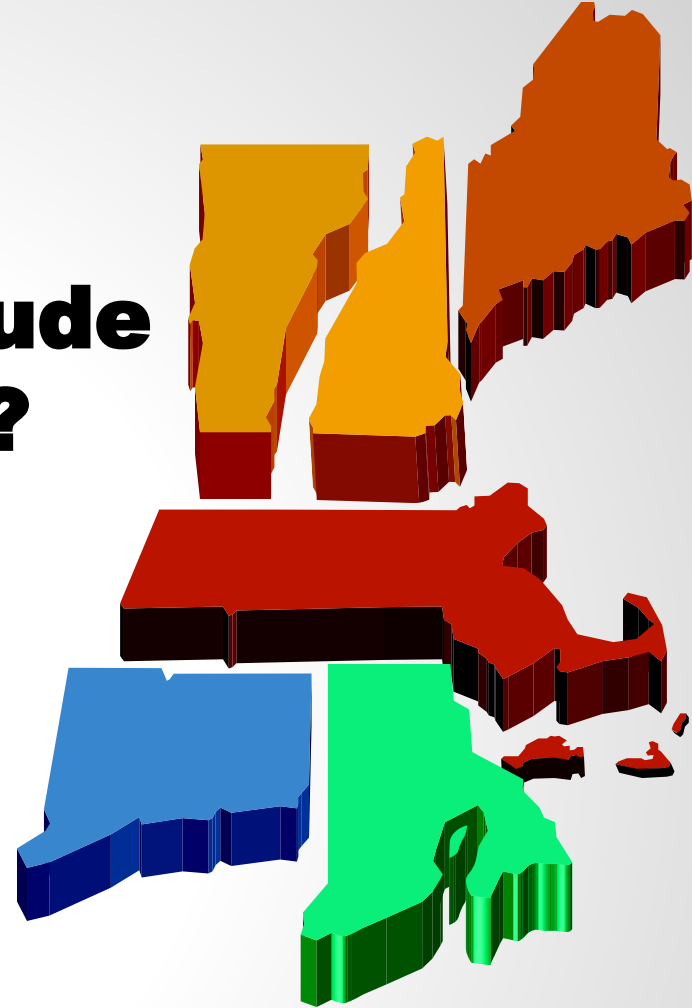


What Does A Safety Attitude Get Me in Life Anyway?

Salvatore Caccavale, CPEA
November 9, 2020



New England Area
ASSP Region VIII
Professional Development Conference

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Attitude:

Position as indicating action, feeling, or mood. “State of mind.”

Behavior:


Manner of behaving, whether good or bad; mode of conducting one's self; conduct; deportment; carriage.

Commitment:

The act of pledging or engaging; the act of exposing, endangering, or compromising; also, the state of being pledged or engaged.

Safety:

The condition or state of being safe; freedom from danger or hazard; exemption from hurt, injury, or loss.



Safetitude:

The state of mind where an individual considers the consequences of their behaviors (actions) with regards to their Safety performance.



Heard around the water cooler

- Zero incidents is the only possible goal
- Our employees are always involved
- We provide a hazard free work environment
- All our hazards are safeguarded

ZERO 



A is for Attitude

A = Attitude

Good attitude:

- **Important employee trait**
- **Contributes to work environment & how employees get along**
- **Positive attitude can improve morale & increase productivity**

Bad attitude:

- **Destructive to the work environment, can kill morale**
- **Excuses:**
 - **Bad hair day**
 - **Woke up on wrong side of the bed**
 - **Murphy's law**

Evolution of attitude changers:

Don't talk to Strangers
Look both ways before crossing

Wear your bike helmet
Study hard and you will get somewhere in life

Always wear your seatbelt
Wear your PPE – steel toed shoes, hard hat, safety glasses



Categorized in positive and negative phrases

Examples from job performance reviews:

- + Enthusiasm; emulated; positive mind-set; attribute; constant; accentuates the positive; atmosphere of trust; steady hand; want to be around; consummate team player
- Gives off air of superiority; unpleasant; dreadful outlook; instigator; sporadic bout of attitude problems; kept in check; erratic; outbursts; not fully connected

Safety Goals - feel good or bad

Total Recordable Incidence Rate – TRIR

Days Away, Restricted or Transferred - DART

Days Away From Work Case Rate – DAFWCR (Lost Time)

First Aid – kiss and a band-aid

Near Miss/Close Call/Good Catch

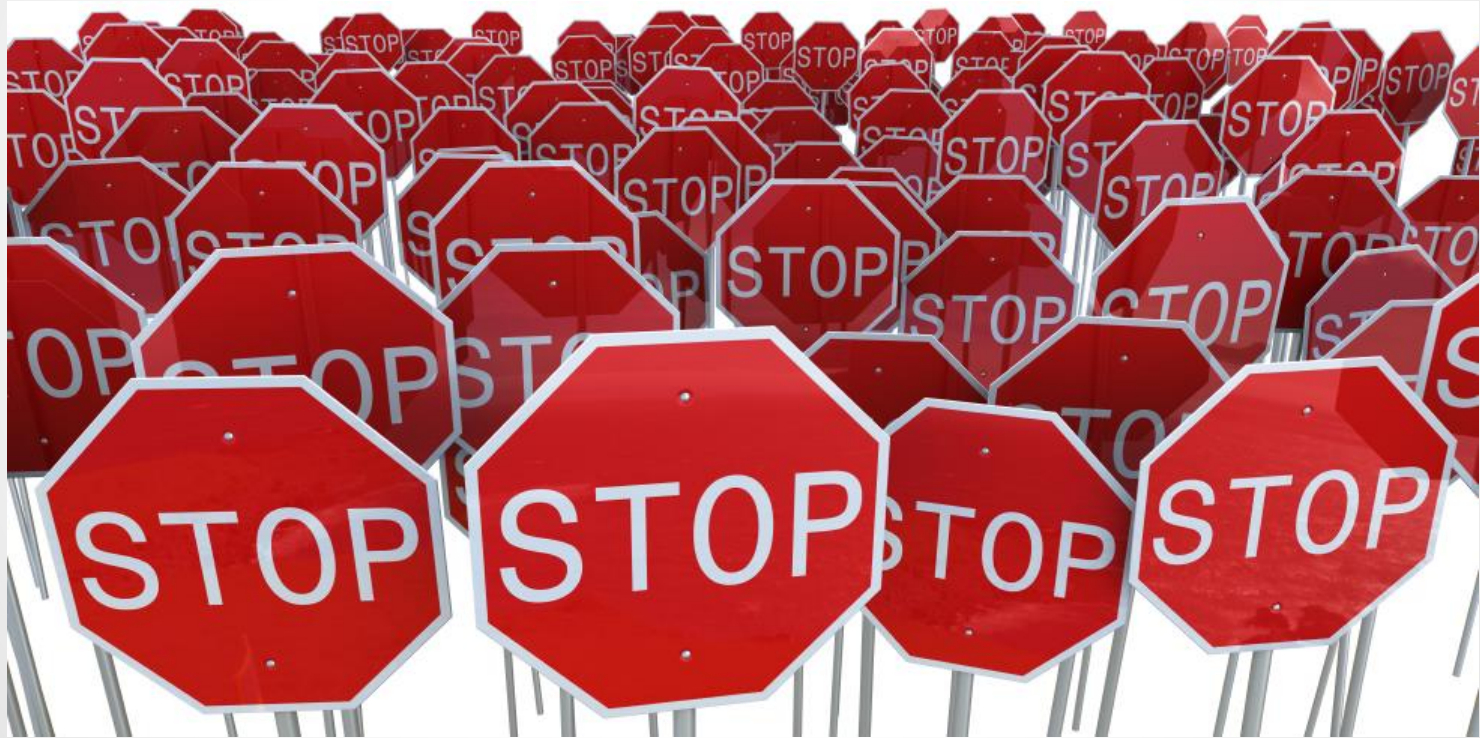
Observations (actions) – Hazard Recognition

Risk Assessments; Safe Work Permit System


Leading versus Lagging indicators

STOP Work Authority

Do we really mean it.....



Influential People in Our Life:

- Parents
 - Grandparents
 - Siblings
 - Teacher/Professor
 - Aunt/Uncle
 - Religious
 - Friend/Co-Worker
- 

Integrity

Training & Education

- | | |
|--------------------|----------------------------------|
| Workforce | – orientation/job skills |
| Supervision | – moving on up/skills set |
| Leaders | – dynamic decision makers |

How does my Safetitude affect my life?

**Family
Activities**

Making safety personal

What is the “Big 5”?

- The five most important people, places, things or future plans to an individual
- How many of your “Big 5” could an injury take away from YOU?



Employee Engagement

B is for Behavior

B = Behavior

Some misconceptions about behavior:

Behavior is the “heart of the matter”

Too sensitive to touch (can’t talk about it)


Workforce (union environments) find behavior as negative or blame

B = Behavior

What you do when no one's holding you accountable is self-motivated!

The Tom Post story

“The best kind of pride is that which compels people to do their very best work, even if no one is watching.” - *Unknown*



People feel empowered when they answer “yes” to three questions:

1. Can I do it?
2. Will it work?
3. Is it worth it?

B = Behavior

Transactional leaders hold people accountable;

Transformational leaders inspire people to be self-accountable or self-motivated

B = Behavior


Employees feel included and self-motivated when they believe they:

- 1) Are Heard
- 2) Contribute
- 3) Belong
- 4) Achieve
- 5) Choose
- 6) Are Appreciated
- 7) Feel Empowered



A community spirit extends beyond one's work team to the organizational system as a whole.

“Don't blame people for problems created by the system.” - *W. Edwards Deming*



Authentic inclusion occurs when input for important decisions are solicited from all relevant participants.

“First In”

“Lock out program”

“PPE”

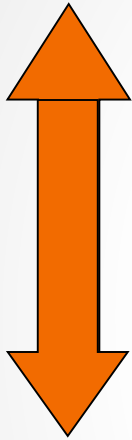
“FR clothing”

***Personal
Values***



***Personal
Behaviors***

**Self-Motivated
Behavior**



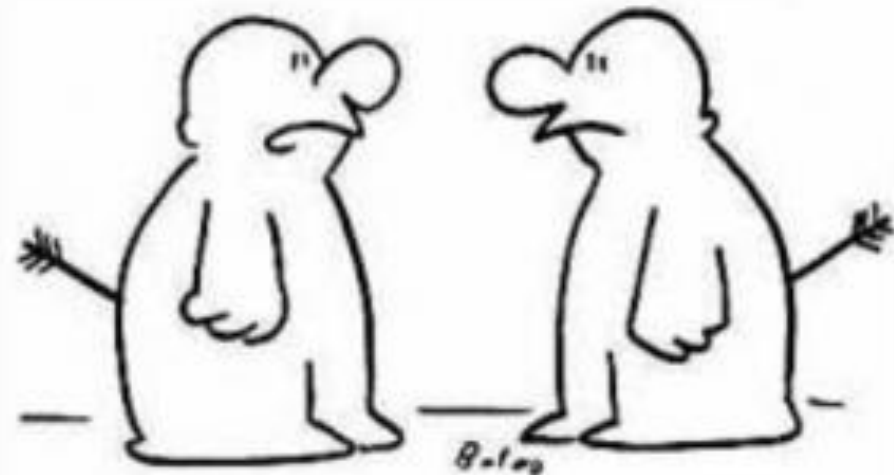
***Cultural
Values***



***Cultural
Behavior***

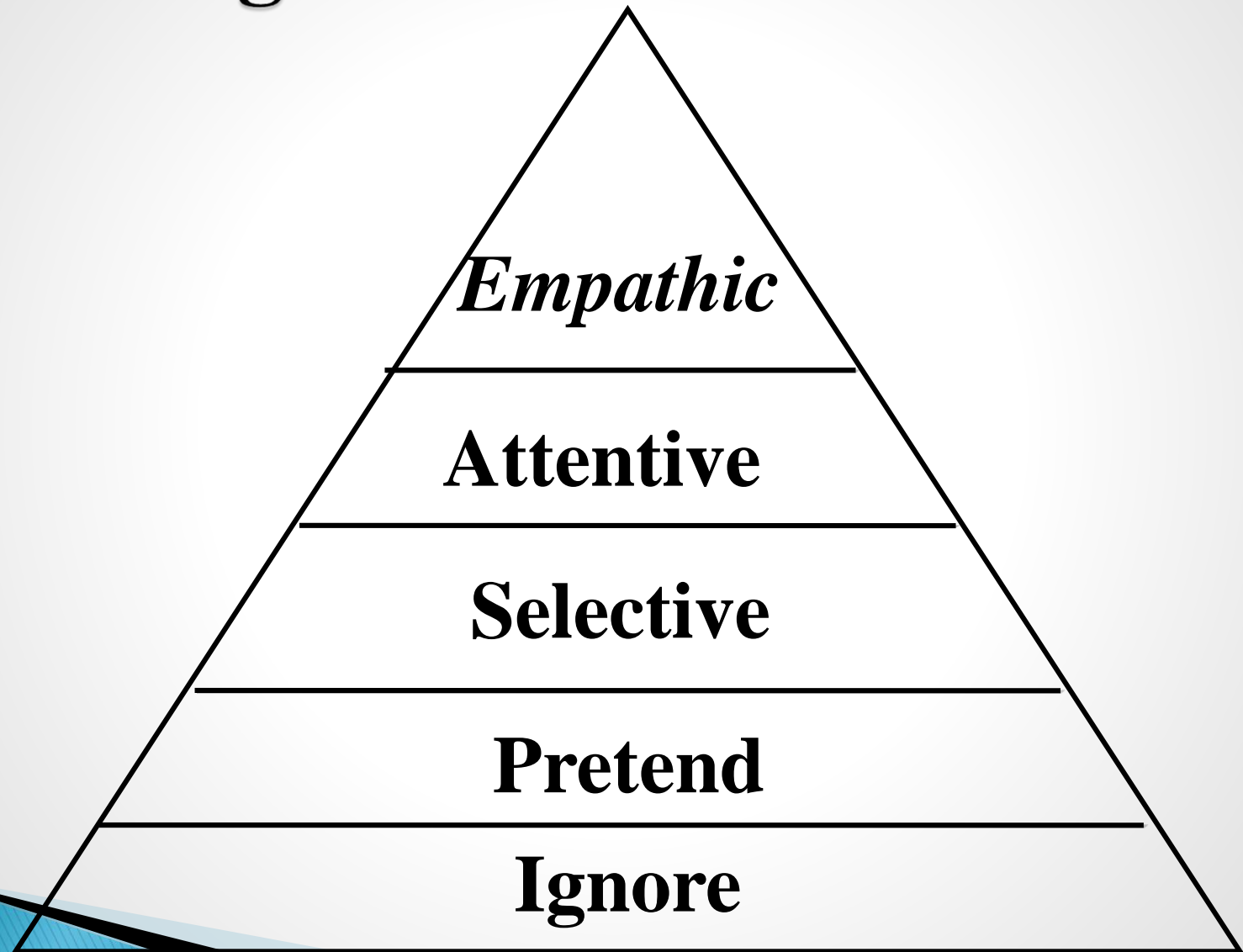


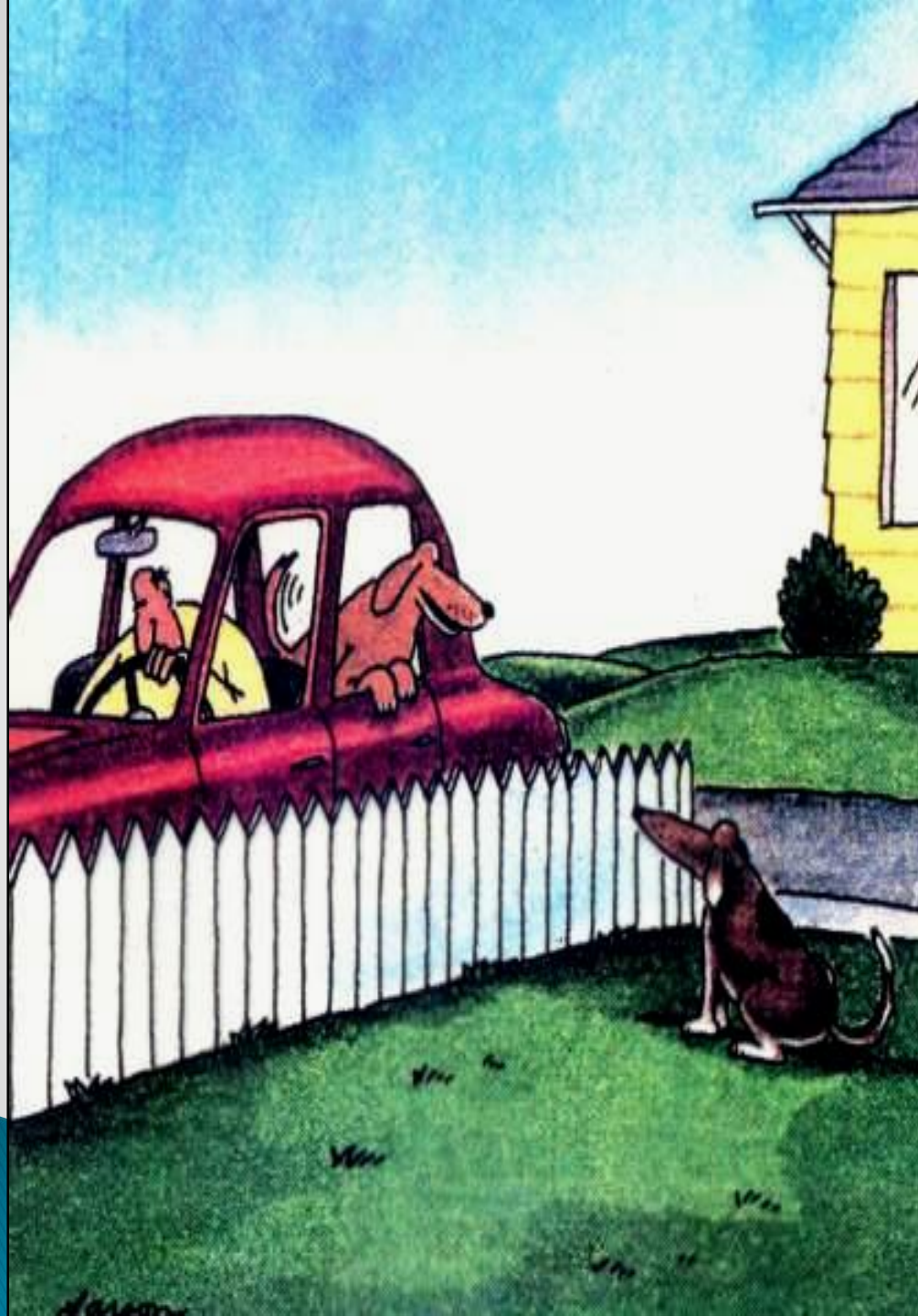
People with empathy don't judge others until they understand the other person's perceptions and intentions.



"I know exactly how you feel."

Listening Has Five Levels:





We don't always hear what was said.

“Ha ha ha. Biff. Guess what? After we go to the drugstore and the post office, I'm going to the vet's to get tutored.”

Barriers to Safe Work



Direct Causes



Severe Fatigue

Alcohol/Drug use

Intense/Prolonged Illness

Stress

Indirect Causes



Workplace Stressors

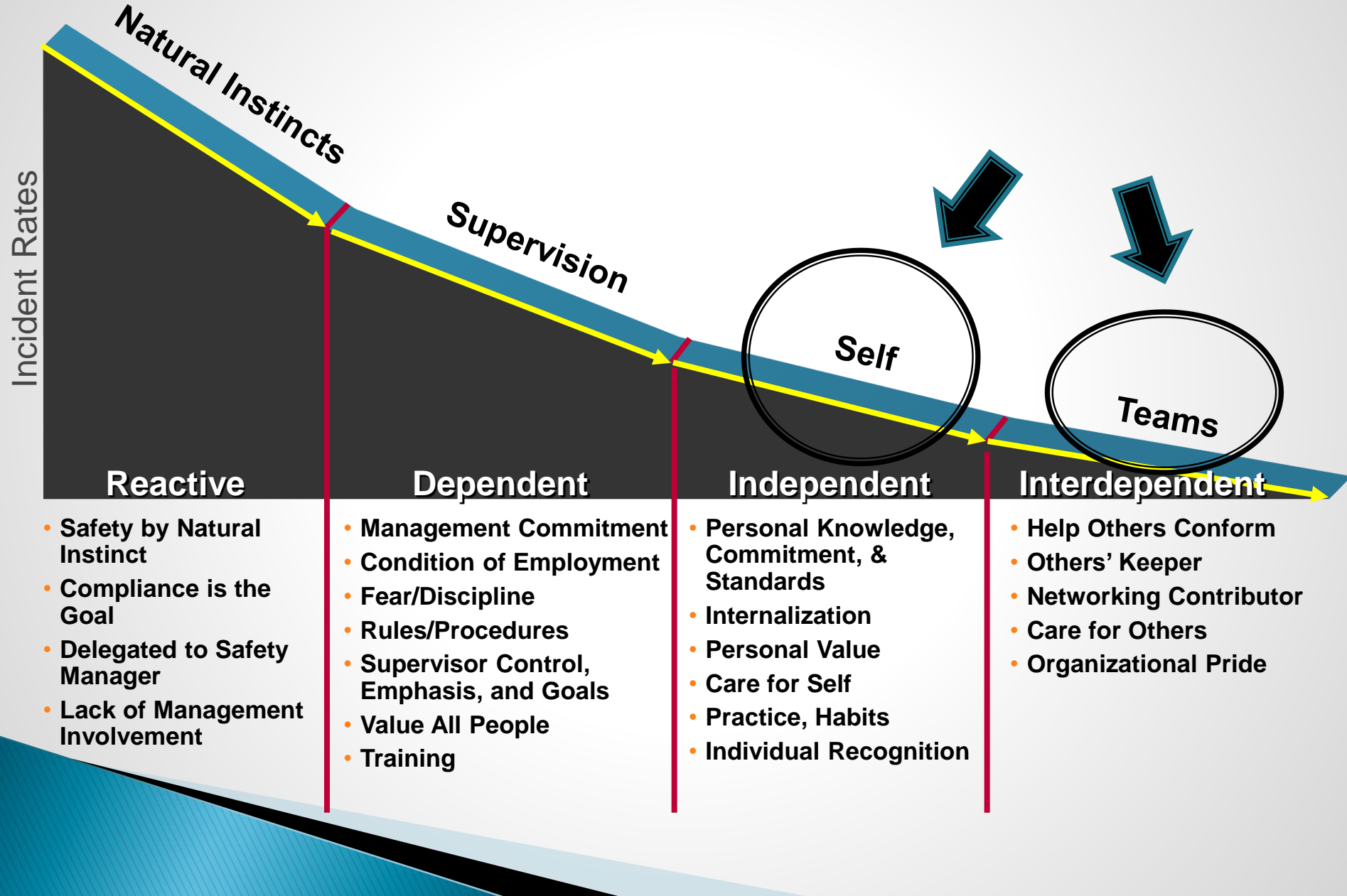
- **Shift Schedule**
- **Interpersonal Conflicts**
- **Role Conflicts**
- **Production Schedules**
- **Cultural Change**
- **Unclear Policies**



Individual Stressors

- **Family Conflict**
- **Financial Problems**
- **Reaction To Change**
- **Personality Factors**

Involvement / Ownership by All Employees





Risk Assessment

MUST be performed at or near the Job Task work site

Date of work: _____ Location of work: _____

Facility: _____ Job Description/Scope: _____

Have you been trained to perform this job task safely? ☐ Yes ☐ No (If no, explain): _____

Does this task involve one or more of the following: Risks that Kill or Risk Tolerance factors ☐ Yes ☐ No
(If yes, explain): _____

1. Does this job/task require **Lockout/Tag-Out/Tryout**? (If yes, list equipment to be locked out) ☐ Yes ☐ No

1a. Does this task require Close Proximity Maintenance (CPM)? ☐ Yes ☐ No
(If yes, a completed CPM form with Supervisor signature is attached prior to starting work)

2. Check the hazards associated with the task to be performed: **(Life Saving Rules)**

<input type="checkbox"/> Lock Tag & Try (LOTOTO)	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Crane Use/Lift Plan/Rigging
<input type="checkbox"/> Overhead Wires	<input type="checkbox"/> Aerial/Scissor lift	<input type="checkbox"/> Working at Heights/ Fall Protection
<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Dust
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Flying Debris	<input type="checkbox"/> Lighting (adequate?)
<input type="checkbox"/> Ladders (Tied-Off?)	<input type="checkbox"/> Clear Pathways	<input type="checkbox"/> Traffic
<input type="checkbox"/> Noise	<input type="checkbox"/> Slips, Trips, Falls	<input type="checkbox"/> Body Positioning (Push/Pull/Twist)
<input type="checkbox"/> Other _____		

3. Explain what steps have been taken to eliminate all hazards identified above prior to starting the job task:

4. Does this job task involve working around vehicle/mobile equipment, pedestrians, underground/overhead utilities?
☐ Yes ☐ No (if yes, we are using a Spotter, Get Out And Look (G.O.A.L.), Barricades, etc.)

5. Any specialized **PPE** required? ☐ Face Shield ☐ Goggles ☐ Welding Gloves/Jacket ☐ Welding Helmet ☐ Respirator
☐ Hearing Protection ☐ Harness/Lanyard/Retractable ☐ Cut Resistant Gloves ☐ Other: _____

6. Was an area inspection performed? ☐ Yes ☐ No Comments: _____

7. Do I have the materials and proper tools to safely complete the job task? ☐ Yes ☐ No (if No contact supervisor)

Risk Assessment Employees/Contractors: (I have reviewed the Risk Assessment and am comfortable with the conditions listed)

Print Name	Signature
1	
2.	
3.	
4.	
5	

Authorization:
Supervisor: _____ Signature: _____ Phone #: _____
Print Name

8. Was a Stop Work Authority/JOB STOP performed during this task? ☐ Yes ☐ No if Yes, explain: _____

Pre/post task planning card



PPE - do I have a...	Yes	No	N/A
Hard hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety glasses with side shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grinding/welding shield	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grinding - double eye protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respirator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fall arrest harness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harness/lanyard inspected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working flashlight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steel toed boots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FR rated work clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Life Critical Procedures - Does the job include...	Yes	No	N/A
Lock, Tag & Try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confined Space Entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Is the space tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Is ventilation required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Is ventilation adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Is a fire watch required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Is a charged fire extinguisher close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Do I need a harness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Do I need a handrail/swing gate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigging & Lifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Is a lift plan needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Did I check rigging gear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Body use/Ergonomics	Yes	No	N/A
Are there pinch points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I have to climb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will I be:			
Lifting/Lowering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing/Pulling/Twisting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gripping/Forcing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I need assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I have a clear path of travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is my vision obstructed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Environment	Yes	No	N/A
Did I check ABBI?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are holes covered/protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are ladders tied off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is ladder the correct size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is staging inspected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is housekeeping ok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arc flash protection needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is lighting adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there adjacent hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel working above/below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do I need barricades/warnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tools/Equipment	Yes	No	N/A
Do I have the required tools/equip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did I inspect them/In good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extension cords in good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are my hoses drop tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Do I need to do a pre-op check on:</i>			
Jockey truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forklift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hazards/comments: _____			

POST JOB CHECKLIST	Yes	No	N/A
Are hoses, cords, wires coiled/hung up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was housekeeping performed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Were the floors swept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tools/equipment shut down/stored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear pathways established	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazards identified and communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hazards/comments: _____			

I am accountable for protecting the Big 5 of my co-workers	
Name _____	Team _____
Work location _____	Date _____
Job task _____	

Aker Philadelphia Shipyard, v1. January 2013

Caring
 One Shipyard
 Responsible
 Efficient



Pre-Job Task Card

Body Use/Ergonomics	Yes	No	N/A
---------------------	-----	----	-----

- | | | | |
|-----------------------------|-----------------------|-----------------------|-----------------------|
| 1. Are there pinch points | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Do I have to climb | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Am I in the line of fire | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Will I be: | | | |
| 4. Lifting/Lowering | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Pushing/Pulling/Twisting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Gripping/Forcing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Clear path of travel | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Is my vision obstructed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Tools/Equipment

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 9. Do I have required tools/equip | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Are tools/equip in good condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Extension cords in good condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Hoses in good condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do I need to do a pre-op check on: | | | |
| 13. Hoist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Forklift | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Aerial/Scissor lift | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Electric pallet jack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Other Mobile Equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Does my work environment have.....

- | | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|
| 18. Holes covered/protected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Correct size ladder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Good housekeeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Need for ventilation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Adequate lighting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Adjacent hazards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Personnel working above/below | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Need for barricades/warnings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Struck by/against hazards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Caught between/in hazards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Site Specific hazards (ex. Heat Index, Wind Direction, etc.):

(Other Side)

PPE – do I have.....

- | | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| 28. Hard hat /bump cap | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. Safety glasses w/side shield | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Grinding/welding face shield | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Hearing protection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. Respirator – Full Face/Airline | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Gloves – What type do I need? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Harness/lanyard/retractable(inspected?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. Working flashlight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. Personal Gas Monitor (calibrated?) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. Steel/Composite toe boots | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Chemical protective clothing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How Can Hazard(s) Be Controlled/Eliminated?

Hazard (#): _____

Action(s) to Mitigate: _____

Hazard (#): _____

Action(s) to Mitigate: _____

Hazard (#): _____

Action(s) to Mitigate: _____

Hazard (#): _____

Action(s) to Mitigate: _____

ZIP Opportunities:

I'm accountable to protect my Big 5 & of my co-workers

Name: _____ Dept: _____

Job Task: _____ Date: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____


Name: _____ Name: _____

Your Name & Initial

January 2018 V1

What's Your ZIP?

I **YOUR NAME** being of sound mind and body will provide constructive suggestions and/or recommendations to the EHS Group that can improve working conditions at our facilities **OR** a program that will improve the quality of the XXX safety process **AND** I can be part of the solution either through resolving the issue myself or being part of a solution team.



C is for Commitment

C = Commitment

Employees at all levels of the organization must be committed to perform every job task safely and return home the same way they came in every day!

Family involved (safety events)



C = Commitment

The basic tenets of a personal safety commitment philosophy should include:

- Safety is everyone's responsibility.
- I am responsible for my own workplace safety.
- I will go above and beyond the minimum safety standards required of my job.
- I will continually improve my safety behaviors.
- I will work with management to decrease my exposure to risk.
- I will set an example of safe behavior for my coworkers.
- Every incident can be avoided.
- Every job can be done safely.
- **Working safely is a Condition of my Employment!**

C = Commitment

*I am dedicated to maintaining a safe work environment and will demonstrate my **commitment** to safety through these actions:*

- I am responsible for my safety and the safety of others.*
- I am committed to an incident and injury free workplace.*
- I acknowledge that people are fallible, and even the best make mistakes.*
- I will actively anticipate and communicate error-likely situations and failed defenses.*
- I will not perform or permit an unsafe act — I have the responsibility and authority to stop work.*
- I will encourage and reinforce the safe behavior of others.*
- I will make these commitments part of my everyday life at work and at home.*

C = Commitment

- ▶ Follow all safe work practices and procedures
- ▶ Reporting all incidents to supervision
- ▶ Participate in Pre-Shift & Safety Meetings
- ▶ Good housekeeping performance
- ▶ Report workplace hazards
- ▶ Participate in safety committees
- ▶ Submit safety suggestions/part of solution

“We are what we repeatedly do. Excellence then is not an act, but a habit.”

Aristotle

Being an ambassador for safety no matter what level of the organization

Working safely is a condition of employment

Committing to a **Safetitude each and every day!**

✓ Attitude

✓ Behavior

✓ Commitment

Integrity

ask
who?
discover

where? how? discover questions why asking questions challenge who? clues

QUESTIONS

when? knowing investigation how why? knowing investigation

what?

