

Supervisor Safety Alert

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Safety shortcuts lead to explosion

Three men were caught in a fiery explosion at a Fairfield, AL steel works plant, which U.S. Department of Labor Occupational Safety and Health Administration (OSHA) inspectors said occurred because the company put workers at risk so as not to slow production at the facility.

The men were opening and closing a malfunctioning valve on a furnace when it erupted and sent the men to the hospital. Two of the three men died later due to their injuries. The third man was rushed to a burn trauma unit in critical condition.

OSHA inspectors determined that the explosion was caused by opening and closing a high-pressure valve that contained oxygen and hydrated lime. The men were doing the work while the furnace was operating, as directed by the department's management.

"Management knew that attempting to operate the valve while the furnace was still running placed workers at risk, yet they allowed them to do it because they



didn't want the production line down for hours," said Ramona Morris, OSHA's area director in Birmingham. "This employer chose productivity over the safety of its workers, and two people died as a result of this decision."

OSHA issued the employer a willful citation for not developing and using a procedure to control the hazardous energy to allow workers to operate the valves on the furnace while it is in operation. Seven serious citations were issued for not developing a procedure to prevent the furnace from releasing hazardous energy while workers performed maintenance; missing exit signs;

an improperly installed exit gate; and not training workers to recognize hazardous conditions with the oxygen system. The employer has been inspected 14 times by OSHA since 2009 and issued citations for amputation hazards, unsafe crane operation, violations associated with flammable liquids and other hazards.

The proposed penalties for this latest incident total \$107,900. OSHA has also proposed that the employer be placed in the Severe Violator Enforcement Program for demonstrating indifference to its OSH Act obligations to provide a safe and healthful workplace for employees.

Not so fast...new equipment and processes need to be analyzed for safety

Have you ever thought that a new process would be more effective? That a different piece of equipment would get things done more efficiently? Or that a minor modification to a piece of equipment would be beneficial?

In some cases, changing a process or equipment can be a benefit. But, you should not make such changes until a proper change analysis (e.g., bringing in a safety professional or engineer) has been conducted to determine any hazards the new process or equipment may introduce.

An organization or process is like a web of interconnections; a change in one area throws a different part off balance. Managing these ripple effects is challenging but necessary.

What is a change analysis?

A change analysis is a process of identifying hazards that could occur as a result of changing a process or equipment. Such an analysis will need to be conducted by a qualified person (usually a safety professional or engineer). For equipment alterations, the manufacturer will also likely be consulted.



When to perform change analysis

Change analysis should be performed whenever a significant modification or addition is made to a process. Examples include

installing new equipment, using new materials, starting up new processes, or personnel changes.

Supervisor involvement

It is crucial that you bring in qualified personnel to evaluate possible changes and to make recommendations before you make any major changes to processes or equipment. It is also critical that you instruct employees not to alter equipment without getting the proper clearance. Qualified personnel should review proposed equipment changes.

Lastly, it is a good idea to periodically inspect your work area to locate non-standard use of equipment or altered equipment.

An example of why change analysis is necessary

A 39-year old male died when a 500-gallon storage tank he had started to empty of waste oil and water exploded from its base striking him in the head. He had vacuumed the waste oil and water into the tank from a trench on the other side of the plant and transported it with a lift truck to the underground waste storage area for disposal at a later time. He was pressurizing the contents of the tank with air from a compressed airline located just inside the plant to speed the evacuation of the waste oil and water into the waste storage area.

The tank was not approved for use as a pressurized vessel. Fittings on the tank had been adapted for the purpose of connecting them to the compressed airline.

How to uncover your safety culture

As a supervisor, you may have a solid understanding of how your workers feel about the company's safety program. But, are you certain?

If you really want to find out what people think, meet with your team for a lively discussion on the safety culture. Consider some of these topics:

- Who is responsible for your safety: you, your coworkers, or your employer?
- What has top priority: safety, production, or quality?
- How should hazards be reported and corrected?
- How should suggestions for safety improvements be handled?

- What is the purpose for accident investigations: to find blame or to prevent recurrence?
- Who should enforce safety rules?
- Is safety training conducted to improve safety or to meet regulatory requirements?
- Should safety performance be included in performance reviews?
- Who should have the final word on safety: management, the safety department, the safety committee, or the employee?

The objectives are to share opinions, establish the current status of the safety program, and identify potential directions for

future safety efforts. One goal is to explain why policies are set up the way they are. Policies and procedures are easier to accept when they're fully understood.

Make it clear that the exercise is just a discussion and that there's no guarantee that any policies will be changed. But, agree to tell management about any strong concerns that come up. You might get feedback for improving or adding safety programs. Employees may mention training needs, they may give you ideas for how to better recognize safety efforts, or they may identify previously unreported hazards.

Forklift evaluation: Written exam not enough

If you have workers who are trained to operate forklifts, then you must make sure they receive more than a written exam for their required triennial evaluation.

The evaluation of performance required by the standard cannot be met by a written exam alone, OSHA said in a recent Letter of Interpretation. "A written exam by itself does not indicate whether the operator is operating the powered industrial truck safely."

According to OSHA, in most cases, the person conducting the evaluation would do two things:

- First, observe the powered industrial truck operator during normal operations to determine if the operator is performing safely, and

- Second, ask pertinent questions to ensure that the operator has the knowledge or experience needed to operate a truck safely.

In some cases, because of the danger or complexity of the operation, the extent of the change in

conditions, or the operator's need for additional skills, the evaluation will need to be lengthier and more detailed, OSHA pointed out.

Work with your safety manager to ensure all your forklift operators are trained and evaluated properly.



Unsafe behaviors: Safety's opposition

As a supervisor, you are no doubt aware of the numerous safety programs and procedures that are in place, as well as the laws and regulations regarding workplace safety. And, with today's technology, it may seem odd that workplace injuries still occur.

One reason injuries still occur may involve workers' behaviors and the factors that influence those behaviors.

Throughout their lives, workers pick-up many potential behaviors...some good, some bad; some safe, some unsafe. They generally choose those behaviors that will keep them safe. However, there are factors that can lead them to choose the unsafe behavior while on the job.

The following are a few of the factors/behaviors that can impact safety.

- **Apathy** — Sometimes workers just don't care (likely because they've never experienced an incident) about working safely.
- **Unsure** — For various reasons, workers may be reluctant to ask for clarification or assistance.
- **Uncomfortable** — In some cases a job may be physically uncomfortable (e.g., in inclement weather, cramped spaces), so a worker is prone to rushing to get the job done or bypassing safe procedures.

- **Hurrying** — Although working quickly can sometimes be a positive, if the speed jeopardizes safety then it's a negative and should not be allowed.
- **Dislike for authority** — Some workers just dislike authority. They may even go so far as to let it influence their decision to work safely, either by failing to follow procedures or working angrily.
- **Sleepy/drowsy/fatigued** — Being sleepy or fatigued can affect judgment and decision-making, as well as impact reaction-time and the ability to recognize hazards.
- **Medicated** — Being under the influence of certain medications (or alcohol/drugs) can impair a worker's decision-making,

reaction time, and ability to recognize hazards.

- **Horseplay** — Most horseplay consists of unsafe behavior when done in the workplace. And, workers can get so caught up in the moment that they fail to recognize the potential hazards of their actions.

Correcting worker behavior

Many behavioral factors can be corrected or controlled if you recognize them and if workers are taught to recognize them. You need to stay in touch with workers, by getting out on the work floor and being visible, holding safety meetings, etc. You need to frequently talk to workers and observe how they're doing their jobs, and pay attention to factors or signs that might lead to unsafe behavior.



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