



UNIVERSITY OF
MICHIGAN

University of Michigan Safety Culture Improvements at the Central Power Plant

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AGENDA

- Safety Culture – Industry vs University
- Specific Initiatives
 - Culture
 - Processes and Training
 - PPE
- Measurable Outcomes
- Where to Begin

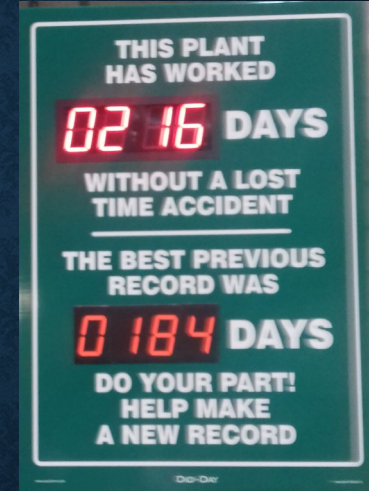


Safety is our #1 Priority

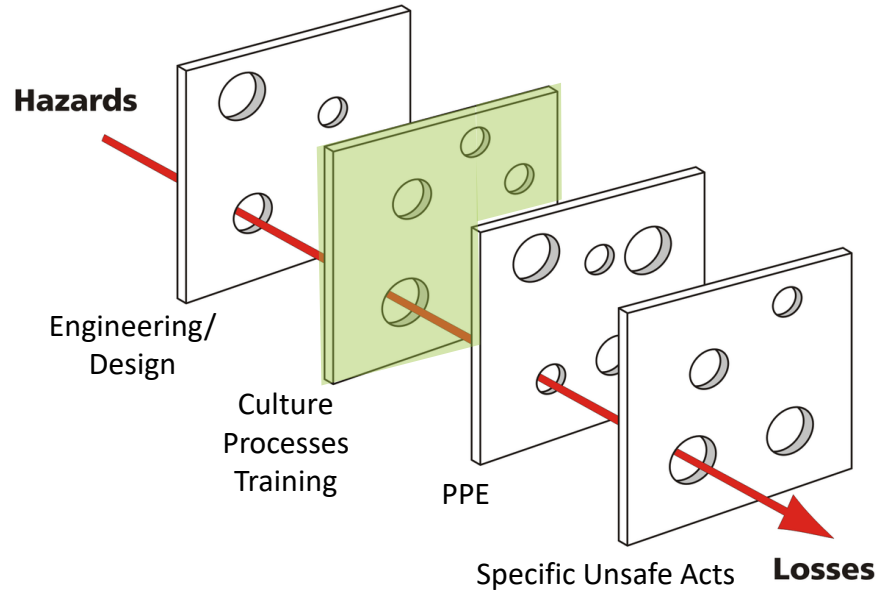


SAFETY CULTURE: INDUSTRY VS UNIVERSITY

- Injury rates in industry versus the university is very different
- How did we compare to the Power Generation DART value of 1.9?
- Different work cultures
- Procedures
- Previous record for Days Since Last Lost Time Accident was 184 days



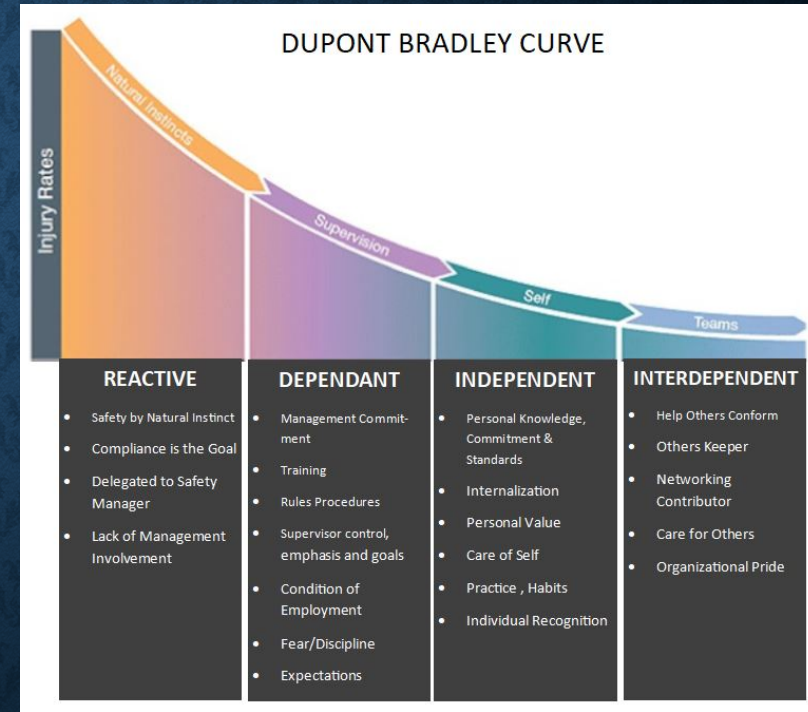
SWISS CHEESE MODEL



Cumulative act affect - The Swiss cheese model of accident causation illustrates that, although many layers of defense lie between hazards and accidents, there are flaws in each layer that, if aligned, can allow the accident to occur.

SAFETY CULTURE: INDUSTRY VS UNIVERSITY

- Dupont Bradley Curve
 - 2017 – Reactive
 - PPE worn at discretion of employee
 - High level of Lost Time Injuries
 - No proactive processes
 - “Safety Police”
 - 2018 – Dependent
 - Initial JSA process rolled out
 - Fear of retribution when “holding up work for safety” prevalent
 - Supervisors emphasize safety goals
 - Hazard and Near Miss Process initiated
 - 2019 – Independent
 - PPE standards are being adhered to
 - Team reviews hazards and suggests safer methods when appropriate
 - Recognition of staff



CULTURE

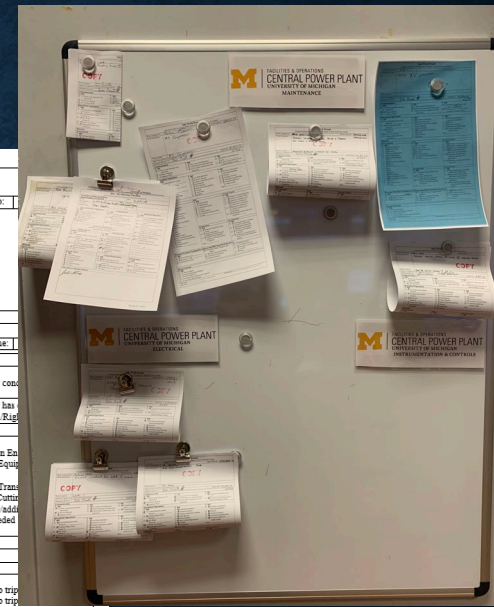
- Staff Recognition Programs
 - Peer to Peer
- Team meals for milestones
- Positivity Moments prior to team meets
 - Positivity Training and leaders
- Survey with 1:1 discussion on issues and improvement ideas



PROCESSES AND TRAINING

- Right to Know Indoctrination
- Safe Work Permits (SWP)
 - 3-way communication
 - Job Site Hazard Analysis
- Site Attendance Log
- LOTO procedure improvements
- Operations Training Program Overhaul

Safe Work Permit		
Completed daily for each job before work begins, or when work scope changes.		
Work completed by:	Supervisor approval of job description and location:	Work Order no: _____
Work Description:		
Operations Review: _____ Date/Time: _____		
Communication		
Y N/A	Y N/A	Y N/A
<input type="checkbox"/> Work scope discussed with Operations	<input type="checkbox"/> Site visited with Operations	<input type="checkbox"/> Contractor contacted
<input type="checkbox"/> Discuss Hazards	<input type="checkbox"/> LOTO discussed with Operations	<input type="checkbox"/> Contractor has orientation Right
<input type="checkbox"/> Adjacent Work	<input type="checkbox"/> LOTO points walked down with Operations	
Specialized Operations		
Y N/A	Y N/A	Y N/A
<input type="checkbox"/> Lockout/Tag Out needed	<input type="checkbox"/> Lead Paint abatement	<input type="checkbox"/> Working on Electrical Equip
<input type="checkbox"/> Permit # _____	<input type="checkbox"/> Insulation removal	<input type="checkbox"/> Hotstick
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Asbestos abatement complete	<input type="checkbox"/> Chemical Transfer
<input type="checkbox"/> Permit # _____	<input type="checkbox"/> Sand Blasting	<input type="checkbox"/> Grinding/Cutting
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Water Blasting	<input type="checkbox"/> Assistance added/worker needed
<input type="checkbox"/> Power Tool Usage	<input type="checkbox"/> Man Lift elevated platform	
<input type="checkbox"/> Rigging Hoist Lift Plan Completed	<input type="checkbox"/> Forklift	Other _____
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Ladders	
Hazards		
Environmental	Body	Process Control
Y N/A	Y N/A	Y N/A
<input type="checkbox"/> Airborne Particles	<input type="checkbox"/> Fall Potential	<input type="checkbox"/> Potential to trip
<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Punct/Pins	<input type="checkbox"/> Potential to trip
<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Slip/Trip Potential	<input type="checkbox"/> Regulatory compliance risk
<input type="checkbox"/> Restricted Ventilation	<input type="checkbox"/> Strain	<input type="checkbox"/> Management informed of potential risk to trip unit(s)
<input type="checkbox"/> Hot/Cold Surfaces	<input type="checkbox"/> Manual lifting	<input type="checkbox"/> Management informed of potential regulatory non-compliance
<input type="checkbox"/> Restricted Lighting	<input type="checkbox"/> Awkward working position	<input type="checkbox"/> Management initials that risk is acceptable
<input type="checkbox"/> Noise	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Restricted Access/Egress		
<input type="checkbox"/> Impact		
<input type="checkbox"/> Chemical		
<input type="checkbox"/> Oil		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Heights		
<input type="checkbox"/> Falling objects		
<input type="checkbox"/> Use Ventilation Exhaust		
<input type="checkbox"/> Rotating/moving machinery		
<input type="checkbox"/> Steam		
<input type="checkbox"/> Compressed Air		
<input type="checkbox"/> Other _____		
Housekeeping		
Y N/A	Y N/A	Y N/A
<input type="checkbox"/> Walkway Clean/Work Area Clear	<input type="checkbox"/> Tools, Materials & Equipment Stored Properly	<input type="checkbox"/> Fire Extinguishers Available, Accessible, Operational
<input type="checkbox"/> Trash & Waste Materials placed in Correctly Labeled Containers		<input type="checkbox"/> Flammable/Combustible Materials stored properly
		<input type="checkbox"/> No Open Solvent Paint Containers
		<input type="checkbox"/> Bonding & Grounding Used when Transferring Flammable Liquids
Personal Protective Equipment (address identified hazards from above)		
Y N/A	Y N/A	Y N/A
<input type="checkbox"/> Gloves/Glove type: _____	<input type="checkbox"/> Safety Glasses, Goggles, Face Shield	<input type="checkbox"/> Head Protection
<input type="checkbox"/> Respirator-Type: _____	<input type="checkbox"/> Chem. Resistant Clothing	<input type="checkbox"/> Arc Flash protection available
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Protective Footwear	<input type="checkbox"/> Emergency eyewash/shower available
	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Other _____
Permit Closeout		
Y N/A		
<input type="checkbox"/> Work Complete		
<input type="checkbox"/> Area Housekeeping Adequate		
<input type="checkbox"/> LOTO Signed off		
<input type="checkbox"/> Confined Space Paperwork Completed		
<input type="checkbox"/> Hot Work Permit Closed		
Operations: _____	Maintenance: _____	
Date/Time: _____		



PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Before
 - Hearing protection with lax enforcement and safety glasses
 - Some PPE available for visitors at entrance in the security guard shack but not always worn
 - Varied standards of what was expected
 - PPE lockers locked by MGMT key to access
- Now
 - Added mandatory hard hat inside the plant
 - Task specific PPE
 - Gloves
 - Bump caps
 - Face shields
 - Individual cubbies at entrance for reoccurring employees
- Key Successes and Lessons Learned
 - Much more adherence to PPE policy
 - Management set clear expectations
 - Allow some variation to items for better inclusion



MEASURABLE OUTCOMES AND AWARDS

- Injury rates in the CPP has improved
 - Recent record for Days Since Last Time Accident was 643 days
 - Also now tracking and reporting OSHA Recordable Injuries which has a record of 397 days
- Earned the UM Safety First Award and luncheon



WHERE TO BEGIN

- Outsider perspective
 - Audit/Peer Review each other
 - Contractor POV
- Use your data to identify where your site is on the Bradley Curve
- Honest discussions between management and bargained for staff on what the real issues are
- Celebrate your successes as they come
- Consider new processes that may help reinforce your commitment to safety
- Change takes time, be patient and consistent



QUESTIONS AND DISCUSSION

