER FOR CLINICAL SERVICES

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.

SIGNATURE OF RATEE

DATE

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

a. SES - AWARD, BONUS/ SALARY INCREASE

	RECOMMENDATIONS				
	RATING (1)	SALARY (2)		PERFORMANCE AWARD BONUS (3)	
RECOMMENDING OFFICIALS		YES	NO	YES	NO
RATER					
INTERMEDIATE RATER					
PERFORMANCE REVIEW BOARD					
SENIOR RATER		ES		$	

b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI

PERCENT OF SALARY (EXCLUDES Locality Pay) % *(OR)*

AMOUNT $ *(OR)*

QSI *(GS with Successful Level 1 Rating Only - minimum of 52 weeks must have elapsed since last QSI)* TO (Grade/Step)

AWARD APPROVED BY

DATE *(YYYYMMDD)*

FUND CITE

PART IV - DUTY DESCRIPTION *(Rater)*

DAILY DUTIES AND SCOPE *(To include as appropriate: people, equipment, facilities, and dollars).* Position Description *(DA Form 374)* is correct: ☒ YES ☐

Industrial Hygienist of Fort Leavenworth, Combined Arms College, United States Disciplinary Barracks, 2 AMC Ammunition P the Reserve and National Guard Units in 39 Missouri and 15 Kansas Counties, and a Health Center with 12 Clinics supporting F Leavenworth and 44,000 beneficiaries, $367,000 of equipment, and an annual budget of $10,800. Performing force protection t maintains readiness, eliminate or control workplace hazards to prevent illness or injury for soldiers, inmates, and civilians, chara workplace exposure hazards to facilitiate exposure-based medical surveillance for occupational healthcare, and comply with OSH state and DOD laws and regulations in order to reduce costs and include toxic chemicals, hazardous materials, asbestos, noise, ventilation, lead, ergonomics, confined space, environmental pollution, indoor air quality, radiation, and other potential exposur

PART V - VALUES *(Rater)*

VALUES	BULLET COMMENTS
Loyalty Duty Respect Selfless service Honor Integrity Personal courage	o Demonstrates high level of expertise in the Industrial Hygiene arena o Display a strong personal commitment to successfully completing all projects o Exceptional commitment and dedication to the MEDDAC and Preventive Medicine missio

RIOD COVERED *(YYYYMMDD)*	RATEE'S NAME	SSN
2000/11/01 - 2001/06/21	GIBSON, KARL L.	

PART VI - PERFORMANCE EVALUATION *(Rater)*

ERFORMANCE DURING THIS RATING PERIOD

arison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratings:

[X] Excellence 75% or More Obj	[ ] Excellence 25-74% Obj	[ ] Success All or Excellence 1-24%Obj	[ ] Needs Improvement 1 or More Obj	[ ] Fails 1 or More Obj

des Excellence in Org Mgt/Ldshp OR EEO/AA or supv/mgr [ ] Yes [ ] No

ULLET EXAMPLES

)eveloped a standardized Lead assessment format documenting conditions and interim controls providing a quick overall review of)uarters containing lead on Fort Leavenworth

Jpdated Notice of Sampling report by adding a recommendation piece alerting CAC Safety and allowing immediate corrective actic y tenant superviors

lis diligent surveillance of occupational hazardous exposures and recommendations resulted in the long past due equipment repair

'ompleted 3,332 project designs. As a result major technology improvement projects on equipment, processes and materials were ccomplished

.ssisted in the revival of DoD Ergonomics program by providing training to 27 Collateral Safety Duty Officers in conducting baseli 'rgonomic surveys

lis many Industrial Hygiene endeavors greatly supported the Munson Army Health Center in receiving a JCAHO survey score of 9

PART VII - INTERMEDIATE RATER *(Optional)*

T COMMENTS

ART VIII - SENIOR RATER *(if used)* or **RATER** *(no senior rater used)*

OVERALL PERFORMANCE RATING

- [X] 2 } **SUCCESSFUL**
- 3
- 4 — **FAIR**
- 5 **UNSUCCESSFUL** (**MUST** Have Senior Rater Review)

PART IX - SENIOR RATER *(if used)*

BULLET COMMENTS *(Performance/Potential)*

o Instrumental in the handling of the Lead issues on Fort Leavenworth

o Outstanding ability to evaluate and prioritize Industrial Hygiene services

A completed DA Form 7222-1 was received with this report and considered in my evaluation and review:

[X] YES [ ] NO *(Explain)*

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)	b.	c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
SON, KARL L.		INDUSTRIAL HYGIENIST, GS 11, 0690

d. ORGANIZATION/INSTALLATION	e. REASON FOR SUBMISSION
USAMEDDAC, FORT LEAVENWORTH, KS 66027	[X] ANNUAL [ ] SPECIAL [ ] INTERI

f. PERIOD COVERED (YYYYMMDD)	g. RATED MOS.	h. RATEE COPY (Check one and date)
FROM 2002/06/18 THRU 2002/10/31	4	[X] GIVEN TO RATEE [ ] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SIGNATURE	DATE
HENELY, RONALD, A.		

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT O2/1LT, USAMEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, ENVIRONMENTAL HEALTH

b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI)	SIGNATURE	DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used)	SIGNATURE	DATE
MAYER, TAMMY, K.		

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT CPT, AN, USAMEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

a. SES - AWARD, BONUS/ SALARY INCREASE	RECOMMENDATIONS					b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI
	RATING (1)	SALARY (2)		PERFORMANCE AWARD - BONUS (3)		PERCENT OF SALARY (EXCLUDES Locality Pay) %
						AMOUNT $
						QSI (GS with Successful Level 1 Rating Only - minimum of 52 we must have elapsed since last QSI)
RECOMMENDING OFFICIALS		YES	NO	YES	NO	TO (Grade/Step):
RATER						AWARD APPROVED BY
INTERMEDIATE RATER						
PERFORMANCE REVIEW BOARD						DATE (YYYYMMDD) / FUND CITE
SENIOR RATER		ES		$		

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars). Position Description (DA Form 374) is correct: [X] YES [ ] NO

Industrial Hygienist of Fort Leavenworth, the Combined Arms College, the United States Disciplinary Barracks, two Army Material Command ammunition plants, the Reserve and National Guard units in 39 Missouri and 15 Kansas counties, and a Health Center with clinics supporting Fort Leavenworth and approximately 30K beneficiaries. Responsible for $367K of equipment and an annual budge $12K. Performs force protection that maintains readiness, and eliminates or controls workplace hazards to prevent illness and injury f soldiers, inmates, and civilians. Characterizes workplace exposure hazards to facilitate medical surveillance for occupational health. Complies with OSHA, EPA, DOD, state, and local laws and regulations to reduce costs and exposure to toxic chemicals, hazardous materials, asbestos, noise, and lead. Monitors ventilation, indoor air quality, radiation, confined spaces, environmental pollution, and other potential exposures and recommends ways to reduce or eliminate the risk.

PART V - VALUES (Rater)

VALUES	BULLET COMMENTS
Loyalty	
Duty	o Demonstrates initiative for professional growth.
Respect	
Selfless service	o Demonstrates the necessary convictions to perform assigned duties.
Honor	
Integrity	o Performs all tasks in a timely and professional manner.
Personal courage	

PERIOD COVERED *(YYYYMMDD)*	RATEE'S NAME	SS:
2002/06/18 - 2002/10/31	GIBSON, KARL L.	

PART VI - PERFORMANCE EVALUATION *(Rater)*

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives rating

☐ Excellence 75% or More Obj ☒ Excellence 25-74% Obj ☐ Success All or Excellence 1-24% Obj ☐ Needs Improvement 1 or More Obj ☐ Fails 1 or More Obj

Includes Excellence in Org Mgt/Ldshp OR EEO/AA Obj for supv/mgr ☐ Yes ☐ No

b. BULLET EXAMPLES

o Managed and coordinated a comprehensive industrial hygiene program that reduced FECA costs and saved $3 million in Environmental Differential pay.

o Performed an additional 27, 377 workplace surveys in the rating period for a total of 76, 704 workplace surveys in FY02.

o Provided 7 training sessions for workers and supervisors covering asbestos, respiratory protection, respirator fit testing, and indoor air quality.

o Collaborated with occupational health section to resolve potential work-related exposures.

o Evaluated operations for indoor air quality problems. Coordinated with DIS and CAC Safety to ensure recommendations could be implemented. Provided additional testing for four OSHA IAQ investigations.

o Provided design and review guidance and timely service for over 2,400 designs, blueprints, new construction specifications, and existing facility modifications totalling over $300 million. Reviewed 100% of all blueprint and construction projects received.

o Conducted 19 Lead investigations and risk assessments for the protection of children in FCC homes from lead.

o Facilitated a working partnership with the installation safety office in order to provide an effective safety and occupational health program for Ft. Leavenworth.

o Active in the respiratory protection program by fit testing 60 employees and providing assistance to the installation program by conducting necessary training in qualitative fit testing procedures.

PART VII - INTERMEDIATE RATER *(Optional)*

BULLET COMMENTS

PART VIII - SENIOR RATER *(if used)* or **RATER** *(no senior rater used)*

OVERALL PERFORMANCE RATING

1	SUCCESSFUL
☒	
3	
4	FAIR
5	UNSUCCESSFUL (MUST Have Senior Rater Review)

PART IX - SENIOR RATER *(if used)*

BULLET COMMENTS *(Performance/Potential)*

o Instrumental in promoting collaborative effort between installation safety and Munson Industrial Hygiene Services.

o Independently manages an extremely busy and productive service which provides for the health and safety of the community.

A completed DA Form 7222-1 was received with this report and considered in my evaluation and review: ☒ YES ☐ NO *(Explain)*

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)	b.	c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
Gibson, Karl L.		Industrial Hygienist GS 11, 0690

d. ORGANIZATION/INSTALLATION	e. REASON FOR SUBMISSION
USA MEDDAC, FORT LEAVENWORTH, KS 66027	[X] ANNUAL [ ] SPECIAL [ ] INTERI

f. PERIOD COVERED (YYYYMMDD)	g. RATED MOS.	h. RATEE COPY (Check one and date)
FROM 2002/11/01 THRU 2003/10/31	12	[ ] GIVEN TO RATEE [ ] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SIGNATURE	DATE
HENELY, RONALD, A.	Ronald A. Henely	

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT: O2/1LT, USA MEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, ENVIRONMENTAL HEALTH

b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI)	SIGNATURE	DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used)	SIGNATURE	DATE
MAYER, TAMMY, K.		

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT: O3/CPT, AN USA MEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE
	Karl L. Gibson	

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

SES - AWARD, BONUS/ SALARY INCREASE	RECOMMENDATIONS					b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI
	RATING (1)	SALARY (2)		PERFORMANCE AWARD - BONUS (3)		PERCENT OF SALARY (EXCLUDES Locality Pay) % (
COMMENDING OFFICIALS		YES	NO	YES	NO	AMOUNT $ (OR)
RATER						QSI (GS with Successful Level 1 Rating Only - minimum of 52 wee must have elapsed since last QSI)
INTERMEDIATE RATER						(Grade/Step):
PERFORMANCE REVIEW BOARD						AWARD APPROVED BY
SENIOR RATER		ES		$		DATE (YYYYMMDD) / FUND CITE

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars). Position Description (DA Form 374) is correct: [X] YES [ ]

Industrial Hygienist of Fort Leavenworth, Combined Arms College, United States Disciplinary Barracks, 2 AMC Ammunition Plants, i Reserve and National Guard Units in 39 Missouri and 15 Kansas Counties, and a Health Center with 12 Clinics supporting Fort Leavenworth and 30,000 beneficiaries. Monitor $367,000 of equipment, and an annual budget of $45,000. Perform force protection th: maintains readiness, eliminate or control workplace hazards to prevent illness or injury for soldiers, inmates, and civilians, characterize workplace exposure hazards to facilitiate exposure-based medical surveillance for occupational healthcare, and comply with OSHA, E state and DOD laws and regulations in order to reduce costs. Monitor toxic chemicals, hazardous materials, asbestos, noise, ventilation lead, ergonomics, confined space, environmental pollution, indoor air quality, radiation, and other potential exposures.

PART V - VALUES (Rater)

VALUES	BULLET COMMENTS
Loyalty	
Duty	o Maintians high standards of professionalism in a challenging work environment
Respect	
Selfless service	o Demonstrates high level of expertise and is fully capable of handling anything in the Industrial Hygiene arena
Honor	
Integrity	o Exceptional dedication and commitment to the MEDDAC, Preventive Medicine, and the Instal mission
Personal courage	

PERIOD COVERED *(YYYYMMDD)*	RATEE'S NAME	SSN
2002/11/01 - 2003/10/31	Gibson, Karl L.	

PART VI - PERFORMANCE EVALUATION *(Rater)*

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratings:

☒ Excellence 75% or More Obj ☐ Excellence 25-74% Obj ☐ Success All or Excellence 1-24%Obj ☐ Needs Improvement 1 or More Obj ☐ Fails 1 or More O

Includes Excellence in Org Mgt/Ldshp OR EEO/AA Obj for supv/mgr ☐ Yes ☐ No

b. BULLET EXAMPLES

o Managed and coordinated an effective, comprehensive IH program that reduced FECA costs to be at goal and saved $2 million in Environmental Differential pay.

o Received visit from CHPPM-West and GPRMC and received a commendable for program management and survey work.

o His many Industrial Hygiene surveys greatly supported the United States Disciplinary Barracks in receiving a ACA survey score of

o Performed 44,834 workplace surveys in the rating period. These were throughout the installation and the United States Disciplinary Barracks.

o Provided Design and Review guidance and timely service for safety and health issues for 18,022 pages for designs, blueprints, specifications for construction of new facilities and modifying of existing facilities totaling over $300,000,000.00.

o Performed 105 training sessions for workers and supervisors.

o Provided professional collaboration between occupational healthcare personnel to resolve specific instances of elevated medical eillance results and injuries by addressing the workplace causes of exposure and action of the particular health hazard generating tl ern.

o Provided evaluation of workplaces to determine whether workers require respiratory protection and recommend types of respirators. age and conduct the quantitative fit test program for Fort Leavenworth. Fit tested 92 workers.

o Conducted 29 Lead investigations and Risk Assessments for the protection of children in FCC homes from lead. The state of Kansas reviewed the risk assessments for quality and described the work and reports to be excellent.

PART VII - INTERMEDIATE RATER *(Optional)*

BULLET COMMENTS

PART VIII - SENIOR RATER *(if used)* or RATER *(no senior rater used)*	PART IX - SENIOR RATER *(if used)*
OVERALL PERFORMANCE RATING ☒ 2 } SUCCESSFUL 3 4 FAIR 5 UNSUCCESSFUL (MUST Have Senior Rater Review)	BULLET COMMENTS *(Performance/Potential)* o Excels in handling tough situations o Outstanding ability to evaluate and priortize Industrial Hygiene services o Always eager to enhance growth potential with additional education and training A completed DA Form 7222-1 was received with this report and considered in my evaluation and review: ☒ YES ☐ NO *(Explain)*

REVERSE, DA FORM 7222 AUG 1998 USAI

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)	b.	c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
GIBSON, KARL L.		INDUSTRIAL HYGIENIST, GS 11, 0690

d. ORGANIZATION/INSTALLATION	e. REASON FOR SUBMISSION
USA MEDDAC, FORT LEAVENWORTH, KS 66027	[X] ANNUAL [ ] SPECIAL [ ] INTERI

f. PERIOD COVERED (YYYYMMDD)	g. RATED MOS.	h. RATEE COPY (Check one and date)
FROM 2003/11/01 THRU 2004/10/31	12	[X] GIVEN TO RATEE [ ] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SIGNATURE	DATE
HENELY, RONALD A.	Ronald A. Henely	NOV 0[illegible] 2004

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT
CPT, MS, USAMEDDAC, FORT LEAVENWORTH, KS 66027
ENVIRONMENTAL SCIENCE OFFICER

b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI)	SIGNATURE	DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used)	SIGNATURE	DATE
NOBACH, LINDA I.	[signature]	NOV 04 2004

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT
MAJ, AN, USAMEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE
	Karl L. Gibson	NOV 04 2004

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

SES - AWARD, BONUS/ SALARY INCREASE	RECOMMENDATIONS					b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI
	RATING (1)	SALARY (2)		PERFORMANCE AWARD - BONUS (3)		PERCENT OF SALARY (EXCLUDES Locality Pay) %
		YES	NO	YES	NO	AMOUNT $
COMMENDING OFFICIALS						QSI (GS with Successful Level 1 Rating Only - minimum of 52 w must have elapsed since last QSI)
RATER						TO (Grade/Step):
INTERMEDIATE RATER						AWARD APPROVED BY
PERFORMANCE REVIEW BOARD						DATE (YYYYMMDD) / FUND CITE
SENIOR RATER		ES		$		

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars). Position Description (DA Form 374) is correct: [X] YES [ ] N

Industrial Hygienist of Fort Leavenworth, Combined Arms College, United States Disciplinary Barracks, 2 AMC Ammunition Plants, Reserve and National Guard Units in 39 Missouri and 15 Kansas Counties, and a Health Center with 12 Clinics supporting Fort Leavenworth and 30,000 beneficiaries. Monitor $367,000 of equipment, and an annual budget of $115,000. Perform force protection t maintains readiness, eliminate or control workplace hazards to prevent illness or injury for soldiers, inmates, and civilians, characteri workplace exposure hazards to facilitate exposure-based medical surveillance for occupational health care, and comply with OSHA, E state and DOD laws and regulations in order to reduce costs. Monitor toxic chemicals, hazardous materials, asbestos. noise, ventilatio lead, ergonomics, confined space, environmental pollution, indoor air quality, radiation, and other potential exposures.

PART V - VALUES (Rater)

VALUES	BULLET COMMENTS
Loyalty	
Duty	o Demonstrates tireless enthusiasm in the performance of his duties.
Respect	
Selfless service	o Dedicated to improve the health of all personnel on Fort Leavenworth.
Honor	
Integrity	o Constantly improves performance through use of education and training.
Personal courage	

PERIOD COVERED *(YYYYMMDD)*	RATEE'S NAME	SSN
2003/11/01 - 2004/10/31	GIBSON, KARL L.	

PART VI - PERFORMANCE EVALUATION *(Rater)*

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratin

[X] Excellence 75% or More Obj	[ ] Excellence 25-74% Obj	[ ] Success All or Excellence 1-24% Obj	[ ] Needs Improvement 1 or More Obj	[ ] Fails 1 or More Ob

Includes Excellence in Org Mgt/Ldshp OR EEO/AA Obj for supv/mgr [ ] Yes [X] No

b. BULLET EXAMPLES

o Assisted Munson Army Health Center in passing the 2004 JCAHO survey. Active member of the Environment of Care/Safety Committee and Process Action Team.

o Provided review guidance for 30,500 pages of designs, blueprints, and specifications for construction of new facilities and modifications of existing facilities for safety and health issues.

o Performed 105 training sessions for workers and supervisors. These included fit testing, hazardous materials, and indoor air quality training.

o Participated with Occupational Health and Safety personnel in the evaluation of operations where ergonomic health hazards may exi Identified 12 areas where an in-depth ergonomics assessments was required.

o Conducted 39 Lead investigations and Risk Assessments for the protection of children in Family Child Care homes.

o Performed 50,962 workplace surveys this rating period.

o Monitored and evaluated 2,531 permit required confined spaces on Fort Leavenworth.

o Managed and conducted the quantitative fit test program for Fort Leavenworth. Fit tested 92 personnel from MEDDAC, DA Police Fire Stations, and the Public Health Service.

PART VII - INTERMEDIATE RATER *(Optional)*

BULLET COMMENTS

PART VIII - SENIOR RATER *(if used)* or RATER *(no senior rater used)*	PART IX - SENIOR RATER *(if used)*
OVERALL PERFORMANCE RATING [X] 2 } SUCCESSFUL 3 4 FAIR 5 UNSUCCESSFUL (MUST Have Senior Rater Review)	BULLET COMMENTS *(Performance/Potential)* o An exceptional professional demonstrating expertise, competence and dedication. o Very attentive to details, conscientious. o An asset to the facility, the installation and the AMEDD. A completed DA Form 7222-1 was received with this report and considered in my evaluation and review: [X] YES [ ] NO *(Explain)*

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)	b.	c. POSITION TITLE, PAY PLAN, SERIES AND GRADE
Gibson, Karl L.		Industrial Hygienist GS 11, 0690

d. ORGANIZATION/INSTALLATION	e. REASON FOR SUBMISSION
USA MEDDAC, FORT LEAVENWORTH, KS 66027	[X] ANNUAL [ ] SPECIAL [ ] INTERI

f. PERIOD COVERED (YYYYMMDD)	g. RATED MOS.	h. RATEE COPY (Check one and date)
FROM 2004/11/01 THRU 2005/10/31	12	[X] GIVEN TO RATEE [ ] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)	SIGNATURE	DATE
HENELY, RONALD, A.	Ronald A. Henely	11/29/05

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT CPT, USA MEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, ENVIRONMENTAL HEALTH

b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI)	SIGNATURE	DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used)	SIGNATURE	DATE
NOBACH, LINDA, I.	Linda Nobach	11/29/05

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT MAJ, AN USA MEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data.	SIGNATURE OF RATEE	DATE
	Karl L. Gibson	11/29/05

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

a. SES - AWARD, BONUS/ SALARY INCREASE	RECOMMENDATIONS					b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI
	RATING (1)	SALARY (2)		PERFORMANCE AWARD - BONUS (3)		PERCENT OF SALARY (EXCLUDES Locality Pay) %
						AMOUNT $
						QSI (GS with Successful Level 1 Rating Only - minimum of 52 w must have elapsed since last QSI)
COMMENDING OFFICIALS		YES	NO	YES	NO	TO (Grade/Step):
RATER						AWARD APPROVED BY
INTERMEDIATE RATER						
PERFORMANCE REVIEW BOARD						DATE (YYYYMMDD) / FUND CITE
SENIOR RATER		ES		$		

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars). Position Description (DA Form 374) is correct: [X] YES [ ] N

Industrial Hygienist of Fort Leavenworth, Combined Arms College, United States Disciplinary Barracks, 2 AMC Ammunition Plants the Reserve and National Guard Units in 39 Missouri and 15 Kansas Counties, and a Health Center with 12 Clinics supporting Fort Leavenworth and 30,000 beneficiaries. Monitor $367,000 of equipment, and an annual budget of $145,000. Perform force protection that maintains readiness, eliminate or control workplace hazards to prevent illness or injury for soldiers, inmates, and civilians, characterize workplace exposure hazards to facilitiate exposure-based medical surveillance for occupational healthcare, and comply wi OSHA, EPA, state and DOD laws and regulations in order to reduce costs. Monitor toxic chemicals, hazardous materials, asbestos, noise, ventilation, lead, ergonomics, confined space, environmental pollution, indoor air quality, radiation, and other potential exposures.

PART V - VALUES (Rater)

VALUES	BULLET COMMENTS
Loyalty Duty Respect Selfless service Honor Integrity Personal courage	o Maintians professionalism in a challenging work environment o Demonstrates high level of expertise and is fully capable of handling anything in the Industrial Hygiene arena o Exceptional dedication and commitment to the MEDDAC, Preventive Medicine, and the For Leavenworth mission

D COVERED *(YYYYMMDD)*	RATEE'S NAME	SSN
2004/11/01 - 2005/10/31	Gibson, Karl L.	

PART VI - PERFORMANCE EVALUATION *(Rater)*

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratin

☐ Excellence 75% or More Obj ☒ Excellence 25-74% Obj ☐ Success All or Excellence 1-24% Obj ☐ Needs Improvement 1 or More Obj ☐ Fails 1 or More Ob

Includes Excellence in Org Mgt/Ldshp OR EEO/AA Obj for supv/mgr ☐ Yes ☒ No

b. BULLET EXAMPLES

o Managed and coordinated an effective, comprehensive IH program that reduced FECA costs by 7% and saved $2 million in Environmental Differential pay.

o Received commendable recommendation from GPRMC for IH program management.

o His many Industrial Hygiene surveys greatly support the United States Disciplinary Barracks in working toward ACA in 2006.

o Performed 3,097 workplace surveys throughout the installation and the United States Disciplinary Barracks.

o Provided design and review guidance on 16 facilities looking specificly at safety and health issues for 10,500 pages of designs or blueprints. Provided input on construction of 3 new facilities and modifications to 13 existing facilities totaling over $300,000,000.C

o Performed 85 training sessions for workers and supervisors. Sessions were in respiratiory protection, ergonomics safety, asbestos a lead awareness.

o Provided professional collaboration between occupational healthcare personnel to resolve specific instances of elevated medical surveillance results and injuries by addressing the workplace causes of exposure and action of the particular health hazard generating concern.

o Evaluated 40 site locations to determine whether workers require respiratory protection and recommend types of respirators. Manag and conducted 213 quantitative fit tests for Fort Leavenworth employees.

o Conducted 24 Lead investigations and Risk Assessments for the protection of children in FCC homes and 2 Elevated Blood Lead Ri Assessments.

PART VII - INTERMEDIATE RATER *(Optional)*

BULLET COMMENTS

PART VIII - SENIOR RATER *(if used)* or **RATER** *(no senior rater used)*	**PART IX - SENIOR RATER** *(if used)*
OVERALL PERFORMANCE RATING ☒ 2 } SUCCESSFUL 3 4 FAIR 5 UNSUCCESSFUL (MUST Have Senior Rater Review)	BULLET COMMENTS *(Performance/Potential)* o Excels in handling tough situations o Outstanding ability to evaluate and priortize Industrial Hygiene services o Always eager to enhance growth potential with additional education and training A completed DA Form 7222-1 was received with this report and considered in my evaluation and review: ☒ YES ☐ NO *(Explain)*

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is ASA(M&RA)

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial): Gibson, Karl L.

c. POSITION TITLE, PAY PLAN, SERIES AND GRADE: Industrial Hygienist GS 11, 0690

d. ORGANIZATION/INSTALLATION: USA MEDDAC, FORT LEAVENWORTH, KS 66027

e. REASON FOR SUBMISSION: Early [X] ANNUAL [ ] SPECIAL [ ] INTERN

f. PERIOD COVERED (YYYYMMDD): FROM 2005/11/01 THRU 2006/06/30

g. RATED MOS.: 07

h. RATEE COPY (Check one and date): [ ] GIVEN TO RATEE [ ] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial): NOBACH, LINDA I. | SIGNATURE | DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT: MAJ, AN, USA MEDDAC, FORT LEAVENWORTH, KS 66027
CHIEF, PREVENTIVE MEDICINE

b. NAME OF INTERMEDIATE RATER (Optional)(Last, First, MI) | SIGNATURE | DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT

c. NAME OF SENIOR RATER (Last, First, Middle Initial)(If used): DEGENHARDT, ERNEST. | SIGNATURE | DATE

GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT: COL, AN, USA MEDDAC, FORT LEAVENWORTH, KS 66027
DEUPTY COMMANDER FOR NURSING AND PATIENT SUPPORT SERVICE

d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data. | SIGNATURE OF RATEE | DATE

PART III - PERFORMANCE AWARD/QUALITY STEP INCREASE

a. SES - AWARD, BONUS/SALARY INCREASE

	RECOMMENDATIONS				
	RATING (1)	SALARY (2)		PERFORMANCE AWARD BONUS (3)	
RECOMMENDING OFFICIALS		YES	NO	YES	NO
RATER					
INTERMEDIATE RATER					
PERFORMANCE REVIEW BOARD					
SENIOR RATER		ES		$	

b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/QSI

PERCENT OF SALARY (EXCLUDES Locality Pay) % (OR)

AMOUNT $ (OR)

QSI (GS with Successful Level 1 Rating Only - minimum of 52 weeks must have elapsed since last QSI) TO (Grade/Step):

AWARD APPROVED BY

DATE (YYYYMMDD) | FUND CITE

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollars). Position Description (DA Form 374) is correct: [X] YES [ ] NO

Industrial Hygienist of Fort Leavenworth, Combined Arms College, United States Disciplinary Barracks, 2 AMC Ammunition Plants the Reserve and National Guard Units in 39 Missouri and 15 Kansas Counties, and a Health Center with 12 Clinics supporting Fort Leavenworth and 30,000 beneficiaries. Monitor $367,000 of equipment, and an annual budget of $145,000. Perform force protection that maintains readiness, eliminate or control workplace hazards to prevent illness or injury for soldiers, inmates, and civilians, characterize workplace exposure hazards to facilitiate exposure-based medical surveillance for occupational healthcare, and comply w OSHA, EPA, state and DOD laws and regulations in order to reduce costs. Monitor toxic chemicals, hazardous materials, asbestos, noise, ventilation, lead, ergonomics, confined space, environmental pollution, indoor air quality, radiation, and other potential exposures.

PART V - VALUES (Rater)

VALUES	BULLET COMMENTS
Loyalty	o Displays highest level of integrity and pride in his work.
Duty	o Unselfish devotion to duty and mission.
Respect	o Dedicated to delivering the highest quality of IH service to Fort Leavenworth.
Selfless service	o Gives freely of himself and his time to meet mission needs.
Honor	
Integrity	
Personal courage	

PERIOD COVERED *(YYYYMMDD)*	RATEE'S NAME	SSN
2005/11/01 - 2006/06/30	Gibson, Karl L.	

PART VI - PERFORMANCE EVALUATION *(Rater)*

a. PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratings:

[X] **Excellence** 75% or More Obj	[ ] **Excellence** 25-74% Obj	[ ] **Success All or Excellence** 1-24%Obj	[ ] **Needs Improvement** 1 or More Obj	[ ] **Fails 1 or More Obj**

Includes Excellence in Org Mgt/Ldshp **OR** EEO/AA Obj for supv/mgr [ ] Yes [X] No

b. BULLET EXAMPLES

o Industrial Hygiene surveys supported the United States Disciplinary Barracks with to score of 99.4 out of 100 standards and recei ACA Accreditation.

o Evaluated 16 MAHC work areas to identify health and safety issues to increase safe, effective and efficient patient care at MAHC ensure compliance with JCAHO standards.

o Performed 1,805 workplace surveys throughout the installation and the United States Disciplinary Barracks.

o Provided design and review guidance for 2,625 pages of designs or blueprints for construction of new facilities and modifications existing facilities for safety and health issues.

o Performed 10 training sessions for workers and supervisors. Sessions were in respiratory protection, ergonomics safety, asbestos : lead awareness.

o Evaluated 40 site locations to determine whether workers require respiratory protection and recommend types of respirators. Mana and conducted 224 quantitative fit tests for Fort Leavenworth employees.

o Provided professional collaboration between occupational healthcare personnel to resolve specific instances of elevated medical surveillance results and injuries by addressing the workplace causes of exposure and action of the particular health hazard generating concern.

o Active member of the Environment of Care, Safety and Infection Control committees.

PART VII - INTERMEDIATE RATER *(Optional)*

BULLET COMMENTS

PART VIII - SENIOR RATER *(if used)* or **RATER** *(no senior rater used)*

OVERALL PERFORMANCE RATING

[X]	
2	**SUCCESSFUL**
3	
4	**FAIR**
5	**UNSUCCESSFUL** (MUST Have Senior Rater Review)

PART IX - SENIOR RATER *(if used)*

BULLET COMMENTS *(Performance/Potential)*

o Displays a high degree of technical competence.

o Outstanding ability to evaluate and prioritize Industrial Hygiene services

o Always eager to enhance growth potential with additional education and training

o Works cooperatively toward the identification of areas needing improvement.

A completed DA Form 7222-1 was received with this report and considered in my evaluation and review:

[X] YES [ ] NO *(Explain)*

E-22

23 February 2009

MEMORANDUM FOR Colonel John M. Beus, USA MEDDAC, Fort Leavenworth, Kansas 66027

SUBJECT: Second Step Appeal of Karl Gibson Evaluation 1 November 2007 to 16 November 2008

1. On 17 December 2008 at 1330 hrs, 1LT Jacob Derivan read to me, the "Karl Gibson's Senior System Civilian Evaluation Report 1 November 2007 to 16 November 2008". 1LT Derivan refused to provide me with a copy of this Senior System Civilian Evaluation Report when I asked him for one.

2. The evaluation does not comply with Article XVIII Performance Evaluation and Acceptable Level - all 4 sections and does not comply with AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES). It is not a fair, accurate or objective evaluation of Karl Gibson's performance for the period of 1 Nov 2007 to 17 Nov 2008.

3. Several grievous errors have been made in the preparation and execution of Mr. Karl Gibson's evaluation.

4. AR 690-400 Chapter 4302 Total Army Performance Evaluation System (TAPES) has been seriously violated by management in the following areas:

a. Paragraph 1-4 Responsibilities b. "Senior Raters are responsible for communicating goals, for setting standards of performance, and for making DA values and ethics visible to facilitate understanding and adherence by all members in their organizations." This paragraph was not complied with by management. LTC Jefferson declared at the informal 1st step meeting that she had not communicated with Mr. Gibson during the entire rating period and had no intention of communicating with him during the current 2008-2009 rating period. The Senior Rater has provided no clear performance objectives standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

b. Paragraph 1-4 Responsibilities b Senior raters will (1) "Review and approve Performance Plans at least at the beginning of each rating period and at any other time during the rating period when major changes to expectations occur." This paragraph was not complied with by management. I did not receive a rating plan in November 2007, it came two months after I was initially counseled for this period in January 2008. Subsequently this January performance plan was changed on 16 July 2008 by my immediate supervisor, LT Derivan. These changes resulted from a meeting between myself, my union representatives and management whereby, I challenged the January Performance Plan, because it did not contain any specific measurable performance standards under which I was being rated. The Senior Rater did not initial the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form). The Rater initialed the

DA Form 7222-2 after the Support form was provided to him by Mr. Gibson on 31 October 2008. The Senior Rater has failed to this date to provide her review and approval of the performance plan to include the performance standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

c. Paragraph 1-4 Responsibilities b. Senior raters will (2) "Review performance appraisals and assign ratings in a timely manner, accuracy and compliance with requirements." This paragraph was not complied with by management. LTC Jefferson did not take into account the January 2008 assessment by LT Derivan whereby, he assessed my competency and found me to be technically competent. LTC Jefferson did not take into account the Corps of Engineers assessment or audit of the IH Program that found no deficiency in Mr. Gibson's performance. LTC Jefferson did not take into account the 6 October 2008 periodic performance counseling whereby, the employee was told "you have done a good job". LTC Jefferson did not take into account the 17 October 2008 periodic performance counseling whereby, I was told I was doing a good with the exception of noting a policy change in how records are to now be released. Since this counseling I have processed four FAOIA requests with no noted mistakes from management. The Senior Rater has provided no documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

d. Paragraph 1-4 Responsibilities b. Senior raters will (3) "Make supportable statements about Ratee's performance." This paragraph was not complied with by management. LTC Jefferson's two bullet comments are not supportable. The Senior Rater has provided no documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

e. Paragraph 1-4 Responsibilities d. Raters will (1) "Identify Rating Chains to the Ratees. Explain if and how any individuals who are not in the official supervisory chain but who assign and monitor the ratee's work will be involved." This paragraph was not complied with by management. The rater did not explain if, and how any individuals (such as Scott Bentley Great Plains Regional Medical Command [GPRMC], Dan Mitchell and others from the Corps of Engineers) who are not in the official supervisory chain, but who assigned and monitored the ratee's work would be involved in rating me during this time period. The Senior Rater has provided no clear performance objectives standards under which, I was to be appropriately evaluated during this time period. The only documentation provided by management came by a union data request that shows other members of management outside my supervisory chain were involved in monitoring the Ratee's work, which management took into account throughout the rating period, but did not reflect in my final evaluation.

f. Paragraph 1-4 Responsibilities d. Raters will (2) "Communicate organizational goals and priorities to ratees – both at the beginning of each rating period and throughout the year as changes occur." This paragraph was not complied with by management. The rating period for Mr. Gibson began on November 1, 2007. The Performance plan was provided to the employee initially on 11th and 15th of January, with subsequent changes being made on 16 July 2008 by the

supervisor, LT Derivan. LT Derivan informed Mr. Gibson by e-mail on 17 October 2008 that LTC Jefferson had just completed the Preventive Medicine Program Document for FY 2008 – providing what the goals and mission priorities were for FY 2008 that ended on 30 September 2008. These goals differed from the Ratee's Performance Plan and the IH Priorities given to the Ratee by the Rater, LT Derivan. When Mr. Gibson asked about the differences between the Performance Plan and Program Document, Mr. Gibson received no response. The Senior Rater has provided no clear performance objectives, goals and standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

g. Paragraph 1-4 Responsibilities d. Raters will (3) "Develop Ratee performance plans for each rating period. Work with Ratees in establishing individual performance and professional development goals and expectations that should be attainable and that reflect organizational needs." This paragraph was not complied with by management. The rating period for Mr. Gibson began on November 1, 2007. The Performance plan was provided to the employee on 11th and 15th of January with subsequent changes being made on 16 July 2008 by the supervisor, LT Derivan. At no point in time did the supervisor involve the Ratee in the development of the performance plan. When I tried to communicate with my immediate supervisor by asking clarifying questions both verbally and in writing, the supervisor did not provide clear performance objective standards under which, I was to be appropriately evaluated during this period. The only thing I have been provided with repeatedly throughout this rating period is job objective's management wants me to comply with, yet my questions of how I'm going to be rated for performing these duties has steadily gone unanswered. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

h. Paragraph 1-4 Responsibilities d. Raters will (4-7) were not complied with. The Rater and the Senior Rater failed to provide clear performance objectives standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

i. Paragraph 1-4 Responsibilities e. Ratees will (1-3) have been complied with.

j. Paragraph 1-5 Components of the Total Army Performance Evaluation Systems (TAPES) a. (1) "The plans, representing joint efforts of Ratees and their rating chains, should be in place within 30 days from the beginning of each rating period." This paragraph was not complied with by management. The rating period for Mr. Gibson began on November 1, 2007. The Performance plan was provided to the employee on the 11th and 15th of January 2008 with subsequent changes being made on 16 July 2008 by the supervisor, LT Derivan. At no point beyond the meeting with myself and my union representation did the supervisor involve the Ratee in the development of the performance plan. I was simply given instructions to comply with whether I agreed with them or not. When the supervisor was provided questions verbally and in writing from the Ratee, the supervisor failed to provide clear performance objectives standards under which, I was to be appropriately evaluated during this time period. The Senior

Rater did not initial the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form). The Rater initialed the DA Form 7222-2 after the support form was provided to him by Mr. Gibson on 31 October 2008. The Rater and the Senior Rater failed to provide clear performance objectives standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Rater's or the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

k. Paragraph 1-5 Components of the Total Army Performance Evaluation Systems (TAPES) a. (2) "The plans must be reviewed and approved by the rating chain at least at the beginning of the rating period and any other time that expectations change significantly." This paragraph was not complied with by management. The rating period for Mr. Gibson began on November 1, 2007. The Performance plan was provided to the employee on the 11th and 15th of January 2008 with changes being made on 16 July 2008 by the supervisor, LT Derivan. LT Derivan informed Mr. Gibson by e-mail on 17 October 2008 that LTC Jefferson had just completed the Preventive Medicine Program Document for FY 2008 – providing what the goals and mission priorities were for FY 2008. These Preventive Medicine Program Document for FY 2008 goals differed from the Ratee's Performance Plan. When Mr. Gibson asked about the differences between the Performance Plan and Program Document, Mr. Gibson received no response. The Senior Rater did not initial the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form). The Rater and the Senior Rater failed to provide clear performance objectives standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Rater's or the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

l. Paragraph 1-5 Components of the Total Army Performance Evaluation Systems (TAPES) a. (3) "Performance plans are recorded on the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form)." This paragraph was not complied with by management. The Senior Rater did not initial the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form). The Rater initialed the DA Form 7222-2 only after the Support form was provided to him by Mr. Gibson on 31 October 2008. The Rater and the Senior Rater failed to use the DA Form 7222-2 and to provide clear performance objectives standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Rater's or the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

m. Paragraph 1-5 Components of the Total Army Performance Evaluation Systems (TAPES) a. (4) "Performance plans become effective on the day they are approved by the Senior Rater." This paragraph was not complied with by management. The Senior Rater did not initial the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form) or approval of the performance plan. The Rater and the Senior Rater failed to use the DA Form 7222-2 and to provide clear performance objectives standards under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

n. Paragraph 1-5 Components of the Total Army Performance Evaluation Systems (TAPES) b. Annual Rating Periods. "All Ratees will have pre-established 12 month rating periods ... 1 Nov – 31 Oct – WS/GS-9 through 12". This paragraph was not complied with by management. The rating period for Mr. Gibson began on November 1, 2007. A new Performance Plan was presented to the Ratee on 16 July 2008 by the supervisor, LT Derivan. 1LT Derivan then informed the Ratee that he would only be evaluated for the last 4 months (July 16 to Nov 16, 2008). However, I was not properly evaluated, nor have I received credit for the duties I have performed during the rating period of 1 Nov 2007 thru 15 Jul 2008. The Rater and the Senior Rater failed to provide clear performance objectives standards for any of the rating period under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Rater's or the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

o. Paragraph 1-5 Components of the Total Army Performance Evaluation Systems (TAPES) l. "Performance Which Fails to meet Expectations. Ratees who fail to meet Responsibilities/ Objectives must be informed in writing, provided guidance and assistance, and given a reasonable opportunity to improve performance." This paragraph was not complied with by management. The Rater and the Senior Rater did not take into account the Jan 2008 assessment of the Ratee by LT Derivan, the Rater. LT Derivan and LTC Jefferson did not take into account the Corps of Engineers assessment of the Ratee or audit of the IH program that found no deficiency in Mr. Gibson's performance. LT Derivan and LTC Jefferson did not take into account the 6 October 2008 periodic performance counseling whereby the Ratee/employee was counseled on the fact that "you have done a good job". How can an employee go from "your doing a good job" to having a failing evaluation in less than a month, especially if he was not properly counseled? Additionally, LT Derivan and LTC Jefferson did not take into account the 17 October 2008 periodic performance counseling whereby, LT Derivan expressed his optimism that we are very close to what he felt was the achievement of a quality product for our customers in a timely manner. The Rater and the Senior Rater did not provide the Ratee in writing that the Ratee was failing to meet expectations. The Rater and the Senior Rater did not provide the Ratee clear guidance and assistance. The Rater and the Senior Rater did not provide the Ratee reasonable opportunity to improve performance. The Rater and the Senior Rater failed to provide clear performance objectives standards for any of the rating period under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Rater's or the Senior Rater's assessment of this portion of my evaluation and her decision not to change the rating.

5. Prior to my having received my evaluation, both 1LT Derivan and LTC Jefferson had signed it. This did not allow me to opportunity to rebut or add additional information/documentation prior to the Senior Rater's review which is not in keeping with a fair and accurate evaluation process.

6. Ratee Karl Gibson's Performance Plan has 6 categories with 22 performance objectives outlined in the Performance Plan provided to him by his Rater on 16 July 2008. 1LT Derivan evaluated only the categories, not the actual performance objectives performed during this rating period. Specifically, the Rater evaluated the categories as -1 category being Excellence, 3

categories being successful and 2 categories being failed. How did LT Derivan evaluate all of the 22 performance objectives areas that I performed during the rating period?

a. According to 1LT Derivan, Karl Gibson "Failed to use the appropriate industrial hygiene measures and enforceable health or safety standards to assess occupational exposures during performance of industrial hygiene surveys and services."

1) During this 4 month period (July 16 to Nov 16, 2008), Karl Gibson was not allowed by management's direction to perform all industrial hygiene surveys that are required by governing policy and regulations. So, how then was 1LT Derivan able to evaluate IH surveys and make the assertions outlined in my evaluation?

2) As recorded in the support form provided to the Rater on 31 October 2008: Karl Gibson provided 100% of the GPRMC "Walk-Thru" events, even though these events, were not on the Ratee's IPS yet, these tasks were required by LT Derivan for me to perform. So, did I receive additional credit for these contributions to the agency?

3) Karl Gibson had performed 26 IH hazard facility assessments that were directed by LT Derivan for him to perform, prior to management changing what objectives they wanted to be included in all facility assessment as of 16 July 2008. Prior to the changes Karl Gibson wrote 26 facility assessments in the then, management directed format, even though the Army IH program does not have a "facility assessment requirement". I was informed by management that the reason for these directed tasks was so that management could record work being completed by the industrial hygienist without having to actually perform IH sampling, testing and surveys or employee exposure monitoring. So, where within this failed rating did I receive credit for performing these "facility assessments", especially when the IH program regulations do not specify, nor address what is, or how to perform a "Facility Assessment"? For this task I was not provided with clear performance objective standards on how I was going to be rated.

4) After LT Derivan changed the Individual performance objectives on 16 July 2008, Karl Gibson performed 21 IH hazard "new" facility assessments as directed. These "facility assessments" required and allowed limited testing, sampling, and measurements. However, none of these directed "facility assessment" allowed for IH surveys or employee Time Weighted Average exposure monitoring/sampling to be conducted per my position description. I was not given credit for performing these additional management directed tasks that are outside the scope of my job description, nor have I been officially trained on how to perform them as it pertains to how I'm evaluated in administering the IH Program versus accepted IH established standards.

5) On 22 August 2008, the Corps of Engineers performed a visit and recommended that these hazard facility assessments be split in Facility Assessment (now also called by LT Derivan as Work Place Assessments) and Indoor Air Assessments (now called by LT Derivan as Customer Service Assessments). With the new requirements I was caused to have to write 4 memorandums for each "facility assessment", instead of the previous one memorandum report. Karl Gibson has performed 34 Facility Assessment/ Work Place Assessments and 34 Indoor Air Assessments/ Customer Service Assessments. Where did I get credit for the increased responsibilities and work load?

6) As recorded in the support form provided to the Rater on 31 October 2008: Karl Gibson's technical expertise and competency was such, that it allowed him to constantly change how the industrial hygiene practices on Fort Leavenworth were administered during this rating period, in order to meet LT Derivan's ever changing expectations and directives on how I was to perform my duties. Many times these management directed changes came with little or no advance discussion, or warning as to how the IH program office was to operate. LT Derivan's changing directives on what tasks Karl Gibson was allowed to perform during this rating period is also a factor in my work performance. At one point during this rating period, LT Derivan was prioritizing my daily work and duties as direct result of managements lack of clarity from GPRMC on how IH programs were to be facilitated. LT Derivan's prioritization of my work related tasks was not a result of any derogatory action being libeled against me. LT Derivan made this known to me during a clarification meeting between myself, management and my union stewards. I feel this failed rating is in direct retaliation to my having questioned LT Derivan's and managements directives, as they pertain to the IH Program and surveying, because the directives were, and are, still in direct conflict with OSHA regulations, DoD and DA-IH policy and regulations. Subsequently, the Corps of Engineers did two evaluations of Karl Gibson's work and found it my work to be technically competent. Furthermore, they also found Karl Gibson to be fully knowledgeable in his duties as the Industrial Hygienist and IH Program Manager. So, where did I receive credit for this in this evaluation?

7) According to the Ongoing Competency Assessment Statement evaluation conducted by LT Derivan at the beginning of the rating period (25 Jan 08) and the Corps of Engineers' audit conducted near the end of the rating period, they both found Karl Gibson's work to be compliant with accepted IH practices. So, where did I receive credit for this in this evaluation? How can I have failed during this evaluation period?

8) LT Derivan failed to provide clear written performance objectives standards during this rating period under which I was evaluated. Furthermore management has failed to provide documentation/information that supports the Rater's assessment of this portion of my evaluation.

b. According to 1LT Derivan, Karl Gibson "Erroneously applied industrial guidelines rather than selecting the appropriate enforceable occupational health standards in the production of industrial hygiene reports."

1) The Corps of Engineers did two evaluations and found Karl Gibson's work to be technically competent, as well as finding Karl Gibson to be fully knowledgeable in his duties as the Industrial Hygienist and as the IH Program manager. So, where did I receive credit for this in this evaluation? How did management derive the fact that I failed during this evaluation period?

2) When the GPRMC IH came and made suggestions on the Industrial Hygiene Implementation Plan (IHIP) and the IH work process, Karl Gibson was tasked to develop and implement Scott Bentley's suggestions. Management fully accepted my work and was wholly pleased with my performance. When the Corp of Engineers came and found that the GPRMC IH suggestions were wrong and that they needed to be changed, Karl Gibson again was tasked to

develop and implement these Corps of Engineers' corrections. Management again fully accepted my work and was wholly pleased with my performance. Memorandums and technical reports were changed and written by Karl Gibson in 8 different formats and styles as a result of LT Derivan's constant changing directives. So, where did I receive credit for this in this evaluation? How did I fail to meet management's expectations during this rating period?

3) During this rating period Karl Gibson performed 26 IH hazard facility assessments that were directed by LT Derivan for me to perform, before management changed what they wanted included in all facility assessment as of 16 July 2008. Karl Gibson wrote 26 facility assessments in the then management directed format, even though the Army IH program does not have a "facility assessment requirement". I was informed by management that the reason for these directed tasks was so that management could record work being done without having to actually perform IH sampling, testing and surveys or employee exposure monitoring. So, where within this failed rating did I receive credit for performing these "facility assessments", when the IH program regulations do not specify, nor address what is or how to perform a "Facility Assessment". I was not provided clear performance objective standards on how I was going to be rated in performing these tasks. So, where did I receive credit for this in this evaluation?

4) According to the Corps of Engineers' audit and LT Derivan's own evaluation, Karl Gibson work is compliant with accepted IH practices. So, how did I fail during this evaluation period?

5) The Rater has failed to provide clear performance objectives standards for any of the rating period under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Rater's assessment of this portion of my evaluation.

7. Additional mistakes on DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form) document:

a. Block g on the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form) should read 12 not 4 months, because they did not do a close out evaluation on 15 Jul 2008.

b. Part IV Duty Description on the DA Form 7222-2 (Senior System Civilian Evaluation Report Support Form) was changed from Karl Gibson's previous duty description. All non-generic, but specific functions and responsibilities, were removed to include monetary values of equipment and fiscal responsibilities that I'm responsible for.

8. LTC Jefferson wrote "Quality of work does not reflect high professional standards."

a. There is no factual basis for this statement. As previously stated, I received no clear written performance objective standards at the beginning of this rating period. So, what high professional standards was I being rated against? Since LTC Jefferson refused to communicate with me, by her own statement during our informal step one meeting between myself and my Union stewards during this rating period, what high professional standards am I to follow, or refer to?

b. During this rating period Karl Gibson consistently maintained communication and sought advisement and guidance from his immediate supervisor and Senior Rater on issues that I felt I needed clarification/assistance on.

c. The Senior Rater has failed to provide clear performance objectives standards for any of the rating period under which, I was to be appropriately evaluated during this time period. Furthermore management has failed to provide documentation/information that supports the Senior Rater's assessment of this portion of my evaluation.

9. LTC Jefferson wrote "Lacks the ability to communicate with credibility and confidence."

a. There is no factual basis for this statement. As previously stated, I was constantly tasked to write, and re-write Memorandums in varying formats, because management was unclear on how they wanted IH information to be generated or reported. Please refer to paragraphs 6.b.1, 6.b.2, 6.b.3, and 6.b.4. So, what high professional performance objective standards was I being rated against? I did not receive any, so again this rating is not fair and objective.

10. The Rater and Senior Rater have made personal attacks against Karl Gibson through this rating medium, because I am a competent older, white, male DAC with over 19 years of excellent service as the sole Industrial Hygienist at Fort Leavenworth. Karl Gibson has always strived and will continue to be a consummate professional in his conduct and work. He has always supported the agency and its mission to provide the highest level of support in protecting government property and life. However, I'm being retaliated against for identifying safety and health problems that have been identified through the Fort Leavenworth IH program. This is clearly in violation of AR 385-10 and AR 40-5. The retaliation against Karl Gibson started with the arrival of his supervisor, senior rater, and the former commander and it still continues to this date.

11. When Karl Gibson asked 1LT Derivan for a copy of this evaluation; he refused to give him a copy of the document. When Karl Gibson asked 1 LT Derivan what supporting documentation he was using to substantiate his failing Karl Gibson in the evaluation. The 1LT refused to provide any supporting documentation, nor a valid basis for making these claims. This is further proof that the actions taken by management to fail me in my rating, are unsubstantiated, and are retaliatory in nature.

12. POC is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@amedd.army.mil.

Karl L. Gibson

KARL L. GIBSON
GS 11, USA MEDDAC
Industrial Hygienist

Received By _____ Date 25 Feb 09

E-23

MCXN-PM 4 December, 2006

MEMORANDUM FOR RECORD

SUBJECT: Mid-point Counseling

1. Karl Gibson has been informed that all emails referencing reports, request from outside sources, or from within, replies to questions, and or other(s) emails, pertaining to his work first be reviewed by his immediate supervisor (2LT Derivan) and the C, PM (LTC Jefferson),before they leave the PM office, until further notice.

2. It is important that the leadership (PM) be kept informed of their AOR. This gives them the ability to be proactive rather than reactive. There has been several email transmissions either sent or received by Karl Gibson, that leadership has had no knowledge of their credence. This has caused a lot of back tracking to get to the root of many of the messages and to come up with workable solutions for all parties involved.

3. All staff are expected to communicate with their supervisor(s), utilize their chain-of-command, support mission requirements and unit activities, develop and maintain unit cohesiveness.

4. This counseling session took place on 7 Dec 06.

5. Individual counseled Karl Gibson (Print Name) KG (Initials).

Karl Z. Gibson
(Signature)

Beverly Jefferson
BEVERLY JEFFERSON
LTC, AN
C, Preventive Medicine

E-24

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

MCXN-PM 08 January 2007

MEMORANDUM FOR RECORD

SUBJECT: INITIAL COUNSELING

1. The following is a continuation of the Individual Performance Standards for Karl L. Gibson.

a. All emails referencing reports, requests from outside sources, or from within, replies to questions, and or other(s) emails, pertaining to work will first be reviewed by the first line supervisor (2LT Derivan) and the C, PM (LTC Jefferson) before they leave the PM office.

b. All testing and analyses conducted will first be approved by the first line supervisor (2LT Derivan) and the C, PM (LTC Jefferson).

2. This counseling session took place on 8 Jan 07

3. Individual counseled Karl G. Gibson (Print Name) KLG (Initials)

Karl G. Gibson
(Signature)

Jacob Derivan

JACOB J. DERIVAN
2LT, MS
Environmental Science Officer

E-25

REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
USA MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH, KS 66027-2332

MCXN-PM

05 March, 2007

MEMORANDUM FOR: RECORD

SUBJECT: Chief, Preventive Medicine Performances

1. The purpose of this memorandum is to clarify the expectations of you as the Industrial Hygienist, for Munson Army Health Center.

2. Expectations.

   a. Abide by the Code of Ethics for the Professional Practice of Industrial Hygiene, as outlined in DA PAM 40-503, figure 5-1, p. 14.

   b. Ensure all information is accurate. When citing references, include exact location information-title, paragraph, page, etc. This includes, referencing recommendations given. All reports are to go through 2 LT Derivan, LTC Jefferson, who will ensure COL Degenhardt is forwarded a copy for approval/disapproval, before sending to Munson Commander for signature.

   c. Communicate appropriately with colleagues to ensure effective working relationships. Stay objective and professional. Ask for clarification when unsure what is being stated by the sender.

   d. Keep your supervisory chain informed of issues and their impact on the community. Your supervisory chain is: 2 LT Derivan – 1st line Supervisor; LTC Jefferson – Senior Rater.

   e. Commander's Open Door Policy #06-01. You are to read this policy and abide by the guidance written. An attached copy is supplied with this memorandum.

   f. Maintain a neat and safe working environment.

   g. Overtime/Compensatory Time – Must be approved by C, Preventive Medicine, or 2 LT Derivan in my absence prior to performing any overtime. With no prior approval from C, PM or her designee, all claims will be denied.

h. When submitting reports/ format should include:
   1. Focus on Industrial Hygiene
   2. Ensure audience can appropriately use the information.
   3. Include OSHA standards (regulatory) in addition to ACGIH (guidance).
   4. When using PEL and action level-explain what each means and the importance of each.
   5. Ensure recommendations accurately reflect findings and are understandable by the user.

3. If you have any questions please see 2LT Derivan or myself.

BEVERLY JEFFERSON
LTC, AN
C, Preventive Medicine

Signed by Employee and Date: Karl Z. Derivan 6 Mar 07

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-CDR

7 June 2006

MEMORANDUM FOR Munson Army Health Center

SUBJECT: Munson Army Health Center Commander's Open Door Policy # 06-01

1. Purpose. This open door policy provides the Soldier and civilian employees, regardless of rank or grade, the opportunity to bring personal and professional problems, grievances, and suggestions to the attention of the commander without fear of reprisal. Most issues should be resolved by the chain of command/supervisors, but if that fails, then the Health Center Commander will be available.

2. Scope. This policy applies to all Munson Army Health Center personnel (active duty, civilian, and contractors).

3. Description. Normally, the chain of command is used to resolve problems or difficulties; however, there are occasions when a concern may involve someone in the chain of command. In those instances, it is appropriate to use the Commander's open door policy to resolve the problem. The individual may also see the Commander if he/she has used the chain of command but did not feel it was helpful.

4. Responsibilities. Soldiers, civilian employees, and members of our professional staff may request an appointment with the Commander through the offices of the DCA, DCN, DCCS, or Health Center Sergeant Major.

a. The chain of command/supervision will:

(1) Attempt in all instances to resolve the issue with the individual prior to being brought to the attention of the Health Center Commander.

(2) Inform the Commander of any urgent issues of command interest pertaining to matters from employees, especially if the employee plans on exercising the Commander's open door policy.

b. The individual seeking to meet with the Commander will:

(1) First go through his/her chain of command/supervisor for resolution of any issue.

(2) If not satisfied with the assistance from the chain of command/supervisor, enlisted Soldiers may request an appointment with the Commander through the Health Center Sergeant Major. Officers and civilian staff may request an appointment with the Health Center Commander through the appropriate Deputy Commander.

(3) If the matter is urgent, the individual will coordinate directly with the Commander's secretary for an appointment.

5. In the interest of avoiding repeated circumvention of prescribed channels, the Health Center Commander retains the right to deny requests where she has already considered, or will be considering, matters submitted in writing as part of an existing formal review process.

6. The point of contact for this memorandum is the Deputy Commander for Administration at DSN 552-6420 or Commercial (913) 684-6420.

CARMEN L.C. RINEHART
COL, MS
Commanding

Jefferson, Beverly LTC MAHC

From: [redacted]
Sent:
To:
Subject: Overtime/Comp Time

See below for rules:

Overtime Work
As a general rule, overtime work means each hour of work in excess of eight hours in a day or in excess or forty hours in an administrative workweek that is officially ordered and approved by management and is performed by an employee. It is work that is not part of an employee's regularly scheduled administrative workweek and for which an employee may be compensated. Section 1121 of the National Defense Authorization Act (Public Law 108-136) for Fiscal Year 2004 amended 5 U.S.C. 5542(a)(2), employee overtime pay is now capped at one and a half time the GS 10, step one rate, or the employee's regular rate of pay, whichever is greater. OPM issued regulation to implement this provision, effective 13 May 2004. Supervisors should provide written approval for overtime before the hours are worked or, when this is not feasible, as soon as possible after the overtime is worked. Overtime and compensatory time are documented on DA Form 5172-R.

Employees who are non-exempt under the Fair Labor Standards Act (FLSA) must receive overtime pay unless they request compensatory time off in lieu of payment. Employees under the Federal Wage System (e.g., WS, WL and WG) became eligible for compensatory time with an amendment to 5 U.S.C. 5543 in the National Defense Authorization Act for Fiscal Year 1997. The Federal Employees' Pay Comparability Act of 1990 (FEPCA) eliminated overtime coverage under 5 U.S.C. for employees covered by the FLSA. Overtime payments for these employees are now computed based on FLSA only. However, work in excess of 8 hours per day will be considered overtime as provided for under 5 U.S.C.

Exempt employees under the General Schedule paid at the rate of GS-10/Step 10, and below, receive overtime compensation or compensatory time off by choice. Those paid at the rate that exceed the rate of GS-10/Step 10 may receive overtime compensation or compensatory time off; however, management makes the determination. Commanders of activities employing civilians and their designated representatives are authorized to require employees whose rate of basic pay is in excess of the maximum rate for GS-10 to take compensatory time off in lieu of overtime pay. This does not apply when the employee is non-exempt under FLSA and the overtime is derived from FLSA provisions.

Kathy Rush

12 March 2007

Memorandum For Record

SUBJECT: Minutes for the 6 March 2007 Meeting

1. At the 6 March 2007 meeting, LTC Jefferson read to me a MFR Subject: Chief, Preventive Medicine performances dated 5 March 2007. LTC Jefferson stated that this was to clarify expectation with me and that I had not violated any of these items.

2. Because several issues were brought up that we had discussed before on 26 February 2007, I felt clarification was needed. I then wrote a MFR Subject: MFR for Employee Notification, dated 12 March 2007. It explained why sampling results are included in the IH memos and why removal would not be lawful.

3. I provided this MFR in hard copy to LTC Jefferson on 12 March 2007, but LTC Jefferson refused to sign and refused to acknowledge receipt.

4. POC is Mr. Karl Gibson, Industrial Hygienist at 4-6539 or karl.gibson@cen.amedd.army.mil.

KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

E-26

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM

14 March 2007

MEMORANDUM FOR RECORD

SUBJECT: ADDENDUM TO INDIVIDUAL PERFORMANCE STANDARDS

1. The following is an addendum to the Individual Performance Standards for Karl L. Gibson established during the initial counseling on 08 January 2007.

a. Maintain a log of all the surveys and Industrial Hygiene (IH) work done by week, and grouped by month for review by the rater and input to the evaluation of the Industrial Hygienist.

b. All known leave requests will be submitted to the first-line supervisor at the beginning of the leave year. Leave and earned Compensatory Time must be scheduled for use throughout the year to avoid excessive amounts remaining at the end of the leave year.

c. Troop Motor Pool (TMP) – the TMP assigned to Preventive Medicine (2002 Chevrolet Blazer, serial number G61-10170) will be dispatched on the 15th and last business day of every month. The Industrial Hygienist will need to coordinate any preventive maintenance and service (i.e. oil changes, service of brakes, system diagnostics, etc.) that needs to be performed on the TMP with DIS Transportation and Maintenance as the issues arise. The first-line supervisor will be kept apprised of any situations that arise involving the aforementioned TMP.

d. Memoranda produced to report results from the IH surveys will not exceed an electronic file size of three megabytes (MB), in accordance with Munson Army Health Center's Information Management Division's best management practices. The first-line supervisor will give approval for files in excess of 3 MB.

2. This counseling session took place on 14 March 2007

3. Individual counseled Karl Gibson (Print Name) KLG (Initials)

Karl L. Gibson
(Signature)

Jacob J Derivan

JACOB J. DERIVAN
2LT, MS
Environmental Science Officer

14 March 2007

Memorandum For Record

SUBJECT: Minutes for the 14 March 2007 Meeting

1. On 14 March 2007, 2LT Derivan and I had our counseling. 2LT Derivan said I was doing well and there were just a few things he wanted to add to what I was doing. I asked for training on his request for me to compress electronic files, because I did not know how. 2LT Derivan provided this training.

2. POC is Mr. Karl Gibson, Industrial Hygienist at 4-6539 or karl.gibson@cen.amedd.army.mil.

Karl L. Gibson

KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

E-27

MCXN-PM 9 April 2007

Memorandum for Record

SUBJECT: Performance Expectations for Karl Gibson (GS-0690-11- Industrial Hygienist, Ft. Leavenworth, KS)

1. The purpose of this memorandum is to outline performance expectations with regard to required and requested environmental sampling/air sampling of buildings at Ft. Leavenworth, KS 66207. From recent report of surveys it appears sampling techniques may be faulty and/or laboratory analyses may have been misinterpreted. The unexpected and unexplained results warrant a review and possible remedial training. The reports referred to in this memorandum are:

a. Bell-Hall, Asbestos
b. Trolley Building
c. Commander's Office, Munson Army Health Center
d. SAAF Hanger, Lead

2. Based on the attached reports, the following actions are required:

a. **Environmental Monitoring/Air Sampling.**

(1) Fully successful performance will require that air samples be collected on three consecutive days so that outliers can be identified. In the interim, you will be required to collect side-by-side samples. All samples will be collected using the approved NIOSH method and be submitted to an AIHA accredited laboratory for analyses. One set will be forward to Scheinder Laboratories and the other set will be sent to the GPRMC IH Program Manager and transported to Brooks AFIOH Laboratory in San Antonio, TX (GPRMC IH Services will pay for the Brooks AFIOH Laboratory sampling fees).

CITE: DA PAM 40-503

(3) Sampling results are subject to approved statistical analysis to determine data significance. Statistical analysis is used to determine data accuracy and precision and exposure trends. The IHPM must use statistical analysis to both develop sampling strategies and to analyze sample results.

(4) Statistical analysis is not a substitute for professional judgment but is an additional tool used by the IHPM to provide a better health hazard assessment. When exposure conclusions/decisions are obvious, such as during emergencies or when the data obviously indicates an overexposure and/or very low exposures, the application of statistical analysis is not warranted.

(2) A minimum of six (6) samples will be collected to ensure statistical analyses can be completed. All sampling results will be entered into DOEHRS-IH and all statistics will be analyzed and reviewed by the GPRMC Regional IH Program Manager before results are released to appropriate activity managers.

CITE: DA PAM 40-503

5-7. Data verification

The IH data are used for patient care decisions and legal proceedings, and the IHPM must-

a. Verify that the data entered in the DOEHRS-IH are an accurate and complete record of the identification and evaluation of health hazards. Additional safeguards, such as chain-of-custody, may be necessary for IH data likely to be involved in legal proceedings, such as exposure sampling done after personal injury or death.

b. Review data obtained from other sources such as technicians, safety professionals, collateral duty personnel, and contractors before inclusion in the DOEHRS-IH database.

b. **IH Quality Assurance Program**

(1) The GPRMC Regional IH will serve in the Quality Assurance role for DOEHRS-IH at Leavenworth, KS. Sample data will be entered into DOEHRS-IH and subsequent review by the GPRMC Regional IH Program Manager prior to information release.

(2) Field notes will be taken and maintained along with sampling data. In addition, photos may be uploaded to the electronic file.

(3) A chain of custody will be maintained for all air monitoring samples.

CITE: DOEHRS-IH USER MANUAL:

3.4 QUALITY ASSURANCE ROLE
The Quality Assurance (QA) role is responsible for checking the validity and accuracy of the data, findings and recommendations in the system.
The QA role has the authority to "publish" the data, findings and recommendations.
Permission(s):
** Ability to review and publish IH data for a given PO.*
** Ability to mark a published record as invalid (remove from corporate analysis) for a given IH PO (Program Office).*

(4) The IHPM will develop and implement a Quality Assurance SOP within forty-five days.

c. **Equipment Maintenance and Calibration.** A complete audit of the IH equipment will be conducted within forty-five (45) working days. All equipment will be maintained in accordance with manufacturer's recommendations and DA PAM 40-503. The equipment inventory will be maintained in DOEHRS-IH. This item will be completed by ~~18~~ 22 June 2007.

d. **GPRMC Staff Assistance Visit (SAV).** The GPRMC IH Program Manager and/or his designee will schedule a site visit within the next 90 days to verify sampling techniques and procedures. This will provide hands-on training and validate of sampling methods/techniques utilized.

e. **Follow-up and Documentation.** These tasks will be reviewed *quarterly* and feedback provided and documented.

BEVERLY JEFFERSON
LTC, AN
C, Preventive Medicine

Signed by Employee and Dated Karl Z. Gilbert 19 Apr 07

19 April 2007

Memorandum For Record

SUBJECT: Minutes for the 19 April 2007 Meeting

1. On 19 April 2007, I was asked to step into LTC Jefferson's office by LT Derivan. There I was ambushed and read an MFR Subject: Performance Expectation for Karl Gibson (GS-0690-11-Industrial Hygienist, Ft Leavenworth, KS) dated 9 April 2007.

a. LTC Jefferson stated that she did not want to do this, but was required to by the Commander. LTC Jefferson read the MFR to me.

b. For each of the 4 listed surveys that the Commander has issues with, I once again explained what had occurred. The bottom line appeared to be that the Commander did not like the results found during the surveys, so it is her intent to make doing my job more difficult. This is even though the Negotiated Agreement Article XVIII Performance Evaluation and Acceptable Level clearly states:

1) In Section 2. "Major and critical elements shall be communicated, in writing, to each employee at the beginning of the rating period."

2) In Section 3. "Standards used for the evaluation of performance shall be fair, valid, objective, attainable, and shall be communicated in writing to each employee at the beginning of the rating period."

2. Even though these Evaluation Standards were not provided at the beginning of the rating period (1 July 2006). I have tried to comply with LTC Jefferson's order of demands, but I have some questions.

3. POC is Mr. Karl Gibson, Industrial Hygienist at 4-6539 or karl.gibson@cen.amedd.army.mil.

Karl L. Gibson

KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

Provided to LTC Jefferson + LT Derivan, but refused to sign Karl L. Gibson

E-28

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 25 May 2007

MEMORANDUM FOR RECORD

SUBJECT: Performance Expectations for Karl Gibson Questions

1. Issues concerning the 4 surveys:

a. Bell Hall Asbestos. See 18 September 2006 MFR. Mr. Scott Bentley, GPRMC IH Program Manager came at the Commander's request to determine if Karl Gibson's sampling techniques might be faulty. He came and found nothing defective in my work, procedures, and laboratory analysis interpretation. Karl Gibson, Fort Leavenworth IH is a trained with certified training as an Asbestos Supervisor and Asbestos Inspector since 1991 and has had the annual training refresher every year. (See Enclosure A)

b. Trolley Station. I was called by employees who were reporting health problems. Industrial Hygiene survey was to identify hazards and exposures from vehicle exhaust on 7-12 November 2006. I used at least 4 different calibrated pieces of monitoring equipment to measure exposures. I tested for 5 days. No samples were sent to a lab. The MEDDAC Commander had the NCOs of Preventive Medicine check all the IH equipment to see if the equipment was calibrated and serviceable without notifying Karl Gibson. They could only find calibrated and serviceable equipment. The only problem that has been identified by my command is that they do not like the results. (See Enclosure B)

c. MEDDAC Commander's Office from Ceiling Tiles and Carpet Replacement Project January – February 2007 Survey. I was requested by Tammy Schad, MEDDAC Safety Officer to test the air in the commander's office. We met with COL Degerhardt and he ordered that Karl Gibson conduct testing on 31 January and 1 February 2007 to measure the fiberglass and mold levels. He was informed and was aware that the same TEM analysis for fiberglass would also identify asbestos fibers if present. None of Karl Gibson's work, procedures, and laboratory analysis interpretation were found defective. I have only been asked "why would I measure if I knew it would be non-complaint and not a normal work day"? The only problem that has been identified by my command is that they do not like the results. (See Enclosure C)

d. Sherman Army Airfield, Lead Exposures. The D, DPTM had concerns about the possible lead hazards in SAAF. Karl Gibson, Fort Leavenworth IH is a trained and licensed by the State of Kansas with certified training as a Lead Supervisor, Lead Inspector, and Lead Risk Assessment. COL Degerhardt ordered Karl Gibson to just measure air levels of lead on 30 January 2007 and not perform a complete lead risk assessment. Each subsequent sampling event has followed management meetings to control exposure results, dictate date of samplings and what appears to be attempts to manipulate the results. Karl Gibson's work was observed by 2LT Derivan and enlisted Preventive Medicine staff. None of Karl Gibson's work, procedures, and

laboratory analysis interpretation were found defective. The only problem that has been identified by my command is that they do not like the results. (See Enclosure D)

2. Questions for required actions.

a. According to Mr. Scott Bentley, GPRMC IH Program Manager, Karl Gibson is not to send samples to them. How can Karl Gibson comply with these side-by-side samples requirements?

b. According to paragraph 2.a.(2), Karl Gibson is to enter all sampling results into DOEHRS-IH and all statistics will be analyzed and reviewed by the GPRMC Regional IH Program Manager before results are released to appropriate activity managers. How is this to happen?

c. According to paragraph 2.b. "the GPRMC Regional IH will serve in the Quality Assurance role for DOEHRS-IH at Leavenworth, KS. Sample data will be entered into DOEHRS-IH and subsequent review by the GPRMC Regional IH Program Manager prior to information release." How is this to happen since DOEHRS-IH does not have this Quality Assurance role?

d. According to paragraph 2.b.(4) The IHPM will develop and implement a Quality Assurance SOP within 45 days. Since the IHPM has used for years the Sampling and QA SOP that the GPRMC Regional IH Program Manager and CHPPM-west IH staff provided at the last assistance visit where they found no deficiencies in the IH program except not supported by the MEDDAC Command and not staffed for the mission – what problem is with the current SOP except that the C, PM has not reviewed them in 2006 or 2007? (See Enclosure E)

e. According to paragraph 2.c."A complete audit of the IH equipment will be conducted within 45 working days. All equipment will be maintained IAW manufacturer's recommendations and DA PAM 40-503. The equipment inventory will be maintained in DOEHRS-IH. Who and how is this audit to be performed? The data entry was completed on 25 May 2007.

POC is Mr. Karl Gibson, Industrial Hygienist at 4-6539 or karl.gibson@cen.amedd.army.mil.

Karl L. Gibson

KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

Enclosure A

MCXN-PM (40-5f) 18 September 2006

MEMORANDUM FOR RECORD

SUBJECT: Preventive Medicine Comments to the US Army Corps of Engineers Asbestos Issues at Bell Hall – Observations dated 18 July 2006

1. The basic difference in the Fort Leavenworth IH sampling and monitoring plan vs. the Corps of Engineer sampling and monitoring plan. Karl Gibson, Fort Leavenworth IH is a trained Asbestos Supervisor and Asbestos Inspector since 1991 and has had the annual training refresher every year.

a. Karl Gibson, Fort Leavenworth IH sampling and monitoring plan complies with the Secretary of the Army's 1998 guidance, US Army Center of Health Promotion and Preventive Medicine recommendations, and OSHA's 29 CFR 1910.1001 "Asbestos" standard. This requires an 8 hour area samples for ¼ of the work areas with a calibrated pump set at a flow rate of 2 lpm (allowance is .5 lpm to 5 lpm, but OSHA recommends between 1-2 lpm). For samples in which results return at .05 f/cc or greater, TEM analysis are then run to determine if fibers measured are asbestos or not. OSHA and EPA both recognize 2 basic air sampling methodologies as area and personal monitoring. Area samples are taken with a pump (calibrated), tubing and filter cassette placed at breathing zone height at some stationary location. Personal samples are collected from within the breathing zone height of the individual, but outside the respirator. The results are compared to the OSHA's Permissible Exposure Limits (PEL) of 0.1 f/cc.

b. The Corps of Engineer sampling and monitoring plan is called "clearance". It does not follow the Secretary of the Army's 1998 guidance, US Army Center of Health Promotion and Preventive Medicine recommendation, and OSHA's 29 CFR 1910.1001 "Asbestos". The regulators define clearance as "Air Samples collected at the conclusion of an asbestos response action to determine if airborne asbestos fiber concentrations are below those levels acceptable for persons to reoccupy an area." The Corps' plan follows only the general requirements of NIOSH Method 7400 is to sample for 105 – 110 minutes of ¼ of the work areas with a calibrated pump flow rate of 10 lpm. The results are not compared to the OSHA's Permissible Exposure Limits (PEL) of 0.1 f/cc, but a lower level of 0.01 f/cc.

c. The last quarter's Karl Gibson, Fort Leavenworth IH sampling results and the Corps of Engineer's APEX (Contractor) sampling results were nearly identical to each other with the ceiling ventilation systems off during both sample periods.

2. According to the Corps of Engineer paragraph 1. discussed the difference between PCM and TEM methods. (Note for those who do not know what these methods are.)

a. PCM is an OSHA approved method that measures fibers in the air. It does not ID if the fibers are asbestos or not. This is the OSHA PEL.

b. TEM is an EPA approved method that measures asbestos structures and what kind of asbestos.

c. As documented in the OSHA standard 29 CFR 1910.1001 Appendix B:

"Paragraph 1.3. Advantages and Disadvantages
There are four main advantages of PCM over other methods:
(1) The technique is specific for fibers. Phase contrast is a fiber counting technique which excludes non-fibrous particles from the analysis.
(2) The technique is inexpensive and does not require specialized knowledge to carry out the analysis for total fiber counts.
(3) The analysis is quick and can be performed on-site for rapid determination of air concentrations of asbestos fibers.
(4) The technique has continuity with historical epidemiological studies so that estimates of expected disease can be inferred from long-term determinations of asbestos exposures.
The main disadvantage of PCM is that it does not positively identify asbestos fibers. Other fibers which are not asbestos may be included in the count unless differential counting is performed. This requires a great deal of experience to adequately differentiate asbestos from non-asbestos fibers. Positive identification of asbestos must be performed by polarized light or electron microscopy techniques. A further disadvantage of PCM is that the smallest visible fibers are about 0.2 um in diameter while the finest asbestos fibers may be as small as 0.02 um in diameter. For some exposures, substantially more fibers may be present than are actually counted."

"Paragraph 6.7. Fiber Identification
As previously mentioned in Section 1.3., PCM does not provide positive confirmation of asbestos fibers. Alternate differential counting techniques should be used if discrimination is desirable. Differential counting may include primary discrimination based on morphology, polarized light analysis of fibers, or modification of PCM data by Scanning Electron or Transmission Electron Microscopy.
A great deal of experience is required to routinely and correctly perform differential counting. It is discouraged unless it is legally necessary. Then, only if a fiber is obviously not asbestos should it be excluded from the count. Further discussion of this technique can be found in reference."

"Paragraph 8.10.
If there is a question whether a fiber is asbestos or not, follow the rule:
"WHEN IN DOUBT, COUNT."

d. Accordingly, there is not conversion between PCM's f/cc and TEM's s/cc. This is regardless to the TEM method used (AHERA Mandatory method, NIOSH 7402 method, Yamate method, or Burdett & Rood method). The industry standard and "state of art" is the AHERA Mandatory method. The AHERA Mandatory method is the method that the labs used by Karl Gibson, Fort Leavenworth IH has used.

3. According to the Corps of Engineer paragraph 2 and 8. concern about one set of sample results.

a. The CGSC and DIS wanted to return workers back into the work space, so rush Clearance was requested and done. As Karl Gibson discussed in several e-mails and phone calls on and around 5 July, during the clearance testing in question, Karl Gibson reported that "the contamination appeared to the labs and him to have been stuffed with vacuum cleaner dust. The dust loading is not natural and does not represent the true space conditions. Karl Gibson recommended to his command that the rooms be retested and these results not taken into consideration." On 10 July 2006, Karl Gibson e-mailed to all involved that "I have concerns: 1) workers were in the rooms in question (as well as on the other floors) and 2) the locks have been changed to the old master key. I thought that the locks were to be changed to a new key."

b. For regular quarterly testing, Karl Gibson requests PCM results and if levels are .05 f/cc or greater, Karl Gibson requests the TEM analysis be done.

c. For Clearance following cleanup of the rooms, Karl Gibson requests PCM results and if levels are .005 f/cc or greater, Karl Gibson requests the TEM analysis be done. PM has found that TEM results do not always correspond to PCM levels.

4. According to the Corps of Engineer paragraphs 3. & 4 use of janitors and calibration.

a. Janitors have never been used for asbestos sampling. Karl Gibson used the sample strategy that CHPPM Main set up in 1998 on the second visit here to Fort Leavenworth dealing with this issue. Karl Gibson tests ¼ of the offices and rooms every quarter. There are about 500 rooms. This means 125 rooms are tested. Karl Gibson sets up the sampling in the afternoon (and verifies calibration). Karl Gibson verifies calibration using a calibrated BIOS DryCal DC-Lite Primary Flow Meter using the minimum of three calibration tests. Karl Gibson records room number, pump and sample number for each room/sample. Late evening, Bell Hall Contract Security officials go to each room and they turn on the sampling pumps. Security records the pump, sample #'s and start time. (Karl Gibson has provided training and written instructions on what to do.) The pumps run at 2 lpm to measure the 8 hr TWA. Karl Gibson comes in at 0600 hrs and pick up the security record sheets. Karl Gibson picks up the samples 8 hours after the security has started samples and then picks up the pumps. Karl Gibson records stop times. Karl Gibson

sends these samples to CHPPM Main Lab at APG. MD. Karl Gibson records all sample information, times and flow rate on the US Army CHPPM approved form CHPPM Form 9-R. Karl Gibson requests PCM results and if levels are .05 f/cc or greater, Karl Gibson requests the TEM analysis be done. Karl Gibson uses the CHPPM Main lab that is AIHA certified. For local labs, Karl Gibson uses both ACT (Asbestos Consulting Testing in Lenexa, KS) and Schneider Laboratories (in Richmond, VA). Both are AIHA certified.

b. When Karl Gibson is notified that levels exceed the OSHA PEL, Karl Gibson notifies C, PM, CAC Safety, DIS Environmental, and CGSC G4/Building Safety Officer. The CGSC G4 is to post the rooms involved and have the affected removed. (The workers in those offices may not leave, normally they refuse or they are in and out.) DIS Environmental coordinates repair and cleanup. Following these, Karl Gibson performs non-aggressive clearance to see if levels are below OSHA PEL. The CGSC and DIS want to return workers back into the work space, so rush is requested and done. As of last quarter, DIS has stopped repairing the damage and is just having the Asbestos Contractor clean up the rooms.

5. According to the Corps of Engineer paragraphs 5. concern about Secretary of Army's 1998 guidance.

a. Bell Hall is the Home of CGSC and a few other tenants. It is 500,000 plus square feet. On a normal day there are 1,200 military students and about 1,000 civilian and military employees. All were classified as Asbestos Workers in 1999. Most rooms have room AC/heat units and there is a supply and exhaust in each ceiling. There are over 500 offices and 26 large classrooms.

b. If the Corps of Engineer wants to use a different standard and methods other than prescribed by Secretary of Army's 1998 guidance, then they should raise the issue up their chain of command and request new guidance.

6. According to the Corps of Engineer paragraphs 6. concern of timing of samples.

a. It can be understood that sampling only 8 hours can be difficult. But it is not impossible to do. When areas are sampled longer or shorter time, those times are recorded.

b. It should be noted that all the Corps of Engineer's APEX (Contractor) sampling is also the same.

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SUBJECT: Preventive Medicine Comments to the US Army Corps of Engineers Asbestos Issues at Bell Hall – Observations dated 18 July 2006

7. According to the Corps of Engineer paragraphs 7. concern of use of OSHA standards.

a. IAW OSHA 1910.1001(c)(1) "Time-weighted average limit (TWA). The employer shall ensure that no employee is exposed to an airborne concentration of asbestos in excess of 0.1 fibers per cubic centimeter of air as an eight (8)-hour time-weighted average (TWA) as determined by the method prescribed in Appendix A to this section, or by an equivalent method."

b. IAW OSHA 1910.1001(d)(1)(ii) "Representative 8-hour TWA employee exposures shall be determined on the basis of one or more samples representing full-shift exposures for each shift for each employee in each job classification in each work area. Representative 30-minute short-term employee exposures shall be determined on the basis of one or more samples representing 30 minute exposures associated with operations that are most likely to produce exposures above the excursion limit for each shift for each job classification in each work area."

c. IAW OSHA 1910.1001(d)(3) "Monitoring frequency (periodic monitoring) and patterns. After the initial determinations required by paragraph (d)(2)(i) of this section, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees. In no case shall sampling be at intervals greater than six months for employees whose exposures may reasonably be foreseen to exceed the TWA permissible exposure limit and/or excursion limit."

d. IAW OSHA Appendix B 5.2.4. "Select an appropriate flow rate for the situation being monitored. The sampling flow rate must be between 0.5 and 5.0 L/min for personal sampling and is commonly set between 1 and 2 L/min. Always choose a flow rate that will not produce overloaded filters."

e. IAW OSHA Appendix B *5.2.8.* "The most significant problem when sampling for asbestos is overloading the filter with non-asbestos dust. Suggested maximum air sample volumes for specific environments are":

Environment	Air vol. (L)
Asbestos removal operations (visible dust).....	100
Asbestos removal operations (little dust).....	240
Office environments.....	400 to 2,400

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8. POC is Mr. Karl Gibson, Industrial Hygienist at 4-6539 or karl.gibson@cen.amedd.army.mil.

Karl L. Gibson
KARL L. GIBSON
GS-11, Industrial Hygienist
USA MEDDAC

CF:
Deputy Commandant, Command and General Staff College, Bell Hall, BLDG #111, Fort Leavenworth, Kansas 66027
Chief of Staff, CAC and Fort Leavenworth, BLDG #52, Fort Leavenworth, Kansas 66027
Garrison Commander, BDLG #198, Fort Leavenworth, Kansas 66027
COL Keith Vore, Command Group, CGSC, Bell Hall, BLDG #111, Fort Leavenworth, Kansas 66027
Mr. Jeffery LaMoe, Chief of Staff, CGSC, Bell Hall, BLDG #111, Fort Leavenworth, Kansas 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas 66027
Director DIS, BLDG #85,
SJA, Fort Leavenworth, Kansas 66027
DIS, Environmental, Fort Leavenworth, Kansas 66027
Occupational Health, Fort Leavenworth, Kansas 66027
Commander, US Army Corps of Engineers, Kansas City District
Mr. Charles Colbert, US Army Corps of Engineers, Acting Chief, EC-EF
Mr. Michael C. Chirpich, US Army Corps of Engineers, PM-MO
Ms. Christine Hendzlik, US Army Corps of Engineers, PM-M
Mr. Tom Graf, US Army Corps of Engineers, PM-MO

Enclosure B

MCXN-PM (40-5f) 13 November 2006

MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director, BCTID and BSTD, Bldg 275, Fort Leavenworth, Kansas 66027
Manager, CAC Safety, Bldg 198, Fort Leavenworth, Kansas 66027

SUBJECT: Bldg 275 Carbon Monoxide Exposures

1. The purpose of the employee requested due to concerns in BCTID and BSTD in the Occupational Health and Industrial Hygiene survey was to identify hazards from vehicle exhaust on 7-12 November 2006 in the basement offices to provide guidance for the utilization of appropriate control measures to protect the civilian and military employees from recognized occupational, safety, and health hazards.

2. Findings.

a. The testing showed **non-compliant** levels of the Carbon Monoxide and Sulfur Dioxide in the air in work areas. (See Appendix A for results)

b. The air change rate has improved to 9.6 Air Changes per day (AC/day) from 1 AC/ day or lower. The Temperature levels are **non-compliant**. The Relative Humidity is compliant. (See Appendix B for results)

c. HEPA filtering units and HEPA vacuum cleaners are not seen.

3. Recommendations:

a. Remove personnel or prevent vehicle exhaust from being sucked into the outside air intake.

b. DIS needs to open the Outside Air to provide required outside air.

c. HEPA filtering units lower the biological and fiber materials in the office area. Their use, with proper maintenance and sized to fit each room, is recommended. Provide HEPA air cleaner sized for the space and operate them 24/7. Replace filters that are full or clean blades when dirty.

d. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Provide HEPA vacuums to clean areas as needed. Remove trash daily.

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SUBJECT: Bldg 275 Carbon Monoxide Exposures

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. Please post this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have a chance to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539, karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
D, DIS
Occ Health

APPENDIX A

Air samples were taken on 7-12 November 2006 and are reported in Parts Per Million (ppm) for the 8 hour Time Weighted Average (TWA) and ceiling limits (C):

BOLD is level of non-compliant.
Italic is level of concern.

LOCATION	CHEMICAL	WORKER EXPOSURE	Standard	Controlling Regulatory
Basement 7 Nov 06	Carbon Monoxide	**40 ppm TWA** 1200-1215 hrs **>1,000 ppm** C 1304-1320 hrs **>1,000 ppm** C 1402-1418 hrs **> 1,000 ppm** C 1446-1455 hrs **> 1,000 ppm** C 1503-1517 hrs **> 1,000 ppm** C	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 7 Nov 06	Sulfur Dioxide	**10 ppm TWA**	2 ppm TWA 5 ppm TWA	ACGIH ACGIH
Basement 8 Nov 06	Carbon Monoxide	**37 ppm TWA** 1203-1209 hrs **>1,000 ppm** C 1214-1230 hrs **>1,000 ppm** C 1407-1418 hrs **> 1,000 ppm** C 1500-1527 hrs **> 1,000 ppm** C	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 9 Nov 06	Carbon Monoxide	**47 ppm TWA** 1000-1027 hrs **>1,000 ppm** C 1301-1332 hrs **>1,000 ppm** C 1403-1415 hrs **> 1,000 ppm** C 1455-1511 hrs **> 1,000 ppm** C 1533-1547 hrs **> 1,000 ppm** C	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 10 Nov 06	Carbon Monoxide	Day 2 ppm TWA Night 55 ppm 2300-0100 hrs **534 ppm**	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office
Basement 11 Nov 06	Carbon Monoxide	Day 3 ppm TWA Night 58 ppm 2300-0100 hrs **543 ppm**	25 ppm TWA 200 ppm C 9 ppm	ACGIH NIOSH EPA office

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

APPENDIX B

Measurements were taken on 7-8 November 2006 to assess the worker exposures during a normal workday.

Bold is non-compliant.

Location	Substance	Exposure Results	Standard	Regulatory
BCTID Emergency Exit East Office	Temperature	72-**73** deg F	72-78degF 68-72degF	US Army Energy Conservation Regulation
BCTID Emergency Exit East Office	Relative Humidity	46%	30-60%	ASHRAE 62-2004
BCTID Emergency Exit East Office	Carbon Dioxide	797 ppm .4 AC/hr	1,000 ppm	ASHRAE 62-2004
BCTID Main Office	Temperature	**73-77 deg F**	72-78degF 68-72degF	US Army Energy Conservation Regulation
BCTID Main Office	Relative Humidity	40%	30-60%	ASHRAE 62-2004
BCTID Main Office	Carbon Dioxide	891 ppm .4 AC/hr	1,000 ppm	ASHRAE 62-2004
BSTD South Office	Temperature	**76-79 deg F**	72-78degF 68-72degF	US Army Energy Conservation Regulation
BSTD South Office	Relative Humidity	36%	30-60%	ASHRAE 62-2001
BSTD South Office	Carbon Dioxide	817 ppm .32 AC/hr	1,000 ppm	ASHRAE 62-2001

Outside on 7 Nov 2006	Temperature	38 min- 53avg- 68max deg F
Outside on 7 Nov 2006	Relative Humidity	34-60 %
Outside on 7 Nov 2006	Carbon Dioxide	200 ppm

Enclosure C

MCXN-PM (40-5f) 5 February 2007

MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Deputy Commander for Administration, USA MEDDAC, Fort Leavenworth, Kansas 66027
MEDDAC Safety, USA MEDDAC, Fort Leavenworth, Kansas 66027

SUBJECT: Air Sampling Because of Debris Falling into Commander's Office from Ceiling Tiles and Carpet Replacement Project January – February 2007

1. The purpose of the requested Industrial Hygiene air quality survey conducted on 31 January and 1 February 2007 was to provide guidance on the levels in Munson's Commander's Office in for the use of appropriate control measures can be done to protect the military and civilian employees, as well as, patients and visitors from recognized occupational, safety, and health hazards.

2. Findings

a. From the 8 hour testing as of 31 January, there was Fiberglass detected and **non-compliant** for fiberglass workers, for office workers, and patients. There were less amounts of fiberglass in the duct work diffuser than in the room. (See Appendix A for results. Results were received on 5 February 2007.)

b. From the 8 hour testing as of 31 January, there was Chrysotile Asbestos detected and **non-compliant** for Asbestos workers, for office workers, and patients. There were more amounts of asbestos in the duct work diffuser than in the room.

c. From the 8 hour testing as of 31 January, there was Total Dust detected and **non-compliant** for workers, for office workers, and patients.

d. From the testing as of 1 February, there was Total Fungal Spores were detected and compliant for in the office space and duct work. The office space had more fungal spores than the duct work, but both were lower than outside amounts.

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SUBJECT: Air Sampling Because of Debris Falling into Commander's Office from Ceiling Tiles and Carpet Replacement Project January – February 2007

3. Recommendations made by the Industrial Hygienist that has been trained and certified by the EPA approved Training and the State of Kansas in AHERA Asbestos Supervisor and AHERA Asbestos Inspector since 1991 and latest training on 23 October 2006:

a. Due to exposure problems in the Commander's Office, recommend the following office be closed immediately: Commander's Office because of Chrysotile Asbestos, Fiberglass, and Total Dust levels.

b. Because no isolation was occurring and doors were open to the adjacent offices, time sensitive testing of adjacent offices will be conducted in the following rooms: Commander's Secretary, DCA Office, Adjacent RMD office to South, RMD Offices across the hall (Larry's, Kathy's, and other RMD office) because of Chrysotile Asbestos, Fiberglass, and Total Dust levels in the Commander's Office and her office door was left open.

c. Professional clean up of the Commander's Office will be required. Clearance sampling will be needed to ensure safe levels are achieved.

d. The MEDDAC needs to inform its own employees IAW OSHA's 29 CFR 1910.1001 Asbestos paragraph (d)(7) "The employer must as soon as possible, but within 15 working days after receipt of results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees."

e. The MEDDAC needs to inform the contractors' employees IAW OSHA's 29 CFR 1926.1101 Asbestos paragraph (f)(5) "The employer must as soon as possible, but within 5 working days after receipt of results of any monitoring performed under this section, notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees."

f. The MEDDAC needs to work with DIS and Contractors who are working within the MEDDAC so their isolate their work and may need to shut off outside and return air to prevent hazards from entering the Health Center's air. The Infection Control Risk Assessment needs to be performed and isolation methods followed. During construction, replace gross filters every other week and higher filters monthly.

g. The exposures to Chrysotile Asbestos, Fiberglass, and Total Dust levels were at non-compliant and warrant medical surveillance. Because exposures to employees are occurring, OSHA's regulation found in Title 29 CFR 1910. "All employees who are or may be exposed to hazardous substances or health hazards at or above the Permissible Exposure Limit (PEL) or above the published exposure levels for these substances, without regard to the use of respirators,

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SUBJECT: Air Sampling Because of Debris Falling into Commander's Office from Ceiling Tiles and Carpet Replacement Project January – February 2007

for 30 days or more a year; All employees who wear respirator for 30 days or more per year or as required by 1910.134; All employees who are injured, become ill or develop signs or symptoms due to possible overexposure involving hazardous substances or health hazards." For the U.S. Army, AR 40-5 "Preventive Medicine" paragraph 5-9 states "Preplacement, job transfer, periodic, and termination examinations will be provided to all military personnel and civilian employees potentially exposed to health hazards in the work environment."

4. The survey results are official exposure records and must be maintained according to Title 29, Code of Federal Regulation (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503. This memorandum should be provided to the supervisor to inform the workers. Please post this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand these recommendations. It is highly encouraged that the report be discussed during periodic safety briefings.

5. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539, karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
DCN
Infection Control
Patient Safety Officer
QI Manager
CAC Safety
CAC Safety
Occ Health

APPENDIX A

Air sampling for fiberglass was conducted by Transmission Electron Microscopy (TEM). DA guidance states that Total Fungal Spores levels should be maintained below the outside levels. The health standard exposure levels are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Sampling on 31 January to 1 February 2007. Results were received on 5 February 2007. Bold is non-compliant

LOCATION	CHEMICAL	WORKER EXPOSURE	STANDARD	Regulatory
Commander's Office	Fiberglass *	**1.6 f/cc fiberglass 8hr TWA**	1 f/cc or 5mg/m3	ACGIH
Commander's Duct Work	Fiberglass *	.06 f/cc fiberglass 10 min sample	1 f/cc or 5mg/m3	ACGIH
Commander's Office	Chrysotile Asbestos *	**210 S/cc 8hr TWA**	70 S/cc	EPA
Commander's Duct Work	Chrysotile Asbestos *	**1,510 S/cc** 10 min sample	70 S/cc	EPA
Commander's Office	Total Dust	**> 16 mg/m3 8hr TWA**	15 mg/m3 10 mg/m3	OSHA PEL ACGIH
Commander's Office	Total Fungal Spores	40 C/m3 Aspergillus	Less than Outside	US Army
Commander's Duct Work	Total Fungal Spores	10 C/m3 Epicoccum	Less than Outside	US Army
Outside	Total Fungal Spores	53 C/m3 Smuts		US Army

* TEM samples analysis by Schneider Laboratories, Accredited Lab.

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Enclosure D

MCXN-PM (40-5f) 8 May 2007

MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR D, DPTM, BLDG #77, Fort Leavenworth, Kansas 66027
S, SAAF, BLDG #132, Fort Leavenworth, Kansas 66027
M, CAC Safety, BLDG #198, Fort Leavenworth, Kansas 66027

SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – Report #4 for 2007

1. The purpose of the Industrial Hygiene survey conducted on 30 January, 28 February, and 8 March 2007 was to provide guidance for the use of appropriate control measures to protect Sherman Army Air Field Hangar's military and civilian personnel from recognized occupational health hazards from the lead-based paint in the Hangar when the hangar doors were kept closed.

SAAF Hangar BLDG #132

MCXN-PM (40-5f) 8 May 2007
SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – Report #4 for 2007

2. Observations

a. Observed on 10 April 2007. All planes were in the hangar. A clean up the lead contaminated dust with professionally trained Lead Cleaners had been done. Licensed lead workers stabilize the flaking paint and repaint to stabilize the paint in the hangar. There was no visible dirt and dust in the hangar. The large HVAC were operating and were not blowing particulate into the air.

b. Observed on 8 March 2007. All but one plane have been moved out of the hangar. It is not known if the planes were started up in the hangar or pulled out. (Aviation fuel contains lead.) There was still dirt and dust in the hangar. The large HVAC were not operating and were not blowing particulate into the air. A roofing contractor's employees had set up and were working on the roof. An officer and small child was seen by 2LT Derivan walking through the hanger during the testing day.

c. Observed on 28 February 2007. All but two planes have been moved out of the hangar. It is not known if the planes were started up in the hangar or pulled out. (Aviation fuel contains lead.) There was still dirt and dust in the hangar. The large HVAC were operational and blowing particulate into the air. The IH could feel it hitting his face while setting and checking sampling. The outdoor weather (as recorded at KCI) was 39 to 61 degrees F with 10 miles per hour winds. There was also a roofing contractor set up with ladders to work on the roof. There were contractor electricians that were starting work on running lines in the Hangar building. Any of these may cause the lead levels to rise.

3. Findings.

a. Lead in the paint. The Lead concentration in parts per million (ppm) for the analyzed paint chip was 102,398 ppm for Lead, which exceeds the regulated Lead threshold of 5 ppm. (See APPENDIX C for photos of locations.)

b. Lead in the air.

1) According to the 10 April 2007 8 hour Time Weighted Average (8hr TWA), the workers' exposures in the Hangars to Lead are **compliant** IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the lead exposure required by OSHA's regulation 29 CFR 1910.1025 (c)(1). Side by side samples were collected. It should be noted that the Air Force Institute for Occupational Health (AFIOH) lab detected lead in the air, but Schneider Laboratories Inc. lab did not detect lead in the air. (See Appendix A)

2) According to the 8 March 2007 8 hour Time Weighted Average (8hr TWA), the workers' exposures (based on samples whose analysis was done by the Army lab at Brooke Army Medical Center) in the Hangars to Lead might be compliant IAW Upper

Tolerance Level using Normal Parametric Statistics of 95% confidence of the lead exposure required by OSHA's regulation 29 CFR 1910.1025 (c)(1). (See Appendix A)

3) According to the 28 February 2007 8 hour Time Weighted Average (8hr TWA), the workers' exposures (based on samples whose analysis was done by nationally and state accredited Schneider Laboratories Inc.) in the Hangar to Lead are non-compliant IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the lead exposure required by OSHA's regulation 29 CFR 1910.1025 (c)(1). (See Appendix A) Lead is a metal found in paint, fuel and dirt/debris. Lead is a potent, systemic poison that serves no known useful function once absorbed by the body. The standard is intended to protect you not only from the immediate toxic effects of lead, but also from the serious toxic effects that may not become apparent until years of exposure have passed. Being exposed to higher than background lead levels can cause adverse health effects such as blood-forming, nervous, urinary and reproductive systems. The results were received on 8 March 2007 and the Notice of Sampling was written on this date. (See Appendix A)

4) According to the 30 January 2007 8hr TWA, the workers' exposures (based on samples whose analysis was done by nationally and state accredited Schneider Laboratories Inc.) in the South Hangar to Lead are non-compliant IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the lead exposure required by OSHA's regulation 29 CFR 1910.1025 (c)(1). The results were received on 6 February 2007 and the Notice of Sampling was written on this date. (See Appendix A)

5) According to the 30 January 2007 8hr TWA, the workers' exposures in the North Hangar, 1st Floor Office/Classrooms, 1st Floor Waiting Room, and 2nd Floor Offices/Rooms to Lead are compliant in the South Hangar IAW Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the lead exposure required by OSHA's regulation 29 CFR 1910.1025 (c)(1). The results were received on 6 February 2007 and the Notice of Sampling was written on this date. (See Appendix A)

c. Lead in dust. To do a proper Risk Assessment IAW Kansas law, EPA and OSHA regulations, wipe samples need to be taken to measure the risk of lead in the dust in the work areas and areas where food is eaten, drinks are drunk, and cosmetics are applied. The Industrial Hygienist was prohibited from taking these samples. DIS, Environmental collected wipe samples on 23 and 26 February 2007. Only 3 of 27 floor lead wipe samples were compliant with EPA Lead Hazard Standards and all wipe samples detected lead. (See Appendix B)

d. The Risk Assessment Code (RAC) for operations in the Hangar with doors closed and ventilation running is RAC 3 (moderate health risk).

3. Recommendations.

a. Employee notification. The employer must, within 15 working days after receipt of the results of any monitoring performed notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees. The US Army MEDDAC, Fort Leavenworth received the Schneider Laboratories Inc. lab results on 16 April 2007. The US Army MEDDAC, Fort Leavenworth received AFIOH lab results on 23 April 2007. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (d)(8) Employee notification (reference 2)]. (**RAC 2**)

b. MAINTENANCE AND HYGIENE

1) MAINTENANCE

- Provide a HEPA vacuum cleaner should be available. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (h) Housekeeping (reference 2)]. (**RAC 2**)

- Staff should vacuum all horizontal surfaces weekly with the HEPA vacuum cleaner. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (h) Housekeeping (reference 2)]. (**RAC 2**)

- Wet mop/wipe weekly after HEPA vacuuming. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (h) Housekeeping (reference 2)]. (**RAC 2**)

- Mop water must be disposed of in a sanitary sewer. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (h) Housekeeping (reference 2)]. (**RAC 2**)

- Call DIS Environmental Division (4-8980, 4-3304) to have vacuum bag changed and disposed of. It will contain hazardous waste. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (h) Housekeeping (reference 2)]. (**RAC 2**) [**Regulatory**, EPA's 40 CFR Parts 239 through 259 contain the regulations for solid waste, while Parts 260 through 279 contain the hazardous waste regulations, Resource Conservation and Recovery Act (RCRA) (reference 5)] (No RAC assigned)

2) FULL TIME PERSONNEL

- Supervisors need to ensure that proper cleaning is performed. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (l) Employee information and training (reference 2)]. (**RAC 2**)

- Supervisors need to develop a written SOP on cleaning procedures. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (l) Employee information and training (reference 2)]. (**RAC 2**)

- Supervisors need to insure all full time employees or military are enrolled in a medical surveillance program for lead with Occupation Health Clinic at 913-684-6546. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (j) Medical surveillance (reference 2)]. (**RAC 3**)

- Supervisors need to insure cleaning staff wear gloves and smocks with arms when cleaning. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (g) Protective clothing and equipment (reference 2)]. (**RAC 3**)

- Exclude pregnant or lactating females from the cleaning staff. [Prudent IH Practice] (No RAC assigned)

- Turn in cleaning materials to DIS Environmental Division for testing and/or disposal (684-8980). [**Regulatory**, EPA's 40 CFR Parts 239 through 259 contain the regulations for solid waste, while Parts 260 through 279 contain the hazardous waste regulations, Resource Conservation and Recovery Act (RCRA) (reference 5)] (No RAC assigned)

3) FOR ALL PERSONNEL

- Training in lead awareness given by Supervisors. Assistance can be obtained by the Industrial Hygienist and to DIS Environmental Division [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (l) Employee information and training (reference 2)]. (**RAC 2**)

- No eating, drinking, chewing gum, use of tobacco products, application of lip balm or cosmetics. [**Regulatory**, 29 CFR 1910.1025, Lead paragraph (h) Housekeeping (reference 2)]. (**RAC 2**)

- Collect cleaning materials in an appropriate closed container. [**Regulatory**, EPA's 40 CFR Parts 239 through 259 contain the regulations for solid waste, while Parts 260 through 279 contain the hazardous waste regulations, Resource Conservation and Recovery Act (RCRA) (reference 5)] (No RAC assigned)

c. For general Indoor Air Quality, Stop the water leaks in the roof, HVAC systems, and ceilings. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Remove trash daily. [**Regulatory**, 29 CFR 1910.141, Sanitation (reference 4)]. (**RAC 3**)

MCXN-PM (40-5f) 8 May 2007
SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – Report #4 for 2007

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. **Please post this report in an accessible location to insure all employees have access to it.** It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
D, DIS
C, DIS Environmental
Lead POC, DIS Environmental

APPENDIX A

Evaluation Data and Risk Assessment Codes (RAC).

The evaluation data collected is assessed into categories based upon Army regulations, Occupational Safety and Health Administration (OSHA) regulations, and consensus standards. Assessment categories are assigned as shown in Table B1, below.

Table B1 – Evaluation Data Assessment

Symbol	Definition
●	Did not meet standard/guideline
⚠	Levels of Concern, but meets standard/guideline.
■	Meets standard/guideline
?	Insufficient data to assess

Risk Assessment Codes (RACs) [based on Accident Probability and Safety Hazard Severity for safety hazards; or Health Hazard Severity Categories (HHSCs) and Illness Probability Categories (IPCs) for health hazards; or Mishap Probability Categories (MPCs) for noise hazards] were assigned to each recommendation below. These assigned RACs are meant to assist the facility and occupational health program managers in allocating limited resources. The assignment of these RACs is based on guidance contained in Department of Defense Instruction 6055.1 (reference 1), USACHPPM Technical Guide 181 (reference 2), and professional judgment.

Standard. The permissible exposure limit (PEL) for lead is .05 milligrams per cubic meter (mg/m3) of air for an 8-hour TWA as found in 29 CFR 1910.1025 Lead (reference 2). The 29 CFR 1910.1025 (c)(1) states that an employee shall not be exposed to an airborne concentration of lead in excess of fifty micrograms per cubic meter as averaged over a sampling period of 8-hour period. The 29 CFR 1910.1025 (b) Action Level means employee exposure to an airborne concentration of lead of 30 micrograms per cubic meter of air averaged over a sampling period of 8-hour period.

Laboratory.

For the 10 April 2007 samples, the Industrial Hygiene used the Schneider Laboratories Inc. and Air Force Institute for Occupational Health (AFIOH) for sample analysis. The Schneider Laboratories Inc. lab is **national accreditation** from: Industrial Hygiene Laboratory Accreditation Program (IHLAP): Metals, Asbestos PCM, Organic Solvents, Silica, Asbestos PCM, Diffusive Samples; Environmental Lead Laboratory Accreditation Program (ELLAP/NLLAP): Paint Chips, Dust Wipes, Air, Soil ID NUMBER *CERTIFICATE NUMBER*

100527 and **state accreditation** from Kansas Department of Health & Environment, Bureau of Health and Environmental Laboratories (NELAP Secondary Certification); Lead ID NUMBER *CERTIFICATE NUMBER* E-10348. The AFIOH is **national accreditation** from: Industrial Hygiene Laboratory Accreditation Program (IHLAP): Metals, Asbestos PCM, Organic Solvents, Silica, Asbestos PCM, Diffusive Samples; Environmental Lead Laboratory Accreditation Program (ELLAP/NLLAP): Paint Chips, Dust Wipes, Air, Soil ID NUMBER *CERTIFICATE NUMBER* E67593FL.

For the 8 March 2007 samples, they were sent to the Army lab at Brooke Army Medical Center (BAMC). It is not know if it is nationally or state accredited. According to **national accreditation** from: Industrial Hygiene Laboratory Accreditation Program (IHLAP): or Environmental Lead Laboratory Accreditation Program (ELLAP) web site does not document BAMC lab as an accredited lab on 20 March 2007.

For the 30 January, 28 February 2007 samples, the Industrial Hygiene used the Schneider Laboratories Inc. for sample analysis. The lab is **national accreditation** from: Industrial Hygiene Laboratory Accreditation Program (IHLAP): Metals, Asbestos PCM, Organic Solvents, Silica, Asbestos PCM, Diffusive Samples; Environmental Lead Laboratory Accreditation Program (ELLAP/NLLAP): Paint Chips, Dust Wipes, Air, Soil ID NUMBER *CERTIFICATE NUMBER* 100527 and **state accreditation** from Kansas Department of Health & Environment, Bureau of Health and Environmental Laboratories (NELAP Secondary Certification); Lead ID NUMBER *CERTIFICATE NUMBER* E-10348.

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

For the 10 April 2007 side by side samples, the Industrial Hygiene used the Schneider Laboratories Inc. and AFIOH for sample analysis. Schneider Laboratories Inc. results are on top and AFIOH results are on bottom. Air samples were taken on 10 April 2007 and are reported in Parts Per Million (ppm) or Milligrams Per Cubic Meter (mg/m3) for the 8 hour Time Weighted Average (TWA):

Chemical	**Sample Type**	**Calculated 8-hr TWA[1] Employee Concentration**	**Standard Carcinogenic**	**Meets Standard**	**Controlling Regulatory**
Lead	SHGA[2]	<.002 mg/m3 .00108 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	SHGA[2]	<.002 mg/m3 .00132 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	SHGA[2]	<.002 mg/m3 .00118 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	SH UTL	.005 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	NHGA[3]	<.002 mg/m3 .00179 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	NHGA[3]	<.002 mg/m3 .00120 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	NHGA[3]	<.002 mg/m3 .00110 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA
Lead	NH UTL	.005 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	[redacted]	OSHA

[1]In calculating the 8-hour TWA, it was assumed some task involving lead is conducted once a work-day for about a 8 hour period
SHGA[2] stands General Area samples for South Hanger
NHGA[3] stands General Area samples for South Hanger
[4]BDL: Below the detectable limit
PEL stands for the OSHA Permissible Exposure Limit as found in 29 CFR 1910.
AL stands for the OSHA Action Limit as found in 29 CFR 1910.
UTL stands for the Upper Tolerance Level using Normal Parametric Statistics of 95% confidence of the lead exposure in each hangar.

For the 8 March 2007 samples, they were sent to the Army lab at Brooke Army Medical Center (BAMC). Air samples were taken on 8 March 2007 and are reported in Parts Per Million (ppm) or Milligrams Per Cubic Meter (mg/m3) for the 8 hour Time Weighted Average (TWA):

Chemical	**Sample Type**	**Calculated 8-hr TWA[1] Employee Concentration**	**Standard Carcinogenic**	**Meets Standard**	**Controlling Regulatory**
Lead	SHGA[2]	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	SHGA[2]	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	SHGA[2]	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	SH UTL	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	NHGA[3]	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	NHGA[3]	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	NHGA[3]	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA
Lead	NH UTL	<.000651 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	?	OSHA

[1]In calculating the 8-hour TWA, it was assumed some task involving lead is conducted once a work-day for about a 8 hour period
SHGA[2] stands General Area samples for South Hanger
NHGA[3] stands General Area samples for South Hanger
[4]BDL: Below the detectable limit

Air samples were taken on 28 February 2007 and are reported in Parts Per Million (ppm) or Milligrams Per Cubic Meter (mg/m3) for the 8 hour Time Weighted Average (TWA):

Chemical	Sample Type	Calculated 8-hr TWA[1] Employee Concentration	Standard Carcinogenic	Meets Standard	Controlling Regulatory
Lead	SHGA[2]	.644 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA
Lead	SHGA[2]	.708 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA
Lead	SHGA[2]	.605 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA
Lead	SH UTL	1.01 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA
Lead	NHGA[3]	.067 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA
Lead	NHGA[3]	.010 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	■	OSHA
Lead	NHGA[3]	.53 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA
Lead	NH UTL	.27 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES	●	OSHA

[1]In calculating the 8-hour TWA, it was assumed some task involving lead is conducted once a work-day for about a 8 hour period
SHGA[2] stands General Area samples for South Hanger
NHGA[3] stands General Area samples for South Hanger
[4]BDL: Below the detectable limit

Air samples were taken on 30 January 2007 while no flight operations were occurring and are reported in Micrograms Per Cubic Meter (ug/m3) for the 8 hour Time Weighted Average (TWA):

Chemical	Sample Type	Calculated 8-hr TWA[1] Employee Concentration	Standard Carcinogenic	Meets Standard	Controlling Regulatory
Lead	2nd Floor Control Office GA	<.002 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES		OSHA
Lead	2nd Floor Large Office	<.002 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES		OSHA
Lead	1st Floor Waiting Room	<.002 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES		OSHA
Lead	Battery Shop	<.002 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES		OSHA
Lead	South Office Class Room	<.002 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES		OSHA
Lead	North Office Class Room	<.002 mg/m3	.05 mg/m3 PEL .03mg/m3AL YES		OSHA

APPENDIX B

Lead Wipes

Chemical	Sample Type	Physical Description	Concentration	EPA Standard Carcinogenic	Meets Standard
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like in N. Hanger Wall Vest floor	704.3 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like N. Hanger W Center floor	1,529.8 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like N. Hanger N WA center	32.0 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like S. Hanger S WA Center floor	1,529.8 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like S. Hanger S WA West floor	860.7 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like S. Hanger S WA Center Dr floor	11.5 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like Floor Swiper	104.6 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N108SV	1,641.5 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N1806Y	1,660.1 ug/ft2	40 ug/ft2 YES	

Chemical	Sample Type	Physical Description	Concentration	EPA Standard Carcinogenic	Meets Standard
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N2402L	1,138.9 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N26WA	551.7 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N26410	991.0 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N459EZ	443.4 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N47330	391.2 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N5137V	1,697.4 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N6972U	277.7 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N73209	737.8 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N79823	1,343.7 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N82747	734.1 ug/ft2	40 ug/ft2 YES	

Chemical	Sample Type	Physical Description	Concentration	EPA Standard Carcinogenic	Meets Standard
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N9104V	700.6 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane N95550	2,162.7 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like floor of Plane NC48867	462.0 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like OPS OFC floor	45.0 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like on Hall Floor	108.3 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like on FLAFA OFC floor	246.1 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like on Plan OFC Floor	35.7 ug/ft2	40 ug/ft2 YES	
Lead	Wipe EPA7420 Method	Black/Brown Dirt-like on Hanger floor at door	6,410.2 ug/ft2	40 ug/ft2 YES	

MCXN-PM (40-5f) 6 February 2007

MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR D, DPTM, BLDG #77, Fort Leavenworth, Kansas 66027
S, SAAF, BLDG #132, Fort Leavenworth, Kansas 66027
M, CAC Safety, BLDG #198, Fort Leavenworth, Kansas 66027

SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – January 2007

1. The purpose of the Industrial Hygiene survey conducted on 30 January 2007 was to provide guidance for the use of appropriate control measures to protect Sherman Army Air Field Hangar's military and civilian personnel from recognized occupational health hazards from the lead-based paint in the Hangar when the hangar doors were kept closed.

SAAF Hangar BLDG #132

2. Findings.

a. Lead in the paint. The Lead concentration in parts per million (ppm) for the analyzed paint chip was 102,398 ppm for Lead, which exceeds the regulated Lead threshold of 5 ppm. (See APPENDIX C for photos of locations.)

c. Lead in the air. (See Appendix A)

1) Workers' breathing zone exposures in the South Hangar to Lead are **non-compliant**.

2) Workers' breathing zone exposures in the North Hangar, 1st Floor Office/Classrooms, 1st Floor Waiting Room, and 2nd Floor Offices/Rooms to Lead are compliant in the South Hangar.

c. Lead in dust. To do a proper Risk Assessment IAW Kansas law, EPA and OSHA regulations, wipe samples need to be taken to measure the risk of lead in the dust in the work areas and areas where food is eaten, drinks are drunk, and cosmetics are applied. The Industrial Hygienist was prohibited from taking these samples.

d. The Risk Assessment Code (RAC) for operations in the South Hangar with doors closed and ventilation running is RAC 2 (serious health risk). All other airborne lead risks are RAC 3 (moderate health risk).

3. Recommendations.

a. The South Hangar workers need to wear HEPA/P100 respirators when working or doing flight maintenance operations when the hangar doors remain closed because the lead levels and there is no dust exhaust system.

b. Clean up the lead contaminated dust with professionally trained Lead Cleaners. Have licensed lead workers stabilize the flaking paint and repaint to stabilize the paint in the hangar. If this is not done, then install a dust exhaust system to lower dust levels. Ensure supply air is adequate to support the exhaust. Ventilation levels and air flow ratios recommended for this operation is found in and published in American Conference of Governmental Industrial Hygienists (ACGIH) Twenty fourth Edition manual, "The Industrial Ventilation Handbook – A Manual of Recommend Practice", Table in Section 10 and American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 62-2004 "Ventilation for acceptable Indoor Air Quality" and are also required by Occupational Safety and Health Administration (OSHA)'s Title 29 CFR 1910.6. The OSHA regulation has adopted the ACGIH's and ASHRAE's recommended ventilation levels. The mechanical engineers can assist from DIS or CHPPM-Main if the command requests their assistance.

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SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – January 2007

c. MAINTENANCE AND HYGIENE

1) MAINTENANCE

- Provide a HEPA vacuum cleaner should be available.
- Staff should vacuum all horizontal surfaces weekly with the HEPA vacuum cleaner.
- Wet mop/wipe weekly after HEPA vacuuming.
- Mop water must be disposed of in a sanitary sewer.
- Call DIS Environmental Division (4-8980, 4-3304) to have vacuum bag changed and disposed of. It WILL contain hazardous waste.

2) FULL TIME PERSONNEL

- Display appropriate signage. See APPENDIX B. Please print or copy on yellow paper.
- Supervisors need to ensure that proper cleaning is performed.
- Supervisors need to develop a written SOP on cleaning procedures.
- Supervisors need to insure all full time employees or military are enrolled in a medical surveillance program for lead with Occupation Health Clinic at 913-684-6546.
- Supervisors need to insure cleaning staff wear gloves and smocks with arms when cleaning.
- Exclude pregnant or lactating females from the South Hangar.
- Turn in cleaning materials to DIS Environmental Division for testing and/or disposal (684-8980).

3) FOR ALL PERSONNEL

- Training in lead awareness given by Supervisors. Assistance can be obtained by the Industrial Hygienist and to DIS Environmental Division
- No eating, drinking, chewing gum, use of tobacco products, application of lip balm or cosmetics.
- All soldiers and civilians should wash hands and face carefully if they have been in the South Hangar.
- Collect cleaning materials in an appropriate closed container

d. For general Indoor Air Quality, Stop the water leaks in the roof, HVAC systems, and ceilings. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Remove trash daily.

MCXN-PM (40-5f) 6 February 2007
SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – January 2007

e. The exposures in the shredding room to Lead exposures in the South Hangar were non-compliant and warrant medical surveillance. Because exposures to employees are occurring, OSHA's regulation found in Title 29 CFR 1910. "All employees who are or may be exposed to hazardous substances or health hazards at or above the Permissible Exposure Limit (PEL) or above the published exposure levels for these substances, without regard to the use of respirators, for 30 days or more a year; All employees who wear respirator for 30 days or more per year or as required by 1910.134; All employees who are injured, become ill or develop signs or symptoms due to possible overexposure involving hazardous substances or health hazards." For the U.S. Army, AR 40-5 "Preventive Medicine" paragraph 5-9 states "Preplacement, job transfer, periodic, and termination examinations will be provided to all military personnel and civilian employees potentially exposed to health hazards in the work environment."

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. **Please post this report in an accessible location to insure all employees have access to it.** It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

MCXN-PM (40-5f) 6 February 2007
SUBJECT: Lead in the Air in the SAAF Hanger Building #132 – January 2007

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
D, DIS
C, DIS Environmental
Lead POC, DIS Environmental

APPENDIX A

Air samples were taken on 30 January 2007 while no flight operations were occuring and are reported in Micrograms Per Cubic Meter (ug/m3) for the 8 hour Time Weighted Average (TWA):

BOLD is level of non-compliant.
Italic is level of concern.

LOCATION	CHEMICAL	WORKER EXPOSURE	Standard	Controlling Regulatory
2nd Floor Control Office	Lead	<2. ug/m3	50 ug/m3 30 ug/m3AL	OSHA
2nd Floor Large Office	Lead	<2. ug/m3	50 ug/m3 30 ug/m3AL	OSHA
1st Floor Waiting Room	Lead	<2. ug/m3	50 ug/m3 30 ug/m3AL	OSHA
Battery Shop	Lead	<2. ug/m3	50 ug/m3 30 ug/m3AL	OSHA
South Office Class Room	Lead	<2. ug/m3	50 ug/m3 30 ug/m3AL	OSHA
North Office Class Room	Lead	<2. ug/m3	50 ug/m3 30 ug/m3AL	OSHA
North Hangar NE Side	Lead	14 ug/m3	50 ug/m3 30 ug/m3AL	OSHA
North Hangar S Side	Lead	17 ug/m3	50 ug/m3 30 ug/m3AL	OSHA
South Hangar SE Side	Lead	*47 ug/m3*	50 ug/m3 30 ug/m3AL	OSHA
South Hangar SW Side	Lead	**58 ug/m3**	50 ug/m3 30 ug/m3AL	OSHA

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

APPENDIX B

CAUTION

POISON

LEAD HAZARD AREA

DO NOT ENTER WORK AREA
UNLESS AUTHORIZED

NO EATING, DRINKING OR
SMOKING PERMITTED

Enclosure E
DEPARTMENT OF THE ARMY
INDUSTRIAL HYGIENE SECTION
PREVENTIVE MEDICINE

MCXN-PM 1 February 2007

Standard Operating Procedure
PERSONAL SAMPLING FOR AIR CONTAMINANTS AND QUALITY ASSURANCE

1. PURPOSE: To establish Industrial Hygiene Program Manager role in personal sampling for air contaminants program.

2. REFERENCES:

A. DA PAM 40-503 dated Jan 1998, Industrial Hygiene Program

B. TG 141, Industrial Hygiene Sampling

C. OSHA/ DOL 29 CFR 1910 and 29 CFR 1926

D. NIOSH Occupational Exposure Sampling Strategy Manual

3. APPLICABILITY: This SOP is applicable to all IH personnel assigned or attached to the Fort Leavenworth MEDDAC.

4. RESPONSIBILITY: The IHPM will follow the following air monitoring procedures.

5. GENERAL PROCEDURES:

A. Unnecessary air sampling can tie up laboratory resources and produce delays in reporting results of necessary sampling. Evaluate the potential for employee overexposure through observation and screening samples before any partial or full-shift air sampling is conducted. Do not overexpose the employee to gather a sample.

B. Screening with portable monitors, gravimetric sampling, or detector tubes can be used to evaluate the following:

1. Processes, such as electronic soldering.

2. Exposures to substances with exceptionally high PELs (Permissible Exposure Limits) in relatively dust-free atmospheres, e.g., ferric oxide and aluminum oxide.

3. Intermittent processes with substances without STELs (Short Term Exposure Limits)

4. Engineering controls, work practices, or isolation of process.

5. The need for IH personal protection equipment.

C. Take a sufficient number of samples to obtain a representative estimate of exposure. Contaminant concentrations vary seasonally, with weather, with production levels, and in a single location or job class.

D. The number of samples taken depends on the error of measurement and differences in results. Consult the NIOSH Occupational Exposure Sampling Strategy Manual for further information.

E. If the employer has conducted air sampling and monitoring in the past, review the records.

F. Bulk Samples are often required to assist the Lab in the proper analysis of field samples. Some contaminants which fall into these categories include:

- silca
- portland cement
- asbestos
- mineral oil and oil mist
- chlorodiphenyl
- hydrogenated terphenyls
- chlorinated camphene
- fugitive grain dust
- explosibility testing.

6. GENERAL SAMPLING PROCEDURES:

A. Screen the sampling area using detector tubes, if appropriate. Determine the appropriate sampling technique (see Chemical Information manual). Prepare and calibrate the equipment and prepare the filter media.

B. Select the employee to be sampled and discuss the purpose of the sampling. Inform the employee when and where the equipment will be removed. Stress the importance of not removing or tampering with the sampling equipment. Turn off or remove sampling pumps before an employee leaves a potentially contaminated area (such as when he/she goes to lunch or on a break).

C. Instruct the employee to notify the supervisor or the IH if the sampler requires temporary removal.

D. Place the sampling equipment on the employee so that it does not interfere with work performance.

E. Attach the collection device (filter cassette, charcoal tube, etc.) To the shirt collar or as close as practical to the nose and mouth of the employee, i.e., in a hemisphere forward of the shoulders with a radius of approximately 6 to 9 inches. The inlet should always be in downward vertical position to avoid gross contamination. Position the excess tubing so as not to interfere with the work of the employee.

F. Turn on the pump and record the starting time.

G. Observe the pump operation for a short time after starting to make sure it is operating correctly.

H. Record the information required by the Air Sampling Data Form (CHPPM Form 9-R).

I. Check pump status every two hours. More frequent checks may be necessary with heavy filter loading. Ensure that the sampler is still assembled properly and that the hose has not become pinched or detached from the cassette or the pump. For filters, observe for symmetrical deposition, finger prints, or large particles, etc. Record the flow rate.

J. Periodically monitor the employee throughout the work day to ensure that sample integrity is maintained and cyclical activities and work practices are identified.

K. Take photographs, as appropriate, and detailed notes concerning visible airborne contaminants, work practices, potential interferences, movements, and other conditions to assist in determining appropriate engineering controls.

L. Prepare a blank (s) during the sample period for each type of sample collected. See the Sample Shipping and Handling Chapter. For any given analysis, one blank will suffice for up to 20 samples collected, except for asbestos which requires a minimum of two field blanks. These blanks may include opened but unused charcoal tubes, and so forth.

M. Before removing the pump at the end of the sample period, check the flow rate to ensure that the rotameter ball is still at the calibrated mark (if there is a pump rotameter). If the ball is no longer at the mark, record the pump rotameter reading.

N. Turn off the pump and record the ending time.

O. Remove the collection device from the pump and seal it with an lid as soon as possible. The seal should be attached across sample inlet and outlet so that tampering is not possible.

P. Prepare the samples for mailing to the CHPPM or other Analytical Laboratory for analysis.

Q. Recalibrate pumps after each day of sampling (before charging).

R. For unusual sampling conditions, such as wide temperature and pressure differences from the calibration conditions, call the CHPPM technical support section if needed.

7. SAMPLING TECHNIQUES:

A. Detector Tubes

1. Each pump should be leak-tested before use.

2. Calibrate the detector tube pump for proper volume at least quarterly or after 100 tubes. (See Appendix A)

B. Total Dust and Metal Fume

1. Collect total dust on a pre-weighed, low-ash polyvinyl chloride filter at a flow rate of about 2 liters per minute (1pm), depending on the rate required to prevent overloading.

2. Collect metal fumes on a 0.8 micron mixed cellulose ester filter at a flow rate of approximately 1.5 1pm, not to exceed 2.0 1pm. When the gravimetric weight needs to be determined for welding fumes, collect these fumes on a low ash polyvinyl chloride filter.

3. Take care to avoid any overloading of the filter, as evidenced by any loose particulate.

4. Calibrate personal sampling pumps before and after each day of sampling, using a bubble meter method (electronic or mechanical) or the precision method (that has been calibrated against a bubble meter), as described in Section E.

5. Weigh PVC filters before and after taking the sample. See Section F.

C. Respirable Particulate or Dust:

1. Collect respirable particulate or dust using a clean cyclone equipped with a pre-weighed low-ash polyvinyl chloride filter at a flow rate of 1.7 +/- 0.2 Lpm.

2. Collect silica only as a respirable dust. A bulk sample should be submitted to the CHPPM Analytical Laboratory.

3. All filters used shall be pre-weighed and post-weighed.

4. Calibration Procedures:

(a) Do the calibration at the pressure and temperature where the sampling is to be conducted.

(b) For respirable dust sampling using a cyclone or for total dust sampling using an open face filter cassette, set up the calibration apparatus.

(c) Place the open face filter cassette or cyclone assembly in a 1 liter jar. The jar is provided with a special cover.

(d) Connect the tubing from the electronic bubble meter to the inlet of the jar.

(e) Connect the tubing from the outlet of the cyclone holder assembly or from the filter cassette to the outlet of the jar and then to the sampling pump.

(f) Calibrate the pump. The calibration readings must be within 5% of each other.

5. Cyclone cleaning:

(a) Unscrew the grit pot from the cyclone. Empty the grit pot by turning it upside down and tapping it gently on a solid surface.

(b) Clean the cyclone thoroughly and gently after each use in warm soapy water or, preferably, wash in an ultrasonic bath. Rinse thoroughly in clean water, shake off excess water and set aside to dry before reassembly. Never insert anything into the cyclone during cleaning.

(c) Inspect the cyclone parts for signs of wear or damage, such as scoring, rifling, or a loose coupler. Replace the units or parts if they appear damaged.

(d) Leak test the cyclone at least once a month with regular usage.

(e) Detailed instructions on leak testing are available from the Directorate of Technical Support.

D. Organic Vapors and Gases:

1. Organic vapors and gases may be collected on activated charcoal, silica gel, or other adsorption tubes using low flow pumps.

2. Immediately before sampling, break off the ends of the charcoal tube as so as to provide an opening approximately one half the internal diameter of the tube. Wear eye protection when breaking ends. Use tube holders, if available, to minimize the hazards of broken glass. Do not use the charging inlet or the exhaust outlet of the pump to break the ends of the charcoal tubes.

3. Use the smaller section of the charcoal tube as a back-up and position it near the sampling pump. The charcoal tube shall be held or attached in an approximately vertical position with the inlet either up or down during sampling.

4. Draw the air to be sampled directly into the inlet of the charcoal tube. This air is not to be passed through any hose or tubing before entering the charcoal tube.

5. Cap the charcoal tube with the supplied plastic caps immediately after sampling and seal with an lid as soon as possible. Do not ship with bulk material.

6. For other adsorption tubes, follow the same procedures as those for the charcoal tube, with the following exceptions:

(a) Tubes may be furnished by CHPPM with either caps or flame sealed glass ends. If using the capped version, simply uncap during the sampling period and recap at the end of the sampling period.

(b) The ends of the flame-sealed glass tubes are broken at the beginning of the sampling period and capped at the end of the sampling period.

7. For organic vapors and gases, low flow pumps are required. Refer to the TG 141 Sample Manual to determine the appropriate flow rates recommended for specific chemicals.

8. With sorbent tubes, flow rates may have to be lowered or smaller air volumes (1/2 the maximum) used when there is high humidity (above 90%) in the sampling area or relatively high concentrations of other organic vapors.

9. Calibration Procedures:

(a) Set up the calibration apparatus replacing the cassette with the solid sorbent tube to be used in the sampling (e.g., charcoal, silica gel, etc.). If a sampling protocol requires the use of two charcoal tubes, then the calibration train must include two charcoal tubes. The air flow must be in the direction of the arrow on the tube.

(b) Calibrate the pump.

E. Midget Impingers/Bubblers:

1. Method

(a) Take care in preparing bubblers and impingers to see that fits or tips are not damaged and that joints can be securely tightened.

(b) Rinse the impinger/bubbler, with the appropriate reagent (see the Chemical Information Manual and Appendix 1-D). Then, add the specified amount of reagent to the impinger flask either in the office or at the sampling location. If flasks containing the regent are transported, caps must be placed on the impinger stem and side arm. To prevent overflowing, do not add over 10 milliliters of liquid to the midget impingers.

(c) Collect contaminants in an impinger at a maximum flow rate of 1.0 lpm. Contact the SLCAL prior to collecting samples for dust counting.

(d) The impinger may either be hand held by the industrial hygienist or attached to the employee's clothing using an impinger holster. In either case, it is very important that the impinger does not tilt, causing the reagent to flow down the side arm top the hose and into the pump. NOTE: Attach a trap in line to the pump, if possible.

(e) In some instances, it will be necessary to add additional reagent during the sampling period to prevent the amount of reagent from dropping below one-half of the original amount.

(f) After sampling, remove the glass stopper and stem from the impinger flask.

(g) Rinse the absorbing solution adhering to the outside and inside of the stem directly into the impinger flask with a small amount (1 or 2 ml.) Of the sampling reagent. Stopper the flask tightly with the plastic cap provided or pour the contents of the flask into a 20 cc.glass bottle. Rinse the flask with a small amount (1 or 2ml.) of the reagent and pour the rinse solution into the bottle. Tape the cap shut to prevent it from coming loose due to vibration. If electrical tape is used, do not stretch tape since it will contract and loosen cap.

2. Calibration Procedure:

(a) Set up the calibration apparatus as shown in replacing the cassette with the impinger/bubbler filled with the amount of liquid reagent specified in the sampling method. (Refer to Chemical Information Manual.)

(b) Connect the tubing from the electronic bubble meter to the inlet of the impinger/bubbler.

(c) Connect the outlet of the impinger/bubbler to the tubing to the pump.

(d) Calibrate the pump at a maximum flow rate of 1.0 lpm.

F. Mailing:

Mail bulks and air samples separately to avoid cross contamination. Pack the samples securely to avoid any rattle or shock damage (do not use expanded polystyree packing. Use bubble sheeting as packing. Put identifying paperwork in every package. Do not send samples in plastic bags or in envelopes. Use CHPPM Form 9-R. PRINT LEGIBLY ON ALL FORMS.

G. Vapor Badges:

1. Passive diffusion sorbent badges, are useful for screening and monitoring certain chemical exposures, especially vapors and gases. Few badges have been validated for use in compliance.

2. Badges are available from the local lab companies to detect mercury, nitrous oxides, ethylene oxide, formaldehyde, etc.

c. Interfering substances should be noted.

8. SPECIAL SAMPLING PROCEDURES:

A. Asbestos

1. Collect asbestos on special 0.45 micrometer pore size, 25 mm diameter mixed cellulose ester filter, using a back up pad.

2. Use fully conductive cassette with conductive extension cowl.

3. Sample open face in worker's breathing zone.

4. Assure that the bottom joint (between the extension and the conical black piece) of the cassette is sealed tightly with a shrink band or electrical tape. Point the open end of the cassette down to minimize contamination.

5. Use a flow rate in the range of 0.5 to 2.5 liters per minute. One liter per minute is suggested for general sampling. Office environments allow flow rates of up to 2.5 lpm. Calibrate pump before and after sampling. Calibration may be done either as stated before. Do not use nylon or stainless steel adaptors if in-line calibration is done.

6. Sample for as long a time as possible without overloading (obscuring) the filter.

7. Submit 10% blanks, with a minimum in all cases of 2 blanks per 10 samples.

8. Where possible, collect and submit to the lab a bulk sample of the material suspected to be in the air.

9. Mail bulks and air samples separately to aid cross contamination. Pack the samples securely to avoid any rattle or shock damage (do not use expanded polystyrene packing). Use bubble sheeting as packing. Put identifying paperwork in every package. Do not send samples in plastic bags or in envelopes. PRINT LEGIBLY ON ALL FORMS.

10. Instruct the employee to avoid knocking the cassette and to avoid using a compressed air source that might dislodge the sample.

11. This procedure has been revised as of May 1989. For exceptional sampling conditions or high flow rates, contact the CHPPM lab.

B. Sampling for welding fumes:

1. When sampling for welding fumes, the filter cassette must be placed inside the welding helmet to achieve an accurate characterization of the employee's exposure.

2. Welding fume samples are normally taken using 37-mm filters and cassettes; however, if these cassettes will not fit inside the helmet, 25-mm filters and cassettes can be used. Care must be taken not to overload the 25-mm, cassette when sampling.

3. The Assistant Regional Administrator for Technical Support should be consulted in the case of any technical difficulties.

9. EQUIPMENT PREPARATION AND CALIBRATION:

A. Replace alkaline batteries frequently (once a month). Also carry fresh replacement batteries with the equipment.

B. Check the rechargeable Ni-Cad batteries in older pumps under load (e.g., turn pump on and check voltage at charging jack) before use.

C. Calibrate personal sampling pumps before and after each day of sampling, using either the electronic bubble meter method or the precision rotameter method (that has been calibrated against a bubble meter).

D. Electronic Flow Calibrators:

1. These units are high accuracy electronic bubble flow meters that provide instantaneous air flow readings and a cumulative averaging of multiple samples. These calibrators measure the flow rate of gases and present the results as volume per unit of time.

2. These calibrators should be used to calibrate all air sampling pumps.

3. See manufacture instructions for more details on this piece of equipment.

E. When a sampling train requires an unusual combination of sampling media (e.g., glass fiber filter preceding impinger), the same media/devices should be in line during calibration.

1. Electronic Bubble Meter Method:

(a) Allow the pump to run 5 minutes prior to voltage check and calibration.

(b) Assemble the polystyrene cassette filter holder, using the appropriate filter for the sampling method. Compress cassette by using a mechanical press or other means of applying pressure. Use shrink tape around cassette to cover joints and prevent leakage. If a cassette adaptor is used, care should be taken to ensure that it does not come in contact with the back-up pad. NOTE: When calibrating with a bubble meter, the use of cassette adaptors can cause moderate to severe pressure drop at high flow rates in the sampling train, which will affect the calibration result. If adaptors are used for sampling, then they should be used when calibrating.

CAUTION: Nylon adapters can restrict air flow due to plugging over time. Stainless steel adapters are preferred.

(c) Connect the collection device, tubing, pump and calibration apparatus, cassette and cyclone samplers, respectively.

(d) A visual inspection should be made of all Tygon tubing connections.

(e) Wet the inside of the electronic flow cell with the supplied soap solution by pushing on the button several times.

(f) Turn on the pump and adjust the pump rotameter, if available, to the appropriate flow rate setting.

(g) Press the button on the electronic bubble meter. Visually capture a single bubble and electronically time the bubble. The accompanying printer will automatically record the calibration reading in liters per minute.

(h) Repeat step 7 until two readings are within 5%.

(i) While the pump is still running, adjust the pump, if necessary.

(j) Repeat the procedures described above for all pumps to be used for sampling. The same cassette and filter may be used for calibrations involving the same sampling method.

2. Precision Rotameter Method. The precision rotameter, is a secondary calibration device. If it is to be used in place of a primary device such as a bubble meter, care must be taken to ensure that any introduced error will be minimal and noted.

(a) Replacing the Bubble Meter. The precision rotameter may be used for calibrating the personal sampling pump in lieu of a bubble meter provided it is:

1. Calibrated with an electronic bubble meter or a bubble meter, as described in Appendix C, on a regular basis (at least monthly).

2. Disassembled, cleaned as necessary, and recalibrated. It should be used with care to avoid dirt and dust contamination which may affect the flow.

3. Not used at substantially different temperature and/or pressure from those conditions present when the rotameter was calibrated against the primary source.

4. Used such that pressure drop across it is minimal.

(b) Unusual conditions. If altitude or temperature at the sampling site are substantially different from the calibration site, it is necessary to calibrate the precision rotameter at the sampling site where the same conditions are present.

3. See Manual for Buret Bubble meter method.

10. FILTER WEIGHING PROCEDURE:

The step-by-step procedure for weighing filters depends on the make and model of the balance. Consult the manufacturer's instruction book for directions. In addition, follow these guidelines:

A. There shall be no smoking or eating in the weighing area. All filters will be handled with tongs or tweezers. Do not handle the filters with bare hands.

B. Desiccate all filters at least 24 hours before weighing and sampling. Change desiccant before it completely changes color (e.g., before blue desiccant turns all pink). Evacuate desiccator with a sampling or vacuum pump.

C. Zero the balance prior to use.

D. Calibrate the balance prior to use and after every 10 samples.

E. Immediately prior to placement on the balance, pass all filters over an ionization unit to remove static charges. (Return the unit after 12 months of use to the distributor for disposal.)

F. Weigh all filters at least twice.

1. If there is more than 0.005 milligram difference in the two weighings, repeat the zero and calibration and reweigh the filter.

2. If there is less than 0.005 milligram difference in the two weighings, average the weights for the final weight.

G. Record all the appropriate weighing information (in ink) in the Weighing Log.

H. In reassembling the cassette assembly, remember to add the unweighed backup pad.

I. When weighing the filter after sampling, dessicate first and include any loose material fro... an overloaded filter and cassette.

NOTE: At all times care not to exert downward pressure on the weighing pan(s). Such action may damage the weighing mechanism.

APPENDIX A

DETECTOR TUBES/PUMPS

A. Principle/Description

1. Detector tube pumps are portable equipment which, when used with a variety of commercially available detector tubes, are capable of measuring the concentrations of a wide variety of compounds in industrial atmospheres.

2. Operation consists of using the pump to draw a known volume of air through a detector tube designed to measure the concentration of the substance of interest. The concentration is determined by a colorimetric change of an indicator which is present in the tube contents.

3. Some of the more frequently used detector tubes are available from the CHPPM Lab. Most tubes can be obtained locally.

B. Applications/Limitations:

1. Detector tubes/pumps are screening instruments which may be used to measure over 200 organic and inorganic gases and vapors or for leak detection. Some aerosols can also be determined.

2. Detector tubes of a given brand are to be used only with a pump of the same brand. The tubes are calibrated specifically for the same brand of pump and may give erroneous results if used with a pump of another brand.

3. A limitation of many detector tubes is the lack of specificity. Many indicators are highly selective and can cross-react with other compounds. Manufacturer's manuals describe the effects of interfering contaminants.

4. Another important consideration is sampling time. Detector tubes give only an instantaneous interpretation of environmental hazards. This may be beneficial in potentially dangerous situations or when ceiling exposure determinations are sufficient. When long-term assessment of occupational environments is necessary, short-term detector tube measurements may not reflect time-weighted average levels of the hazardous substances present.

5. Detector tubes normally have a shelf-life at 25o C of 1 to 2 years. Refrigeration during storage lengthens the shelf-life. Outdated detector tubes (i.e., beyond the printed expiration date) should never be used. The Fire Department can sometimes use these outdated tubes for training purposes.

C. Performance Data:

1. Specific manufacturers' models of detector tubes are listed in the Chemical Information Manual. The specific tubes listed are designed to cover a concentration range that is near the PEL. Concentration ranges are tube-dependent and can be anywhere from one-hundredth to several thousand ppm. The limits of detection depend on the particular detector tube.

2. Accuracy ranges vary with each detector tube.

3. The pump may be handheld during operation (weighing from 8 to 11 ounces), or it may be an automatic type (weighing about 4 pounds) which collects a sample using a preset number of pump strokes. A full pump stroke for either type of short-term pump has a volume of about 100 cc.

4. In most cases where only one pump stroke is required, sampling time is about one minute. Determinations for which more pump strokes are required take proportionately longer.

D. Maintenance

Contact the TMDE Calibration Laboratory in Ft Riley for long-term maintenance.

E. Leakage Test

1. Each day prior to use, perform a pump leakage test by inserting an unopened detector tube into the pump and attempt to draw in 100 ml of air. After a few minutes, check for pump leakage by examining pump compression for bellows-type pumps or return to resting position for piston-type pumps. Automatic pumps should be tested according to the manufacturer's instructions.

2. In the event of leakage which cannot be repaired in the field, send the pump to the TMDE or Medical Maintenance for repair.

3. Record that the leakage test was made on the Direct-Reading Data Form.

F. Calibration Test

1. Calibrate the detector tube pump for proper volume measurement at least quarterly.

2. Simply connect the pump directly to the bubble meter with a detector tube in-line. Use a detector tube and pump from the same manufacturer.

3. Wet the inside of the 100 cc bubble meter with soap solution.

4. For volume calibration, experiment to get the soap bubble even with the zero ml mark of the buret.

a. For piston-type pumps, pull the pump handle all the way out (full pump stroke) and note where the soap bubble stops; for bellows-type pumps, compress the bellows fully; for automatic pumps, program the pump to take a full pump stroke. For either type pump, the bubble should stop between the 95 cc and 105 cc marks. Allow 4 minutes for the pump to draw the full amount of air (This time interval varies with the type of detector tube being used in-line with the calibration setup).

b. Also check the volume for 50 cc (1/2 pump stroke) and 25 cc (1/4 pump stroke) if pertinent. As in Section 1 above, a +/-5 percent error is permissible. If error is greater than +/-5 percent, send the pump to OCL of repair and recalibraton.

5. Record the calibration information required on the Calibration Log.

6. It may be necessary to clean or replace the rubber bung or tube holder if a large number of tubes have been taken with the pump.

G. Additional Information.

1. Draeger, Model 31 (bellows) when checking the pump for leaks with an unopened tube, the bellows should not be completely expanded after 10 minutes.

2. Drager, Quantiemter 1000, Model 1 (automatic) a battery pack is an integral part of this pump. The pack must be charged prior to initial use. One charge is good for 1000 pump strokes. During heavy use, it should be recharged daily. If a "U" (under voltage) message is continuously displayed in the readout window of this pump, the battery pack should be immediately recharged.

3. Matheson-Kitagawa, Model 8014-400A (piston) when checking the pump for leaks with an unopened tube, the pump handle should be pulled back to the 100-ml mark and locked. After 2 minutes, the handle should be released carefully. It should return to a point <6mm from zero or resting position. After taking 100 to 200 samples, the pump should be cleaned and relubricated. This involves removing the piston from the cylinder, removing the inlet and pressure-relief valve from the front end of the pump, cleaning, and relubricating.

4. Mine Safety Appliances, Sampler Pump, Model A, Part No. 46399 (piston) the pump contains a flow-rate control orifice protected by a plastic filter which periodically needs to be cleaned or replaced. To check the flow rate, the pump is connected to a buret and the piston is withdrawn to the 100-ml position with no tube in the tube holder. After 24-26 seconds, 80 ml of air should be admitted to the pump. Every 6 months the piston should be relubricated with the oil provided.

5. Sensidyne-Gastec, Model 800, Part No. 7010657-1 (piston) this pump can be checked for leaks as mentioned for the Kitagawa pump; however, the handle would be released after 1 minute. Periodic relubrication of the pump head, the piston gasket, the piston check valve is needed and is use-dependent.

H. Special considerations.

1. Detector tubes should be refrigerated when not in use to prolong shelf life.

2. Detector tubes should not be used when cold. They should be kept at room temperature or in a shirt pocket for one hour prior to use.

3. Lubrication of the piston pump may be required if volume error is greater than 5 percent.

APPENDIX B

ELECTRONIC FLOW CALIBRATORS

A. Description

1. These units are high accuracy electronic bubble flowmeter that provide instantaneous air flow readings and a cumulative averaging of multiple samples. These calibrators measure the flow rate of gases and report volume per unit of time.

2. The timer is capable of detecting a soap film at 80 microsecond intervals. This speed allows under steady flow conditions an accuracy of +/-0.5% of any display reading. Repeatability is +/-0.5% of any display.

3. The range with different cells is from 1 cc/min to 30 Lpm.

4. Battery power will last 8 hours with continuous use. Charge for 16 hours. Can be operated from A/C charger.

B. Maintenance of Calibrator:

1. Cleaning before use:

Remove the flow cell and gently flush with tap water. The acrylic flow cell can be easily scratched. Wipe with cloth only. Do not allow center tube, where sensors detect soap film to be scratched or get dirty. NEVER clean with ACETONE. Use only soap and warm water. When cleaning prior to storage, allow flow cell to air dry. If stubborn residue persists, it is possible to remove the bottom plate. Squirt a few drops of soap into the slot between base and flow cell to ease removal.

2. Leak Testing:

The system should be leak checked at 6" H2O by connecting a manometer to the outlet boss and evacuate the inlet to 6" H2O. No leakage should be observed.

3. Verification of Calibration:

The calibrator is factory calibrated using a standard traceable to National Institute of Standards and Technology, formerly called the national Bureau of Standards, (NBS). Attempts to verify calibrator against a glass one liter burette should be conducted at 1000 cc/min. of maximum accuracy. The calibrator is linear throughout the entire range.

C. Shipping/Handling

1. When transporting, especially by air, it is important that one side of the seal tube which connects the inlet and outlet boss, be removed for equalizing internal pressure within the calibrator.

2. Do not transport unit with soap solution or storage tubing in place.

D. Precautions/Warnings

1. Avoid the use of chemical solvents on flow cell, calibrator case and faceplate. Generally, soap and water will remove any dirt.

2. Never pressurize the flow cell at any time with more than 25 inches of water pressure.

3. Do not charge batteries for longer than 16 hours.

4. Do not leave A/C adapter plugged into calibrator when not in use as this could damage the battery supply.

5. Black close fitting covers help to reduce evaporation of soap in the flow cell when not in use.

6. Do not store flow cell for a period of one week or longer with soap. Clean and store dry.

7. The Calibrator Soap is a precisely concentrated and sterilized solution formulated to provide a clean, frictionless soap film bubble over the wide, dynamic range of the calibrator. The sterile nature of the soap is important in the prevention of residue build-up in the flow cell center tube, which could cause inaccurate readings. The use of any other soap is not recommended.

APPENDIX C
MANUAL BURET BUBBLE METER TECHNIQUE

When a sampling train requires an unusual combination of sampling media (e.g., glass fiber filter preceding impinger), the same media/devices should be in line during calibration. Calibrate personal sampling pumps before and after each day of sampling.

A. Bubble Meter Method:

1. Allow the pump to run 5 minutes prior to voltage check and calibration.

2. Assemble the polystyrene cassette filter holder using the appropriate filter for the sampling method. If a cassette adaptor is used, care should be taken to ensure that it does not come in contact with the back-up pad. NOTE: When calibrating with a bubble meter, the use of cassette adaptors can cause moderate to severe pressure drop in the sampling train, which will affect the calibration result. If adaptors are used for sampling, then they should be used when calibrating.

3. Connect the collection device, tubing, pump and calibration apparatus.

4. A visual inspection should be made of all Tygon tubing connections.

5. Wet the inside of a 1-liter buret with a soap solution.

6. Turn on the pump and adjust the pump rotameter to the appropriate flow rate setting.

7. Momentarily submerge the opening of the buret in order to capture a film of soap.

8. Draw three bubbles up the buret in order to ensure that the bubbles will complete their run.

9. Visually capture a single bubble and time the bubble from 0 to 1000 ml for high flow pumps or 0 to 100 ml for low flow pumps.

10. The timing accuracy must be within +1 second of the time corresponding to the desired flow rate.

11. If the time is not within the range of accuracy, adjust the flow rate and repeat steps 9 and 10 until the correct flow rate is achieved. Perform steps 9 and 10 at least twice, in any event.

12. While the pump is still running, mark the pump or record on the CHPPM form 9-R the position of the float in the pump rotameter as a reference.

13. Repeat the procedures described above for all pumps to be used for sampling. The same cassette and filter may be used for all calibrations involving the same sampling method.

APPENDIX D
SHELF-LIFE OF SAMPLING MEDIA

Sampling Medium	Shelf-Life	Comments
Sodium Hydroxide (all normalities)	6 months	
Hydrochloric acid	One year	Same for all Sulfuric acid concentrations
Methanol in water		Of all solutions.
All organic solvents in pure state	4 years	
Bis-chloromethyl ether (BCME) and Chloromethyl methyl ether (CMME) collecting solution	2 months	Must be stored In a dark bottle In a refrigerator.
Hydroxyl ammonium chloride solutions (for acetic anhydride, ketene)	2 weeks	Should be Stored in a refrigerator in a light-protected container.
Hydroxyl ammonium chloride-Sodium hydroxide mixed solutions (for acetic anhydride, ketene collection)	Stable only 2 hour	Must be prepared fresh just prior to use.
Hydrogen peroxide (0.3N) for sulfur dioxide collection	6 months	Stable if it is Protected from light and refrigerated.
Girard T Reagent	2 weeks	Store in glassware in the dark.
Passive Monitors	Must be used before the expiration date (if given) printed on the monitor package.	
Nitrogen oxides collection tubes		Should be stored in a refrigerator.

APPENDIX E

SAMPLING FOR SPECIAL ANALYSES

A. Silica Samples Analyzed by X-Ray Diffraction (XRD)

1. Air Samples. Respirable dust samples are analyzed for quartz and cristobalite by X-ray diffraction (XRD). XRD is the preferred analytical method due to its sensitivity, minimum requirements for sample preparation and ability to identify polymorphs (different crystalline forms) of free silica.

a. The analysis of free silica by XRD requires that the particle size distribution of the samples be matched as closely as possible to the standards. This is best accomplished by collecting a respirable sample.

1. Respirable dust samples are collected on tared low ash PVC filter using a 10mm nylon cyclone at a flow rate of 1.7 1pm.

2. A sample not collected in this manner is considered a total dust (or nonrespirable) sample. Techinicans are discouraged from submitting total dust samples since accurate analysis cannot be provided by XRD for such samples.

3. If the sample collected is nonrespirable, the laboratory must be advised on sample Form.

b. Quartz and cristobalite are the only two polymorphs of free silica which are presently being analyzed by the laboratory. Tridymite is not currently being analyzed. Samples are analyzed for cristobalite only upon request.

c. Quartz (or cristobalite) is identified by its major (primary) X-ray diffraction peak. Because other substances also have peaks at the same position, it is necessary to confirm quartz (or cristobalite) principally by the presence of secondary and/or tertiary peaks.

d. If they are considered to be present in the work environment, the following major chemicals which can interfere with an analysis should be noted:

Aluminum phosphate; Feldspars (microcline, othoclase, plagioclase);
Graphite; Iron carbide; Lead sulfate; Micas (biotite, muscovite);
Montmorillonite; Potash; Sillimanite; Silver chloride; Talc;
Zircon (Zirconium silicate)

NOTE: Specific additional chemicals should be listed in Item 37 of the OSHA-91 Form only if they are suspected to be present.

e. A sample weight and total air volume shall accompany all filter samples. Sample weights of 0.5 to 3.0 milligrams are preferred.

1. Do not submit a sample(s) unless its weight or the combined weights of all filters representing an individual exposure exceed 0.05 milligram.

2. If heavy sample loading is noted during the sampling period, it is recommended that the filter cassette be changed to avoid collecting a sample with a weight greater than 5.0 milligrams.

3. If a sample weight exceeds 5.0 mg, another sample of a smaller air volume, whenever possible, should be collected to obtain a sample weight of less than 5.0 mg.

f. Laboratory results for air samples are usually reported under one of four categories:

1. Percent Quartz (or Cristobalite). Applicable for a respirable sample in which the amount of quartz (or cristobalite) in the sample was confirmed.

2. Less Than or Equal To Value in Units of Percent. Less or equal to values are used when the adjusted 8-hour exposure is found to be less than the PEL, based on the sample's primary diffraction peak. The value reported represents the maximum amount of quartz (or cristobalite) which could be present. However, the presence of quartz (or cristobalite) was not confirmed using secondary and/or tertiary peaks in the sample since the sample could not be in violation of the PEL.

3. Approximate Values in Units of Percent. The particle size distribution in a total dust sample is unknown and error in the XRD analysis may be greater than for respirable samples. Therefore, for total dust samples, an approximate result is given.

4. Nondetected. A sample reported as nondetected indicates that the quantity of quartz (or cristobalite) present in the sample is not greater than the detection limit of the instrument. The detection limit is usually 10 micrograms for quartz and 30 micrograms for cristobalite.

* If less than a full-shift sample was collected, the CSHO should evaluate a nondetected result to determine whether adequate sampling was performed.

* If the presence of quartz (or cristobalite) is suspected in this case, the Industrial Hygienist may want to sample for a longer period of time to increase the sample weights.

2. Bulk Samples. Bulk samples must be submitted for all silica analyses.

a. They have two purposes:

1. For laboratory use only, to confirm the presence of quartz or cristoblite in respirable samples, or to assess the presence of other substances that may interfer in the analysis of respirable samples.

2. To determine the approximate percentage of quartz (or cristobalite) in the bulk sample.

b. A bulk sample submitted "for laboratory use only" must be representative of the airborne free silica content of the work environment sampled; otherwise, it will be of no value.

c. The laboratory's order of preference for bulk samples for an evaluation of personal exposure is:

1. A high volume respirable area sample.
2. A high volume area sample.
3. A representative settled dust (after) sample.
4. A bulk sample of the raw material used in the manufacturing process.

* This is the last choice and the least desirable.
* It should be submitted "for laboratory use only" if there is a possibility of contamination by other materials during the manufacuring process.

d. The type of bulk sample submitted to the laboratory should be stated on the Bulk Sample Form and cross-referenced to the appropriate air samples.

e. A bulk sample analysis for percent quartz (or cristobalite) will be reported only upon specific request by the IHPM.

f. A reported bulk sample analysis for quartz (or cristobalite) will be semi-quantitative in nature because:

1. The XRD analysis procedure requires a thin layer deposition for an accurate analysis.

2. The error for bulk samples analyzed by XRD is unknown because the particle size of nonrespirable bulk samples varies from sample to sample.

B. Samples Analyzed by Inductively Coupled Plasma (ICP).

1. Metals. Where two or more of the following analyzes are requested on the same filter, an ICP analysis may be conducted. However, the Industrial Hygienist should specify the metals of interest in the event samples cannot be analyzed by the ICP method. A computer print-out of the following 13 analyzes may be reported:

Antimony
Beryllium
Cadmium
Chromium
Cobalt
Copper
Iron
Lead
Manganese
Molybdenum
Nickel
Vanadium
Zinc

2. Arsenic. Samples analyzed for the 13 analyzes mentioned above can also be analyzed for arsenic by request. The arsenic analysis is performed by a different technique and results are reported separate from ICP results.

3. If requested, the laboratory can analyze for "solder-type" elements, such as:

Antimony
Beryllium
Cadmium
Copper
Lead
Silver
Tin
Zinc

Samples Analyzed by X-ray Fluorescence (XRF).

1. Filter, wipe and bulk samples can be qualitatively analyzed by XRF.

2. Requests for XRF analyses should be preceded by a phone call to CHPPM Lab to determine the extent and value of the analysis.

3. Packaging and shipping of such samples should be done in a manner consistent with directions previously given in this SOP.

APPENDIX F

SAMPLING AND ANALYTICAL ERRORS (SAE'S)

1. Definition of SAE's. When an employee is sampled and the results analyzed, the measured exposure will rarely be the same as the true exposure. This variation is due to sampling and analytical errors (SAE's). The total error is dependent upon the combined effects of the contributing errors inherent in sampling, analysis, and pump flow.

2. Definition of Confidence Limits. Error factors determined by statistical methods shall be incorporated into the sample results to obtain the lowest value that the true exposure could be (with a given degree of confidence) and also the highest value the true exposure could be (also with some degree of confidence).

a. The lower value is termed the lower confidence limit (LCL) and the upper value is termed the upper confidence limit (UCL).

b. These confidence limits are termed one-sided since the only concern is with being confident that the true exposure is on one side of the PEL.

3. Determining SAE's. SAE's which provide a 95 percent confidence limit have been developed and are listed on each OSHA-91B report form (most current SAEs) and are also presented in the Chemical Information Manual. If there is no SAE listed in the manual for a specific substance, apply the manufacturer's recommended error.

4. Environmental Variables. Environmental variables generally far exceed sampling and analytical errors. Samples taken on a given day are used by IHPM to determine compliance with PEL's. However, where samples are taken over a period of time (as is the practice of some employers) the IHPM should review the long term pattern and compare it with the results he/she obtains. Where IHPM's samples fit the long term pattern this helps to support the compliance determination. Where IHPM's results differ substantially from the historical pattern, the IHPM should investigate the cause of this difference and perhaps conduct additional sampling.

5. Confidence Limits. One-sided confidence limits can be used to classify the measured exposure into one of three categories.

a. If the measured results do not exceed the standard and the UCL also does not exceed the standard, we can be 95 percent confident that the employer is in compliance. (See equation F-6.)

b. If the measured exposure exceeds the PEL and the LCL of that exposure also exceeds the PEL, we can be 95 percent confident that the employer is in noncompliance and a violation is established. (See equation F-7.)

c. If the measured exposure does not exceed the PEL, but the UCL of that exposure does exceed the PEL, we cannot be 95 percent confident that the employer is in compliance. (See equation F-6.) Likewise, if the measured exposure exceeds the PEL, but the LCL of that exposure is below the PEL, we cannot be 95 percent confident that the employer is in noncompliance. (See equation F-7.) In both of these cases, our measured exposure falls into a region which is termed "possible over-exposure."

1. A violation is not established if the measured exposure falls into the "possible overexposure" region. It should be noted that the closer the LCL comes to exceeding the PEL, the more probable it becomes that the employer is in noncompliance.

2. If measured results are in this region, the CSHO should consider further sampling, taking into consideration the seriousness of the hazard, pending citations, and how close the LCL is to exceeding the PEL.

3. If further sampling is not conducted, or if additional measured exposures still fall into the "possible overexposure" region, the CSHO should carefully explain to the employer and employee representative in the closing conference that the exposed employee(s) may be overexposed but that there was insufficient data to document noncompliance. The employer should be encouraged to voluntarily reduce the exposure and/or to conduct further sampling to assure that exposures are not in excess of the standard.

6. Sampling Methods. The LCL and UCL are calculated differently depending upon the type of sampling method used. Sampling methods can be classified into one of three categories:

a. Full-period, Continuous Single Sampling. Full-period, continuous single sampling is defined as sampling over the entire sample period with only one sample. The sampling may be for a full-shift sample or for a short period ceiling determination.

b. Full-period, Consecutive Sampling. Full-period, consecutive sampling is defined as sampling using multiple consecutive samples of equal or unequal time duration which, if combined, equal the total duration of the sample period. An example would be taking four 2-hour charcoal tube samples. There are several advantages to this type of sampling.

1. If a single sample is lost during the sampling period due to pump failure, gross contamination, etc., at least some data will have been collected to evaluate the exposure.

2. The use of multiple samples will result in slightly lower sampling and analytical errors.

3. Collection of several samples allows conclusions to be reached concerning the manner in which differing segments of the workday affect overall exposure.

c. Grab Sampling. Grab sampling is defined as collecting a number of short-term samples at various times during the sample period which, when combined, provide an estimate of exposure over the total period. Common examples include the use of detector tubes or direct-reading instrumentation (with intermittent readings).

7. Calculations.

a. If the initial and final calibration flow rates are different, a volume calculated using the highs flow rate should be reported to the laboratory. If compliance is not established using the lowest flow rate, further sampling should be considered.

b. Generally, sampling is conducted at approximately the same temperature and pressure as calibration, in which case no correction for temperature and pressure is required and the sample volume reported to the laboratory is the volume actually measured. Where sampling is conducted at a substantially different temperature or pressure than calibration, an adjustment to the measured air volume may be repaired depending on sampling pump used, in order to obtain the actual air volume sampled.

c. The actual volume of air sampled at the sampling site is reported, and used in all calculations.

1. For particulates, the laboratory reports mg/m(3) of contaminant using the actual volume of air collected at the sampling site. The value in mg/m(3) can be compared directly to OSHA Toxic and Hazardous Substances Standards (e.g., 29 CFR 1910.1000).

2. The laboratory normally does not measure concentrations of gases and vapors directly in parts per million (ppm). Rather, most analytical techniques determine the total weight of contaminant in collection medium. Using the air volume provided by the CSHO, the lab calculates concentration in mg/m(3) and converts this to ppm at 25 degrees C and 760mm Hg using Equation F-1. This result is to be compared with the PEL without adjustment for temperature and pressure at the sampling site.

ppm(NTP)=mg/m(3) (24.45)/(Mwt) Equation F-1

where: 24.45= molar volume at 25 degrees C (298 K) and 760mm Hg

Mwt=molecular weight

NTP=Normal Temperature and Pressure, 25 degrees C and 760mm Hg.

3. If an occasion arises where it is necessary to know the actual concentration in ppm at the sampling site, it can be derived from the laboratory results reported in ppm at NTP by using the following equation:

ppm(PT)=ppm(NTP) (760/P) (T/298) Equation F-2

where: P=sampling site pressure (mm of Hg)

T=sampling site temperature (Degrees K)

298=temperature in degrees Kelvin (273 degrees K+ 25 degrees)

since ppm(NTP)=mg/m(3) (24.45)/(Mwt)

ppm(PT)=mg/m(3) X 24.45/Mwt X 760/P X T/298 Equation F-3

NOTE: When a laboratory result is reported as mg/m(3) contaminant, concentrations expressed as ppm(PT) cannot be compared directly to the standards table without converting to NTP.

NOTE: Barometric pressure can be obtained by calling the local weather station or airport, request the unadjusted barometric pressure. If these sources are not available then a rule of thumb is for every 1000 feet of elevation, the barometric pressure decreases by 1 inch of Hg.

8. Calculation Method for a Full-period, Continuous Single Sample.

a. Obtain the full-period sampling result (value X), the PEL and the SAE. The SAE can be obtained from the Chemical Information Manual.

b. Divide X by the PEL to determine Y, the standardized concentration. That is:

Y=X/PEL (Equation F-5)

c. Compute the UCL (95%) as follows:

UCL (95%)=Y + SAE (Equation F-6)

d. Compute the LCL (95%) as follows:

LCL (95%)=Y-SAE (Equation F-7)

e. Classify the exposure according to the following classification system:

1. If the UCL </=1, a violation does not exist.
2. If LCL </=1 and the UCL>1, classify as possible overexposure.
3. If LCL >1, a violation exists.

9. Calculation Method for Full-period Consecutive Sampling. The use of multiple consecutive samples will result in slightly lower sampling and analytical errors than the use of one continuous sample since the inherent errors tend to partially cancel each other. The mathematical calculations, however, are somewhat more complicated. If preferred, the CSHO may first determine if compliance or noncompliance can be established using the calculation method noted for a full-period, continuous, single sample measurement. If results fall into the "possible overexposure" region using this method, a more exact calculation should be performed using equation F-4.

a. Obtain X1, X2..., Xn, the n consecutive concentrations on one workshift and their time durations, T1, T2, ..., Tn. Also obtain the SAE in Appendix A, Chemical Information Table.

b. Compute the TWA exposure.

c. Divide the TWA exposure by the PEL to find Y, the standardized average (TWA/PEL).

d. Compute the UCL (95%) as follows:

UCL (95%)=Y + SAE (Equation F-6)

e. Compute the LCL (95%) as follows:

LCL(95%)= Y- SAE (Equation F-7)

f. Classify the exposure according to the following classification system:

1. If UCL </=1, a violation does not exist.
2. If LCL </=1, and the UCL > 1, classify as possible overexposure.
3. If LCL > 1, a violation exists.

g. When the LCL </=1.0 and UCL >1.0, the results are in the "possible overexposure" region, and the CSHO must analyze the data using the more exact calculation for full-period consecutive sampling as follows:

LCL=Y - SAE / T(12) X(12) + T(22) X(22) ...T(n2) X(n2)

PEL (T(1) + T(2) +...T(n)) Equation 1F-8

10. Grab Sampling. If a series of grab samples (e.g., detector tubes) are used to determine compliance with either an 8-hour TWA limit or a ceiling limit, consult with the ARA for Technical Support regarding sampling strategy and the necessary statistical treatment of the results obtained.

11. SAEs for Exposure to Chemical Mixtures. Often an employee simultaneously exposed to a variety of chemical substances in the workplace. Synergistic toxic effects on target organ is common for such exposures in many construction and manufacturing processes. This type of exposure can also occur when impurities are present in single chemical operations. New permissible exposure limits for mixtures, such as the recent welding fume standard (5 mg/m(3)), address the complex problem of synergistic exposures and their health effects. In addition, 29 CFR 1910.1000 contains a computational approach to assess exposure to a mixture. This calculation should be used when components in the mixture poses synergistic threat to worker health.

Whether using a single standard or the mixture calculation, the sampling and analytical error (SAE) of the individual constituents must be considered before arriving at a final compliance decision. These SAEs can be pooled and weighed to give a control limit for the synergistic mixture. To illustrate this control limit, the following example using the mixture calculation is shown:

The mixture calculation is expressed as:

E(m)=(C(1)/L(1) + C(2)/L(2)) +...C(n)/L(n) Equation F-9

Where: Em=equivalent exposure for a mixture
(E(m) should be </= 1 for compliance)
C=concentration of a particular substance
L=PEL

As an example, an exposure to three different but synergistic substances:

Material	8-hr Exposure (ppm)		8-hr TWA PEL (ppm)	SAE
Substance	1	500	1000	0.089
Substance	2	80	200	0.11
Substance	3	70	200	0.18

Using Equation F9: E(m)=500/1000 + 80/200 + 70/200= 1.25

Since E(m) >1, an overexposure appears to have occurred; however, the SAE for each substance also needs to be considered:

Exposure ratio (for each substance) Y(n) = C(n)/L(n)
Ratio to total exposure R(1)= Y(1)/E(m),...R(n) =Y(n)/E(m)

The SAEs (95% confidence) of the substance comprising the mixture can be pooled by:

RS(t) = [((R(1))(2) X (SAE(1))(2)) + (R(2))(2) X (SAE(2))(2)) + ...
(R(n))(2) X (SAE(n))(20))](1/2)

The mixture Control Limit (CL) is equivalent to: 1 + RS(t)

If E(m)</=CL, then an overexposure has not been established at the 95% confidence level; further sampling may be necessary.

If E(m) >1 and E(m) >CL, then an overexposure has occurred (95% confidence).

Using the mixture data above:

Y(1)= 500/1000 Y(2)= 80/200 Y(3)= 70/200

Y(1)=.5 Y(2)= .4 Y(3)= .35
R(1)= Y(1)/E(m)=0.4 R(2)=0.32 R(3)=0.28

RS(t2)=(0.4)(2)(0.089)(2) + (0.32)(2)(0.11)(2) + (0.28)(2)(0.18)(2)

RS9t)=(RS(t2))1/2=0.071
CL=1+RS(t)=1.071

E(m)=1.25

Therefore E(m) >CL and an overexposure has occurred within 95% confidence limits.

This calculation is also used when considering a standard such as the one for total welding fumes. A computer program is available for personal computers which will calculate a control limit for any synergistic mixture.

Sample Calculation for Full-period, Continuous Single Sample

A single fiberglass filter and personal pump were used to sample for carbaryl for a 7-hour period. The CSHO was able to document that the exposure during the remaining unsampled one-half hour of the 8-hour shift would equal the exposure measured during the 7-hour period. The laboratory reported 6.07
mg/m . The SAE for this method is 0.23. The PEL is 5.0 mg/m .

Step 1. Calculate the standardized concentration.

Y=6.07/5.0=1.21

Step 2. Calculate confidence limits.
LCL=1.21 - 0.23=0.98
Since the LCL does not exceed 1.0 noncompliance is not established.
The UCL is calculated:
UCL=1.21 + 0.23 = 1.44

Step 3. Classify the exposure.

Since the LCL </=1.0 and the UCL >1.0, classify as possible overexposure.

Sample Calculation for Full-period Consecutive Sampling '

If two consecutive samples had been taken for carbaryl instead of one continuous sample and the following results were obtained:

Sample	A	B
Sampling Rate (lpm)	2.0	2.0
Time (Min)	240	210
Volume (L)	480	420
Weight (mg)	3.005	2.457
Concentration (mg/m(3))	6.26	5.85

The SAE for carbaryl is 0.23.

Step 1. Calculate the UCL and the LCL from the sampling and analytical results:

TWA= (6.26 mg/m(3)) 240 min + (5.85 mg/m(3)) 210 min
450 min=6.07 mg/m(3)
Y=6.07 mg/m(3)/PEL=6.07/5.0=1.21
Assuming a continuous sample:

LCL=1.21 - 0.23=0.98
UCL=1.21 + 0.23=1.44

Step 2. Since the LCL<1.0 and UCL>1.0, the results are in the possible overexposure region, and the CSHO must analyze the data using the more exact calculation for full-period consecutive sampling as follows:

LCL=1.21 - 0.23/(240 min)(2)(6.26mg/m(3))(210min)(2)(5.85mg/m(3))(2)

5.0 mg/m(3) (240 + 210 min)=1.21 - 0.20=1.01
Since the LCL > 1.0, a violation is established.

APPENDIX G
Quality Assurance

1. Chemical sampling and analysis is used by occupational health and safety professionals to assess workplace contaminants and associated worker exposures. The validity of an assessment is based, in part, on the procedures used for sample collection and analysis, and data interpretation. In many instances these procedures use approaches that have been refined over many years and are accepted by the professionals as good practice. However, the multitude of variables within a specific workplace require the professional to exercise judgment in the design of a particular assessment.

2. Analysis. Published analytical methods address several hundred possible workplace contaminants. However, these methods do not address all chemical hazards. The following references to resources that provide analysis information on many chemical hazards.

a. **Analytical Methods**

1) Sampling and Analytical Methods. OSHA. Provides links to information developed by OSHA including validated methods for use by the Salt Lake Technical Center (SLTC) Laboratory.

2) NIOSH Manual of Analytical Methods (NMAM). US Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Publication 94-113, (1994, August). Provides individual analytical methods, listed by chemical name or method number.

3) Environmental Protection Agency (EPA). The EPA has published numerous methods relating to environmental monitoring, stack testing, and indoor air quality. Many of these can find application in evaluating occupational exposure. Others can be used to supplement information during specific evaluations. The following methods were developed to monitor environmental air for volatile organic analytes by drawing a sample onto a solid sorbent then analyzing the sample by thermal desorption/GC/MS. They provide sensitive analyses for specific compounds.

Method TO-1. (1984, April), 110 KB PDF, 34 pages.
Method TO-2. (1984, April), 110 KB PDF, 32 pages.
Method TO-3. (1984, April), 80 KB PDF, 20 pages.
Method TO-17. (1997, January), 312 KB PDF, 53 pages.
Method TO-14A. (1997, January), 1.1 MB PDF, 97 pages. This document describes a procedure for sampling and analysis of volatile organic compounds (VOCs) in ambient air.
Air Monitoring Database. 1.2 MB ZIP*. Provides a computer program (PC compatible) which can be downloaded, unzipped onto a floppy disk, and installed. This database provides references to EPA, National Institute for Occupational Safety and Health (NIOSH), and OSHA

methods that can be searched by compound or method number.
Individual Standards Search Page. American Society for Testing and Materials (ASTM). ASTM has developed about 100 standards which address analysis of workplace air samples. Search specific standards of interest from this page.

b. Method Modification and Development

1) Published analytical methods address several hundred possible workplace contaminants. However, these methods do not address all chemical hazards. Some chemicals are so specialized that they are rarely encountered. New chemicals are constantly being developed. Other chemicals are not stable on existing sampling media. In these instances it becomes necessary to modify an existing method to accommodate the contaminant or a new method must be developed.

2) The procedures for method modification and development vary depending on the properties of the chemical, possible interferences, the desired sampling medium, the desired analytical technique, sensitivity required, and similar factors. Therefore, method modification and development should only be undertaken by an experienced analyst or researcher. However, the following are items which should be considered and answered by any method modification or development.

3) Questions to be answered:
Can the analyte be collected by and removed from the sampling media?
What are the collection and recovery factors and are they acceptable?
Is the detection limit sufficiently low to provide meaningful data, especially when adjusted for collection and recovery factors?
Will expected interferences produce false positive, false negative, or biased results?
If possible, can the results be verified by comparison with an accepted procedure?

4) NIOSH Manual of Analytical Methods (NMAM). US Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Publication 94-113, (1994, August). Provides individual analytical methods, listed by chemical name or method number.

5) Analytical Method Evaluation Software. Provides information on calculation of method bias, precision, and accuracy. A computer based training program is also available.

c. Laboratory Selection

1) The selection of a laboratory is influenced by many factors. Among these are:
Does the laboratory perform the required analysis? What are my requirements for quality assurance and does the laboratory quality assurance program meet these requirements?
Does the laboratory analyze samples and report results within my required turnaround time?

Does the analytical report contain the information I need? Are detection limits reported and are they sufficiently low? Are analytical costs acceptable? Does the laboratory provide the client services I desire? Am I confident in the results provided?
Rose M. "Communications with your Industrial Hygiene (IH) Laboratory: Before you sample, when you submit your samples for analysis, after you get your results." (1997). Presents a list of example questions which may be used to evaluate and compare laboratories. Though specifically addressing laboratories performing silica analysis, the approach is applicable to other analyses.
Laboratory Accreditation and Certification

2) Participation in accreditation and certification programs allow laboratories to compare themselves against other laboratories and against accepted standards. Most programs require participation in a performance evaluation testing program where samples of unknown concentration are analyzed and reported to an independent body. Many programs require an on-site assessment by a trained quality assessor. Successful participation in an accreditation or certification program is an indicator that a laboratory operates under a functioning quality assurance program. It does not guarantee that the results produced by the laboratory are beyond question.

Blood Lead Laboratories. OSHA. OSHA administers a program for approval of laboratories submitting data as required by the Lead Standards for General Industry [29 CFR 1910.1025] and Construction [29 CFR 1926.62].

Laboratory Accreditation Programs. American Industrial Hygiene Association (AIHA). AIHA offers performance evaluation and accreditation programs for industrial hygiene and environmental lead laboratories.

National Voluntary Laboratory Accreditation Program. National Institute for Standards and Technology (NIST). NIST accredits laboratories for the analysis of asbestos samples. Listings of laboratories by state are available.

3. Laboratory (External)

a) Laboratories performing industrial hygiene analyses should participate in external performance evaluation programs, and be subject to audit by external assessors. The appropriate accreditation and certification programs discussed above should be part of a laboratory's quality assurance program.

b) When submitting samples to a laboratory, there are several methods which can be easily used to assess the accuracy and precision of the laboratory's results. In all cases, if a problem is detected, it would be wise to assume that the error is in the external sample, unless other information indicates otherwise. Once a problem has been identified, the laboratory quality assurance manager should be contacted and the problem resolved to the satisfaction of all parties.

c) Collect two samples under the same conditions. Remember, when evaluating these samples, that the two samples are not identical. For instance, a droplet of solvent could be splashed onto one sample but not the second giving a false reading for the first sampler.
If the sample is a bulk material, divide it into two portions after thoroughly homogenizing. If the sample is not homogenized, the two portions could contain differing amounts of analyte.
Prepare "spiked" samples of known concentration to be submitted blind with field samples. These *must* be prepared by a skilled individual. Additional spikes should be prepared at the same time so that the spiking can be verified by a second laboratory if questionable results are reported.

d) *Validate data.* Laboratory data should be reviewed thoroughly before use to ensure there are no gross errors in values or units.

e) *Submit single- or double-blind performance evaluation (PE) samples.* The PE samples are quality assurance (QA) samples that look like routine samples but are samples spiked with a known concentration of a target contaminant. Results of the PE samples should be compared to the known spiked value to determine acceptability of other data reported by the laboratory. The results of the PE samples are an indication of the ability of the laboratory to produce accurate results.

d. Data Validation and Interpretation

1) When an employee is sampled and the results analyzed, the measured exposure will rarely be the same as the true exposure. This variation is due to sampling and analytical errors (SAE's). The total error depends on the combined effects of the contributing errors inherent in sampling, analysis, and pump flow.

OSHA Technical Manual (OTM). OSHA Directive TED 01-00-015 [TED 1-0.15A], (1999, January 20).

Sampling and Analytical Errors (SAE's). Describes the process of determining errors with a given degree of confidence by using statistical methods.

2) Consider the following questions when analyzing results:
Do the results make sense?
Based on knowledge of the sampling site, are the laboratory results consistent with what you expect? And are they consistent between samples?
Are the results consistent with previous sampling results?
If an error in analytical procedures or results is suspected, contact the laboratory quality assurance section for assistance and resolution.
Were the samples collected using the correct sampling method and were the method specifications followed?

MCXN-PM 1 February 2007

Was the correct sampling media used?
Were the sample flow rates and total volumes within specifications?
Were samples properly preserved and shipped?
Was there a possibility of contamination? Were blanks submitted for analysis?
Were there any unusual circumstances surrounding the sample collection which may influence the validity?

KARL L. GIBSON
Industrial Hygiene Program Manager

Reviewed By;

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

E-29

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 31 January 2007

MEMORANDUM For Record

SUBJECT: BLDG 343 Records Survey Request

1. On 31 January 2007, I received a request from Marie Burris. I forwarded this request to COL Degenhardt, LTC Jefferson, and 2LT Derivan.

2. On 31 January 2007, I received a request from Tammy Schad, Safety Manager to conduct Mold and Fiberglass for the contractor who was remodeling the MEDDAC Commander's office. I talked to Ms. Schad on the phone and said I would need approval from someone in my chain. Ms. Schad emailed me that COL Dowdy had approved. I forwarded this request to COL Degenhardt, LTC Jefferson, and 2LT Derivan – asking if I could since COL Dowdy was not in my chain.

3. On 31 January 2007, COL Degenhardt approved the testing but wanted to see him first.

4. On 31 January 2007, COL Degenhardt, Ms. Schad, and I met. Ms. Schad explained the request that contractor was concerned about mold and fiberglass. I explained that the Commander did not want "special testing" done here in MAHC. I explained that I thought that the Commander did not want mold testing unless there were sick people. I explained that if I tested for Fiberglass it was TEM – and if there was asbestos present, it would be identified.

5. COL Degenhardt stated that he understood what I said. COL Degenhardt tasked me to do the mold and fiberglass testing that night after 1600 hrs for the 8 hours and have SGT Ealim collect them at about midnight. COL Degenhardt stated that the Commander's policy had changed and there was no restriction on testing, but she was wanting to look at how we can get other to pay. I requested a copy of this policy. COL Degenhardt said "no" for Ms. Burris request.

6. I prepared the samples and coordinated with SGT Ealim to collect the samples and equipment.

7. POC is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@cen.amedd.army.mil.

K. L. Gibson

KARL L. GIBSON
GS 11, Industrial Hygienist
USA MEDDAC

cc: COL Degenhardt, LTC Jefferson, and 2LT Derivan

E-30

Gibson, Karl L Mr CIV USA MEDCOM MAHC

From: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Sent: Monday, February 09, 2009 9:24 AM
To: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Cc: Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Subject: RE: IH Memos to Jil (UNCLASSIFIED)
Signed By: jacob.derivan@us.army.mil

Classification: UNCLASSIFIED
Caveats: NONE

Karl,

The person "g5ecxddm" who has made edits to some of your reports is Dan Mitchell from the CoE. He has made recommendations for changes as a part of an independent review of your work and Management has accepted these recommendations.

It is true that the statement regarding the internal MFR being "available upon request" was inadvertently omitted, but as we have already discussed on 06 FEB 09, it will be re-inserted into the "Purpose" section of the MFRs before their dissemination.

The format for reporting Will stay consistent with the 06 OCT 08 that you've referenced below. I've included the appropriate excerpt for your convenience:

"b. Reports - Management has decided to go with the recommendations of the CoE:

1) Produce an internal MFR that you will author and sign and include anything you wish to incorporate from your assessment or survey. This, again is so that you will have the opportunity to use your experience and professional judgment to voice your unfettered evaluation.

2) Produce the report for distribution to the customer that will, for Workplace Hazard Assessments, include all hazards in a workplace by operation (again, based on regulations enforceable by law), the controls in place (or lack thereof), and whether or not said controls are adequate."

The internal MFR is your work and will not be edited in any way. The report for distribution is signed by C, PM and will be edited to provide a clear and concise product to our customers.

The CDR's Open Door Policy is currently being updated but directions for protocol can be found on the MAHC intranet. In short, you need to contact your supervisor (and you have) to try to rectify the situation first. If those attempts are not satisfactory for you, you may contact Ms. Gates (4-6420) to set up an appointment to see the CDR. Any further questions you have regarding the CDR's Open Door Policy should be referred to Ms. Gates.

JACOB J. DERIVAN

1LT, MS
Environmental Science Officer
Department of Preventive Medicine
Munson Army Health Center
Office 913-684-6533
Fax 913-684-6534

-----Original Message-----
From: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Sent: Friday, February 06, 2009 1:42 PM
To: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC; Jefferson, Beverly LTC MIL USA MEDCOM MAHC
Cc: Swiler, Cynthia J CIV USA MEDCOM MAHC; 'Holland, Ronny CIV USA TRADOC'; Snedegar, Diane L Ms CIV USA MEDCOM MAHC; 'afge738@gmail.com'
Subject: RE: IH Memos to Jil (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Hello LTC Jefferson and LT Derivan,

I have looked at these memos and have the following questions:

Who is g5ecxddm and why did this person(s) change my memos without my knowledge?

For the Bldg 48, Bldg 77, and Bldg 470 memos listed below. These memos were changed without my knowledge and I non-concur with these changes and IAW our July 2008 meeting and agreement, I request you remove my name from these memos. These memos were changed from the style and format the Corps of Engineers & I agreed to. These memos were changed from the 6 October 2008 counseling that left the format and content up to me.

For the Bldg 244 and Bldg 50 memos not listed below, but I see have been changed. These memos were changed without my knowledge and I non-concur with these changes and IAW our July 2008 meeting and agreement, I request you remove my name from these memos. These memos were changed from the style and format the Corps of Engineers & I agreed to. These memos were changed from the 6 October 2008 counseling that left the format and content up to me.

I request to utilize the MEDDAC Commander's open door policy. As I have not been made aware of her policy or what procedures need to be followed - I am requesting to know what it is.

Karl Gibson
Industrial Hygienist
Industrial Hygiene Program Manager
550 Pope Ave
Fort Leavenworth, KS 66027
(913) 684-6547
Fax (913) 684-6534

-----Original Message-----
From: Derivan, Jacob J 1LT MIL USA MEDCOM MAHC
Sent: Friday, February 06, 2009 9:44 AM
To: Swiler, Cynthia J CIV USA MEDCOM MAHC
Cc: Gibson, Karl L Mr CIV USA MEDCOM MAHC
Subject: IH Memos (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Jill,

These memos have been placed in the "Jill" file on the J-Drive.

48 FMSO Facility Report Draft October 2008
77 DPTM Devices Facility Report Draft Oct 2008
77 Military Review Facility Report Draft Oct 2008
85DPWFireFitTest Report #2 Oct2008
85PMOFireFitTestReport #3 Dec2008
320DAPoliceFitTest#2 Nov2008
470 CDID Facility Report Oct 2008

Thanks!

LT

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Caveats: NONE

E-31

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 4 February 2009

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MEMORANDUM Thru Commander, USA MEDDAC, Fort Leavenworth, Kansas 66027

For Director, HQ Defense Automated Printing Service (DAPS), 5450 Carlisle Pike, BLDG 9, Mechanicsburg, PA 17055
CAC Safety, Bldg #198 Fort Leavenworth, Kansas 66027

SUBJECT: Industrial Hygiene Survey of BLDG 77 DAPS on 13 November 2008 to Verify Corrections from the March 2007 IH Survey

1. **REFERENCE.** DA Pam 40–503, Industrial Hygiene Program; 10/30/2000.

2. **PURPOSE.** To report the findings of an annual IH survey to verify corrections from the March 2007 IH survey and document employee exposures in Defense Automated Printing Service (DAPS) shop in BLDG #77; at the request of HQ, DAPS, on 13 November 2008, by Mr. Karl Gibson, MAHC Department of Preventive Medicine, Industrial Hygienist (IH) and Industrial Hygiene Program Manager.

3. **BACKGROUND.** ~~The purpose of the annual workplace assessment is to document the operations and their associated chemical, physical, biological, and ergonomic hazards. Verify whether existing measures employed to control exposure the hazard.~~ The Building 77 DAPS~~'s~~ Shop is an administrative and industrial area that is used daily. The MFR covering this survey and its specific findings is available upon request. The Indoor Air Quality assessment and Facility assessment were conducted on 15 August 2008 and their specific findings are covered in separate memorandums and MFRs.
~~The MFR covering the specific findings and is available upon request. The Indoor Air Quality assessment was conducted on 15 August 2008 and its specific findings are covered in a separate memorandum and MFR. (See Appendix A for exposure tables and enclosure for raw results.)~~

~~4. OPERATIONS AND IDENTIFIED HAZARDS.~~

~~OPERATION~~	~~HAZARDS~~	~~ADQUIATE CONTROLS IN PLACE~~
~~Office~~	~~ERGONOMIC~~ ~~INDOOR AIR QUALITY~~	~~YES~~ ~~UNKNOWN~~
~~Logistics~~	~~ERGONOMIC~~	~~YES~~
~~Xerox copying~~	~~CHEMICAL~~ ~~INDOOR AIR QUALITY~~ ~~NOISE~~ ~~PHYSICAL~~	~~YES~~ ~~UNKNOWN~~ ~~YES~~ ~~YES~~
~~Binding~~	~~NOISE~~	~~YES~~

	PHYSICAL	YES

CR = Critical regulated * 1 CNR = Critical not regulated. NCR = Noncritical regulated
NCNR = Noncritical not regulated
MCXN-PM (40-5f) 4 February 2009
SUBJECT: Industrial Hygiene Survey of BLDG 77 DAPS on 13 November 2008 to Verify Corrections from the March 2007 IH Survey

Code	*1 Regulated by OSHA or available ACGIH guidelines.
H	High means employee exposures has in the past exceed health standards (PEL or TLV) and has the potential to be doing so as well
M	Medium means employee exposure has not exceed health standards but have exceeded the Occupational Health level of concern and warrant Medical Surveillance
L	Low means employee exposures have not exceed health standards and should be less than 10% of health standards.

4.

5. CONCLUSIONS. During At the time of this IH survey, the DAPS facility is, in our opinionwas, compliant with the health standardss. (sSee Appendix A and enclosure for results.). The DAPS Shop shop maintains a chemical inventory of all chemicals present in work place, along with an MSDS of each product listed in the chemical inventory is maintained in the area. The eEmergency eye wash has been to be tested IAW OSHA 29 CFR 1910.151 and ANSI Z353.1. Employees in the DAPS's Shop shop appear to be exposed to noise levels above 85 dBA based on past measurements and types of equipment in shop. New equipment is present and may lower the noise exposure levels. Preliminary sound level needs to be measured to insure that they are within recommended guidelines. Housekeeping actions have lowered the metals dust levels in the break and work areas. Supervisors need to ensure that proper cleaning is performed and develop a written SOP on cleaning procedures. Questions or concerns may be directed to Mr. Karl Gibson, Industrial Hygienist and Industrial Hygiene Program Manager at (913) 684-6539 or karl.gibson@amedd.army.mil.

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BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

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Encl.

CF:
Mr. Sneed, DAPS, 5450 Carlisle Pike, BLDG 9, Mechanicsburg, PA 17055
MAHC Occ Health Services
S, Defense Automated Printing Service (DAPS), BLDG #77, Fort Leavenworth, Kansas 66027

APPENDIX A

Evaluation Data.

The evaluation data collected is assessed into categories based upon Army regulations, Occupational Safety and Health Administration (OSHA) regulations, and consensus standards. Assessment categories are assigned as shown in Table B1, below.

Table B1 – Evaluation Data Assessment

Symbol	Definition
●	Did not meet standard/guideline
◭	Levels of Concern, but meets standard/guideline.
■	Meets standard/guideline
?	Insufficient data to assess

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Air samples were taken on 13 November 2008 and are reported in Parts Per Million (ppm) or Milligrams Per Cubic Meter (mg/m3) for the 8 hour Time Weighted Average (TWA):

Chemical	Sample Type	Calculated 8-hr TWA[1] Employee Concentration	Standard Carcinogenic	Meets Standard	Controlling Regulatory
Aluminum	[2]PRBZ	<.00104 mg/m3	10 mg/m3		ACGIH
	[3]PRBZ	<.00107 mg/m3			
	[4]PRBZ	<.00113 mg/m3			
	[5]PRBZ	<.00104 mg/m3			
	[6]PRGA	<.00107 mg/m3			
	[7]PRGA	<.00104 mg/m3			
	[8]PRGAUTL	<.001 mg/m3			
Asbestos	[9]PRGA	<.003 f/cc PCM	.01 f/cc		US Army
	[10]PRGA	<.003 f/cc PCM	YES		TB Med
	[11]PRGA	<.003 f/cc PCM			513
	[12]PRGA	<.003 f/cc PCM			
	[13]PSGA	.004 f/cc PCM			
	[14]BRGA	<.003 f/cc PCM			
	PRGAUTL	.005 f/cc PCM			
Cadmium	[2]PRBZ	<.00042 mg/m3	.01 mg/m3		ACGIH
	[3]PRBZ	<.00043 mg/m3	YES		
	[4]PRBZ	<.00045 mg/m3			
	[5]PRBZ	<.00042 mg/m3			
	[6]PRGA	<.00043 mg/m3			
	[7]PRGA	<.00042 mg/m3			
	[8]PRGAUTL	<.000 mg/m3			
Copper	[2]PRBZ	<.00104 mg/m3	.1 mg/m3		OSHA
	[3]PRBZ	<.00107 mg/m3			
	[4]PRBZ	<.00113 mg/m3			
	[5]PRBZ	<.00104 mg/m3			
	[6]PRGA	<.00107 mg/m3			
	[7]PRGA	<.00104 mg/m3			
	[8]PRGAUTL	<.001 mg/m3			
Formalde-hyde	[2]PRBZ	.007 ppm	.3 ppm C		ACGIH
	[3]PRBZ	<.001 ppm	.5 ppm AL		OSHA
	[4]PRBZ	.013 ppm			
	[5]PRBZ	.001 ppm			
	[6]PRGA	.001 ppm			
	[7]PRGA	.013 ppm			
	[8]PRGAUTL [2]	.03 ppm			

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Chemical	Sample Type	Calculated 8-hr TWA1 Employee Concentration	Standard Carcinogenic	Meets Standard	Controlling Regulatory
Lead	[2]PRBZ	<.00042 mg/m3	.05 mg/m3		OSHA
	[3]PRBZ	<.00043 mg/m3	.03mg/m3AL		
	[4]PRBZ	<.00045 mg/m3	YES		
	[5]PRBZ	<.00042 mg/m3		■	
	[6]PRGA	<.00043 mg/m3			
	[7]PRGA	<.00042 mg/m3			
	[8]PRGAUTL	<.000 mg/m3			
Nickel	[2]PRBZ	<.00042 mg/m3	1.0 mg/m3		OSHA
	[3]PRBZ	<.00043 mg/m3	YES		
	[4]PRBZ	<.00045 mg/m3			
	[5]PRBZ	<.00042 mg/m3		■	
	[6]PRGA	<.00043 mg/m3			
	[7]PRGA	<.00042 mg/m3			
	[8]PRGAUTL	<.000 mg/m3			
Ozone	[2]PRBZ	<.001 ppm	.1 ppm		OSHA
	[3]PRBZ	<.001 ppm	YES		
	[4]PRBZ	<.001 ppm			
	[5]PRBZ	<.001 ppm		■	
	[6]PRGA	<.001 ppm			
	[7]PRGA	<.001 ppm			
	[8]PRGAUTL	<.001 ppm			
Total Dust	[2]PRBZ	<.001 mg/m3	3 mg/m3 Particulates Not Otherwise Specified that are Respirable, 10 mg/m3 for PNOS that are Inhalable		ACGIH
	[3]PRBZ	<.001 mg/m3			
	[4]PRBZ	<.001 mg/m3			
	[5]PRBZ	<.001 mg/m3		■	
	[6]PRGA	<.001 mg/m3			
	[7]PRGA	<.001 mg/m3			
	[8]PRGAUTL	<.001 mg/m3			
Zinc	[2]PRBZ	<.00104 mg/m3	5 mg/m3 Respirable		OSHA
	[3]PRBZ	<.00107 mg/m3	YES		
	[4]PRBZ	<.00113 mg/m3			
	[5]PRBZ	<.00104 mg/m3		■	
	[6]PRGA	<.00107 mg/m3			
	[7]PRGA	<.00104 mg/m3			
	[8]PRGAUTL	<.001 mg/m3			

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[1]In calculating the 8-hour TWA, it was assumed the task is conducted once a work-day for about a 8 hour period and the non-sampled time has no exposure
[2]PRBZ: Press Room Breathing Zone for Rodney Day
[3]PRBZ: Press Room Breathing Zone for Charley Jordan
[4]PRBZ: Press Room Breathing Zone for Steve Sutley
[5]PRBZ: Press Room Breathing Zone for Bill Davis
[6]PRGA: Press Room General Area at Front Desk
[7]PRGA: Press Room General Area at Xerox Machine
[8]PRGAUTL: Press Room Upper Tolerance Levels using Normal Parametric Statistics of 95% confidence of the exposure required by OSHA's regulation
[9]PRGA: Press Room General Area Asbestos Analysis by PCM via NIOSH Method 7400
[10]PRGA: Press Room General Area Asbestos Analysis by PCM via NIOSH Method 7400
[11]PRGA: Press Room General Area Asbestos Analysis by PCM via NIOSH Method 7400
[12]PRGA: Press Room General Area Asbestos Analysis by PCM via NIOSH Method 7400
[13]PSGA: Penny Sedlock Room General Area Asbestos Analysis by PCM via NIOSH Method 7400
[14]BRGA: Break Room General Area Asbestos Analysis by PCM via NIOSH Method 7400

~~AL stands for the OSHA Action Limit as found in 29 CFR 1910.1948(d)(3)(iii).~~

Wipe Sample Results of Black/Brown Dirt-like substance. Each wipe sample was taken from a 1 square foot (1 ft2) ~~and even though the lab was requested to provide results in both parts per million (ppm) and micrograms per square foot (ug/ft2), the lab did not provide the ppm results~~.

CHEMICAL	SAMPLE TYPE	SAMPLE LOCATION DESCRIPTION	FEB 2007 CONCENTRA-TION	NOV 2008 CONCENTRATION
ALUMINUM	WIPE EPA6010	[1]PRF [2]PRV [3]BRT [4]PRXT	3,192. PPM 2,509. PPM 1,531. PPM	75 UG/FT2,168 UG/FT2, 142 UG/FT2 NOT WIPED 33. UG/FT2, 30.9 UG/FT2 26.6 UG/FT2
CADMIUM	WIPE EPA6010	[1]PRF [2]PRV [3]BRT [4]PRXT	110. PPM 20.5 PPM 7.2 PPM	<4.0 UG/FT2, <4.0 UG/FT2, <4.0 UG/FT2 NOT WIPED <4.0 UG/FT2, <4.0 UG/FT2 <4.0 UG/FT2
COOPER	WIPE EPA6010	[1]PRF [2]PRV [3]BRT [4]PRXT	427,700. PPM 3,087.6. PPM 78.5 PPM	<10. UG/FT2, 12 UG/FT2, <10. UG/FT2 NOT WIPED <10. UG/FT2, <10. UG/FT2 12. UG/FT2
NICKEL	WIPE EPA6010	[1]PRF [2]PRV [3]BRT [4]PRXT	36.5 PPM 79.7 PPM 13.5 PPM	<4.0 UG/FT2, 7. UG/FT2, <4.0 UG/FT2 NOT WIPED <4.0 UG/FT2, <4.0 UG/FT2 <4.0 UG/FT2
LEAD	WIPE EPA6010	[1]PRF [2]PRV [3]BRT [4]PRXT	742.7 UG/FT2 373.8 UG/FT2 52.8 UG/FT2	<4.0 UG/FT2, 12. UG/FT2, 7. UG/FT2 NOT WIPED <4.0 UG/FT2, <4.0 UG/FT2 <4.0 UG/FT2
ZINC	WIPE EPA6010	[1]PRF [2]PRV [3]BRT [4]PRXT	2,427 PPM 2,473 PPM 1,996. PPM	106. UG/FT2, 323. UG/FT2, 222. UG/FT2 NOT WIPED 7. UG/FT2, 7. UG/FT2 16. UG/FT2

[1]PRF: Press Room Floor
[2]PRV: Press Room Ventilation
[3]BRT: Break Room Table
[4]PRXT: Press Room Xerox Table

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E-32

Request for Leave or Approved Absence

1. Name *(Last, first, middle)*	2. Employee or Social Security Number
Gibson, Karl L	

3. Organization
MEDDAC PM

Type of Leave/Absence

Check appropriate box(es) and enter date and time below	Date		Time		Total Hours
	From	To	From	To	
☒ **Accrued annual leave**	19Nov07	21Nov07	0730	1600	24
☐ **Restored annual leave**					
☐ **Advanced annual leave**					
☐ **Accrued sick leave**					
☐ **Advanced sick leave**					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ **Compensatory time off**					
☐ **Other paid absence** *(specify in remarks)*					
☐ **Leave without pay**					

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster Care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

Remarks
dated Use or Leave.

Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature	7b. Date signed
Karl L. Gibson	9 Oct 2007

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature	8d. Date signed
J. Dai	10 Oct 07

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

NAME: Karl Gibson

S: 30 Jan 08

PAY PERIOD ENDING:

DATES: 20 Jan TO ~~1~~ Feb 08

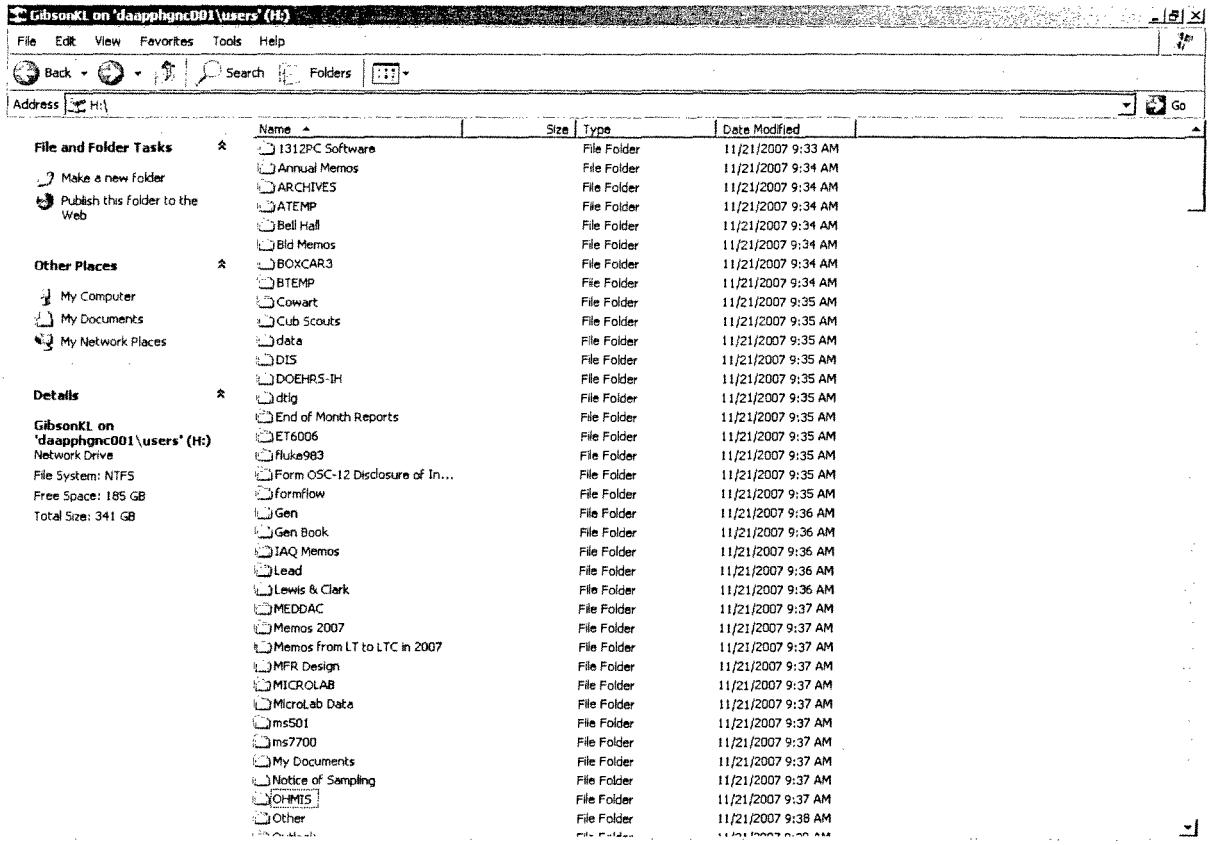
	DAY	MONTH	HW	AL	SK	CE	CT	H	C	O	DO	REMARKS	
SUN	20	Jan											
MON	21							8					
TUE	22		8										
WED	23		8										
THU	24		8										
FRI	25		8										
SAT	26		—										
SUN	27		—										
MON	28		8										
TUE	29		6		2							FFLA	
WED	30		8										
THU	31		8										
FRI	1	Feb	8										
SAT	2												

HW = HOURS WORKED
AL = ANNUAL LEAVE
SK = SICK LEAVE
CE = COMPENSATORY TIME EARNED
CT = COMPENSATORY TIME TAKEN
H = HOLIDAY TIME
C = COURT LEAVE
O = OTHER (e.g. DONATE BLOOD, POST CLOSING EARLY, etc.)
DO = DAY OFF (SATURDAY & SUNDAY)

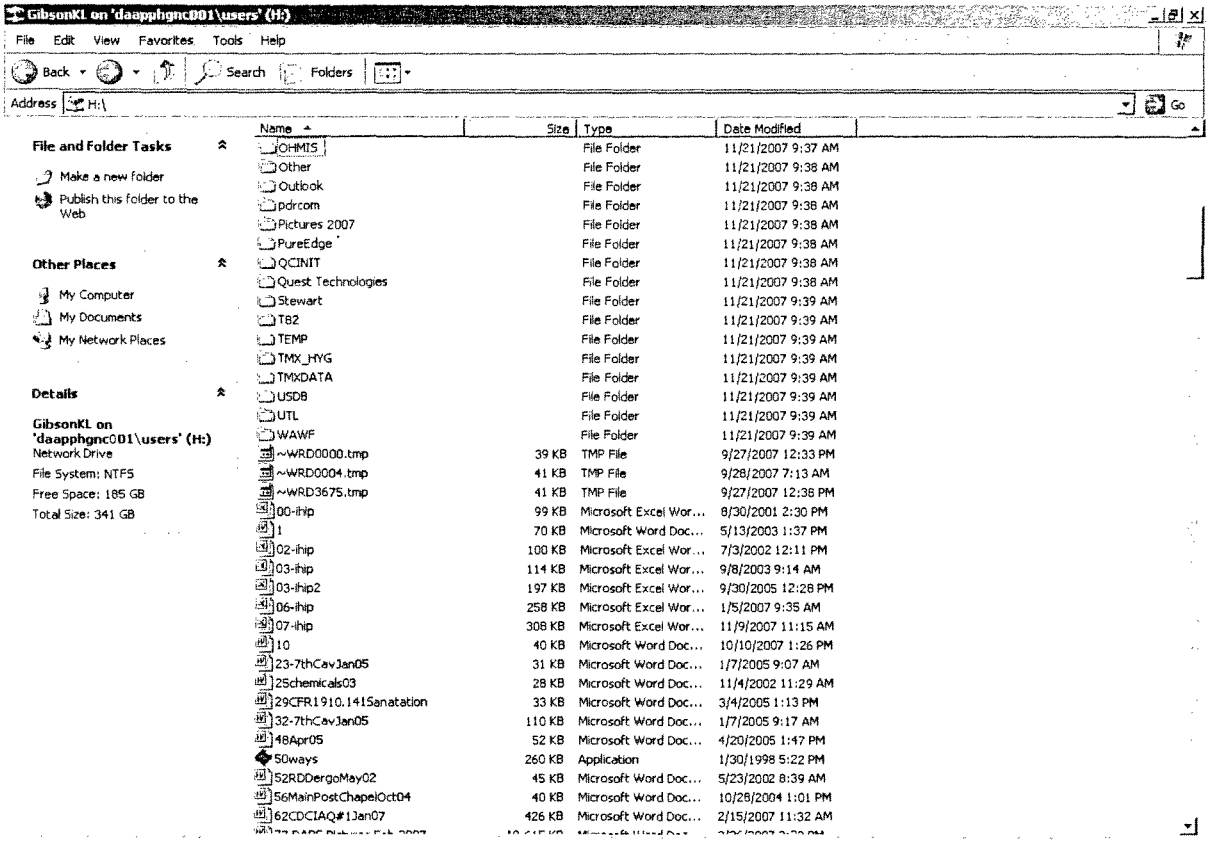
SUPERVISOR'S SIGNATURE

E-33

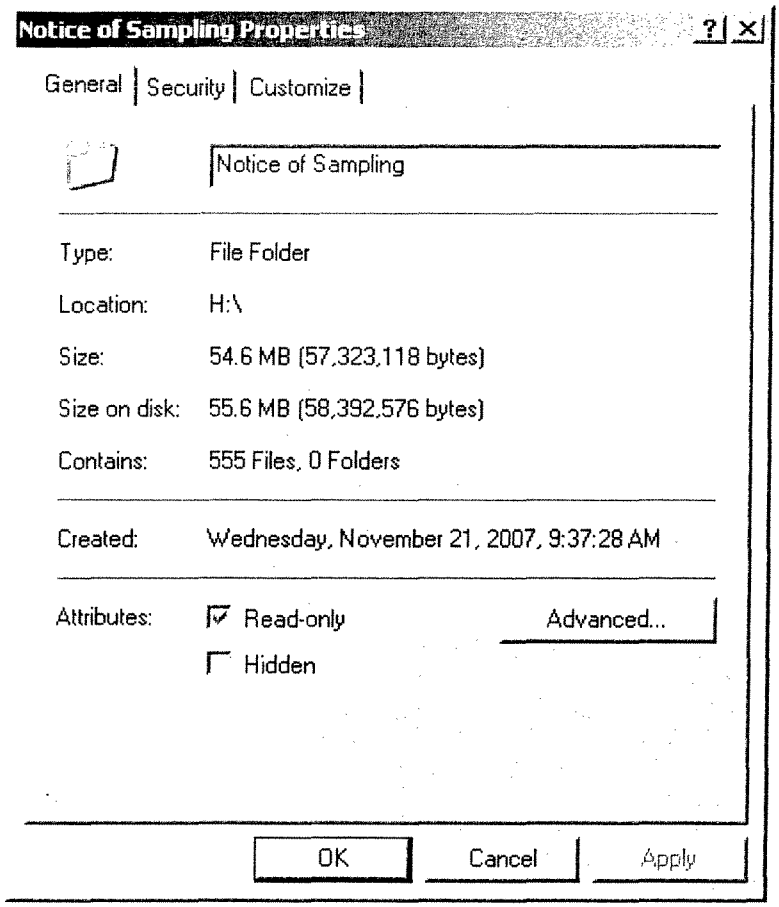
H Drive document changes while Karl Gibson was on leave on 21 November 2007.



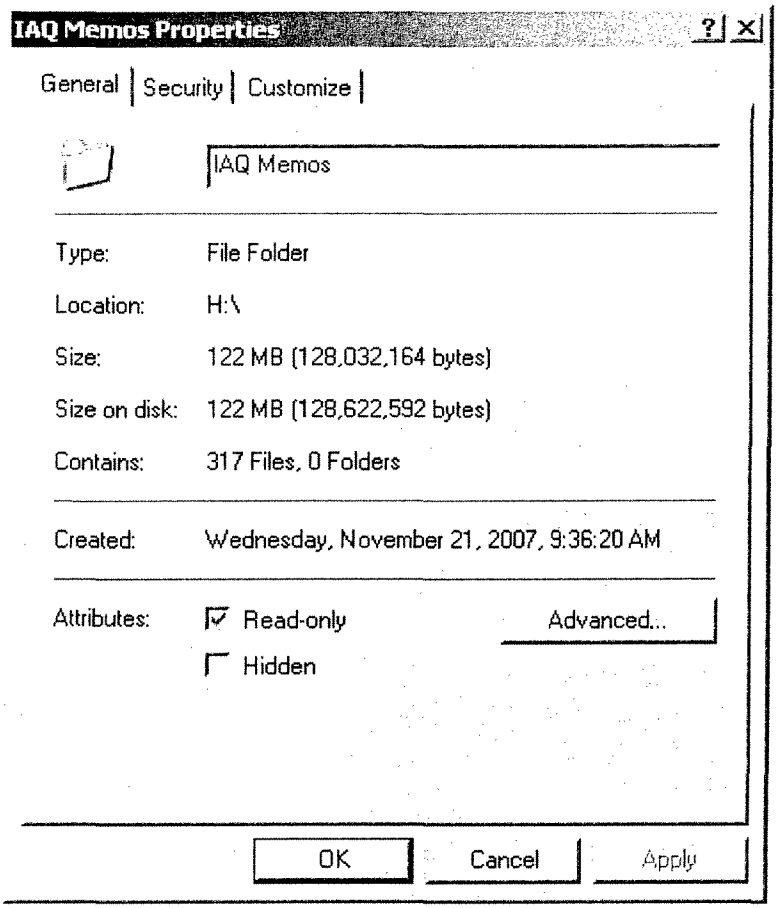
H Drive document changes while Karl Gibson was on leave on 21 November 2007.



E-34



This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only.



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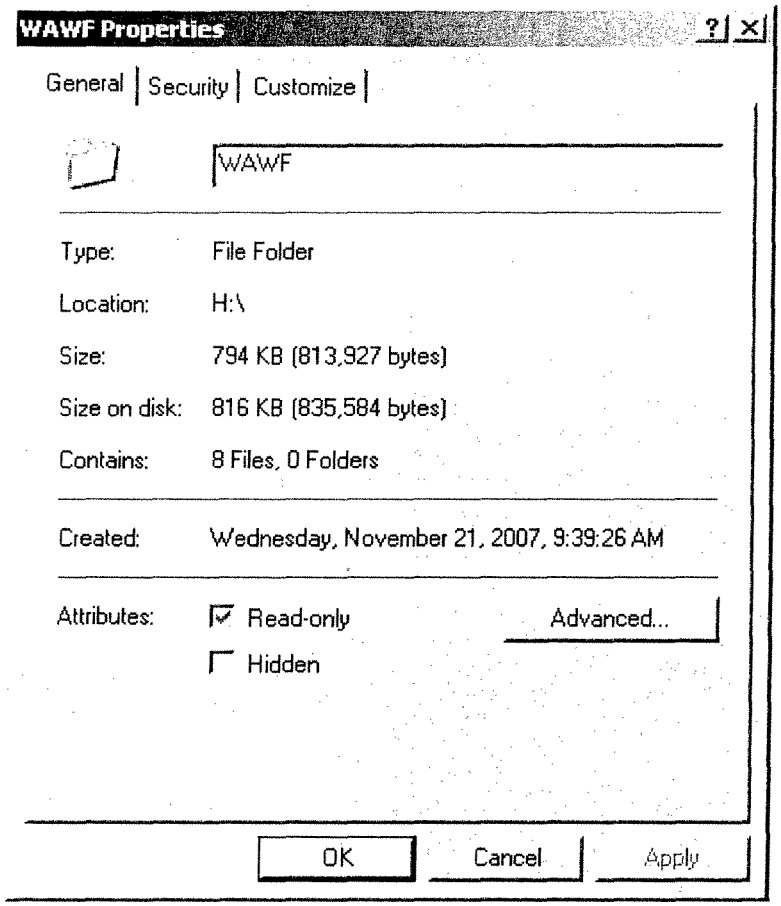

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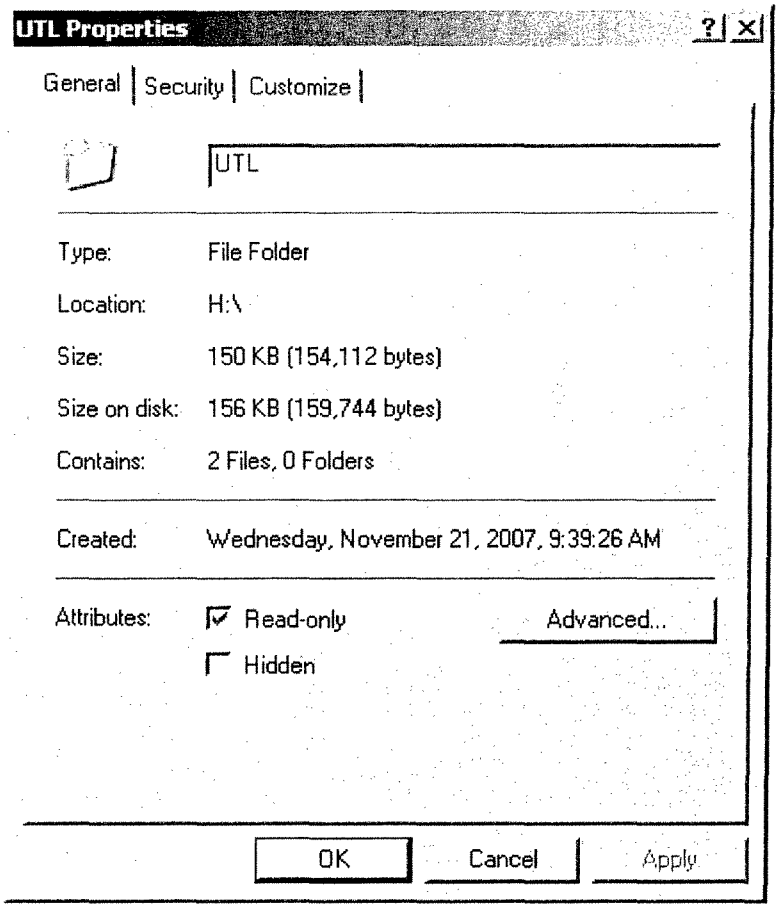

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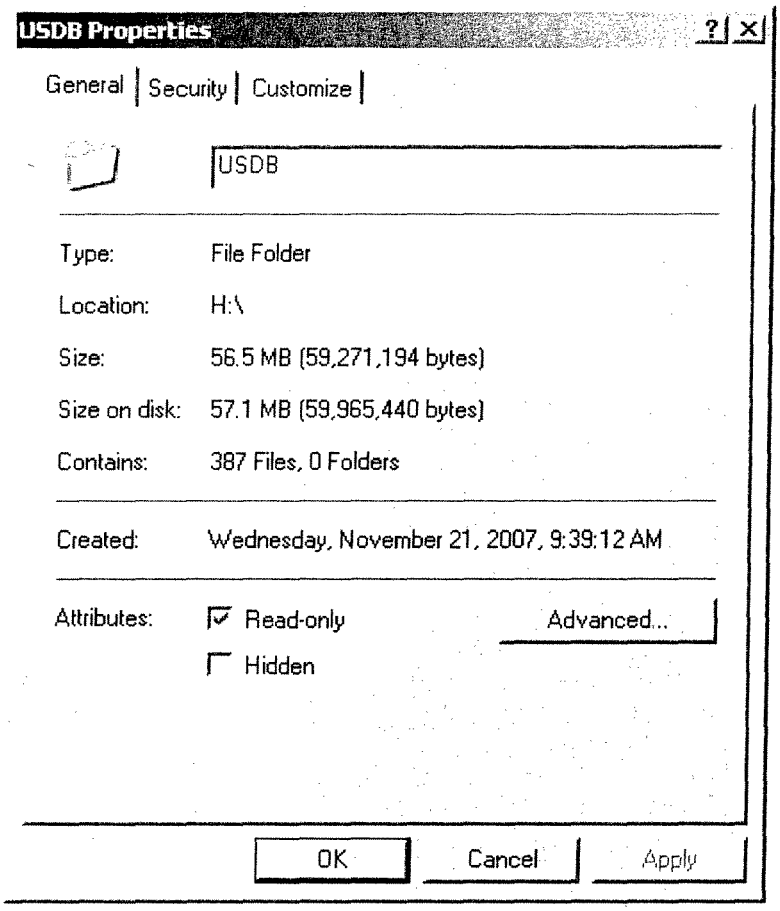

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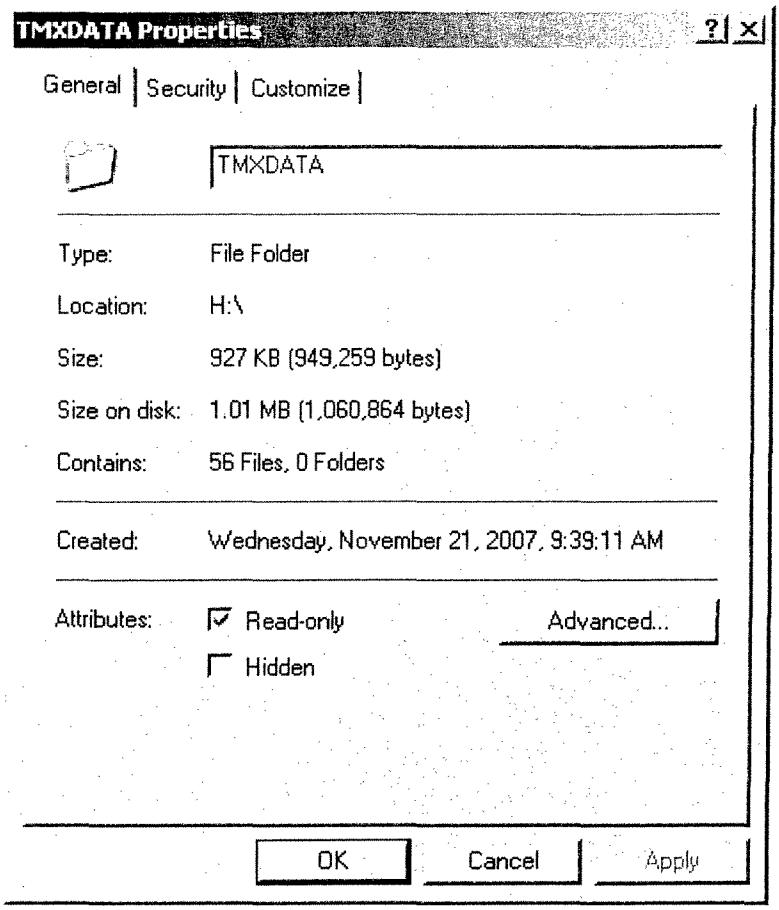

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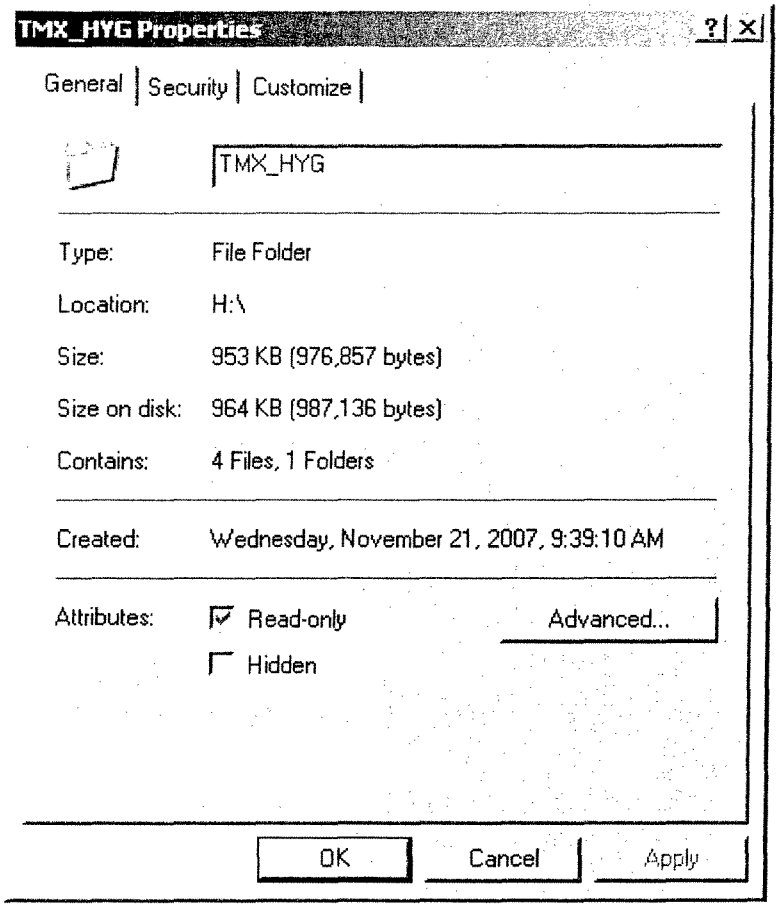

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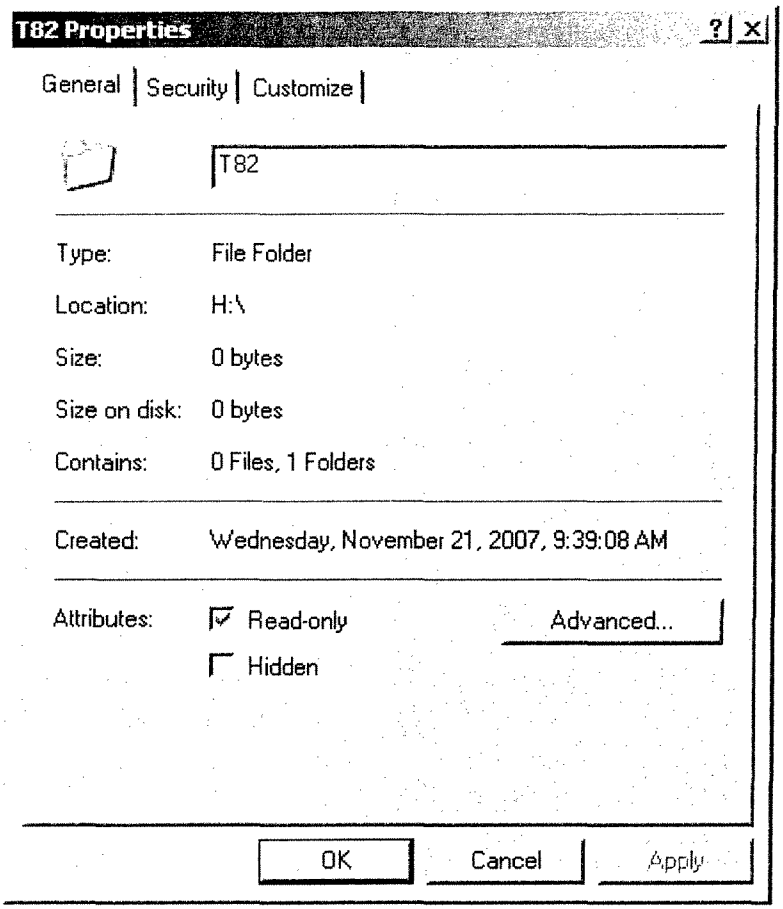
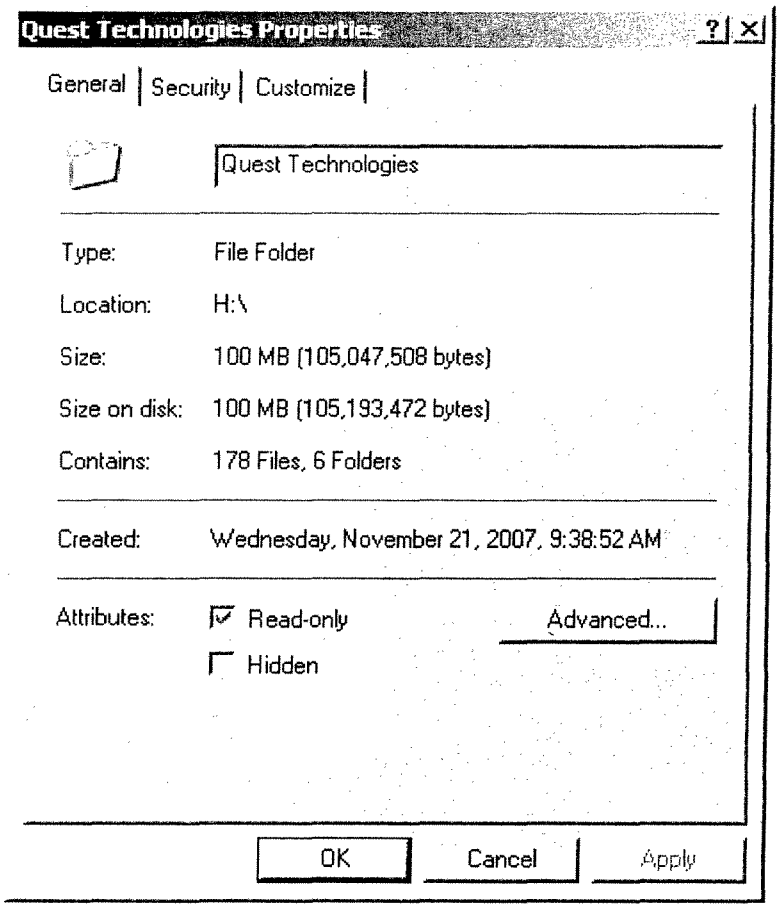
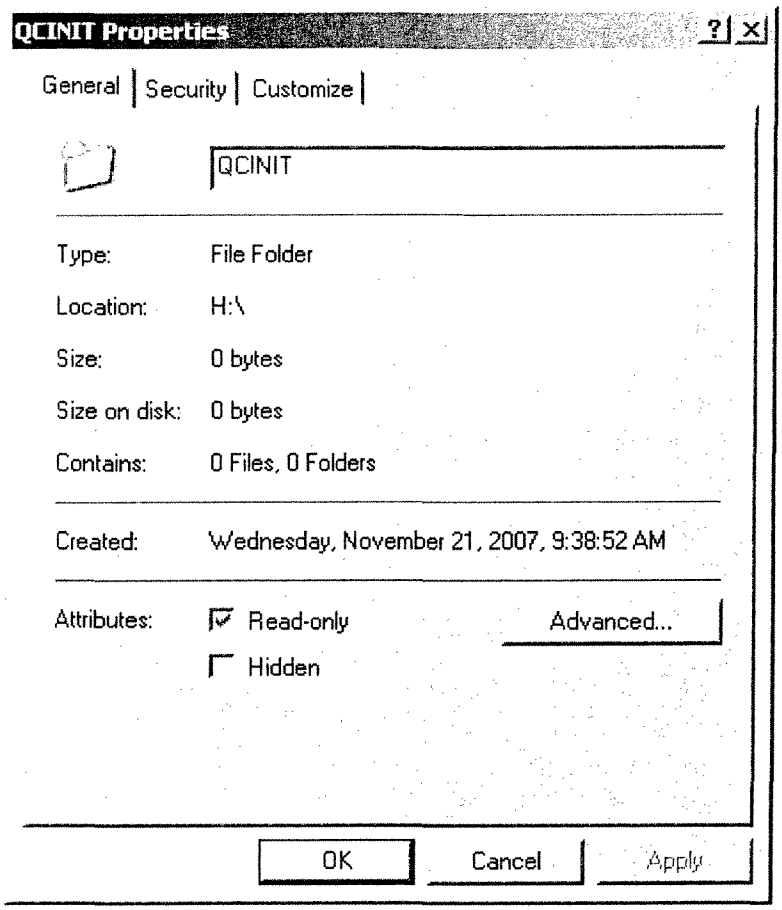


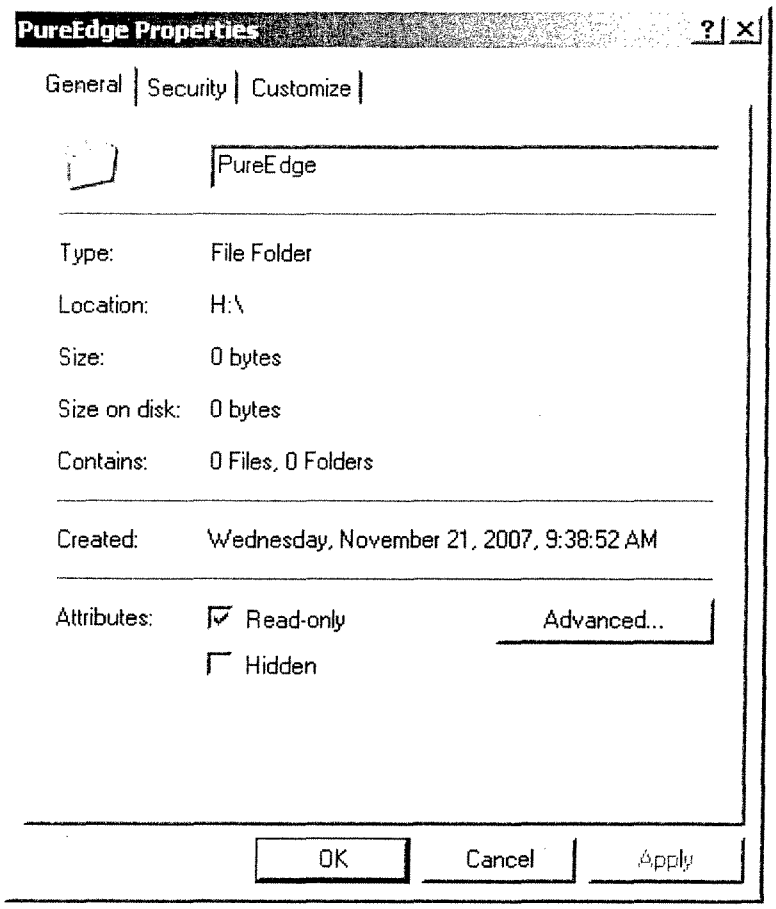
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0939 am. It was changed to read only. All files are missing.



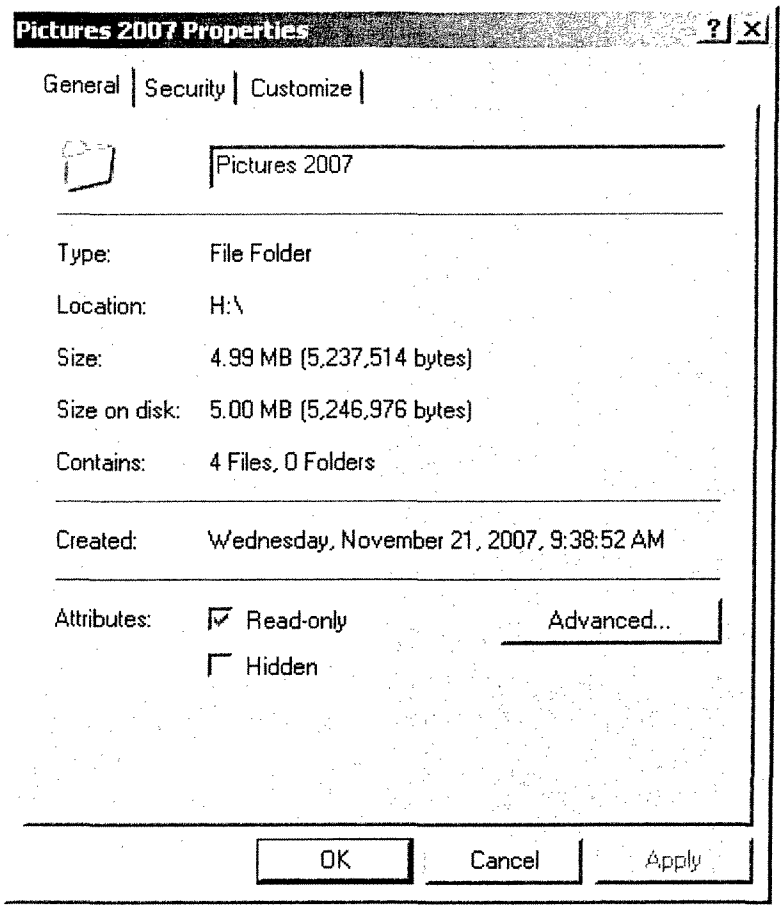
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0938 am. It was changed to read only.



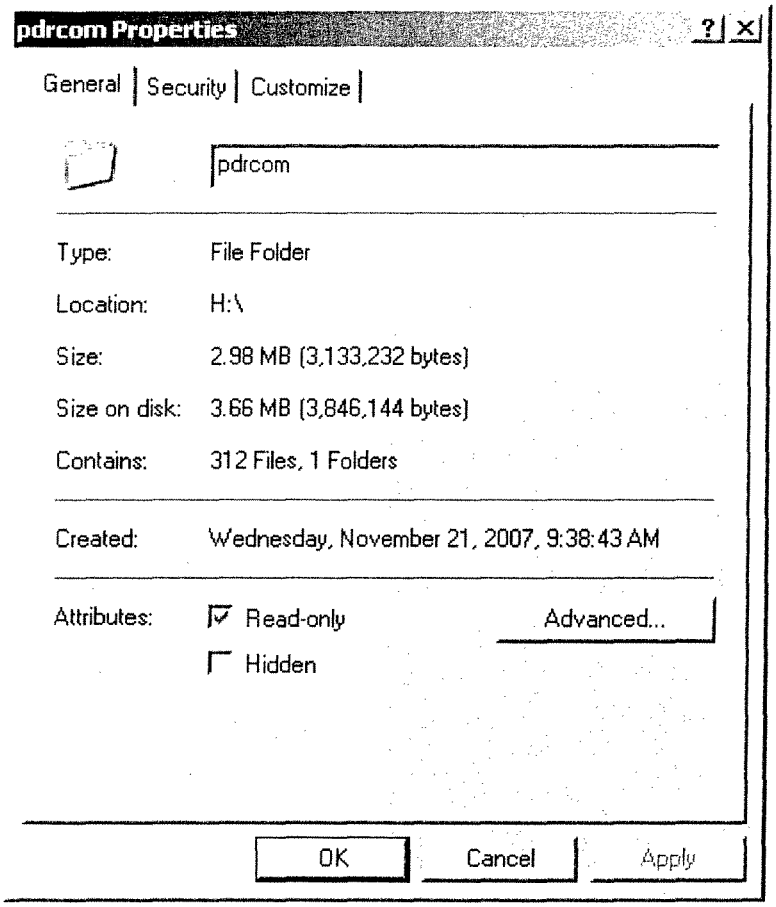
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0938 am. It was changed to read only. Several files are missing.



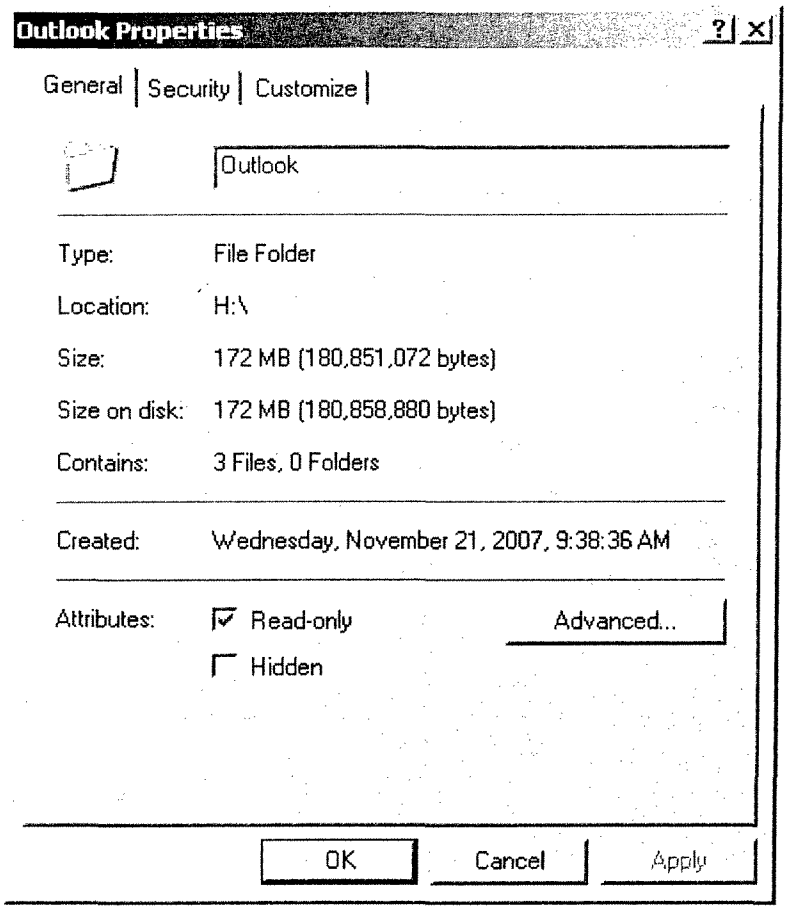
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0938 am. It was changed to read only. Several files are missing.



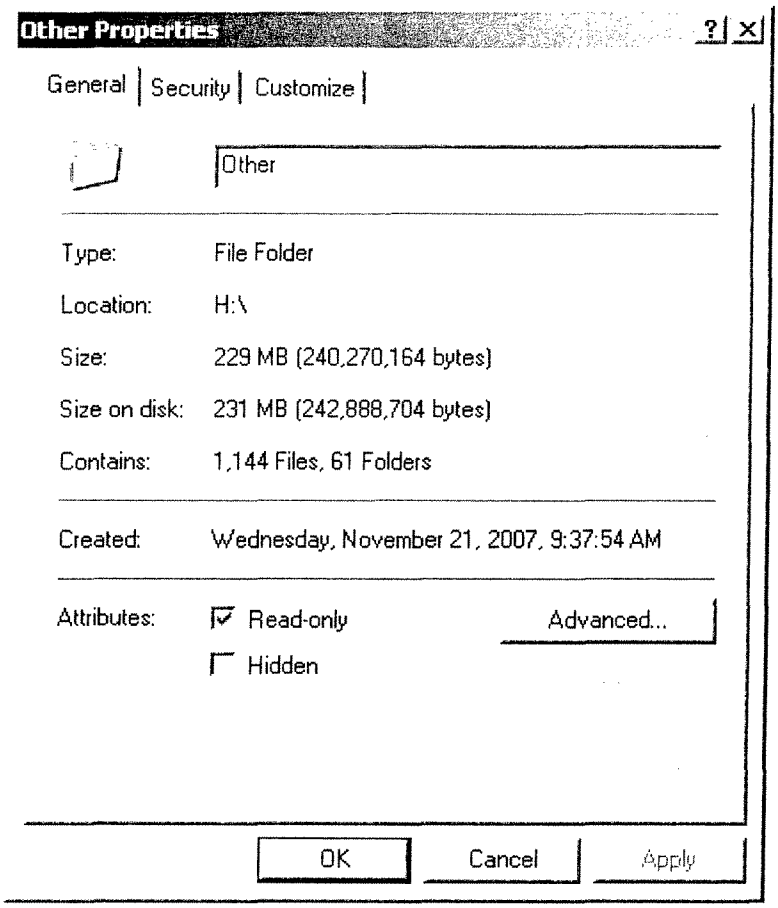
This file was really created in January 2007. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0934 am. It was changed to read only. Several files are missing.



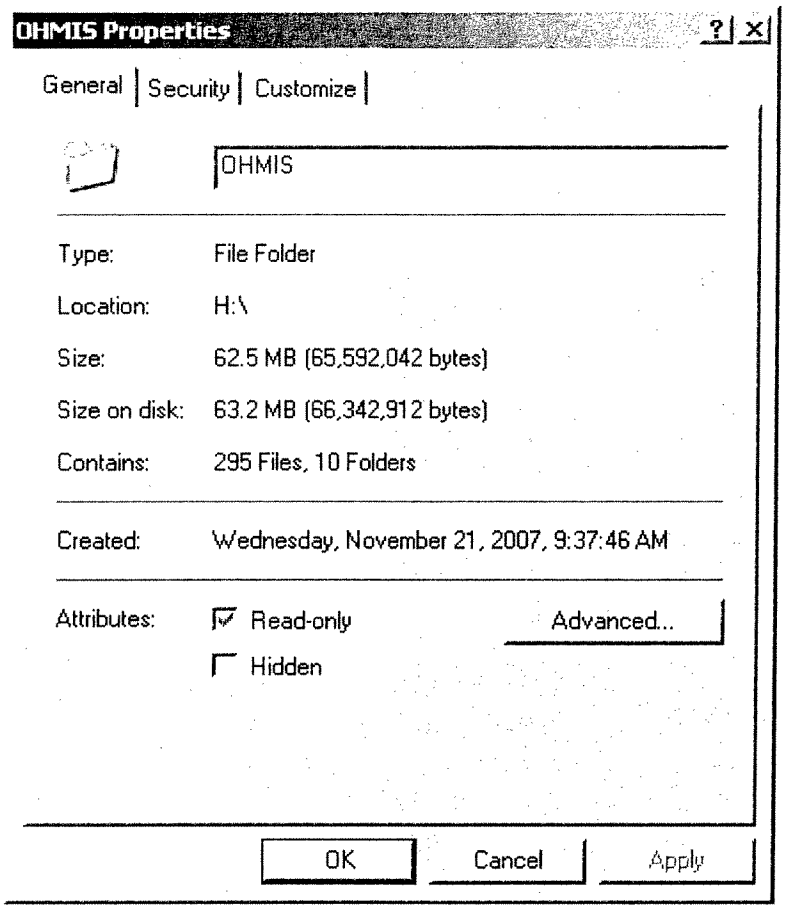
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0938 am. It was changed to read only.



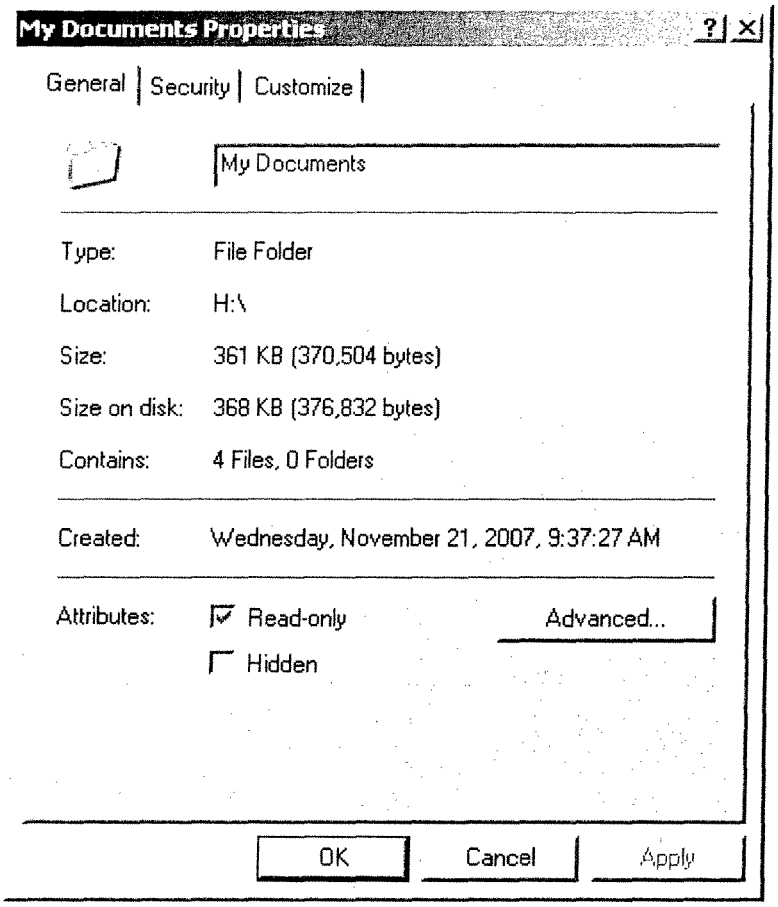
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0938 am. It was changed to read only. Several files are missing.



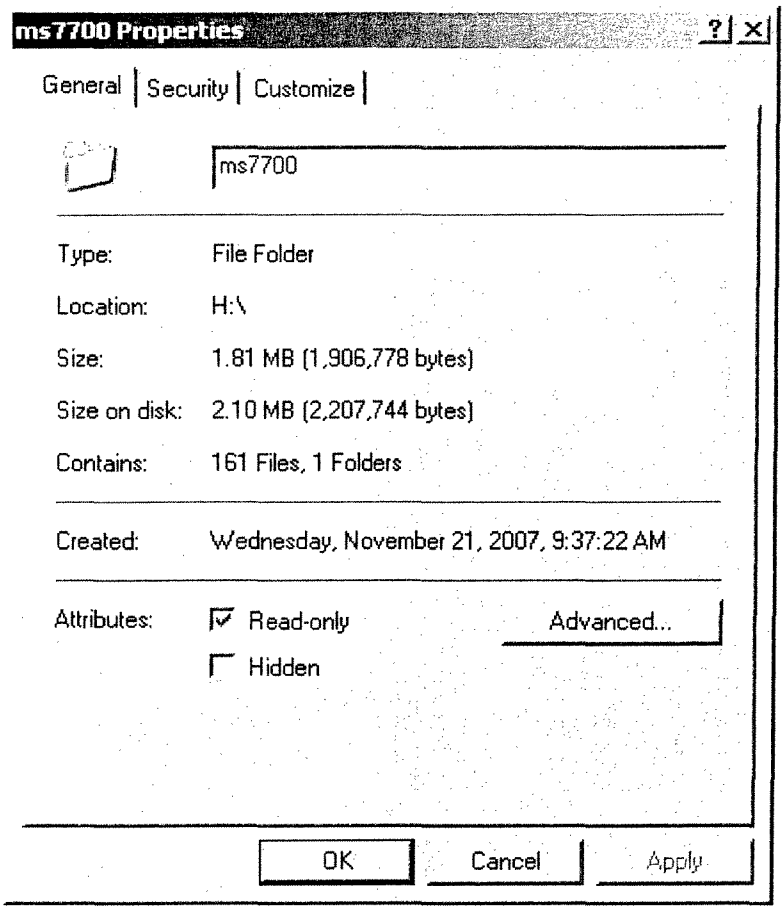
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only.



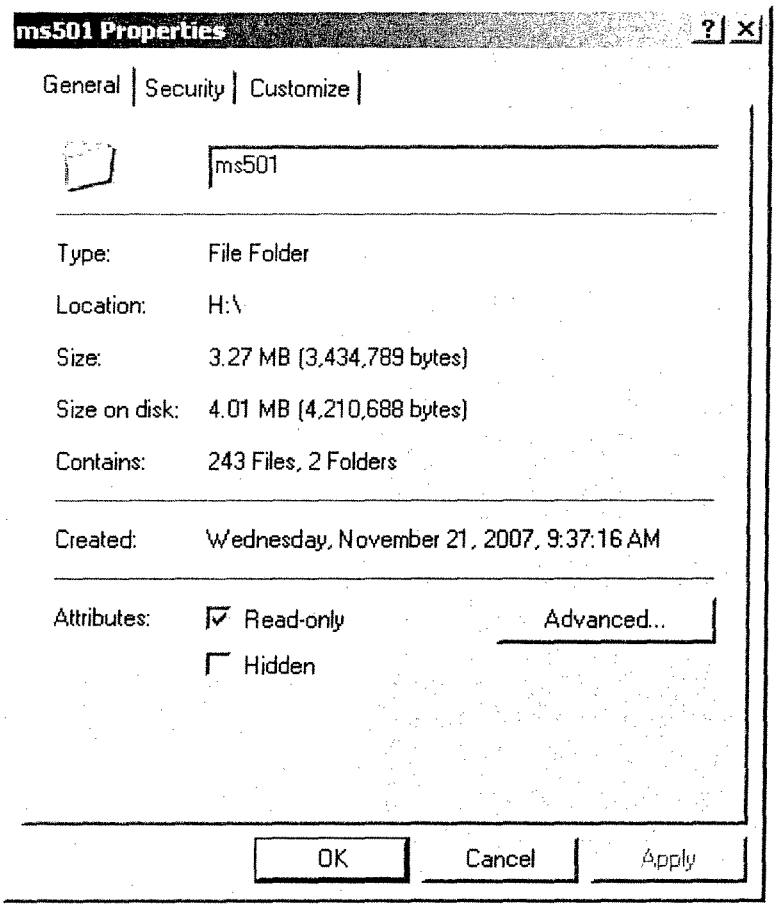
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only.



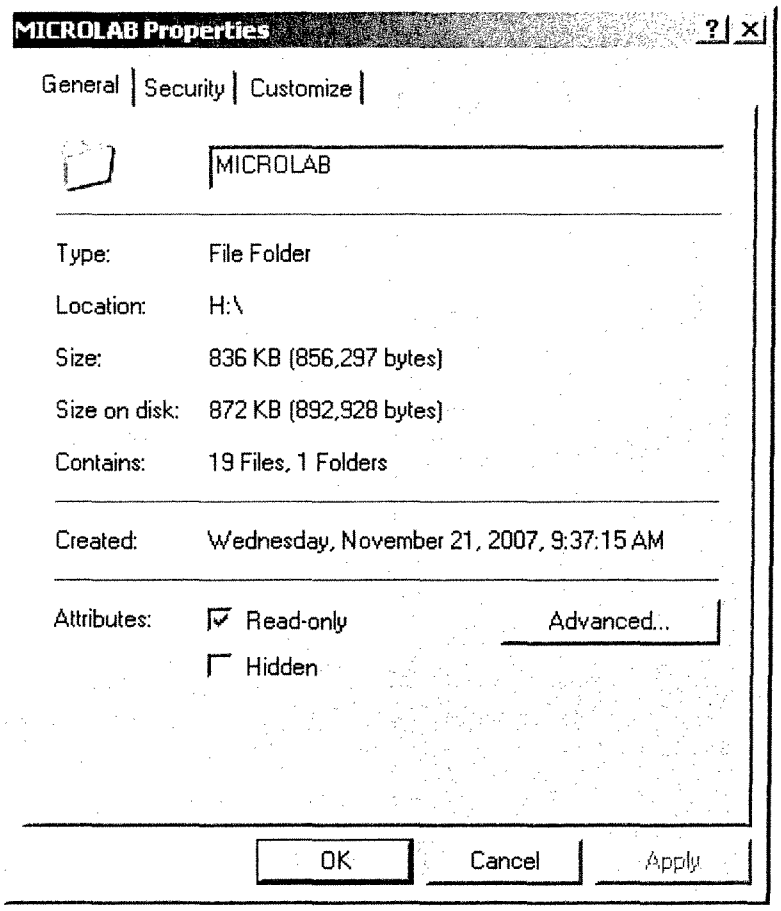
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only. Several files are missing.



This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only.



This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only.



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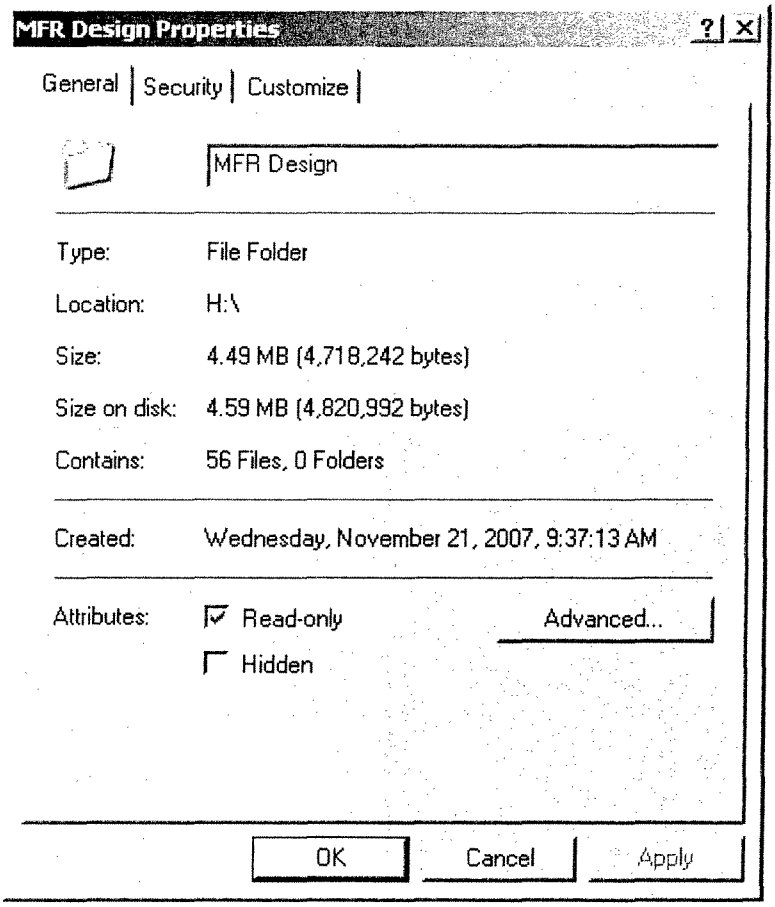

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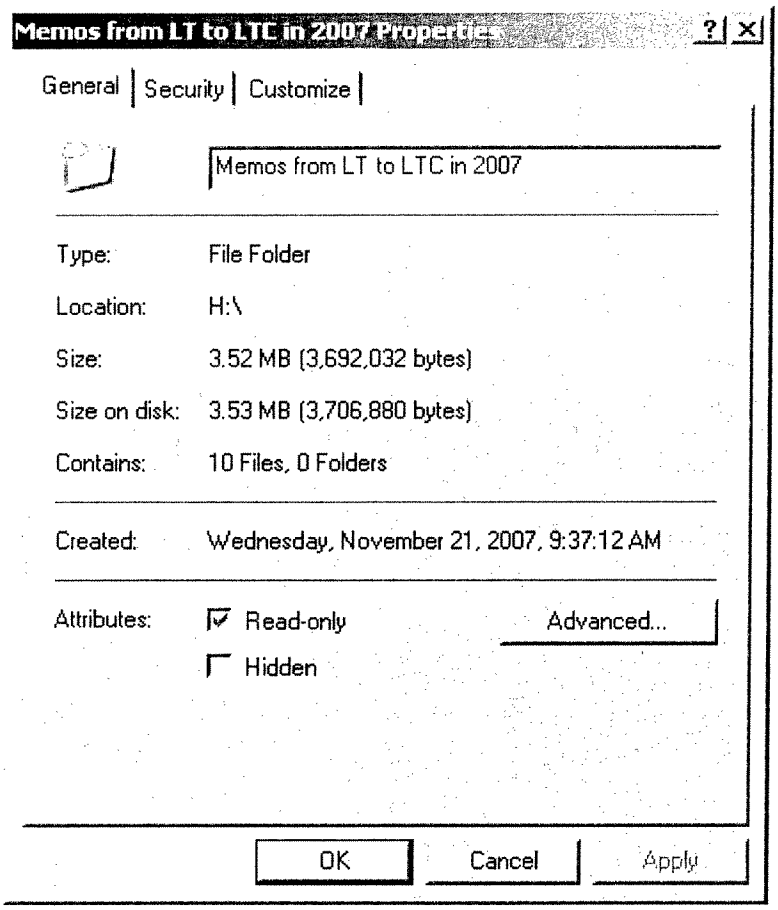
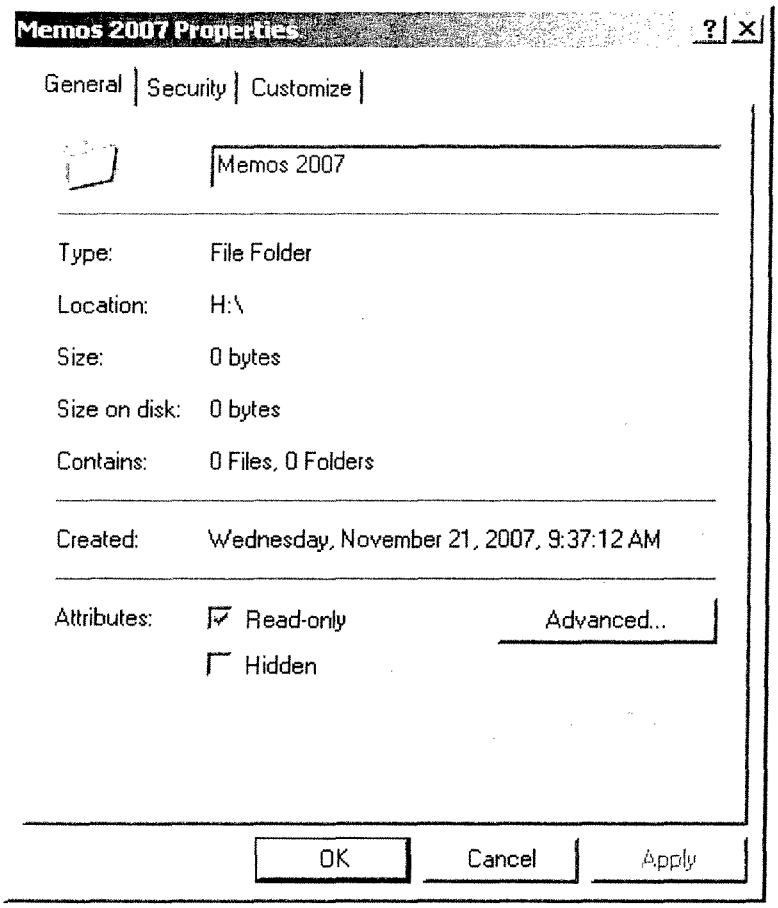
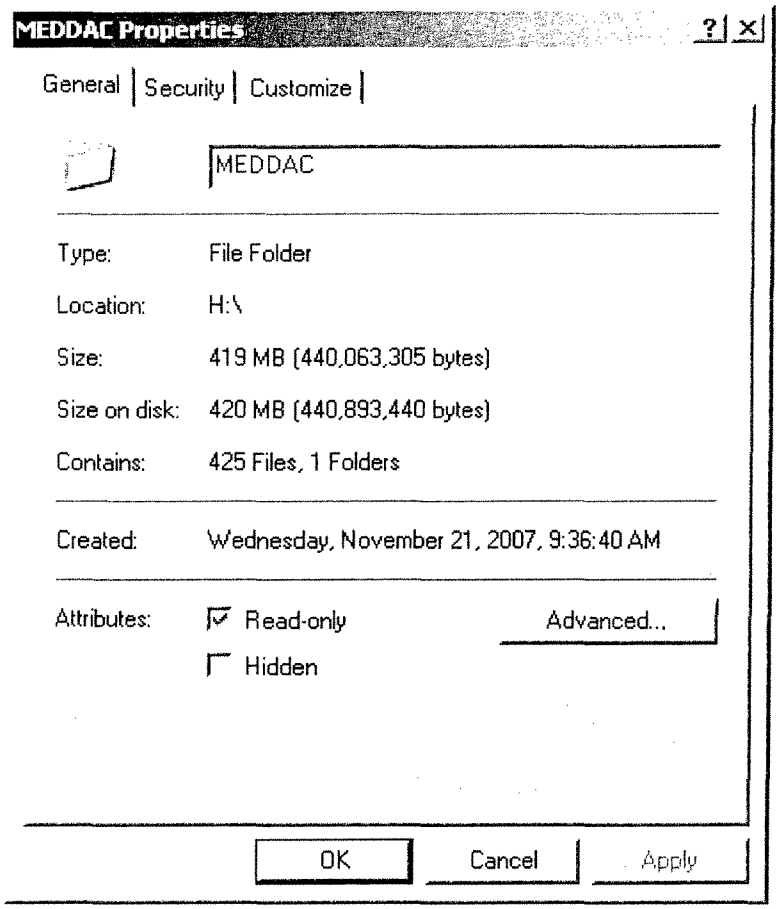


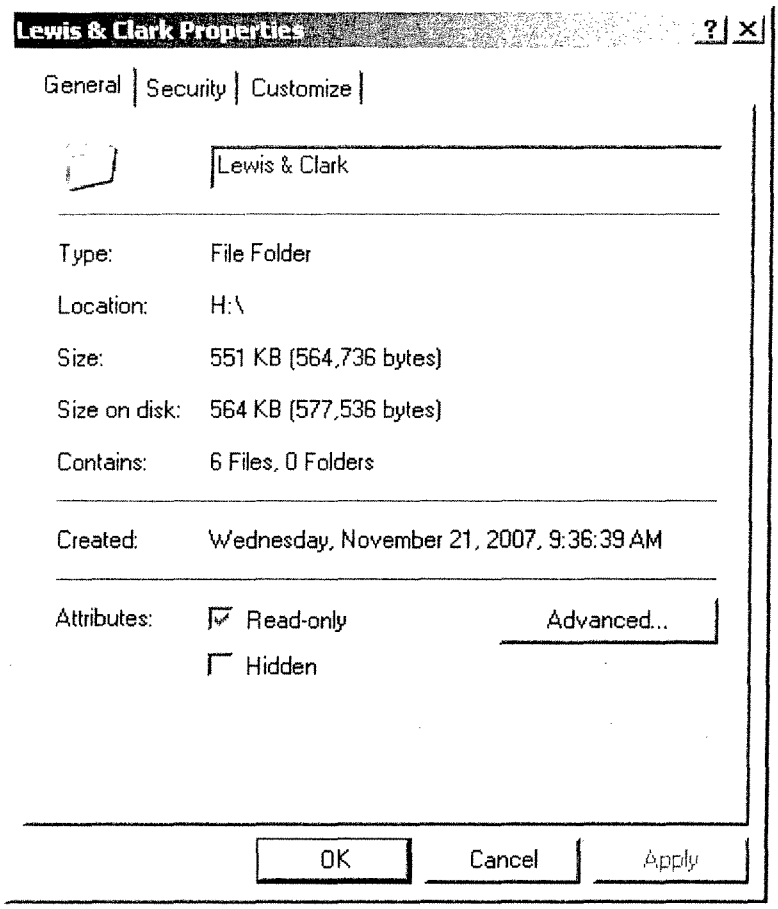
This file was really created in April 2007. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only. Several files are missing.



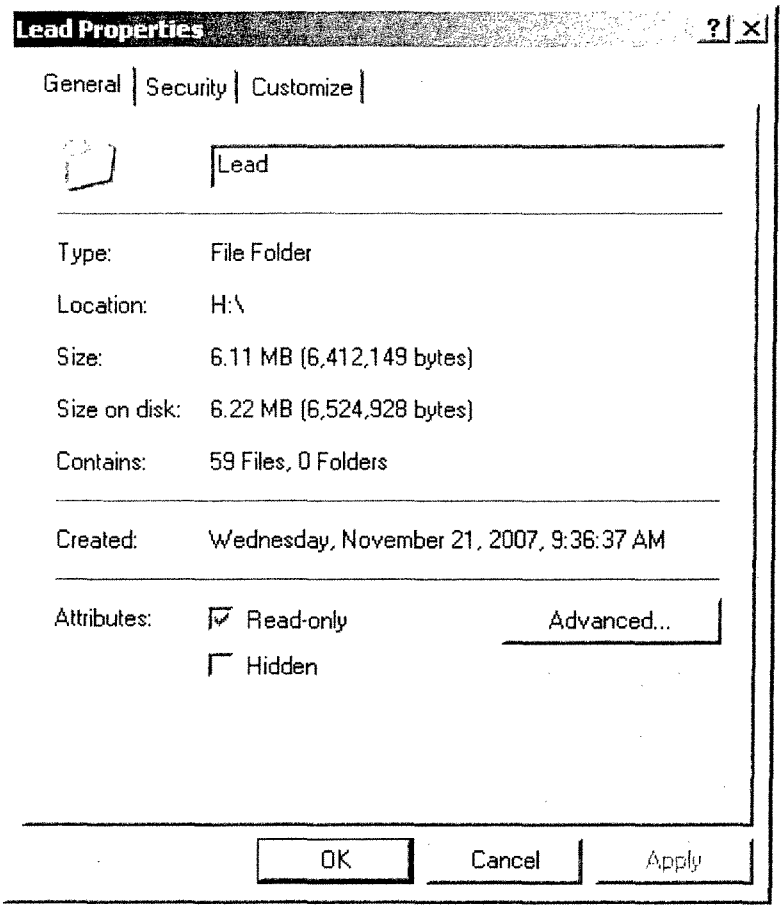
This file was really created in January 2007. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0937 am. It was changed to read only. All files are missing.



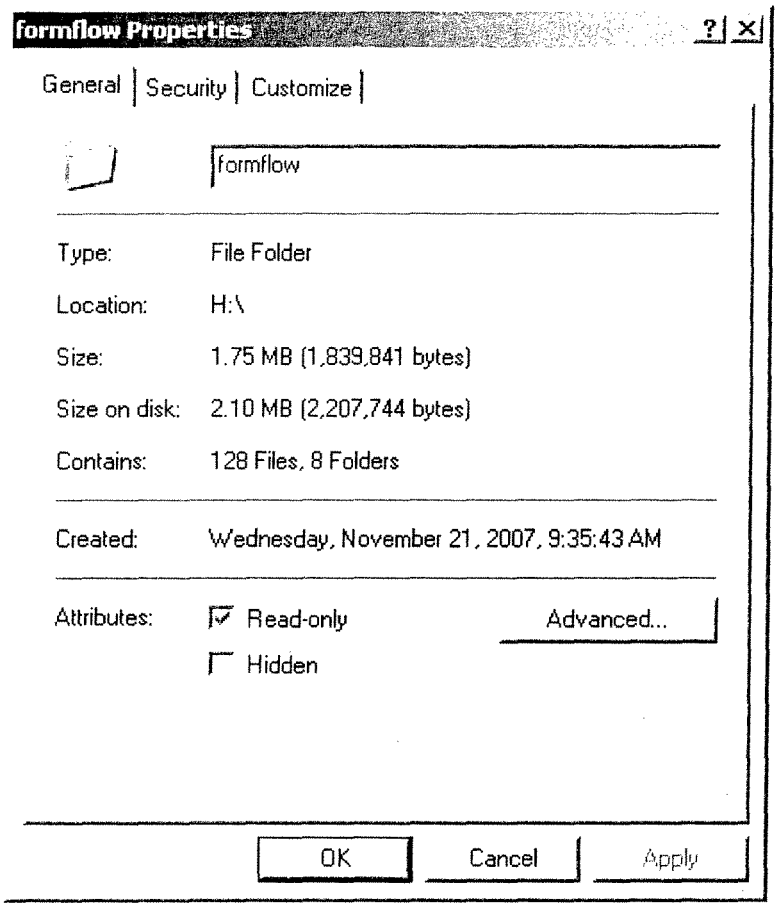
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0936 am. It was changed to read only. Several files are missing.



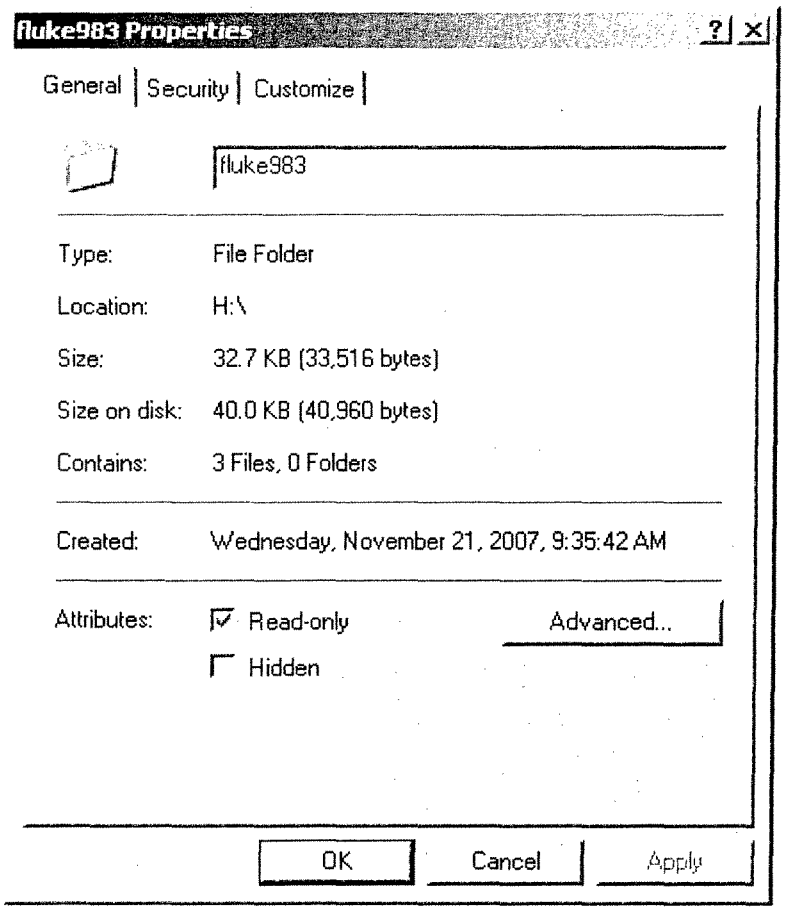
This file was really created in 2005. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0936 am. It was changed to read only. Several files are missing.



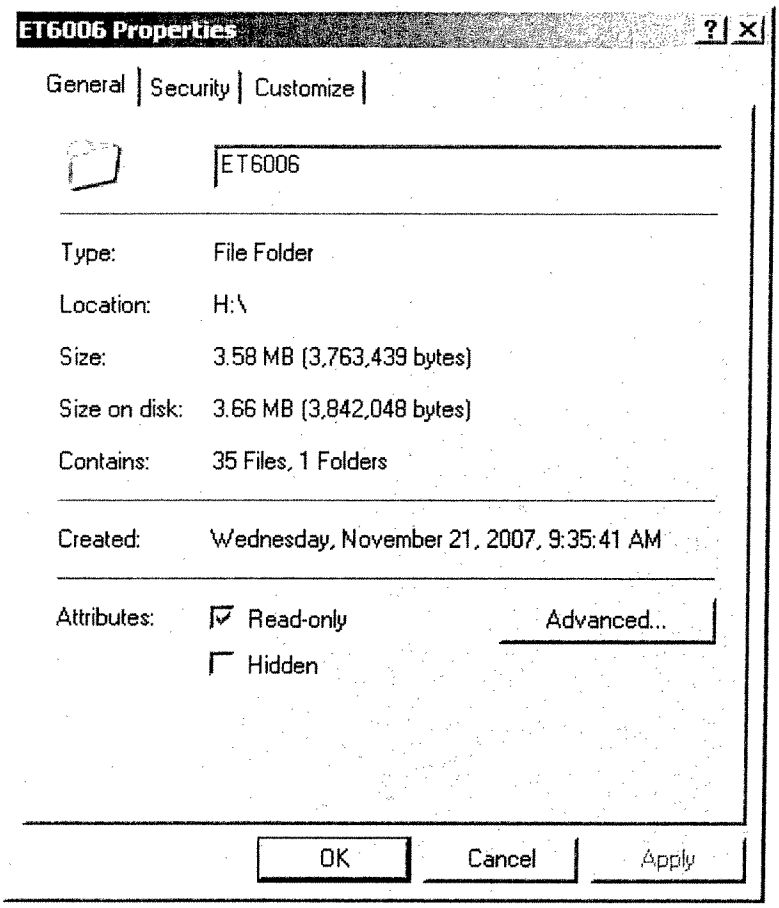
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0936 am. It was changed to read only. Several files are missing.



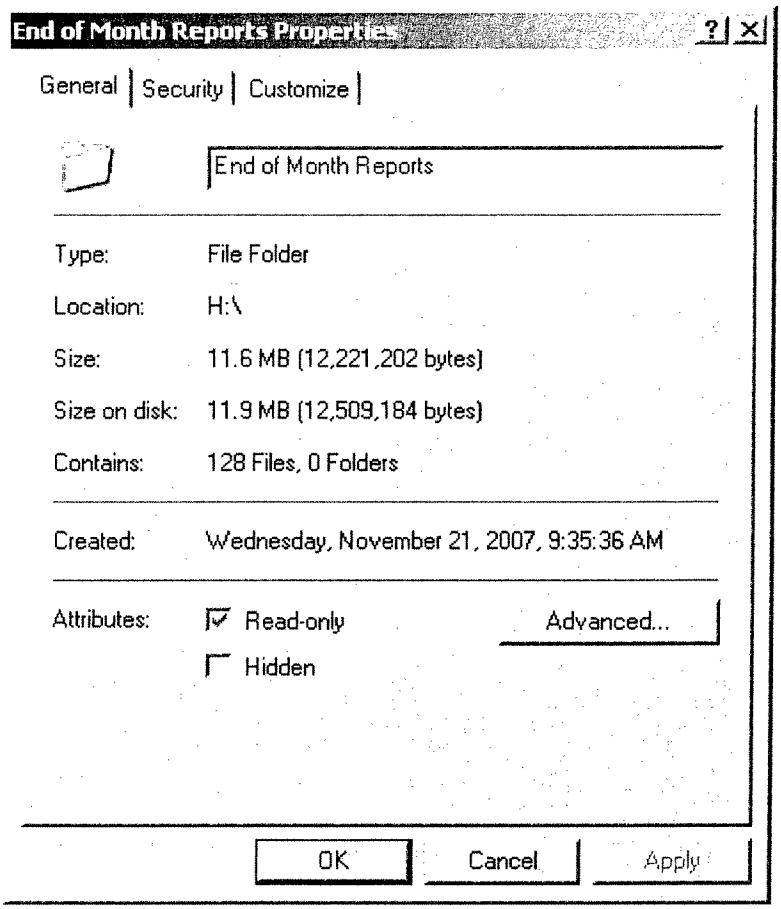
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0935 am. It was changed to read only.



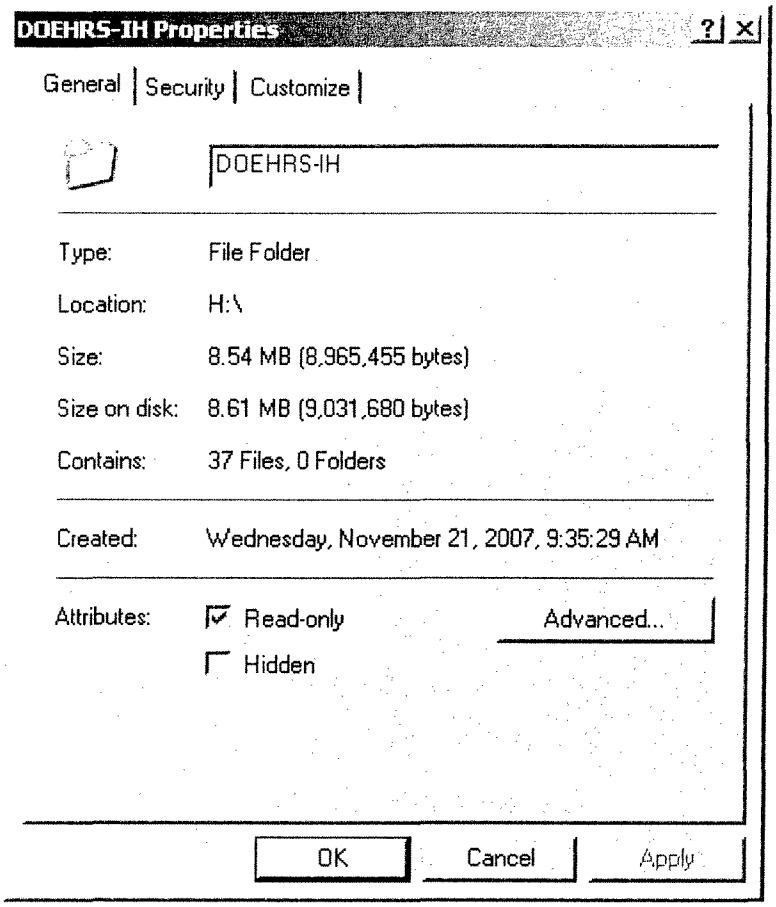
This file was really created in 2006. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0935 am. It was changed to read only. Several files are missing.



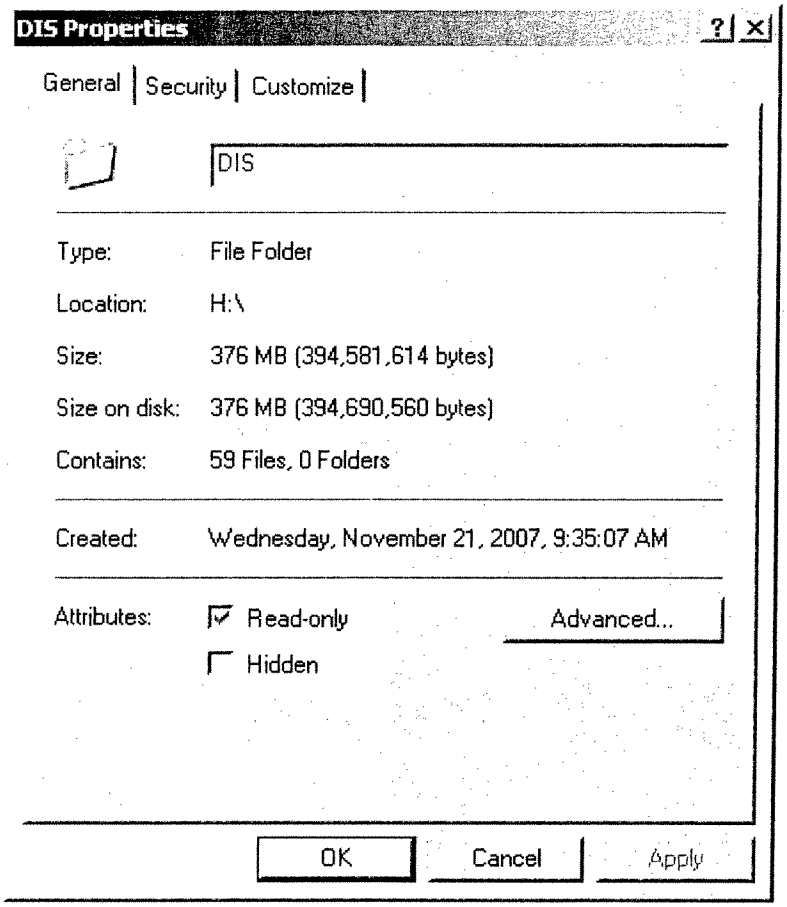
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0935 am. It was changed to read only.



This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0935 am. It was changed to read only.



This file was really created in April 2007. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0935 am. It was changed to read only. Several files are missing.



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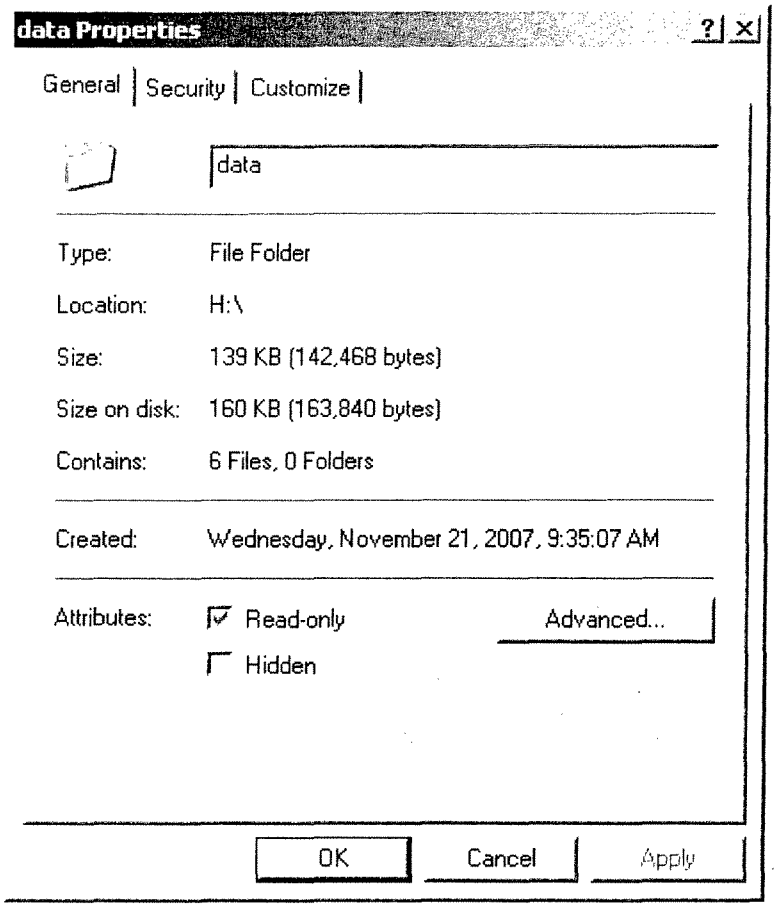
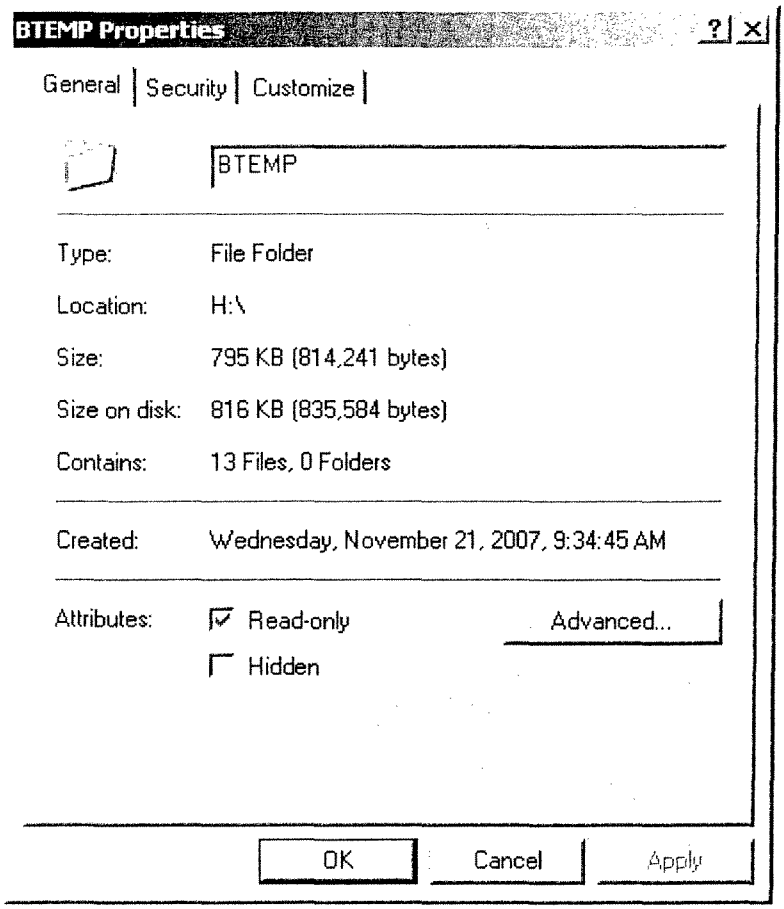
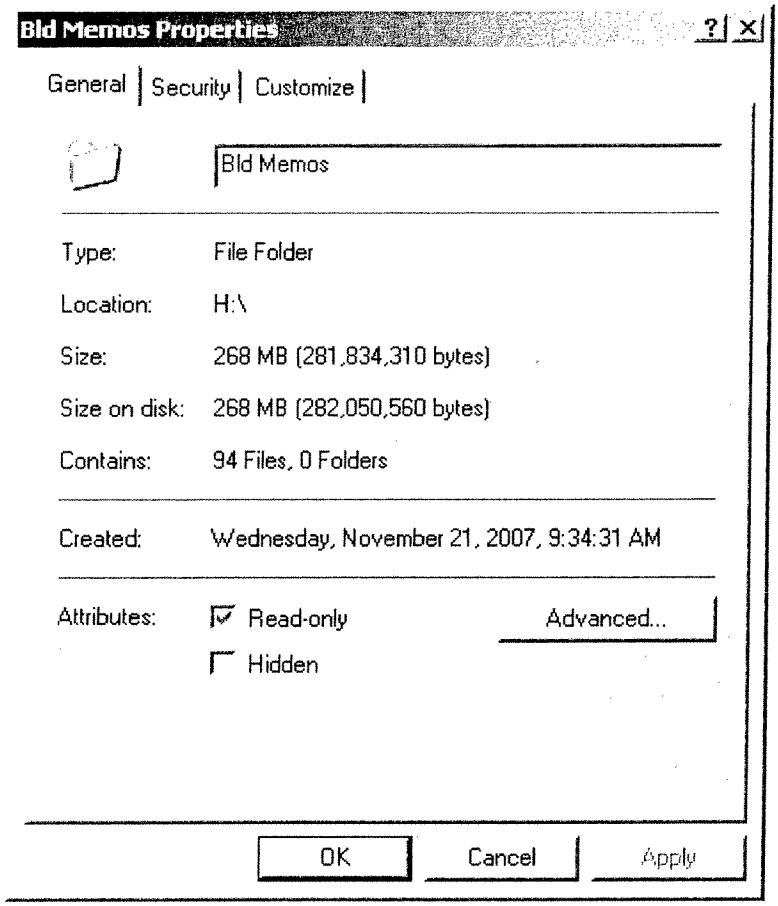


This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0934 am. It was changed to read only. Several files are missing.



This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0934 am. It was changed to read only. Several files are missing.



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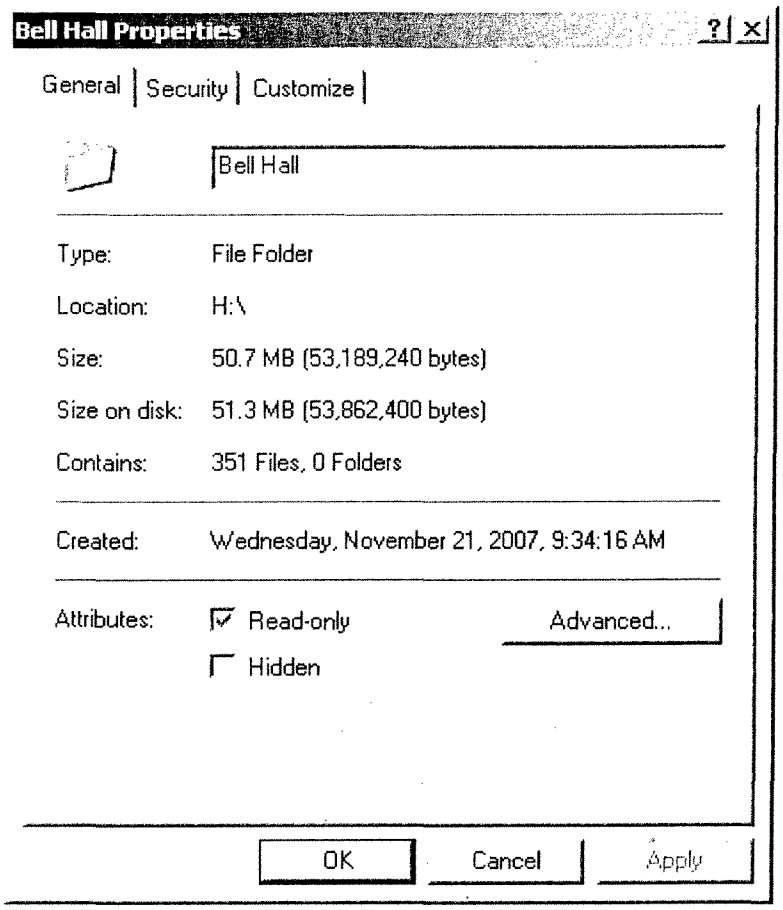

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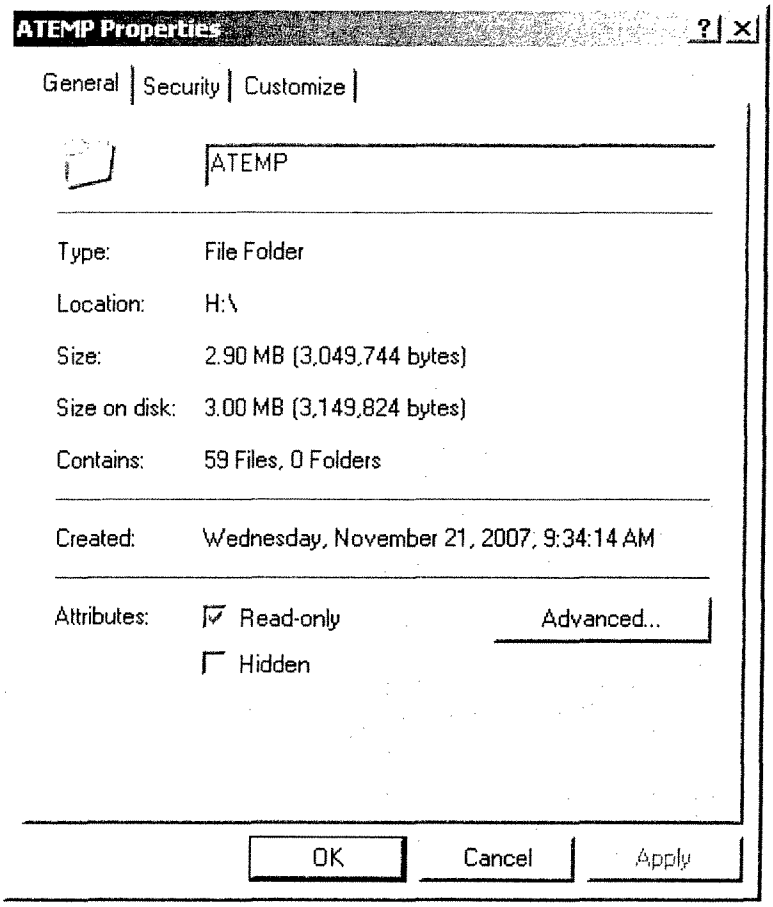

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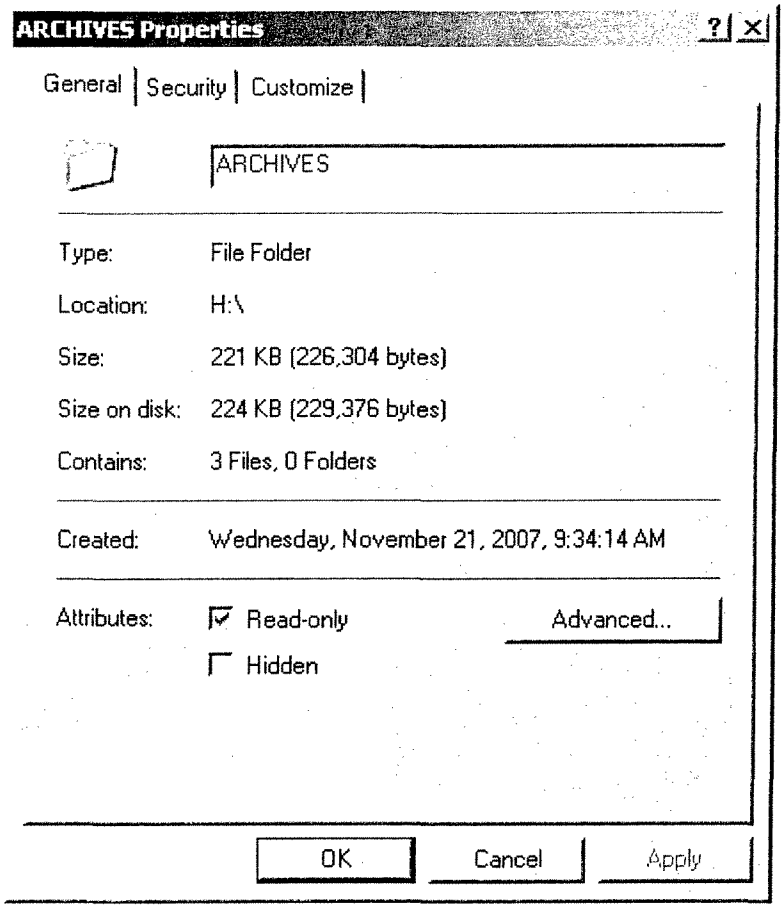

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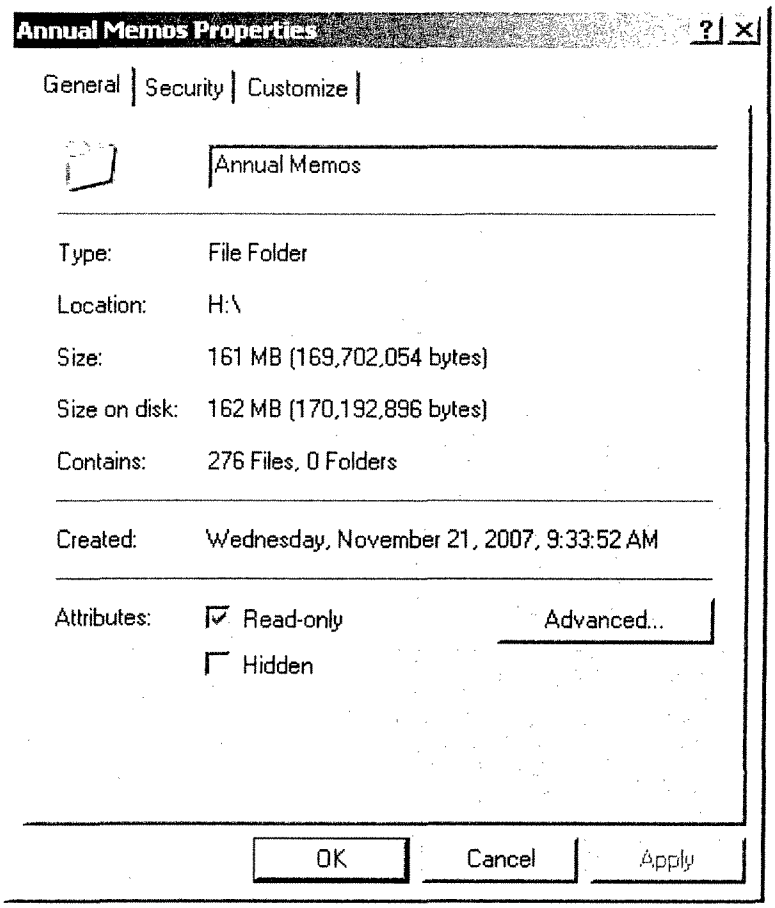
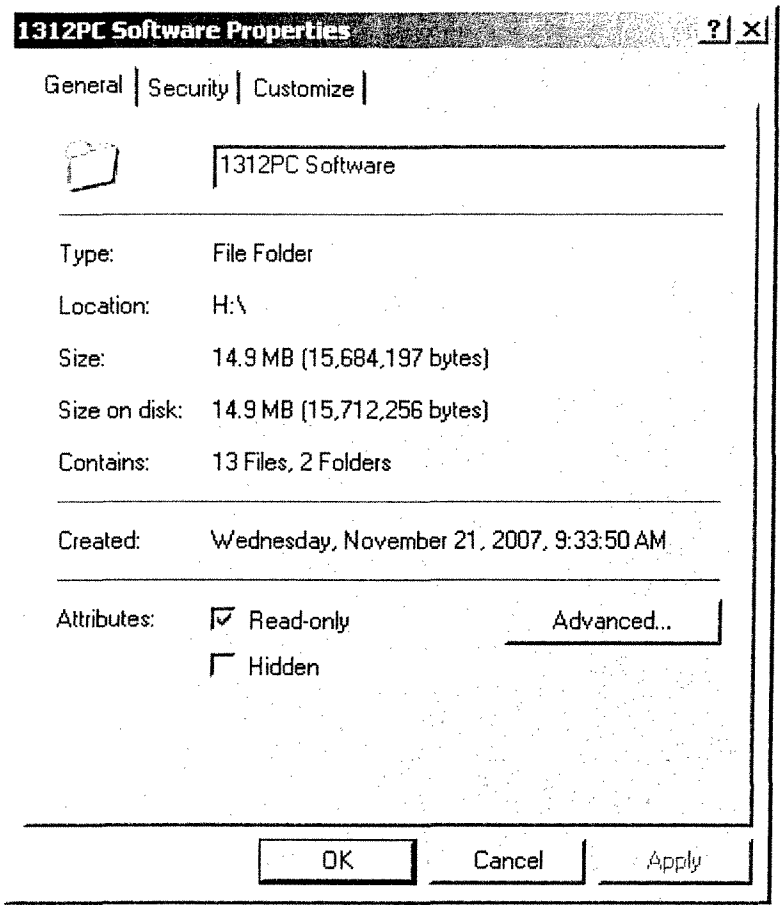
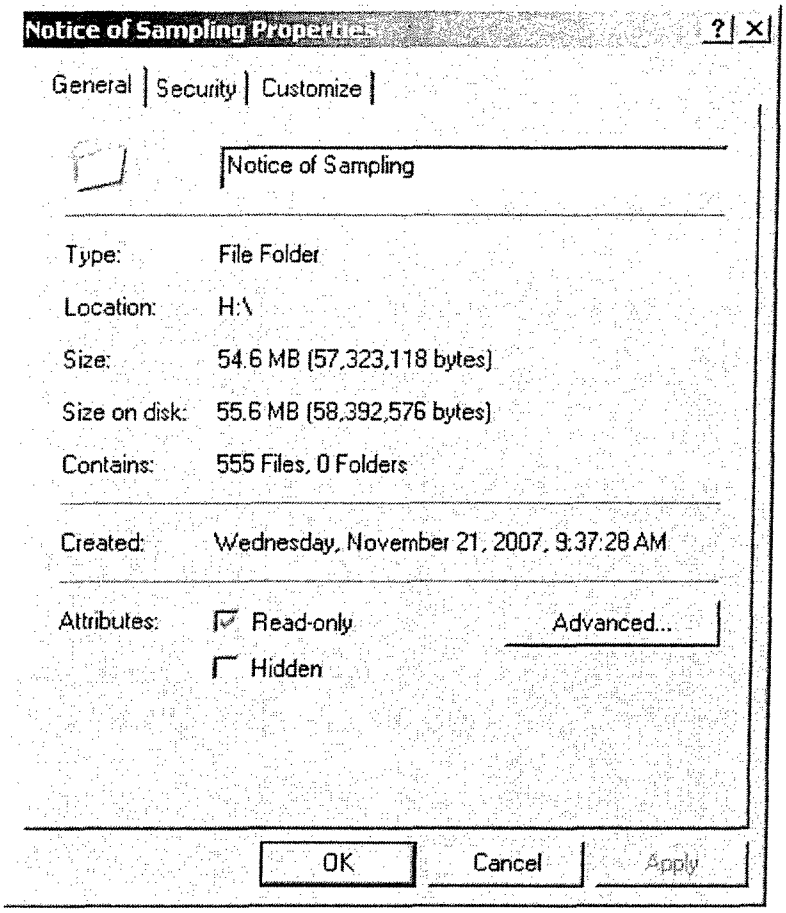


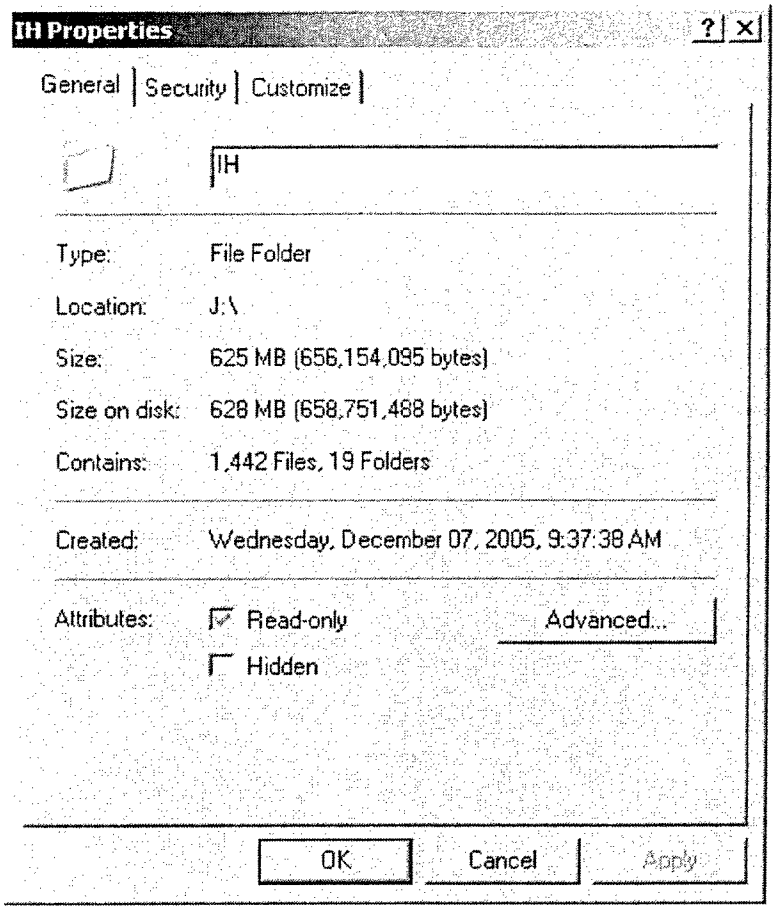
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0933 am. It was changed to read only.



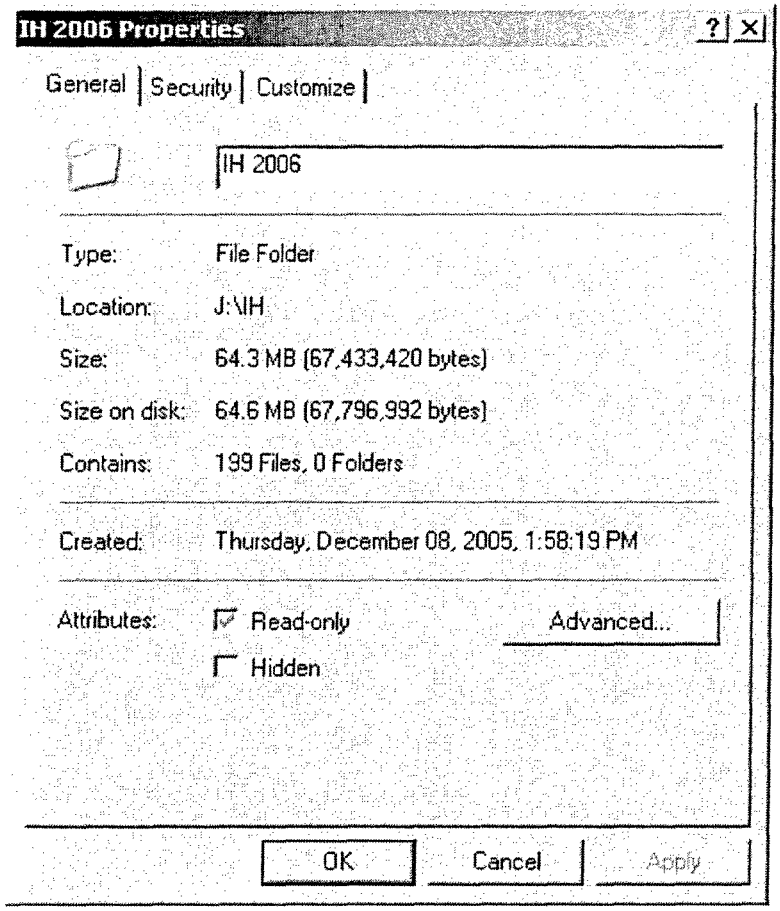
This file was really created in 2000. Someone recreated it when Karl Gibson was on leave on November 21, 2007 at 0933 am. It was changed to read only.



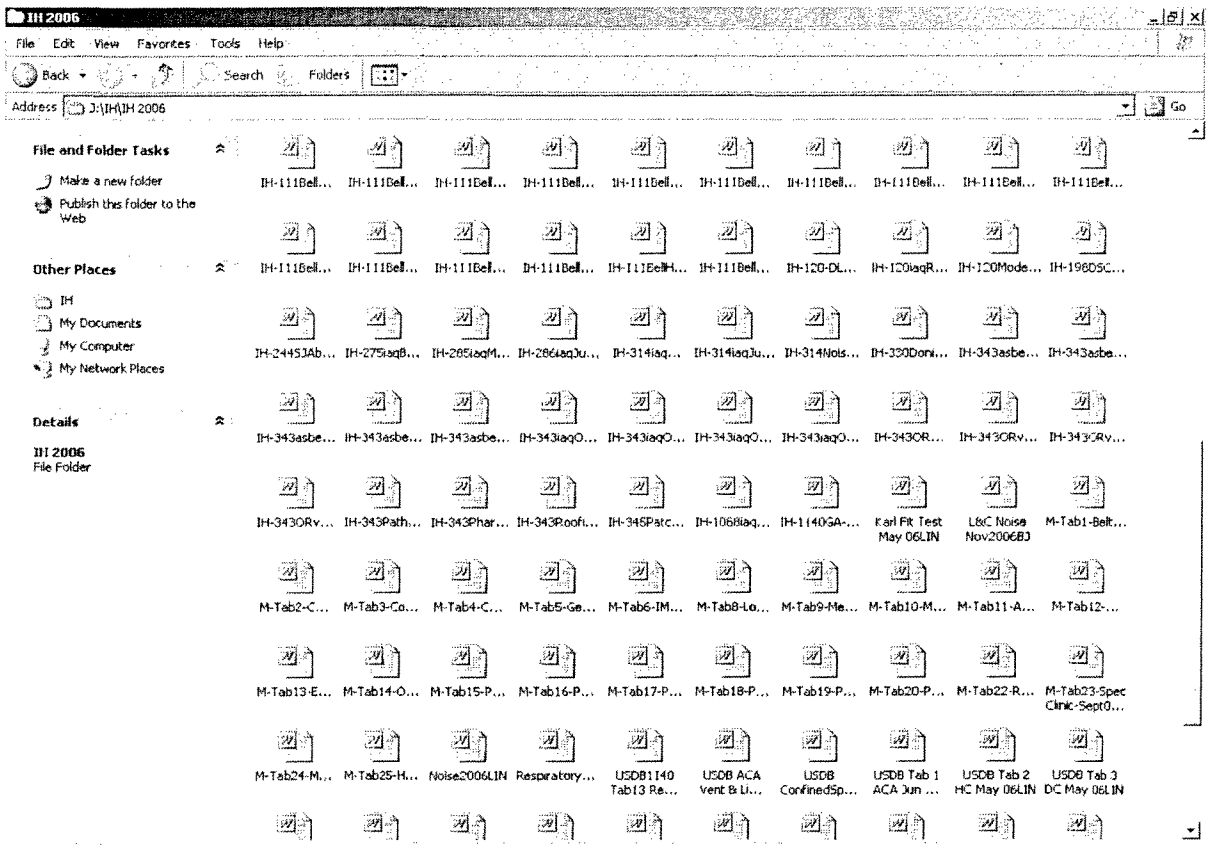
This Notice of Sampling folder on November 21, 2007 at 9:37 am was created according to the Properties. Karl Gibson was on leave. A folder with the same name has existed since 2000. Who created this new folder?



Folder for IH Documents on J drive.

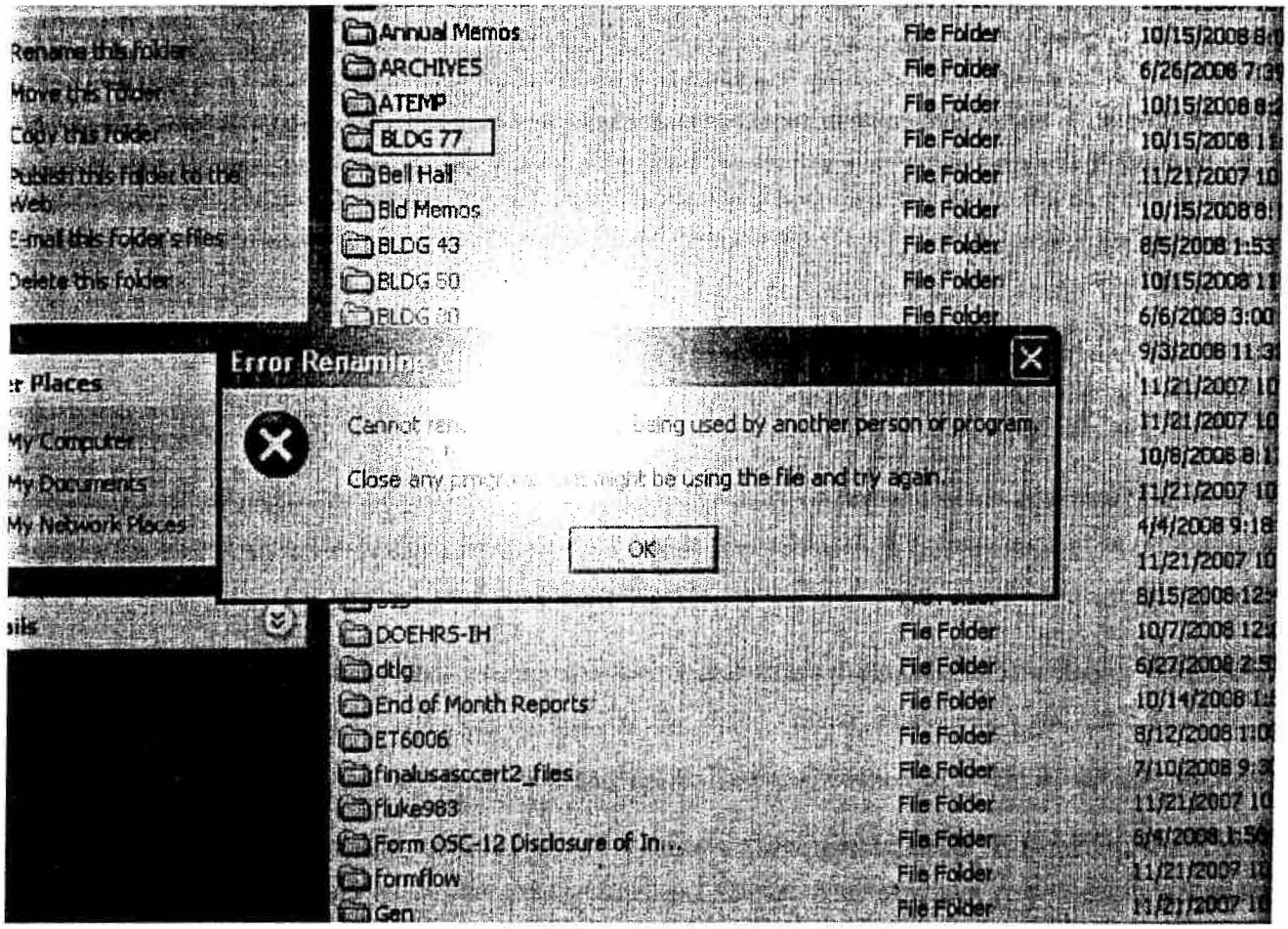


Location of all IH documents produced for C, PM in 2006.



The Notice of Sampling for Bldg 136 is not in J drive.

E-35



This is my H drive and nothing was open by me, so who was it?

28 July 2008

Memorandum for Record

SUBJECT: Access to Karl Gibson H Drive

On 24 June 2008, at about 0700 hrs, I entered my office to print off requested information for the Ensenring lawsuit deposition at SJA. I logged onto my computer and tried to accessed the H drive files.

I tried to access the "77DefensePrintShopMar07". I received a message that it was "77DefensePrintShopMar07 locked for editing by 'GibsonKL' ." I asked Ms. Quibly and Ms. Snedegar as the only other employees on the Hoge Annex third floor at this time to witness what my computer showed. I took a picture of this "File in Use" message.

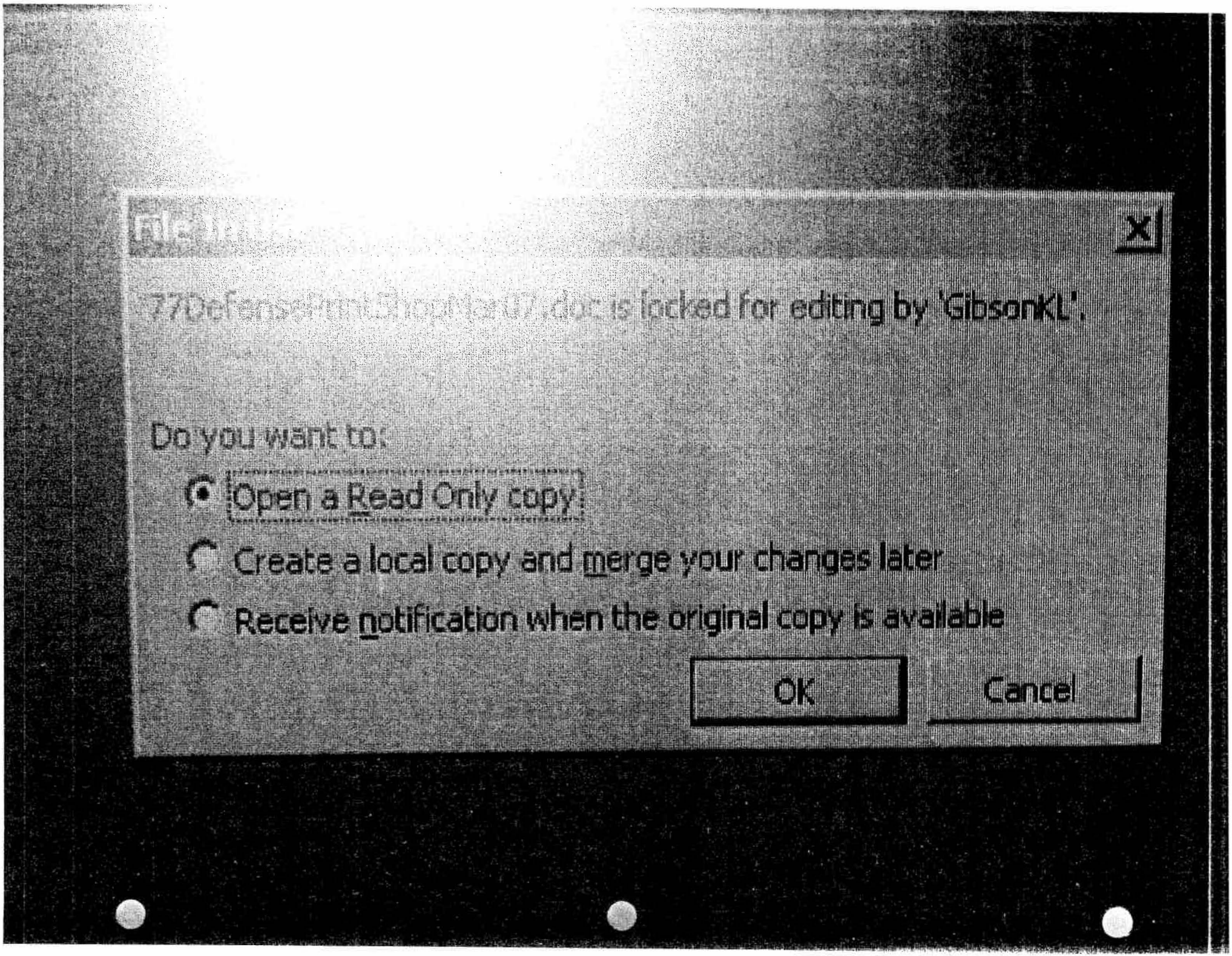
On 16 July 2008, when LT Derivan was once again stating that no one could access any H drive files. I showed LT Derivan my "File in Use" message picture "77DefensePrintShopMar07 locked for editing by 'GibsonKL' ."

On 28 July 2008, when I returned back from leave, all my H Drive pictures were missing from my H drive. I submitted a request to Information Management Division to restore my H drive pictures. Chris Callahan of IMD said he tried but these pictures can not be restored even from the archive data bases.

POC is Mr. Karl Gibson, Industrial Hygienist, (913) 684-6547 or karl.gibson@amedd.army.mil

Karl L. Gibson

KARL GIBSON
Industrial Hygienist
USA MEDDAC


File
77Defense Print Shop Ads 07.doc is locked for editing by 'GibsonKL'.
Do you want to:
Open a Read Only copy
Create a local copy and merge your changes later
Receive notification when the original copy is available
OK
Cancel

On 3 March 2008, two different Microphone icons were present.

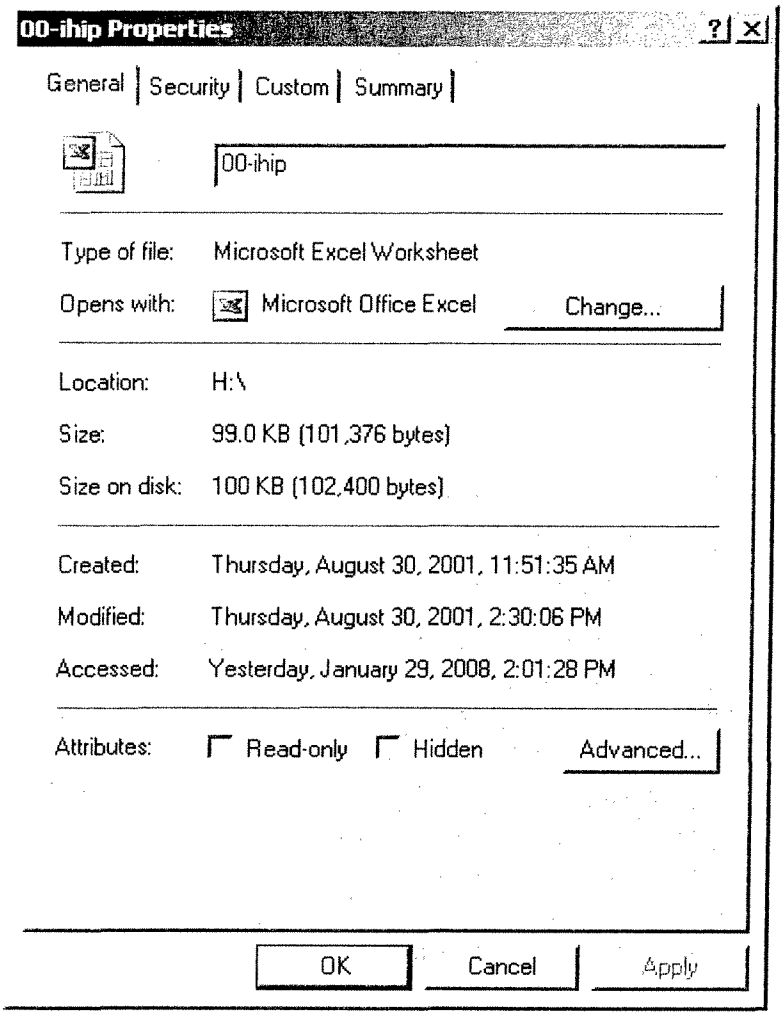
I spoke to Diane at IMD. She did not know and did not have on her computer.

She spoke to others in IMD. They said they were for microphones.

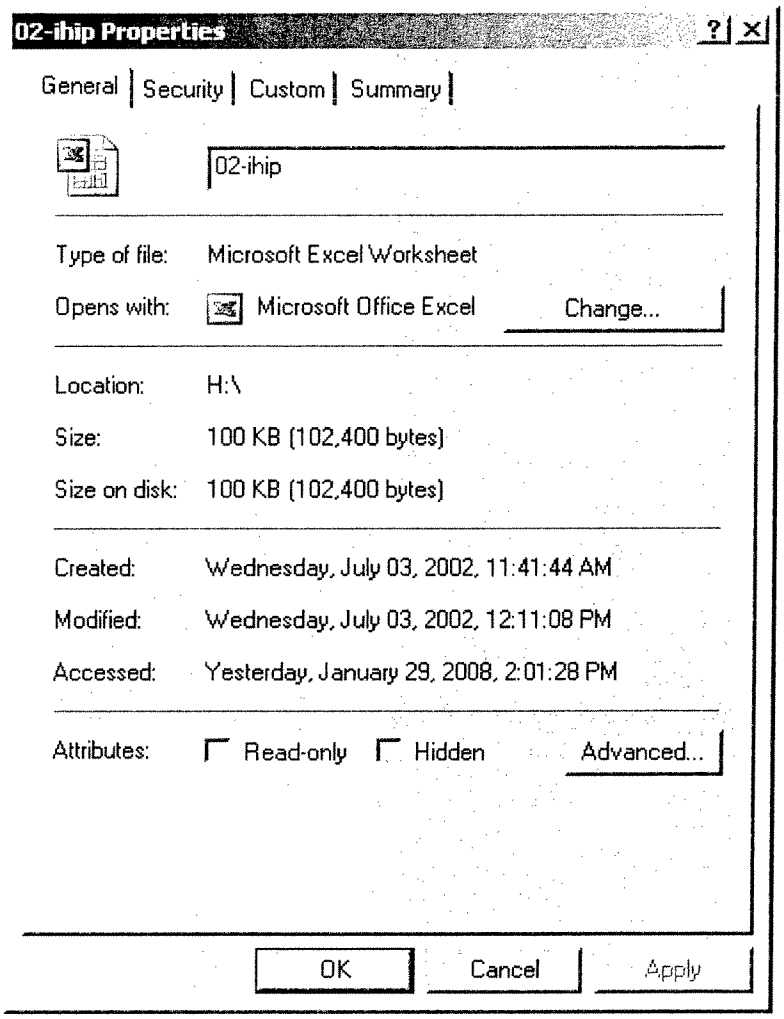
Notified LT Davison.

After I raised issue to IMD, the microphone image was removed/disappeared.

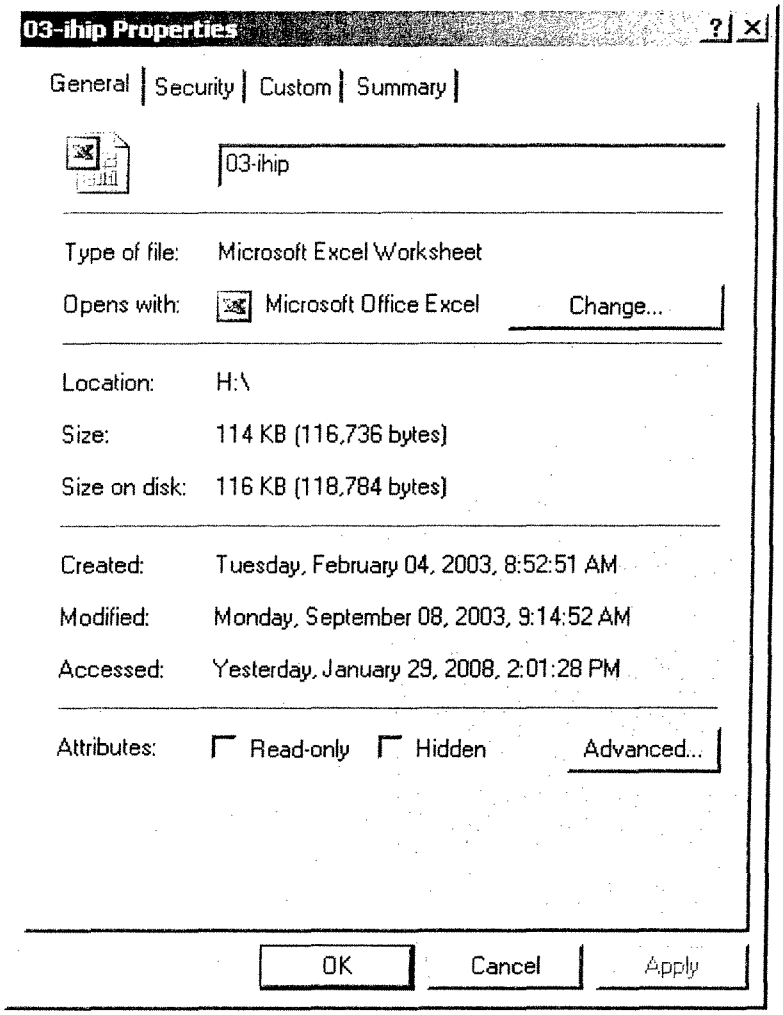
E-36



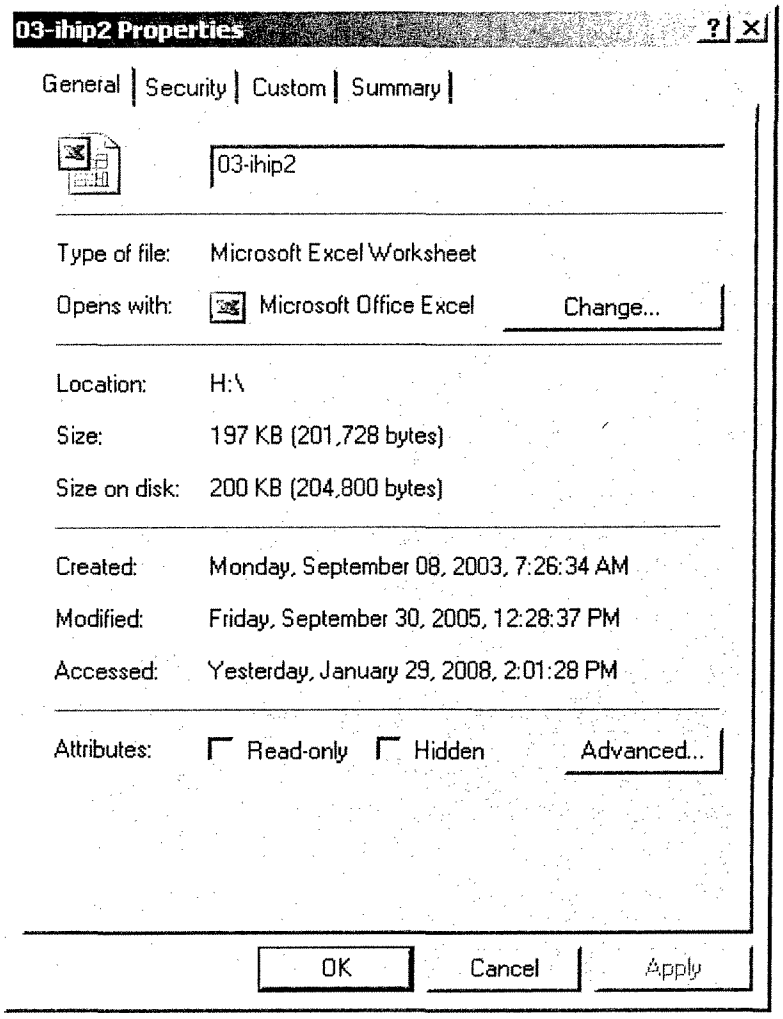
Karl Gibson did not assess H drive this document on January 29, 2008. Someone did access this document. Karl Gibson was on leave going to court on 29 January 2008 at 1400 hrs.



Karl Gibson did not assess H drive this document on January 29, 2008. Someone did access this document. Karl Gibson was on leave going to court on 29 January 2008 at 1400 hrs.



Karl Gibson did not assess H drive this document on January 29, 2008. Someone did access this document. Karl Gibson was on leave going to court on 29 January 2008 at 1400 hrs.



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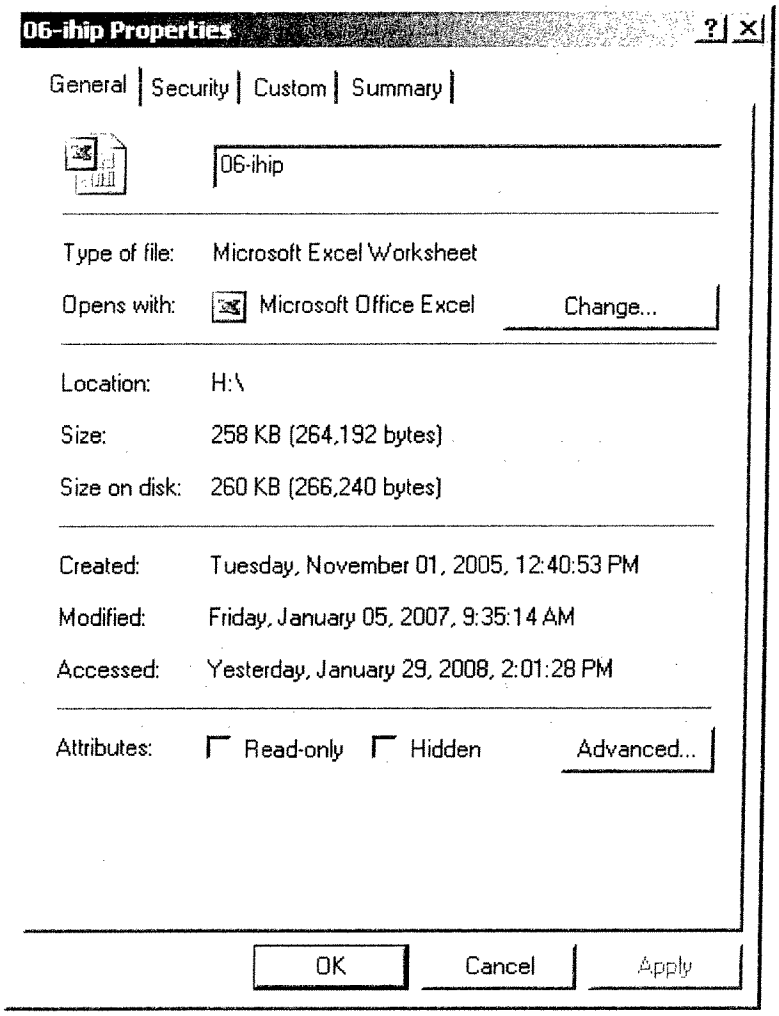

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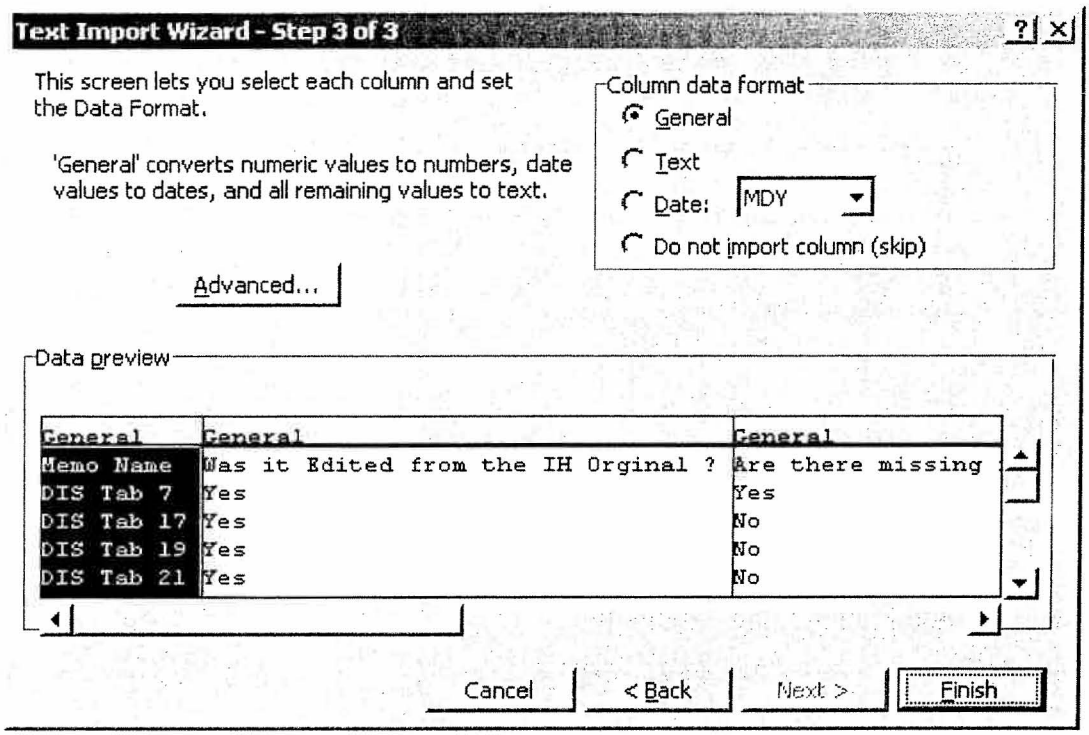
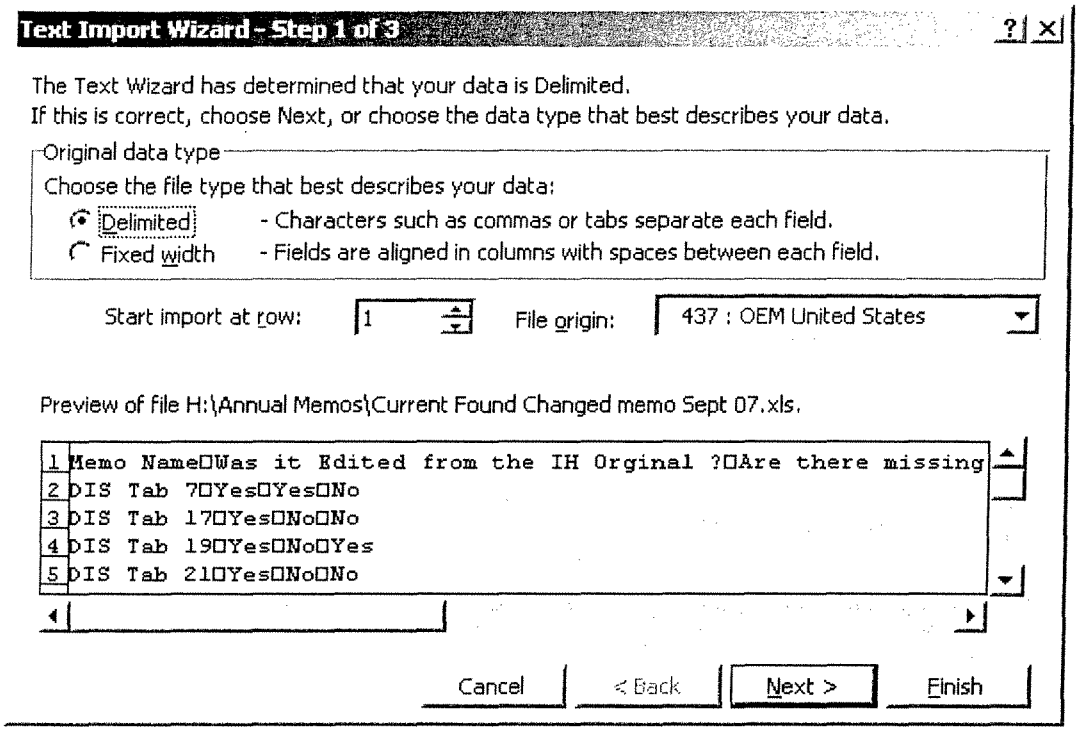
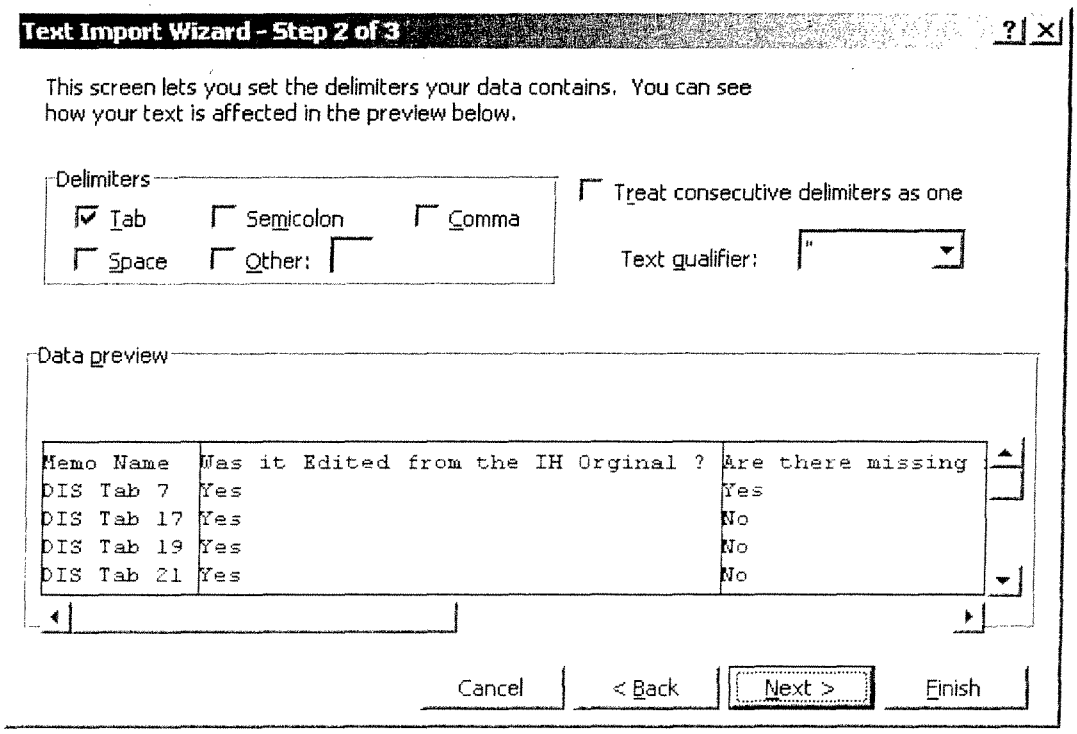
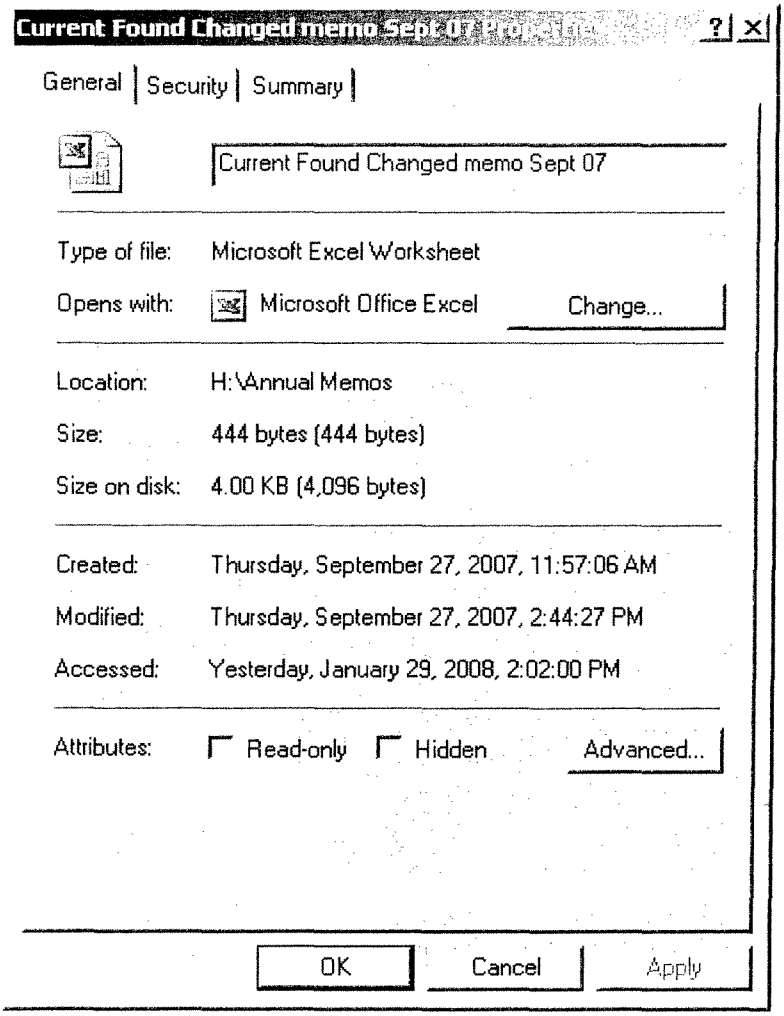

Text Import Wizard - Step 3 of 3
This screen lets you select each column and set the Data Format.
'General' converts numeric values to numbers, date values to dates, and all remaining values to text.
Advanced...
Column data format
General
Text
Date: MDY
Do not import column (skip)
Data preview
General
General
General
Memo Name
Was it Edited from the IH Orginal ?
Are there missing
DIS Tab 7
Yes
Yes
DIS Tab 17
Yes
No
DIS Tab 19
Yes
No
DIS Tab 21
Yes
No
Cancel
< Back
Next >
Finish

Karl Gibson did not assess H drive this document on January 29, 2008. Someone did access this document. Karl Gibson was on leave going to court on 29 January 2008 at 1400 hrs. On January 30, 2008, I tried but was not allowed. I saw this:







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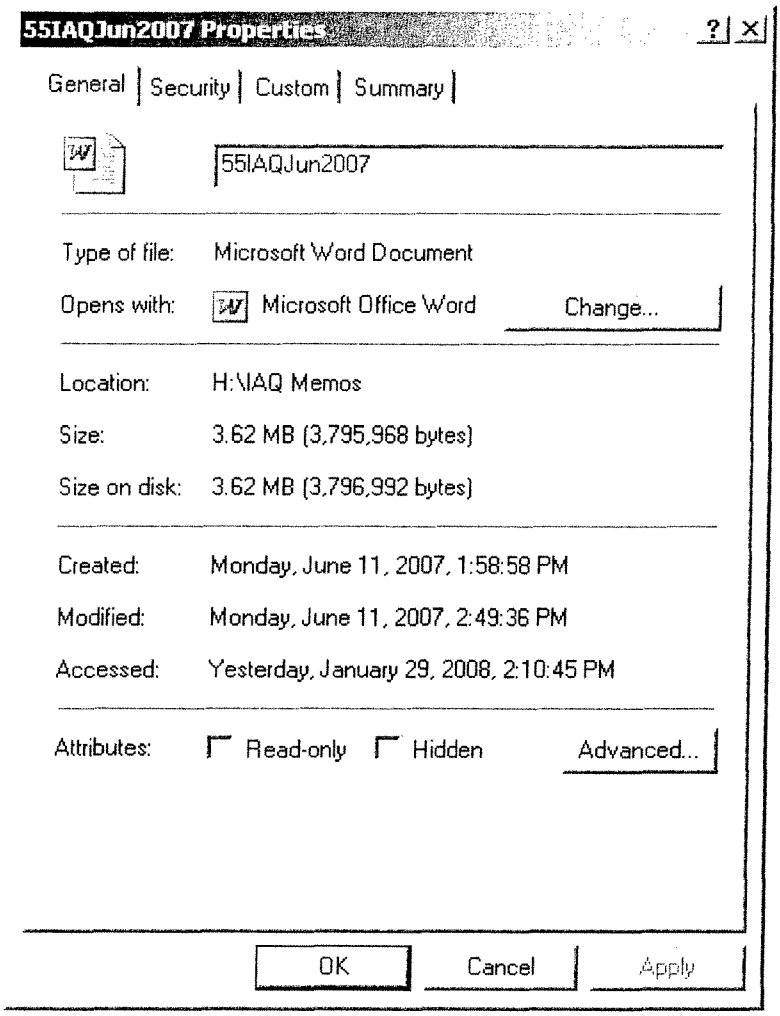

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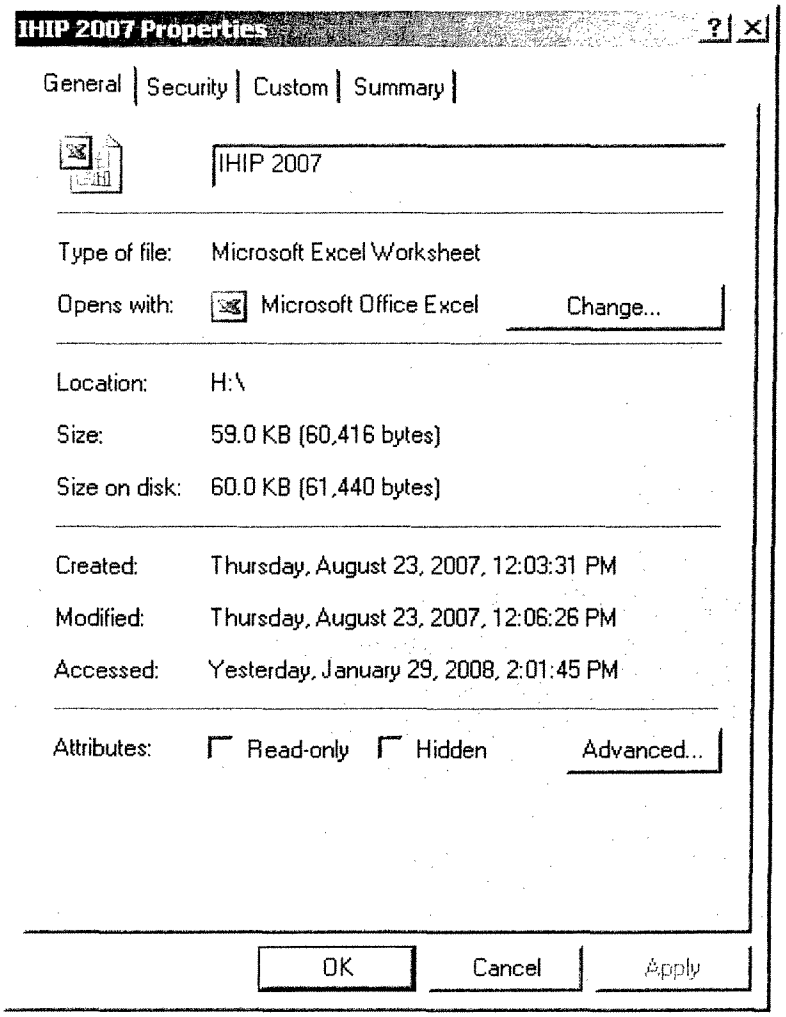

Karl Gibson did not assess this H drive document on January 29, 2008. Someone did access this document. Karl Gibson was on leave going to court on 29 January 2008 at 1400 hrs.

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DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 26 October 2006

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director, DOIM, BLDG #136, Fort Leavenworth, Kansas 66027
Director, Directorate of Installation Support (DIS), BLDG #85, Fort Leavenworth, Kansas 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas 66027

SUBJECT: Industrial Hygiene Survey and Building Indoor Air Quality in BLDG #136

1. The purpose of the Industrial Hygiene survey conducted on 24-25 October 2006 was to provide guidance for the use of appropriate control measures to protect DOIM's military and civilian personnel from recognized occupational health hazards.

2. Findings.

a. Chemicals. (See Appendix A)

1) Waiting for testing to happen. In other areas on Fort Leavenworth when paper and CD shredder operations were occurring, workers' breathing zone exposures in the shredding room have exposures to Chromium, Lead, Respirable Particulate, and Total Dust. At the OSHA's permissible exposure level, there is visible dust in the air. When levels are at explosive levels, concentrations are so great that vision would be obscured. When shredding, the levels approach the explosive levels.

2) When shredder operations are not occurring, workers' breathing zone exposures in the Shredding room are at levels of concern.

b. IAQ and Ventilation. (See Appendix B)

1) For the first floor, the air change rate was 1 Air Change per 4.5 days (AC/day) with dirty filters. The Relative Humidity, Temperature, Respirable Particulate, and Carbon Dioxide levels are **non-compliant**.

2) For the basement floor, the air change rate was 1 Air Change per 4.5 days with the dirty filters. The Temperature, Respirable Particulate, and Carbon Dioxide levels are **non-compliant**. The Relative Humidity is controlled with many dehumidifiers.

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3) Visible mold and biological was seen growing on ceiling tiles and cloth covered items like chairs and cubical walls.

c. Noise. The shredder section's workers are exposed to noise hazards. This quantitative measurement of noise levels allows for proper selection of hearing protection and enrollment in the Hearing Conservation Program. The workers noise levels were measured at an Upper Tolerance Level (UTL) of 85.2 dBA.

d. Personal Protective Equipment (PPE). PPE is required and wás not available worn. Therefore, the use of PPE is non-compliant. Respirator users need medically cleared and fit tested. (See Appendix C)

e. The Risk Assessment Code (RAC) for shredder operations is RAC 2 (serious health risk). The Fire Dept. and CAC Safety office need to evaluate risk to explosive dust potential.

3. Recommendations.

a. There is a concern for the shredder operations. Workers need to wear HEPA/P100 respirators when shredder operations are working because there is no dust exhaust system.

b. Coordinate with DIS to install a dust exhaust system to lower dust levels. Ensure supply air is adequate to support the exhaust. Ventilation levels and air flow ratios recommended for this operation is found in and published in American Conference of Governmental Industrial Hygienists (ACGIH) Twenty fourth Edition manual, "The Industrial Ventilation Handbook – A Manual of Recommend Practice", Table in Section 10 and American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 62-2004 "Ventilation for acceptable Indoor Air Quality" and are also required by Occupational Safety and Health Administration (OSHA)'s Title 29 CFR 1910.6. The OSHA regulation has adopted the ACGIH's and ASHRAE's recommended ventilation levels. The mechanical engineers can assist from DIS or CHPPM-Main if the command requests their assistance.

c. Coordinate with DIS to install the new ventilation systems in the building.

d. After new ventilation is installed, filters should be cleaned or replaced regularly (once/month to once/3 months). Air conditioner condensation should be drained to the outside or sewer. Due to debris, dirt, and biological materials in the air handlers and ductwork, these should be cleaned using HEPA filtered vacuum units.

e. All remaining surfaces with or without visible molds, fungi and mildew should be washed and disinfected. Clean with a dilute bleach solution (1:10 to 1:50 solution) or Wexcide (or other biocide chemical) as recommended by the Committee on Bioaerosols (ACGIH 1989).

Attachment C

f. Replace any water damaged ceiling tiles and cloth covered moldy furniture. Replace the basement carpet with vinyl floor tile.

g. In general, any condensation pans or drainage tubes in the HVAC systems should be checked on a regular basis. Drainage tubes that are plugged should be cleaned; drain pans should be emptied and slanted toward drains. Regular cleaning and maintenance of all systems components is a must. Add condensation tabs every 6 months.

h. The HEPA filtering units lower the biological and fiber materials in the office areas. Their use, with proper maintenance and sized to fit each room, is recommended.

j. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Remove trash daily.

k. The shredder personnel will be enrolled in the hearing conservation program. Because non-compliant exposures to employees are occurring, OSHA's regulation found in Title 29 CFR 1910.95 "Occupational Noise Exposure" comes into affect. "The employer shall administer a continuing, effective hearing conservation program, as described in paragraph (c) through (o) of this section, whenever employee noise exposures equal or exceed an 8-hour time-weighted average sound level (TWA) of 85 decibels measured on a A scale (slow response) or equivalently, a dose of fifty percent. For purposes of the hearing conservation program, employee noise exposures shall be computed in accordance with Appendix A and table G-16a, and without regard to any attenuation provided by the use of personal protective equipment." For the U.S. Army, DA PAM 40-501 "Hearing Conservation" and USAEHA Technical Guide No. 181 "Noise Dosimetry and Risk Assessment". These require installation Industrial Hygienists to determine group TWA for noise. This is done by "computing a one-sided Upper Tolerance Limit (UTL) for the 90^{th} percentile with a 75 percent confidence, based on the TWA measurements. A tolerance limit can be thought of as a confidence limit for a designated percentile of the parent distribution of individual measurements."

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

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MCXN-PM (40-5f) 26 October 2006
SUBJECT: Industrial Hygiene Survey and Building Indoor Air Quality in BLDG #136

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. **Please post this report in an accessible location to insure all employees have access to it.** It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
C, Fire Dept.
Occ Health,
Mr. Anaya, DIS
Mr. Vardaman, DOIM Safety

Attachment C

APPENDIX A

Air samples were taken on 24 October 2006 while shredder is not used and are reported in Parts Per Million (ppm) or Milligrams Per Cubic Meter (mg/m3) for the 8 hour Time Weighted Average (TWA):

BOLD is level of non-compliant.
Italic is level of concern.

LOCATION	CHEMICAL	WORKER EXPOSURE	Standard	Controlling Regulatory
Shredder Room	Aluminum	Waiting to test	2 mg/m3	ACGIH
Shredder Room	Beryllium	Waiting to test	.00002 mg/m3	ACGIH
Shredder Room	Cadmium	Waiting to test	.002 mg/m3	OSHA
Shredder Room	Chromium IV	Waiting to test	.005 mg/m3	ACGIH
Shredder Room	Cobalt	Waiting to test	.02 mg/m3	ACGIH
Shredder Room	Copper	Waiting to test	.1 mg/m3	OSHA
Shredder Room	Total Dust	Waiting to test	5 mg/m3	ACGIH
Shredder Room	Iron	Waiting to test	5 mg/m3	ACGIH
Shredder Room	Lead	Waiting to test	.05 mg/m3 .03mg/m3AL	OSHA
Shredder Room	Manganese	Waiting to test	.2 mg/m3	ACGIH
Shredder Room	Molybdenum	Waiting to test	3 mg/m3	ACGIH
Shredder Room	Nickel	Waiting to test	.1 mg/m3	ACGIH
Shredder Room	Zinc	Waiting to test	5 mg/m3	OSHA
Shredder Room	Respirable Particulate	*.5 mg/m3* *Peak is 3.9 mg/m3*	3 mg/m3	ACGIH

Attachment C

BOLD is level of non-compliant.
Italic is level of concern.

LOCATION	CHEMICAL	WORKER EXPOSURE	Standard	Controlling Regulatory
CD Shredder	Aluminum	Waiting to test	2 mg/m3	ACGIH
CD Shredder	Beryllium	Waiting to test	.00002 mg/m3	ACGIH
CD Shredder	Cadmium	Waiting to test	.002 mg/m3	OSHA
CD Shredder	Chromium IV	Waiting to test	.005 mg/m3	ACGIH
CD Shredder	Cobalt	Waiting to test	.02 mg/m3	ACGIH
CD Shredder	Copper	Waiting to test	.1 mg/m3	OSHA
CD Shredder	Total Dust	Waiting to test	5 mg/m3	ACGIH
CD Shredder	Iron	Waiting to test	5 mg/m3	ACGIH
CD Shredder	Lead	Waiting to test	.05 mg/m3 .03mg/m3AL	OSHA
CD Shredder	Manganese	Waiting to test	.2 mg/m3	ACGIH
CD Shredder	Molybdenum	Waiting to test	3 mg/m3	ACGIH
CD Shredder	Nickel	Waiting to test	.1 mg/m3	ACGIH
CD Shredder	Zinc	Waiting to test	5 mg/m3	OSHA
CD Shredder	Respirable Particulate	Waiting to test	3 mg/m3	ACGIH

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Attachment C

APPENDIX B

Indoor Air Quality samples were taken on 24-25 October 2006 shift to assess the worker exposures during a normal workday.

Bold is non-compliant. With Dirty Filters

Location	Substance	Exposure Results	Standard	Regulatory
Shredder Room 24-25 Oct 2006	Air Changes	**1AC/4.5 days 1AC/.01 hour**	Contact DIS for Standards	ASHRAE 62-2004
Shredder Room 24-25 Oct 2006	Temperature	**74 deg F**	68-72degF	US Army Energy Conservation Regulation
Shredder Room 24-25 Oct 2006	Relative Humidity	**24%**	30-60%	ASHRAE 62-2004
Shredder Room 24-25 Oct 2006	Carbon Dioxide	692 ppm	1,000 ppm	ASHRAE 62-2004
Shredder Room 24-25 Oct 2006	Respirable Particulate	**.5 mg/m3 Peak is 3.9 mg/m3**	.05 mg/m3	EPA

Attachment C

Bold is non-compliant. With Dirty Filters

Location	Substance	Exposure Results	Standard	Regulatory
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Air Changes	**1AC/4.5 days 1AC/.01 hour**	Contact DIS for Standards	ASHRAE 62-2004
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Temperature	69 deg F	68-72degF	US Army Energy Conservation Regulation
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Relative Humidity	37%	30-60%	ASHRAE 62-2004
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Carbon Dioxide	771 ppm	1,000 ppm	ASHRAE 62-2004
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Respirable Particulate	**.2 mg/m3 Peak is .59 mg/m3**	.05 mg/m3	EPA

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Outside on 24 October 2006	Temperature	Min 34- avg 46- max 57 deg F
Outside on 24 October 2006	Relative Humidity	36 %min- 53%avg- 69%max
Outside on 24 October 2006	Carbon Dioxide	210 ppm

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APPENDIX C

Personal Protective Clothing and Equipment:

Type of PPE	Required	Available	Worn as needed by all
Respirator:			
- Shredder Operations 1/2 face with P100 filter	YES	NO	NO
Eyes/Face Protection:			
- Safety Impact Goggles	YES	NO	NO
Hearing Protection:			
- Muffs or Plugs	YES	NO	NO

Required by 29 CFR 1910.132 "Personal Protective Equipment" Paragraph (a) General Requirements states "Application. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used and maintained in a sanitary and reliable condition whenever it is necessary by reason of hazards of process or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact."

Respirator required IAW 29 CFR 1910.134 "Respiratory Protection", AR 11-34 "The Army Respiratory Protection Program", and CAC & FT LVN Regulation 385-1 "CAC Safety Program."

Eyes/Face Protection IAW 29 CFR 1910.133 "Eye and Face Protection"

Hearing Protection IAW 29 CFR 1910.95 "Occupational Noise Exposure" (i)

H DRIVE

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

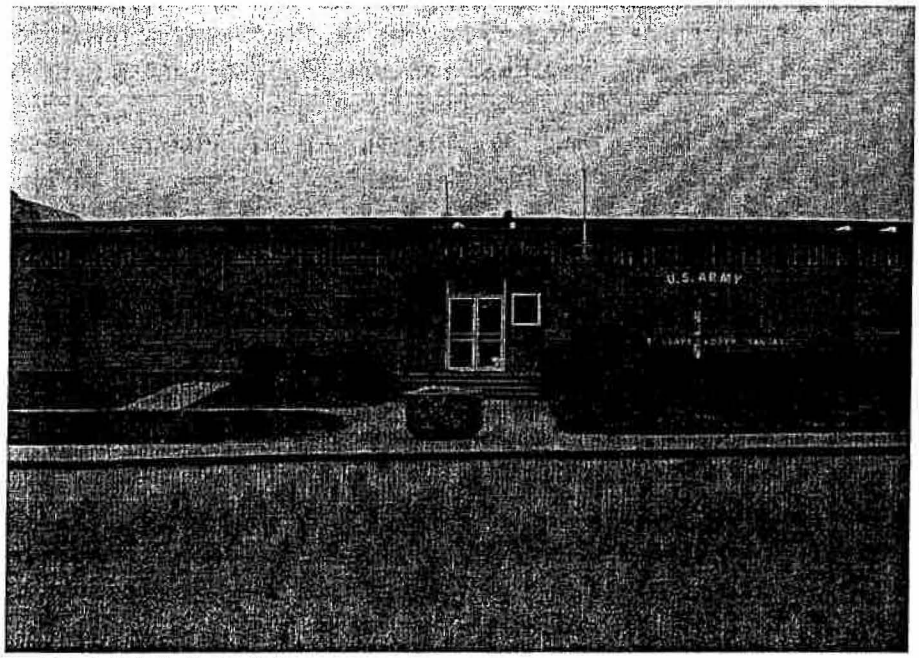
MCXN-PM (40-5f) 16 April 2007

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director, DOIM, BLDG #136, Fort Leavenworth, Kansas 66027
Director, Directorate of Installation Support (DIS), BLDG #85, Fort Leavenworth, Kansas 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas 66027

SUBJECT: Industrial Hygiene Survey For The Building Indoor Air Quality in BLDG #136 in FY 2007

1. The purpose of the Industrial Hygiene survey conducted on 9 thru 12 April 2007 was to provide guidance for the use of appropriate control measures to protect Directorate of Information Management's (DOIM) military and civilian personnel from recognized occupational health hazards during the construction project.



DOIM, BLDG #136

2. Findings.

a. Floor A Email team General Area, the air change rate is non-compliant and there were .1 Air Changes per hour (AC/hour) or .8 Air Changes per day (AC/day). An air change rate is defined by the number of times that the outdoor air replaces the volume of air in a building per

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unit of time. The Respirable particulate levels (example spores, fungus, molds, and bacteria) in the room's air are non-compliant and 3.7 times higher than EPA's National Primary Ambient Air Quality Standards. The Respirable particulate levels are high and being exposed to higher levels can cause exacerbation of Asthma, Sinus or throat infections, and Nausea or abdominal pain. Additional testing is required to identify the specific type(s) of spores, fungus, molds, and bacteria. Carbon Dioxide is a good IAQ tracer gas – it helps to measure how well a building is adequately ventilated. The Temperature levels are high and non-compliant. Being exposed to higher levels of temperature can cause exacerbation of Asthma, headache, and cold/flu symptoms. The Relative Humidity levels are low and non-compliant. Being exposed to low levels of Relative Humidity in the workplace can cause exacerbation of Asthma and skin & eye irritation, dryness or scaling. (See Appendix A)

b. Floor A Applications and Security General Area, the air change rate is non-compliant and there were .18 Air Changes per hour (AC/hour) or 1.4 Air Changes per day (AC/day). An air change rate is defined by the number of times that the outdoor air replaces the volume of air in a building per unit of time. The Respirable particulate levels (example spores, fungus, molds, and bacteria) in the room's air are non-compliant and 3.7 times higher than EPA's National Primary Ambient Air Quality Standards. The Respirable particulate levels are high and being exposed to higher levels can cause exacerbation of Asthma, Sinus or throat infections, and Nausea or abdominal pain. Additional testing is required to identify the specific type(s) of spores, fungus, molds, and bacteria. Carbon Dioxide is a good IAQ tracer gas – it helps to measure how well a building is adequately ventilated. The Temperature levels are high and non-compliant. Being exposed to higher levels of temperature can cause exacerbation of Asthma, headache, and cold/flu symptoms. The Relative Humidity levels are low and non-compliant. Being exposed to low levels of Relative Humidity in the workplace can cause exacerbation of Asthma and skin & eye irritation, dryness or scaling. (See Appendix A)

c. DOIM Help Desk Room General Area, the air change rate is non-compliant and there were .16 Air Changes per hour (AC/hour) or 1.3 Air Changes per day (AC/day). An air change rate is defined by the number of times that the outdoor air replaces the volume of air in a building per unit of time. The Respirable particulate levels (example spores, fungus, molds, and bacteria) in the room's air are non-compliant and 6.9 times higher than EPA's National Primary Ambient Air Quality Standards. The Respirable particulate levels are high and being exposed to higher levels can cause exacerbation of Asthma, Sinus or throat infections, and Nausea or abdominal pain. Additional testing is required to identify the specific type(s) of spores, fungus, molds, and bacteria. Carbon Dioxide levels are high and non-compliant. Carbon Dioxide is a good IAQ tracer gas – it helps to measure how well a building is adequately ventilated. The Temperature levels are high and non-compliant. Being exposed to higher levels of temperature can cause exacerbation of Asthma, headache, and cold/flu symptoms. The Relative Humidity levels are compliant. (See Appendix A)

Attachment D

d. Print Room General Area, the air change rate is non-compliant and there were .24 Air Changes per hour (AC/hour) or 1.9 Air Changes per day (AC/day). An air change rate is defined by the number of times that the outdoor air replaces the volume of air in a building per unit of time. Carbon Dioxide levels are high and non-compliant. The Respirable particulate levels (example spores, fungus, molds, and bacteria) in the room's air are non-compliant and 2 times higher than EPA's National Primary Ambient Air Quality Standards. The Respirable particulate levels are high and being exposed to higher levels can cause exacerbation of Asthma, Sinus or throat infections, and Nausea or abdominal pain. Additional testing is required to identify the specific type(s) of spores, fungus, molds, and bacteria. Carbon Dioxide is a good IAQ tracer gas – it helps to measure how well a building is adequately ventilated. The Temperature levels are high and non-compliant. Being exposed to higher levels of temperature can cause exacerbation of Asthma, headache, and cold/flu symptoms. The Relative Humidity levels are low and non-compliant. Being exposed to low levels of Relative Humidity in the workplace can cause exacerbation of Asthma and skin & eye irritation, dryness or scaling. (See Appendix A)

3. Recommendations.

a. Employee notification. The employer must, within 15 working days after receipt of the results of any monitoring performed notify each affected employee of these results either individually in writing or by posting the results in an appropriate location that is accessible to affected employees. The US Army MEDDAC, Fort Leavenworth received these results on 12 March 2007. [**Regulatory**, 29 CFR 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program." (reference 2 & 10)]. (**RAC 2**)

b. Ensure the ventilation systems are operating properly, balanced, and allow compliant amounts of non-contaminated air outside air flows to enter the work space. Coordinate with DIS as the new ventilation systems in the building is being installed. [**Regulatory**, 29 CFR 1910. 94 Ventilation (reference 2 & 26)]. (**RAC 2**)

c. Ensure routine maintenance and hygiene is performed:

1) Provide a HEPA vacuum cleaner should be available. [**Regulatory**, 29 CFR 1910.141 Housekeeping paragraph (a) (3); (reference 2)]. (**RAC 2**)

2) Staff should vacuum all horizontal surfaces weekly with the HEPA vacuum cleaner. [**Regulatory**, 29 CFR 1910.141 Housekeeping paragraph (a) (3); (reference 2)]. (**RAC 2**)

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MCXN-PM (40-5f) 16 April 2007
SUBJECT: Industrial Hygiene Survey For The Building Indoor Air Quality in BLDG #136 in FY 2007

3) Supervisors need to ensure that proper cleaning is performed. [**Regulatory**, 29 CFR 1910.141 Housekeeping paragraph (a) (3); (reference 2)]. (**RAC 2**)

d. Ensure the heating and air conditioning units' filters are changed quarterly. The units should be wiped down inside and out with a disinfectant solution as part of the housekeeping routine when the filters are changed. Ensure drip pans are used and cleaned. Drainage tubes that are plugged should be cleaned; drain pans should be emptied and slanted toward drains. Clean items more often if needed. Add chlorine tabs to reduce mold and fungi growth. [**Regulatory**, DA Pam 40-11, Paragraph 4–14. Air quality (reference 9)]. (**RAC 3**)

e. Provide HEPA air cleaner sized for the space and operate it 24/7. The HEPA filtering units lower the biological and fiber materials in the office areas. Their use, with proper maintenance and sized to fit each room, is recommended. [**Regulatory**, DA Pam 40-11, Paragraph 4–14. Air quality (reference 9)]. (**RAC 3**)

f, Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Remove trash daily. [**Regulatory**, 29 CFR 1910.141, Sanitation (reference 2)]. (**RAC 3**)

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. **Please post this report in an accessible location to insure all employees have access to it.** It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

Attachment D

MCXN-PM (40-5f) 16 April 2007
SUBJECT: Industrial Hygiene Survey For The Building Indoor Air Quality in BLDG #136 in FY 2007

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
C, Fire Dept.
Occ Health,
Mr. Anaya, DIS
Mr. Vardaman, DOIM Safety

Attachment D

APPENDIX A

Evaluation Data and Risk Assessment Codes (RAC).

The evaluation data collected is assessed into categories based upon Army regulations, Occupational Safety and Health Administration (OSHA) regulations, and consensus standards. Assessment categories are assigned as shown in Table B1, below.

Table B1 – Evaluation Data Assessment

Symbol	Definition
●	Did not meet standard/guideline
◺	Levels of Concern, but meets standard/guideline.
■	Meets standard/guideline
?	Insufficient data to assess

Risk Assessment Codes (RACs) [based on Accident Probability and Safety Hazard Severity for safety hazards; or Health Hazard Severity Categories (HHSCs) and Illness Probability Categories (IPCs) for health hazards; or Mishap Probability Categories (MPCs) for noise hazards] were assigned to each recommendation below. These assigned RACs are meant to assist the facility and occupational health program managers in allocating limited resources. The assignment of these RACs is based on guidance contained in Department of Defense Instruction 6055.1 (reference 1), USACHPPM Technical Guide 181 (reference 18), references found in Appendix C, and professional judgment.

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Attachment D

Monitoring results for Floor A Email team area were taken on 9-10 April 2007

Substance	**Sample Type**	**Findings**	**Standard**	**Meets Standard**	**Controlling Regulatory**
Air Changes	RGA[1]	.1 Air Changes per hour (AC/hour) or .8 Air Changes per day (AC/day)	*1	●	ASHRAE 62-2004
Temperature	RGA[1]	74 deg F	68-72degF	●	US Army Energy Conservation Regulation
Relative Humidity	RGA[1]	29%	30-60%	●	ASHRAE 62-2004
Carbon Dioxide	RGA[1]	886 ppm	1,000 ppm	■	ASHRAE 62-2004
Respirasble Particulate	RGA[1]	.186 mg/m3 (3.7 times standard)	.05 mg/m3 3 mg/m3	●	EPA ACGIH

degF stands for degrees in Fahrenheit
% stands for percent
Ppm stands for parts per million
[1]RGA: Room General Area of Floor A Email team
*1 DIS Engineers to analyze data with current system.

Outside on 9-10 April 2007	Temperature	27-47 deg F
Outside on 9-10 April 2007	Relative Humidity	43 %
Outside on 9-10 April 2007	Carbon Dioxide	200 ppm

Attachment D

Monitoring results for Floor A Applications and Security were taken on 9-10 April 2007

Substance	**Sample Type**	**Findings**	**Standard**	**Meets Standard**	**Controlling Regulatory**
Air Changes	RGA[2]	.18 Air Changes per hour (AC/hour) or 1.4 Air Changes per day (AC/day)	*1	●	ASHRAE 62-2004
Temperature	RGA[2]	76 deg F	68-72degF	●	US Army Energy Conservation Regulation
Relative Humidity	RGA[2]	25%	30-60%	●	ASHRAE 62-2004
Carbon Dioxide	RGA[2]	585 ppm	1,000 ppm	■	ASHRAE 62-2004
Respirasble Particulate	RGA[2]	.185 mg/m3 (3.7 times standard)	.05 mg/m3 3 mg/m3	●	EPA ACGIH

degF stands for degrees in Fahrenheit
% stands for percent
Ppm stands for parts per million
[2]RGA: Room General Area for Floor A Applications and Security
*1 DIS Engineers to analyze data with current system.

Outside on 9-10 April 2007	Temperature	27-47 deg F
Outside on 9-10 April 2007	Relative Humidity	43 %
Outside on 9-10 April 2007	Carbon Dioxide	200 ppm

Attachment D

Monitoring results for DOIM Help Desk were taken on 11-12 April 2007

Substance	**Sample Type**	**Findings**	**Standard**	**Meets Standard**	**Controlling Regulatory**
Air Changes	RGA[3]	.16 Air Changes per hour (AC/hour) or 1.3 Air Changes per day (AC/day)	*1	●	ASHRAE 62-2004
Temperature	RGA[3]	73 deg F	68-72degF	●	US Army Energy Conservation Regulation
Relative Humidity	RGA[3]	31%	30-60%	■	ASHRAE 62-2004
Carbon Dioxide	RGA[3]	2,314 ppm	1,000 ppm	●	ASHRAE 62-2004
Respirasble Particulate	RGA[3]	.346 mg/m3 (6.9 times standard)	.05 mg/m3 3 mg/m3	●	EPA ACGIH

degF stands for degrees in Fahrenheit
% stands for percent
Ppm stands for parts per million
[3]RGA: Room General Area for DOIM Help Desk
*1 DIS Engineers to analyze data with current system.

Outside on 11-12 April 2007	Temperature	37-43 deg F
Outside on 11-12 April 2007	Relative Humidity	96 %
Outside on 11-12 April 2007	Carbon Dioxide	200 ppm

Attachment D

Monitoring results Print Room were taken on 11-12 April 2007

Substance	**Sample Type**	**Findings**	**Standard**	**Meets Standard**	**Controlling Regulatory**
Air Changes	RGA[5]	.24 Air Changes per hour (AC/hour) or 1.9 Air Changes per day (AC/day)	*1	●	ASHRAE 62-2004
Temperature	RGA[5]	73 deg F	68-72degF	●	US Army Energy Conservation Regulation
Relative Humidity	RGA[5]	27%	30-60%	●	ASHRAE 62-2004
Carbon Dioxide	RGA[5]	467 ppm	1,000 ppm	■	ASHRAE 62-2004
Respirasble Particulate	RGA5	.098 mg/m3 (2 times standard)	.05 mg/m3 3 mg/m3	●	EPA ACGIH

degF stands for degrees in Fahrenheit
% stands for percent
Ppm stands for parts per million
[5]RGA: Room General Area
*1 DIS Engineers to analyze data with current system.

Outside on 11-12 April 2007	Temperature	31-63 deg F
Outside on 11-12 April 2007	Relative Humidity	64 %
Outside on 11-12 April 2007	Carbon Dioxide	200 ppm

Attachment D

APPENDIX B

References.

1. Department of Defense Instruction 6055.1, DoD Safety and Occupational Health (SOH) Program, August 1998.

2. OSHA's Title 29, Code of Federal Regulations (CFR), 1910. General Industry Regulations and 29 CFR 1926. Construction Industry Regulations

3. EPA's 40 CFR Parts 239 through 259 contain the regulations for solid waste, while Parts 260 through 279 contain the hazardous waste regulations, Resource Conservation and Recovery Act (RCRA)

4. State of Kansas Article 72, paragraph 28-72-18 a-e. Work practice standards, lead abatement

5. AR 385–10, The Army Safety Program

6. AR 40-5, Preventive Medicine

7. AR 200–1, Environmental Protection and Enhancement

8. AR 11–34, The Army Respiratory Protection Program

9. DA PAM 40–11, Preventive Medicine

10. DA Pam 40–503, Industrial Hygiene

11. ACGIH Industrial Ventilation, A Manual of Recommended Practice, 25th Edition, Cincinnati, OH, 2004.

12. 2006 Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices, American Conference of Governmental Industrial Hygienists, Cincinnati, OH, 2005.

13. Krister Forsberg and S.Z. Mansdorf, Quick Selection Guide to Chemical Protective Clothing, Fourth Edition, John Wiley & Sons, Inc., 2002.

14. DA PAM 40–501, Hearing Conservation Program

15. TB MED 506, Occupational and Environmental Health Occupational Vision

16. TB MED 513, Occupational and Environmental Health Guidelines for the Evaluation and Control of Asbestos Exposure

Attachment D

17. USACHPPM Technical Guide 141 Industrial Hygiene Air Sampling and Bulk Sampling Instructions.

18. USACHPPM Technical Guide 181, Noise Dosimetry and Risk Assessment

19. 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters

20. AR 11–34, Respiratory Protection

21. DA Pam 40–506, The Army Vision Conservation and Readiness Program.

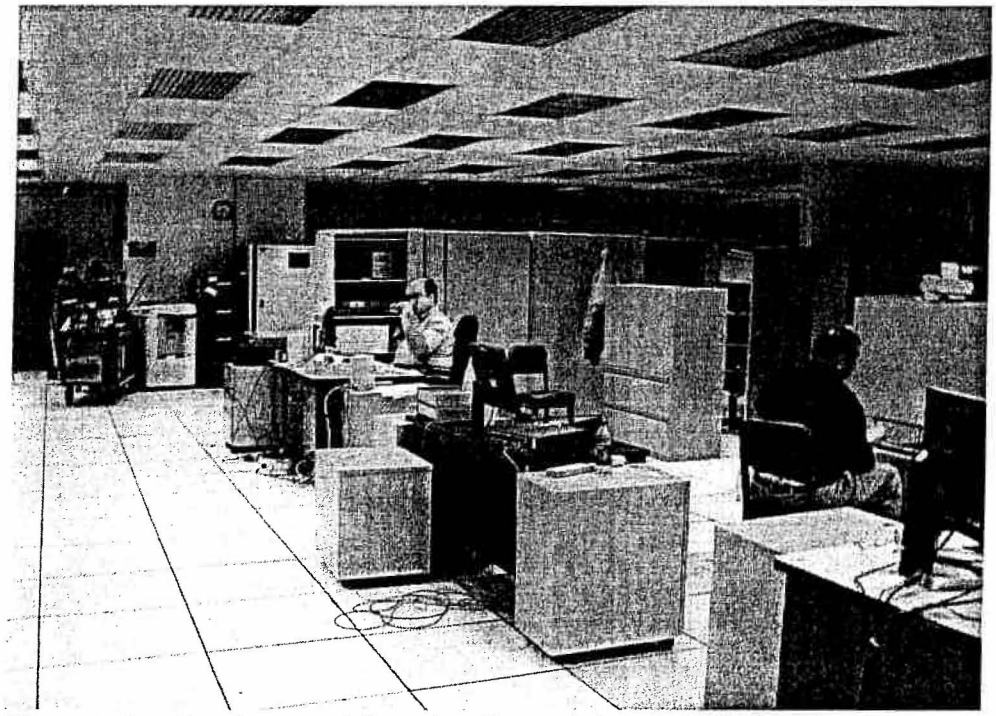
22. TB MED 502/DLAM 1000.2, Respiratory Protection Program.

Attachment D

APPENDIX C

Pictures of DOIM, BLDG #136

Floor A Email team area, BLDG 136



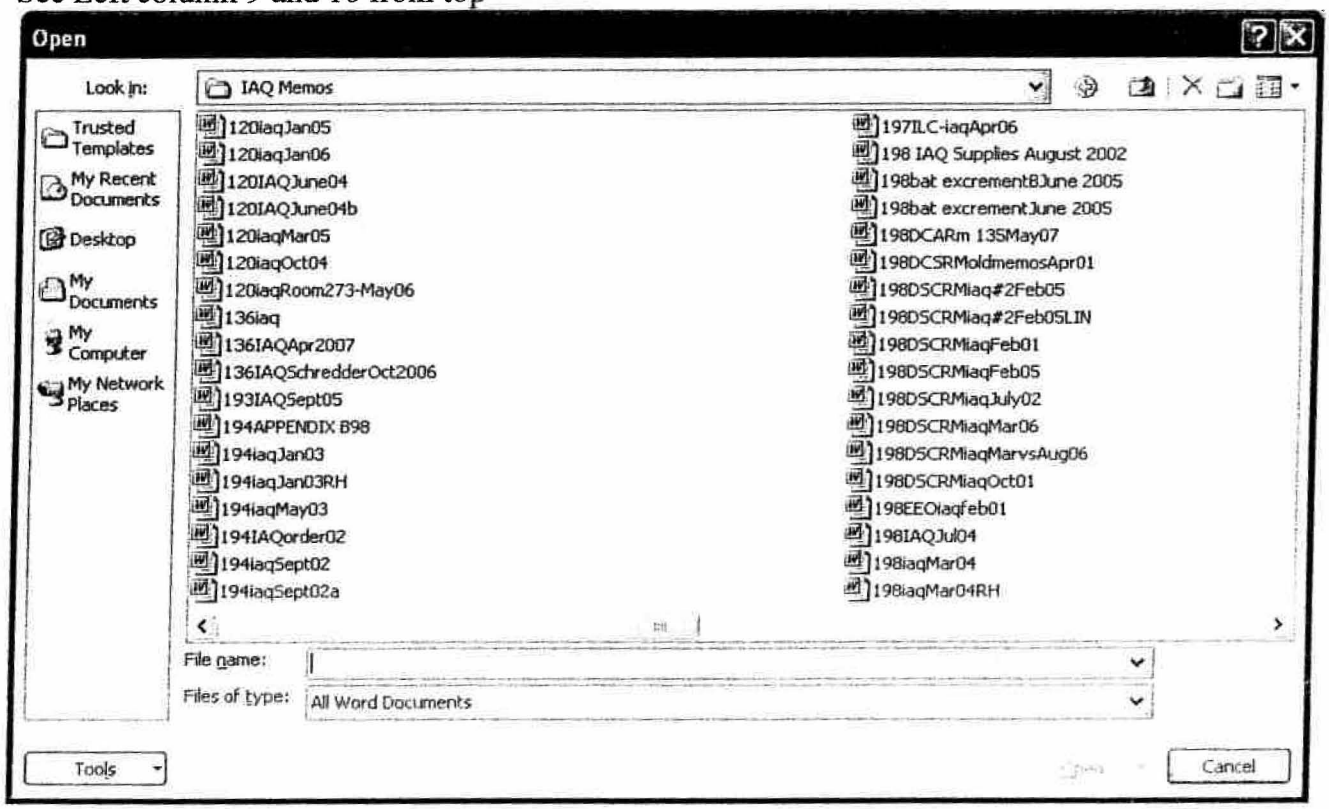
Floor A Applications and Security General Area, BLDG 136

E-38

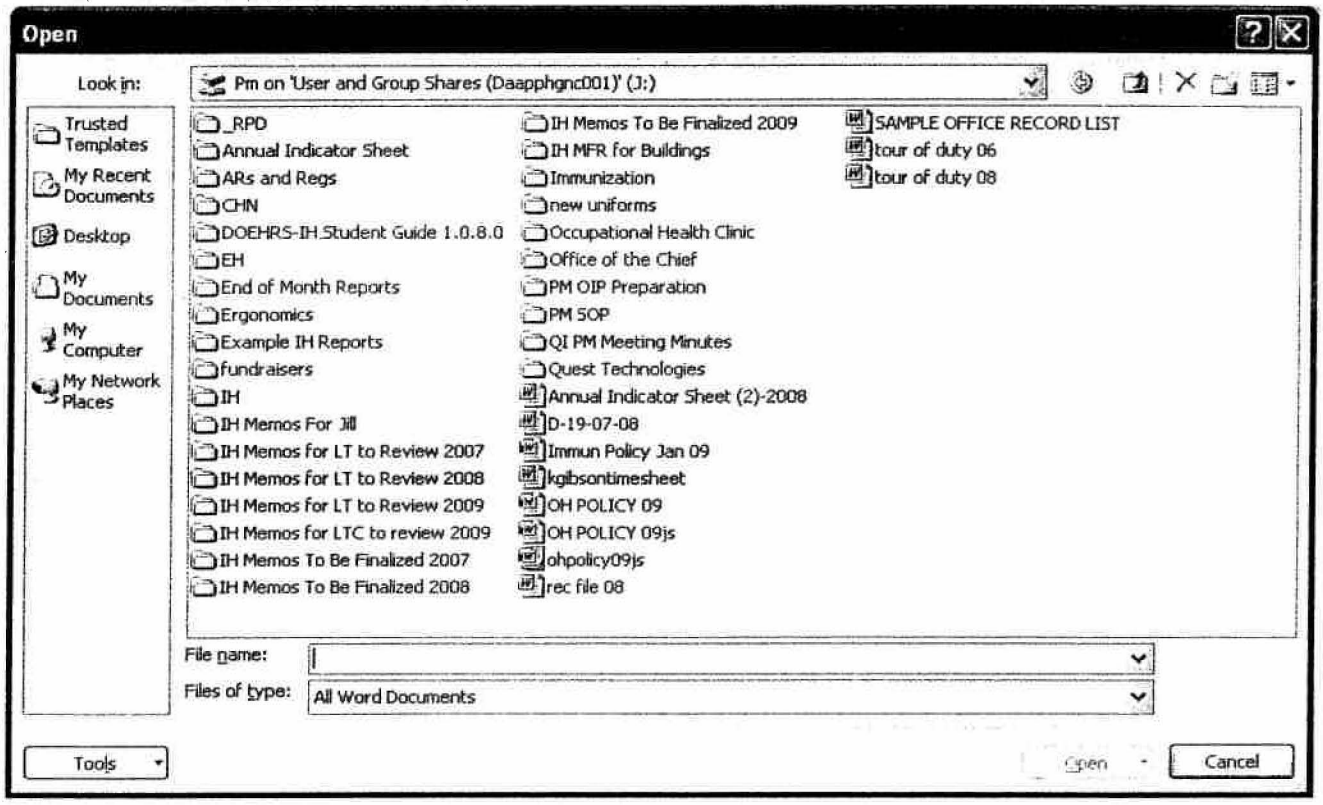
The IH memorandum process:
Karl Gibson would write memorandums on his H: drive. When finished, Karl Gibson would place on memorandum on J: drive and notify LT Derivan that the memorandum was in the ""IH Memos for LT to Review" folder.
LT Derivan would review the memorandum and when satisfied with his review and edit, LT Derivan would move memorandum to the J: Drive "IH Memos to be finalized" folder. LT Derivan would notify LTC Jefferson.
At this time, LTC Jefferson would review the memorandum and when satisfied with her review and edit, LTC Jefferson changes the document name by adding her initials and moving to the J: Drive IH year folder. Then these would go to Ms. Swiler, PM Secretary to print off for LTC signature. These signed memorandums would go to the D, DCN then MEDDAC Commander for review and signature.

Karl Gibson's H: drive snap shot: Names of BLDG 136 memos
"136IAQSchredderOct2006"
"136IAQApr2007"

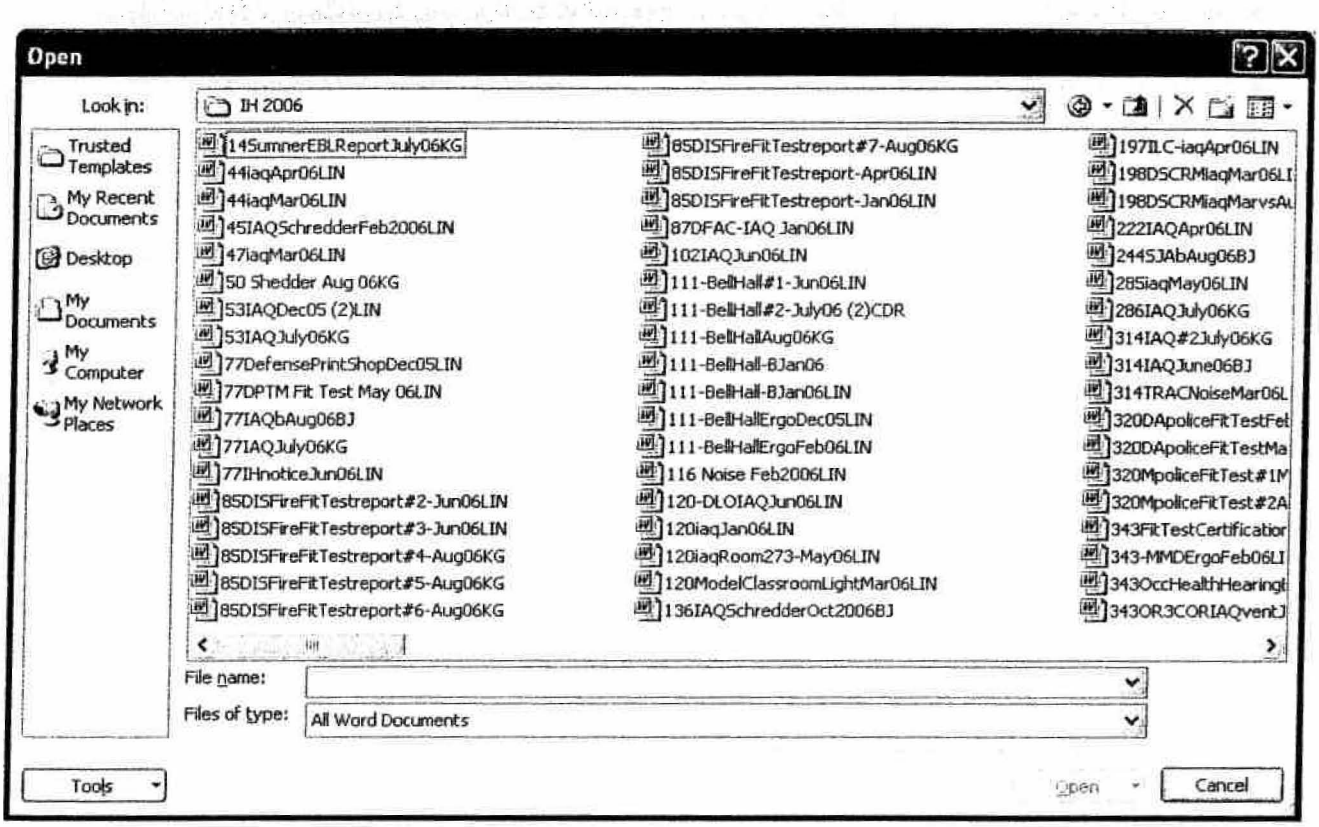
See Left column 9 and 10 from top



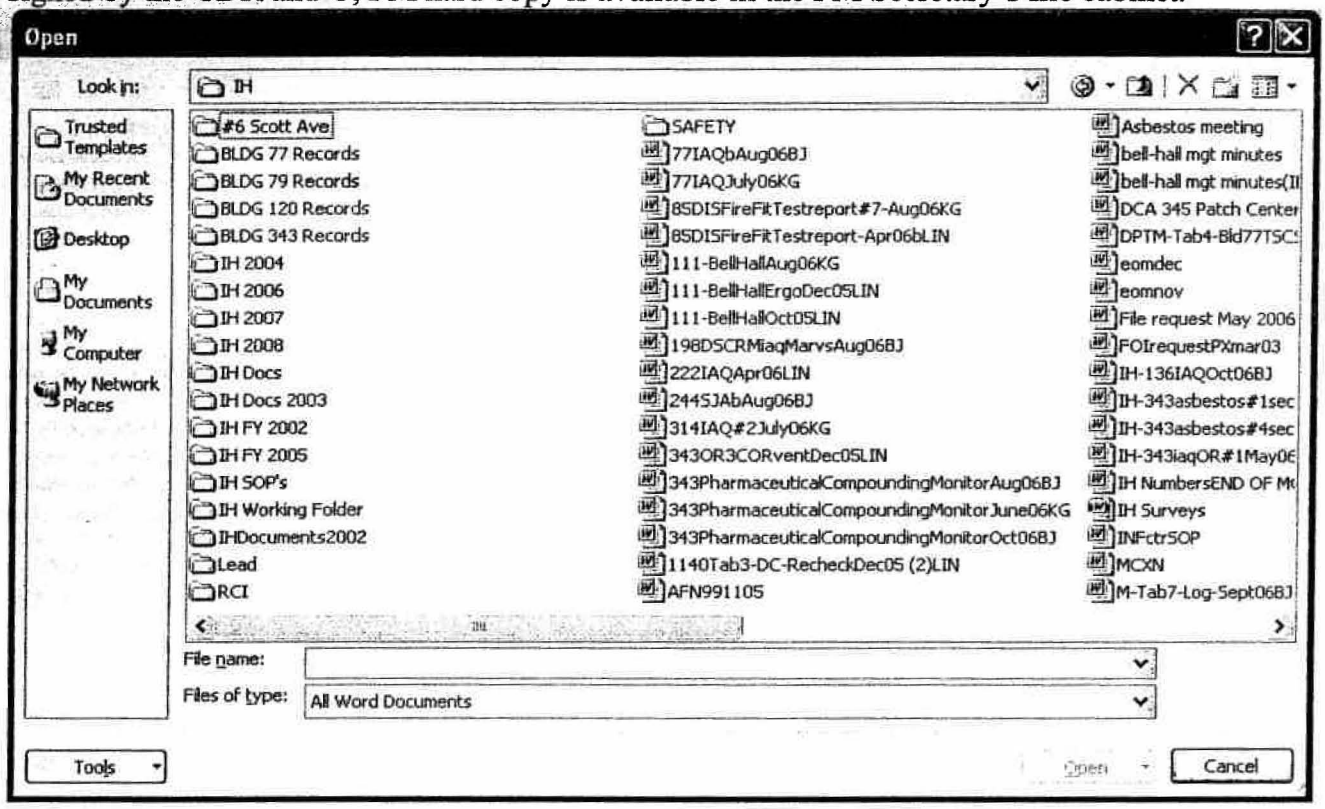
Preventive Medicine's joint J: Drive
Karl Gibson placed the "136IAQSchredderOct2006" memorandum in the file "IH"
Karl Gibson placed the "136IAQApr2007" memorandum in the file "IH Memos for LT to Review"



Preventive Medicine's joint J: Drive
J Drive Document "136IAQSchredderOct2006BJ" shows LTC Beverly Jefferson's initials on end that she edited and reviewed. No hard copy remains in the PM files.



Preventive Medicine's joint J: Drive
The "136IAQSchredderOct2006" was edited and moved by LTC Beverly Jefferson from "IH" to "IH 2006" file. At this time, LTC Jefferson changes the document name by adding her initials. A signed by the CDR and C, PM hard copy is available in the PM Secretary's file cabinet.



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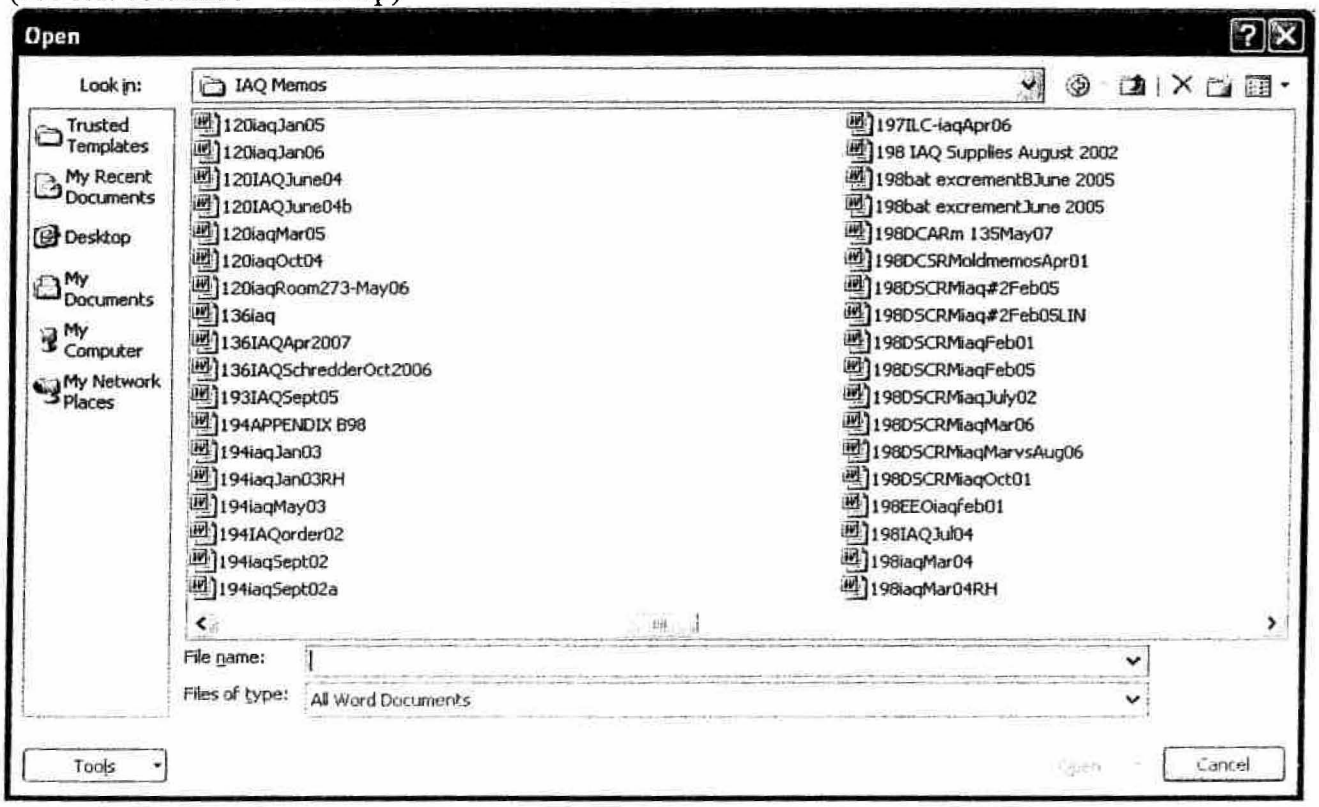
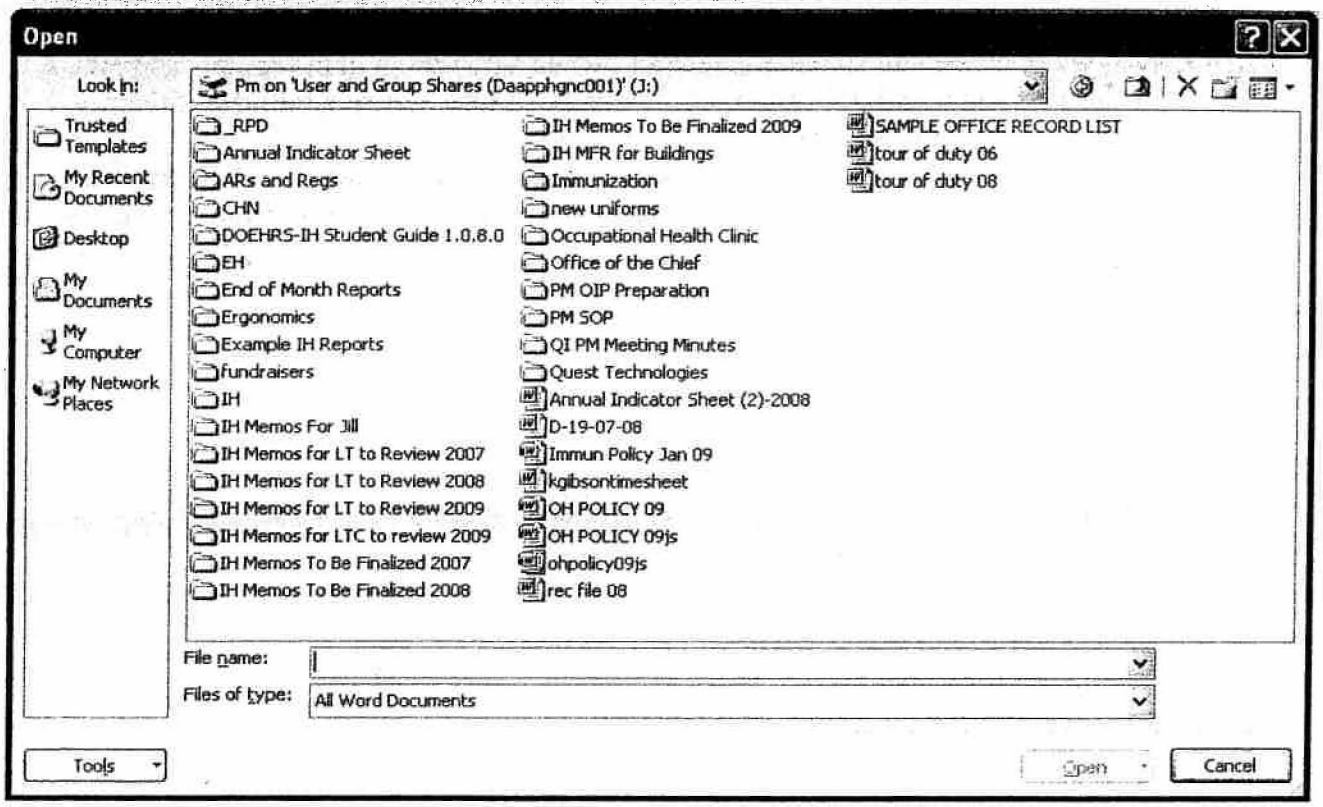
Karl Gibson's H: drive snap shot: Names of BLDG 136 memos
"136IAQApr2007"
(see left column 9th from top)



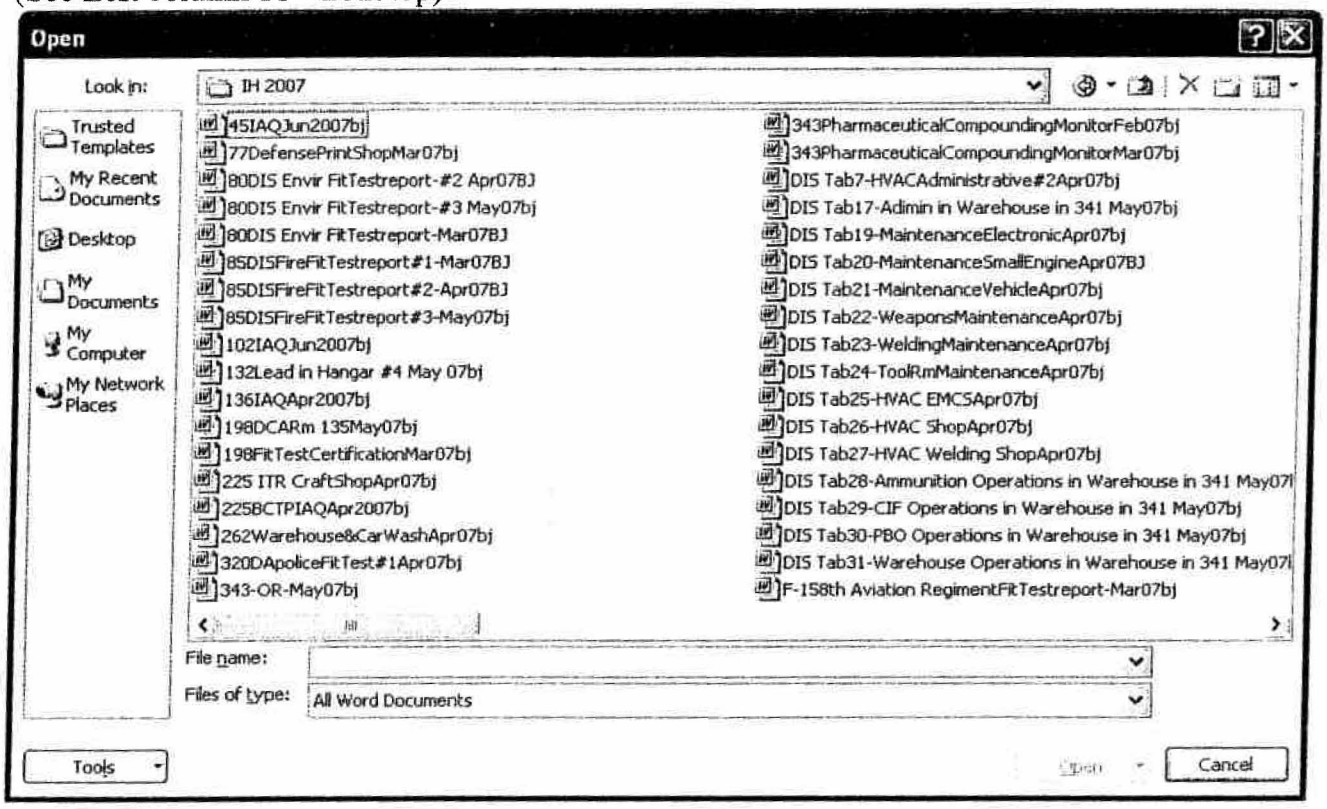
Preventive Medicine's joint J: Drive

Karl Gibson placed the "136IAQApr2007" memorandum in the file "IH Memos for LT to Review"



Preventive Medicine's joint J: Drive
The 136IAQApr2007bj was edited and moved by LTC Beverly Jefferson from "IH memos to be finalized 2007" to "IH 2007" file. At this time, LTC Jefferson changes the document name by adding her initials.

According to Jill Swiler states that she did not receive this document and not hard copy was produced
(See Left column 11th from top)



MEMORANDUM FOR RECORD 27 February 2009

SUBJECT: Log Book

I presented copies of pages from my Log Book to Mr Gibson on the above date as he requested.

This Log Book contains information (Date, Subject, Date given to C, PM) on memos I am to proof for grammar, etc prior to having C, PM sign.

Also the date the memo is returned to me at which time I make copies and distribute to facilities/individuals who are to receive a copy.

By keeping this Log Book, I am able to track memos that might be late, etc, thus a more efficient office.

Jill Swiler

PM Secretary

LTC Jefferson 19 Oct 06 for sight - Rec back 23 Oct 06, hand carried to DCN 23 Oct 06 for sight. Rec back 31 Oct 06, sent out 31 Oct 06.

IH Pharmaceutical Compounding for to LTC Jefferson 19 Oct 06 for sight. Rec back 23 Oct 06, hand carried to DCN 23 Oct 06 for sight. Rec back 31 Oct 06, sent out 31 Oct 06.

Bldg #77 to LTC Jefferson for sight 19 Oct

Aug 06 IH IAQ for Review Offices to LTC Jefferson 19 Oct 06 for sight. Rec back 23 Oct 06 hand carried to DCN 23 Oct 06 for sight. - Rec back 31 Oct 06, sent out 31 Oct 06.

Bldg #644 Harney Gym to LTC Jefferson 24 Oct 06 for sight. - Rec back 31 Oct 06 hand carried to DCN 31 Oct 06 for sight. -

Bldg 136 to LTC Jefferson 6 Nov 06 for sight. - Rec back 7 Nov 06 hand carried to DCN 7 Nov 06 for sight. Rec back 17 Nov to Sent out 17 Nov -

Pseudomonas Bacteremia Rec from Jefferson 7 June, hand carried to DCX/Cdr 7 June 07 for sight. - Rec back 26 June 07, sent out 26 June 07.

Respirator Protection Resp. Fit Test Cert. - Rec back 7 June - sent out 7 June 07.

IH Survey Bldg # 225 to LTC Jefferson for sight 19 June 07. Rec back 20 June 07, hand carried to DCX/Cdr for sight 20 June 07.

DIS #7 to LTC Jefferson 19 June 07 for sight. - Rec back 20 June 07, hand carried to DCX Cdr for sight 20 June 07.

DIS Tab #22 to LTC Jefferson 19 June 07 for sight. Rec back 20 June, hand carried to DCX/Cdr for sight 20 June 07.

DIS Tab #25 to LTC Jefferson 19 June 07 for sight. Rec back 20 June 07, hand carried to DCX/Cdr for sight 20 June 07.

Bldg #45 Repat #3 to LTC Jefferson 26 June 07 for sight.

E-39

DEPARTMENT OF THE ARMY
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1
CIVILIAN HUMAN RESOURCES AGENCY
SOUTHWEST REGION, FORT LEAVENWORTH CPAC
821 MCCLELLAN AVENUE
FORT LEAVENWORTH KS 66027-1361

June 10, 2009

Civilian Personnel Advisory Center

Ms. Audrey Harris
President
AFGE Local 738
Fort Leavenworth, Kansas 66027

Dear Ms. Harris:

As requested by Mr. Holland's memorandum dated May 1, 2009, subject: Union Data Request for Preventive Medicine Final Memorandums under 5 U.S.C. 7114(b)(4), attached are copies of requested reports from Preventive Medicine files. The data request has been annotated where copies of requested reports were not available.

Sincerely,

Janice L. Sifford
Human Resources Specialist

Enclosures

Receipt Acknowledged:

_____ _____

AFGE, Local 738 Date

1 May 2009

AFGE Local 738
Ron Holland
Chief Stewart

To Jan Sifford, CPAC, Fort Leavenworth, KS 66027

SUBJECT: Union Data Request for Preventive Medicine Final Memorandums under 5 U.S.C. 7114(b)(4)

Dear Jan Sifford,

This is a request by AFGE Local #738 for information under 5 U.S.C. 7114(b)(4).

Please furnish the following information that are maintained in the Preventive Medicine files in the Secretary of Preventive Medicine office in Hoge Annex, Fort Leavenworth, KS and are required to be maintained by OSHA's 29 CFR 1910.1020 regulations:

a. All the MEDDAC Commander and Chief, Preventive Medicine, USA MEDDAC signed, hard copy versions of memorandums for Building 136 for the years of 2006, 2007, and 2008.

b. All the MEDDAC Commander and Chief, Preventive Medicine, USA MEDDAC signed, hard copy versions of memorandums for Building 53 for the years 2005, 2006, 2007, and 2008.

c. All the MEDDAC Commander and Chief, Preventive Medicine, USA MEDDAC signed, hard copy versions of memorandums for Building 244 for the years 2005, 2006, 2007, 2008, and 2009.

AFGE Local #738 has a particularized need for this information for the following reasons. The Union needs the requested information to make a determination with regards to managements allegations against a bargaining unit employee (Mr. Karl Gibson) whereby, management charged Mr. Gibson with falsifying report information and suspended him for 14 days without pay has caused Mr. Gibson to have been treated in a disparate manner by management. The receipt of this information will help the union to determine whether management has violated Articles XXIV, section 1 and 6, and XXV, section 1 of the negotiated agreement between Fort Leavenworth and AFGE Local 738.

The Union is requesting that the agency provide the requested materials within 10 working days.

Thank you in advance for your prompt compliance with this request. If there are any questions, I can be reached at (913) 758-3650 Work or (913) 683-0879 Cell, or (913) 684-5251 Union.

RON HOLLAND
Chief Stewart
AFGE Local #738

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f)

26 October 2006

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director, DOIM, BLDG #136, Fort Leavenworth, Kansas 66027
Director, Directorate of Installation Support (DIS), BLDG #85, Fort Leavenworth, Kansas 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas 66027

SUBJECT: Industrial Hygiene Survey and Building Indoor Air Quality in BLDG #136

1. The purpose of the Industrial Hygiene survey conducted on 24-25 October 2006 was to provide guidance for the use of appropriate control measures to protect DOIM's military and civilian personnel from recognized occupational health hazards.

2. Findings.

a. Chemicals. (See Appendix A)

1) Waiting for testing to happen. In other areas on Fort Leavenworth when paper and CD shredder operations were occurring, workers' breathing zone exposures in the shredding room to Chromium, Lead, Respirable Particulate, and Total Dust were **non-compliant**. At the OSHA's permissible exposure level, there is visible dust in the air. When levels are at explosive levels, concentrations are so great that vision would be obscured. When shredding, the levels approach the explosive levels.

2) When shredder operations are not occurring, workers' breathing zone exposures in the Shredding room are at levels of concern.

b. IAQ and Ventilation. (See Appendix B)

1) For the first floor, the air change rate was 1 Air Change per 4.5 days (AC/day) with dirty filters. The Relative Humidity, Temperature, Respirable Particulate, and Carbon Dioxide levels are **non-compliant**.

2) For the basement floor, the air change rate was 1 Air Change per 4.5 days with the dirty filters. The Temperature, Respirable Particulate, and Carbon Dioxide levels are **non-compliant**. The Relative Humidity is controlled with many dehumidifiers.

3) Visible mold and biological was seen growing on ceiling tiles and cloth covered items like chairs and cubical walls.

c. Noise. The shredder section's workers are exposed to noise hazards. This quantitative measurement of noise levels allows for proper selection of hearing protection and enrollment in the Hearing Conservation Program. The workers noise levels were measured at an Upper Tolerance Level (UTL) of 85.2 dBA.

d. Personal Protective Equipment (PPE). PPE is required and was not worn. Therefore, the use of PPE is non-compliant. Respirator users need medically cleared and fit tested. (See Appendix C)

e. The Risk Assessment Code (RAC) for shredder operations is RAC 2 (serious health risk). The Fire Dept. and CAC Safety office need to evaluate risk to explosive dust potential.

3. Recommendations.

a. There is a concern for the shredder operations. Workers need to wear HEPA/P100 respirators when shredder operations are working because there is no dust exhaust system.

b. Coordinate with DIS to install a dust exhaust system to lower dust levels. Ensure supply air is adequate to support the exhaust. Ventilation levels and air flow ratios recommended for this operation is found in and published in American Conference of Governmental Industrial Hygienists (ACGIH) Twenty fourth Edition manual, "The Industrial Ventilation Handbook – A Manual of Recommend Practice", Table in Section 10 and American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 62-2004 "Ventilation for acceptable Indoor Air Quality" and are also required by Occupational Safety and Health Administration (OSHA)'s Title 29 CFR 1910.6. The OSHA regulation has adopted the ACGIH's and ASHRAE's recommended ventilation levels. The mechanical engineers can assist from DIS or CHPPM-Main if the command requests their assistance.

c. Coordinate with DIS to install the new ventilation systems in the building.

d. After new ventilation is installed, filters should be cleaned or replaced regularly (once/month to once/3 months). Air conditioner condensation should be drained to the outside or sewer. Due to debris, dirt, and biological materials in the air handlers and ductwork, these should be cleaned using HEPA filtered vacuum units.

e. All remaining surfaces with or without visible molds, fungi and mildew should be washed and disinfected. Clean with a dilute bleach solution (1:10 to 1:50 solution) or Wexcide (or other biocide chemical) as recommended by the Committee on Bioaerosols (ACGIH 1989).

f. Replace any water damaged ceiling tiles and cloth covered moldy furniture. Replace the basement carpet with vinyl floor tile.

g. In general, any condensation pans or drainage tubes in the HVAC systems should be checked on a regular basis. Drainage tubes that are plugged should be cleaned; drain pans should be emptied and slanted toward drains. Regular cleaning and maintenance of all systems components is a must. Add condensation tabs every 6 months.

h. The HEPA filtering units lower the biological and fiber materials in the office areas. Their use, with proper maintenance and sized to fit each room, is recommended.

i. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Remove trash daily.

j. The shredder personnel will be enrolled in the hearing conservation program. Because non-compliant exposures to employees are occurring, OSHA's regulation found in Title 29 CFR 1910.95 "Occupational Noise Exposure" comes into affect. "The employer shall administer a continuing, effective hearing conservation program, as described in paragraph (c) through (o) of this section, whenever employee noise exposures equal or exceed an 8-hour time-weighted average sound level (TWA) of 85 decibels measured on a A scale (slow response) or equivalently, a dose of fifty percent. For purposes of the hearing conservation program, employee noise exposures shall be computed in accordance with Appendix A and table G-16a, and without regard to any attenuation provided by the use of personal protective equipment." For the U.S. Army, DA PAM 40-501 "Hearing Conservation" and USAEHA Technical Guide No. 181 "Noise Dosimetry and Risk Assessment". These require installation Industrial Hygienists to determine group TWA for noise. This is done by "computing a one-sided Upper Tolerance Limit (UTL) for the 90^{th} percentile with a 75 percent confidence, based on the TWA measurements. A tolerance limit can be thought of as a confidence limit for a designated percentile of the parent distribution of individual measurements."

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

MCXN-PM (40-5f) 26 October 2006
SUBJECT: Industrial Hygiene Survey and Building Indoor Air Quality in BLDG #136

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. **Please post this report in an accessible location to insure all employees have access to it.** It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539 or karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
C, Fire Dept.
Occ Health,
Mr. Anaya, DIS
Mr. Vardaman, DOIM Safety

APPENDIX A

Air samples were taken on 24 October 2006 while shredder is not used and are reported in Parts Per Million (ppm) or Milligrams Per Cubic Meter (mg/m3) for the 8 hour Time Weighted Average (TWA):

BOLD is level of non-compliant.
Italic is level of concern.

LOCATION	CHEMICAL	WORKER EXPOSURE	Standard	Controlling Regulatory
Shredder Room	Aluminum	Waiting to test	2 mg/m3	ACGIH
Shredder Room	Beryllium	Waiting to test	.00002 mg/m3	ACGIH
Shredder Room	Cadmium	Waiting to test	.002 mg/m3	OSHA
Shredder Room	Chromium IV	Waiting to test	.005 mg/m3	ACGIH
Shredder Room	Cobalt	Waiting to test	.02 mg/m3	ACGIH
Shredder Room	Copper	Waiting to test	.1 mg/m3	OSHA
Shredder Room	Total Dust	Waiting to test	5 mg/m3	ACGIH
Shredder Room	Iron	Waiting to test	5 mg/m3	ACGIH
Shredder Room	Lead	Waiting to test	.05 mg/m3 .03mg/m3AL	OSHA
Shredder Room	Manganese	Waiting to test	.2 mg/m3	ACGIH
Shredder Room	Molybdenum	Waiting to test	3 mg/m3	ACGIH
Shredder Room	Nickel	Waiting to test	.1 mg/m3	ACGIH
Shredder Room	Zinc	Waiting to test	5 mg/m3	OSHA
Shredder Room	Respirable Particulate	*.5 mg/m3* *Peak is 3.9 mg/m3*	3 mg/m3	ACGIH

BOLD is level of non-compliant.
Italic is level of concern.

LOCATION	CHEMICAL	WORKER EXPOSURE	Standard	Controlling Regulatory
CD Shredder	Aluminum	Waiting to test	2 mg/m3	ACGIH
CD Shredder	Beryllium	Waiting to test	.00002 mg/m3	ACGIH
CD Shredder	Cadmium	Waiting to test	.002 mg/m3	OSHA
CD Shredder	Chromium IV	Waiting to test	.005 mg/m3	ACGIH
CD Shredder	Cobalt	Waiting to test	.02 mg/m3	ACGIH
CD Shredder	Copper	Waiting to test	.1 mg/m3	OSHA
CD Shredder	Total Dust	Waiting to test	5 mg/m3	ACGIH
CD Shredder	Iron	Waiting to test	5 mg/m3	ACGIH
CD Shredder	Lead	Waiting to test	.05 mg/m3 .03mg/m3AL	OSHA
CD Shredder	Manganese	Waiting to test	.2 mg/m3	ACGIH
CD Shredder	Molybdenum	Waiting to test	3 mg/m3	ACGIH
CD Shredder	Nickel	Waiting to test	.1 mg/m3	ACGIH
CD Shredder	Zinc	Waiting to test	5 mg/m3	OSHA
CD Shredder	Respirable Particulate	Waiting to test	3 mg/m3	ACGIH

These health exposure level standards are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

APPENDIX B

Indoor Air Quality samples were taken on 24-25 October 2006 shift to assess the worker exposures during a normal workday.

BOLD is non-compliant. With Dirty Filters

Location	Substance	Exposure Results	Standard	Regulatory
Shredder Room 24-25 Oct 2006	Air Changes	**1AC/4.5 days 1AC/.01 hour**	Contact DIS for Standards	ASHRAE 62-2004
Shredder Room 24-25 Oct 2006	Temperature	**74 deg F**	68-72degF	US Army Energy Conservation Regulation
Shredder Room 24-25 Oct 2006	Relative Humidity	**24%**	30-60%	ASHRAE 62-2004
Shredder Room 24-25 Oct 2006	Carbon Dioxide	692 ppm	1,000 ppm	ASHRAE 62-2004
Shredder Room 24-25 Oct 2006	Respirable Particulate	**.5 mg/m3 Peak is 3.9 mg/m3**	.05 mg/m3	EPA

BOLD is non-compliant. With Dirty Filters

Location	Substance	Exposure Results	Standard	Regulatory
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Air Changes	**1AC/4.5 days 1AC/.01 hour**	Contact DIS for Standards	ASHRAE 62-2004
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Temperature	69 deg F	68-72degF	US Army Energy Conservation Regulation
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Relative Humidity	37%	30-60%	ASHRAE 62-2004
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Carbon Dioxide	771 ppm	1,000 ppm	ASHRAE 62-2004
Basement "Application Area" room 7 & "Desk Top Area" 24-25 Oct 2006	Respirable Particulate	**.2 mg/m3 Peak is .59 mg/m3**	.05 mg/m3	EPA

These health exposure level standards are used IAW AR 40-5, "Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". The Army regulation requires the use of the most stringent health standard.

Outside on 24 October 2006	Temperature	Min 34- avg 46- max 57 deg F
Outside on 24 October 2006	Relative Humidity	36%min- 53%avg-69%max
Outside on 24 October 2006	Carbon Dioxide	210 ppm

APPENDIX C

Personal Protective Clothing and Equipment:

Type of PPE	Required	Available	Worn as needed by all
Respirator:			
- Shredder Operations 1/2 face with P100 filter	YES	NO	NO
Eyes/Face Protection:			
- Safety Impact Goggles	YES	NO	NO
Hearing Protection:			
- Muffs or Plugs	YES	NO	NO

Required by 29 CFR 1910.132 "Personal Protective Equipment" Paragraph (a) General Requirements states "Application. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used and maintained in a sanitary and reliable condition whenever it is necessary by reason of hazards of process or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact."

Respirator required IAW 29 CFR 1910.134 "Respiratory Protection", AR 11-34 "The Army Respiratory Protection Program", and CAC & FT LVN Regulation 385-1 "CAC Safety Program."

Eyes/Face Protection IAW 29 CFR 1910.133 "Eye and Face Protection"

Hearing Protection IAW 29 CFR 1910.95 "Occupational Noise Exposure" (i)

DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
3851 ROGER BROOKE DRIVE
FORT SAM HOUSTON TX 78234-6200

MCHE-DHI

4 September 2007

MEMORANDUM FOR Commander, (ATTN: Mr. Michael Reilly), (UIC W6B7AA), DOIM, Fort Leavenworth, KS 66027

SUBJECT: Industrial Hygiene Survey – Fort Leavenworth DOIM, Building 136

1. **REFERENCES.**

a. AR 40-5, Preventive Medicine, 22 July 2005.

b. Title 29, Code of Federal Regulations (CFR), Part 1910, revised 2004, Occupational Safety and Health Standards.

c. ASHRAE Standard 62.1 - 2004, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta GA.

d. ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta GA.

e. Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

f. Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

g. Industrial Ventilation, 25th Edition, American Conference of Governmental Industrial Hygienists (ACGIH), 2004.

h. MIL-HDBK-1191, Architectural and Engineering Design Requirements, 09 July 2002.

i. TG 181, Noise Dosimetry and Risk Assessment, August 1999.

j. Title 29, Code of Federal Regulations (CFR), Part 1910.95, Occupational Safety and Health Standards.

k. DA PAM 40-501. Hearing Conservation Program, 10 December 1998.

l. NIOSH Publication No. 98-126, Occupational Noise Exposure, June 1998.

2. **PURPOSE.** To report the findings of an industrial hygiene survey conducted in Building 136 on 22- 23 August 2007. Survey was conducted by Mr. Scott Bentley, Great Plains Regional Industrial Hygiene Program Manager, Mr. Kurt Greebon, Brooke Army Medical Center Industrial Hygiene Services, LT Jacob Derivan, Environmental Science Office (ESO) , Ft. Leavenworth, KS and Mr. Karl Gibson, MAHC Industrial Hygienist, Ft. Leavenworth, KS

3. **BACKGROUND.**

a. On 15 August 2007, Great Plains Regional Medical Command (GPRMC) Industrial Hygiene Program Manager received a request from COL Carmen Rinehart, Commander, Munson Army Health Center (MAHC), Ft. Leavenworth, KS to evaluate concerns about the air quality in the Directorate of Information Management (DOIM) Building 136 and the possibility that contaminants might be causing health effects experienced by some employees. Primary health concerns were: frequent sinus infections, eye irritation and upper respiratory infections. The GPRMC IH Program Manager was supplied with electronic copies of indoor air quality reports prepared by Mr. Karl Gibson, MAHC Industrial Hygienist on 26 October 2006 and 16 April 2007. These reports included the monitoring results for temperature, relative humidity, carbon monoxide, carbon dioxide and dust levels in the facility. Listed exposures included respirable particulate, dirty air ducts and vents, inadequate fresh air/air changes, other airborne contaminants and general housekeeping issues.

b. A site visit was conducted on 21 August 2007 for the purpose of observing conditions and to familiarize GPRMC and BAMC personnel with the building layout. Mr. Michael Reilly, MEO Program Manager for the facility accompanied the team on the walkthrough of all employee occupied and storage areas in the building. There are currently five (5) work areas within DOIM operations located in Building 136: (1) Email Team; (2) Application and Security Area; (3) Help Desk and (4) the Print Room and the (5) UPS Room. See Photos 1,2,3 and 5. Mr. Reilly explained the building is currently undergoing major renovation to include installation of new heating, ventilation and air conditioning (HVAC) systems, new lighting, interior walls, ceilings and flooring. Construction work on Phase 1 is scheduled for completion in December 2007. At the time of this survey, nearly 75% of the building was unoccupied and under renovation. Once Phase 1 is completed, the work group will relocate to the new space and the remainder of the building will be renovated. Proper construction barriers have been installed to minimize dust and prevent dirt from infiltrating into occupied areas of the building.

c. Mr. Reilly further explained that Building 136 currently houses the majority of the Ft. Leavenworth DOIM activities. There are approximately 50 employees assigned to work in the building. The current employee occupancy is at about one-third of design capacity. A review of the occupancy demographics show the civilian workforce to be 40% female and 60% male with a median age of 52 years. There are two (2) active-duty military personnel assigned to work in the Military Intelligence office in Building 136 approximately 1 hour per day. The majority of DOIM employees are classified as GS-2210-12 (Information Technology Management) level and above with 17 plus years work experience.

d. During the interview, Mr. Riley reported some employees complain about upper respiratory (UR) illnesses and eye irritation (dryness). He further stated that most of the symptoms are reported during "seasonal" periods (e.g., cold/flu season; allergy season, etc). In addition, there have been reported cases of conjunctivitis, and other related medical conditions among the workers. Mr. Reilly stated that many of the employees reporting symptoms feel that their symptoms/illness are due to work-related exposure (e.g., indoor air quality, dust/dirt, etc). Mr. Reilly has not identified any significant trends in absenteeism and/or illness among the work group.

e. The building showed no signs of active water intrusion or mold and no perceptible odors were detected during the walkthrough. Slight differences in perceptible temperatures or air flows were observed but were not obviously affecting the employee-occupied areas. Visible dust was observed on the metal surface of some of the air supply vent covers with the source of dust seeming to be surface collection of dust from room air. No rust or signs of condensation were observed on the metal duct surfaces.

f. Visual observation of employee occupied areas found evidence of poor housekeeping. Mr. Reilly recognizes the need for improved housekeeping throughout the current occupied areas of the building. The survey team observed employees eating and drinking at their workstations, trash receptacles were overflowing and/or had not been emptied, numerous storage boxes stacked throughout the facility, many work areas appeared unkempt and cluttered, etc.

g. A return visit was conducted on 22 August 2007 to further investigate the conditions in the building. Indoor and outdoor measurements for indoor air quality parameters (temperature, relative humidity, and carbon dioxide concentration) were made using a TSI Q-trak ™ indoor air quality monitor. In addition, ventilation and noise level and ozone measurements were taken.

4. INSTRUMENTATION.

a. TSI, Model 8760, S/N 57030281, calibrated 19 March 07.

b. Alnor Flow Hood, Model 85870, S/N 02017018, calibrated on March 1 2007.

c. Dräger Analyzer, Model CMS, S/N ARMS 25-0100.

d. Quest Noise Dosimeter, Model 2700, S/N HUN080006, calibrated 14 Dec 2006.

e. Quest Acoustical Calibrator, Model QC-10 S/N QIB07178, calibrated 14 Dec 2006.

f. Quest Octave Band Filter, Model OB-100, S/N HNB080017, calibrated 14 Dec 2006.

5. STANDARDS.

a. Relative Humidity (RH): 30-60% (to minimize microbial growth).

b. Temperature Range (T): 73-79 F in summer months and 68-74.5 F in the winter.

c. Carbon Dioxide (CO_2) Level: No greater than 700 ppm above outdoor levels. This level is not considered a health risk. CO_2 concentration is used as an indicator of indoor air quality.

d. Ozone Level: Less than the OSHA 8-hour time-weighted average (8 hr-TWA) of 0.1 parts per million (ppm).

e. Air Exchange Rate: Recommended minimum air exchange rate is 4 air changes per hour. (AC/hr).

f. Ambient Noise Levels: NIOSH and ACGIH propose exposure criteria of 85 dB(A) as a TWA for 8 hours, 5 dB less than the OSHA standard. These criteria also uses a more conservative 3 dB time/intensity trading relationship in calculating exposure limits.

g. Temperatures for computer terminal/server rooms 68°F in accordance with MIL-HDBK-1191, Architectural and Engineering Design Requirements, 09 July 2002.

6. FINDINGS.

a. Results for the measurements in specific areas of the building are provided in TABLE 1 through TABLE 4 below.

b. INDOOR AIR QUALITY PARAMETERS. In general, measurement values for indoor air quality parameters (temperature, relative humidity and carbon dioxide levels) monitored during the site visit were within recommended ranges in all areas of the building. The exception was the slightly elevated relative humidity in the UPS Room and Help Desk Area served by a non-operational HVAC unit. With construction, these areas are directly adjacent to non-conditioned unoccupied areas of the building. Man-cooling fans were provided to help maintain the ambient room temperature and relative humidity at a more comfortable level.

TABLE 1
IAQ PARAMETERS

Room #	Temp (F°)	RH (%)	CO_2 (ppm)	Comments
Outside	[illegible]	[illegible]	[illegible]	Outside relative humidity is greater than 60%.
Help Desk Room	[illegible]	[illegible]	[illegible]	Currently HVAC system supplying this room is inoperative.
Print Room	72.1	[illegible]	[illegible]	
UPS Room	65.2*	[illegible]	[illegible]	* Unoccupied space. Temperature complies with design criteria for computer rooms.
Application and Security Area (center)	69.8*	[illegible]	[illegible]	* Intermittent occupancy. Temperature complies with design criteria for computer rooms.
Application and Security Area (entry)	71.1*	[illegible]	[illegible]	* Intermittent occupancy. Temperature complies with design criteria for computer rooms.
Email Team General Area (entry)	[illegible]	[illegible]	[illegible]	
Email Team General Area (center)	[illegible]	[illegible]	[illegible]	
Key:	Within recommended guidelines		Borderline	Outside recommended guidelines

c. PARTICLES IN INDOOR SPACES. There are no existing standards for allowable numbers of small particles in indoor spaces. However, some researchers have shown small particles can be irritating to building occupants. In this evaluation, the data collected by Mr. Gibson, MAHC Industrial Hygienist, on 26 October 2006 and 17 April 2007 was reviewed and analyzed. The data collected was used qualitatively as a means of real-time determination of difference in particle counts in separate areas of the building. Differences in particle counts between areas would have been compared to determine if those differences coincided with area where employees reported problems. While slightly higher numbers were reported in some areas surveyed, the counts were not strikingly different and were similar to concentrations found in non-problem buildings[1].

d. OZONE MEASUREMENTS. Direct-reading general area air samples to determine employee exposure levels to ozone were collected using a Dräger CMS analyzer equipped with Dräger CMS chips, part number 6406430. There was no documented exposure to ozone at the time of survey. Ozone levels were measured at below the limit of detection (> 0.025 parts per million (ppm). Measurements were below the 8-hour time weighted average (8 hr-TWA) of 0.10 ppm.

TABLE 2
OZONE MEASUREMENTS

Room	Ozone concentration, TWA = 0.1 ppm	Comments
Email Team Area	[redacted]	Result below instrument detection limit.
Application and Security Area	[redacted]	Result below instrument detection limit.
UPS Room	[redacted]	Result below instrument detection limit.
Key:	[redacted]	Borderline [redacted]

e. CALCULATED AIR EXCHANGE RATES. Measurements to evaluate AC/hr were taken in the Applications and Security Area and the Print Room using the Alnor Flowhood Balometer. TABLE 3 shows calculated air exchange rates meet or exceed the ASHRAE recommended 4 AC/hr design criteria for computer rooms, etc. See attached Industrial Ventilation Survey Worksheets for detailed information (Enclosure1).

TABLE 3
VENTILATION MEASUREMENTS

Room	AC/hr	Comments
Print Room	[redacted]	
Application and Security Area	[redacted]	Intermittent occupancy
Key:	[redacted]	Borderline [redacted]

f. NOISE LEVEL MEASUREMENTS.

(1) Sound level measurements were taken throughout the occupied work areas using the Quest Model 2700 Sound Level Meter (SLM). The noise exposures measured in the survey were less than the evaluation criteria (85 dBA 8-hr TWA).

(2) Area octave band sound measurements were made at all four of the occupied areas in use in Building 136. Multiple noise readings were collected at each operator position. Median noise levels were calculated for the octave bands and overall levels at each work area. The median overall sound levels measured in the server room ranged from 70 to 75 dBA. For the Email Team General Area, the median overall levels ranged from 59.4 to 69.6 dBA. The median octave bands at each measurement site were charted on TABLE 4. Each work area has a similar pattern, maximum sound energy in the 16 and 31.5 Hz bands and a second area of higher energy in the 500 and 1000 Hz bands. The lower frequencies are the result of the ventilation system(s) in each the office area. The higher frequencies are the result of conversations in the work areas.

(3) When the octave band sound pressures were compared to the equivalent A weighted sound level and were determined to be below the 85 dBA 8-hour time weighted average.

(4) Results of the noise surveys conducted are also documented on DD Form 2214, Noise Survey (Enclosure 2).

g. HVAC VISUAL INSPECTION. A visual inspection of the operational HVAC units was made. All HVAC units were made by the same manufacturer and appeared to be the same age. Many of the units were running at the time of the inspection and appeared to be cycling appropriately. The interior of the units appeared clean and well maintained. Building maintenance records showed that the filters on all units are replaced on a *quarterly* basis. A visual inspection of the filters shows normal amounts of material and no rips or tears in the filter material. The condensate pan was clean and did not show signs of corrosion, mineral deposits, and microbial growth.

7. RECOMMENDATIONS.

Based on the findings and observations of this survey, there were no conditions or activities identified that would be obvious indicators of current or potential indoor air quality problems. The following recommendations are made to improve the work environment within DOIM:

a. **Indoor Air Quality**.

(1) The dust on the air supply vent surfaces should be wiped clean and maintaining the vent surfaces should be added to the cleaning activities for general building maintenance. Specifically, air supply vent surfaces in the UPS Room are dirty (Photo 4) and return air grilles were obstructed in the Application and Security Area (Photo 6).

(2) Respond to water leaks as they occur and provide for thorough methods of discovery for identifying and correcting water damage or mold.

(3) Implement a reporting system for conditions or concerns that may adversely effect indoor air quality in Building 136.

b. **Facility Maintenance/ General Housekeeping**:

(1) General Housekeeping. General housekeeping practices and techniques need improvement. During our interview, Mr. Reilly indicated that employees currently perform a weekly clean up of the work area. High dusting is performed *biannually* by employees and *annually* by contract. Consider developing a more robust housekeeping schedule for the work area.

(2) Asbestos Containing Material (ACM). The surveyors noted detriorated/damaged 9x9 floor tiles present in the break area currently under renovation. It was unclear whether or not these asbestos-containing floor tiles are scheduled for removal. It is strongly recommended that this floor covering be removed and diposed of in accordance with state/local regulations.

8. Risk Assessment Code 4 (RAC 4) is assigned to the above discrepancies. Risk assessment is an expression of potential loss, described in terms of hazard severity, mishap probability, and exposure to hazard. The RACs expressed as numerical values ranging from 1 to 5, with 1 representing the greatest health risk.

9. For further information regarding this building assessment please contact Mr. Scott D. Bentley at (210) 295-2608 or Mr. Kurt Greebon at (210) 295-2587.

Enclosures: (2)

SCOTT D. BENTLEY
GPRMC Regional IH Program Manager

CF:

TABLE 4
NOISE MEASUREMENTS

Room# / App. Sec. Area	dBA	Octave Band Measurements: Linear	31.5	63	125	250	500	1K	2K	4K	8K	16K
A												
B												
C												
D												
E												
F												
G												
H												
I												
Email Team General Area												
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
UPS Room												
A												
B												
C												
Print Room												
A												
B												
C												
Help Desk												
A												
B												
C												
D												

Key: Within guidelines | Borderline | Outside guidelines

Building 136 Photographs

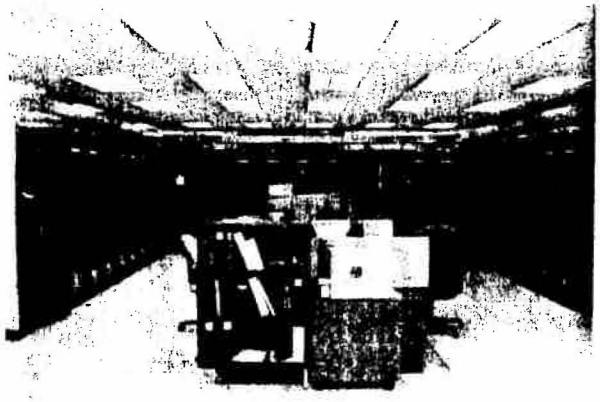


Photo 1 – Application and Security Area

Photo 2 – E-mail Team General Work Area

Photo 3 – UPS Room

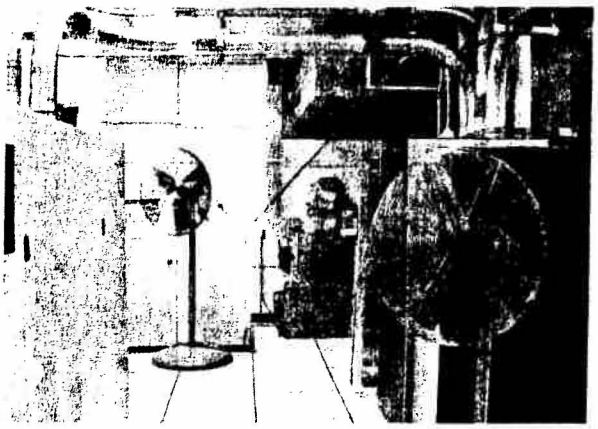


Photo 4 - UPS Room dirty supply air register

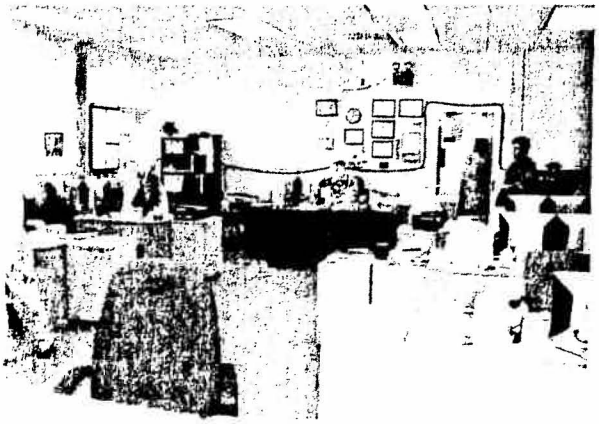


Photo 5 - Help Desk Room

Photo 6 – Obstructed Return in Applications / Security Area

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REPLY TO
ATTENTION OF

WC

MCXN-PM (40-5f)

5 September 2006

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Garrison Commander, BLDG #198, Fort Leavenworth, Kansas, 66027
Officer of Staff Judge Advocate, OSJA, BLDG #244, Fort Leavenworth, Kansas, 66027

SUBJECT: August 2006 SJA Requested Industrial Hygiene Survey of Fort Leavenworth's OSJA Offices, BLDG #244

1. The purpose of the SJA's requested Industrial Hygiene survey was to look at current fungal and skin cell fragment levels on 29-31 August 2006 in the SJA offices and provide guidance on the utilization of appropriate control measures to protect the civilian and military employees from recognized occupational, safety, and health hazards.

2. Findings.

a. Biological. The testing showed **above recommended** levels of fungi and skin cells in the air in all areas. The basement's old library had standing water from leaks. The many sources of indoor contaminants release hundreds, perhaps thousands of chemical and biological agents into the air. These contaminants do not exist in isolation; they are present in complex mixtures which have been referred to as "chemical soups." Exposure to air inside buildings can result in specific diseases and a variety of health complaints that are primarily acute, but can cause chronic effects. The conditions are generally closely related in time to the individual's presence in the building. There is also concern that exposure to contaminants in building environments could result in possible chronic effects such as noncancerous respiratory diseases. The minimum ventilation levels are set to provide enough air to have "Acceptable indoor air quality." (See APPENDIX A)

b. Ventilation. In all the work areas, ventilation systems were **non-compliant**. Insufficient fresh or outside air was being provided to work areas. Carbon Dioxide and Relative Humidity levels are **non-compliant.** Mr. Golden's Office and Room 104 has temperature control problems. Mr. Golden's Office and Room 104 has Carbon Monoxide present, but compliant levels. Carbon Dioxide levels are **non-compliant.** Maintaining a steady-state CO2 concentration in a space no greater than 700 ppm above outdoor air levels will indicate that a substantial majority of occupants entering a space will be satisfied with respect to human bioeffluents (body order). The offices have temperature control problems and have Carbon Monoxide present, but compliant levels. (See APPENDIX B)

3. Recommendations.

a. The SJA working with DIS needs to stop water leaks and clean visible mold growth. Replace missing or water stained ceiling tiles and moldy ceiling tiles. Keep the workers from the building basement's old library room.

b. The SJA working with DIS should provide a regular cleaning and maintenance of all systems components is a must. The exterior vents need to be opened and proper screens installed to prevent animal entry. The reasons for carbon monoxide need to be found and system leaks repaired.

c. The SJA working with DIS should provide a regular filters cleaning or replacement (quarterly) for the building and individual room units. Air conditioner condensation should be drained to the outside. Add chlorine tabs in drip pans to reduce mold and fungi growth.

d. SJA should provide HEPA filtering units to lower the biological and fiber materials in the office area. Their use 24/7, with proper maintenance and sized to fit each room, is recommended.

e. SJA institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, cleaning window sashes and sills, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Provide HEPA vacuums to sweep areas. Remove trash daily.

f. SJA needs to report any water leaks from the floors, walls and ceilings to DIS so they can immediately fix and dry the areas within 24-48 hours so biological growth can be prevented.

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program". This information should be provided to the supervisors to inform the employees. Please post this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have a chance to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic detail safety briefings.

MCXN-PM (40-5f) 5 September 2006
SUBJECT: August 2006 SJA Requested Industrial Hygiene Survey of Fort Leavenworth's OSJA Offices, BLDG #244

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539, karl.gibson@cen.amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
D, DIS
SJA – Mr. Golden
M, DIS HVAC
CAC Safety
Occ Health

APPENDIX A

Air sampling for every known mold, mold spore, fungi, and skin cells was conducted. DA guidance states that levels should be maintained below the outside levels. The health standard exposure levels are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

Location	Acceptable Outside 29 August	Airborne Total Fungal Spores 29 August	Airborne Skin Cell Fragments 29 August
Basement Old Library	*57 C/m3*	**22,160 C/m3**	1,780 F/m3
Basement Tax waiting by Station 5 & 6	*57 C/m3*	**3,600 C/m3**	2,730 F/m3
Basement Center Tax Center	*57 C/m3*	**1,020 C/m3**	5,600 F/m3
Room 104	*57 C/m3*	**8,940 C/m3**	3,420 F/m3
Room 116A	*57 C/m3*	**7,640 C/m3**	1,850 F/m3
Room 120	*57 C/m3*	**2,070 C/m3**	7,900 F/m3
Room 202	*57 C/m3*	**910 C/m3**	3,520 F/m3
Room 209B	*57 C/m3*	**7,910 C/m3**	5,600 F/m3
Room 214	*57 C/m3*	**3,100 C/m3**	2,080 F/m3

APPENDIX B

Measurements were taken on 29-31 August 2006 day shifts to assess the worker exposures during a normal workday
Bold are non-compliant areas.

First Floor

Substance	Room 104 Exposure Results	Judge's Chambers Exposure Results	Standard	Regulatory
Air Changes	**.09 AC/hr** **.9 AC/day**	**.17 AC/hr** **1.7 AC/day**	See DIS for standards	ASHRAE 62-1989 ASHRAE 62-2001 ASHRAE 62-2004
Temperature	**70 deg F**	75 deg F	68-72degF winter 72-78degF summer	US Army Energy Conservation Regulation
Relative Humidity	**69%**	**68 %**	30-60%	ASHRAE 62-1989 ASHRAE 62-2001 ASHRAE 62-2004
Carbon Dioxide	**1,790 ppm**	**1,066 ppm**	1,000 ppm 5,000 ppm	ASHRAE 62-1989 ASHRAE 62-2001 ASHRAE 62-2004 OSHA 29 CFR 1910
Carbon Monoxide	2 ppm	0 ppm	9 ppm 25 ppm	EPA ACGIH

Second Floor

Substance	Room 209 Exposure Results	Mr. Golden's Office Exposure Results	Standard	Regulatory
Air Changes	**.08 AC/hr** **.8 AC/day**	**.04 AC/hr** **.4 AC/day**	See DIS for standards	ASHRAE 62-1989 ASHRAE 62-2001 ASHRAE 62-2004
Temperature	75 deg F	**69 deg F**	68-72degF winter 72-78degF summer	US Army Energy Conservation Regulation
Relative Humidity	**68%**	**66 %**	30-60%	ASHRAE 62-1989 ASHRAE 62-2001 ASHRAE 62-2004
Carbon Dioxide	**1,813 ppm**	**1,873 ppm**	1,000 ppm 5,000 ppm	ASHRAE 62-1989 ASHRAE 62-2001 ASHRAE 62-2004 OSHA 29 CFR 1910
Carbon Monoxide	0 ppm	1 ppm	9 ppm 25 ppm	EPA ACGIH

Outside on 29 Aug 2006	Temperature	Min 62- avg 71- max 80 deg F
Outside on 29 Aug 2006	Relative Humidity	48 %min- 71% avg- 93 %max
Outside on 29 Aug 2006	Carbon Dioxide	200 ppm

Outside on 30 Aug 2006	Temperature	Min 62- avg 72- max 82 deg F
Outside on 30 Aug 2006	Relative Humidity	45 %min- 69 % avg- 93 %max
Outside on 30 Aug 2006	Carbon Dioxide	200 ppm

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REPLY TO
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MCXN-PM (40-5f) 7 January 2009

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Garrison Commander, BLDG #198, Fort Leavenworth, Kansas, 66027
Officer of Staff Judge Advocate, OSJA, BLDG #244, Fort Leavenworth, Kansas, 66027
CAC Safety, BLDG #198 Fort Leavenworth, Kansas 66027

SUBJECT: 2008 SJA Requested Industrial Hygiene Indoor Air Quality for BLDG #244 – OSJA Visit #1 on 3 September 2008

1. **REFERENCE.** DA Pam 40–503, Industrial Hygiene Program; 10/30/2000

2. **PURPOSE.** To report the findings of an indoor air quality (IAQ) facility assessment conducted at the OSJA Offices, BLDG # 244, on 3 September 2008 by Mr. Karl Gibson, MAHC Department of Preventive Medicine's Industrial Hygienist (IH) and Industrial Hygiene Program Manager. The MFR covering the specific findings and is available upon request.

3. **CONCLUSIONS.**

a. Does the building or its operations pose a Health Hazard that currently violates an occupational health standard for IAQ? No, it does not appear at this time to be in violation of any occupational health standards. However, there may be employees that are sensitive to items that are not regulated.

b. Does the building or its operations have environmental factors or stressors, arising in or from the workplace, which may cause sickness, impaired health and well being, or significant discomfort and inefficiency among workers? Based on interviews with management and employees, reviewing Building Occupant Indoor Air Quality Questionnaires, and limited spot checking – there is the potential for environmental factors to cause problems, but not health hazards.

4. **RECOMMENDATIONS.**

a. IAW TG 278, Industrial Hygiene/ Preventive Medicine Mold Assessment Guide, dated

February 2002, fix water leaks in the basement walls and floors, ceilings, walls, and windows. If mold is found, determine the size of mold, and plan remediation IAW TG 277, Army Facilities Management Information Document on Mold Remediation Issues date February 2002.

b. IAW AR 420–1 Army Facilities Management; dated 12 February 2008, ensure the ventilation systems are operating properly, balanced, and allow proper amounts of non-contaminated outside air flows to enter the work space. Fix temperature controls.

5. **BACKGROUND.** The purpose of the IAQ facility assessment, which was requested by management, is to document employee input and conditions occurring in the building. Management and employees complained that the air was stuffy, odors were present, and temperatures would fluctuate.

a. IAQ problems can be caused by improperly operated and maintained heating, ventilating, and air conditioning (HVAC) systems, overcrowding, microbiological contamination, outside air pollutants, and off gassing from materials in the office and mechanical equipment. Related problems also may include comfort problems due to improper temperature and relative humidity conditions, poor lighting, and unacceptable noise levels, as well as adverse ergonomic conditions and job-related psycho-social stressors.

b. Investigations of IAQ often fail to identify any harmful levels of specific toxic substances. However, employee complaints may result from items such as odors, low-level contaminants, poor air circulation, thermal gradients, humidity, job pressures, lighting, work-station design, or noise.

c. Mr. Gibson provided Building Occupant Indoor Air Quality Questionnaires with 1LT Derivan's "Mold in the Environment" memorandum dated 20 November 2007. He observed water leaks and visible mold growth with missing or water stained ceiling tiles, walls, and floors; and smelled musty, moldy odors. Mr. Gibson measured for comfort problems due to improper particulate, temperature and relative humidity conditions. It is unclear at this time what the level of risk, if any, malfunctions of the HVAC systems pose to the building occupants.

MCXN-PM (40-5f) 7 January 2009
SUBJECT: 2008 SJA Requested Industrial Hygiene Indoor Air Quality for BLDG #244 – OSJA Visit #1 on 3 September 2008

6. Questions or concerns may be directed to Mr. Karl Gibson, Industrial Hygienist and Industrial Hygiene Program Manager at (913) 684-6539 or karl.gibson@amedd.army.mil.

BEVERLY JEFFERSON
LTC, AN
Chief, Preventive Medicine

CF:
MAHC Occ Health Services
D, DPW/DOL

DEPARTMENT OF THE ARMY
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Officer of Staff Judge Advocate, OSJA, BLDG #244, Fort Leavenworth, Kansas, 66027
CAC Safety, BLDG #198 Fort Leavenworth, Kansas 66027

SUBJECT: 2008 SJA Requested Industrial Hygiene Indoor Air Quality for BLDG #244 – OSJA Visit #2 on 18 December 2008

1. **REFERENCE.** DA Pam 40–503, Industrial Hygiene Program; 10/30/2000

2. **PURPOSE.** To report the findings of a second indoor air quality (IAQ) facility assessment conducted at the OSJA Offices, BLDG #244 on 18 December 2008 by Mr. Karl Gibson, MAHC Department of Preventive Medicine's Industrial Hygienist (IH) and Industrial Hygiene Program Manager. The MFR covering the specific findings and is available upon request.

3. **CONCLUSIONS.**

a. Does the building or its operations pose a Health Hazard that currently violates an occupational health standard for IAQ? No, it does not appear at this time to be in violation of any occupational health standards. However, there may be employees that are sensitive to items that are not regulated.

b. Does the building or its operations have environmental factors or stressors, arising in or from the workplace, which may cause sickness, impaired health and well being, or significant discomfort and inefficiency among workers? Based on interviews with management and employees, reviewing Building Occupant Indoor Air Quality Questionnaires, and limited spot checking – there is the potential for environmental factors to cause problems, but not health hazards.

4. **RECOMMENDATIONS.**

a. IAW TG 278, Industrial Hygiene/ Preventive Medicine Mold Assessment Guide, dated

February 2002, fix water leaks in the basement walls and floors, ceilings, walls, and windows. If mold is found, determine the size of mold, and plan remediation IAW TG 277, Army Facilities Management Information Document on Mold Remediation Issues date February 2002.

b. IAW AR 420–1 Army Facilities Management; dated 12 February 2008, ensure the ventilation systems are operating properly, balanced, and allow proper amounts of non-contaminated outside air flows to enter the work space. Fix temperature controls.

5. **BACKGROUND.** The purpose of the IAQ facility assessment, which was requested by management, is to document employee input and conditions occurring in the building. Management and employees complained that the air was stuffy, odors were present, and temperatures would fluctuate (generally cold in the winter).

a. IAQ problems can be caused by improperly operated and maintained heating, ventilating, and air conditioning (HVAC) systems, overcrowding, microbiological contamination, outside air pollutants, and off gassing from materials in the office and mechanical equipment. Related problems also may include comfort problems due to improper temperature and relative humidity conditions, poor lighting, and unacceptable noise levels, as well as adverse ergonomic conditions and job-related psycho-social stressors.

b. Investigations of IAQ often fail to identify any harmful levels of specific toxic substances. However, employee complaints may result from items such as odors, low-level contaminants, poor air circulation, thermal gradients, humidity, job pressures, lighting, work-station design, or noise.

c. Mr. Gibson provided Building Occupant Indoor Air Quality Questionnaires with 1LT Derivan's "Mold in the Environment" memorandum dated 20 November 2007. He observed water leaks and visible mold growth with missing or water stained ceiling tiles, walls, and floors; and smelled musty, moldy odors. Mr. Gibson measured for comfort problems due to improper particulate, temperature and relative humidity conditions. It is unclear at this time what the level of risk, if any, malfunctions of the HVAC systems pose to the building occupants.

MCXN-PM (40-5f) 7 January 2009
SUBJECT: 2008 SJA Requested Industrial Hygiene Indoor Air Quality for BLDG #244 – OSJA Visit #2 on 18 December 2008

6. Questions or concerns may be directed to Mr. Karl Gibson, Industrial Hygienist and Industrial Hygiene Program Manager at (913) 684-6539 or karl.gibson@amedd.army.mil.

BEVERLY JEFFERSON
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MAHC Occ Health Services
D, DPW/DOL

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f)

15 November 2005

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director of Operations, TRADOC A/DCSINT-Threats, BLDG #53, Fort Leavenworth, Kansas, 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas, 66027

SUBJECT: BLDG #53 Indoor Air Quality Survey of Basement Offices

1. The purpose of the TRADOC A/DCSINT-Threats requested Industrial Hygiene survey conducted on 7 November 2005 was to provide guidance of the utilization of appropriate control measures to protect the military soldiers from recognized occupational and health hazards in the basement offices, BLDG #53.

2. Findings.

a. The same problems are present as identified in the 31 October 2001 memorandum, SUBJECT: First Quarter FY 2002 Industrial Hygiene Survey of Fort Leavenworth's BLDG #53, Basement Vault.

b. The testing showed **above recommended** levels of fungi and skin cells in the air in all areas.

c. Carpeted floors have been saturated with water; this is evident by visible water stains on carpeting. There are visible water stains on floors and walls. The clothe walls (especially the blue walls) have visible mold growth. There are no HEPA air cleaners. There are no HEPA vacuum cleaners in the basement. Ducts are dirty and mold growth is present on room heat exchangers. (See Appendix A for results)

3. Recommendations.

a. Remove the workers from the building basement and keep the office closed.

b. In these areas for re-occupancy, efforts to control water, microbial growth and the dispersion of allergens in the office setting should initially focus on removing the offending agents and contaminated material. After initial control has been achieved, the basic requirements for growth (food and Water) should be removed and good housekeeping activities should be maintained.

c. Remove all damaged clothe walls, stained ceilings, insulation, cloth covered office furniture. Historical review of work will be required. Due to debris, dirt, and biological materials in the work area, it should be cleaned using HEPA filtered vacuum units and workers be protected. All hard surfaces with or without visible molds, fungi and mildew should be washed and disinfected.

d. Due to debris, dirt, and biological materials in the work area air handler and ductwork should be cleaned using HEPA filtered vacuum units. All surfaces with or without visible molds, fungi and mildew should be washed and disinfected. A dilute bleach solution (1:10 to 1:50 solution) is recommended. Stronger solutions may be needed.

e. Biological air testing should be conducted after removal and cleanup to verify the biological removal.

f. Adequate ventilation and proper Personal Protection Equipment (PPE): (HEPA respirators, eye protection and coveralls) should be used during cleaning. Workers should shower before going home.

g. Regular cleaning and maintenance of all systems components is a must. The exterior vents need to be opened and proper screens installed to prevent animal entry.

h. Filters should be cleaned or replaced regularly (once/month to once/3 months) for the building and individual room units. Air conditioner condensation should be drained to the outside. Add chlorine tabs to reduce mold and fungi growth.

i. The HEPA filtering units lower the biological and fiber materials in the office area. Their use, with proper maintenance and sized to fit each room, is recommended.

j. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Provide HEPA vacuums to sweep areas. Remove trash daily.

k. Report any water leaks from the floors, walls and ceilings to DIS so they can immediately fix and dry the areas within 24-48 hours so biological growth can be prevented. Replace stained ceiling tiles.

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program." This information should be provided to the supervisors to inform the employees. **Please post** this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539, karl.gibson@cen.amedd.army.mil.

LINDA I. NOBACH
MAJ, AN
Chief, Preventive Medicine

CF:
D, DIS
Occ Health

APPENDIX A

Air sampling for every total fungi/mold spore and skin cells was conducted.

DA guidance states that levels should be maintained below the outside levels. The health standard exposure levels are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

7 November 2005

BOLD is above recommended

Biological material	Airborne Recommended Levels *Outside levels*	Exposure Results in Zone 84 Rm T3 Office	Exposure Results in Zone 84 Rm ORG Guide Office	Exposure Results in Storage Rm 003	Exposure Results in East "Don's" Office
Airborne Skin Cell Fragments	<2,000 F/m3 *28 F/m3*	**67,200 F/m3**	**12,740 F/m3**	**6,650 F/m3**	**7,910 F/m3**
Airborne Total Fungal Spores	<200 C/m3 *46 C/m3*	**3,660 C/m3**	**2,470 C/m3**	**1,550 C/m3**	**1,820 C/m3**

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DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
550 POPE AVENUE
FORT LEAVENWORTH KS 66027-2332

REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 3 January 2006

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director of Operations, TRADOC A/DCSINT-Threats, BLDG #53, Fort Leavenworth, Kansas, 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas, 66027

SUBJECT: BLDG #53 Indoor Air Quality Survey of Offices - Report #2

1. The purpose of the TRADOC A/DCSINT-Threats requested Industrial Hygiene survey conducted on 7 and 31 November 2005 was to provide guidance of the utilization of appropriate control measures to protect the military and civilians from recognized occupational and health hazards.

2. Findings.

a. Basement. The same issues were identified in November 2005 as in the 31 October 2001 memorandum, SUBJECT: First Quarter FY 2002 Industrial Hygiene survey of Fort Leavenworth's BLDG #53, Basement Vault.

1) The testing showed **above recommended** levels of fungi and skin cells in the air in all areas.

2) Carpeted floors have been saturated with water, evident by visible water stains on carpeting. There are visible water stains on floors and walls. The clothe walls (especially the blue walls) have visible mold growth. HEPA air cleaners are not present. HEPA vacuum cleaners are not present in the basement. Ducts are dirty and mold growth is present on room heat exchangers. (See Appendix A for results)

b. First and Second floors.

1) The testing showed **above recommended** levels of fungi and skin cells in the air in all areas.

2) There are visible water stains on walls. HEPA air cleaners are not present. Ducts are dirty and mold growth is present on room heat exchangers. (See Appendix A for results)

3. Recommendations.

a. Remove the workers from the building basement and conference room. Please keep the basement offices and conference room closed.

b. In these areas for re-occupancy, efforts to control water, microbial growth and the dispersion of allergens in the office setting should initially focus on removing the offending agents and contaminated material. After initial control has been achieved, the basic requirements for growth (food and water) should be removed and good housekeeping activities should be maintained.

c. Remove all damaged carpet, clothe walls, stained ceilings, insulation, and cloth covered office furniture. Historical review of work will be required. Due to debris, dirt, and biological materials in the work area, it should be cleaned using HEPA filtered vacuum units and workers be protected. All hard surfaces with or without visible molds, fungi and mildew should be washed and disinfected.

d. Due to debris, dirt, and biological materials in the work area air handler and ductwork, these should be cleaned using HEPA filtered vacuum units. All surfaces with or without visible molds, fungi and mildew should be washed and disinfected. A dilute bleach solution (1:10 to 1:50 solution) is recommended. Stronger solutions may be needed.

e. Biological air testing should be conducted after removal and cleanup to verify the biological removal.

f. Adequate ventilation and proper Personal Protection Equipment (PPE): (HEPA respirators, eye protection and coveralls) should be used during cleaning. Workers should shower before going home.

g. Regular cleaning and maintenance of all systems components is a must. The exterior vents need to be opened and proper screens installed to prevent animal entry.

h. Filters should be cleaned or replaced regularly (once/month to once/3 months) for the building and individual room units. Air conditioner condensation should be drained to the outside. Add chlorine tabs to reduce mold and fungi growth.

i. HEPA filtering units lower the biological and fiber materials in the office area. Their use, with proper maintenance and sized to fit each room, is recommended.

j. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Provide HEPA vacuums to clean areas as needed. Remove trash daily.

k. Report any water leaks to DIS so they can immediately fix and dry the areas within 24-48 hours so biological growth can be prevented.

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program." This information should be provided to the supervisors to inform the employees. **Please post** this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539, karl.gibson@cen.amedd.army.mil.

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REPLY TO
ATTENTION OF

MCXN-PM (40-5f) 18 July 2006

MEMORANDUM THRU COMMANDER, USA MEDDAC, Fort Leavenworth, Kansas 66027

FOR Director of Operations, TRADOC A/DCSINT-Threats, BLDG #53, Fort Leavenworth, Kansas, 66027
CAC Safety, BLDG #198, Fort Leavenworth, Kansas, 66027

SUBJECT: BLDG #53 Indoor Air Quality Survey of Offices

1. The purpose of the TRADOC A/DCSINT-Threats requested Industrial Hygiene survey conducted on 6 July 2006 was to provide guidance of the utilization of appropriate control measures to protect the military and civilians from recognized occupational and health hazards in the offices, BLDG #53.

2. Findings in Basement. The testing showed **above recommended** levels of fungi and skin cells in the air in all areas. The areas have improved since November 2005. (See Appendix A for results)

3. Recommendations.

a. Regular cleaning and maintenance of all systems components is a must. The exterior vents need to be opened and proper screens installed to prevent animal entry.

b. Filters should be cleaned or replaced regularly (once/month to once/3 months) for the building and individual room units. Air conditioner condensation should be drained to the outside. Add chlorine tabs in drip pans to reduce mold and fungi growth.

c. HEPA filtering units lower the biological and fiber materials in the office area. Their use 24/7, with proper maintenance and sized to fit each room, is recommended.

d. Institute a more structured routine for internal housekeeping, to include dusting, cleaning with disinfect on all surfaces, and vacuuming using a HEPA vacuum in the areas on a weekly basis as a minimum. Provide HEPA vacuums to sweep areas. Remove trash daily.

e. Report any water leaks from the floors, walls and ceilings to DIS so they can immediately fix and dry the areas within 24-48 hours so biological growth can be prevented. Replace stained ceiling tiles.

MCXN-PM (40-5f) 18 July 2006
SUBJECT: BLDG #53 Indoor Air Quality Survey of Offices

4. Please provide a status update of the above recommendations to CAC Safety and C, Preventive Medicine within 30 days of receipt of memorandum.

5. The survey results are official exposure records and must be maintained according to Title 29 Code of Federal Regulations (CFR) 1910.1020 "Access to Employee Exposure and Medical Records" and DA PAM 40-503 "Industrial Hygiene Program." This information should be provided to the supervisors to inform the employees. **Please post** this report in an accessible location to insure all employees have access to it. It is the supervisor's responsibility to ensure all workers have an opportunity to review and understand our recommendations. It is highly encouraged that the report be discussed during periodic safety briefings.

6. Point of contact is Mr. Karl Gibson, Industrial Hygienist, ext. 4-6539, karl.gibson@cen.amedd.army.mil.

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APPENDIX A

Air sampling for every total fungi mold spore and skin cells was conducted.

DA guidance states that levels should be maintained below the outside levels. The health standard exposure levels are used IAW AR 40-5,"Preventive Medicine," and DA PAM 40-11 paragraph 5-2 d. "Preventive Medicine". This Army regulation requires the use of the most stringent health standard.

6 July 2006
Bold is non-acceptable

Biological material	Airborne Recommended levels *Outside levels*	Exposure Results in Zone 84 Rm T3 Office	Exposure Results in Zone 84 Rm ORG Guide Office	Exposure Results in Storage Rm 003	Exposure Results in East "Don's" Office
Airborne Skin Cell Fragments	*28 F/m3*	**960 F/m3**	**1,590 F/m3**	**870 F/m3**	**1,560 F/m3**
Airborne Total Fungal Spores	*56 C/m3*	**2,630 C/m3**	**9,570 C/m3**	**1,480 C/m3**	**1,050 C/m3**

7 November 2005
BOLD is non-acceptable

Biological material	Airborne Recommended levels *Outside levels*	Exposure Results in Zone 84 Rm T3 Office	Exposure Results in Zone 84 Rm ORG Guide Office	Exposure Results in Storage Rm 003	Exposure Results in East "Don's" Office
Airborne Skin Cell Fragments	<2,000 F/m3 *28 F/m3*	**67,200 F/m3**	**12,740 F/m3**	**6,650 F/m3**	**7,910 F/m3**
Airborne Total Fungal Spores	<200 C/m3 *46 C/m3*	**36,600 C/m3**	**24,700 C/m3**	**15,500 C/m3**	**18,200 C/m3**

E-40

GREAT PLAINS REGIONAL MEDICAL COMMAND
ORGANIZATIONAL INSPECTION PROGRAM

INDUSTRIAL HYGIENE PROGRAM

PURPOSE: The Industrial Hygiene Program OIP Checklist is used to inspect the MTF and Installation Industrial Hygiene Programs. The checklist addresses Federal and State Regulations, DoD, DA, MEDCOM and GPRMC Policies and Procedures.

ADMINISTRATIVE DATA

a. MTF: MUNSON ARMY HEALTH CENTER, FT LEAVENWORTH, KS

b. Commander: COL ANDREA CRUNKHORN

c. Industrial Hygiene Officer: KARL GIBSON

d. POC Phone Number: 913.684.6539 DSN:

e. Date of Assessment Visit: 24-28 NOVEMBER 2008

GPRMC EVALUATOR

GPRMC Preventive Medicine
Evaluator: SCOTT D. BENTLEY
DSN: 421-2608

SCORING METHODOLOGY

- **Each question has a "Total Point Value" of 2 points.**
- **Each question scored a point value of 1 or 0 points must be addressed in the Summary Report under Findings/Observations.**
- **Areas which are not assessed will be identified by N/A and receive no points. Areas assessed with an N/A will not be included in the total number of question.**

PROGRAM MANAGEMENT ANALYSIS

1. INDUSTRIAL HYGIENE PROGRAM DOCUMENT

a. Does the MTF have a locally developed IH program document readily available and reflects current program practices? (2) POINTS

b. Does the program document meet the criteria established in Department of the Army Pamphlet (DA Pam) 40-503 and current MEDCOM guidance? (2) POINTS

c. Does program documents include the SOPs that delineate IH program responsibilities for installation safety and health programs such as confined space, respiratory protection, personal protective equipment, ergonomics, civilian resource conservation program, etc? (2) POINTS

d. Has the current Chief reviewed and endorsed IH program documents? **(0) POINTS**

2. DEFENSE OCCUPATIONAL/ENVIRONMENTAL HEALTH REPORTING SYSTEM (DOEHRS)

a. Is the DOEHRS-IH system used for data entry, storage and retrieval? **(0) POINTS**

b. Is the DOEHRS-IH currently operational? **(2) POINTS**

c. Is the percent of the worksite surveys conducted by your IH program entered into the DOEHRS-IH system? <5% **(1) POINTS**

d. Are complaint surveys entered in the DOEHRS-IH system? **(0) POINTS**

NOTE: NO ENTRIES HAVE BEEN MADE SINCE APRIL 2007 - LOCATION / ORGANIZATIONAL TREE IS NOT PROPERLY ESTABLISHED. FULL IMPLEMENTATION REQUIRED BY 30 APR 2009.

3. INDUSTRIAL HYGIENE IMPLEMENTATION PLAN (IHIP)

a. Does the IHIP meets the criteria established in DA Pam 40-503, Appendix C and MEDCOM guidance? **(1) POINTS**

b. Is the IHIP prepared annually? **(0) POINTS**

'IP DOES NOT ADEQUATELY REFLECT WORK OPERATIONS AT LEAVENWORTH. NO SCHEDULED RVEYS HAVE BEEN CONDUCTED SINCE AUGUST 2007 - WITH ONE EXCEPTION NOTED (USDB Survey onducted in May 2008 by GPRMC Program Office).

4. RECORDKEEPING

a. Is DOEHRS-IH used as the primarily system for maintaining workplace exposure assessment, personal exposure, and equipment and calibration records? **(0) POINTS**

b. Are hard-copy records maintained for all survey and sampling data collected? **(1) POINTS**

c. Are survey reports generated to document findings and recommendations? **(1) POINTS**

d. Are reports generated to close out IH surveys conducted in response to employee complaints or notification of hazardous worksite conditions? **(1) POINTS**

THERE IS NO SYSTEMATIC RECORDKEEPING. SUGGEST MAINTAINING A BUILDING CASEFILE WITH SURVEY RESULTS MAINTAINED CHRONOLOGICALLY

5. FOLLOW-UP ON FINDINGS AND RECOMMENDATIONS

a. Are follow-up worksite surveys scheduled and conducted until appropriate corrective measures are implemented and effective? **(1) POINTS**

b. Are IH Metrics reported *quarterly* in accordance with DA guidance provided pril 2006. **(0) POINTS**

INSTALLATION HAZARD ABATEMENT PLAN

a. Are IH Survey hazard findings and recommendations reported to installation occupational health or installation hazard abatement committee? **(1) POINTS**

7. IH STAFF TRAINING

a. Does IHPM have a comprehensive IH staff training plan in place? **(2) POINTS**

b. Is the IH staff training plan modeled after Army civilian training, education and development (ACTED) training plan? **(2) POINTS**

c. Has all IH staff been scheduled to attend DOEHR-IH training? **(2) POINTS**

MANAGEMENT CONTINUES TO SUPPORT INDUSTRIAL HYGIENIST THROUGH MENTORSHIP AND CONTINUING EDUCATION - IHPM SHOWS LITTLE IMPROVEMENT AND PERFORMANCE IS CURRENTLY RATED "NEEDS IMPROVEMENT - UNSATISFACTORY". MANAGEMENT HAS NEGOIATED A CONTRACT WITH COE TO PROVIDE OVERSIGHT AND MENTORSHIP TO IHPM.

8. FACILITIES

a. Does the MTF have an administrative office which meets IH program requirements? **(1) POINTS**

b. Is a IH laboratory facility provided to IH meets program requirements? **(1) POINTS**

ADEQUATE SPACE HAS BEEN ALLOCATED FOR THE IH MISSION; HOWEVER, BOTH THE OFFICE AND LABORATORY LACK ORGANIZATION. GENERAL HOUSEKEEPING NEEDS IMPROVEMENT.

9. EQUIPMENT

a. Does the MTFs monitoring equipment meet IH program needs both in terms of type and quantity. Appendix F, DA Pam 40-503 . **(2) POINTS**

b. Is Equipment maintenance and calibration records properly maintained and readily available? **(1) POINTS**

IH LABORATORY IS WELL-EQUIPPED WITH EQUIPMENT AND SUPPLIES. IHPM NEEDS TO ENSURE EQUIPMENT IS MAINTAINED AND CALIBRATED. NEARLY 50% OF THE EQUIPMENT IS OUT OF CALIBRATION.

10. INTERNAL AUDITS

a. Does the IHPM annually performs an internal audit of the IH program responsibilities and support services? **(1) POINTS**

b. Is the IH program audited against the program guidelines established in ^ Pam 40-53? **(1) POINTS**

c. Does the IHPM prepare a plan of action to address and improve IH program **(1) POINTS**

weaknesses resulting from the internal audit?

d. Does the IH PM annually prepare and submit un-financed requirements document through the chain of command? **(1) POINTS**

OVER THE PAST SEVERAL YEARS, THE IH PROGRAM HAS BEEN UNDER CLOSE SCRUNITY BY BOTH INTERNAL AND EXTERNAL GROUPS. MANAGEMENT HAS REQUESTED AND RECEIVED STAFF ASSISTANCE VISITS (SAVs) FROM GPRMC, USACHPPM AND CORP OF ENGINEERS TO ASSIST WITH ISSUES AND CONCERNS AT MACH AND FT LEAVENWORTH. THE IHPM HAS LOSS CREDITABILITY WITH COMMAND AND CUSTOMER-BASE. REMEDIAL TRAINING AND MENTORSHIP HAVE BEEN PROVIDED WITH LITTLE POSITIVE IMPACT. IHPM CONTINUES TO "DRAIN" RESOURCES AND SHOWS LITTLE IMPROVEMENT. MANAGEMENT CONTINUES TO WORK ISSUES/CONCERNS.

11. PROGRAM SUPPORT

Crisis Management (Emergencies/ Complaints/ Special Survey Requests)

a. Are responses prepared as written formal standing operating procedure or part of industrial hygiene? **(1) POINTS**

b. Does the response process meet the requirements of 29 CFR 1960.28? **(0) POINTS**

c. What is the average IH program labor hours for responding to and recording complaints, emergencies and special survey? (10) hours **(1) POINTS**

. OCCUPATIONAL HEALTH PROGRAM (OHP)

a. Does the IH program have a written or formal process in place to provide IH support to OHP? **(1) POINTS**

b. Does the IH support include providing worksite-assessment surveys and sampling data to the OHP physicians/ nurses? **(1) POINTS**

c. Does IH support include working with the OHP personnel to recommend control options for work-site exposures based on the results of medical surveillance? **(1) POINTS**

d. Does the IH support include targeting work-sites producing high illness and injury rates for evaluation? **(1) POINTS**

e. Does IH support include conducting joint work-site evaluations with OHP personnel as needed? **(1) POINTS**

COMMUNICATIONS BETWEEN IH AND OH NEED TO IMPROVE TO ENSURE TIMELY AND ACCURATE REPORTING.

13. HAZARD COMMUNICATION PROGRAM

a. Does the IHPM have a written or formal process in place to provide IH ɔport to the installation hazard communication program? **(0) POINTS**

b. Does the program support include providing chemical exposure data from workplace assessments to supervisors and installation safety personnel? **(1) POINTS**

c. Does the IH program include conducting training or providing input into the training of supervisors and workers in the health hazards associated with their jobs as needed or requested? **(1) POINTS**

d. Does the IH program support include reviewing MSDS's for locally procured items as part of the installation hazardous material procurement program? **(0) POINTS**

THERE IS NO PROGRAM DOCUMENT OUTLINING IH SUPPORT IN HAZCOM PRG.

14. CIVILIAN RESOURCE CONSERVATION PROGRAM (CRCP) ALSO KNOW AS WORKERS COMPENSATION CLAIMS REVIEW PROCESS.

a. Does the IHPM has a written of formal process to adequately support the installation CRCP. (Workers compensation claims review process, illness/injury stats, etc.)? **(0) POINTS**

b. Does the IH program support to CRCP including historical and current health hazard inventories and work-site assessment information to the claims review board upon request? **(1) POINTS**

.. Does the IH support include performing work-site assessments in support claims review board? **(0) POINTS**

PM IS NOT ACTIVELY INVOLVED IN CRCP. IDEALLY, THE IHPM SHOULD PROVIDE SOME INSIGHT INTO REVNTING/REDUCING WORK-RELATED OCCUPATIONAL INJURIES/ILLNESSES CLAIMS

15. RESPIRATORY PROTECTION PROGRAM (RPP)

a. Does the Respiratory Protection Program operate on contract? **(N/A) POINTS**

b. Does the IH program have a written or formal process to adequately address IH support to the installation Respiratory Protection Program? **(1) POINTS**

c. Does the IH program support include surveying worksites to determine respiratory protection requirements? **(1) POINTS**

d. Does the IH support include the collection of exposure monitoring data to determine the adequacy of the respiratory protection provided? **(1) POINTS**

e. Does the IH support include maintaining health inventory survey data regarding RPP equipment which is required and used per operation? **(0) POINTS**

f. Does the IH support include conducting or providing technical support to the installation respiratory protection training program? **(1) POINTS**

PROGRAM ELEMENTS IAW 29 CFR 1910.132/134 NEED TO BE ADDRESSED. IHPM NEEDS TO CCURATELY CHARACTERIZE WORKPLACE HAZARDS AND IDENTIFY AREAS REQUIRING SPIRATORY PROTECTION.

16. PERSONNEL PROTECTIVE EQUIPMENT PROGRAM (PPE)

a. Does the IHPM have a written or formal process in place to adequately address industrial hygiene support to installation Personal Protective Equipment Program? **(0) POINTS**

b. Does the IH support include participating in job safety and collecting health hazard inventory data? **(1) POINTS**

c. Does the IH support include conducting or providing technical expertise for the training of workers in the proper use and care of PPE? **(1) POINTS**

d. Does the IH support include maintaining health hazard inventory survey data regarding the PPE that is required and used per operation/hazard? **(1) POINTS**

17. DESIGN REVIEW PROGRAM

a. Does the IH have a written or formal process in place to provide technical review of installation design plans and specifications? **(0) POINTS**

b. Does this IH support provide a design review process that is established memorandum of understanding with the installation engineer or other allation design teams. **(0) POINTS**

c. Does the IH program participate in all phases of the design review process d preoperational? **(0) POINTS**

d. Does the IH program have a system in place to accurately account for the workload support of the design review process? **(0) POINTS**

IHPM SHOULD BE ACTIVELY INVOLVED IN DESIGN REVIEW PROCESS. EVIDENCE OF CREDITABILITY ISSUES WITH CUSTOMER-BASE.

18. ERGONOMICS PROGRAM

a. Does the IH program have a written or formal process in place to adequately address industrial hygiene support to the installation ergonomics program? **(0) POINTS**

b. Does the IH Program support integrate ergonomic considerations into all worksite evaluations? **(0) POINTS**

c. Are ergonomic hazards identified and assigned RACs based on qualitative and quantitative surveillance? **(0) POINTS**

d. Does the IH Program maintain a complete inventory of identified ergonomic hazards by operation? **(0) POINTS**

e. Does the IH program provide ergonomic findings to installation ergonomics committee or installation occupational safety and health committee? **(1) POINTS**

f. Does the IH take an active role in hazard prevention and control process, such as assisting with the development of ergonomic solutions and their implementation and supporting installation training? **(1) POINTS**

g. Does IH participate in the installations review process of ergonomic related worker compensation injury and illness claims? **(0) POINTS**

h. Does the IH program participate in training the installation workforce as requested or required by installation policy? **(1) POINTS**

i. Does the IH serve as a full member of the installation ergonomics committee or as a technical resource to the committee? **(2) POINTS**

IHPM PARTICIPATION IN ERGONOMIC WORKING GROUP (EWG) IS LIMITED. POTENTIAL ERGO PROBLEMS AREA(S) SHOULD BE IDENTIFIED DURING BASELINE ASSESSMENTS. THESE PEPAs SHOULD BE INVENTORIED AND INFORMATION ENTERED INTO DOEHRS-IH DATABASE. THIS IS NOT BEING ACCOMPLISHED.

BIOLOGICAL HAZARDS CONTROL PROGRAM

a. Does the IH program have a written or formal process in place to adequately address industrial hygiene support for the installation's biological hazards. (infection control, biomedical waste, etc.)? **(0) POINTS**

b. Does IH support include technical input to the development of hazard control plans? **(0) POINTS**

c. Does IH support include performing worksite health hazard assessments of operations to identify biological hazards? **(0) POINTS**

d. Does IH support to the BHCP include recommending controls and the use of personal protective equipment? **(0) POINTS**

e. Does IH support include conducting or providing input into the supervisor and worker training that emphasizes the hazards and appropriate controls as requested or required by local regulation? **(0) POINTS**

RATING FOR THIS ELEMENT WAS SELF-REPORTED BY IHPM. REVIEW OF EXISTING SAMPLING DATA AND PREVIOUS REPORTS INDICATES IHPM NEEDS TO CHARACTERIZE OCCUPATIONAL EXPOSURES IN SEVERAL AREAS AT MAHC. THESE SURVEYS SHOULD BE ROUTINELY SCHEDULED AND INCLUDED IN THE IHIP FOR MAHC. RESULTS SHOULD BE REPORTED THROUGH THE IC-FMT AND/OR EOC-FMT.

. CONFINED SPACE ENTRY PROGRAM

a. Does the IHPM have a written or formal process on place to provide IH support to the installation CSE Program? **(1) POINTS**

b. Does IH support include assisting in the selection of respirators, protective clothing, and monitoring instruments? **(1) POINTS**

c. Does IH support include identifying confined spaces and including them as part of the health hazard inventory? **(1) POINTS**

d. Does IH support include monitoring confined spaces upon request or as required by installation policy? **(1) POINTS**

e. Does IH support include providing technical expertise and process review of the installation CSE program and permit systems? **(1) POINTS**

f. Does IH support include participating in the health component portion of training in CSE? **(1) POINTS**

RATING FOR THIS ELEMENT WAS SELF-REPORTED BY IHPM. PROGRAM DOCUMENT NOT AVAILABLE AT THE TIME OF SURVEY. CSE INVENTORY COULD NOT BE VERIFIED.

. INDOOR AIR QUALITY

a. Does the IHPM have written or formal process in place to provide IH support to the installation IAQ Program as stated in DA Pam 40-503? **(2) POINTS**

b. Does the role of IHPM in assessing indoor air quality include prioritizing the evaluation of operations where IAQ problems exist? **(0) POINTS**

c. Does the role of the IHPM in assessing indoor air quality include coordinating with the Directorate of Engineering under the auspices of design review to evaluate existing ventilation systems and to recommend improvements? **(0) POINTS**

d. What is the approximate over all IH workload in support of IAQ problems? **(1) POINTS**

e. Does the IH staff have sufficient training and expertise to evaluate and make recommendations on IAQ problems? **(2) POINTS**

IHPM LACKS OBJECTIVITY AND PROFESSIONAL JUDGMENT REQUIRED TO BE EFFECTIVE IN HIS HANDLING OF IAQ ISSUES/CONCERNS. REPORTS GENERATED OVERINFLATE ACTUAL CONDITIONS AND CONCERNS. THERE IS NO EVIDENCE OF COORDINATION WITH FACILITIES MANAGEMENT AND/OR FOLLOW-UP. MANAGEMENT CONTINUES TO PROVIDE DIRECT OVERSIGHT TO ENSURE IHPM PROVIDES CLEAR AND CONCISE FINDINGS/RECOMMENDATIONS TO HELP ENSURE A SAFE AND HEALTHFUL WORK ENVIRONMENT

TOTAL POINTS: ( ) POINTS

OTES:

1. Mr. Gibson was not available during this audit, however, he did provide a completed self-assessment checklist. Mr. Gibson called in sick on 25 NOV 2008 and was scheduled for annual leave on the 26th. The surveyor, at the direction of the Commander and with the assistance of the immediate supervisor conducted the survey as scheduled.

2. IHPM needs to develop an Industrial Hygiene Program and Industrial Hygiene Implementation Plan (IHIP) which accurately reflects recognized/identified occupational health hazards within MAHC as well as Ft. Leavenworth.

3. There is no evidence to show work performed between August 2007 to present. Despite management's attempts to provide IHPM training, mentorship and peer-review - there has been little improvement in work product. Mr. Gibson fails to meet several performance measures and is unable to account for work accomplished during the past 18 months.

4. Specific issues involving IAQ in Building 53 were addressed during the visit. Workplace observations, findings and conclusion were addressed under separate cover (See Memorandum dated 5 DEC 2008 - B 58 IAQ).

4. OIP survey findings/recommendation briefed to COL Crunkhorn, COL Beus and COL Hutson, LTC Jefferson on Wednesday 26 NOV 2008.

EFERENCES

AR 40-5, Preventive Medicine, 22 July 2005.

Title 29, Code of Federal Regulations (CFR), Part 1910, revised 2004, Occupational Safety and Health Standards.

ASHRAE Standard 62.1 - 2004, "Ventilation for Acceptable Indoor Air Quality", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

ASHRAE Standard 55 - 2004, "Thermal Environmental Conditions for Human Occupancy", American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), Atlanta, GA.

Technical Guide (TG) 277, Army Facilities Management Information Document on Mold Remediation Issues, February 2002.

Technical Guide (TG) 278, Industrial Hygiene/Preventive Medicine Mold Assessment Guide, February 2002.

Industrial Ventilation, 25th Edition, American Conference of Governmental Industrial Hygienists (ACGIH), 2004.

MIL-HDBK-1191, Architectural and Engineering Design Requirements, July 2002.

G 181, Noise Dosimetry and Risk Assessment, August 1999.

Title 29, Code of Federal Regulations (CFR), Part 1910.95, Occupational Safety and Health Standards.

DA PAM 40-501, Hearing Conservation Program, 10 December 1998.

NIOSH Publication No. 98-126, Occupational Noise Exposure, June 1998.