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Postal Service Management of
Work-Related Injuries

Statement of
L. Nye Stevens, Director
Government Business
Operations Issues
General Government Division

Before the
Subcommittee on Postal Personnel and Modernization
Committee on Post Office and Civil Service
House of Representatives



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POSTAL SERVICE MANAGEMENT
OF WORK-RELATED INJURIES

Summary of Statement By

L. Nye Stevens

Director, Government Business

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U.S. General Accounting Office

At the request of the Subcommittee on Postal Personnel and Modernization, GAO reviewed Postal Service policies and procedures for administering and controlling the costs of its work-related injury compensation program.

The Service's injury compensation program was initiated to provide comprehensive control over the administration of workers' compensation benefits. Since the program's inception in 1978, both the rate of lost workday injuries and the rate of continuation of pay for absences related to injuries, declined at least 65 percent. Despite overall reductions, not all divisions are as successful as others in controlling lost work time due to work-related injuries and the costs associated with paid absences attributable to those injuries.

Although Service policies provide some guidance for administering the program and controlling costs, division managers have considerable flexibility in how they implement the policies. GAO found that the more successful divisions have more effective policy implementation procedures than those of the less successful divisions. For example, Columbus procedures call for prompt action to avoid lost workdays by getting timely medical evaluation and a return to regular or limited duty before experiencing any lost workdays, whenever possible. On the other hand, Miami's procedures do not provide for such prompt action to avoid lost workdays.

Service policy requires managers to place employees recovering from work-related injuries in limited duty assignments, where appropriate. According to regulations and Service policy, limited duty is intended to be temporary, and the divisions are to monitor the employees' medical progress and work duty status to facilitate returning limited duty employees to full productivity as soon as medically possible. However, Service guidelines do not specify when reevaluations for possible termination of limited duty assignments should take place. From 18 percent to 45 percent of limited duty employees were on limited duty over 1 year--some for several years--in the 4 divisions GAO visited. When employees remain on limited duty for extended periods, without minimum reevaluation requirements and limited duty termination guidelines, the Service has no assurance that employees are either returned to regular duty or offered other permanent jobs, as soon as they are physically capable.

Additionally, in order to identify and correct safety hazards, Service policy requires supervisors to investigate and complete a written report for all accidents. To track safety performance, all accidents meeting reporting criteria must be reported to the Service's accident reporting system. GAO found that accident reports were not always completed and reportable accidents were not always reported to the national system.

GAO recommends actions the Postal Service should take to expand its controls over lost workdays and continuation of pay during injury-related absences, strengthen the management of limited duty assignments, and improve accident reporting.

Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss the results of our review, requested by this Subcommittee, of how the Postal Service administers and controls the costs of its work-related injury compensation program. We did our work at Postal Service headquarters and in the Columbus, Miami, Seattle, and Philadelphia Divisions. We discussed safety and health practices with Service officials; reviewed safety and health related laws, manuals, policies, and records; interviewed 98 employees who lost work time and/or were assigned to limited duty jobs as the result of their work-related injuries and reviewed the case files for those and other injured employees; and interviewed Service supervisors and union officials. The divisions we visited represent a broad range of safety and health performance records for total accidents, lost workday incidents, and continuation of pay during absences related to injuries. They also geographically represent three of the five Postal Service regions.

Our initial field work was done between September 1987 and November 1988 at the four Service divisions, and between September 1987 and December 1988 at the Postal Service's headquarters in Washington, D.C. In July and August 1989, we made followup visits to all four divisions to update our information on management practices at those locations.

BACKGROUND

The Postal Service is one of the Nation's largest employers, with a workforce of about 780,000 career employees as of October 1988. In performing their jobs, Service employees occasionally have accidents and suffer work-related injuries or illnesses. During fiscal year 1988, the Service recorded about 62,000 accidents nationally and recorded almost 18,000 injuries resulting in one or more lost workdays.

When work-related injuries and illnesses occur, under the Federal Employees' Compensation Act (FECA), administered by the Office of Workers' Compensation (OWCP), agencies are authorized to pay for a number of benefits, including medical care and employees' lost wages, in the form of continuation of pay (COP) or compensation equivalent to a percentage of salary.

During fiscal year 1988, \$19.6 million was paid to over 24,000 employees for COP benefits, \$189.9 million was paid to almost 17,000 for compensation benefits, and \$74.5 million in medical benefits were paid, through OWCP, for about 73,000 employees.

In 1978, the Service established its injury compensation program. The objective of the program is to provide comprehensive control over the administration of workers' compensation benefits. Since

the inception of the injury compensation program, both the rate of lost workday injuries and COP hours declined at least 65 percent. Despite overall reductions, not all divisions are as successful as others in controlling the rate of lost workday injuries and rate of COP hours.

GUIDANCE NEEDED TO IMPROVE

PROGRAM EFFECTIVENESS

Service policy provides division managers with considerable discretionary authority to develop procedures for implementing the workers' compensation program. The Service measures effectiveness of division procedures to control lost workdays and associated costs through performance indicators which set forth the number of lost workday injuries per 200,000 work hours and the number of COP hours per 200,000 work hours, respectively. The Service ranks divisions with regard to their performance in these and other performance indicators.

Service-wide data demonstrate that lost workday and COP rates vary greatly among the 75 divisions. Although there may be other contributing factors, the variance in Service-wide data also indicates varying degrees of success in controlling lost workdays and associated costs nationwide. For example, as of the end of July 1989, lost workday rates ranged from a low of 0.9 lost workday incidents per 200,000 work hours in Santa Ana to a high

of 4.7 in San Francisco. Similarly, COP rates for the same period ranged from a low of 83 COP hours per 200,000 work hours in Columbus to a high of 477 in Southern Maryland.

Tables ranking these performance indicators for all divisions are included as attachments. Among the four divisions included in our review, Columbus and Seattle had a much better ranking than Philadelphia and Miami in both lost workday and COP rates. Columbus and Seattle also had lower accident rates.

Successful Control Initiatives
and Procedures Should Be
Identified and Disseminated

At each of the four field locations we visited, we looked for reasons which could account for the better performance of some divisions over others. We found that the division's commitment to implementing effective procedures designed to control lost work time and costs associated with those injuries affected division performance.

Columbus

The Columbus Division has routinely ranked among the best divisions in the lost workday and COP performance indicators. The division, as evidenced by its long-standing controls and

procedures, is committed to taking actions to avoid lost workdays before they occur. The division does this by getting prompt medical attention for injured employees, including an evaluation of the employee's potential for performing regular or limited duty work, before absences are authorized. This is consistent with FECA regulations and Service program policy which provide that injured employees should be returned to full or limited duty jobs consistent with their medically defined work limitations as early as possible following a work-related injury.

To accomplish this, the division

- uses accident coordinators to carry out a number of duties which include accompanying the injured employees to the initial medical care provider in emergency and some non-emergency situations to expedite medical service and informing the physician of the availability of limited duty assignments;
- contacts physicians who have recommended time off to discuss the availability of the partially disabled employees for limited duty work;
- obtains second medical opinions from Service physicians or physicians under contract to the Service, when time off is recommended by the employees' physicians;
- uses contract medical providers who are familiar with

limited duty opportunities and provide needed service on a priority basis;

- prohibits the use of any leave for an employee in the 3 days following an accident, without the approval of a manager;
- requires injured employees requesting leave following an accident to first be examined by a physician; and
- holds safety and health officials accountable for the division's performance in meeting established lost workday incident and COP hour goals.

Seattle

Like Columbus, the Seattle Division has consistently ranked among the best divisions in the lost workday and COP performance indicators. According to headquarters and division officials, the division has traditionally had a strong commitment to safety and health.

The division's control procedures are similar to those in Columbus. Both Seattle and Columbus control procedures call for prompt action to avoid lost workdays by getting timely medical evaluation and a return to regular or limited duty before experiencing any lost workdays, whenever possible.

Although the Seattle division does not have an accident coordinator program similar to that in Columbus, according to

officials, all of its supervisors have received relevant training and, when necessary, supervisors accompany the injured employees to the initial medical care provider.

Philadelphia

In contrast to the long-standing controls in Columbus and Seattle and the accompanying favorable performance statistics, the Philadelphia Division has not shared the same success. However, Philadelphia has recently adopted a number of control procedures used by the other two divisions and its performance measures have improved.

Officials told us that the division used to simply process injury claims they received with little attempt to limit lost workdays or COP costs. Following absences, some employees put in paperwork claiming that the reason for the absence was a work-related injury. With the routine acceptance of these cases, lost workday injury cases and COP hours grew to the point of making the division rank among the worst of the divisions in these performance measures.

The February 1989 Postal Service Eastern Region report on the division's safety and health program said that, in the past, division management had "a very poor attitude toward the safety and health of its people." The report identified a "lack of

commitment and acceptance of responsibility" by management which resulted in poor safety statistics.

The division has taken significant steps to improve its performance. Management brought in experienced safety and health managers to help in establishing improved control procedures. In July 1987, the Columbus injury compensation supervisor reviewed the Philadelphia program, concluded that there were loose controls, and recommended improvements. During the summer of 1988, the division got help from a manager who was detailed for several months from the Charleston division and more recently, another manager was detailed from the Cincinnati division.

The division has made significant strides in improving its practices as reflected by changes in its performance statistics. Between yearend FY 1987 and July FY 1989, the lost workday incidence rate declined 23 percent and the COP rate declined 44 percent. These recent improvements speak well for the division management's initiatives.

Recent initiatives included more consistent utilization of existing procedures and establishment of some procedures, such as using accident coordinators and contract medical providers, which were used in Columbus or Seattle.

Miami

Like Philadelphia, the Miami Division ranked among the worst divisions with regard to lost workday rate and COP rate performance measures. Unlike Philadelphia, performance statistics have not recently improved.

Although the division has established a series of initiatives for improving, its practices do not always provide for prompt medical assessment of injuries or prompt pursuit of the earliest return of the employees to regular or limited duty before absences occur. For example, during the overnight tour of duty at the mail processing facility when no medical doctor is on duty, employees who call in to report being off work are not required to talk with a supervisor. Therefore, followup concerning reasons for their absences or availability for limited duty may not take place until after the tour is over. In addition, according to officials, cases have been approved for employees who submitted medical documentation after injury-related absences occurred, without the division first exploring the possibility for regular or limited duty.

One division initiative designed to inform treating physicians of opportunities for limited duty was curtailed because of union objections. Miami officials told us that in an attempt to better control their lost workday experience, Miami management issued a

policy directive in March 1987, encouraging supervisors to accompany any injured employees to initial medical treatment and to discuss the opportunities for limited duty work with the treating physician. Miami officials told us that the procedure was instituted because they had heard that it was effective in reducing lost workdays elsewhere. However, this policy was contested by a Miami union because they felt that it interfered with employees' rights. In June 1987, Service headquarters ordered that the practice be discontinued in Miami except in emergency situations. Miami officials told us that while the policy was in effect, Miami's lost workday frequency showed a marked decrease.

Conclusion

It would be naive to believe that controls to prevent lost workdays and COP do not irritate employees. Some controls, especially those which call for physician contacts and second medical opinions must be exercised with extreme care to avoid infringing on an employee's right to medical care and, if needed, off-the-job time to recover from an injury. However, permissive administration is equally unacceptable because of the monetary effect on operations.

The more successful Columbus and Seattle divisions have implemented procedures which effectively control costs. Such

procedures, if compiled and shared with other divisions, may be useful in controlling the costs of injuries Service-wide. The initiative in Philadelphia to import expertise from other divisions, which has already paid dividends for that division, is one way to accomplish this on a small scale. We believe, however, that the Service could benefit from expanded dissemination of information on proven cost control procedures appropriately qualified to protect employee rights.

Guidance Needed on How Limited
Duty Assignments Should Be
Monitored and Controlled

According to FECA regulations and Service program policy, limited duty is intended to be temporary and monitoring of the employees' medical progress and work duty status should be performed in order to facilitate returning limited duty employees to full productivity as soon as medically possible. The Service reported that in fiscal year 1988, almost 28,000 employees were assigned to limited duty jobs.

We found that Service-wide limited duty guidelines did not include decision criteria stating how long an employee can remain on limited duty or how often an employee's progress should be medically monitored. As a result of the lack of guidelines, many employees remained on limited duty for extended periods.

All of the locations we visited had employees who had been on limited duty for over 1 year, ranging from 18 percent of limited duty employees in Seattle to 45 percent of employees charging the limited duty code in Philadelphia. Some employees had been on limited duty for as long as 4 years in Miami and over 19 years, intermittently, in Columbus.

Some employees believe there is a stigma of being unproductive associated with being on limited duty and employees told us of instances of harassment by managers and coworkers while on limited duty. About 38 percent of the 61 limited duty employees we interviewed said their limited duty work environment (including treatment by management and coworkers) was worse or much worse than their regular overall work environment.

Columbus had a policy of having limited duty employees work on one tour of duty in a specifically designated area--segregated from the other work areas. Six of the 15 limited duty employees we interviewed there told us that working conditions in the segregated section were crowded, dirty, and noisy. The segregated section has since been disbanded and limited duty employees have largely been reassigned to other locations.

At the beginning of fiscal year 1989, Miami officials initiated an automated reminder system for monitoring 30-day medical

updates of limited duty employees. This reminder system is designed to identify those limited duty employees who have not obtained and submitted documentation of their medical status. In addition, for long term limited duty employees, according to Miami officials, once an employee has been on limited duty for 2 to 3 years and appears to have reached maximum medical improvement, an injury compensation specialist can target the employee for a rehabilitation position. Since our initial visit to Miami, safety and health officials there said the injury compensation staff has more actively pursued this reassignment of employees who were on limited duty for 2 to 3 years.

According to Columbus injury compensation officials, although most limited duty employees return to their regular positions within 1 year, there are no limits on how long they could remain on limited duty. Those officials expect limited duty employees to provide the necessary support of their medical status in order to remain on limited duty. If the injury compensation officials in Columbus have any questions or doubts about an employee's condition, they can request an evaluation of the employee's medical status at any time.

Seattle officials said that they have no guidelines and that no Service policy exists for restricting the length of limited duty assignments. Officials told us that employees on limited/restricted duty are reevaluated on a scheduled basis to

determine when they are ready to return to full duty. To keep track, the medical unit is to routinely complete a Duty Status Form that describes the injured employee's limitations and when he/she must return for a reevaluation. A copy of this form is to be retained by the injury compensation office and one is to be given to the employee and his/her supervisor, whose responsibility it is to make sure the employee returns for the scheduled reevaluation. For long term limited duty employees, annual medical reevaluations are required before the assignment may be extended.

Philadelphia officials told us that they intended to end "permanent limited duty" and establish guidelines for restricting limited duty to 30-day periods. These guidelines, which were still in the beginning stages of implementation during our initial visit, permit extensions when the employee has not recovered after the initial 30 days, upon medical review and approval by increasingly higher level review authority. A permanent reassignment is to be offered after extensions of 6 months to 1 year.

During our recent revisit to Philadelphia, officials told us that 163 employees remained on permanent limited duty as of July 1989, and that steps are being taken to reevaluate these cases and reduce the number where appropriate. According to the current safety and health manager, these employees are to be sent to

specialists for reevaluation of their medical condition and physical restrictions. If it is decided that an employee's disabilities are not likely to end, an alternative nonlimited duty job offer, within the employee's physical capabilities, is to be made to each employee. According to the safety and health manager, steps will be taken to remove any employee who refuses a legitimate job offer.

A 1985 Service Central Region task force report found that permanent limited duty jobs were a problem area. The report said that permanent limited duty is not authorized and that if employees had a permanent partial disability due to an on-the-job injury, which prevented them from meeting the physical requirements of their job, assignment to rehabilitation was recommended.

Conclusion

When employees remain on limited duty for extended periods, in the absence of minimum reevaluation requirements and limited duty termination guidelines, the Service has no assurance that employees are either returned to regular duty or are offered other permanent jobs, as soon as possible.

CONTROLS NEEDED TO IMPROVE

ACCIDENT REPORTING

In order to effectively manage its initiatives to prevent all accidents, managers at both the local and national levels need to be aware of all accidents that occur. To the extent that accidents are not reported at the local level, safety hazards may not be identified, investigated, or corrected and local managers will not have a complete basis for establishing safety goals or an accurate measurement of the effectiveness of various accident prevention efforts and the attainment of safety goals.

Similarly, headquarters managers need an accurate measure of accidents in order to manage and assess safety performance on a national basis. We found, however, that accident reports were not always completed by local supervisors and that not all accidents which met the national reporting criteria were properly included in the Service's National Accident Reporting System (NARS).

Supervisors Did Not

Report All Accidents

Service policy requires supervisors to investigate and complete written reports of all accidents to identify circumstances that cause or contribute to an accident, in order to prevent similar occurrences in the future. We checked to see whether accident

reports were completed for a sample of 198 employees who had first time visits to medical units for work-related injuries in Seattle, Columbus, and Miami during FY 1987. We found that accident reports were not completed for 33 percent, 74 percent, and 78 percent of work-related injuries treated by Service medical units, respectively. Thirteen percent of the undocumented accidents in those divisions caused injuries severe enough to result in employees being partially disabled and assigned to limited duty.

As a result of our review, Columbus and Miami safety officials instituted, along with other procedures to identify accidents where no accident reports were completed, a requirement for periodic checks of medical unit treatment of work-related injuries. These verification procedures would not, of course, identify work-related injuries that were not treated in or logged-in through the medical unit, but they could serve as an effective control to ensure that the accidents causing injuries which prompted attention in the medical unit will be documented by an accident report.

Seattle, which already had occasionally compared medical unit treatment information with the logs of reported accidents, stepped up its use of that check and implemented other controls.

Conclusion

Not all supervisors report all accidents as required by Service policy. To the extent that supervisors report accidents inconsistently, accident statistics will not reflect comparable data. In addition, when supervisors do not complete accident reports for all accidents, the total number of accidents will be understated. Although not required, some divisions have instituted procedures for periodically checking to see that accident reports are completed for all accidents involving treatment at the medical unit. Adoption of this type of procedure can improve the usefulness of the data to local managers.

Lack of Coordination Between the Injury Compensation and Safety Offices Affects National Accident Statistics

In order to track safety performance at the national level, divisions are required to report to NARS accidents meeting Service reporting criteria. Accidents required to be reported include, but are not limited to, work-related accidents that involve claims submitted to OWCP, lost workdays, limited duty, medical care provided by private physicians, or medical care provided by postal or contract physicians after a specified number of visits.

Our tests of accident data showed that in Miami, Columbus, and Philadelphia, about 26 percent of the 1,125 cases where medical and/or compensation payments were made by OWCP in FY 1987, were required to be reported to NARS but were not. In addition, about 18 percent of the 272 cases randomly selected for review at the same 3 locations involving FY 1987 COP payments by the Service for accident-related lost workdays were required to be reported to NARS but were not. The error rate at Seattle was less than one percent for both of these types of cases. A February 1989 Inspection Service report also identified significant underreporting in 28 percent of the 18 offices they visited.

These inaccuracies in reporting to NARS were caused by reporting omissions resulting mainly from lack of coordination/communication between the injury compensation staff and the safety staff. In order for the safety staff to properly categorize the accidents for input to NARS, the safety staff needs to be informed by the injury compensation staff of the status of the cases. For example, when a case becomes reportable under Service criteria, such as when a traumatic injury claim is filed with OWCP or an occupational illness claim is approved by OWCP, the injury compensation staff is supposed to inform the safety staff so that the proper code can be entered on the accident log and/or accident report. These codes govern whether or not the accident is to be reported to NARS.

We also identified control weaknesses in the NARS reporting procedures at three locations we visited which permitted omissions of NARS reportable data to go undetected. For example, claim forms were not routinely reconciled with accident logs and/or accident reports to assure that the accidents were properly coded for reporting to NARS.

Even though verification procedures were not required Service-wide, Seattle had long-standing verification procedures to reconcile the accident log with a printout from NARS and track the status of occupational illness claims until they are adjudicated by OWCP to assure that all reportable accidents are entered into NARS. Although Philadelphia performs a similar reconciliation, the division has only recently begun tracking occupational illness claims. Also, not until recently have Miami and Columbus implemented similar types of checking procedures. In addition, to facilitate communication, three of the four divisions have moved their safety and injury compensation staffs in close proximity to each other. In Columbus, the staff were already closely situated.

Conclusion

The lack of coordination/communication between the injury compensation staff and the safety staff led to inaccuracies in reporting accidents to NARS. In addition, although verification procedures have been used by some divisions to check the accuracy of NARS data, no verification procedures are required Service-wide. To the extent that accident reporting is not reliable, management will not have a valid Service-wide measure of the effectiveness of its safety performance and success in meeting safety objectives, including minimizing the number of accidents and the resulting costs of injuries.

RECOMMENDATIONS

To expand Service controls over lost workdays and COP hours, strengthen the management of limited duty assignments, and improve accident reporting, we recommend that the Postmaster General direct the Senior Assistant Postmaster General, Human Resources, to

- identify effective control procedures used by more successful divisions, disseminate that information to all divisions, and promote the greater use of those controls as appropriate for each location;

- establish guidelines requiring routine medical monitoring and scheduled periodic review of limited duty assignments for possible termination;

- remind divisions of the importance of the Service requirement to complete accident reports and require divisions to establish a system of control procedures such as routine reconciliation of accident reports and medical treatment records for occupational injuries and illnesses; and

- issue guidelines for divisions on improving coordination/communication between injury compensation and safety staffs and on establishing and implementing NARS reporting verification procedures.

This concludes my statement, Mr. Chairman. My colleagues and I will be pleased to answer any questions you may have.

Lost Workday Injury Rate - Performance Report
 Fiscal Year 1988 - Ending 9/23/88
 National Ranking of Postal Service Divisions

<u>Rank</u>	<u>Facility</u>	<u>Lost Work day Incidents Per 200,000 Work Hours</u>
1	Cincinnati Division	.9
2	Santa Ana Division	1.0
3	Seattle Division	1.1
4	Harrisburg Division	1.2
5	Columbus Division	1.2
6	Pittsburgh Division	1.3
7	Van Nuys Division	1.5
8	Houston Division	1.6
9	Portland Division	1.6
10	Louisville Division	1.6
11	Salt Lake City Division	1.6
12	Albany Division	1.7
13	San Jose Division	1.7
14	Hartford Division	1.8
15	Columbia Division	1.8
16	San Antonio Division	1.8
17	San Diego Division	1.8
18	Birmingham Division	1.9
19	Los Angeles Division	1.9
20	Long Beach Division	1.9
21	Providence Division	2.0
22	New Orleans Division	2.0
23	Greensboro Division	2.0
24	Jackson Division	2.0
25	St. Paul Division	2.0
26	Manchester Division	2.0
27	Kansas City Division	2.0
28	Des Moines Division	2.0
29	Milwaukee Division	2.1
30	Charleston Division	2.1
31	Chicago Division	2.1
32	North Suburban Division	2.1
33	St. Louis Division	2.1
34	Memphis Division	2.1
35	Wichita Division	2.1
36	South Suburban Division	2.1
37	Westchester Division	2.2
38	Grand Rapids Division	2.2
39	Anchorage Division	2.2
40	New York City Division	2.3
41	Jacksonville Division	2.3
42	Cleveland Division	2.3
43	Indianapolis Division	2.3
44	Phoenix Division	2.3

ATTACHMENT I

ATTACHMENT I

<u>Rank</u>	<u>Facility</u>	<u>Lost Work day Incidents Per 200,000 Work Hours</u>
44	Omaha Division	2.3
46	Denver Division	2.3
47	Tucson Division	2.3
48	Dallas Division	2.4
49	Sacramento Division	2.4
50	Atlanta Division	2.5
51	Queens Division	2.6
52	Tampa Division	2.6
53	Newark Division	2.7
54	Hicksville Division	2.7
55	Nashville Division	2.7
56	Oklahoma City Division	2.8
57	Minneapolis Division	2.8
58	Springfield Division	2.8
59	Brooklyn Division	2.9
60	Little Rock Division	2.9
61	Buffalo Division	3.0
62	Baltimore Division	3.1
63	Honolulu Division	3.1
64	Miami Division	3.2
65	New Brunswick Division	3.3
66	Oakland Division	3.3
67	Richmond Division	3.6
68	Boston Division	3.7
69	Detroit Division	3.7
70	South Jersey Division	4.1
71	San Francisco Division	4.2
72	Caribbean Division	4.6
73	Southern Maryland Division	4.9
74	Philadelphia Division	5.0

Note: The Northern Virginia MSC became the Service's 75th Division on January 14, 1989.

COP Rate - Performance Report
 Fiscal Year 1988 - Ending 9/23/88
 National Ranking of Postal Service Divisions

<u>Rank</u>	<u>Facility</u>	<u>COP Hours Used Per 200,000 Work Hours</u>
1	Columbus Division	79
2	Portland Division	80
3	Salt Lake City Division	86
4	Seattle Division	88
5	Harrisburg Division	107
6	Cincinnati Division	113
7	St. Paul Division	116
8	Greensboro Division	122
9	Des Moines Division	122
10	Jackson Division	124
11	Kansas City Division	125
12	Minneapolis Division	125
13	Van Nuys Division	133
14	Birmingham Division	136
15	Columbia Division	140
16	Louisville Division	140
17	San Antonio Division	142
18	Santa Ana Division	143
19	Albany Division	146
20	Charleston Division	147
21	Wichita Division	147
22	Omaha Division	148
23	Westchester Division	151
24	Anchorage Division	151
25	San Diego Division	151
26	Sacramento Division	158
27	Memphis Division	165
28	Houston Division	165
29	Grand Rapids Division	167
30	Milwaukee Division	168
31	South Suburban Division	173
32	Denver Division	180
33	St. Louis Division	183
34	North Suburban Division	186
35	Indianapolis Division	189
36	New Orleans Division	190
37	Los Angeles Division	191
38	Baltimore Division	192
39	Long Beach Division	192
40	Nashville Division	195
41	San Jose Division	204
42	Pittsburgh Division	205
43	Caribbean Division	214
44	Tucson Division	214

ATTACHMENT II

ATTACHMENT II

<u>Rank</u>	<u>Facility</u>	<u>COP Hours Used Per 200,000 Work Hours</u>
45	Detroit Division	219
46	Manchester Division	222
47	Providence Division	226
48	Hartford Division	227
49	Jacksonville Division	232
50	Chicago Division	236
51	Phoenix Division	239
52	Little Rock Division	242
53	Buffalo Division	245
54	Oklahoma City Division	247
55	New York City Division	249
56	Dallas Division	251
57	Miami Division	259
58	Tampa Division	260
59	Richmond Division	265
60	Queens Division	278
61	Cleveland Division	281
62	New Brunswick Division	288
63	Honolulu Division	290
64	San Francisco Division	290
65	Newark Division	291
66	Oakland Division	294
67	South Jersey Division	295
68	Hicksville Division	327
69	Springfield Division	329
70	Atlanta Division	353
71	Boston Division	361
72	Brooklyn Division	382
73	Southern Maryland Division	430
74	Philadelphia Division	440

Note: The Northern Virginia MSC became the Service's 75th division on January 14, 1989.