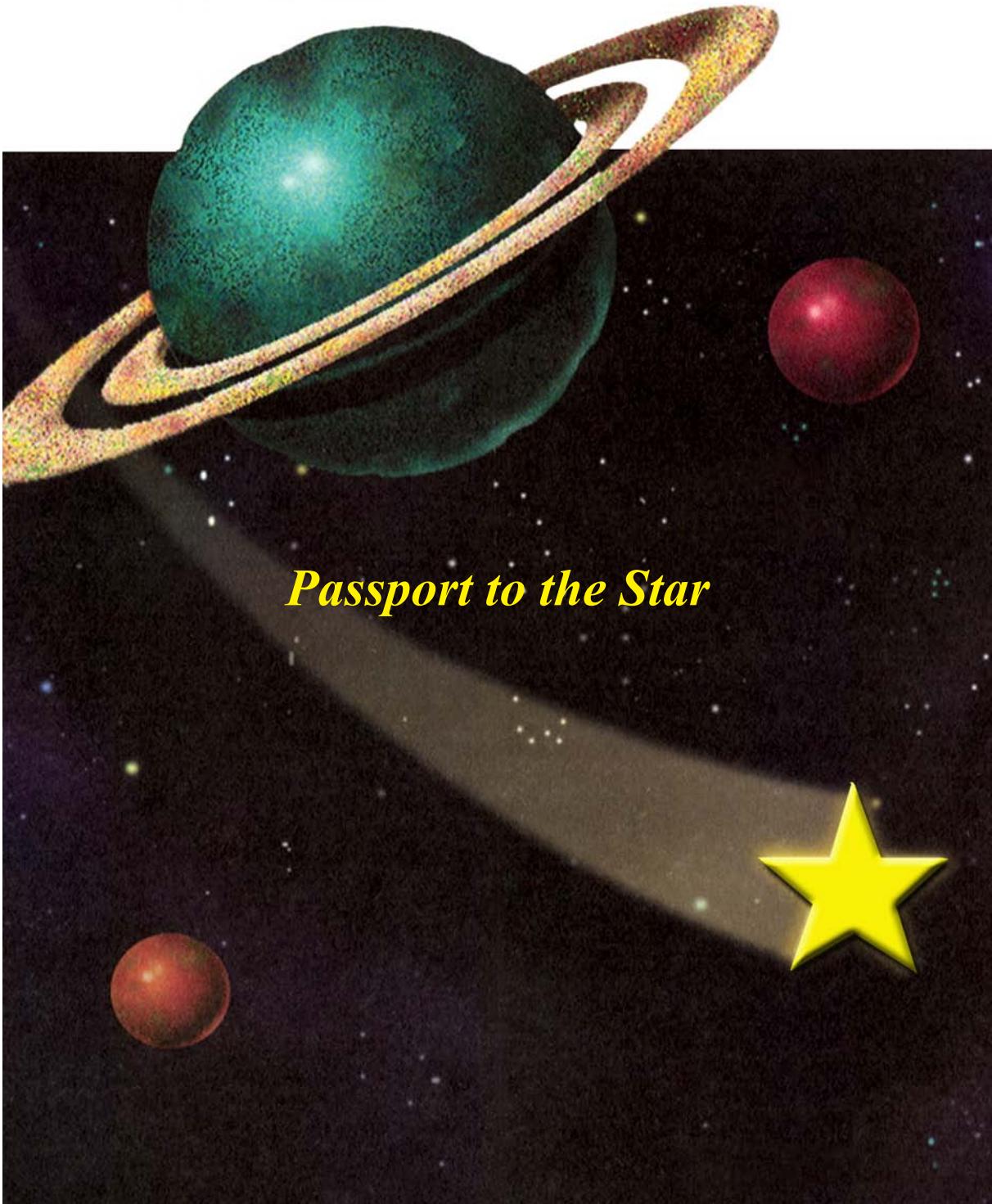


# *VPP Passport to Success*

*Voluntary Protection Program*

*From Awareness to Involvement*





*Passport to the Star*

**Little Dipper**



**Passport to the Star**

*All completed Forms must be turned into your VPP Unit Employee Safety Team Chairperson by October 2, 2000*

*Recognition awards will be presented according to the point level earned.*

- 2,000 points - Little Dipper
- 2,500 points - Big Dipper
- 3,000 points - Orion
- 3,500 points - Northern Crown (Corona Borealis)

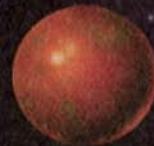


**Northern Crown**

**Big Dipper**



**Orion**



# *Passport to the Star*

<i>Name:</i>	<i>S#:</i>	<i>Mail Stop:</i>	<i>VPP Unit:</i>				
			Points	July	August	September	Max. Points
Review your Unit's home page and trending charts (each month)	25 ea.	_____	_____	_____	_____	_____	75
Review your Unit's goals and objectives and their current status (1 a month)	25 ea.	_____	_____	_____	_____	_____	75
Read facility Employee Safety Team (EST) Meeting Minutes (1 a month)	30 ea.	_____	_____	_____	_____	_____	90
Conduct and submit a work or self observation (W.A.S.P.) (2 a month)	200 ea.	_____	_____	_____	_____	_____	1200
Participate in a work area or inspection with EST or Management	100	_____	_____	_____	_____	_____	100
Review iNotes accident occurrence information (1 a month)	30 ea.	_____	_____	_____	_____	_____	90
Prepare and give a safety topic for a safety share	100	_____	_____	_____	_____	_____	100
Conduct a home safety inspection	100	_____	_____	_____	_____	_____	100
Make an adjustment/change in your workspace that would reduce the potential for a sprain or strain	75	_____	_____	_____	_____	_____	75
Verbally recognize a fellow worker for working safety (each month)	50 ea.	_____	_____	_____	_____	_____	150
Stretch for 10 minutes daily (each month)	200 ea.	_____	_____	_____	_____	_____	600
Wear your safety belt every time you're in a motor vehicle (Don't forget to make sure everyone else wears theirs too.) (each month)	200 ea.	_____	_____	_____	_____	_____	600
Write and submit a safety article (daily constitutional, safety menu, etc.)	100	_____	_____	_____	_____	_____	100
Be familiar with the VPP Star Application (available for review on the VPP Home page)	200	_____	_____	_____	_____	_____	200
Review and answer in your own words the VPP employee interview questions (available for review on the VPP Home page)	200	_____	_____	_____	_____	_____	200
Understand the company Safety and health policy	75	_____	_____	_____	_____	_____	75
Understand your VPP Bill of Rights	75	_____	_____	_____	_____	_____	75
Discuss your Unit EST meeting and safety issues with your EST representative (1 a month)	50 ea.	_____	_____	_____	_____	_____	150
<b>Total Points Earned:</b>							_____

Completed Passport to the Star forms must be turned into your VPP Unit employee Safety Team Chairperson by October 6, 2000. Your VPP Unite Employee Safety Team Chairperson can be located at: <http://home.inel.gov/safety-health/vpp/contacts.html>



**INEEL**  
***“Voluntary Protection Program”***  
***Star Site***

# Where in the INEEL is Cami Santiago (VPP)?

Please record your information in the appropriate box on this page.

May 7, 2002

May 14, 2002

May 21, 2002

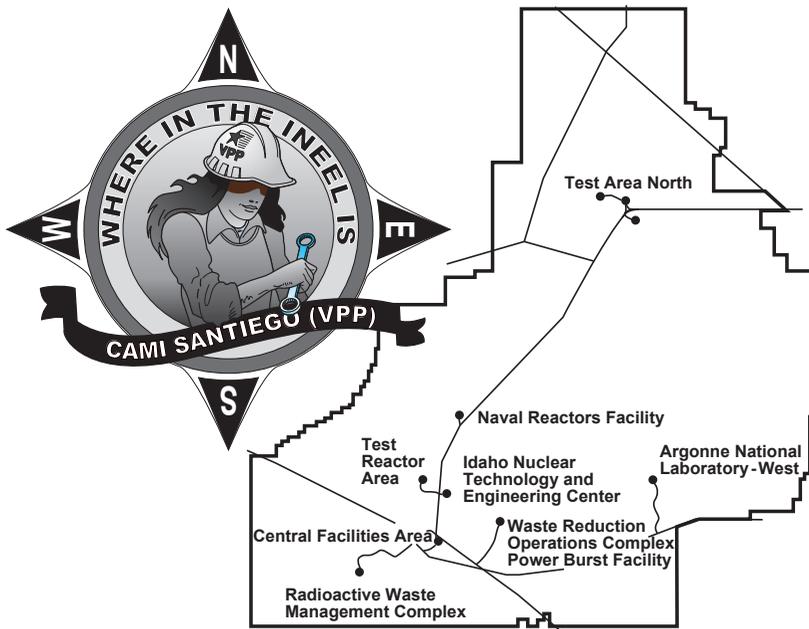
May 28, 2002

June 4, 2002

June 11, 2002

June 18, 2002

June 25, 2002



# Where in the INEEL is Cami Santiago (VPP)?

Please record your information in the appropriate box on this page.

July 2, 2002

July 9, 2002

July 16, 2002

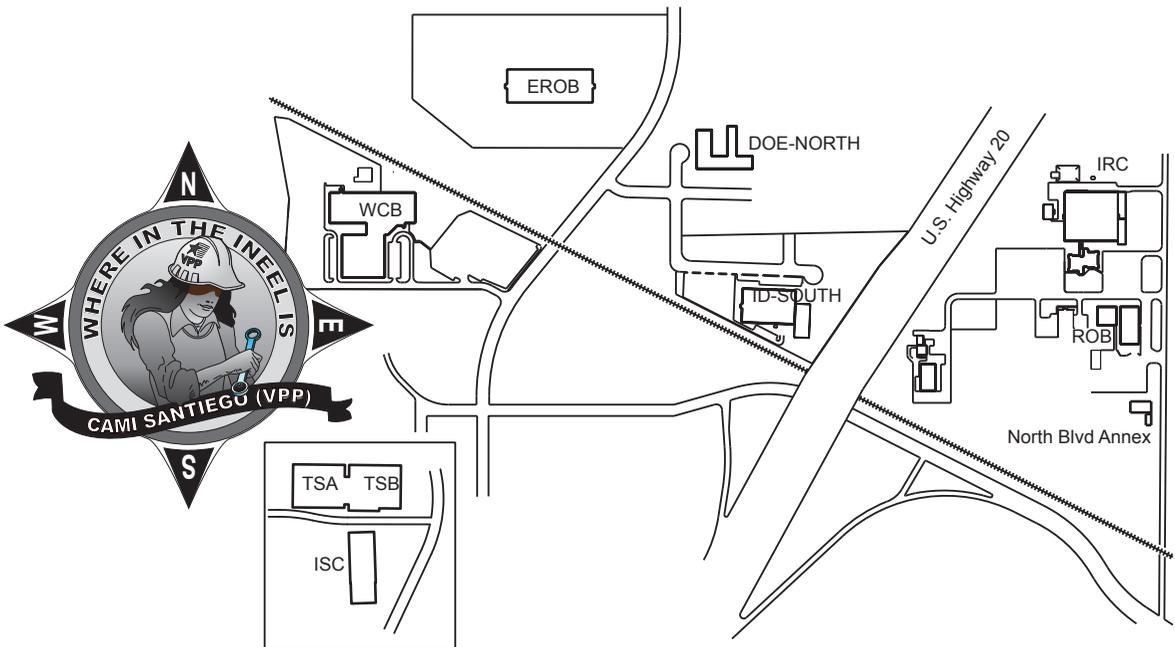
July 23, 2002

July 30, 2002

August 6, 2002

August 13, 2002

August 20, 2002



## Where in the INEEL is Cami Santiago (VPP)?



### Objective

The objective of this activity is to discover the location of "Cami Santiago (VPP)". While doing so, you will be reminded of the many ways and methods that employees are involved in the safety process. There are two (2) small containers ["Cami"] that are hidden, one in town and the other at the Site. In response to clues distributed via iNotes, participants will earn the right to a "word" [one word/week]. These words are part of a sentence scramble. As you unscramble the sentence, it will lead you to the specific location of "Cami". Employees who work at the Site will search for "Cami" at the Site, and the employees who work in-town will search for "Cami" in-town. The first participant to locate "Cami" at the Site, and the first person to locate "Cami" in town, will be honored as our "**Grand INEEL Safety Sleuths**".

As a thank you for participating, the two (2) **Grand INEEL Safety Sleuths** will each receive three (3) dinner certificates for \$25 for local restaurants. The next thirty (30) participants [15 for each "Cami Santiago"] who also locate the allusive "Cami (VPP)" will receive a dinner certificate. [In safety we always like to actively care for each other, but in this case sharing answers reduces your opportunity to earn a dinner certificate]

### So How Does this Activity Work?

Employees will receive in the mail a "Where in the INEEL is Cami Santiago (VPP)?" brochure.

Starting the first *Tuesday* of May, and each Tuesday thereafter until August 20th, there will be *three word clues shared on iNotes*. [Look for the "Cami" icon, just like on your brochure]. The correct answer to the clues is a name or description of a particular *way or method* in which an employee is or can be involved in the safety process. Write your answer in the dated block inside your brochure.

Is your answer correct? On Thursday of the same week, go to the VPP homepage [look for the "Cami" icon] and type in your answer. If the response matches the correct answer, then you will be shown *one word* of a sentence scramble. As you accumulate these words each week they will eventually lead you to the location of "Cami Santiago". You should list the words to the sentence scramble on the back of the brochure. [Note: Although you may miss a correct answer and therefore didn't earn the "word" for the week, don't give up, try again the following Tuesday for the next clues and word]

Once you are fairly certain that you know the exact location of "Cami Santiago", i.e., *you have unscrambled the sentence* [don't tell your friends], then **immediately** mail your completed brochure to the **VPP Program office at MS-3428**. Be sure and include the date and time that you unscrambled the sentence.

Note: You may guess at any time during the search where you think "Cami Santiago" is, however, if you are incorrect, then you are automatically eliminated from the rest of the search . . . sorry! Submit your guess as described in the paragraph above.

### **The two Grand Safety Sleuths and the other 30 winners will be announced at the September 18th Company Employee Safety Meeting.**

The two (2) Grand Safety Sleuths will have the opportunity to open "Cami Santiago" and via the Daily Constitutional, share with fellow employees—  
how VPP is integrated into the safety process—  
**Where in the INEEL is Cami Santiago (VPP)?**



## Where in the INEEL is Cami Santiago (VPP)?

### Word Scramble

Please record your answer on the following lines.

\_\_\_\_\_

May 9, 2002

\_\_\_\_\_

May 16, 2002

\_\_\_\_\_

May 23, 2002

\_\_\_\_\_

May 30, 2002

\_\_\_\_\_

June 6, 2002

\_\_\_\_\_

June 13, 2002

\_\_\_\_\_

June 20, 2002

\_\_\_\_\_

June 27, 2002

\_\_\_\_\_

July 4, 2002

\_\_\_\_\_

July 11, 2002

\_\_\_\_\_

July 18, 2002

\_\_\_\_\_

July 25, 2002

\_\_\_\_\_

August 1, 2002

\_\_\_\_\_

August 8, 2002

\_\_\_\_\_

August 15, 2002

\_\_\_\_\_

August 22, 2002

### Unscrambled Sentence

Please record your answer here.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

S Number

**1 2 3 4 5 6 7 8 9 10 11 12**

\_\_\_\_\_

Unit Number (circle one)

\_\_\_\_\_

Date

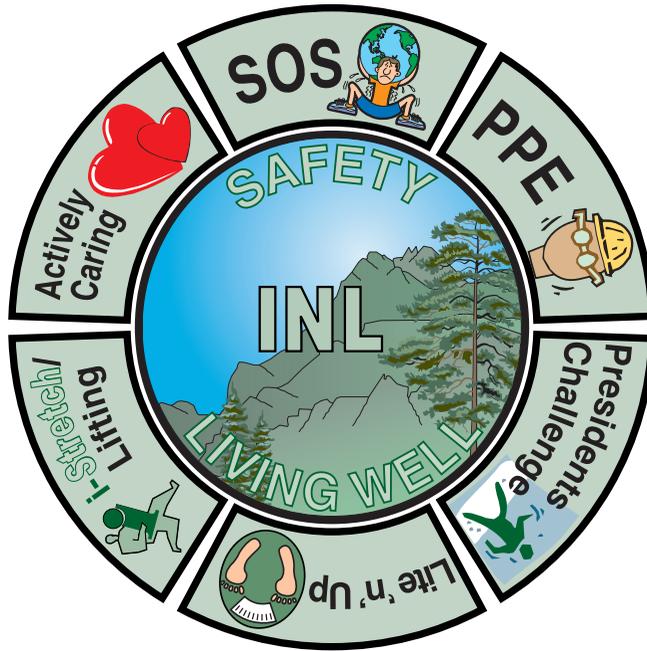
\_\_\_\_\_

Time

When complete return this entire booklet to the VPP Program office at MS-3428.



***Where in the INEEL is  
Cami Santiago (VPP)?***



**2003**  
***Passport To Injury  
Prevention***

Seeing Your Way to Safety & Health

# *How The Program Works*

## ***Program Purpose***

The VPP “Passport to Injury Prevention” provides an opportunity for employees to take an active role in six (6) Safety/Fitness areas. An employee may participate in one area or all six (6), it will be at their discretion. Participation in this employee involvement activity supports the INEEL philosophy of zero accidents.

## ***Who administers the program?***

The “Passport to Injury Prevention” program is administered by the VPP Program Office (6-0388)

## ***Who participates in the program?***

Any employee is eligible

## ***Is the completion of all six (6) segments/activities required?***

No. Each participant can select which segments they would like to work on. The completion requirements for each segment is discussed in that section

## ***Who can sign off on the segment activities?***

Employees should sign and date each activity segment as it is completed.

## ***How long do I have to complete the program?***

The “Passport to Injury” Prevention will run from January to June 30<sup>th</sup>

## ***Where do I submit the completed activity segments?***

Your completed activity segment should be submitted to your VPP Unit Employee Safety Team chairperson. He/she will collect those monthly and submit a monthly packet to the VPP Program Office.

## ***Recognition for Participating?***

Every employee who signs a commitment to participate will receive after completing their first activity segment, the INEEL Safety/Fitness circular fabric patch (plus the segment they earned). An employee can earn whichever segment(s)—and how many segments—it is their choice.

The Safety/Fitness patch and associated six segments will be suited to either sew on an existing jacket/shirt/or T-shirt **or** the patches could be mounted in a recessed picture frame to be displayed on your office or work area wall.

If an employee earns all 6 segments on or before June 30<sup>th</sup>, he/she will be recognized with a quality pair of Wiley X Romer 408 **Safety Glasses** with gray lenses. These glasses would be a daily reminder that you are purposely “Seeing” your way to a safer work environment at the INEEL.

**Note:** Remember with the Physical Activity segment, you can also submit your log to the Presidential Sports/Fitness program for their special recognition from the President of the United States.

# *Commitment to Participate*

## *2003 Passport To Injury Prevention*

Name: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Safety Team Chairperson: \_\_\_\_\_

Badge S Number: \_\_\_\_\_

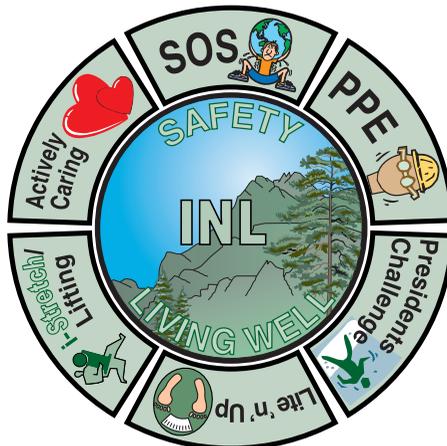
Organization Number: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

In order to begin your 2003 Passport To Injury Prevention, this page must be completed and sent back to the VPP Program Office by February 28, 2003.

New hire employees will be considered on a case by case basis.



# Actively Caring Log

Required: 40 points (Each date entry = 1 point)



Date:

1. Conduct a WASP Observation \_\_\_\_\_
2. Remove/minimize a slipping/tripping hazard on a walkway \_\_\_\_\_
3. Participate in a work and/or home inspection \_\_\_\_\_
4. Stay within the speed limit driving/riding gov't vehicle (month) \_\_\_\_\_
5. You and any passengers are wearing seat belts (month) \_\_\_\_\_
6. Share a safety lessons learned [safety share] with a group \_\_\_\_\_
7. Participate in a DO IT \_\_\_\_\_
8. Use an administrative/engineering control to eliminate a hazard \_\_\_\_\_
9. Provide "rewarding" or "corrective" feedback to a fellow worker \_\_\_\_\_
10. Post a unique safety reminder/message in your work area \_\_\_\_\_
11. Identified and mitigated an "error likely situation"-Human Performance \_\_\_\_\_
12. Involve a co-worker, friend or family member in the President's Challenge segment of their passport. Log 1 point per person - enter their names here - 4 maximum. \_\_\_\_\_

\_\_\_\_\_  
Name:

\_\_\_\_\_  
S Number:

\_\_\_\_\_  
Unit Chairperson:

\_\_\_\_\_  
Unit:

# *Personal Protective Equipment (PPE) at Work or Home*



Required: 20 points

List situations beginning now till June 30<sup>th</sup>, when you have used PPE, either at work or at home.  
(Each situation plus date = 1 point)

	<u><i>Situation</i></u>	<u><i>PPE Worn</i></u>
(Examples)	Snow covered sidewalk	Shoes with aggressive traction (3/4/03)
	Working near generator	Foam ear plugs (5/1/03)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Name: \_\_\_\_\_

S Number: \_\_\_\_\_

Unit Chairperson: \_\_\_\_\_

Unit: \_\_\_\_\_

Remove and submit this page when complete

# SOS-Sprains, Overexertion and Strains Log



Required: 15 points

List proactive ways that you personally minimize and/or eliminate the potential for a sprain, strain or muscle overexertion. (Each entry plus date = 1 point)

	<u>Date Accomplished</u>
(Examples) Obtain assistance of co-worker while moving my printer	1/06/03
Moved overhead shelf item that is frequently used to chest level	2/3/03
Removed foreign object (tripping hazard) from walkway	3/4/03
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

\_\_\_\_\_  
Name:

\_\_\_\_\_  
S Number:

\_\_\_\_\_  
Unit Chairperson:

\_\_\_\_\_  
Unit:

# Stretching (i-Stretch) or INEEL Lifting Log



## Option 1 — Stretching (i-Stretch)

Required: 72 points

Regularly participate in stretching with a group or at your individual workstation  
(Each date participating = 1 point) (enter the date on each line below)

_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

## Option 2 — INEEL Lifting Team

Required: A class completion card that demonstrates that you are on the “INEEL Lifting team”

Participate in an “**INEEL Lifting**” class sponsored by the OMP Health Promotion personnel. The class schedule is provided on the intranet or by phoning 526-1200.

Date completed \_\_\_\_\_ (attach a copy of the Lifting card)

Remove and submit this page when complete

\_\_\_\_\_  
Name:

\_\_\_\_\_  
S Number:

\_\_\_\_\_  
Unit Chairperson:

\_\_\_\_\_  
Unit:

# *Eating Well Segment Description*

## *Healthy Eating*

The trick to eating right is avoiding the foods that pack on the weight and provide very little nutritional value. This, in essence, is the case with simple sugars.



## *The Challenge*

This part of the passport requires you to pay attention to the foods you eat. To complete this challenge, reduce the simple sugars in your diet and increase the fiber.

- Simple Sugars: (include glucose, sucrose, lactose and fructose) To make it easier for you to tack, we have identified some of the more popular choices of simple sugars and ask you to track your intake of these weight inducing foods.
- Fiber: Fiber is the structural component of plants and also contains glucose units, that are cross-linked in various ways. Fiber resists rapid digestion in the intestinal tract. One example of fiber is cellulose, more commonly referred to as wood fiber. Fiber is the primary component of plant cell walls and is resistant to digestion. As it is often difficult to read the label of different food choices, we have identified some of the more popular choices of fiber. In this category more is better but watch out, they can be quite filling.
- Water: As we increase our intake of fiber, we must also increase our intake of water. It is not our

## *Foods to avoid:*

- Bagels, white
- White bread
- White rice
- Sweetened cereal
- Donuts
- Ramon noodles
- White or refined pasta
- Soda pop
- Most condiment (catsup, BBQ sauce)
- Candy
- Tortilla chips
- Fruit juices
- Potato products (russet and sweet)

## *Healthy*

## *alternatives:*

- Whole wheat (breads and bagels)
- Vegetables
- Oats
- Beans
- Peas
- Oats and barley
- Brown rice
- Bran
- Fruits (esp. apricots, apples, plums, citrus, strawberries and blueberries).

# *Completing the Form*

To complete this challenge eat more fiber and less sugar while consuming a healthy amount of water. The recommended amounts of each are as follows:

**Simple sugar:** It is recommended from the USDA that healthy adults consume somewhere between 6-11 servings\* of carbohydrates per day. The problem is that most of us choose to consume all of these in the form of simple and/or in refined products. **The challenge is to limit your simple sugars to no more than 2 servings per day.** Fill in the date and give yourself a check if you met this requirement. **You need to do this for a total of 30 times to successfully complete this portion.**

**Fiber:** High-fiber (high-cellulose) vegetable foods are the healthiest choice for human nutrition, and intake of these foods is associated with lowered incidences of hypertension, cancer, arthritis, and diabetes. Fill in the date and give yourself a check if you consumed at least 4 servings\* of fiber per day. **You need to do this for a total of 30 times to successfully complete this portion.**

## *\* Serving sizes:*

The following are ways of sizing up a serving size of food.

- *Pasta:* An uncooked serving of pasta on end is roughly the size of a standard US quarter.
- *Potatoes/rice:* One serving of potatoes/rice should be similar to the size of a closed fist.
- *Fruit:* One serving of fruit should be about the size of a tennis ball.
- *Soda pop:* This would be one 12 oz can.
- *Fruit juice:* This would be 8 oz.
- *Vegetables:* A serving of vegetables would be roughly the size of a closed fist.
- *Bread:* One slice of bread is considered a serving.

**Water:** Start drinking more water. Water is essential to good health and provides us with more healthful benefits than can possibly be listed here. Mark the date and give yourself a check if you consumed at least eight 8 ounce glasses of water per day. **You need to do this for a total of 30 times to successfully complete this portion.**

# *President's Challenge Segment Description*

## *(Physical Activity)*



Required:

Complete the requirements for the Presidential Sports Fitness Award. Select one of the activities on the next pages, then keep a record of your participation on the fitness log. You can increase the fun and receive points toward your “Actively Caring” segment by involving a co-worker, friend or family member in this program.

### The Challenge

The aim of the President’s Challenge segment is to make a commitment to fitness through active and regular participation in sports and fitness activities. Earning the award means that you have put in time and effort to meet the challenge of personal fitness. It is very important that all participants take necessary steps to make their activity enjoyable and safe. For example, a helmet should be as common for a cyclist as for a football player. Racquetball players and shooters should wear appropriate eye protection, and walkers, joggers, runners, and cyclists should make sure that they are visible to motorists.

---

### *How to receive the National Presidential Sports & Fitness Award*

Make a copy of your fitness log and submit it along with \$8 to the Presidential Sports/Fitness Award program. In so doing, you will receive the following:

1. A certificate of achievement from the President of the United States, personalized with your name and suitable for framing
2. A letter of congratulations from the leadership of the President’s Council on Physical Fitness and Sports
3. A blazer patch signifying the sport or fitness activity in which you earn your award.

Submit your request along with your fitness log to the Presidential Sports/Fitness Award/AAU, PO Box 10000, Lake Buena Vista, Florida 32830 ([www.aausports.org](http://www.aausports.org)).

# ***Presidential Sports Award Qualifying Standards/Activities***

## **Aerobic Dance**

1. Participate minimum 50 hours aerobics, aerobic dance, step aerobics, dance exercise, or similar activity.
2. Credit only 1 hour each day/4 hours per week.
3. Recommendation: one hour of activity include 5-10 minute warm up, 20-30 minutes aerobic activity within target heart rate range, 10-15 minutes strengthening exercises and 5-10 minutes cool down.

## **Baseball**

1. Play and/or practice baseball skills minimum 50 hours; no more than 1 hour credited daily.
2. At least 15 of 50 hours must be played in organized league or baseball competition.

## **Basketball**

1. Play and/or practice basketball skill minimum 50 hours; no more that 1 hour credited daily.
2. At least 15 of 50 hours must be in an organized league or basketball competition.

## **Bicycling**

1. On bicycle with more than five gears, bicycle minimum 600 miles; no more than 12 miles credited daily.
2. On bicycle with five or fewer gears, bicycle minimum 400 miles with no more than eight miles credited daily.
3. On stationary bicycle, bicycle minimum 25 hours; no more than 30 minutes bicycling within target heart rate range credited daily.

## **Bowling**

1. Bowl minimum 150 games; no more than six games credited to daily total.
2. Total of 150 games must be bowled on less than 34 different days

## **Cross Training**

1. Simultaneously complete a minimum one-half requirements of two different award program categories.
2. Activities should develop cardio-respiratory endurance, muscle strength, endurance, and flexibility.

## **Dance**

1. Dance minimum 50 hours; Ballroom, Square, Fold, Round, Pattern, Clogging, Country Western or dance combination; no more than one and one-half hours credited daily.

## **Disc Sports**

1. Practice flying disc skills minimum 50 hours; no more than two hours credited daily.
2. Practice must include work in minimum of three recognized events: distance, accuracy, self-caught flight, double disc court, golf, freestyle, decathlon, ultimate or guts.

## **Equitation**

1. Ride horseback or train horses minimum 50 hours with no more than one and one-half hours credited daily.

## **Fencing**

1. Practice fencing skills minimum 50 hours; no more than two hours credited daily.
2. At least 30 of 50 hours must be under supervision of instructor or competition.

## **Fitstart**

1. Participate in a minimum of 30 hours of light to moderate physical activity, starting with no less than 10 consecutive minutes and no more than 40 minutes of activity credited to the total per day.
2. Activities may include walking, aerobics, aquadynamic, calisthenics, exercise or conditioning classes, fitness dancing, workouts on fitness apparatus including cycling, rowing, stepping and treadmills, or a combination of any or all of these activities.

## **Football**

1. Play football and/or practice football skills minimum 50 hours; no more than one hour credited to daily total.
2. At least 15 of 50 hours must be in organized league or competition football.

## **Golf**

1. Play/practice golf minimum 100 hours; no more than three hours credited daily.
2. No motorized carts may be used.
3. At least 15 round (18 holes) must be played as part of the 100-hour requirement.

**Handball**

1. Play handball minimum 50 hours; no more than one and one-half hours credited daily.
2. Total must include at least 25 matches (2 of 3 games) of singles and/or doubles.

**Ice Hockey**

1. Play/practice ice hockey skills minimum 50 hours; no more than one hour credited daily.
2. At least 15 of 50 hours must be in organized ice hockey league or competition.

**Ice Skating**

1. Skate minimum 50 hours; no more than one and one-half hours credited daily.

**Jogging**

1. Job minimum 125 miles with no more than two and one-half miles credited daily.

**Judo**

1. Practice judo skills minimum 50 hours; no more than one hour credited daily.
2. At least 30 of 50 hours must be under supervision of qualified instructor.

**Marathon**

1. Run minimum 40 miles per week for at least two months.
2. Weekly mileage should not be increased more than 10% over the previous week. At least every 10 days a longer training run must be done at a minimum 15-mile distance for two months one mileage level reaches 10 miles per week.
3. At end of four-month cycle, must complete TAC-sanctioned marathon of 26.2 miles.

**Martial Arts**

For all martial arts other than Judo, Karat, and Tae Kwon Do

1. Practice martial arts skills a minimum of 50 hours with no more than one hour credited to the total per day.
2. At least 30 of the 50 hours must be under the supervision of a qualified instructor.

**Racquetball**

1. Play racquetball minimum 50 hours; no more than one and one-half hours credited daily.
2. Total must include at least 25 matches (2 or 3 games) of singles and/or doubles.

**Roller Skating**

1. Roller skate or in-line roller skate minimum 50 hours; no more than one and one-half hours credited daily.

**Rope Skipping**

1. Skip rope minimum 25 hours; no more than 30 minutes credited daily.
2. May be done in single or double dutch ropes.

**Rugby**

1. Play and practice rugby skills or conditioning minimum 50 hours, no more than two hours of rugby or 1 hour conditioning credited daily.

**Running**

1. Run minimum 200 miles.
2. Run continuously at least 3 miles during each outing. No more than 5 miles may be credited daily (miles counted toward 200-mile total must be spread over at least 40 outings).
3. Average time must be 9 minutes or less per mile (i.e., 27 minutes for 3 miles, 45 minutes for 5 miles). Please note exceptions due to injury or age.

**Skeet-Trap**

1. Fire at minimum 800 standard trap or skeet targets or sporting clays with no more than 50 targets credited daily.
2. All shooting events must be under safe, regulated conditions.

**Alpine Skiing**

1. Ski, or train for skiing minimum 50 hours; no more than 3 hours skiing or 30 minutes on ski-training apparatus credited daily.

**Nordic Skiing**

1. Ski minimum 150 miles; no more than 10 miles credited daily.

2. Comparable mileage accumulated on workout apparatus may be credited daily.

### **Snowshoeing**

1. Snowshoe minimum 50 hours; no more than four hours per outing credited daily.

### **Soccer**

1. Play/practice soccer skills minimum 50 hours with no more than one hour credited daily.

2. At least 15 of 50 hours must be in organized league or soccer competition.

### **Softball**

1. Play/practice softball skills minimum 50 hours; no more than one hour credited daily.

2. At least 15 of 50 hours must be in organized league or softball competition.

### **Sports/Fitness**

1. Participate in minimum 50 hours exercise activities, or combination of exercise/sports; no more than 1 hour credited daily.

2. Exercise activity may consist of aerobics; aquadynamics; calisthenics; exercise or conditioning classes; fitness dancing; rope jumping; apparatus workout, including stationary bicycles, rowing machines, treadmills; or combination of these activities.

3. Sports activity may include participation in one or more of sports in which Presidential Sports Award is offered, or other sports, such as diving, water polo

### **Swimming**

1. Swim minimum 25 miles (44,000 yards); no more than 3/4 of mile (1,320 yards) daily.

### **T'ai Chi**

1. Participate minimum 50 hours of T'ai Chi Chuan following standards set by American T'ai Chi Association.

2. Credit no more than 1 hour per day, 5 hours per week to total.

3. Recommendation: one hour of activity include: 10-15 minutes (flexibility, strengthening) warm-up, 20-30 minutes T'ai Chi within target heart-rate range, 15-minute cool down.

### **Tae Kwon Do**

1. Practice Tae Kwon Do skill minimum 50 hours; no more than one hour credited daily.

2. At least 30 of 50 hours must be under supervision of qualified instructor.

### **Tennis**

1. Play tennis minimum 50 hour; no more than one and one-half hours credited daily.

2. Total must include at least 25 sets of singles and/or doubles (tie-break rules may apply).

### **Track and Field**

1. Compete in/practice track and field events minimum 50 hours; no more than one hour credited daily.

2. At least 10 of 50 hours must be accumulated during organized meets.

### **Triathlon**

1. Run minimum 10 miles per week for at least two months. Participants must run minimum three days per week.

2. Bike minimum 35 miles per week for at least to months. Individuals must bike minimum of two days per week,

3. Swim minimum 1 mile per week for at lease two months. Individuals must swim minimum of two days per week.

4. Add no more than 105 to distances, for each sport each week. Individual should complete three times distance in their training mileage per week as the spring distance event in which they intend to compete up to one week prior to the event. One week prior to the event, training would be reduced to 1 time the distance of event athlete intends to compete (called tapering).

5. Minimum of 1, maximum of 2 sports should be practiced at least four days per week. One to two days of rest each week is recommended for recovery time.

6. At least one workout per week should include swim/bike or bike/run workout that includes performing sports back-to-back, but would include practicing transition of going from one sport to another (called a "brick").

7. At end of the four-month period, compete in Triathlon Federation/USA sanctioned sprint distance event (approximately a 1/2-mile swim, 12-mile bike, and 3.1-mile run).

### **Volleyball**

1. Play/practice volleyball skills, or condition for volleyball minimum of 50 hours; no more than two hours of volleyball or one hour conditioning credited daily.

2. Conditioning may include participation in any eligible activity of this program, or in any of the exercise activities listed under Sports/Fitness category.

### **Endurance Walking**

1. Walk minimum 225 miles, combining training walks and endurance walks.
2. Training walks must be minimum one-hour duration. At least three must be completed each week, and the mileage should be credited to the 225-mile total.
3. Walks must be continuous for at least 5 miles. At least five of outings must be 10 miles long and one must be 15 miles long during the time the 225 miles is being completed. No more than one 10-mile, or one 15-mile walk can be credited to the total each week.

### **Fitness Walking**

1. Walk minimum 125 miles; no more than two and one-half miles credited daily.
2. Each walk must be continuous, without pauses for rest and the pace must be at least four mph (15 minutes per mile).

### **Race Walking**

1. Race walk minimum 200 miles.
2. Race walk continuously at least 3 miles each outing. Credit no more than 5 miles daily toward total. Miles total must be spread over at least 40 outings.
3. Must average 12 minutes or less per mile.
4. Follow basic race walking rules: one foot on ground at all times; supporting leg straight as if comes under body.
5. At least two outings must be judged events.

### **Water Exercise**

1. Participate in minimum 50 hours of water exercise.
2. Credit no more than one hour per day and four hours per week to total
3. Recommendation: one hour activity include 5-10 minute warm-up, 20-30 minutes activity within target heart-rate range, 10-15 minutes strengthening exercise, 5-10 minute cool down.

### **Weight Training**

1. Train with weights minimum 50 hours; no more than one hour credited daily.
2. Workout must include at least eight separate weight/strength-training exercises. Workouts should be balanced so that each body part is exercised during each cycle (daily, weekly, etc.). Each exercise to be performed in multiple sets, six to 15 times.

### **Yoga**

1. Practice yoga postures and relaxation techniques at a minimum of 50 hours; credit no more than 1 hour per day and 5 hours per week total.
2. At least 15 of 50 hour must be in an organized league or wrestling competition.

Note: Yoga classes may count toward your Stretch segment patch. Eating Well Segment Description

## ***Healthy Eating***

The trick to eating right is avoiding the foods that pack on the weight and provide very little nutritional value. This, in essence, is th



# *2003 Passport To Injury Prevention*

*- keep a record of your progress*

*Category*

*date submitted*

**Actively Caring**

Required: 40 points

---

**Personal Protective Equipment at Work or Home**

Required: 20 points

---

**SOS-Sprains, Overexertion and Strains**

Required: 15 points

---

**Stretching (i-Stretch) or Lifting**

*Option 1* - Stretching (i-Stretch)

Required: 72 points

*Option 2* - INL Lifting Team

Required: A class completion card that demonstrates that you are on the "INL Lifting Team"

---

**Eating Well**

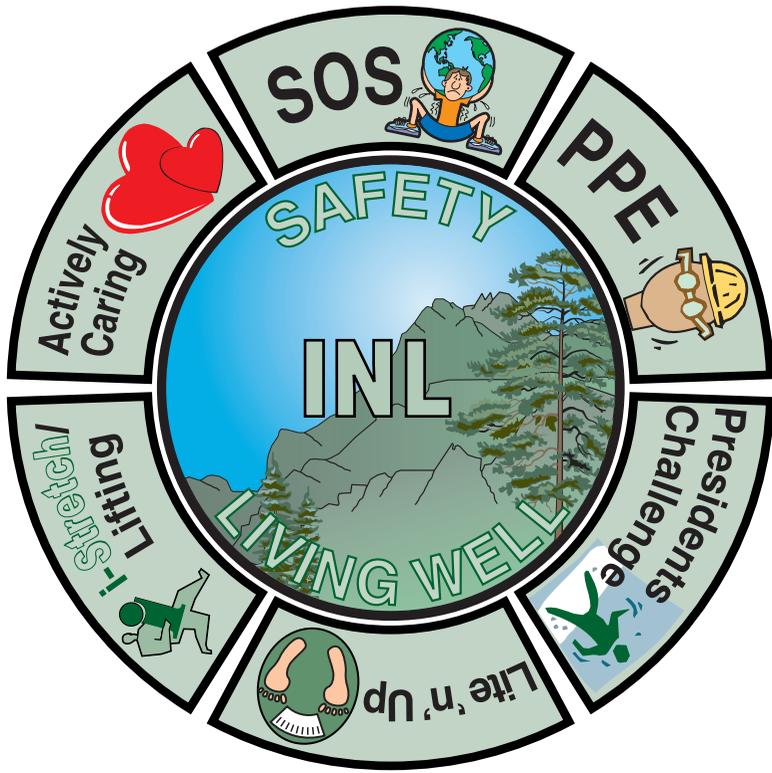
Required: 30 points in each of three categories

---

**President's Challenge**

Required: Complete the physical activity requirements for the Presidential Sports & Fitness Award

---



# PASSPORT

*to Your  
Extreme  
Makeover*



Voluntary Protection Program  
Occupational Medicine Program Health Promotion

This passport belongs to:

Name \_\_\_\_\_

Employee S Number \_\_\_\_\_

VPP Unit \_\_\_\_\_

Work Org. \_\_\_\_\_

Mail Stop \_\_\_\_\_

Phone \_\_\_\_\_



## ***Program Purpose***

This Passport to Your Extreme Makeover is an opportunity for you to:

- Practice VPP principles
- Learn human performance techniques
- Regularly exercise — 10,000 steps
- Regularly stretch
- Achieve a healthy weight
- Quit smoking, if you smoke.

Your participation in the program, with a focus on taking at least 10,000 steps portion, could significantly reduce your potential of experiencing a sprain or strain. Inactivity is a major contributor to slips, trips, and falls. Let's face it, we are all getting older and an assessment of risk indicates an increased likelihood for accidents with getting older. Actively involving yourself in the prevention of illness and injury is an opportunity to demonstrate your commitment to achieving the INEEL's zero-accident goal.

## ***General Instructions***

**What is the time period for this Passport?**

March 1<sup>st</sup> through August 31<sup>st</sup>.

**Who is eligible to participate in the program?**

All BBWI employees

**Who administers the program?**

The VPP Program Office (6-0388) and OMP Health Promotion (6-1200)

**What does it mean when I send in a "Commitment to Participate?"**

This means that with the concurrence of your manager or supervisor, you commit to participate in and complete the:

- VPP section
- Human Performance section
- 10,000 Steps section.

As an incentive to begin actively caring for your health and safety, you will receive a pedometer so that you can track and log your steps. There are also conversion charts to convert other exercise activities to contribute toward the 10,000 steps.

If you complete the stretching and healthy-weight sections of the program, you will receive another recognition item.

For those of you who smoke and successfully quit, you are eligible to receive this recognition item.

**Does my supervisor sign off on my completion of the passport?**

Yes.

**Where do I send my commitment to participate?**

Remove the commitment page and submit it to the VPP Program Office at MS-3428.



***Commitment to Participate***

I commit to complete the VPP, Human Performance, and 10,000 Steps sections of this *Passport*.

I agree to attend a brief kick-off meeting presented by OMP Health Promotion.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

S# \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

VPP Unit (circle one): \_\_\_\_\_

TRA RWMC CFA INTEC Construction TAN SMC EROB WCB TSA/TSB/ISC IRC/ROB

\*\*\*\*\*

I intend to complete the bonus sections of the passport.

Yes \_\_\_\_ No \_\_\_\_

# ***Section 1***

## ***VPP***

### ***Employee Participation***

Identify and post in your work area the hazards that you are potentially exposed to and how they are being mitigated.

All employees must be aware of the hazards in their workplace and how they are controlled. Review your facility hazard list or interface with your safety and health professional in developing this list.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Read your VPP unit Employee Safety Team charter and the meeting minutes on a monthly basis.

Charters and minutes for all ESTs are located on the VPP home page.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Participate in a DO IT, complete an inspection, read your VPP unit's 2004 safety goals and objectives, review your own 2004 Safety and Health Action Plan, read the Employee's Role in VPP (through the VPP Roles and Responsibilities link), and review the company Safety Policy and VPP Bill of Rights. You can locate much of this information on the VPP home page.

Participate in a DO IT Date \_\_\_\_\_

Read your VPP unit safety goals Date \_\_\_\_\_

Review your S&H action plan Date \_\_\_\_\_

Read Employee Role in VPP Date \_\_\_\_\_

Review the VPP Safety Policy and Bill of Rights Date \_\_\_\_\_

Complete an inspection (at work or home) Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***Supervisors and Above, also complete the following***

Complete the Voluntary Protection Program Check-up Booklet.

The VPP Check-up Booklet is located on the VPP home page.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

List at least 4 ways that you personally have recognized employees directly reporting to you during 2003-2004 for their significant contribution to the safety program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Supervisor and Above Signature

\_\_\_\_\_  
Date

## *Section 2*

# *Human Performance*

### *Employee Participation*

Select a specific work task and identify any error-likely situations and how you are mitigating them.

Error-likely situations \_\_\_\_\_

\_\_\_\_\_

Mitigating actions \_\_\_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

To optimize individual performance and reduce vulnerability to error, individuals throughout an organization should engage in what four specific behaviors

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The above information is discussed in the Excellence in Human Performance booklet (p. 7) located on the VPP home page.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Excellence in human performance is encouraged by promoting four organizational processes and values.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The above information is discussed in the Excellence in Human Performance booklet (p. 20) located on the VPP home page.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Present or communicate to your work group in some other creative means a safety share related to human performance techniques or principles.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

# *Foremen and Above*

List the six ways that leaders promote team work to eliminate error-likely situations and strengthen defenses.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## **and**

List three ways that leaders search for and eliminate organizational weaknesses that create conditions for error.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This information is located in the Excellence in Human Performance booklet (p. 13) on the VPP home page.

Supervisor and Above Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Demonstrate to your immediate manager where you personally have used human performance techniques and principles in correcting an undesirable situation (e.g., incident critique, injury investigation, and pre-job briefing)

Summary of the circumstance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Immediate Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PASSPORT**



## Section 3



### Program Overview and Directions

The latest research from the American College of Sports Medicine and the Center for Disease Control and Prevention recommends that you take 10,000 steps a day to improve cardiorespiratory fitness, blood pressure, and cholesterol. Experts recommend 12,000 to 15,000 steps a day to achieve substantial weight loss. On the average, most people take somewhere between 3,000 to 5,000 steps a day (25,000/week). This program is designed to help you achieve the goal of 10,000 steps a day.

If you are over 35 or have a serious medical condition, you should talk to your physician and get medical clearance before becoming more physically active.

Record your daily progress on the record sheet provided. Wearing a pedometer\* is the easiest way to track your steps; however, a step equivalent chart is also provided.

*\*A pedometer, attached to your waist, simply counts your steps using a magnetic pendulum that swings past a magnetic field with each step taken during the day. The simplest pedometers count your steps and display steps and distance traveled. This type of pedometer is all you need to use for reporting purposes in this program.*

Some of the benefits you can expect to see from actively participating in the 10,000 Steps program include:

- Improved lower extremity strength
- Improved coordination
- Improved balance
- Decreased resting heart rate
- Decreased blood pressure
- Improved glucose tolerance
- Reduction in body fat
- Improved joint mobility
- Stress relief.

To characterize your own level of physical activity, rate yourself for five days.

Steps:	Status:
<= 10,000 . . . . .	Sedentary
10,001 to 35,000 . . . . .	Moderately active
35,001 to 49,999 . . . . .	Active
>= 50,000 . . . . .	Very active

Stretch before beginning your 10,000 steps each day.

Use this record sheet to track your improvement.

Goal: 10,000 steps per day for at least five days.



Week Number	Five-Day Weekly Average* If the weekly average was: _____ at start	Your goal should be:	Total Steps for the Week
1	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
2	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
3	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
4	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
5	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
6	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
7	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
8	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
9	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
10	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
11	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	
12	< 50,000 steps - > 50,000 steps	Add at least 3,000 steps - Continue at 50,000 steps	

### Step Conversion Chart:

Type of Activity	Equivalent Steps
Aerobics (cardio portion)	75 steps/minute
Cross Country Skiing	1,500 steps/mile
Cycling: > = 20 MPH	300 steps/mile
< 20 MPH	250 steps/mile
Downhill Skiing: • Grand Targhee – 2,400 VF • Kelly Canyon – 1,000 VF • Pebble Creek – 2,400 VF	1 Step/10 VF VF = vertical feet
Jogging	2,500 steps/mile
Rollerblading	500 steps/mile
Swimming	100 steps/25 yards
Walking	2,000 steps/mile
Weight Lifting	10 steps/rep.
9 holes of golf (no cart)	4,000 steps
90-minute soccer game	6,000 steps
Two laps inside the Grand Teton Mall	2,000 steps

If you do not have a pedometer, use the following chart to help estimate your steps during your walk.

Step Length in Inches	Steps/Mile
20 _____	_____ 3,168
22 _____	_____ 2,880
24 _____	_____ 2,640
26 _____	_____ 2,437
28 _____	_____ 2,263
30 _____	_____ 2,112
32 _____	_____ 1,980
34 _____	_____ 1,864
36 _____	_____ 1,760

## ***Completion***

Completion of the basic passport:

Name \_\_\_\_\_ S# \_\_\_\_\_

I completed the following sections:

- 1 VPP section
- 2 Human Performance section
- 3 10,000 Steps section.

Signature \_\_\_\_\_ Mgr/Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

To achieve the additional incentive, complete the following bonus sections.

## ***Bonus Section 1***

### ***Daily Stretching***

Task is to stretch 5 days a week

Log your stretching—weekly

Something to consider: stretch before you begin the 10,000 steps activity each day.

Week	Date	Week	Date
1		13	
2		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	

Completed

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Verification Signature \_\_\_\_\_

Date \_\_\_\_\_

## ***Bonus Section 2***

### ***Working Toward a Healthier Weight***

Current body weight \_\_\_\_\_

“Strategic” body measurements \_\_\_\_\_

Waist \_\_\_\_\_ (keep tape level and measure across the belly button)

Hips \_\_\_\_\_ (keep tape level and measure across the largest part of your hips—if you don’t know ask your neighbor)

Date \_\_\_\_\_

Verified by \_\_\_\_\_

What weight do you want to achieve? \_\_\_\_\_

Measurements: Waist \_\_\_\_\_ Hips \_\_\_\_\_

Date \_\_\_\_\_

Battle of the bulge buddy (optional) \_\_\_\_\_

Name \_\_\_\_\_

### ***Weight Log***

Month	Weight	Date
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

# ***OMP Health Promotion's Nutritional Guidelines***

Whether you are concerned about your weight, heart disease, or just maximizing your health, this guide will help you eat more nutritiously.

Follow the guide for each week. Once you have participated in the 12 weeks, simply start all over again. Use the check-off boxes to track your progress.

## ***Week 1 – Eat less margarine, butter, and shortening!***

1 13

Use only olive oil, canola oil, or low-fat cooking spray for eating and cooking five days this week.

## ***Week 2 – Toss the yolks***

2 14

Use only the egg whites or substitute in cooking and in eating for five days this week.

## ***Week 3 – Dairy: go nonfat***

3 15

Use only 1% or skim milk dairy products (e.g., reduced-fat cheese, yogurt, and ice cream) for five days this week.

## ***Week 4 – Whole-grain goodness***

4 16

Eat only whole grain breads, cereals, pasta, tortillas, and brown rice for five days this week.

## ***Week 5 – Eat less meat and poultry***

5 17

Don't eat any meat or poultry for three days this week.

## ***Week 6 – Fill up on vegetables***

6 18

Try two new vegetables this week.

## ***Week 7 – Cut the sodium***

7 19

Eliminate all added salt this week.

## ***Week 8 – Fruit's the snack***

8 20

Try two new fruits this week.

## ***Week 9 – Sugar: wasted calories***

9 21

Eliminate all simple sugars and substitutes for this week, (e.g., soda, candy, and artificial sweeteners).

## ***Week 10 – Hydrate with water***

10 22

Drink at least 5 eight-oz. glasses of water five days this week.

## ***Week 11 – Become a health nut***

11 23

Eat three good-sized handfuls of nuts this week.

## ***Week 12 – Avoid fast foods***

12 24

Sit down to a home-cooked meal a minimum of three times this week.

## *Final Body Weight and Measurements*

When you have completed this section, fill in the information below.

Final body weight achieved \_\_\_\_\_

Waist measurement \_\_\_\_\_

Hip measurement \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Verified by Battle of the Bulge buddy (optional)

## *Bonus Section 3*

### *Smoker's Pledge*

I \_\_\_\_\_ pledge to quit smoking on the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

I have informed coworkers, friends, and family members of my decision and have asked \_\_\_\_\_  
\_\_\_\_\_ to verify my progress. I have agreed to three checkpoints (i.e., the ending of each four-week period) as to which I must remain smoke-free. I understand that quitting smoking often requires numerous attempts and that I can stop and restart the program as many times as necessary to remain smoke-free for a continuous twelve-week period.

4<sup>th</sup> Week, Date \_\_\_\_\_

Verified by \_\_\_\_\_

8<sup>th</sup> Week, Date \_\_\_\_\_

Verified by \_\_\_\_\_

12<sup>th</sup> Week, Date \_\_\_\_\_

Verified by \_\_\_\_\_

Completion Date \_\_\_\_\_

Signature \_\_\_\_\_



**This Passport to Your Extreme Makeover is an opportunity for you to:**

- Practice VPP principles
- Learn human performance techniques
- Regularly exercise — 10,000 steps
- Regularly stretch
- Achieve a healthy weight
- Quit smoking, if you smoke.



*"There's as much risk in doing nothing as in doing something."*

*Trammel Crow*

Name: \_\_\_\_\_

S Number: \_\_\_\_\_

Mail Stop: \_\_\_\_\_

Circle your VPP unit:

Infrastructure

Business Management

Nuclear Programs

National and Homeland Security

Central Facilities Area

Facility and Site Services (J-team) intown

Science and Technology

Material and Fuels Complex

Specific Manufacturing Capability

Reactor Technologies Complex

Subcontractor

Submit your completed Safety Fold-out to your EST chairperson (located on the VPP homepages) by the close of business May 5, 2006. You may also mail your completed passport to the VPP Program Coordinator at MS 3428.

## General Instructions for the INL Safety & Health Fold-out

### Program Purpose:

Safety is in the *doing!* Behavior is *how we do things*. This fold-out offers you the opportunity to demonstrate behavior that supports an injury-free work environment.

- Preventing a sprain/strain
- Preventing a laceration/contusion
- Mitigating a time pressure concern
- Providing positive reinforcement
- Mitigating unsafe conditions
- Learning about the SOAR process
- Reading the requirements of the INL VPP process
- Identifying and implementing wellness (health) goals.

### Period for this Safety & Health Fold-out:

February through April.

### Who is eligible to participate?

BEA employees (full or part-time) and subcontractors actually working on site.

### What do I do to complete the Safety & Health Fold-out?

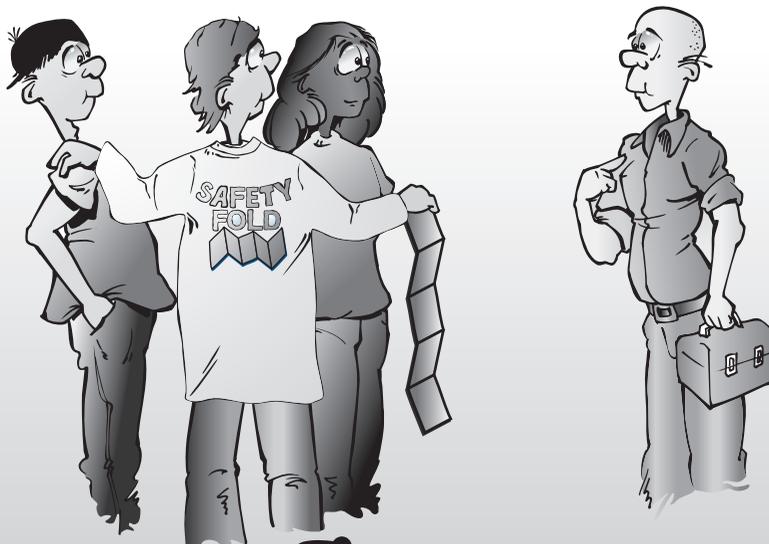
You must complete all sections.

### Where do I send my completed Safety & Health Fold-out?

Submit your completed Safety & Health Fold-out to your EST chairperson (located on the VPP homepages) by the close of business May 5, 2006. You may also mail your completed Safety & Health Fold-out to the VPP Program Coordinator at MS 3428.

### How will I be recognized for completing the Safety & Health Fold-out?

The safety/wellness-related item will be announced in an iNote to all employees in early March.



## *Injury Prevention*

List one action that you can personally take to:

Prevent a sprain or strain:

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---

---

Prevent a laceration or contusion:

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---

Mitigate a perceived and/or actual time pressure concern:

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## *Injury Prevention*

Prevent a sprain or strain:

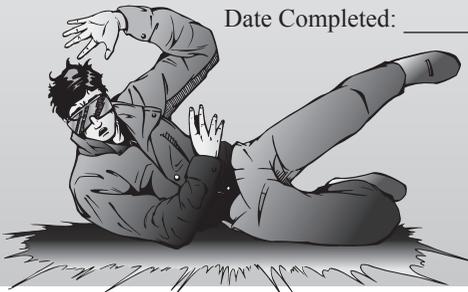
Date Completed: \_\_\_\_\_

Prevent a laceration or contusion:

Date Completed: \_\_\_\_\_

Mitigate a perceived and/or actual time pressure concern:

Date Completed: \_\_\_\_\_



## SOAR Process

Learn the SOAR process:

Attend a BBS/HU Concepts and Principles class.

or

Attend a BBS Observers class.

or

Read the SOAR process description on the VPP homepage.

(<http://home.inel.gov/safety-health/vpp/vpphome.asp>)

**Safety Observations  
Achieve Results**



## SOAR Process

Attend a SOAR Concepts and Principles class.

Date Completed: \_\_\_\_\_

Attend a SOAR Observers class.

Date Completed: \_\_\_\_\_

Read SOAR description.

Date Completed: \_\_\_\_\_

**Safety Observations  
Achieve Results**



## Positive Reinforcement (R+)



In two instances, give positive reinforcement to a co-worker or family member (briefly describe each instance):

1: \_\_\_\_\_

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2: \_\_\_\_\_

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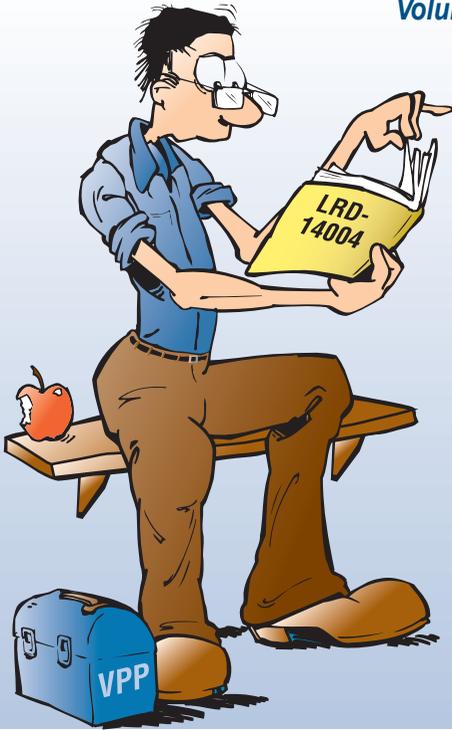
## Positive Reinforcement (R+)

Date Completed: A: \_\_\_\_\_

B: \_\_\_\_\_



## Voluntary Protection Program



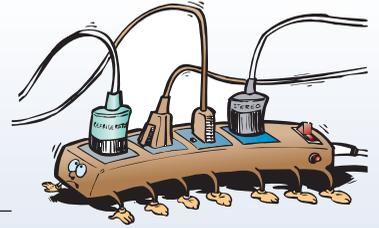
Read the *Requirements for the Voluntary Protection Program Star Process* at INL (LRD-14004).

## Voluntary Protection Program



Date Completed: \_\_\_\_\_

## Eliminating Hazards



Mitigate five unsafe conditions in your work area or building.

1: \_\_\_\_\_

\_\_\_\_\_

2: \_\_\_\_\_

\_\_\_\_\_

3: \_\_\_\_\_

\_\_\_\_\_

4: \_\_\_\_\_

\_\_\_\_\_

5: \_\_\_\_\_

\_\_\_\_\_

## Eliminating Hazards

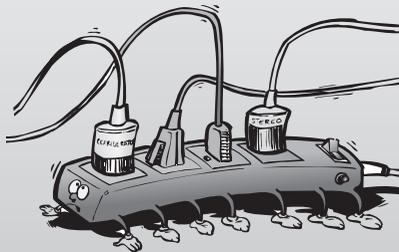
Date Completed: 1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

5: \_\_\_\_\_



## Health Promotion

Give yourself the gift of health by making and completing a series of healthful 2006 resolutions. The following list represents the five dimensions of wellness, each equally important to health and wellbeing. To finish this segment of the Safety Fold-out, complete the action item for all five categories.

### Category

### Action

#### Physical:

I will commit to one of the following: work toward 12–15 consecutive push-ups per day, or walk at least 30 minutes per day.

#### Nutritional:

I will commit to one of the following: eat breakfast at least three times a week for three months, or eat whole-wheat bread at least half the time, or try a vegetarian entrée at least once a week.

#### Mental:

I will read the Hope Health Letter for a minimum of three months to stay abreast of current health issues.

#### Social:

I will make the commitment to reconnect or strengthen a relationship with a loved one or close friend by setting aside a minimum of 30 minutes a week for three months.

#### Environmental:

I will commit to washing my hands more frequently during this three-month period to aid in the control of colds and flu.



*Living well!*

## Health Promotion

**Physical:** Date Completed: \_\_\_\_\_

**Nutritional:** Date Completed: \_\_\_\_\_

**Mental:** Date Completed: \_\_\_\_\_

**Social:** Date Completed: \_\_\_\_\_

**Environmental:** Date Completed: \_\_\_\_\_

*Living well!*



# 2008 *Skiing For* **Safety Skills**



**This downhill skiing  
experience will improve your  
skills for contributing to a  
safer, "greener," healthier  
workplace and home.**

# 2008 Skiing For Safety Skills

## ***Program Purpose:***

Participation in this unique ski run will provide opportunities for you to perform safety, health or environmental tasks at work and home.

## ***Time Period:***

Begin your ski run the week of January 28th with the activity continuing through early April 2008.

## ***Eligible Participants:***

All BEA employees and BEA subcontractors may voluntarily participate in the activity.

## ***General Guidelines***

To begin this skiing adventure, please submit the “Commitment to Participate” card that is attached to the ski pass.

As you make the run, you will pass by and accomplish a safety, health or environmental task—one gate per week. If you miss a gate, you are more than welcome to go back and make it up. By April 4th you should have completed all 10 gates, then submit your completed ski pass submitted to the VPP Program office, MS-3402, by COB April 10th.

## ***Recognition for Participation***

All participants who complete all 10 gates and submit their completed ski passes will be recognized with a useful, worthwhile safety item.

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## **Safety Gates:**

**Gate 1:** Choose one of the following options:

Option 1: Identify and eliminate a personal parking lot risk behavior, either as a pedestrian, or a driver. (Commit to this personal improvement for at least one week for credit.)

Option 2: Use reflective material to better identify yourself in the dark. (Must commit to one week for credit.)

**Gate 2:** Implement a personal exercise routine using the “Personal Blueprint” (Must commit to at least 2 weeks for credit.)

**Gate 3:** In either January or February, complete and submit the “Safety Theme Portfolio Safety-Wise Card.”

**Gate 4:** During the month of February, inspect your work area, identify and then remove any outdated or damaged surge protectors and electrical cords, or eliminate any wiring pinch points.

**Gate 5:** To encourage a “greener” home or office, choose one of the following options:

Option 1: Install a stationary or portable purification system in your home to reduce the use of bottled water.

Option 2: Procure several high efficiency light bulbs to replace burned out florescent bulbs.

Option 3: Collect hazardous household products you no longer want or need, label the box and store in a safe location for the next county household hazardous waste collection day.

Option 4: Collect and recycle your office paper for at least 1 month.

**Gate 6:** Access the new Nucleus VPP Community homepage (a compilation of all VPP homepages) and read the January or February Laboratory Employee Safety Team minutes.

**Gate 7:** Identify, attain, and use a type of PPE at home, either in your garage, yard, or kitchen. (List the form of PPE used and its function for credit.)

**Gate 8:** Choose one of the following options:

Option 1: Using the office work inspection checklist, conduct an inspection of your workspace and correct any unsafe condition.

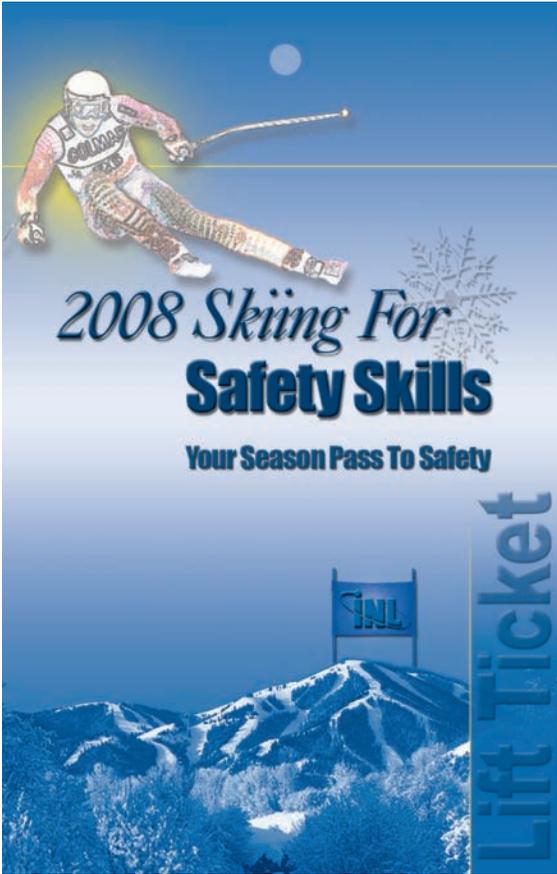
Option 2: Identify an error-likely situation in a work task, and then implement mitigating actions before proceeding. (List task and corrective action for credit.)

**Gate 9:** Choose one of the following options:

Option 1: Using the Employee Safety Team VDT Checklist from the VPP homepage, make appropriate adjustments to your work computer station.

Option 2: Modify a work task that causes you to do a lot of bending at the waist, extending of your arms, reaching, or heavy lifting.

**Gate 10:** As a refresher, read the following summary article discussing the Voluntary Protection Program.



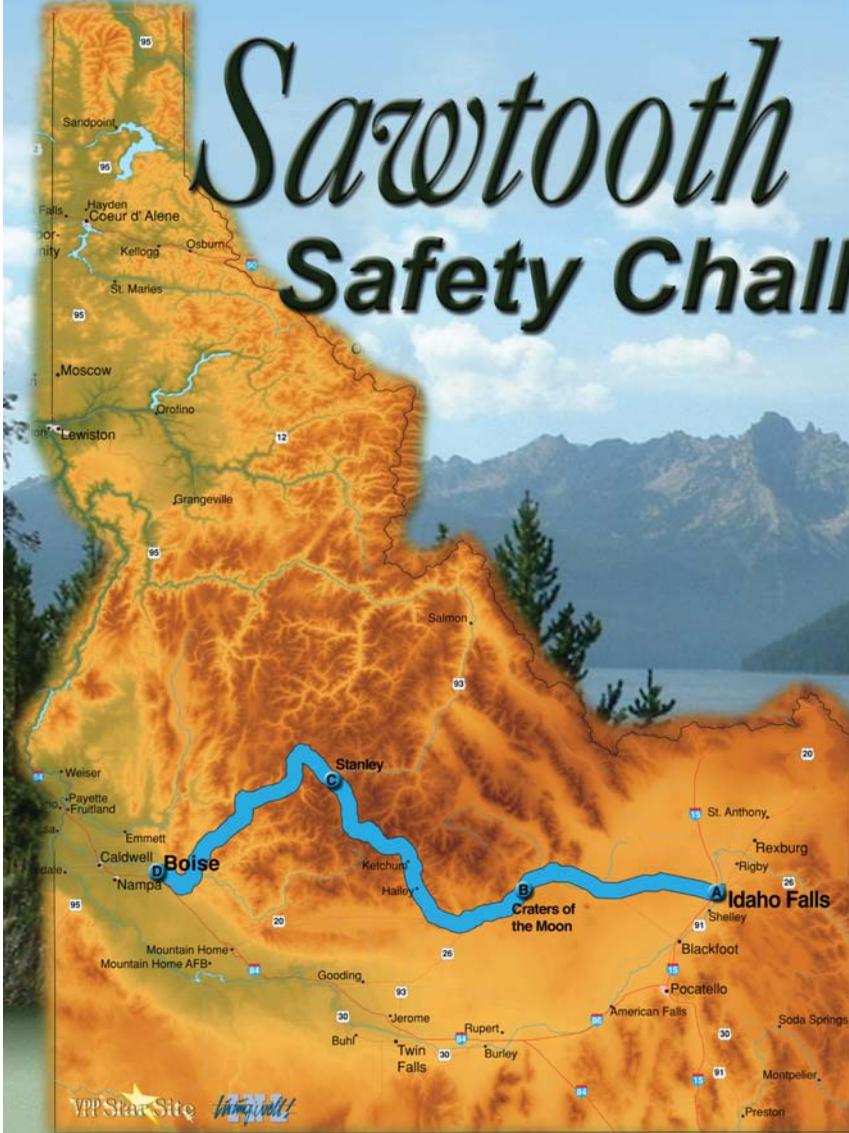
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**2008 Skiing For Safety Skills**  
Tracking Log

Name \_\_\_\_\_ S# \_\_\_\_\_

Activity	Date Completed
Gate 1: _____	_____
Gate 2: _____	_____
Gate 3: _____	_____
Gate 4: _____	_____
Gate 5: _____	_____
Gate 6: _____	_____
Gate 7: _____	_____
Gate 8: _____	_____
Gate 9: _____	_____
Gate 10: _____	_____

# Sawtooth Safety Challenge



# *Sawtooth Safety Challenge*

Participation in the Sawtooth Safety Challenge (SSC) will provide opportunities to perform safe behaviors at work and home, including activities to enhance your personal health.

***SSC Time Period:*** October through December 2006

***Eligible Participants:*** All BEA employees and BEA subcontractors may voluntarily participate in SSC.

## ***General Guidelines***

To begin, please submit the commitment to participate card at the bottom left of your map.

Let's go —put on your cross training shoes! You will be walking from Idaho Falls to Boise (354 miles). A distance equivalency chart for other physical activities can be found at two locations: VPP webpage <http://vpp.inel.gov/> and the Health Promotion webpage <http://home.inel.gov/health/>. Once you have accumulated the necessary miles to reach each destination, break to perform the safety and health tasks before proceeding.

During October, walk from Idaho Falls to Craters of the Moon (90 miles). Upon arrival, perform the following tasks:

1. Inspect your winter shoes: Do they have adequate tread? If not, purchase grippers or new shoes so you're ready for the first snow & ice conditions.
2. Ensure there are smoke detectors on each level of your home and replace batteries where needed.
3. Clean out your medicine cabinet. Dispose of expired medications and restock needed meds. (Also, consider getting a flu shot.)

Once you complete the above tasks; submit the Craters tear-off card at the bottom of your map. You will be rewarded with a comfortable headband to protect your ears and forehead from the cold.

During November, hike from Craters of the Moon to Stanley (132 miles). Once in Stanley, perform the following tasks:

1. Conduct an inspection of your work space, and correct any deficiencies by using the “electrical safety checklist” located at <http://vpp.inel.gov/>.
2. Inspect your home extension & appliance cords - check grounding prongs, look for splicing & frayed covering and exposed wires. If at-risk conditions exist, dispose of the cord or appliance immediately and replace.
3. Complete the food safety worksheet on Health Promotion’s website <http://home.inel.gov/health/> Use these tips to help prevent food poisoning during the holidays.

Upon completion, submit the Stanley card at the bottom of your map. Your reward for this leg of the challenge will be walking gloves to keep your hands warm and free, and to stabilize your balance to help prevent slips & falls.

It’s December, you’re now ready to trek to Boise (132 miles). This is the final leg of SSC. Upon arrival, complete the following tasks:

1. Identify an ergonomic hazard in your work space and take actions to mitigate the condition.
2. Verify, in the automobiles you drive or ride in, that all occupants in the vehicle are utilizing their seat belts.
3. Complete the stress worksheet on Health Promotion’s website <http://home.inel.gov/health/>. Use this knowledge to de-stress your holiday season.

Congratulations, by completing these last three tasks you may tear off and submit the Boise card. Your reward will be a versatile sling shot bag to transport gear.

Thank you for completing SSC. Don’t let your safety and health experience end in Boise! Keep physically active and remember to demonstrate safe behaviors at work and home on a daily basis.