



U.S. Department of Energy
Office of River Protection

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APR 11 2008

08-ESQ-075

Mr. W. S. Elkins, Project Director
Bechtel National, Inc.
2435 Stevens Center Place
Richland, Washington 99354

Dear Mr. Elkins:

CONTRACT NO. DE-AC27-01RV14136 – ASSESSMENT REPORT A-08-ESQ-RPPWTP-003
– ASSESSMENT OF OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
(OSHA) INJURY/ILLNESS RECORDKEEPING MARCH 17 THROUGH 21, 2008

This letter forwards the results of the U.S. Department of Energy, Office of River Protection (ORP) assessment of the Bechtel National, Inc. (BNI) OSHA injury/illness recordkeeping programs conducted from March 17 through 21, 2008 (Attachment). The Team had no findings.

In the area of injury/illness recordkeeping the Team concluded that reporting of work-related injuries by BNI has been accurate in the last six month period. For the September 2007 through March 2008 period, ORP found all cases reported in accordance with OSHA requirements.

If you have any questions, please contact me, or your staff may contact Paul R. Hernandez, Office of Environmental Safety and Quality, (509) 376-2209.

Sincerely,

William J. Taylor, Assistant Manager
Office of Environmental Safety and Quality

ESQ:PRH

Attachment

cc w/attach:

D. E. Gergely, BNI
D. E. Kammenzind, BNI
J. E. Filip, PAC
C. R. Ungerecht, PAC
Administrative Record
BNI Correspondence

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U.S. DEPARTMENT OF ENERGY
Office of River Protection
Environmental Safety and Quality

ASSESSMENT: Occupational Safety and Health Act Injury/Illness Recordkeeping
Review

REPORT: A-08-ESQ-RPPWTP-003

FACILITY: Bechtel National, Inc. Waste Treatment and Immobilization Plant

LOCATION: Hanford Site

DATES: March 17 through 21, 2008

ASSESSORS: Paul R. Hernandez, Lead Assessor

APPROVED BY: Kenneth A. Hoar, Director
Verification and Confirmation Division

Executive Summary

The U.S. Department of Energy (DOE), Office of River Protection (ORP) conducted an assessment of Bechtel National, Inc.'s (BNI) Occupational Safety and Health Administration (OSHA) injury/illness recordkeeping program. The assessor evaluated the procedural requirements, interviewed employees, and examined records pertaining to the assessment subject. This assessment evaluated the effectiveness of the Contractor's implementation of procedures and practices which satisfy the requirements of OSHA 29 Code of Federal Regulations 1904, "Recording and Reporting Occupational Injuries and Illnesses." The assessment focused on determining the effectiveness of the processes associated with identifying, evaluating, and recording injuries and illnesses on OSHA forms and in the DOE Computerized Accident/Incident Reporting System (CAIRS) database. The assessor paid particular attention to injuries which were compensable by the Washington State Department of Labor and Industries, but were not reported as OSHA recordable. ORP is required to perform quality checks of the information reported through the CAIRS by its contractors every six months. The last assessment of BNI was performed in September 2007.

The assessor concluded reporting of work-related injuries by BNI was accurate. For the September 2007 to March 2008 period ORP found all cases reported in accordance with OSHA requirements.

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List of Acronyms

BNI	Bechtel National, Inc
CAIRS	Computerized Accident/Incident Reporting System
DOE	U.S. Department of Energy
DOR	Disposition of Recordability Form
L&I	Labor and Industries
MD	Medical Doctor
MRI	Magnetic Resonance Imaging
PA	Physician's Assistant
ORP	Office of River Protection
OSHA	Occupational Safety and Health Administration
WTP	Waste Treatment and Immobilization Plant

Occupational Safety and Health Association (OSHA) Injury/Illness Recordkeeping Review of Bechtel National, Inc. (BNI)

Scope

From March 17 through 21, 2008, the U.S. Department of Energy (DOE), Office of River Protection (ORP) conducted an assessment of BNI's OSHA injury/illness recordkeeping program.

Details

The assessor examined relevant documentation including the most recent BNI procedure for implementation of the OSHA Recordkeeping Program. The assessor performed evaluations of employee medical records, Computerized Accident/Incident Reporting System (CAIRS) database entries, and "Safety Data System (SDS) First Aid Log" data. The assessor interviewed BNI's Workers Compensation Administrator and reviewed current Labor and Industries (L&I) records for employees who had filed claims.

Review of Procedures

DOE's review of the contractor's procedure for the OSHA Recordkeeping Program determined there was a clear process described for reporting injuries for CAIRS and OSHA recordkeeping purposes. BNI Procedure 24590-WTP-GPP-SIND-023, "Injury/Illness Notification, Investigation, and Reporting," met the minimum requirements in the DOE Environmental, Safety, and Health Reporting Manual, DOE M 231.1-1A.

The assessor also reviewed Procedure 24590-WTP-GPP-SIND-022, "Assessment and Issue of Noncompliance for Construction Subcontractor's Safety and Health Compliance." The assessor concluded BNI procedures were adequate in the area of injury/illness recordkeeping. There were no issues in the area of procedures.

Comparison of CAIRS Data to Medical Files

The ORP assessor had access to the CAIRS production database for BNI and subcontractors. The data evaluated ranged from September 2007 through March 2008. The ORP reviewer analyzed all cases posted in CAIRS that indicated an OSHA recordable injury including restricted or lost work days. Using the assigned case numbers from the log, the reviewer accessed the applicable DOE Form 5484.3, "Individual Accident/Incident Reports," for each case. The contents of the 5484.3 forms were then compared to the information in the patient's medical file.

ORP reviewed case files maintained in the Waste Treatment and Immobilization Plant (WTP) onsite Project Medical Facility, managed by WorkCARE. The ORP assessor found no discrepancies between CAIRS data entries and patient medical records. BNI's CAIRS database was found to be accurate.

Comparison of L&I Data to CAIRS Data

The ORP assessor initiated this review using L&I data from BNI's Worker's Compensation Administrator. ORP focused on cases compensated by L&I and were not reported as OSHA recordable by the contractor. In theory, all L&I cases are not necessarily OSHA recordable and conversely all OSHA recordable cases are not necessarily compensable. However, OSHA often reviews L&I records because there may be an overlap. Many cases in which the state is compensating individuals for injuries would be work related, and would likely involve medical treatment beyond first aid.

The ORP assessor analyzed all cases in the L&I records for the period from September 2007 through March 2008 and compared it to the information in the patient's medical file. ORP interviewed the WorkCARE medical staff who treated injured employees to obtain an understanding of initial injuries and subsequent treatment. As a result of document reviews and interviews the assessor found no underreporting of injuries or illnesses in any of the Worker's Compensation cases filed over the past six month period.

Review of Cases to be Removed from CAIRS as OSHA Recordable, or Limit Severity

During past assessments of OSHA recordkeeping, the assessor found weaknesses in BNI's determinations of non-recordable cases. BNI failed to demonstrate they had performed thorough evaluations and provided suitable justification to determine cases were not work related, or limit recordability for other reasons.

BNI's actions in response to this issue included the development and refinement of the Disposition of Recordability (DOR) process. The DOR provides pertinent event and medical information to support a conclusion that a specific case may be removed from the CAIRS database, or revised, when additional information becomes available. DOE reviewed several DORs for the September 2007 to March 2008 period, summarized below:

Case No. 1911-07

On October 8, 2007, employee reported to the Project Medical Facility stating that he had stumbled, but not fallen on the gravel pathway outside the Low-Activity Waste Facility. This incident was originally classified as a first aid injury based on the medical evidence available at the time.

Offsite medical evaluation and Magnetic Resonance Imaging (MRI) three weeks after the injury determined that he has a series of diagnoses that are all consistent with a chronic

personal medical condition, but not indicative of an acute work-related injury. The stumble may have aggravated the personal medical condition (causing pain), but did not elevate the level of treatment necessary for the condition.

Recordability Analysis

The investigation concludes that the event described on October 8, 2007, did not cause or significantly aggravate the injuries found by the orthopedic surgeon.

1904.5(a) Basic requirement. You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, **unless an exception in 1904.5(b)(2) specifically applies.**

1904.5(b)(2) Are there situations where an injury or illness occurs in the work environment and is not considered work-related? Yes, an injury or illness occurring in the work environment that falls under one of the following exceptions is not work-related, and therefore is not recordable.

1904.5(b)(2)	You are not required to record injuries and illnesses if . . .
(ii)	The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.

The personal medical condition revealed by the medical evaluation was not related to an acute injury; the near-fall caused the symptoms to surface, but did not cause the condition.

Conclusion

As a personal medical condition surfacing at work but that results solely from a non-work related condition is specifically excluded from recordability, this case is not an OSHA-recordable injury.

Case No. 1963-07

On November 27, 2007, a sprinkler fitter stepped into a 20 inch deep hole while spotting for a lift. This misstep caused injury to his knee and back. Because of the prescription medication and job restrictions, this was classified as an OSHA recordable and restricted case. Employee was provided six narcotic painkillers on his first evaluation. During this initial evaluation it was revealed that the employee had not declared an existing back injury (and back surgery) on his incoming medical screening paperwork. For the next three weeks, employee continued to improve, though he continued to request narcotic painkillers. Employee improvement continued to the point where on December 20, 2007,

he made a statement to his management that he was looking forward to his last doctor visit and full release so he could resume overtime work. However, later that day when evaluated by Dr. Johnson, an occupational Medical Doctor (MD) specialist, the restrictions were reduced, but remained in place. These restrictions remained in place in part because of a request for prescription narcotics.

On December 21, 2007, employee visited a Physician's Assistant (PA) in Wenatchee, who prescribed time off until January 14, 2008, without performing tests. An MRI was also scheduled by this PA.

This case remains a recordable and restricted case and does not elevate to a lost time incident in accordance with the provisions of OSHA 1904.7(b)(3)(ii). This citation states in part "If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation."

In this case, a board-certified MD specialist in Occupational Medicine is a more authoritative source, and BNI is recording the case based on his recommendation. This decision took place before the first lost workday. This case is currently recorded as recordable and restricted, and does not elevate to "lost time." This DOR exists to document the decision to not elevate this case severity in accordance with OSHA regulations.

Case No. 1975-07

On December 11, 2007, employee reported to the Project Medical Facility stating that he had tripped over a pipe and clamp scaffold and fell. He had evidence of injuries to his left and right legs. This incident was originally classified as a first aid injury based on the medical evidence available at the time. Offsite medical evaluation and MRI three weeks after the injury determined that he had "high grade/complete anterior cruciate ligament (ACL) injury," with "complete injury to the medial meniscus" to the right knee.

Safety Assurance performed an investigation after the injury was escalated in severity and found inconsistencies between the statement of the incident, the witness statement, the injury locations, the age of the injuries and the severity of the injury. Based on this investigation, BNI concludes that the preponderance of evidence indicates that stated incident did not cause or significantly aggravate employee's existing knee injury.

BNI found during the investigation that the employee did not disclose a 2005 injury and surgery on his right knee. While he did not declare this injury on his medical paperwork when joining WTP, the incident follow-up found that he had a work related surgery on the same knee in 2005, an arthroscopic meniscectomy. This surgery removed meniscus material from the knee.

In summary, the knee had less meniscus tissue than a normal knee. Information on the 2005 injury, diagnosis and repair was not available to BNI. BNI concluded the previous injury must have been fairly traumatic to cause meniscus damage.

The investigation concludes that the fall described at 0830 on December 11, 2007, did not cause or significantly aggravate the injuries found by the orthopedic surgeon.

1904.5(a) Basic requirement. You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition **or significantly aggravated a pre-existing injury** or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 1904.5(b)(2) specifically applies.

The lack of swelling of the knee and absence of joint line pain following the described event is inconsistent with an acute injury that could cause “high grade/complete anterior cruciate ligament (ACL) injury,” with “complete injury to the medial meniscus.”

BNI concluded that the condition of the right knee is more consistent with continued chronic degeneration of the significant 2005 knee injury rather than an acute injury on December 11, 2007. Without significant aggravation, the injury is not recordable.

The ORP assessor concurred with the determinations made by BNI for the above three cases. The DORs satisfied ORP’s request for additional information on these specific cases.

The assessor concluded reporting of work-related injuries by BNI was accurate. For the September 2007 to March 2008 period ORP found all cases reported in accordance with OSHA and DOE requirements.

Items Opened

None.

Items Closed

None.

Items Reviewed

None.