

Draft Proposed OSH Performance Metrics/Checklist

The NAVSEA OSH Quality Management Board has proposed a set of OSH Performance Metrics consisting of both "metrics" and checklist items that are intended to focus attention on issues and actions that contribute to a safe and healthful working environment. A more detailed list had been reviewed by the Activities and this is a result of the compilation of their responses. Assuming that NAVSEA field activities already collect all or most of the data identified in this OSH metrics assessment, it is not anticipated that use of these metrics should pose any undo additional burden on the OSH community. Collection and analysis of these metrics is intended to aid NAVSEA to assess the overall health and safety of the OSH community.

Comments and recommendations on the proposed draft or for alternative metrics that address the same issues or intended objectives are welcome. Comments are requested on a voluntary basis and should be sent by 21 April 2000 to: Action00TNSSC@navsea.navy.mil. However, the draft OSH Performance Metrics/Checklist will remain on the 00T website's How-to-Guides page, and field activities are free to experiment with these proposed metrics and encouraged to forward new and/or additional comments after the requested April response date.

[Please scroll down to see the Metrics/Checklist](#)



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Attribute # 1, Regulatory Compliance

ID#	Measure Item	ID#	Checklist Item
1a	Number of RAC 1, 2 and 3 hazards not corrected within 30 days / number of RAC 1, 2 and 3 hazards identified	1d	Latest NOIU Compliance score and date
1c	Number of workplace hazard inspections completed / number of hazard inspections scheduled against requirement.		

Attribute # 2, Mishap Prevention

ID#	Measure Item	ID#	Checklist Item
2a	Number of A, B, C, and D Mishaps for reporting period	2c	Do you meet CNO Safety Award Criteria?
2b	Number of near miss investigations / number of mishaps investigated		
2d	Number of Federal Worker 2000 Goals met / total goals established		

Attribute # 3, Training

ID#	Measure Item	ID#	Checklist Item
3a	Percent implementation of OSH training plan by FY and current quarter		
3b	Number of OSH government/contractor instructors completing "train the trainer" course / number of instructors requiring training		
3c	Number of workers trained / number of workers requiring training		

Attribute # 4, Self-Assessment

ID#	Measure Item	ID#	Checklist Item
4a	Number of self-assessment actions of your POA&M completed / number of self-assessment actions of your POA&M scheduled	4b	Does your self-assessment program meet NAVSEA criteria?
4c	Percent of self-assessment OSH deficiencies completed from last self-assessment	4d	Date of last self-assessment
4e	Percent completion of additional goals established beyond OSH PIP goals based on self-assessment findings		
4f	Number of programmatic corrective actions completed / number of programmatic corrective actions identified		

Attribute # 5, Customer Focus

ID#	Measure Item	ID#	Checklist Item
5e	Number of OSH related complaints addressed to customer's satisfaction / number of customer OSH related complaints received	5a	Do you have a process to identify customers (e.g., fleet, tenants, employees, contractors, etc.) for which you provide a service?
		5b	Do you have a process to receive, document and respond to communications (e.g., commendations, questions, concerns, complaints, etc.) from your customers?
		5c	Do you solicit feedback for the purpose of process improvement?
		5d	Do you measure or otherwise ascertain customer satisfaction?

Attribute # 6, Injury Cost Control

ID#	Measure Item	ID#	Checklist Item
6a	Number of personnel returned to work / number available to return to work	6b	Is an absence and illness monitoring program established and utilized?
6c	FECA costs / activity overhead		

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Attribute # 7, Resources of Safety Organization

ID#	Measure Item	ID#	Checklist Item
7a	Projected number of safety personnel scheduled for early retirement and/or regular retirement within two years / total number of safety personnel		
7b	Funding obtained for training of safety personnel / budget requested for training of safety personnel		
7c	Ratio of safety program costs / overhead costs		
7d	Number of safety personnel on-board / number of safety personnel required for Activity-wide safety organization		
7f	Number of workers medically qualified / total number of workers required to be medically qualified		
7g	For FY 01, Ratio of dollars spent on abatement of RAC 1-3 hazards / dollars required to abate all identified RAC 1-3 hazards		

Attribute # 8, Command Support / Ownership

ID#	Measure Item	ID#	Checklist Item
8b	Number of safety walkthroughs by 2 nd level Managers and above / number of personnel at that level	8a	Is top level management actively involved in the promotion and execution of the Safety Awards program?
8c	Number of workplace inspections conducted by CO, XO / number of workplace inspections scheduled by CO, XO by quarter, if known	8e	Are safety related suggestions encouraged in your Beneficial Suggestion Program? - Are these safety related suggestions tracked? - Are these safety related suggestions reviewed by Command?
8d	Number of Command staff meetings with safety as an agenda item (per quarter, semi-annual, or annually)	New	Do you have a process in place to determine whether the number in 8c is either high or low?

Attribute # 9, Business Process Integration

ID#	Measure Item	ID#	Checklist Item
9b	Number of review groups with safety representation / total number of review groups (PATs, IPTs, Review Boards) requiring safety representation	9a	Do you have a process at your Activity to determine when safety representation is required on review teams (e.g., PATs, IPTs, Review Boards)?
9c	Number of JSAs performed by multidisciplinary teams / total number of JSAs completed		

Attribute # 10, Planning

ID#	Measure Item	ID#	Checklist Item
10f	Number of jobs delayed due to safety staff support requirements not being identified (per quarter, semi-annual, or annually)	10a	Does your Activity program have a Long Range (3-5 years) Strategic Plan in place that integrates safety?
		10b	Does your safety program have a Long Range (3-5 years) Strategic Plan in place?
		10c	Do you have a method to evaluate safety implications of new technologies prior to integration into existing programs?
		10d	Are infrastructure conditions and changes considered relative to Strategic Planning, business processes, and new technologies?
		10e	Do you have a process at your Activity to identify when safety staff support is required for job evaluations?
		New	Have jobs been delayed because safety staff support requirements have not been properly identified?
		New	Do you have a process to correct requirements planning to include safety when it is recognized that safety support should have been included?