



ASSISTANT SECRETARY OF DEFENSE

3400 DEFENSE PENTAGON
WASHINGTON, DC 20301-3400

JUN 01 2017

ENERGY,
INSTALLATIONS,
AND ENVIRONMENT

Ms. Dorothy Dougherty
Deputy Assistant Secretary of Labor for Occupational Safety and Health
200 Constitution Avenue, NW
Washington, DC 20210

Dear Ms. Dougherty:

We are providing you the Department of Defense (DoD) 2016 Annual Report on Occupational Safety and Health as required by Section 19(a)(5) of the Occupational Safety and Health Act (OSHA) (29 USC section 668(a)(5)).

This report summarizes the occupational safety and health program performance for all of DoD. Each of the Military Departments submitted their individual, detailed reports directly to you. We are providing you the detailed reports for each of the Defense Agencies as Appendices to this report.

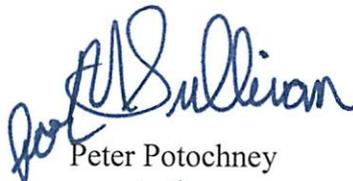
DoD continued to make significant reductions in job-related injuries and illnesses in calendar year 2016 with reductions in the Total Case Incidence Rate of 13% and the Days Away, Restricted, and Transfer Case Rate by 4% over the previous reporting period. We attribute these significant improvements to implementing the OSHA Voluntary Protection Program (VPP) at our major industrial installations. These workplaces have the largest number of civilian employees and most significant hazards. DoD has 58 OSHA VPP Star sites and 400 sites pursuing VPP Star recognition.

DoD requests OSHA's continued support for implementing VPP, and recommends VPP be highlighted as a DoD success story in the 2016 summary report to the President.

In addition to pursuing VPP Star recognition, the DoD Components are implementing safety and health management systems across all of their organizations.

My point of contact for this report is John Seibert, he can be reached by phone at (571) 372-6898, or by email at john.f.seibert.civ@mail.mil.

Sincerely,



Peter Potochney
Acting

Enclosure:
As stated



**DEPARTMENT OF DEFENSE
ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT
TO THE SECRETARY OF LABOR
CALENDAR YEAR 2016**

**3400 Defense Pentagon
Washington, DC 20301-3400**

The estimated cost of this report for the Department of Defense is approximately \$113,000 in Fiscal Year 2017. This includes \$13,000 in expenses and \$100,000 in DoD Labor.

**CY 2016 ANNUAL OCCUPATIONAL SAFETY & HEALTH REPORT TO THE SECRETARY OF LABOR
AGENCY NARRATIVE OF SELF-EVALUATION**

This report satisfies the requirement of section 19(a)(5) of the Occupational Safety and Health Act for Federal Agencies to submit an annual report on occupational safety and health (OSH).

This report is an overall assessment of the Department of Defense (DoD) occupational safety and health management system (OSHMS) based on an analysis of the reports and program self-evaluations of the Military Departments (Army, Department of the Navy (Navy and Marine Corps), Air Force), Defense Agencies, Combatant Commands, and other DoD organizations (referred to collectively in this report as the “DoD Components”).

The Military Departments’ Designated Agency Safety and Health Officials (DASHOs) are transmitting their reports individually to the Department of Labor (DOL). All other DoD Component reports are provided in the appendixes to this report.

Agency Name: Department of Defense (DoD)
Address: 3400 Defense Pentagon, Washington, DC 20301-3400
Number of federal civilian employees covered by this report: 733,950

DASHO		
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OSH Manager		
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Appendix 1 provides the DASHO and OSH Manager contact information.

I. ASSESSMENT OF OCCUPATIONAL SAFETY & HEALTH PROGRAM ACTIVITIES AND EVENTS.

a. Presidential Initiatives & Evaluation Metric(s).

1) Motor Vehicle Safety.

The DoD Components reported 638 motor vehicle mishaps in 2016. Mishap investigations revealed driver inattentiveness, excessive speed, and weather-related factors as the primary causes. DoD Components investigated causal factors and the need for driver safety program improvements as a major element of their safety programs.

DoD Instruction (DoDI) 6055.04, “DoD Traffic Safety Program,” April 20, 2009, revised January 23, 2013 (<http://www.dtic.mil/whs/directives/corres/pdf/605504p.pdf>), institutes policy, assigns responsibilities, and provides procedures for DoD motor vehicle safety. It establishes the DoD goal to eliminate motor vehicle-related mishaps and resultant deaths, injuries, and property damage by applying risk management strategies. This DoD policy includes:

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AGENCY NARRATIVE OF SELF-EVALUATION

- Compliance with Executive Order 13043, “Increasing Seat Belt Use in the United States,” April 16, 1997. DoD policy requires all personnel, whether operating or riding in motor vehicles equipped with approved occupant restraint devices (lap and shoulder belts), to wear these devices at all times. This policy assigns enforcement responsibility to the senior ranking occupant and the driver.
- Compliance with Executive Order 13513, “Federal Leadership on Reducing Text Messaging While Driving,” October 1, 2009. DoD policy prohibits DoD personnel, while driving any vehicle on official government business, from using cell phones and other handheld electronic devices unless the vehicle is safely parked or a hands-free device is used. Exceptions include receiving or placing calls in performance of duties from tactical or emergency vehicles, or other mission-critical duties such as law enforcement use of in-car mobile data terminals and other electronic devices.

The DoD Components have developed mishap prevention policies, strategies, and initiatives including:

- DoD Component-specific motor vehicle safe operation policies tailored to mission requirements and assigned fleet vehicles.
 - Distracted and impaired driver policies.
 - Institution of a “first move forward” policy requiring all drivers to park vehicles so they can move forward out of parking spaces instead of backing out.
 - Establishment of government vehicle safety design standards.
- Participating in national motor vehicle safety programs such as the American Automobile Association Defensive Driving and National Safety Council’s Alive at 25, attitudinal dynamics of driving course, driver awareness training, motorcycle safety training, and all-terrain vehicle operation safety courses.
- Annual Traffic Safety Summits, working groups, motor vehicle studies, and cooperative exchanges among regional transportation managers to gather and share lessons learned.
- Mandatory employee participation in specified motor vehicle safety courses to increase operator awareness and safety. Online courses highlight defensive driving, distracted driving prevention, collision avoidance, and recommended actions during emergency situations.
- Providing training on vehicle maneuvering techniques like vehicle backing and parallel parking.
- Providing individual travel risk planning procedures and tools.
- Enforcement on and off military installations by security forces and police emphasizing safe speed and driving distances.
- Enforcement of operator duty time limitations, completion of fatigue management evaluations, supervisor participation in pre-departure safety briefings, and vehicle safety inspections.

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2) OSH Program Evaluation Metrics.

DoD measures the effectiveness of the OSH Program by monitoring injury & illness rates and trends. Analysis of this data helps DoD leaders and managers understand, manage, and continually improve their OSH Programs.

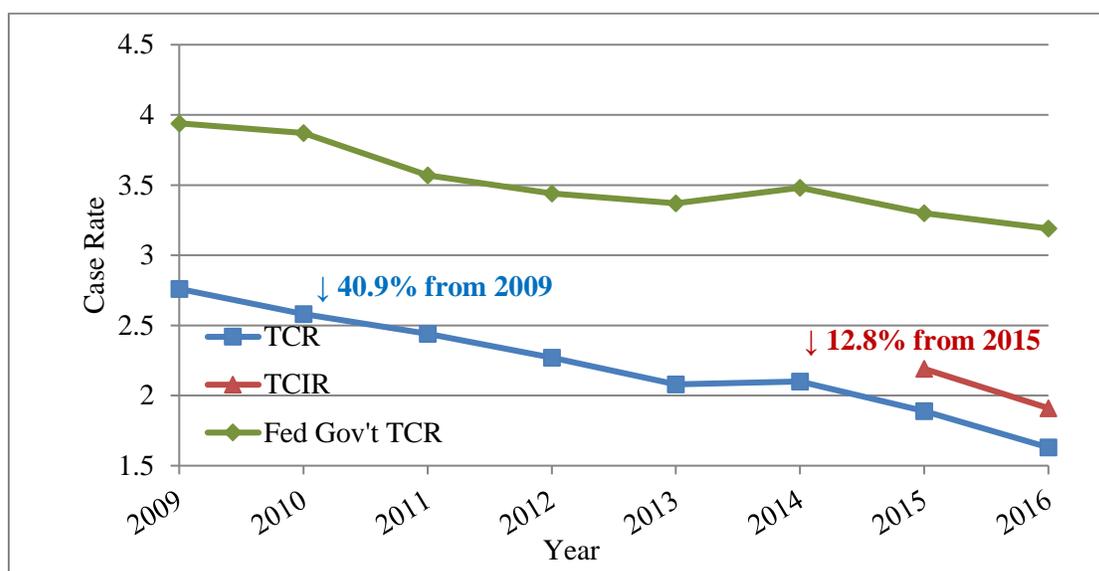
DoD continues to use the POWER goals of reducing injury & illness rates by 1% from the prior year as issued in the previous Presidential initiative, “Protecting Our Workers and Ensuring Reemployment (POWER).”

For this report, DoD is measuring the injury & illness rates from workers compensation claims – as currently used by OSHA – and from OSHA record-keeping requirements for federal agencies of 29 CFR 1960.66, “Recordkeeping and Reporting Requirements”.

Goal 1, Reduce Total Case Rate (TCR, workers compensation cases per 100 employees) and Total Case Incidence Rate (TCIR, total recordable cases per 100 employees under 29 CFR 1960.66) by 1% from 2015 (see Figure 1, Table 1, and Table 2).

- The goal was met with a TCR reduction of 13.8% and a TCIR reduction of 12.8%.
- Over the past 7 years, DoD has achieved a total reduction in the TCR of 40.9%.
- The DoD TCR in 2016 of 1.63 cases/100 employees is significantly below the 2016 Federal Government average rate of 3.19.

Figure 1. DoD Total Case Rate (TCR) and Total Case Incidence Rate (TCIR)
(Number of Cases/100 Employees) *



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Table 1. TCR: 2009-2016

Year	Target*	Case Rate	Change from Previous Year	% Change from Previous Year	Change from 2009	% Change from 2009	Target Status *
2009	--	2.76	--	--	--	--	--
2010	--	2.58	↓ 0.18	↓ 6.5	↓ 0.18	↓ 6.5	--
2011	2.73	2.44	↓ 0.14	↓ 5.4	↓ 0.32	↓ 11.6	Met
2012	2.42	2.27	↓ 0.17	↓ 7.0	↓ 0.49	↓ 17.8	Met
2013	2.25	2.08	↓ 0.19	↓ 8.4	↓ 0.68	↓ 24.6	Met
2014	2.06	2.10	↑ 0.02	↑ 0.96	↓ 0.66	↓ 23.9	Not Met
2015	2.08	1.89	↓ 0.21	↓ 10.0	↓ 0.87	↓ 31.5	Met
2016	1.87	1.63	↓ 0.26	↓ 13.8	↓ 1.13	↓ 40.9	Met

Data source: Federal Agency Program Injury and Illness Statistics.
(https://www.osha.gov/dep/fap/statistics/fedrprgrms_stats16_final.html)

*Target is 1% decrease from prior year starting in 2010.

Table 2. TCIR: 2015-2016

Year	Target*	Case Rate	Change from Previous Year	% Change from Previous Year	Change from 2015	% Change from 2015	Target Status
2015	--	2.19	--	--	--	--	--
2016	2.17	1.91	↓ 0.28	↓ 12.8	↓ 0.28	↓ 12.8	Met

Data source: DoD Component record keeping under 29 CFR 1960.66

*Target is 1% decrease from prior year.

Goal 2, Reduce Lost Time Case Rate (LTCR, lost time workers compensation cases per 100 employees) and Days Away, Restricted or Transfer rate (DART cases per 100 employees under 29 CFR 1966) by 1% from 2015 (see Figure 2, Table 3, and Table 4).

- The goal was met with a LTCR reduction of 1% and a DART reduction of 4.1%.
- Over the past 7 years, there has been a total reduction in the LTCR of 29.1%.
- The DoD LTCR rate in 2016 of 1.05 lost time workers' compensation injury and illness cases per 100 employees is significantly below the 2016 Federal Government rate of 1.69.

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Figure 2. DoD Lost Time Case Rate (LTCR) and Days Away, Restricted or Transfer (DART) Case Rate (Number of Cases/100 Employees)

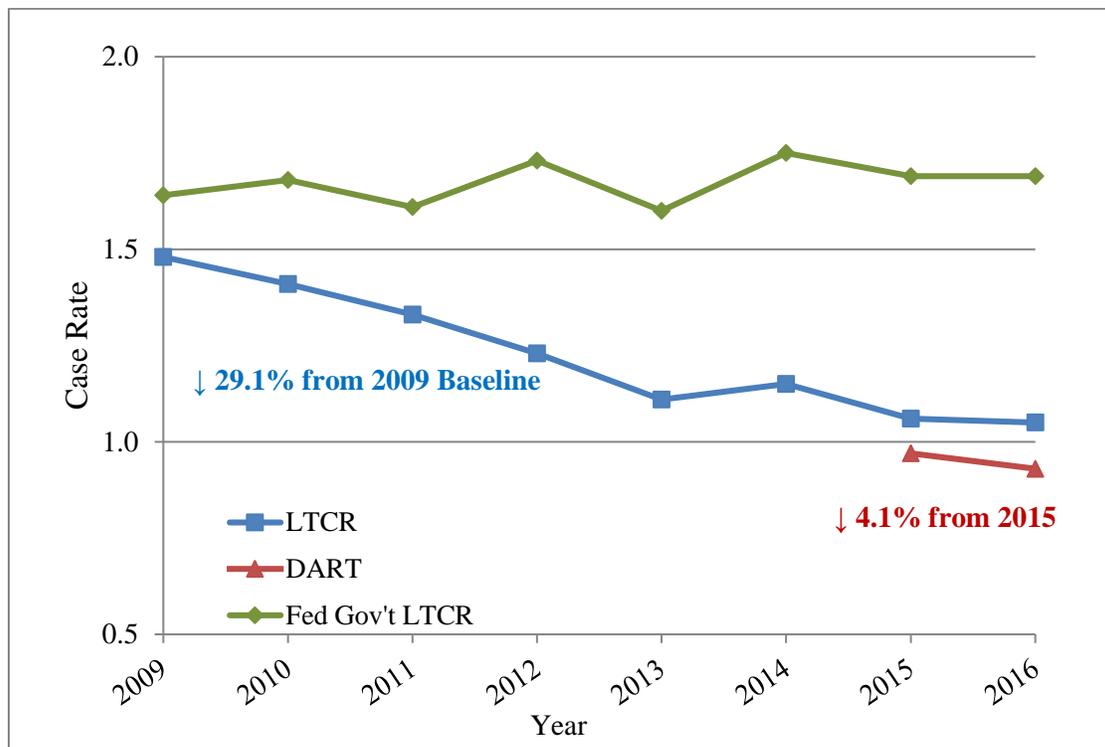


Table 3. LTCR Data: 2009-2016

Year	Target*	Case Rate	Change from Previous Year	% Change from Previous Year	Change from 2009	% Change from 2009	Target Status
2009	--	1.48	--	--	--	--	--
2010	--	1.41	↓ 0.07	↓ 4.7	↓ 0.07	↓ 4.7	--
2011	1.42	1.33	↓ 0.08	↓ 5.7	↓ 0.15	↓ 10.1	Met
2012	1.32	1.23	↓ 0.10	↓ 7.5	↓ 0.25	↓ 16.9	Met
2013	1.22	1.11	↓ 0.12	↓ 9.8	↓ 0.37	↓ 25.0	Met
2014	1.10	1.15	↑ 0.04	↑ 3.6	↓ 0.33	↓ 22.3	Not Met
2015	1.14	1.06	↓ 0.09	↓ 7.8	↓ 0.42	↓ 28.4	Met
2016	1.05	1.05	↓ 0.01	↓ 1.0	↓ 0.43	↓ 29.1	Met

Data source: Federal Agency Program Injury and Illness Statistics.
(https://www.osha.gov/dep/fap/statistics/fedrprgrms_stats16_final.html)

*Target is 1% decrease from prior year, starting in 2010.

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Table 4. DART Data: 2015-2016

Year	Target*	Case Rate	Change from Previous Year	% Change from Previous Year	Change from 2015	% Change from 2015	Target Status
2015	--	0.97	--	--	--	--	--
2016	0.96	0.93	↓0.04	↓4.12	↓0.04	↓4.12	Met

Data source: DoD Component record keeping under 29 CFR 1960.66

* Target is 1% decrease from prior year.

By all measures of effectiveness, DoD injury and illness rates are well below the federal agency average and experienced continuous improvement in 2016 over prior years. The Military Departments attribute this improvement to their implementing the OSHA Voluntary Protection Programs at their major industrial sites. These sites have the largest number of employees and highest risk hazards.

DoD requests OSHA’s continued support for implementing Voluntary Protection Programs, and recommends the success from using Voluntary Protection Programs be highlighted in the 2016 summary report to the President.

b. Illnesses, Injuries, Fatalities & Catastrophic Events.

1) The DoD Components protect personnel from accidental death, injury, and occupational illness by implementing safety and occupational health (SOH) programs as described in DoD Instruction (DoDI) 6055.01, “DoD Safety and Occupational Health Program” (<http://www.dtic.mil/whs/directives/corres/pdf/605501p.pdf>) and DoD Component implementing policies. The DoD Components use competent and experienced SOH staff to conduct formal workplace hazard surveys at routine intervals at a frequency proportionate to the severity of workplace risks. In addition, SOH staff provide OSH training to employees, supervisors and collateral duty safety personnel so that risks can be identified early and hazards aggressively controlled. SOH staff also conduct workplace surveys to identify changes in operations, in response to elevated mishap experiences, or other special emphasis programs. During these surveys, SOH staff identify, evaluate, and documents hazards and inform supervisors and leaders of hazards and risk mitigation strategies. Leaders make risk-based decisions in order to create safe and healthful work environments while sustaining operations.

When mishaps occur, DoDI 6055.07, “Mishap Notification, Investigation, Reporting, and Record Keeping” (<http://www.dtic.mil/whs/directives/corres/pdf/605507p.pdf>), requires the DoD Components to conduct comprehensive mishap investigations to identify causes and corrective actions to prevent future mishaps and the resulting injuries and illnesses.

2) The most frequently reported work-related injuries in DoD originated from slips, trips, and falls. Most of the components reported the completion of regular facility inspections,

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supervisor walk-throughs, and the use of collateral duty safety officials to identify, report, and mitigate slip, trip, and fall hazards. During 2016, several DoD Components conducted safety awareness training and safety messaging (e.g., “Safety Talks”) in order to educate workers on slip, trip, and fall hazards and actions to reduce these hazards. Of particular note, the Air Force is planning a partnership with the National Institute of Occupational Safety and Health to complete a research study aimed at evaluating the effectiveness of the Air Force’s comprehensive fall prevention program.

Many fall-related injuries were associated with wet floors, inattentiveness to tripping hazards, and slippery conditions created from the natural environment (e.g., ice, wet leaves, falling limbs/pine cones, ponding rain water, etc.). Most, if not all, agencies reported the use of ice melting products in parking lot areas, rugs and shoe drying products at building entrances, and provisions for administrative leave or telework for inclement weather periods.

- 3) The DoD Components reported two DoD civilian employee work-related fatalities during 2016. The Army fatality resulted from failure to place suitable vertical supports under a hydraulic lift table which lowered unexpectedly. The Defense Logistics Agency fatality resulted from a firefighter/paramedic who suffered a heart attack in the performance of duties – placing equipment onto a HAZMAT vehicle. Appendix 2 provides details of each fatality.
- 4) The DoD Components reported 49 hospitalizations and 14 amputations.
 - Hospitalizations were associated with a flying metal projectile from a backhoe operation; hand and leg impingement during vehicle and weapons system maintenance; slips, trips, and falls; heat stress; chemical exposure/burns; electric shock; motor vehicle mishaps; forklift and material handling equipment loading; overexertion; pipe cutting; and biting insects.
 - Amputations were associated with wood cutting, meat cutting, generator maintenance, pulley use, vehicle door impingement, and a moving trailer running over the foot of a security guard.

Appendix 2 provides details of each event including accident investigation results and actions taken or planned to prevent recurrence.

c. Requirements of 29 CFR 1960, “Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.”

1) Organization of Agency Safety and Health Mission

The ASD(EI&E) is DoD’s DASHO. The Deputy Assistant Secretary of Defense for Environment, Safety and Occupational Health (DASD(ESOH)) manages the DoD SOH Program. The DoD SOH staff work for the DASD(ESOH). Similarly, the DoD Components have appointed DASHOs at the Assistant Secretary or Agency Deputy Director level of responsibility (or higher). DoD Component SOH staff report to the office of their DASHO.

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The DoD DASHO develops DoD SOH policy, performs oversight of DoD and DoD Component SOH program performance, and reviews the adequacy of resources for DoD and within each of the DoD Components' programs.

DoD policy establishes the rights and responsibilities of employees to report unsafe conditions or work practices and to access safety and health job analyses and other information needed to participate in SOH risk management. Employee hazard reports are investigated to identify needed hazard mitigation. Unmitigated hazards are tracked to completion within each military installation's hazard abatement plan. Mitigation funding is part of the DoD Component's operating budget.

The DoD and DoD Component DASHOs review SOH Program funding to ensure resources (i.e., funding, facilities, equipment, training, and personnel) are sufficient to meet the needs of the SOH Program.

2) Field Federal Safety & Health Councils

DoDI 6055.01, "DoD Safety and Occupational Health (SOH) Program," (<http://www.dtic.mil/whs/directives/corres/pdf/605501p.pdf>) promotes membership and participation in local, regional and federal safety and health councils to facilitate the exchange of ideas, lessons-learned and establish professional contacts. In addition, many of the components reported hosting local and regional meetings and providing logistical support. Approximately 30% of DoD Components reported participation in FFSHCs. Descriptions of the involvement of DoD Component SOH managers and employees in FFSHCs are provided in the Military Department reports (submitted directly to OSHA) and Defense Agency reports in Appendixes 5-24 of this report.

3) Inspection of the Safety and Health Management System

The 2014 revision to DoDI 6055.01 directed the DoD Components to implement a comprehensive Safety and Health Management System (SHMS) within all DoD organizations. Each DoD organization demonstrates that it is successfully implementing a SHMS when it completes an SHMS program self-assessment annually and passes an external assessment every four years. Organizations achieving OSHA Voluntary Protection Programs (VPP) STAR recognition are credited with implementing an SHMS.

The DoD DASHO assesses SHMS implementation of the Military Departments and the Defense Logistics Agency annually in a face-to-face Program Management Review. These DoD Components must demonstrate program success as measured using key SOH performance and effectiveness metrics. The performance of all other DoD Components is assessed through this annual OSH Report. The DoD DASHO provides the DoD Components with SOH program management support, as needed, in order to facilitate SHMS implementation.

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The Military Departments, Defense Logistics Agency, Army and Air Force Exchange Service, Defense Media Activity, Missile Defense Activity, National Security Agency, and Defense Commissary Agency reported OSHA inspections at 127 installations and worksites with the issuance of 237 notices of unsafe or unhealthful work conditions. These components responded in a timely manner to ensure expeditious abatement of the identified hazards. The specific inspections, findings, and actions taken are detailed in the Military Department reports and in Appendixes 5, 6, 10, 14, 18, and 21 of this report.

4) Occupational Safety and Health Training

The DoD has a long established SOH Program that meets or exceeds training requirements of 29 CFR Part 1960 and E.O. 12196, "Occupational Safety and Health Programs for Federal Employees." DoD employees receive the full spectrum of safety training regarding their rights and responsibilities, job-specific safety training, hazard and mishap reporting, and supervisory-specific training as appropriate. Every employee receives the training required by 29 CFR 1960, applicable DoD policies, DoD Component-specific and organization-specific SOH policies and guidelines. Often this training is documented in the employee's individual training plan—specific for job series/tasks. Some DoD Agencies reported that additional work was needed to ensure all employees and supervisors complete necessary training. But, each had completed appropriate gap-analyses to identify training needs and courses of action.

The DoD cross-references safety-related training processes, methodology, and course content with published standards and updates training as needed. Training programs use curricula targeted to work position-specific training requirements of senior leaders, supervisors, SOH staff, collateral duty safety personnel, and front-line employees. Training effectiveness assessments vary, but include written and/or oral testing, practical demonstration, and task evaluation. Training effectiveness is evaluated routinely by supervisors during assessments of workers' performance and during workplace inspections where the execution of the safety program and its overall effectiveness is being evaluated.

The 39,309 civilian employees of the DoD living and working outside the U.S. receive the same level of training as their U.S.-based counterparts with additional location/host nation-specific training completed, as required.

Across the DoD the Components use a mixture of classroom instructor training, video teleconferencing, and on-line training to fulfill their requirements. DoD Components evaluate the effectiveness of SOH training programs as a part of their SOH Management System program performance reviews. Funding allocated to SOH training is identified in the individual DoD Component reports.

Occupational safety and health training is detailed in the Military Department reports and Appendixes 5-24 of this report.

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In 2016, the DoD began an initiative to review competencies needed within the GS-0018 safety and occupational health manager series. The review is focusing on competencies needed by SOH program managers to required to implement safety and health management systems at our military installations. An ad-hoc Human Capital Working Group has been created to identify competency requirements, submit these requirements to the Office of Personnel Management as changes to the GS-0018 Classification Standards, and include these requirements in position descriptions of the field-level GS-0018 staff.

5) Whistleblower Protection Program

DoD policy requires DoD Components and their subordinate commands to provide written notification of whistleblower rights and protections pursuant to Public Law 107-174 (also known as the “No Fear Act”). DoDI 6055.01 requires DoD Components to establish procedures for employee reporting of unsafe or unhealthful working conditions and for protecting employees from coercion, discrimination, or reprisals for participating in the SOH program. These procedures include provisions to ensure individual anonymity, prompt and impartial investigation of allegations of reprisal, and appropriate administrative action when allegations are substantiated.

The DoD Components maintain effective whistleblower protection programs at all organizational levels and workplaces through publication of policies and procedures, web links to organizational websites, training for employees and supervisors, posters, anonymous hotlines and other hazard reporting mechanisms, and other fully visible means of communication.

In 2016, the DoD Components reported no reprisal allegations against employees reporting unsafe or unhealthy working conditions.

- d. *Special 29 CFR 1960 Reporting.* DoD does not have Certified Safety and Health Committees (see Appendix 3).

II. SAFETY & HEALTH MANAGEMENT SYSTEM (SHMS) SELF-EVALUATION.

Overall Assessment.

DoD’s implementation of SHMSs includes monitoring the percentage of all organizations that have successfully implemented an SHMS. The 2016 Program Management Review of the Military Departments found that they are successfully implementing SHMSs with external management reviews of subordinate organizations.

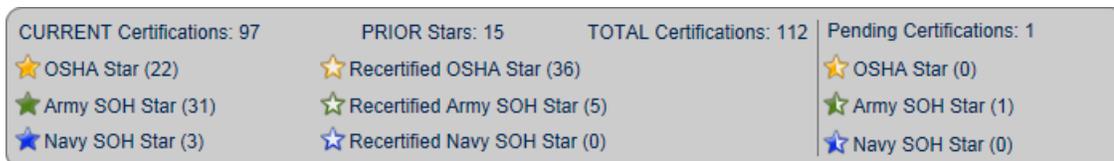
DoD supports organizations that demonstrate a safety and health culture embedded in the organization’s culture and achieve injury and illness rates below the industry average. These high-performing organizations are recognized through OSHA VPP Star

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recognition or Military Department-equivalent Star recognition (e.g., Army Star, Navy Star).

52 Military Service sites and 6 Defense Agency sites have achieved OSHA VPP Star Status. Following the tenets of OSHA VPP, the Army has developed an Army SOH Star program, with 36 Stars awarded. The Navy has certified three sites outside of the U.S. Approximately 400 DoD worksites are pursuing SHMS recognition (Figure 3).

Figure 3. DoD’s SHMS Recognition Dashboard



These accomplishments would not be possible without OSHA’s support of DoD participation in VPP, the dedicated DoD workforce who strive to improve workplace safety, and the current DoD Star sites providing OSHA Special Government Employees (SGEs) to assist future VPP applicants. The DoD has more than 160 certified SGEs supporting the growth of VPP.

Enhanced safety management programs have led to a reduction in incident rates and lost work days as evidenced by DoD’s continuous improvement in injury/illness rates. Based on analysis of data from DoD sites that are pursuing or have achieved Star Status, the average reduction in DART (over a 3-year period) is greater than OSHA’s statement that the average VPP worksite has a DART case rate 52% below the industry average.

In 2016, the DoD established the Annual DoD VPP Achievement Awards for commanders, employees, and individuals at current VPP Star sites who sustained exceptional performance. DoD established these awards to recognize and promote performance that exceeds the requirements of the VPP. Further, the awards promote DoD SGEs mentoring of other worksites. In 2017, DoD will continue to provide centralized support for the DoD installations improving their SHMSs and pursuing OSHA VPP or Military Service Star status.

DoD Overall Assessment: 2.5

Agency Safety and Health Management System					
	0 = Does Not Exist	1 = Needs Major Improvement	2 = Needs Minor Improvement	3 = Is Highly Effective	NA = Not Applicable
Overall Assessment Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Summary of Self-evaluation.

SHMS Strengths/Areas Needing Improvement.

DoD performance metrics and the overall self-assessment indicate the SHMS is functioning well (see Appendix 4).

DoD continues to make SOH program improvements to provide safe and healthful places and conditions of employment for all employees. Worksite injury and illness rates are continuously evaluated and steadily declining. The rates consistently remain below Federal Government injury and illness rates for 2016.

The major strengths and improvement areas of the DoD SOH Program include the following:

Strengths/Accomplishments:

- Leadership at all levels (senior leaders, managers, supervisors) emphasize SOH programs to protect the workforce and enhance force readiness.
- An organizational structure with clear assignments of authority, responsibility, accountability, and communication.
- Engaged strategic and operational leaders and managers from the Office of Secretary of Defense (OSD) and the DoD Components who meet routinely to address key SOH programmatic and hazard-specific issues.
- An established framework for SHMS implementation across all DoD components.
- Cascading policies and procedures from the DASHO to the local level that allow for practical implementation and application of SOH policies.
- Initial and sustained SOH training for leaders, supervisors, and employees.
- Comprehensive worksite hazard communication and employee empowerment to report hazards and recommend corrective actions.
- Completion of hazard characterization and mitigation in high-risk workplaces.
- Initiatives to implement SHMSs within each DoD Component.
- Procedures to address emerging but not-yet regulated SOH risks.
- Open lines of communication with federal and regional OSHA Offices and other federal agencies.
- Inclusion of safety and health considerations in the DoD acquisition process.

Improvement Areas:

- Implementation of an SOH strategy with safety and health action plans to prioritize and guide achievement of organizational objectives.
- Establishing and improving SOH Programs in newly formed Defense Agencies.
- Updating baseline hazard surveys and conducting periodic surveys and inspections within available resources, including low risk areas.
- Advocate for DoD Components with resource limitations (e.g., training, SOH staff).

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- DoD Component ability to centrally track hazard corrections.
- Managing electronic SOH data to evaluate past, present and anticipate future safety and health risks.

III. GOALS.

The DoD SOH Program annual goal is a significant reduction in all mishaps and occupational injuries and illnesses. DoD met its annual goal for 2016 by reducing total and lost-time case rates by more than 1% from 2015. DoD SOH objectives for 2017 are:

- Continue implementation of SHMSs across DoD.
- 1% reduction in injury and illness rates (TCIR and DART) from 2016.

IV. DEFENSE AGENCY AND COMBATANT COMMAND REPORTS.

The Departments of the Army, Navy, and Air Force submitted their OSH reports directly to OSHA. Appendixes 5 through 24 provide the OSH reports for the remainder of the DoD Components:

- Defense Logistics Agency (DLA) (see Appendix 5)
- Defense Commissary Agency (DeCA) (see Appendix 6)
- Defense Contract Audit Agency (DCAA) (see Appendix 7)
- Defense Contract Management Agency (DCMA) (see Appendix 8)
- Defense Finance and Accounting Service (DFAS) (see Appendix 9)
- Army and Air Force Exchange Service (AAFES) (see Appendix 10)
- Defense Health Agency (DHA) (see Appendix 11)
- Defense Information Systems Agency (DISA) (see Appendix 12)
- Defense Intelligence Agency (DIA) (see Appendix 13)
- Defense Media Activity (DMA) (see Appendix 14)
- Defense Security Service (DSS) (see Appendix 15)
- Defense Threat Reduction Agency (DTRA) (see Appendix 16)
- Department of Defense Education Activity (DoDEA) (see Appendix 17)
- Missile Defense Agency (MDA) (see Appendix 18)
- National Geospatial-Intelligence Agency (NGA) (see Appendix 19)
- National Reconnaissance Office (NRO) (see Appendix 20)
- National Security Agency (NSA) (see Appendix 21)
- Office of Inspector General (OIG) (see Appendix 22)
- Washington Headquarters Service (WHS) (see Appendix 23)
- U.S. Central Command (USCENTCOM) (see Appendix 24)