



U.S. ARMY COMBAT READINESS CENTER

UNIT SAFETY OFFICER'S GUIDE

to Managing Your Commander's
Safety Program

VERSION 2

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<https://safety.army.mil>



This guide is intended for the unit safety officer (USO) as a supplemental resource to current regulations and pamphlets to assist in managing the commander's safety program.

This guide derives from multiple sources and does not introduce or impose any requirements that are not addressed in 29 CFR 1910, 29 CFR 1904, DoDI 6055.01, DoDI 6055.04, DoDI 6055.05, DoDI 6055.07, DoDI 6055.12, DoDD 5105.77, AR 385-10, DA Pam 385-40, DA Pam 385-10 or ATP 5-19. It is intended to:

- Provide clarity of information addressed in the previously stated references
- Serve as a reference tool for executing the Army Safety Program

The intent is not to imply that it is the USO's responsibility to perform all of the tasks mentioned, only that these tasks are an integral part of the safety program and should be monitored for the commander.



Section I. Purpose

The objective of the Army Safety Program is to effectively accomplish the mission while avoiding losses that negatively impact readiness. This is achieved through the effective management of hazardous behaviors and conditions to prevent injuries to military personnel, Army civilians and non-Army civilians, or damage to Army and non-Army property. This guide provides information necessary for USOs to manage the commander's safety program at the company level and above.

Regulations, processes or standard operating procedures (SOPs) unique to a specific community or a major command are not delineated in this guide. Topics covered in this guide focus on providing the USO with resources, tips and methods to apply federal regulations, Department of Defense (DoD) and Army policies, and standards referenced in safety training courses or applicable to the Army's Safety and Occupational Health (SOH) Program.

Section II. Elements of the Safety Program

Mishap prevention/safety have no defined boundaries. Virtually every activity, whether on duty or off duty, contains a safety component. A review of Army Regulation (AR) 385-10 shows that all safety-related programs within the Army are comprised of five core elements —

- Safety program management
- Hazard identification through inspections/assessments
- Hazard analysis and countermeasures (see DA Pam 385-10)
- Safety promotion, training and education
- Mishap investigation and reporting

Additional safety elements are added based on the mission, functions and tasks performed by the organization, as listed in AR 385-10.

Section III. Role and Functions of the USO

Leaders and supervisors at all levels, military and civilian, are directly responsible for the health and welfare of the Soldiers and civilians entrusted to their care and establish how their personnel comply with safe work practices in their respective organizations. Mishap prevention through the execution and compliance with the unit safety program is a leadership responsibility. The commander/director is the foundation of the organization's safety program.

The USO is a spokesperson who cooperates with leaders and supervisors at all levels of the organization to assist the commander/director in the execution of the Army SOH Program to promote readiness through safe work practices. The USO advises the commander regarding the status of the unit's safety program when there is no safety officer assigned by table of organization and equipment or table of distribution and allowances. The USO relies on the support and mentorship of the brigade safety officer and/or supporting GS-0018/civilian SOH professionals.

In accordance with AR 385-10, each USO will:

- Be appointed by the commander on written orders
- Have a year or more retainability in the unit upon duty appointment
- Report directly to their unit commander on safety-related matters
- Meet the requirements of 29 CFR 1960.58 by completing the USO course or Ground Safety Officer Course within 30 days (active duty) or 90 days (Army National Guard and Army Reserve), which includes the following topics:
 - Risk Assessment and Management
 - Hazard Inspections, Reporting, Analysis and Abatement
 - Fundamentals of Mishap Investigation and Reporting
 - Motor Vehicle Safety
 - Army Safety Awards Program
 - Occupational Health Program Support
 - Industrial Hygiene Support
 - Army Hearing Program
 - Fire Prevention
 - Hazard Communication Program
 - Off-Duty Safety



USO functions. Based on AR 385-10, DA Pam 385-10 and DA Pam 385-40, the USO's functions include, but are not limited to, the following major SOH program areas:

Safety Program Management

- Advise the commander on the status and adequacy of the unit safety program, the status of the hazards control log, and safety matters that degrade or inhibit mission accomplishment on a regular basis with effective courses of action (Ref: AR 385-10).
- Participate in unit-level mission planning, preparation, execution and recovery/after-action reviews (AARs) to ensure hazard identification, risk assessment and integration of controls are addressed by the commander and other mission planners (for example, platoon leader, operations officer, supply officer) prior to and during unit operations (Ref: AR 385-10).
- Observe unit operations to detect unsafe practices and hazardous



conditions that increase the risk of a mishap and recommend effective corrective actions (Ref: AR 385-10).

- Participate in AARs to ensure lessons learned are captured and disseminated for use in planning and executing the next iteration of the same mission or similar missions (Ref: AR 385-10).
- Assist in developing and reviewing unit SOPs to ensure safety and risk management (RM) are integrated and controls are established for identified hazards (Ref: AR 385-10).
- Assist the operations staff officer with integrating RM into operations, to include developing protection measures of performance and effectiveness related to RM for the commander's training assessment (Ref: ATP 5-19).
- Participate in developing and sustaining an understanding of the enemy, terrain and weather, and civil considerations during the Military Decision-Making Process (MDMP) (Ref: ATP 5-19).
- Acquire and maintain required references (Army, command headquarters, and local policy and procedures) to perform assigned duties (Ref: AR 385-10).
- Monitor tests of the unit's pre-mishap plan (PMP), conducting AARs and recommending improvements to the plan as necessary (Ref: AR 385-10). Section VI of this guide provides specific requirements for the PMP.
- Provide safety oversight to unit operations involving the transport or storing of arms, ammunition, explosives, petroleum products, RAMs and other HAZMAT (Ref: AR 385-10).
- Manage the unit safety awards program (see AR 385-10 and DA Pam 385-10).
- Perform other actions to enhance and promote the unit safety program and individual Soldier involvement in preventing mishaps. For example, conduct a periodic safety awareness day. Topics and educational materials are found on the U.S. Army Combat Readiness Center (USACRC) website at: <https://safety.army.mil>.
- Assist the commander in promoting off-duty safety, especially private motor vehicle (PMV) safety, including motorcycle safety.

Safety Assessments and Inspections

- Create an inspection checklist in the Assessment, Inspection and Survey Module of the Army Safety Management Information System (ASMIS) 2.0.
- Conduct annual surveys/inspections and hazard analyses of unit spaces, facilities, training sites and equipment using procedures outlined in DA Pam 385-10.
- Prioritize hazards identified during the inspection by hazard probability and severity and recommend to the commander effective courses of action to address matters that degrade or inhibit mission accomplishment (Ref: AR 385-10).
- Record inspection results in the Assessment, Inspection and Survey Module of ASMIS 2.0.

Hazard Management

- Use the Hazard Management Module of ASMIS 2.0 to track hazards identified during inspections.
- Review/investigate hazards reported by unit personnel to determine if they require adding to the hazard list within the Hazard Management Module of ASMIS 2.0.
- Advise first-line supervisors on hazard abatement plans, and advise the commander appropriately.
- Coordinate with your supporting industrial hygienists and occupational health professionals for support with occupational health hazards (hearing conservation, respiratory protection, laser safety, etc.).

Safety Training and Promotion

- Monitor personnel attached or assigned to ensure they are trained in RM and other safety-related subjects. Conduct or coordinate RM training and other job safety-related training as required (AR 385-10, 29 CFR 1910).
- Coordinate or conduct safety training and safety awareness promotion as required by Army or local policy. (Examples include hazard recognition and reporting procedures, near-miss and mishap reporting procedures, off-duty safety awareness, four-wheel and two-wheel PMV safety awareness, newcomer safety briefs, HAZCOM/GHS, fire prevention, fire response/extinguisher use, ergonomics, safety awards, etc.)
- Participate in all Army-, command- or installation-required safety training and any unique safety-related training required to support the unit safety program.

Mishap and Near-Miss Reporting

- The USO must either review all mishap and near-miss reports for accuracy, completeness and timeliness in the Mishap and Near-Miss Reporting (MNMR) Module of ASMIS 2.0 or conduct an investigation and determine

the system inadequacies (latent failures/root causes) in accordance with 29 CFR 1904, DoDI 6055.07, AR 385-10 and DA Pam 385-40. (See Section VIII. Mishap Classification and Reporting Process.)

Section IV. Principles of the Unit Safety Program

Leadership and safety go hand in hand. Safety is commonly perceived as an isolated topic pursued by specialists rather than a function of leadership to prevent mishaps. Safety is a function of leadership to ensure hazardous conditions are identified and fully analyzed to consider all risks, and effective control measures are incorporated into policies, SOPs, OPLANS and daily assignments. Safety personnel are trained to assist leaders and personnel in mishap prevention. The following are some useful principles to preventing mishaps in your unit.

Committed Leadership Fosters a Positive Safety Culture

- Commanders who make safety an integral part of unit values and demonstrate their commitment will foster a positive unit culture. Studies of the Army Readiness Assessment Program (ARAP) prove that commanders who take the lead in embracing and integrating comprehensive safety concepts into every aspect of the unit's mission have far fewer mishaps and higher unit moral.

First-line Supervisors are Critical to Hazard Management

- The first-line supervisor is critical to the unit's safety posture. It is the supervisor who is primarily responsible for training their team and enforcing standards to ensure personnel perform to standard. To do so, the supervisor needs to make time for training their personnel in a manner that instills safe practices and correct unsafe acts as they arise. They also need the proper tools and personal protective equipment for safe operations. The first-line supervisor must have adequate resources and must be accountable for



production and operation safety. Command support, including funding, is critical to safe operations. The USO often is the key to helping supervisors obtain critical resources and assisting with safety training by advising the commander of the risks.

Elimination of Unsafe Acts Significantly Reduces Mishaps

- Unsafe acts or conditions that result in a near miss or mishap are symptoms of problems in the unit's safety management system. These symptoms are the end result of multiple long-standing inadequacies referred to as system inadequacies which are influenced by lack of training, lack of enforcing standards, flaws in a policy or procedure and/or resource support that affects individual actions. The USO helps the unit leadership examine the symptoms to find and eliminate their causes before they become serious mishaps. All of these problems are correctable through training to standards and engaged leadership.

Safety is Economical

- Mishaps, regardless of severity, cost money and degrade a unit's ability to meet the mission. Costs include those for damage repair, medical treatment, lost work time (i.e., quarters, hospitalization, convalescence), personnel replacement, training and compensation claims. The USO must sometimes be creative in demonstrating to command leaders how safe practices will reduce the cost of losing operational funds, personnel, equipment, operational effectiveness and morale.

Safety Must be Marketed

- The USO must "sell" safety to all personnel through a visible show of support. Promotions, contests, competitions and recognitions are ways

of making your commander's safety program visible to the unit. If you need to threaten and coerce personnel into complying with safety precautions, then your sales efforts have failed. The USO's goal is to get leaders and their personnel to take part in setting goals, developing their own mishap prevention strategies, and taking action to reduce injuries and loss of needed materiel.

Section V. Safety Program Management Tools

The USACRC has several web-based tools designed specifically for all Army personnel to help enhance the Army Safety Program. This includes ASMIS 2.0 and the Joint Risk Assessment Tool (JRAT).

ASMIS 2.0

To bring the Army into compliance with DoDI 6055.01, ASMIS 2.0 was developed to implement an SOH management system. ASMIS



2.0 is an integrated management software system that provides a straightforward means to manage, track and report SOH data regarding mishaps, inspections, hazards, program elements and training. It supports compliance and best practices across all parts of the Army and unit-level organizations' requirements to meet industry standards, and ultimately support the total Army execution of the Army Safety and Occupational Health Management System (ASOHMS) roles and responsibilities. ASMIS 2.0 is comprised of modules for Inspections, Surveys and Assessments; Hazard Management; Mishap and Near-Miss reporting; SOH Program Management; and SOH Education and Training. Until a single sign-on is established, each module must be logged into separately. To request access to the ASMIS 2.0 deployment training and information site, go to: <https://armyeitaas.sharepoint-mil.us/teams/ASMIS2.0Deployment/SitePages/ASMIS-2.0-Deployment-Home.aspx>

ASMIS 2.0 – Assessment, Inspection and Survey Module

The Assessment, Inspection and Survey Module is a compliance-based evaluation of a workplace or specific equipment to determine if hazards have been mitigated in accordance with (IAW) the minimum legal standards set forth in law. Workplace safety inspections test compliance IAW 29 CFR 1904, 1910, 1926 and 1960. The inspection criteria is scored compliant or non-compliant (go/no-go) based on observations, documentation and feedback. The audit, assessment, inspection and survey application will allow the user to create a profile of units and facilities; build and compile checklists tailored to specific missions; schedule assessments and inspections; conduct and record the results of the assessments and inspections; analyze the results; generate a tailorabile command outbrief; and create the final report for

transmittal and archiving. Safety personnel can register to access the Assessment, Inspection and Survey Module at: <https://inspection.safety.army.mil>

ASMIS 2.0 – Hazard Management Module

The Hazard Management Module is for tracking hazards to determine if mitigation and abatement have been performed IAW the minimum legal standards set forth in law. This application will allow the user to establish initial and current risk assessment codes; analyze individual hazards; create corrective actions; suspend explosive hazards with a Deviation Approval and Risk Acceptance Document (DARAD); validate abatement efforts; close out hazards; and comply with Occupational Safety and Health Administration (OSHA) notices of violation. Safety personnel can register to access the Hazard Management Module at: <https://hazard.safety.army.mil>

ASMIS 2.0 – Mishap and Near-Miss Reporting (MNMR) Module

The MNMR Module is for reporting all mishaps (Class A, B, C, D and E) resulting from:

- Occupational-related illnesses to DA civilian and military personnel
- Injury to on-duty DA civilian personnel
- Injury to on-duty and off-duty military personnel
- Damage to Army property
- Damage to public or private property caused by Army operations
- Injury of non-Army personnel caused by Army operations

This module allows all Army personnel to begin a report for responsible safety personnel to investigate and finalize. It is designed to ensure all mishap reports are routed through supervisors and commanders as indicated in AR 385-10. Safety personnel can register to access the MNMR Module at: <https://mishap.safety.army.mil>

ASMIS 2.0 – Safety Program Management Module

This module is designed specifically for safety personnel and their commanders. It provides these personnel with several "dashboards" to display appropriate leading and lagging performance measures associated with each activity and function.

Additionally, the Safety Program Management application enables commanders, directors and safety personnel to establish SOH strategic and programmatic goals, develop execution plans and provide management oversight through performance measures for safety program core activities and functional areas. The application allows the user to access safety/mishap prevention knowledge management across all Army (battalion

level to DA level) in regard to governance-related topics/initiatives; Army Headquarters-level SOHAC (ACOM, ASCC, DRU, NGB) to view minutes from subordinate-level commands (battalion up to division, etc.); lower-level commands (i.e., battalions) to forward critical RM/safety issues for either knowledge or as a request for support to high-level commands (to brigade to division to Army HQ-level SOHAC); Army HQ-level SOHAC or installation SOHAC to review, analyze and aggregate data critical to present to the SOC; and all level of commands to streamline the process to make recommendations regarding identified gaps or ambiguity in policy, as well as conflicts between policy and supporting DA Pams. Safety personnel can register to access the SOH Program Management Module at: <https://asmis2.safety.army.mil>

ASMIS 2.0 – Employee Portal

This portal allows all registered military and civilian employees in the Department of the Army to report hazards and near misses to their supervisor and USO, review their job/activity hazard assessment with their supervisor, view hazards in their work area and track their job-unique safety training. To register, go to: <https://asmis2.safety.army.mil>, click on the “I agree” button on the bottom left of the page, click LOGIN on the top right of the next page, and select the blue Register for Access.

ASMIS 2.0 – Supervisor’s Portal

In addition to the employee portal, civilian and military supervisors have their own page available. It has the same functions as the Employee Portal with the following additional functions: Supervisors are able to create and modify job/activity hazard assessments for each individual on their team, track their team’s job-unique safety training, report mishaps for the USO to investigate, and review and provide recommendations for corrective actions. To register, go to: <https://asmis2.safety.army.mil/>, click on the “I agree” button on the bottom left of the page, click LOGIN on the top right of the next page, and select the blue Register for Access.

ASMIS 2.0 – Training and Education Module (Expected release in FY26)

The Training and Education Module enables managers, supervisors and safety personnel to track job safety-related training requirements based upon individual hazard assessments (IHA) developed by supervisors from potential exposures within the workplace. The Training and Education application will allow the user to track job safety training requirements that are not included in other Army training systems (ATRRS, ALMS, etc.) and assign training to subordinates based upon the individual hazard analysis.

- Link to additional ASMIS 2.0 resources:
 - The Sharepoint site for the ASMIS 2.0 deployment is located at:
<https://armyeitaas.sharepoint-mil.us/teams/ASMIS2.0Deployment/SitePages/ASMIS2.0-Deployment-Home.aspx>.

Joint Risk Assessment Tool (JRAT)

JRAT augments the RM planning and decision-making process for unit personnel responsible for planning an event of mission. It assists users in the identification, assessment and control of hazards across the spectrum of all operational communities and mission sets (ground, aviation, range, explosives handling, sports and recreation events, physical training events, tactical operations, etc.).

Based on the selected operation/activity, the tool displays vignettes, mishap summaries, guidance and resources. It also facilitates users in producing an automated RM worksheet (DD Form 2977, Deliberate Risk Assessment Worksheet (DRAW)). Users may select a mission set or develop their own mission, as well as select associated hazards or enter a new hazard to the list. Users also may share/collaborate with another user in the preparation of the DD Form 2977 DRAW, assign a reviewing and approval chain for emailing and digitally signing the DRAW, print the DRAW, and preserve it for documenting after action. Registration and account access is at: <https://jrat.safety.army.mil/>



Section VI. Maintaining the Unit Safety Program – Where to Begin

Step 1: Register for access to each ASMIS 2.0 application discussed in Section V of this guide and complete the training commensurate with each module.

Step 2: Review AR 385-10, then request an in-brief with the commander to obtain the commander's intent for the unit safety program and to discuss the role of the USO in the safety program. Topics for discussion should include, but are not limited to:

- What is the commander's safety philosophy?
- The role/authority of the USO to direct necessary corrective actions.
- Development of a unit safety plan to reduce hazardous conditions and behaviors, to include reporting procedures for hazards and near-miss incidents.

- How are hazards and near-miss incidents reported to leaders and the USO?
- What is the process to ensure all responsible personnel take action to abate known hazardous conditions resulting from hazards and/or near-miss reports?
- Who is responsible for entering each reported near-miss into the MNMR module of ASMIS 2.0?
- Safety awards program.
 - What can the unit do to provide incentives and recognize those who stand out in regard to embracing the principles of RM?
- A quality control process to ensure RM is fully integrated into unit operations.
 - How does the unit sustain an effective risk assessment process for mission planning in the face of a high OPTEMPO or personnel turnover?
 - Is the USO part of the risk assessment review process?
 - How often does the unit refresh their understanding of RM principles, the process and the requirement?
- An evaluation plan of unit SOPs to ensure the principles of RM are included in accordance with ATP 5-19.
 - How often are SOPs reviewed?
 - What is the plan to ensure unit SOPs include sound RM principles to help the team perform to standard?
- Review unit activity hazard assessments (AHA), also known as job hazard assessments (JHA), job safety assessments (JSA) or individual hazard assessments (IHA).
 - Has each section leader/supervisor (officer and/or NCO) developed a hazard assessment for activities in their work area?
 - When was the last time unit personnel, especially leaders/supervisors, received training on the importance and process of completing JHAs?
 - Does each hazard assessment include required safety training related to the activity and required PPE for each person involved?
- Annual safety/hazard inspections of all unit facilities, training areas and workspaces.
 - How often are unit areas inspected?
 - What areas have hazards of higher risk?
 - What is the current process for leaders responsible for areas with hazards to inform the commander and USO of abatement efforts?

- Does the USO have direct access to a government computer to enter and track inspection results and hazard abatement status into the ASMIS 2.0 Inspection and Hazard Management modules?
- Pre-mishap plan (PMP) audit and testing process. (See Section VII)
 - What is the current process to review and test the unit's PMP?
 - Does the unit PMP include all operation/activity types conducted by the unit?
- Local mishap notification, investigation and reporting SOPs.
 - What is the current process for unit personnel to report on-duty and off-duty mishaps to the USO and command?
 - What is the current review process for mishap reports completed by the USO in ASMIS 2.0 before submitting to the USACRC?
 - What is the current process for the command to evaluate, prioritize and act on each recommendation for corrective actions?
- Periodic review of trends-related hazard reporting and abatement, near-miss reports and corrective actions, and mishaps and corrective actions.
 - What is the current process for the commander to review with key command personnel the status of open/pending hazards requiring abatement, results of near-miss findings and corrective actions, and results of mishap findings and corrective actions?



- Motor vehicle (MV) mishap prevention plan.
 - Does the unit/command master driver's program meet all requirements in AR 600-55 for operating tactical and non-tactical government motor vehicles (GMV)?
 - Does the unit MV mishap prevention plan include requirements for PMVs IAW AR 385-10?
 - Does the unit MV mishap prevention plan include reviewing MV safety awareness products produced by the USACRC, higher command and/or the supporting garrison safety office?
- Specialized safety training as needed for unit personnel who meet the criteria (RM, respiratory protection, hearing conservation, heat injury prevention, HAZCOM, environmental compliance, radiation safety, etc.). Your supporting safety office can assist with contacting the appropriate subject matter experts.
- Promoting unit off-duty/family safety using products produced by the USACRC, higher command and/or the supporting garrison safety office.

Step 3: Review unit mishap data to determine the most common types of on-duty and off-duty mishaps the unit has experienced. This will help with prioritizing your efforts to assessing why these mishaps occur and what you can recommend to the commander. This also helps you plan for conducting your safety inspections of areas with higher mishap rates.

Step 4: Develop safety inspection checklists using the ASMIS 2.0 Assessment, Inspection and Survey Module to assist in identifying hazards. If needed, contact the brigade safety officer or supporting safety office for assistance.

- Meet with shop or platoon leaders and their personnel to help identify activities, processes and equipment they believe are the highest risk of injury.
- Conduct an initial safety inspection, with the responsible supervisor/ NCO and/or the officer in charge, of all unit areas using the ASMIS 2.0 inspection checklist, and then schedule follow-up inspections on an annual basis for each facility.

Step 5: Audit the commander's PMP using Section VI.

Step 6: Evaluate various unit SOPs to ensure RM principles are integrated, especially in those activities with higher levels of risk.

Step 7: Set a follow-up meeting with the commander and other key leaders to review the hazards identified during the inspection, the root reasons why the hazards exist, the unit mishap trends, the status of the PMP and SOPs.

- Direct attention to the areas where the unit is strong, as well as the areas where one has detected significant hazards or problems.
- Recommend specific actions to eliminate or reduce hazards in the problem areas.
- Obtain the commander's approval and personal support for corrective action in these areas.
- Clarify your authority granted by the commander to make or direct the corrective action.

NOTE: *This is a good foundation for setting up a unit safety council or committee on a timeline beneficial to the commander and set into the battle rhythm.*

Step 8: Ensure the USO is on the in-processing checklist and one of the last stops. This provides the USO the opportunity to help the commander improve their safety program by asking a few questions to help provide clarity after platoon and section leaders/supervisors have briefed new personnel regarding job-related hazards, completed an AHA/IHA, and determined who required motorcycle rider training, swim qualifications, etc.

Step 9: Review and/or develop a unit safety awards program (based on AR 385-10 and DA Pam 385-10) to recognize individual and unit safety performance. This is a lower priority, but still important to fostering a positive, safety-oriented culture. Your higher-level safety officer and/or supporting garrison safety offices can assist in the program.

Section VII. Guide to Preparing or Auditing a Pre-Mishap Plan (PMP)

Purpose of the PMP

- Although the goal of Army safety is to be proactive in preventing mishaps, at some point, human error and/or materiel failure will occur. As much as mishaps have a negative impact on unit readiness, not being prepared to properly respond can cause more loss.
- Each PMP (formerly known as the pre-accident plan) defines duties, responsibilities, immediate actions, notification matrices, support requirements and training requirements of the command response to mishaps, as well as interactions with other commands and civilian agencies. The PMP should be incorporated into the unit duty binder, operational orders (OPORDs). A copy of the command's/unit's PMP must be available to all personnel required to respond to or investigate a mishap. If your unit experiences a mishap which requires a formally appointed safety investigation board (SIB), the PMP is useful to ensure all

board members understand the investigation concept and plan.

- The investigation plan is a systematic process that ensures continuity of effort from the preliminary examination of the mishap site to the submission of the final report. Each PMP should complement all Army and local policies and the mishap investigation process defined in DA Pam 385-40.
- A consolidated plan is essential information for all personnel required to respond to an aviation or ground mishap. The plan is a tool to ensure critical aspects of rescue and investigation are performed in a timely and efficient manner.

Policies and Requirements for a PMP

- 29 CFR 1910-38: Requires all employers have an emergency action plan (EAP) in writing with defined minimum elements. The PMP is a derivative of OSHA's EAP.
- AR 385-10: Requires commanders and directors of Army Commands (ACOMs), Army Service Component Commands (ASCCs), Direct Reporting Units (DRUs), field-operating agencies, and the chief, National Guard Bureau (NGB) will ensure subordinate organizations develop, coordinate and exercise both aviation and ground emergency plans IAW 29 CFR 1910.38.
- Operations requiring a PMP: Plans should be modified to address actions for both aviation and ground mishaps during garrison operations, field operations and deployment operations.
- Review and Testing/Rehearsal Requirements: The USO is responsible for ensuring the command audits and tests the PMP at least once annually. The USO is also responsible for monitoring tests of the unit's PMP, conducting AARs and recommending improvements to the plan, as necessary.

Elements of a PMP

- At minimum, a unit's PMP should include the following elements:
 - Procedures to activate the PMP.
 - Procedures to notify the responsible chain of command.
 - Responsibilities of all offices and individuals with a role to play in mishap response (admin, operations, supply/logistics, medical/MEDEVAC, safety, range control, EOD, DPW, PAO, base environmental office, etc.).
 - Procedures to ensure coordination among all key personnel, offices and agencies.
 - Lifesaving and evacuation procedures for injured personnel.

- Procedures for executing a telephonic initial notification to the USACRC at DSN 558-2660/3410 or commercial (334) 255-2660/3410 for all Class A and B mishaps.
- Procedures to enter an initial notification into the ASMIS 2.0 MNMR Module (<https://mishap.safety.army.mil/>) for all Class A and B mishaps.
- Policies and procedures regarding the timely taking of toxicology fluid samples by medical personnel when appropriate based on command policy.
- Procedures for securing the mishap site include:
 - Ensuring care and first aid are provided to injured personnel.
 - Eliminate or control significant hazards created by the mishap (i.e., explosives, electrically charged surfaces, fuel, unstable materiel or terrain, friable composite material, body fluids, etc.). Operational requirements or damage control measures may require disturbing the mishap scene.
 - Informing proper authorities (e.g., responsible commander, USO or installation safety office; provost marshal's office (PMO); fire and rescue; and public affairs).
 - Protect and safeguard the site and DoD property from the disturbance unit turned over to safety for investigation.
- Procedures to begin the evidence collection process for mishaps requiring a formally appointed SIB and, if desired, Class C and D mishaps which have a high potential of a more catastrophic loss. Procedures should include:
 - Diagram/sketch the scene before moving or removing any wreckage or equipment.
 - Photographs of the mishap site from a minimum of eight points surrounding the site and all items of evidence prior to removal.
 - Collection of logbooks, maps, charts, risk management documents, safety briefs and other documents to prevent the loss of vital information.
 - Collection of names and initial statements from all personnel involved concerning the sequence of events leading up to the mishap.
- Procedures for ensuring that privileged safety information is protected IAW DoDI 6055.07 and AR 385-10, with defined boundaries between the safety officer and AR 15-6 investigator.
- Phone contact list for coordination with external agencies.
- Requirements for periodic (at least annually) auditing of the plan using the PMP audit checklist (see Table 1) and testing of the PMP.
- Procedures for notifying next of kin as appropriate.

Table 1. Pre-Mishap Plan Audit Checklist

Pre-Mishap Plan Minimum Elements	Yes	No
Are procedures for activating the pre-mishap plan <i>explicitly defined?</i> <i>Procedures should include at a minimum:</i> - <i>immediate actions for the mishap scene;</i> - <i>immediate notification process for the chain of command, installation, local EMS, U.S. Army Combat Readiness Center, etc.</i>		
Are chain of command notification procedures explicit? (<i>A best practice is to include the commander's critical information requirement (CCIR)</i>)		
Are all command phone numbers current?		
Are responsibilities of all offices and individuals with a role to play in mishap response explicitly defined? (i.e., <i>admin, operations, supply/logistics, medical/MEDDEVAC, safety, range control, EOD, DPW, PAO, base environmental office, etc.</i>)		
Are coordination procedures among all personnel with responsibilities in the pre-mishap plan clearly defined?		
Are lifesaving and evacuation procedures for injured personnel clearly defined?		
Are procedures for executing a telephonic initial notification to the USACRC and in the ASMIS 2.0 mishap reporting module explicitly defined for all Class A and B mishaps?		
Are procedures clearly defined for securing the mishap site and rendering it free of significant hazards? (e.g., <i>explosives, electrically charged surfaces, fuel, unstable materiel or terrain, friable composite material, body fluids, etc.</i>)		
Are procedures to collect evidence clearly defined? (e.g., <i>diagramming/sketching the scene, photographing or video recording the scene, collecting important documents and collecting names of all personnel involved in the mishap</i>)		
Are guidelines for taking initial witness statements defined? <i>Recommended best practices include:</i> - <i>Defined roles of safety officer vs. senior person on the scene.</i> - <i>Witness interview purpose and limitations. (Ensure it is explicitly clear that witnesses DO NOT make sworn statements or statements under Miranda rights.)</i>		
Does the plan define limitations regarding the sharing of safety information IAW DoDI 6055.07 and AR 385-10? (<i>Privileged vs. factual/non-privileged information</i>)		
Are requirements for periodic auditing and testing/rehearsing the pre-mishap plan at least annually clearly defined? (<i>A best practice is to include a form that indicates dates of rehearsals with lessons learned and actions taken to correct flaws. This should include the signature of the CO.</i>)		
Are procedures to notify the next of kin clearly defined?		
Optional - For unique mishap types: Are policy and procedures regarding the collection of toxicology body fluid samples by medical personnel defined if command policy dictates? (<i>NOTE: If defined – this must be referred to a policy signed by the commander.</i>)		
Does the plan define relationship boundaries between the safety officer and the AR 15-6 investigator? For Class A mishaps, does the plan also define the relationship boundaries of sharing information with CID and the unit safety representative's role to a formally appointed safety investigation board?		
In the event of a Class A or B mishap, does the plan define administrative support processes for an incoming formally appointed safety investigation board? (A checklist may be found at https://safety.army.mil/Portals/0/Documents/REPORTINGANDINVESTIGATION/TOOLS/Standard/UNIT_POC_CHECKLIST.pdf)		

Section VIII. Mishap Classification and Reporting Process

Tables 3A through 3C (Mishap Reporting Matrix) of this guide consolidates mishap reporting requirements from the governing policies (29 CFR 1904, DoDI 6055.07 and AR 385-10).

Step 1: Determine if the event is an Army-reportable mishap. Use Figure A on page 21 to determine if the event meets reportable Army mishap criteria.

NOTE: *You may also need to use definitions written in DoDI 6055.07 and AR 385-10 to verify if the event is an Army-reportable mishap.*

Step 2: If the event meets the criteria of an Army mishap, then determine the classification.

- Ask, "How many personnel were involved in the mishap?"
- Ask, "Of all personnel involved, what is the most severe level of injury and current disposition of each person involved?" (e.g., deceased, hospitalized as an inpatient, light duty/profile/restricted work, or treated and back to full duty)
- If property damage occurred, ask, "What is the estimated cost of damage (ECOD)?"
- Use Table 2 of this guide and AR 385-10 to verify the classification.

NOTE: *The overall mishap classification will be based on the highest ECOD or severity of injury, whichever meets the highest classification threshold.*

Step 3: Determine the type of mishap investigation — either a formally appointed SIB or a unit/command mishap investigation.

- A formally appointed SIB is required for all on-duty (military or Army civilian) mishaps meeting Class A or B criteria.
- The local unit/command is required to investigate and submit a report in the ASMIS 2.0 MNMR Module for all off-duty military and on-duty (military and Army civilian) mishaps meeting the criteria of Class C, D or E.

Step 4: Determine reporting requirements. Use Tables 3A, 3B and 3C

Figure A. Is This an Army Mishap?

Is this a DoD / Department of the Army Mishap?

Army Mishap: An unplanned event or series of events that results in occupational illness to Army personnel; injury to on- or off-duty military personnel; injury to on-duty DA civilian personnel; damage to Army property; damage to public or private property that may have been caused by Army operations; or injury or illness to non-Army personnel caused by Army operations.

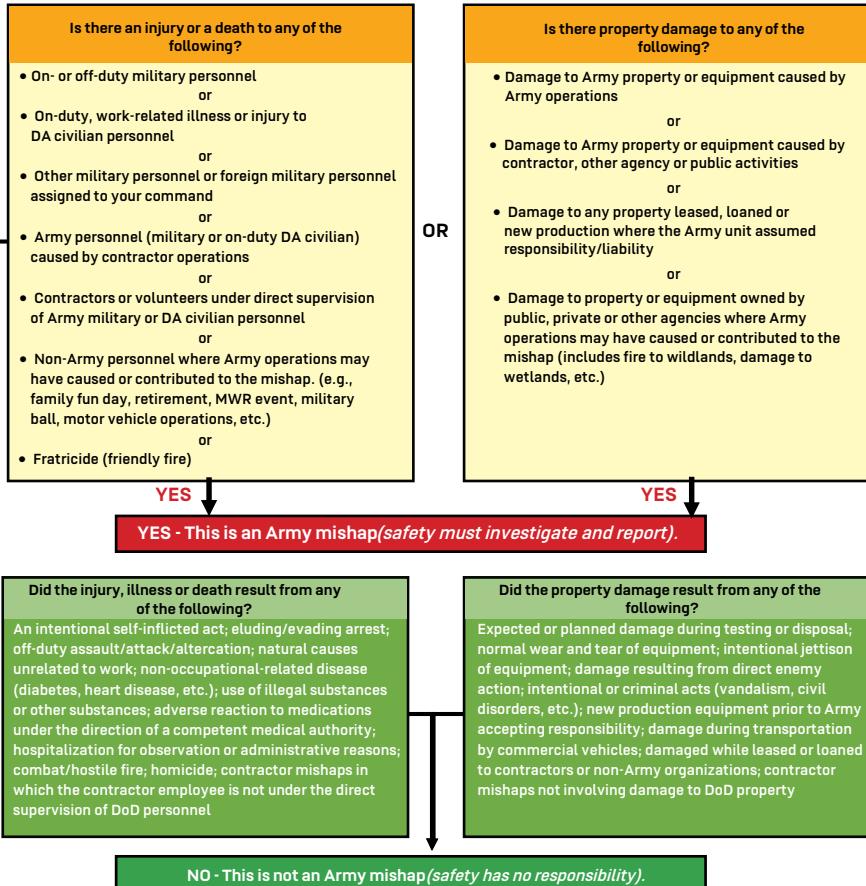


Table 2. DoD/Army Mishap Classifications



Mishap Class	Property Damage	Severity of Injury or Illness
A	\$2.5 million or greater*	Injury or occupational-related illness causing permanent total disability (PTD) or fatality <i>Note: This includes non-Army personnel if the Army may have caused or contributed to the mishap.</i>
B	\$600,000* up to \$2.5 million	An injury or occupational-related illness resulting in a permanent partial disability (PTD) or hospitalization of three (3) or more personnel in same mishap <i>Note: Hospitalization may include non-Army personnel if Army operations may have caused or contributed to the mishap.</i>
C	\$60,000* up to \$60,000	<u>Military:</u> An on- or off-duty injury or illness that results in one (1) or more days away from work, not including the day of the injury. <u>DoD civilians and military (includes contractors and volunteers under direct supervision of Army personnel):</u> An occupational-related injury or illness causing one (1) or more days away from work beyond the day or shift on which the injury occurred or the illness was diagnosed. Lost workdays/days away from work include: <ul style="list-style-type: none">▪ Restricted to quarters beyond the day of the mishap▪ Hospitalization as an inpatient beyond the day of mishap▪ Mishap-related leave (e.g., convalescent leave, sick leave, etc.)
D	\$25,000* up to \$60,000	<u>Military, DoD civilians, contractors or volunteers under direct supervision:</u> A "recordable" injury or illness not classified as A, B or C which results in light duty, limited duty, profile, restricted work or transfer to another job. Also includes: <ul style="list-style-type: none">▪ Medical treatment greater than first aid▪ Needle-stick injuries and/or cuts from sharps that are contaminated from another person's blood or other potentially infectious material▪ Medical removal under medical surveillance requirements of an OSHA standard▪ Occupational hearing loss resulting in a Significant Threshold Shift (STS)▪ A work-related tuberculosis case verified by a positive Tuberculin Skin Test (TST) (aka: Mantoux test or positive PPD)
E	An Army mishap (aviation or ground) in which the estimated cost of damage is a minimum of \$5,000 and up to \$25,000.	

*Dollar values IAW Assistant Secretary of Defense Memo, SUBJECT: Revision to Accident Severity Classification Cost Thresholds and Recording of Injury and Fatality Costs, dated 15 October 2019.

Table 3A

Mishap Reporting Matrix: In accordance with 29 CFR 1904, DoDI 6055.07 and AR 385-10, the following mishaps are required to be investigated and reported by safety personnel. All of the following require a report in the ASMIS 2.0, and some DA civilian mishaps require reporting to both OSHA and in ASMIS 2.0.

Military Personnel (Injury or Occupational Illness)	DoD Mishap Class	ASMIS 2.0 Report to USACRC	Report to OSHA
On- or off-duty mishap where injuries result in a fatality <i>or</i> Permanent Total Disability.	A	YES Call USACRC immediately	n/a
On- or off-duty mishap where injuries result in a Permanent Partial Disability <i>or</i> the hospitalization of three or more personnel in the same mishap.	B	YES Call USACRC immediately	n/a
On- or off-duty mishap where injuries cause one or more days away from work beyond the day of injury. <i>(Includes: restricted to quarters, hospitalization and/or convalescent leave)</i>	C	YES (w/in 90 days)	n/a
On- or off-duty mishap where injuries result in light duty, limited duty or profile.	D	YES (w/in 90 days)	n/a
On- or off-duty mishap where injuries result in medical treatment above first aid. <i>(The injury may not have resulted in light duty, profile or lost work time.)</i>	Based on disposition	YES	n/a
On-duty mishaps resulting from <i>occupational</i> activities and require <i>medical treatment above first aid</i> . Activities include but not limited to: <ul style="list-style-type: none"> - Daily work, tactical training/field operations, soldiering - Motor vehicle operation (<i>collision or rollover of GMV or PMV</i>) - Motor vehicle maintenance (<i>pinch, crush, chemical exposure, etc., while working on or around GMV</i>) - Organized sports, physical training - Military ceremonies - Marine operations (<i>e.g., commercial diving, watercraft ops, etc.</i>) - Chemical agent operations (<i>e.g., inadvertent exposure, etc.</i>) - Explosives (<i>inadvertent actuation, release of energy/explosion, "cook-off" or ordnance impacting outside the surface danger zone (SDZ)</i>) - Inadvertent ionizing and non-ionizing radiation exposure events - Inadvertent nuclear weapon and reactor activity exposure events - Biological operations/activities (<i>inadvertent release or exposure</i>) Occupational/work-related injuries or illnesses include but are not limited to: <ul style="list-style-type: none"> - Loss of consciousness - Medically removed under the medical surveillance requirements of an OSHA or DoD standard such as exposure to lead, cadmium, benzene, etc. - Needle stick or cut from sharp object that is contaminated with blood or potentially infectious material - Cumulative trauma, musculoskeletal disease or other physical trauma injuries, to include fractured or cracked bones or teeth and punctured eardrums - Hearing loss with a significant threshold shift (STS) - Tuberculosis (Tb) infection (<i>verified by a positive tuberculin skin test</i>) - Other respiratory injuries or illness (<i>e.g., burns or exposures</i>) - Heat injuries - Cold injuries 	Based on disposition	YES	n/a



Table 3B

DA Civilian Employee (Injury or Occupational Illness) (Includes SES, GM, GS, NAF, NSPS, WG, COE, ARNG, USAR, FN and volunteers)	DoD Mishap Class	ASMIS 2.0 Report to USACRC	Report to OSHA
On-duty, work-related fatality <u>or</u> Permanent Total Disability	A	YES Call USACRC immediately	YES (Call OSHA w/in 8 hrs.)
On-duty, occupational-related injury resulting in an <u>amputation</u> of a body part. <i>NOTE: OSHA includes amputation without bone loss. For DoD Class B – the amputation must include bone loss, which is a PPD. If no bone loss, the classification is based on disposition (e.g., lost time = Class C vs. restricted work = Class D).</i>	See Note	YES If Class B, call USACRC immediately	YES (Call OSHA w/in 24 hrs.)
On-duty, occupational-related injury resulting in <u>loss of an eye</u> .	B	YES Call USACRC immediately	YES (Call OSHA w/in 24 hrs.)
On-duty, work-related injury or illness resulting in an in-patient hospitalization of <u>one or more personnel</u> . <i>NOTE: For Army reporting - If less than three are hospitalized, the classification is C; if three or more are hospitalized, the classification is B.</i>	See Note	YES If Class B, call USACRC immediately	YES (Call OSHA w/in 24 hrs.)
On-duty, occupational-related injury resulting in <u>days away from work</u> , but not hospitalized, beyond the day of the injury. (e.g., leave as a result of the mishap such as sick leave or convalescent leave)	C	YES (90 days)	Only if it meets one of the above four criteria
On-duty, occupational-related mishap resulting in <u>restricted work</u> or <u>transfer</u> to another job.	D	YES (90 days)	n/a
On-duty mishaps resulting from <u>occupational</u> activities and require <u>medical treatment above first aid</u> . Activities include but not limited to: <ul style="list-style-type: none">- Physical training as required by position description- Mishap involving motor vehicle operations or maintenance- Marine operations (e.g., commercial diving, watercraft ops, etc.)- Chemical agent operations (e.g., inadvertent exposure, etc.)- Explosives (inadvertent actuation, release of energy/explosion, "cook-off" or ordnance impacting outside the surface danger zone (SDZ))- Inadvertent ionizing and non-ionizing radiation exposure events- Inadvertent nuclear weapon and reactor activity exposure events- Biological operations/activities (inadvertent release or exposure)			
<u>Occupational/work-related injuries or illnesses include but not limited to:</u> <ul style="list-style-type: none">- Loss of consciousness- Medically removed under the medical surveillance requirements of an OSHA/DoD standard such as exposure to lead, cadmium, benzene, etc.- Needle stick or cut from sharp object that is contaminated with blood or potentially infectious material- Cumulative trauma, musculoskeletal disease or other physical trauma injuries, to include fractured or cracked bones or teeth and punctured eardrums- Hearing loss with a significant threshold shift (STS)- Tuberculosis (Tb) infection (verified by a positive tuberculin skin test)- Other respiratory injuries or illness (e.g., burns or exposures)- Heat injuries or cold injuries	TBD	YES	Only if it meets one of the above four criteria. Otherwise, record by submitting report in ASMIS 2.0.



Table 3C



Public (family members, guests, etc.)	DoD Mishap Class	ASMIS 2.0 report to USACRC	Report to OSHA
Any injury or fatality <i>as the result of</i> an Army operation, function or activity. (Includes any activity where the host commander has responsibility or means to eliminate or mitigate hazards associated with the activity, such as family fun day, retirement ceremony, military ball, static display, demonstration of operational capability, MWR event, GMV operations, etc.)	TBD if not a fatality	YES If Class A or B, call USACRC immediately	n/a
Any injury or death that <i>did NOT</i> result from an Army operation or activity.	n/a	n/a	n/a
Contractors, Contracted Employees or Volunteers	DoD Mishap Class	ASMIS 2.0 Report to USACRC	Report to OSHA
<i>On-duty</i> contractor injury or fatality resulting <i>solely from contractor operations</i> where Army commanders have <i>no direct means</i> to correct, control, eliminate or prevent hazards or the recurrence of similar incidents. (NOTE: Although this is not a reportable mishap for the DA, this may meet a commander's CCIRs.)	n/a	NO	Contractor responsibility
Off-duty contractor or volunteer injury or death <i>not related</i> to military operations, activities or evolutions.	n/a	NO	n/a
Any injury or death of a contractor or volunteer <i>as the result of</i> an Army operation or activity. (The Army may have had a causal or contributing role in the mishap.)	TBD	YES Call USACRC immediately	Call USACRC
<i>On-duty</i> contractor or volunteer <i>fatality or permanent total disability (PTD)</i> where the contractor or volunteer is under <i>direct supervision</i> of Army personnel.	A	YES Call USACRC immediately	YES (w/in 8 hrs.)
Fatality or PTD to on- or off-duty military personnel <i>caused by</i> contractor operations or activities.	A	YES Call USACRC immediately	n/a
Fatality or PTD to on-duty Army civilian personnel <i>caused by</i> contractor operations or activities.	A	YES Call USACRC immediately	YES (w/in 8 hrs.)
On-duty contractor or volunteer occupational-related mishap resulting in <i>loss of an eye</i> while under <i>direct supervision</i> of DA personnel.	B	YES Call USACRC immediately	YES (w/in 24 hrs.)
On-duty contractor or volunteer occupational-related mishap resulting in in-patient hospitalization of <i>one or more</i> who are under <i>direct supervision</i> of Army personnel. NOTE: If less than three are hospitalized, this is Class C. If three or more are hospitalized, this is Class B.	See Note	YES If Class B, - call USACRC immediately	YES (w/in 24 hrs.)
On-duty, occupational-related mishap resulting in an <i>amputation</i> of a body part while under <i>direct supervision</i> of Army personnel. For DoD Class B, the amputation must include bone loss, which is a PPD. If no bone loss, the classification is based on disposition (e.g., lost time = Class C vs. restricted work = Class D).	TBD	YES	YES (w/in 24 hrs.)
Other <i>on-duty</i> contractor <i>work-related injuries</i> where the contractor is under <i>direct supervision</i> of DA personnel.	TBD	YES	Notify USACRC
Property Damage	DoD Mishap Class	ASMIS 2.0 Report to USACRC	Report to OSHA
Damage to DoD property and/or non-DoD property as the result of Army operation or activity in which total cost of property damage is <i>\$5,000 or more, but less than \$25,000</i> . (The Army had a causal or contributing role in the mishap.)	E	YES (90 days)	n/a
Damage to <i>DoD property</i> and/or <i>non-DoD property</i> as the result of Army operation or activity with an estimated cost of \$25,000 or more.	Based on cost	YES (90 days)	n/a
Damage to DoD/DA property <i>caused by</i> contractor operations or activities (e.g., government-furnished materials, property, equipment)	Based on cost	YES Call USACRC	n/a

(Mishap Reporting Matrix) in this guide to determine the "IMMEDIATE/INITIAL NOTIFICATION" to the USACRC and OSHA.

- For on-duty DA civilian and military Class A or B mishaps, the USO must:
 - Notify the USACRC immediately at DSN 558-2660/2539/3410 or COM (334) 255-2660/2539/3410.
 - Enter the "Initial Notification" in the ASMIS 2.0 MNMR Module.

NOTE: *Certain injuries to on-duty DoD/DA civilian employees require dual reporting to both the USACRC and OSHA. Review requirements outlined in Tables 3B and 3C to determine if the mishap requires your commander to notify OSHA within eight or 24 hours. Verify with 29 CFR 1904, DoDI 6055.07 and AR 385-10.*

Step 5: Advise your commander regarding the mishap reporting requirements and the type of mishap investigation required.

Step 6: Begin the mishap investigation and reporting process IAW AR 385-10, DA Pam 385-40 and your commander's PMP.

- For on-duty DA civilian Class A or B mishaps, the USO must:

NOTE: *Use Tables 3B and 3C to determine if the mishap meets an OSHA reporting requirement within eight or 24 hours.*

- Begin the investigation process by preserving critical information for the incoming SIB. This includes securing the mishap site, interviewing witnesses and escorting personnel authorized by the commander (Ref: AR 385-10 and DA Pam 385-40).
- When the SIB arrives, brief the board president on the status of the site and any actions taken by other agencies related to the mishap site (Ref: AR 385-10 and DA Pam 385-40).
- For on-duty military Class A or B mishaps, the USO must:
 - Begin the investigation process by preserving critical information for the incoming SIB. This includes securing the mishap site, interviewing witnesses and escorting personnel authorized by the commander (Ref: AR 385-10 and DA Pam 385-40).
 - When the SIB arrives, brief the board president on the status of the site and any actions taken by other agencies related to the mishap site (Ref: AR 385-10 and DA Pam 385-40).
- For all off-duty military mishaps (Class A, B and C), the USO must:
 - Collect as much information as possible and complete reports in the ASMIS 2.0 MNMR Module.
 - Submit the report to the locally established reviewing and approving chain via ASMIS 2.0 prior to submitting the final report to the USACRC.

- For all on-duty military and DA civilian mishaps (Class C, D and E), the USO or supporting safety office must:
 - If an Army civilian is injured, use Tables 3B and 3C to determine if the mishap meets an OSHA reporting requirement within 24 hours.
 - Investigate to identify both the active failure (what happened) and the system inadequacies/latent failures (why it happened).

NOTE: *Identification of the latent failures is the most critical aspect needed to develop effective corrective actions for the commander to implement.*

- Complete a mishap report in the ASMIS 2.0 MNMR Module.
- Submit the report to the locally established reviewing and approving chain via ASMIS 2.0 prior to submitting the final report.

NOTE: *Before submitting the report in ASMIS 2.0 for review and approval, make sure each on-duty mishap is scrutinized to ensure latent failures are identified and the recommendations meet the requirements of DA Pam 385-40.*



Section IX. Resources

The USO's primary resource for safety information and assistance is the higher command safety officer and/or the supporting installation/garrison safety office. However, below is a list of resources offered by the USACRC.

USACRC Awareness of Multimedia. The USACRC has a large selection of useful videos, posters, brochures and more at: <https://safety.army.mil/MEDIA>.

Motor Vehicle Safety. Both on- and off-duty MV mishaps continue to plague the Army as the top mishap of concern to all commanders. The following are some key resources to help your command provide training to reduce these avoidable mishaps.

- **Command Master Driver.** The command master driver is responsible for executing AR 600-55 for Army-owned GMVs as well as a resource to coordinate and collaborate with regarding GMV safety initiatives.
- **Driver's Training Toolbox.** The USACRC developed this toolbox to assist commanders, master drivers and USOs in the management of driver training. The toolbox provides a central location for the materials necessary to establish and maintain an effective driver training program (<https://safety.army.mil/ON-DUTY/Drivers-Training-Toolbox>).
- **Private Motor Vehicle Safety.** The USACRC website has information to help commanders, motorcycle mentorship program managers and the USO with two-wheel PMV safety (<https://safety.army.mil/OFF-DUTY/PMV-2-Motorcycles>) and a separate site dedicated to useful tools to assist the USO with four-wheel PMV safety (<https://safety.army.mil/OFF-DUTY/PMV-4-Cars-Trucks>).
- **Recreational/Specialty Vehicles.** All-terrain vehicle, utility terrain vehicle and recreational off-highway vehicle safety information is located at: <https://safety.army.mil/OFF-DUTY/Recreational-Specialty-Vehicle>.

Military Operations and Training Safety. The USACRC website has information to help commanders and USOs with awareness training on various military operations and training safety at: <https://safety.army.mil/ON-DUTY/Military-Operations-and-Training>.

Range and Weapons Safety Toolbox. The USACRC website has information to help commanders and USOs with awareness training on range and weapons safety at: <https://safety.army.mil/ON-DUTY/Range-and-Weapons-Safety-Toolbox>.

Explosives Safety. The USACRC website has information to help commanders and USOs with awareness training on explosives safety at: <https://safety.army.mil/ON-DUTY/Explosives-Safety>.

Workplace Safety. For guidance and information regarding occupational/workplace safety and links to OSHA, go to the USACRC's workplace safety site: <https://safety.army.mil/ON-DUTY/Workplace/OSHA-Corner>.

Safety Briefing Tools. The USACRC website has a variety of safety briefing tools, including the Dirty Dozen of mishaps, at: <https://safety.army.mil/MEDIA/Safety-Brief-Tools>.

Privately Owned Weapons Safety. The USACRC website has information to help commanders and USOs with awareness training on privately owned weapons at: <https://safety.army.mil/OFF-DUTY/Privately-Owned-Weapons>.

Off-Duty Sports and Recreation Safety. The USACRC website has information to help commanders and USOs with awareness training on various off-duty recreational safety at: <https://safety.army.mil/OFF-DUTY/Sports-and-Recreation>.

Home and Family Safety. The USACRC website has information to help commanders and USOs with awareness training on various types of home and family safety at: <https://safety.army.mil/OFF-DUTY/Home-and-Family>.

Army Awards Program: Contact your major command safety office for local safety awards program information. The USACRC website has additional information regarding the Army safety awards program at: <https://safety.army.mil/AWARDS>.

Safety Officer Training. The USACRC website is dedicated to provide safety personnel with training resources to gain knowledge and to train unit personnel in RM training, leader safety training, HFACS application, and ASMIS training at: <https://safety.army.mil/TRAINING-COURSES>.

Section X. Terms

Active Failure (Unsafe Act) - Factors that are "most closely tied to the mishap or near-miss and can be described as active failures or actions committed by the operator (mishap person) that result in human error or unsafe situation." Unsafe acts are divided into errors and known deviations.

Army mishap - An unplanned event, or series of events, that results in one or more of the following:

- Occupational illness to military or Army civilian personnel
- Injury to on-duty Army civilian personnel
- Injury to Army military personnel on or off duty
- Damage to Army property
- Damage to public or private property and/or injury or illness to non-Army personnel caused by Army operations (the Army had a causal or contributing role in the mishap)

Army personnel - Active-duty Army, Army civilian, USAR, ARNG and ROTC personnel as defined in this regulation.

Army property - Any item of Army property, or property leased by the Army for which the Army has assumed risk of loss, such as an aircraft, vehicle, building, structure, system, etc.

Army risk management process - A holistic approach to preserving readiness that applies 24/7 to Soldiers, Army civilian employees and even contract workers. The process has five phases that form a closed loop system of risk assessment, mitigation and evaluation.

Army Safety Management Information System 2.0 (ASMIS 2.0) - An integrated management software system that supports the Army Safety and Occupational Health Management System (ASOHMS). ASMIS 2.0 provides a straightforward means to manage, track and report SOH data regarding mishaps, inspections, hazards, program elements and training.

Army Safety and Occupational Health Management System (ASOHMS) - A structured concept that provides a framework to U.S. Army organizations to systematically manage SOH programs. ASOHMS is designed to effectively manage and ensure continued personnel/Soldier health and safety in the workplace and proper control and mitigation of risks. ASMIS 2.0 is the electronic tool to help commands/organizations to incrementally implement and sustain a healthy ASOHMS.

Control - Action taken to eliminate hazards or reduce their risk.

DA contractor - A non-federal employer engaged in performance of a DA contract, whether as prime contractor or subcontractor.

Environmental factors - Environmental conditions which had, or could have had, an adverse effect on the performance of personnel or equipment.

Exposure - The frequency and length of time personnel and equipment are subjected to a hazard.

First aid (1904.7(b)(5)(ii)) - Multiple applications of first aid do not represent medical treatment. It is the nature of the treatment, not how many times it is applied, as to whether it qualifies as first aid or medical treatment. Treatment may include:

- Using a non-prescription medication at non-prescription strength
- Administering tetanus immunizations (other immunizations, such as the hepatitis B or rabies vaccines, are considered medical treatment)
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings, such as bandages, Band-Aids™, gauze pads, etc., or using butterfly bandages or Steri-Strips™ (Other wound-closing devices such as sutures, staples, etc., are considered medical treatment.)
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (Devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes.)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, backboards, etc.)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking fluids for relief of heat stress

Hazard - Any actual or potential condition that can cause injury, illness or death of personnel or damage to or loss of equipment, property or mission degradation, or a condition or activity with potential to cause damage, loss or mission degradation. This includes procedures and practices directly related to the work environment that create a potential for producing occupational injuries or illnesses.

Hazard analysis - An analysis of a task, system or process to identify hazards of routine activities, tasks and processes to recommend effective hazard controls. These are commonly referred to as a job hazard analysis, job safety analysis, activity hazard analysis (AHA) or individual hazard analysis (IHA). The AHA and IHA builder is a component of the ASMIS 2.0 supervisor's portal.

Hospitalization - Admission to a hospital as an inpatient for medical treatment beyond the day of the injury.

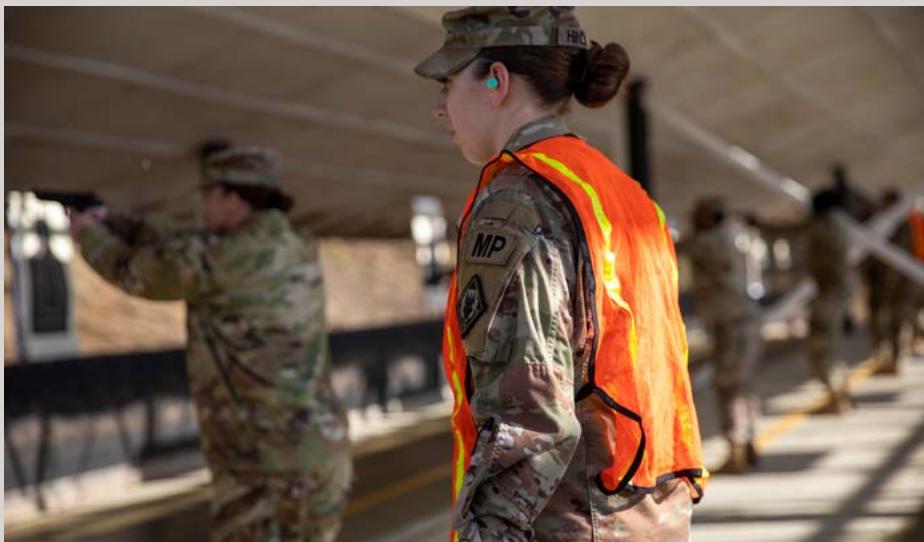
Human error - Human performance that deviated from that required by the operational standards or situation. Human error in mishaps can be attributed to a system inadequacy/root cause in training, standard, leader, individual and/or support failures indicated by human factors and/or human factors engineering.

Human factors - Human interactions (individuals, machine and/or environment) in a sequence of events that were influenced by, or the lack of, leadership, support, standards/policies and/or training, which resulted or could result in an Army mishap.

Imminent danger - Conditions or practices in any workplace that pose a danger that reasonably could be expected to cause death or severe physical hardship before the imminence of such danger could be eliminated through normal procedures.

Injury - A traumatic wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Inspection - Comprehensive survey of all or part of a workplace to detect safety and health hazards. Inspections are normally performed during the regular work hours of the agency, except as special circumstances may require. Inspections do not include routine, day-to-day visits by agency occupational safety and health personnel, or routine workplace



surveillance. It is also the process of determining compliance with safety and health standards through formal and informal surveys of workplaces, operations and facilities.

Installation - An aggregation of contiguous or near-contiguous, common mission supporting real property holdings under the jurisdiction of the DoD within and outside the continental United States. Examples include, but are not limited to, posts, camps, bases and stations.

Investigation - A systematic study of a mishap, near miss or incident to determine root causes/latent failures of why the event occurred.

Materiel factors - When materiel elements become inadequate or counter-productive to the operation of the vehicle/equipment/system.

Medical surveillance - A program facilitated by occupational health professionals composed of pre-placement, job transfer, periodic and termination examinations that are provided to all personnel potentially exposed to chemical agent health hazards in the work environment.

Medical treatment - The management and care of a patient to treat injuries or prevent disease or disorders. It does not include:

- Visits to a physician or licensed healthcare professional solely for observation or counseling
- Diagnostic procedures (e.g., X-rays, CT scans, lab tests, eye exams, hearing exams, etc.)
- First aid (see definition of first aid)

Military personnel - All Soldiers — that is, U.S. Army active-duty personnel; USAR or ARNG personnel on active duty or full-time National Guard duty or in a paid drill status; service academy midshipmen/cadets; Reserve Officer Training Corps cadets when engaged in directed training activities; foreign national military personnel assigned to the DA; and members of other U.S. uniformed services assigned to DA.

Near miss - An undesired event that, under slightly different circumstances, would have resulted in recordable/reportable personal injury, death or property damage and/or illness but did not occur due to one or more factors. (A split second or a fraction of an inch would have resulted in an Army mishap.)

Non-appropriated fund employees - Employees paid from non-appropriated funds, including summer and winter hires and special non-appropriated fund (NAF) program employees. Military personnel working part-time in NAF employment are excluded.

Occupational illness - Non-traumatic physiological harm or loss of capacity produced by systemic infection or continued or repeated stress or strain (for example, exposure to toxins, poisons, fumes; or other continued and repeated exposures to conditions of the work environment over a long period of time). Includes any abnormal physical or psychological condition or disorder resulting from an injury, caused by long- or short-term exposure to chemical, biological or physical agents associated with the occupational environment. For practical purposes, an occupational illness is any reported condition that does not meet the definition of an injury.

Occupational injury - A wound or other condition of the body caused by

external force, including stress or strain caused by workplace/on-duty activity. The injury is identifiable as to time and place of the occurrence and a member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Off-duty - Army personnel when they:

- Are not in an on-duty status, whether on or off military installations
- Have departed an official duty station, temporary duty station or ship at termination of the normal work schedule
- Are on leave, pass or liberty
- Are traveling before and after official duties, such as driving to and from work
- Are participating in voluntary and/or installation team sports
- Are on permissive (no cost to the government other than pay) temporary duty
- Are on lunch or other rest break engaged in activities unrelated to eating or resting (civilian only)

On-duty - Army personnel, for purposes of mishaps, when they are:

- Physically present at any location where they are to perform their officially assigned work (This includes those activities incident to normal work activities that occur on Army installations, such as lunch, coffee or rest breaks, and all activities aboard vessels.)
- Being transported by DoD or commercial conveyance for the purpose of performing officially assigned work (This includes reimbursable travel in PMVs for performing TDY, but not routine travel to and from work.)
- Participants in compulsory physical training activities (including compulsory sports) or other installation events

Permanent partial disability (PPD) - An

injury or occupational illness that does not result in death or permanent total disability, but, in the





opinion of a competent medical authority, results in permanent impairment through loss of the use of any part of the body. (Exceptions: The following are not considered a PPD - loss of teeth, fingernails, toenails, tips of fingers or tips of toes without bone involvement, inguinal hernia, disfigurement, or sprains or strains that do not cause permanent loss of motion.)

Permanent total disability (PTD) - Any nonfatal injury or occupational illness that in the opinion of a competent medical authority permanently or totally incapacitates a person to the extent that they cannot follow any gainful occupation and results in a medical discharge or civilian equivalent. (Amputation or the loss of use (paralysis) of both hands, both feet, both eyes or a combination of any of those body parts as a result of a single mishap is a PTD.)

Recommendations - Those actions advocated to the command to correct system inadequacies that caused or contributed, or could cause or contribute to, an Army mishap. Also referred to in this regulation as corrective action, remedial measures and/or countermeasures.

Residual risk - The levels of risk remaining after controls have been identified and countermeasures selected for hazards that may result in loss of combat power. Risks remaining after hazard mitigation measures have been applied.

Restricted work activity - An individual's injury is such that they are unable to perform their normal duties. They may be limited in the number of hours worked or temporarily assigned to perform different tasks within

the capability of their injury and medical professional's orders (e.g., light duty, limited duty, profile).

Risk - An expression of possible loss in terms of hazard severity and hazard probability.

- **Probability:** The likelihood an event will occur. It is assessed as frequent, likely, occasional, seldom or unlikely.
- **Severity:** The expected consequences of an event in terms of injury, property damage or other mission impairing factors. It is assessed as catastrophic, critical, moderate or negligible.

Risk assessment - An evaluation of a risk in terms of loss should a hazard result in a mishap and against the benefits to be gained from accepting the risk.

Risk decision - A commander's, leader's or individual's determination to accept or not accept the risk(s) associated with an action they will take or direct others to take.

Sports - Includes activities associated with sports, regardless of whether the participation is on duty or off duty and Army supervised or unsupervised, excluding hobbies. Examples include racquetball/pickleball, handball, softball, tennis, soccer, baseball, basketball, football, volleyball, skiing, swimming, scuba diving, golf, boating, hunting, fishing, martial arts, canoeing, etc.

Supervisory - Activities associated with the management of personnel. Examples include inspection tasks, directing workloads or personnel, monitoring work of personnel, planning unit activities, conducting training, conducting mission- or job-related risk analysis, etc.

System - A composite of personnel, procedures, materials, tools, equipment, facilities and software. The elements of this composite entity are used together in the intended operational or support environment to perform a given task or to achieve a specific mission requirement.

System inadequacies (latent failures or root causes) - Hazardous conditions that exist within the chain of command or elsewhere in the organization that affect the tragic sequence of events leading up to the active failure. Latent failures/system inadequacies may lie dormant or undetected for days, weeks, months or years prior to their manifestation as a mishap. Human-factor-related latent failures in the Army are divided into five categories (Individual, Leader, Support, Standards and Training failures.)

- Individual failure: A latent failure when hazardous conditions of an individual (physical, mental awareness or state of mind) or when conditions of the operating environment (temperature, lighting, noise, weather, etc.) influence individual performance.
- Leader failure: When leaders/supervisors fail to monitor mission execution and planning, correct inappropriate behavior, take appropriate actions or emphasize correct procedures that influence subordinate/team member individual failures/unsafe acts.
- Standards failure: When standards, policies or procedures do not exist or are not clear or practical and increase risk of human error at the supervisory/leader and/or individual level.
- Support failure: Inadequate equipment/facilities/services in type, design, availability or condition, or insufficient number/type of personnel, which influenced human error, resulting in an Army mishap.
- Training failure: When the training was insufficient in type or amount, incorrect or not provided that increases risk of human error/ individual failures/unsafe acts.



Workplace - A place (whether or not within or forming part of a building, structure or vehicle) where any person is to work, is working, for the time being works or customarily works, for gain or reward; and in relation to an employee, includes a place, or part of a place, under the control of the employer (not being domestic accommodation provided for the employee).

Work-related injuries - Injuries or occupational illnesses incurred while performing duties in an on-duty status.



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