

**FEDERAL LABOR RELATIONS AUTHORITY
OFFICE OF THE INSPECTOR GENERAL**

**SUBJECT: INTERNAL REVIEW OF FLRA'S OCCUPATIONAL SAFETY AND
HEALTH PROGRAM**

METHODOLOGY:

The assessment of FLRA's compliance with the Occupational Safety and Health Act (OSHA) (and related Federal safety and health requirements) was conducted in accordance with Government auditing standards. Preliminary preparation included a comprehensive review of OSHA, related Federal regulations and requirements (listed below) and FLRA related policies. Interviews were held with randomly selected Agency-wide supervisors and employees regarding safety and health issues. An assessment of internal management controls over safety and health program administration was also performed.

REFERENCES:

Executive Order No. 12196

Title 29 Code of Federal Regulations, Part 1960

Section 7902, Title 5. U.S. Code

Occupational Safety and Health Act of 1970

The Rehabilitation Act of 1973, as amended

The Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended

The Americans with Disabilities Act of 1991

The Pregnancy Discrimination Act

The Family and Medical Leave Act of 1993

The Mental Health Parity Act

The Public Health Service Act

FLRA Drug Free Workplace Plan

FLRA Instruction 1810, The FLRA Occupational Safety and Health Program

FLRA Draft Instruction 3890, Providing Reasonable Accommodation for
Individuals with Disabilities

FLRA Employee Information Bulletin 2003-04, Employee Entitlements and
Responsibilities under the Federal Employee's Compensation Act (FECA)
FLRA - UAE Contract

BACKGROUND:

Congress passed the Occupational Safety and Health Act of 1970 (OSHA) to assure that every working person (public and private sector) works under safe and healthy conditions to preserve human resources. Section 19 of this Act specifically charges the head of each Federal Agency with the responsibility to establish and maintain an effective safety and health program which is consistent with OSHA's standards set for the private sector. Executive Order 12196 specifically identified Federal Agency requirements and charged the Department of Labor with the responsibility of developing Federal implementation and evaluating these programs. Detailed regulations and standards provided by the Department of Labor are listed in Title 29, The Code of Federal Regulations, Part 1960. The Federal Labor Relations Authority issued its internal OSHA policy in 1991. The Chairman, FLRA is responsible for maintaining safety and health in the workplace for FLRA employees. The Director, Administrative Services Division, in the Office of the Executive Director has the responsibility for administering the FLRA's Occupational Safety and health Program for the entire Agency with assistance, when needed, from the Human Resource Division.

INTRODUCTION:

The primary objective of occupational safety and health regulations is to eliminate or, at least minimize human injury, property and productivity losses in the work environment caused by harmful incidents. This is accomplished through the administration of effective management policies and internal controls as well as safety and health programs and procedures. There are several technological fields which are associated with safety and health program administration including engineering, physical science, ergonomics, psychology, industrial hygiene, physiology, sociology as well as other scientific/technological fields. Current Federal safety and occupational management requires a continuing approach to assess and create measures to control or eliminate environmental hazards. The creation of countermeasures for potential accident and/ or personnel illness related losses as well as supplies, engineering, office maintenance, budgeting and medical services are equally important. Occupational health specialists often assist employees with physical, emotional and social difficulties to help them adjust to working conditions and practices. Annual reviews of the work area is required and is necessary to determine compliance with Federal standards and identify/eliminate unsafe and/or unhealthy conditions.

OSHA has provided Federal Agencies with standards which provide the baseline for effective safety and health programs. These standards include:

1. Management leadership and employee involvement;
2. Work site analysis;
3. Hazard prevention and control; and
4. Safety and health training.

DEPARTMENT OF LABOR OSHA FEDERAL REQUIREMENTS:

The Department of Labor's Employee Benefits Security Administration is responsible for administering Federal health plans. The Department of Labor's regulations and standards specified in Title 29 of the Code of Federal Regulations (CFR), Part 1960, define the requirements which Federal Agencies must address to protect their employees. These are written below and were evaluated by the FLRA Inspector General as part of this internal review. All Federal agencies are responsible for:

1. Providing a workplace free from recognized safety and health hazards;
2. Establishing procedures for responding to workplace emergencies and reporting unsafe and unhealthful working conditions;
3. Acquiring, maintaining, and requiring the use of approved personal protective equipment;
4. Annual inspection of workplace with employee representatives;
5. Establishing Agency procedures to assure that employees are not subject to restraint, interference, coercion, discrimination or reprisal for exercising their rights under the safety and health program;
6. Posting notices of unsafe or unhealthy working conditions found during inspections;
7. Abating hazardous conditions promptly and notifying employees exposed to such conditions;
8. Immediately correcting conditions that involve imminent danger;
9. Maintaining records of accidents, injuries, illnesses and their causes and post annual summaries for the required period of time;

10. Conducting occupational safety and health training for top management, supervisors, safety and health program administration, employees and employee representatives;
11. Complying with OSHA occupational safety and health standards and rules;
12. Developing and implementing site specific safety and health programs consistent with OSHA standards and rules;
13. Displaying posters conspicuously to inform employees of the provisions of the OSH Act, Executive Order 12196, and Agency safety and health program under 29 CFR 1960; and
14. Designating an official with significant authority to manage the agencies occupational health program.

OSHA has also defined specific requirements for Federal Agencies to protect their employees. OSHA statutory requirements and standards require Federal agencies to:

1. Provide employees training on safety and health issues and related hazards;
2. Provide well-maintained tools and equipment, including appropriate personal protective devices;
3. Provide medical examinations;
4. Report to OSHA within 8 hours of accidents that result in fatalities or the hospitalization of three or more employees;
5. Keep records of work-related accidents, injuries, illnesses and their causes;
6. Post OSHA posters (OSHA 3165);
7. Provide employees access to their medical records and exposure reports;
8. Do not engage in reprisal actions against employees who exercise their rights under the OSHA;
9. Post OSHA citations and abatement verification notices at or near the work site; and
10. Respond to OSHA survey requests.

Federal employees must comply with all agency policies and procedures concerning safety and health and use personal protective equipment provided by the agency, when applicable. Employees have the right to report and/or request inspections of unsafe or unhealthy working conditions to federal officials, including the Secretary of the Department of Labor. Federal employees also have the right to comment on agency standards that differ from OSHA standards, participate in their agency's safety and health activities and obtain copies of medical and exposure standards.

Preventative safety and health services, human behavior counseling, and health benefits should be part of all Federal Agency programs. Many causes of death are caused by personal health behaviors such as driving while intoxicated, smoking, failure to use seat belts, physical inactivity, dietary factors and high risk sexual practices.

FEDERAL EMPLOYEE ACCESS PREVENTATIVE HEALTH SERVICES:

The Federal Employee Access Preventative Health Services is the largest employee sponsored health insurance program serving Federal employees and their families. This program provides a broad range of preventative health services, including screening for prostate, cervical, colorectal and breast cancer as well as screening for sickle cell anemia, testing and nutritional counseling.

5.U.S.C. & 7901 defines eight employee health services which Federal Agencies may offer to employees. These include:

1. Emergency Response/First Aid
2. Administration of Treatments and Medications
3. Physical Examinations
4. Environmental Health Hazards Appraisals
5. Health Education
6. Health Services/Intervention Program
7. Disease Screening and Immunizations
8. Physical Fitness Programs and Facilities

Federal Agencies are responsible for determining the best way to provide employee health programs. The Federal Occupational Health, U.S. Public Health Services operates occupational health services nation wide. Some Agencies create their own Health Services exclusively for their employees or share services with other Federal Agencies. Another option for Federal Agencies is to contract with vendors for health

services. Federal Agencies generally choose services that best meet their needs and the level of services vary. Federal agencies can also:

1. Distribute health education brochures and pamphlets on preventative health topics;
2. Create and distribute an employee health newsletters;
3. Create a safety and health web page;
4. Offer "lunch and learn" sessions on preventative health issues; and
5. Conduct health risk surveys.

FLRA-Union of Authority Employees (UAE)

Article XXIII of the FLRA - UAE Agreement pertains to Safety and health. This agreement requires that the Employer provide and maintain safe working conditions for employees and take appropriate actions to ensure that building maintenance and General Services Administration provide a safe and sanitary environment. If the correction of safety and health problems is not possible, the Employer is required to notify the UAE and employees. Also, the Employer is required to notify the Union and appropriate employees of thefts of personnel belongings and security related problems and give consideration to Union suggestions on the best way to handle the problem.

Executive Order 12564, Drug Free Federal Workplace, September 15, 1986

This executive order requires the Head of each Executive Agency to establish a program to test for the use of illegal drugs by employees in sensitive positions. The Head of each Agency also has the authority to determine the extent to which these employees are tested and the criteria for such testing based on the Agency's mission, the efficient use of resources and the danger to public safety and health that could result from the failure of an employee to discharge his/her duties because of drug usage. The Agency Head is also authorized to test employees for illegal drug use if there is reasonable suspicion of drug use as well as any applicant for a position with the Agency. Agencies are required to refer employees who are found (or and referral for treatment or self identified) to an Employee Assistance Program for assessment, counseling sand/or rehabilitation.

The Rehabilitation Act of 1973:

This Act required Federal Agencies to provide adequate hiring, placement and advancement opportunities for individuals with disabilities

INTER AGENCY SAFETY AND HEALTH AGREEMENTS:

Interagency Agreement No. AU 40001, Federal Consortium Employee Assistance Program, August 15, 2001

The FLRA has an interagency agreement with the Department of Health and Human Services, Federal Occupational Health for providing Employee Assistance Program (EAP) services to FLRA employees. FLRA employees can obtain EAP services through self referral, supervisors and/or labor representatives, federal health units and other referral sources. FLRA employees who have emotional concerns, alcohol, drug or other personnel problems will be provided up to 6 sessions under this agreement. Those employees requiring long term or continuous counseling will then be referred by the EAP to qualified private sector resources. The Agreement states that the EAP will conduct education programs and provide statistical reports to the FLRA.

InterAgency Agreement between the FLRA with the Department of Defense, Computer Electronic Accommodation Program

On October 5, 2001, the Federal Labor Relations Authority entered into an Interagency Agreement with the Department of Defense (DoD) pursuant to the National Defense Authorization Act, Section 1102, Assistive Technology Accommodations Program. This agreement allowed the Computer Assistance Program (CAP) to provide the FLRA assistive technology, devices and services for FLRA employees with disabilities, without cost, at the request of the Chairman of the Agency. The agreement will remain in effect based on the availability of appropriated funds. The CAP Technology Evaluation Center at the Pentagon conducts assessments, demonstrates assistive technology and accommodations to ensure that people with disabilities have equal access to information and opportunities.

InterAgency Agreement between the FLRA and the Department of Health and Human Services

The FLRA formulated Basic Occupational Health Services by interagency agreements with the U.S. Public Health Service for the FLRA Headquarters and the 7 FLRA OGC regional offices. The interagency agreements for all of the FLRA components are the same and provide:

- onsite acute care for minor illnesses and injuries;
- individualized health counseling;
- targeted screening and prevention programs; and
- limited occupational safety and health consultations.

The core services required for interagency agreements for Basic Occupational Health Center Services (BOHCS) for Federal employees include:

- Walk-in Care;
- Administration of ongoing interventions prescribed by the employee's personal health care provider such as:
 - Periodic bed rest
 - Blood pressure monitoring
 - Glucose monitoring
 - Allergen, hormones and medication injections
 - Other treatments as approved;
- Immunizations for influenza, tetanus/diphtheria and pneumococcus. (Other immunizations and vaccines can be given under separate charges;

- Annual basic site visit to Agency to review services being received by the Agency in areas of clinical and environmental health, wellness/fitness and the Employee Assistance Program;

- Issuance of report which documents information obtained and recommendations. This report is maintained in the Federal Occupational Health files and a copy is sent to the serviced Agency;

- Provide at least 3 health education programs 30 minutes long based on Healthy People Initiatives or defined sources of agency specific information;

- Provide targeted health screening for employees on an ongoing basis. These are limited to hypertension, glucose, lipids, vision and computerized health risk appraisals. All other screenings such as cancer or tuberculosis, are performed only under separate agreements;

- Counseling and advice to improve health is provided in response to specific client concerns and is focused on risk factors;

- Maintenance of medical records in accordance with the Privacy Act;

- Referral to private physicians or community health care providers when appropriate;

- Arrangement for ambulance transportation at employee insurance or OWCP expense; and

- Referrals to Employee Assistance Program, as appropriate.

Interagency Agreement between the FLRA and Department of Health and Human Services, U.S. Public Health Service Division of Federal Occupational Health, May 10, 2001.

This interagency agreement was developed under the authority of the Economy Act to provide the FLRA with neutral mediation services as part of an alternate dispute resolution for a workplace dispute to maintain the physical and mental health fitness of its employees.

Interagency Agreement between the FLRA and Department of Health and Human Services, Division of Public Health Service's Employee Counseling Services Program, February 1, 1990.

According to the Director, Human Resources Division this 22 year old interagency agreement is still in effect and creates the accessibility of the Employee Assistance Program. The Employee Counseling Services Program has a two fold objective which includes:

1. The enhancement of FLRA's productivity and performance management by providing a mechanism for dealing with conduct and employee performance related problems, and
2. Obtaining professional counseling services which are not available to Federal agencies so that a resource is provided for an extenuating range of problems which may adversely effect job performance and behavior. These problems include, emotional, alcohol and drug related, familial, marital, financial, legal and other problems.

According to this agreement, supervisors, managers, labor representatives are to be provided with ongoing information about the range of services available and employees will receive an orientation on the range of services for the program. Counselors are required to maintain confidential records and information cannot be released without the client's release signature.

Interagency Agreement No. AU4001, Federal Consortium Employee Assistance Program (6 Session Program)

This interagency agreement establishes the specific services of the Employee Assistance Program which includes professional counseling (both on site and after hours.) The Agreement also states that:

- The EAP will provide supervisors, managers, labor representatives and others deemed appropriate by management, ongoing information dealing with the range of services that are available through the EAP,

- Training for supervisors, managers, employees, union officials, union representatives and human resource employees which will include;
- procedures and techniques for referring employees to EAP;
- crisis management;
- privacy and confidentiality issues; and
- techniques for intergrating employees back into the work environment.

The EAP will conduct ongoing health promotions and issues dealing with job performance and hold workshops on related topics such as conflict resolution, balancing work and family needs, time and stress management, managing employees with performance problems and sexual harassment.

The EAP also provides counseling services to employees who have experienced traumatic events. Critical Incident Stress Management will be provided to those who have experienced threats, actual violence, suicide and/or homicide, natural or terrorist disasters, severe injuries, deaths, or any other situation that might have psychological, or media impact.

Federal employees (and family members whose problems are related), who are referred by supervisors, labor representatives or by self referral, who are affected by emotional, alcohol, drug or other personal problems will be offered up to six confidential meetings with EAP counselors.

Other services include quarterly EAP newsletters, promotional material, user guidebooks, supervisors guidebooks, and confidential counseling records.

MAJOR FEDERAL AGENCY HEALTH PROGRAMS

The following Federal Agencies have also established major programs which are accessible to all Federal agencies.

The Department of Labor: The Department of Labor manages the Federal Occupational Safety and health Program.

The Office of Personnel Management: The Office of Personal Management provides guidance, resources and technical assistance on issues related to employee health and well being. This Agency also provides assistance to Federal Agencies in establishing Employee Assistance Programs. The Office of Personnel Management also reports annually to Congress on alcohol and drug abuse prevention, treatment and rehabilitation programs for Federal employees.

The Department Health and Human Services: The Department of Health and Human Services, Office of Disease Prevention and Health Promotion publishes a Health Observance Calendar and provides information on its website. This Agency also provides professional consultation and technical assistance to agencies who develop

their own Employee Assistance programs and delivers employee assistance services to Federal agencies through interagency agreements. The Department of Health and Human Services also provides assistance to Federal agencies on facilitating and extending programs for the prevention of drug abuse and for treatment and rehabilitation. It also is available to provide technical assistance to Federal agencies on drug testing, overall drug program implementation and medical review.

The Government Printing Office: The Government Printing Office sponsors an annual Health Fair which is provided by the Occupational Health and Environmental Service Committee.

Individual Agencies: All Federal agencies are responsible for developing safety and health policy for providing the Employee Assistance Program and providing relevant training. Federal agencies are required to negotiate or consult with unions for the provisions and services for bargaining unit employees. Senior management is required to support and endorse the Employee Assistance Program and encourage employee use of the Program Services by making the services convenient and available.

FINDINGS OF FACT:

5 U.S.C.A &7901 authorizes the Head of each agency to establish health service programs to promote the physical and mental fitness of employees. Section 7904 of this same order states that Federal organizations are responsible for developing prevention, treatment and rehabilitation programs and services for Federal civilian employees with drug or alcohol problems. When feasible, these program services should be extended to the families of employees who have this problem. The FLRA has implemented both the OSHA and Drug Free Workplace Plan and has created detailed policy, however the majority of managers and employees have never seen or been informed of these FLRA policies.

The FLRA Executive Director is responsible for administering administrative management programs prescribed by laws, regulations and executive orders. This includes ensuring FLRA compliance with the Occupational Safety and Health Act as well as the Drug Free Federal Workplace Act, and other major safety and health laws and regulations. This responsibility includes ensuring Agency compliance with Federal laws, and ensuring that managers and employees are kept knowledgeable and aware of occupational safety and health issues.

The Director, Administrative Service Division (ASD) is authorized to administer the FLRA's Safety and Health Programs. The Director, ASD is responsible for investigating reports of unsafe/unhealthy work conditions, and accidents that result in serious personal injury or major property damage, ensuring that FLRA maintains sufficient records to comply with OSHA requirements and providing appropriate safety and health training for supervisors and employees. The Director, ASD is also responsible for coordinating with the FLRA EEO Director to ensure a safe working environment and proper accommodations for persons with disabilities. The Director, ASD is also responsible for maintaining necessary records, and issuing required information including an annual report to the Department of Labor, preparing contracts a Safety and Health Inspector to conduct periodic inspections of the workplaces of the FLRA and ensuring that all offices have sufficient protective materials. FLRA has previously minimally complied with these requirements.

The Office of the Inspector General has the authority to investigate restraints, interference, coercion, discrimination or reprisal for filing a report of an unsafe or unhealthy working conditions and allegations of fraudulent claims. During FY 2001 and FY 2002, the Inspector General received two such complaints related to individuals from a Regional Office who were alleged to be retiring with claimed disabilities which were false. The FLRA Inspector General investigated, and reported the information to the Office of General Counsel and Human Resource Division in FY 2000 who both stated that the Department of Labor Office of Workmen's Compensation had approved both claims.

The current Chairman FLRA has consistently e-mailed all FLRA employees on safety and security issues since the September 11, 2001 disaster. The Chairman has also focused on contemporizing and increasing the Agency's focus on security and safety issues.

The FLRA has internal policy on occupational safety and health, FLRA Instruction 1810, issued in 1991. This policy states that the FLRA will provide a comprehensive and continuous safety and health program. Most FLRA supervisors and employees were unaware that this instruction was on line on the FLRA website.

In compliance with the Occupational Safety and Health Act, the FLRA issues Fiscal Year Annual Reports on Occupational Safety and Health to the Department of Labor, OSHA but has not included required statistics for fatalities and lost time disabilities. FLRA does discuss its safety and health program initiatives and accomplishments and significant OSHA initiatives planned for the upcoming year in its report. However, the FLRA has not addressed its internal assessments of the effectiveness of these programs, what needs have been defined to enhance employee participation and consultation which are also requirements. Nor has the FLRA conducted periodic inspections of its buildings' safety.

The interagency agreement between the FLRA and Department of Health and Human Services for basic Occupational Health Services requires the same services for FLRA Headquarters and regional office employees. While basic core services have been provided to FLRA Headquarters, several activities stated in the interagency agreement have not been performed by HHS nor pursued by the FLRA. These services include annual visits to work sites, issuance of an annual report to the Agency and providing health training at least 3 times a year (30 minutes for each session). The Regional Offices appear to have more services from HHS than the FLRA Headquarters.

On February 4, 2003, the Human Resource Division issued an Employee Information Bulletin 2003-04 which deals with employee entitlements and responsibilities under the Federal Employee's Compensation Act (FECA). FECA is administered by the Department of Labor's Office of Worker's Compensation Program. The Act provides monetary compensation, medical care and assistance, vocational rehabilitation and re-employment rights to Federal employees who suffer from disabling injuries as a result of employment with the Federal government. Insured employees have specific responsibilities, including observing all safety rules, in order to qualify for on the job injury compensation.

On February 6, 2003, the Human Resource Division issued its annual notice regarding a Drug Free Federal Workplace reminding employees that the use of illegal drugs, possession or distribution of controlled substances is incompatible with Federal service, that such action will be dealt with in accordance with legal, and administrative disciplinary procedures. It also advises employees who may need assistance regarding drug use information or abuse to contact the Employee Assistance Program (EAP) and

states that employees who have drug problems will be given the opportunity for rehabilitation.

FLRA also has an injury compensation instruction, FLRA Instruction 3861, issued in 1984. This regulation states that FLRA employees will receive prompt medical treatment and full assistance in claiming just compensation from the Office of Worker's Compensation for job related injuries and occupational disease.

FLRA Headquarters posts occupational safety and health information on the bulletin board in the HQ Lunch Room. What is currently posted is not current but is applicable.

As a result of a request by the General Services Administration, FLRA has developed a comprehensive Headquarters Occupant Emergency Plan which was updated after the recent Headquarters move. This Plan is not yet available on the FLRA website. The plan contains specific information that all FLRA employees should be aware of in case of emergencies. The Plan includes specific guidance for:

- Emergency evacuations
- Fire hazards
- Medical/First Aid emergencies
- Natural Disasters (with and without advanced warnings.)
- Bomb threats
- Explosions
- Suspicious packages
- Hazard material leaks
- Chemical, biological or external attacks

The Administrative Services Division provides new employees a folder which includes some safety information such as:^{1/}

- Working Safely with Video Display Terminals
- Federal Employee's Emergency Guide
- Federal Labor Relations Authority Telephone Directory(contains Bomb Threat Information Sheet and Health Units for HQ and Regional Offices.
- OPM Questions and Answers About Background Investigations
- Blueprints For Safety

The Plan does not contain a map of the area nor does it specifically state where employees should go for the various disasters.

^{1/} Also contains 'Do's and Don't's Imprest Fund" which should be eliminated

The FLRA - UAE Agreement, Article XXII addresses safety and health work conditions and the Employer's responsibility, to the extent of discretion, to maintain safe working conditions, and correct safety and health problems for all employees regardless of their tenure of appointment.

The FLRA employees have not had sufficient training in safety and health initiatives. During the last two years, the Human Resources Division increased its focus on safety and health and has issued several memorandums to FLRA employees which pertain to these issues. Approximately 10 years ago Cardio Pulmonary Resitation (CPR) training was provided and several employees were certified. Such training has not been made available since then.

The FLRA has a comprehensive instruction on the FLRA's Drug Free Workplace Plan but has not maintained full compliance with The Drug Testing Act. Only one individual has been required to have drug testing over the last decade. This individual was appropriately tested when his duties involved driving the FLRA HQ vehicle. The FLRA Drug Free Work Plan requires drug testing of employees in sensitive positions as far random employee drug testing. Sensitive positions includes individuals serving under Presidential appointments, The Inspector General, Security Officer and employees granted access to classified information, motor vehicle operators carrying passengers as well as other employees identified by the Chairman. FLRA records do not indicate that drug testing has been performed on any FLRA employees in sensitive positions.

The Drug Testing Act permits a random selection of drug testing for 25% of the Agency's population which would be 1 FLRA employee per year. There is no indication that this has or is being done even though there was an allocation for \$200.00 for drug testing in FY 2001. The FLRA's Drug Free Work Plan states that random testing of employees in sensitive positions are the designated testing positions. The Plan also provides requirements for counseling employees who are drug users and requires the referral of these employees to the Employee Assistance Program. The FLRA's Drug Free Work Plan also allows the Chairman to increase or decrease the frequency of testing based on the mission, the availability of resources and consistency of achieving a drug free workplace. The Human Resources Drug Testing file had no documentation indicating a Chairman' increase or decrease in drug testing. FLRA has an Interagency Agreement with the Department of Interior for the drug testing of FLRA employees.

FLRA HQ Health Services are provided by the Department of Treasury and have been considered good by FLRA employees. In addition to offering free flu shots, the Department of Treasury Health Services also periodically offer various types of health testing for nominal fees. They also offer physical examinations for FLRA employees. Prior to FY 2001, approximately 6 employees took advantage of this offer each year. Two senior FLRA employees stated they actually found out they had serious medical problems as a result of these examinations. The FLRA did not participate in these examinations during this past year.

The FLRA supports reasonable accommodation of disabled employees in compliance with the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973 and the FLRA Draft Instruction, No. 3890, Providing Reasonable Accommodation for Individuals with Disabilities. The FLRA currently has no registered disabled employees. In May, 2002, a final draft of FLRA Instruction No, 3890, Providing Reasonable Accommodation for Individuals with Disabilities was issued for approval. As of July 10, 2003, it still has not been issued.

It is the responsibility of the employees to identify any disability which requires accommodation in order for him/her to perform their essential duties. The FLRA has made the Computer Electronic Accommodation Program (CAP) available for disabled employees through an FY 2000 interagency agreement with the Department of Defense.

The FLRA is in compliance with the Civil Rights Act of 1964 in terms of sexual equality and treats women's pregnancy, childbirth and related medical conditions the same as other persons not so affected, but similar to other employees in their ability or inability to work.

No major issues were surfaced concerning FLRA's compliance with the Pregnancy Discrimination Act and Family Medical Leave Act. Those employees interviewed who had related circumstances to these regulations were satisfied with FLRA's actions.

The FLRA grants family and temporary medical leave under justified circumstances in compliance with the Family and Medical Leave Act of 1993. This act promotes equal opportunity for women and men, for at least 12 months, who need to take reasonable leave for medical reasons and/or the birth or adoption or foster care of a child. This also applies for the care of a spouse or parent who has a serious health condition. Employees are required to provide notice of their intention to take leave at least 30 days prior to the leave. Taking such leave does not result in loss of employment or benefits and the employee must be restored to his/her original or an equivalent position upon return. The FLRA has had several employees taking extensive leave for medical reasons or childbirth over the last few years. Only one employee interviewed was found to have misused the Act's authorized leave by using it intermittently without approval. This employee stated she was unaware of and not told how to use the leave. This employee paid back the FLRA for her misused leave.

There was no evidence of FLRA non compliance with peripheral safety and health regulations defined in the Vietnam Era Veterans Readjustment Assistance Act.

There has been no consultation with the current Director, EEO concerning disabled employees and FLRA accommodations during the last two years.

During FY 2002-2003, the FLRA paid \$2250.00 for Employee Assistance Program services from the Department of Health and Human Services. As of June 1, 2003, the FLRA still owes \$3000.00. During FY 2003, the FLRA Human Resources Division

completed an Agency Employee Assistance Program Population Survey covering its FY 2002, 210 employees for the Federal Occupational Health component of the US Public Health Service.

There are no records indicating any internal safety and health training was provided to the FLRA Headquarters staff since FY 2000. The Office of General Counsel provided CAP Program training to OGC employees at their FY 2001 OGC Training Seminar. During FY 2000, the FLRA relayed various health screening activities being performed by the Department of Treasury Health Annex which benefited Headquarters' employees. Prior to FY 2002, FLRA's Administrative Services Division distributed monthly safety and health newsletters to FLRA personnel. The FLRA issued a quarterly newsletter which contained information on safety and health issues. The newsletter has not been issued over the past year and one half. No training has been provided by the Health Annex to FLRA Headquarters.

Most of FLRA's injuries have occurred while employees were TDY rather than on FLRA work sites. The FLRA issues an Annual Report on Occupational Safety and Health in compliance with OSHA .

(The FLRA OSHA FY 2000 Report stated that the FLRA had 4 employees suffering work related injuries from FY 1997 to FY 2000). These injuries included:

- An employee diagnosed with carpal tunnel syndrome;
- An employee who slipped while on TDY;
- An employee who was strained while lifting her labtop and suitcase while on TDY; and
- An employee who injured her foot stepping off a curb while TDY.

The FY 2001 FLRA OSHA Report stated that:

- two employees experienced dexterity injuries from the carpal tunnel syndrome while performing at their work stations.

The FY 2002 FLRA OSHA Report stated that:

- Three employees experienced carpal tunnel syndrome.

The FY 2000- 2003 OWCP Case File indicates that as of May 27, 2003:

- One employee had knee and ankle injury and has filed a pending claim.

Carpel tunnel syndrome is the most common occupational health issue of FLRA employees and is primarily caused by excessive typing and the inappropriate placement of the computer keyboard and the lack of proper keyboard trays and ergonomic chairs. The second most common health issue is allergies which can become more serious in environments with poor air quality. Other health issues of FLRA employee's which have been caused and/or affected by the work environment are, walking ability, spinal problems, hearing and visual and mental health problems.

The Headquarters and Regional Offices all maintain some protective equipment but the kinds of equipment vary and are not standardized throughout the Agency. During FY 2000 - 2003, the FLRA approved the following personnel protective equipment:

- Safety identification vests for emergency teams;
- flashlights;
- hard hats;
- 4 Nextel telephones; and
- first aid kits.

No FLRA office maintains all of this protective equipment.

Currently, all HQ sub components have first aid kits and FLRA emergency team members have identification vests. All sub component offices do not have government issued flashlights or hard hats. While HQ FLRA Supply Rooms has a large amount of flashlights and batteries, hard hats and Nextel telephones, these protective items had not yet (June 10, 2003) been distributed to Headquarter Offices. This review revealed that two offices had extensive protective equipment. These are:

1. Member Armendariz's Office Manager advised staff to bring tennis shoes, change of clothes, water, towels and snacks to keep in the office in case of an emergency. This office also has a first aid kit and flashlight.

2. The Atlanta Regional Office recently won a raffle which provided them with a Terrorist Attack Kit which contains

Since the Anthrax mail scare, the FLRA Mailroom Officer has focused on the mail received by FLRA even though it is scanned by the US Postal Service prior to its delivery. The Mailroom Officer stated that when the mail is received, it sometimes has a distinct chemical smell. The Officer generally removes the smell by placing the mail in front of a fan.

The majority of supervisors interviewed who had referred their employees to the EAP program had positive comments on the EAP's ability to help resolve the employee's problem. Only two individuals interviewed stated they were disappointed with EAP services. Most of the employees who have used EAP services felt that the EAP had more

positive effect on employee emotional problems than physical problems (i.e. depression vice alcoholism.)

The Inspector General review of FLRA Headquarter's Building Security Assessment provided by the GSA was not signed by the FLRA. The 1200 K St. building was classified as a Level II facility which means that the facility holds between 11 and 150 Federal employees, and the facility is multi-story structure from 2,500 square feet to 80,000 square feet, with no setback from the street. A Level II facility is generally older (25 years plus,) has perimeter door locks as its primary security, and a moderate volume of public contact and a sign in system for visitors.

The GSA Security Assessment, conducted in December, 2002 identified safety vulnerabilities,(Unauthorized Entry, Burglary and Larceny) as well as adequate and inadequate existing countermeasures. Because the risks were evaluated as High, the FLRA is required to pay for the GSA implementation of countermeasures which defined as, Electronic Access Control, an Employee ID System, Visitor ID System, and Perimeter Lighting. The first three were to be completed prior to the FLRA move into the building. As of July 1, 2003, the Electronic Control and Perimeter lighting problems have been fixed. The Employee ID and Visitor ID systems need expansion. Currently, there is no plan to control elevator access.

Unobtainable Records

No FLRA records of safety or health hazards reported by employees during FY 2000-2003 were located.

No records of annual workplace inspections during FY 2000-2003 were located. A specific request to GSA had to be made during this review for a copy of the FLRA Headquarters Building pre-occupancy safety and security check.

No records for FLRA EAP training, newsletters, promotional information has been maintained during the last three years.

The FLRA addressed the two most recent major security/safety issues, September 11, 2001, and the Anthrax issue appropriately, even though there was no Agency policy available. These two incidents caused FLRA senior management to focus on safety and security policy and issue an Emergency Evacuation Plan.

FLRA Supervisors' Major Comments/Concerns

Inspector General interviews with Headquarters and Regional Office management/supervisors revealed that FLRA managers/supervisors would like:

More specific information on what to do and where to go in case of an emergency. This should include what to do if health and/or safety issues occur while on official travel.

More timeliness in addressing safety vulnerabilities in the new HQ location such as electrical problems, air quality, insufficient wall installation, inability to implement security protection for documents stored in unlocatable areas.

One HQ supervisor stated that several staff members have asked if the FLRA could subsidize health club fees since we no longer had one in the Headquarters building. Many larger Federal Agencies establish fitness programs to provide employees an avenue for physical fitness to support overall health and well being and reduce risks of cardiovascular diseases, obesity, stress, mental depression and other types of ailments.

No supervisors or employees interviewed were informed of their suitability/background checks. Suitability background checks are performed for all FLRA employees through OPM. This check includes personal interviews, credit checks, and law enforcement checks. Management checks involve employment, education and spouse checks as well. The results are maintained by the Administrative Services Division but are not communicated to managers or the subject employee.

Several supervisors stated that they considered fire the most threatening safety hazard and that, in spite of the Emergency Evacuation Plan, they still don't know where to go. One supervisor stated that several offices were too far from the Exit area.

Headquarter managers were most concerned about the current door lock system, internal stairway knobs, the darkness of the elevator halls and stairwells ^{1/} and the privacy/security of labor management case files and office equipment lock system.

Regional Office Directors were all positive about their building (private and Federal) safety programs and periodic checks. All of them stated that they have not received FLRA instructions on safety and health programs. With the exception of one, Regional Office Directors stated they had good interaction with their Health Services organizations and several of them actually came to the Regional Offices to provide services such as flu shots, blood tests, and training sessions, etc.

FLRA Employees' Major Comments/Concerns

New FLRA employees are currently being provided some safety, health and security information at their initial check in to the Agency. Some employees who were hired during FY 2000 -2002 were not provided with such information. Most employees interviewed felt safety and health were important to them and they needed more information.

^{2/} This problem has been addressed by management as of June 30, 2003.

Several administrative employees who have been employees by the Federal Labor Relations Authority for more than 15 years were unaware of FLRA's occupational safety and health program.

One FLRA Headquarters employee was injured by an engineer (mop bucket hit her leg) and was given Workman's compensation leave. As a result of not being aware of the rules of the Workman's Compensation Act, the employee misused the leave.

Three FLRA Headquarters employees who had serious non work related health problems stated that FLRA management accommodated their situations.

Most FLRA Headquarters employees were aware that their offices maintained first aid kits but some were not aware of its location.

CURRENT SAFETY AND HEALTH ISSUES:

The current location of the FLRA Headquarters at 1400 K Street was reviewed for safety compliance and was approved by the Federal Protective Service and the Government Services Administration Washington D.C. Safety Inspectors did a walk through inspection of the building and reported the safety level as satisfactory although several potential high risk deficiencies were identified and required to be corrected prior to FLRA Headquarters occupancy and to the Headquarters move. Individual office managers have identified some safety issues such insufficient electrical outlets, air quality, floor unevenness, and temperature controls. Most of these are being addressed.

The following safety and health concerns were brought up by FLRA employees:

HEADQUARTERS:

Headquarters stairwells are too dark and dangerous to walk on. Lighting needs to be strengthened. Also, the internal stairwell door knobs are round and difficult for some employees to open. (The lighting has been addressed by management)

Headquarters 3rd floor is slanted and looks like it is leaning forward, especially in the library.

Headquarters offices require more than one electrical outlet.

Headquarters doors are very heavy and do not open easily.

Employees whose computers face windows stated that there was too much window glare on the computer screen. Flat monitors were recommended to solve this problem.

Several Headquarters employees stated they were negatively affected by the drilling, dusting and placement of wallpaper in the hallways during working hours.

Atlanta Regional Office

The quality of air needs to be assessed and improved. Current air exacerbating severe allergic reactions. (Director has Doctor verification for subject employees.) Director has submitted request to Building Manager for duct cleaning. No response. Building cleaners do not perform a thorough job.

Carpets are significantly dirty and the Regional Director has requested replacement of the carpet to Director, ASD.

The Atlanta Regional Office needs strong ergonomic chairs for two employees. The Regional Director has physician documents, verifying back and spinal problems for 2 employees.

Several Atlanta Regional Office employees have carpal tunnel and the keyboard trays purchased specifically for these employees do not work and need to be replaced with those of a better quality.

The Atlanta Regional Office has an extensive first aid and terrorist protection kit which was provided by winning a building a safety raffle.

The Atlanta Regional Office manager and employees have had a significant amount of safety training provided by their building management.

Boston Regional Office

The Boston Regional Office Director stated that he previously read and commented on FLRA drafts of safety and health policies. His most recent training was at the OGC Training Meeting held in Kansas City in FY 2001 where the Department of Defense provided OGC employees information on the CAP program. Boston Regional Office has not received any safety or health information from Human Resources for several years.

The Boston Regional Office is located in a building which is very focused on safety and security. Employees must enter the building with a security card and occupants must comply with key standards.

The Boston Regional Office purchased new furniture which addressed employee computer and laptop vulnerabilities approximately a year ago and has addressed and decreased carpal tunnel problems of a few employees. The Boston Regional Office previously had some problems with air quality but this was corrected by the building manager's fixing the air conditioning system.

The Boston Regional Office employees have had no work related injuries, take advantage of and are satisfied with their Health Services and maintain protective

equipment which includes a first aid kit, safety masks, and bottled water. The office does not have a flashlight.

Chicago Regional Office

The Chicago Regional Office is currently located in a private building which is heavily focused on safety and security. The Regional Office maintains a first aid kit, has a flashlight and has its own water service. Although the Chicago Regional Office has 2 certified CPRs, the Regional Director could not recall any other safety/health training provided during the past few years.

The Regional Director stated he has never received any FLRA instructions dealing with safety and health issues. The Director was aware of the Federal Drug Testing Program but was unaware of any testing performed by the FLRA.

The Chicago Regional Office has one employee with multiple sclerosis and an office support staff person who suffered from carpal tunnel (had surgery and is currently fine.) The Regional Director stated that his office furniture was old and did not support computer or lab top typing. The Chicago Regional Office Director stated he was assured that modular furniture would be provided when the office was relocated during the next year. None of the Chicago Regional Offices employees are officially registered with disabilities. Approximately 5 years ago, the Chicago Regional Office did have an emergency with an employee who had a brain hemorrhage during working hours and had to be immediately taken to a hospital from the office by ambulance.

The Regional Director stated that his Chicago Office's Health Services Unit has not contacted nor provided Office employees physicals or tests for several years. He stated that he felt this was because his staff did not previously take advantage of their offers.

Dallas Regional Office

The Dallas Regional Office Director has general knowledge of FLRA safety and health requirements but does not recall receiving information for several years. One administrative employee has a carpal tunnel problem with both hands and has recently undergone surgery. The Director stated that a few employees have allergy problems while working in the Office and the air quality needs to be checked.

The Dallas Regional Director stated that safety is routinely checked by building inspections, that his office maintains protective equipment which includes fire extinguishers. Although the Director has a building Emergency Evacuation Plan, he has been strongly requesting that the Agency develop a Continuity of Operations (Contingency Plan)

Denver Regional Office

The Denver Regional Director did not recall receiving any safety and health instructions from the FLRA but did affirm that she had received some information and posters regarding the Employee Assistance Program. The Denver Regional Office has protective aids and cell phones to maintain contact with employees who travel to remote areas. The Director stated that the Federal building in which the Denver Regional Office is located, has increased its security and safety to a high level since the Oklahoma City bombing and that OSHA air quality checks and GSA safety checks are performed regularly. The Denver Regional Office has cypher locks on all doors.

The Denver Regional Office has four employees with health problems (hearing disorder, breathing disorder, depression and carpal tunnel). None are officially registered as disabled. The CAP program was used to obtain modular furniture for the employee with carpal tunnel). The rest of the Denver Regional Office furniture is old and not conducive to computer/labtop typing. The Regional Director recalled that only one employee had a health emergency during work hours and this individual was taken to a nearby hospital emergency room by ambulance.

Although the Denver Regional Office's Health Service Unit is about a mile away, they do come to the Denver Regional Office to provide flu shots and blood donations. Training sessions have been provided to Denver Regional Office employees by the Employee Assistance Program. The Regional Director stated that about a year ago, the FLRA Human Resources Division stated that they would schedule CPR training for the Denver Regional Office employees but this never happened. Several Denver Regional employees are interested in basic Red Cross training as well.

San Francisco Regional Office

The Director of the San Francisco Regional Office stated that the private building in which the office is located had excellent 24 hour security/safety, including key entrance for the building. The San Francisco Regional Office has not received any safety or health materials for awhile.

The San Francisco Regional Director stated that the major safety/health problem in the San Francisco Office was the lack of ergonomic furniture. The current furniture is over 20 years old the San Francisco Regional Director hopes that when the Office's current lease ends and the Office moves, that new, contemporary furniture will be provided.

Over the past few years, a few of the San Francisco staff suffered carpal tunnel problems. The Director used the Employee Assistance Program and found it helpful. He also referred several employees to use the Employee Assistance Program and they also felt it was helpful. The San Francisco Regional Office receives Employee Assistance Program Information and booklets from the Department of Health and Human Services. The San

Francisco Regional Office's use of the CAP program was productive in addressing the San Francisco's employees carpal tunnel problems.

The San Francisco Regional Office maintains a first aid kit and flashlight as protective equipment, has received extensive safety and security information from its building managers (but none from the FLRA) and has a majority of tenured employees who are aware of occupational safety and health issues.

Washington Regional Office

The Acting Regional Director and staff were unaware of occupational safety and health requirements. The Acting Director recalled receiving safety and health documents periodically at Headquarters but has not received any at the Regional Office.

Building managers frequently check the Washington Regional Office for safety.

Major problem which could affect employees' health is the high placement of laptop keyboards on desks which makes typing difficult and can damage hands.

Supervisor and employees would benefit from updated training/information on safety and health issues.

INSPECTOR GENERAL COMMENTS

In order to be effective, safety and health programs must be self-sustaining programs that are fully integrated into the daily operations of the workplace. The FLRA Occupational Safety and Health Program policy (and Drug Free Workplace Plan) are comprehensive and well written but program administration has been minimal and needs to be administered more openly to protect FLRA employees.

Although most FLRA managers and employees interviewed were unaware of FLRA's safety and health policies (many employees went on the FLRA website and accessed the FLRA OSHA instruction and read it for the first time prior to their Inspector General interview,) the majority of them conveyed contemporary knowledge of safety and health issues and were aware of what to do if these occurred in the workplace.^{1/}

The Inspector General discussion of FLRA safety and health program accomplishments and deficiencies with the recently hired Director of Administrative Services revealed that this Director, ASD wants the FLRA's safety and health program to be more proactive and protective, affirmed that employees needed more safety and health information, and that more comprehensive records/statistics needed to be kept. The Director, ASD intends to issue Administrative Program Notes periodically to all FLRA employees which will include safety and health information.

While the FLRA has increased its focus on security and safety policies, it has not yet addressed the Continuity of Operations should a disaster occur. This is important for the Agency as well as employees. Another important action that has not been implemented is the conduct of an annual safety inspections of Headquarters and the regional offices.

According to the Department of Labor in a Memorandum dated October 24, 2002, OSHA is planning to implement a new safety and health initiative at the start of FY 2004 to replace the Federal Worker 2000 Presidential Initiative. Details of this initiative will be provided prior to its implementation.

Occupational safety and health are more sophisticated now since the September 11 disaster, but many issues can be addressed with common sense. FLRA managers and employees are aware of basic safety and health indicators but may not know what to do should an incident occur. As with the majority of other FLRA administrative programs,

^{3/} The fact that this internal review stimulated FLRA managers and employees to research and read safety and health related regulations supports the internal value of Inspector General oversight activities.

FLRA managers and staff have not been briefed on safety and health although information has recently been provided by e-mail.

Providing a safe workplace and healthy environment to employees is an important factor and Agency responsibility which is often minimized until a hazard occurs. Federal agencies must help employees understand their risks for disease, obtain preventive health services and make healthy lifestyle choices by offering programs at the workplace. Most employees are focused on work, family and community responsibilities and have limited outside work time to devote toward preventative safety and health services. Providing such services to employees definitely supports occupational safety and health services as well as human capital.

Inspector General discussions with the current Director, Human Resource Division and recently hired Director of the Administrative Services Division validated that these line managers were knowledgeable of OSHA requirements, had experience in administrating OSHA programs in other agencies and had plans to increase training and create a more detailed OSHA annual reports. The Director of ASD acknowledged her agency-wide responsibility (HQ plus regional offices) and the need to strengthen the OSHA program.

The predominant FLRA safety and health issue is related to the way for employees to handle computers to avoid carpel tunnel and arthritis problems. The FLRA's old desk furniture does not support the correct physical use of computer key boards. This places employees in a vulnerable position for acquiring carpel tunnel syndrome, arm, hand and wrist muscle problems and increase hand related arthritis problems. The second major area of employee concern is air quality. A significant amount of Headquarters and Regional Office employees stated that their allergies became much more bothersome during work hours.

The FLRA's Occupational Safety and Health Program instruction is well written but is twelve years old and needs to be updated and dispersed to all employees. The Drug Testing Work Plan is also well written, but the FLRA program is not active. Since its inception, only one FLRA employee has been drug tested. The Act requires Federal Agencies to perform random drug testing on 25% of their employees. This would amount to one FLRA employee per year. The FLRA Plan states that random testing will be performed on employees in specifically defined sensitive positions, i.e. Presidential appointees, Inspector General, Government car drivers. Management should at least expand this requirement for the FLRA Security Officer, Chief Information Officer and all Government car drivers (some Regional Offices still have Government cars.) However, it would be more prudent and helpful for the FLRA, if all employees were included for an annual random selection.

Finding and Recommendations:

Finding 1: A significant amount of FLRA employees were unaware of FLRA safety and health policies and procedures. While the OSHA and Drug Free Workplace Act can be accessed on the FLRA website, not all relevant documents are on-line.

Recommendation 1: Add contemporary safety, health, and security information including the FLRA Occupational Emergency Plan and a current list of FLRA policy to the FLRA website as well as the document package given to new FLRA employees. Ensure that all related policy and guidelines are accessible on the FLRA instruction website and FLRA employees are notified that they can access them from the website.

Finding 2: FLRA supervisors and employees were not sufficiently knowledgeable of OSHA requirements, and had not received training in safety and health issues and were not aware of voluntary CPR training.

Recommendation 2: Increase Agency-wide training for FLRA safety and health programs. Ensure that all supervisors are knowledgeable of OSHA requirements and provide contemporary information to their staffs. Include volunteer training for CPR and increase safety/evacuation information to include maps of areas, where to go to ensure employee safety. Safety and Health training should include training by EAP which has been available and not solicited by the FLRA for several years.

Finding 3: The FLRA's Human Resource Division does not maintain statistics regarding lost time for injuries and/or disabilities. This is an OSHA requirement and will not require extensive resources since the FLRA is small and has very few employees who are injured while on duty. It will also provide the information needed to provide to the Department of Labor in the FLRA's Annual Occupational Safety and Health submission.

Recommendation 3: The FLRA Human Resource Division should ensure that all OSHA statistics and records be maintained so that the FLRA is in compliance with the OSHA requirements.

Finding 4: While the FLRA's Drug Free Workforce Plan is detailed and identifies sensitive positions which should be randomly selected for drug testing, the list is insufficient. No random drug testing is being done. There is no documentation from the Chairman stating it should not be done. The drug testing of only one individual is not sufficient for compliance with the Drug Free Workplace Act.

Recommendation 4: FLRA should expand its definition of sensitive positions to, at least, include Security Officers, Computer Information Officer and both senior and line managers, and comply with its's Drug-Free WorkPlace Plan by randomly testing at least one person per year

Finding 5: The interagency agreement between the FLRA and Department of Health and Human Services (1998) for the purpose of providing FLRA employees with basic Occupational Health Center Services includes annual site visits, the issuance of an Agency oriented annual report, and training sessions which have not occurred.

Recommendation 5: The FLRA Executive Director and Director, Administrative Service Division should review the Interagency Agreement with the Department of Health and Human Services and ensure that all stated provisions are current and addressed. (A review of all other administrative program interagency agreements should likewise be reviewed and updated as necessary.)

Finding 6: The FLRA sub-components and Regional Offices have various types of protective equipment ranging from extensive to minimal.

Recommendation 6: The FLRA Safety Program Manager should ensure that all FLRA sub components maintain standardized sufficient and accessible safety/protective equipment.

Finding 7: FLRA Headquarters and Regional Offices all have current Emergency Evacuation Plans. Some are lacking locational maps and information on specifically where to go.

Recommendation 7: FLRA Safety Program Manager should review all Emergency Evacuation Plans and ensure that they all contain information and maps for employees on where to go for the different types of emergency evacuations (i.e. fires, terrorist attack, biological attacks etc.)

Finding 8: The FLRA does not have a Continuity of Operations (Contingency) Plan which is necessary for an emergency evacuation due to an attack which disables access to the FLRA buildings.

Recommendation 8: FLRA management should prioritize the development of an FLRA Continuity of Operations (Contingency) Plan.

Finding 9: Not all FLRA facilities have annual security/safety checks.

Recommendation 9: Annual FLRA facility (Headquarters and Regional Offices) safety/security checks should be performed by building security officer or FLRA security officer, and maintained/documented and followed up by ASD's Security Officer.