



3. STATEMENT OF SAFETY AND HEALTH POLICY (REQUIRED)

Provide the following information:

- Y N a. Provide a copy of your current corporate/company safety and health policy statement. **Note:** In addition to the corporate/company policy statement, your corporate/company safety program may provide a significant portion of the information required by the accident prevention plan (APP).

4. RESPONSIBILITIES AND LINES OF AUTHORITY (REQUIRED)

Provide the following information:

- Y N a. Identity and accountability of those persons responsible for safety at both the corporate and project level. (**Note:** Contracts specifically requiring safety or industrial hygiene personnel should include a copy of their resume. The district safety and occupational health office will review the qualifications for acceptance.)
- Y N b. Lines of authority.

5. SUBCONTRACTORS AND SUPPLIERS (REQUIRED)

Provide the following information:

- Y N a. Identity of subcontractors and suppliers (if known).
- Y N b. Means for controlling and coordinating subcontractors and suppliers.
- Y N c. Safety responsibilities of subcontractors and suppliers.

6. TRAINING (REQUIRED)

Provide the following information:

- Y N a. Safety and indoctrination subjects for:
- Y N 1.) Company orientation
- Y N 2.) Job-site orientation
- Y N b. Name of the qualified person(s) at sites hosting hazardous conditions who will brief visitors on the hazards to be expected at the site, and the safety and health controls required.
- Y N c. Mandatory training and certifications applicable to the project (e.g. confined space entry, crane operator, diver, explosive actuated tools, HAZWOPER, personal protective equipment, vehicle operator, etc.) and requirements for periodic retraining and recertification.
- Y N d. Activities and events requiring emergency response training (e.g. medical and other emergencies, confined space entry, etc.)

- Y N e. Requirements for employee safety meetings:
  - Y N 1.) Name and title of person conducting the meeting.
  - Y N 2.) Persons who will attend the meeting.
  - Y N 3.) Timeframe for having the meeting.
- Y N f. Requirements for supervisory safety meetings:
  - Y N 1.) Name and title of person conducting the meeting.
  - Y N 2.) Persons who will attend the meeting.
  - Y N 3.) Timeframe for having the meeting.

**7. SAFETY AND HEALTH INSPECTIONS (REQUIRED)**

Provide the following information:

- Y N a. Title of person(s) who will conduct safety inspections (e.g. project manager, safety professional, QC, supervisors, employees).
- Y N b. Proof of inspector’s training/qualifications (**Note:** The names of competent and/or qualified person(s) and proof of competency/qualification to meet specific OSHA competent/qualified person(s) requirements must be attached.)
- Y N c. Timeframe for conducting inspections.
- Y N d. Method for recording inspections (provide an inspection checklist).
- Y N e. Description of deficiency tracking system.
- Y N f. Description of follow-up procedures.
- Y N g. Description of external inspections/certifications that may be required (e.g. USCG, etc.)

**8. SAFETY AND HEALTH EXPECTATIONS, INCENTIVE PROGRAMS, AND COMPLIANCE (REQUIRED)**

Provide the following information:

- Y N a. Company’s written safety program goals, objectives, and accident experience goals.
- Y N b. Description of company’s safety incentive programs (if any).
- Y N c. Policies and procedures regarding noncompliance with safety requirements to include disciplinary actions for violation of safety requirements.
- Y N d. Written procedures for holding manager and supervisors accountable for safety.

9. ACCIDENT REPORTING (REQUIRED)

Provide the following information:

- Y N a. Exposure data (man-hours worked)
- Y N 1.) Name and title of person who prepares man-hours worked information.
- Y N 2.) Type of system used to annotate man-hours worked.
- Y N 3.) Timeframe for annotating man-hours worked.
- Y N b. Accident investigation
- Y N 1.) Name and title of person(s) who conducts accident investigations.
- Y N 2.) Procedures for conducting an accident investigation.
- Y N 3.) Timeframe for conducting an accident investigation.
- Y N c. Accident reports and logs
- Y N 1.) Name and title of person(s) who completes contractor accident reports/logs and the USACE accident report from (Eng. Form 3394).
- Y N 2.) Timeframe for completing contractor accident reports/logs, and for completing and forwarding Eng. Form 3394.
- Y N d. Notification of major accidents
- Y N 1.) Name and title of person(s) who makes immediate notification of major accidents.
- Y N 2.) Description of how this notification is delivered.

10. MEDICAL SUPPORT (REQUIRED)

Provide the following information:

- Y N a. Description of on-site medical support
- Y N 1.) Names, training organization, and training dates for personnel certified in first-aid/CPR/blood borne pathogens.
- Y N 2.) Location of list(s) identifying personnel trained in first-aid/CPR/blood borne pathogens.
- Y N 3.) Rescue and medical duties for those employees who perform them.
- Y N 4.) Location of first-aid kits.
- Y N 5.) Location of list(s) identifying emergency telephone numbers.
- Y N 6.) Approximate driving-time to nearest medical facility/emergency physician.

- Y N b. Description of off-site medical support
- Y N 1.) Address/phone number of nearest medical facility/emergency physician.
- Y N 2.) Address/phone number of ambulance service (if different from item 1.)
- Y N 3.) Address/phone number/description of medivac services (if applicable).
- Y N 4.) Complete description of any other emergency services (if applicable).

**11. PERSONAL PROTECTIVE EQUIPMENT (PPE) (REQUIRED)**

Provide the following information:

- Y N a. Name and title of person(s) who conducts hazard assessments.
- Y N b. Timeframe for conducting hazard assessments.
- Y N c. Description of how hazard assessments are conducted.
- Y N d. Procedure for assuring the proper selection, use, and maintenance of PPE and lifesaving equipment.
- Y N e. Procedures for retraining when the employer has reason to believe an affected trained employee does not have the required understanding and skill.
- Y N f. Written certification (individual or group) that identifies the name of the employee(s) trained, training date(s), and the subject(s) taught.

**12. PLANS, PROGRAMS, AND PROCEDURES REQUIRED BY THE SAFETY MANUAL (to be added by appendix to the APP as applicable to this project)**

Provide the following information:

- A U NR **a. Layout Plans (Temporary Facilities) (Section 4 on page 35)**
- Y N 1.) Plans for laying out temporary construction buildings and facilities (see 09.A.19 for facility spacing requirements, Section 11 for power distribution approval requirements, and Sections 21 and 22 for ramp, trestle, scaffold, and platform approval requirements).
- Y N 2.) Description of anchoring systems for trailers and other temporary structures.
- Y N 3.) Description of fencing and warning signs.
- Y N 4.) Description of temporary work camps.
- A U NR **b. Emergency Response Plans (01.E.01 on page 17) – Provide the following information with respect to severe weather, fires, spills, and marine emergencies (man overboard/abandon ship):**
- Y N 1.) Method for reviewing plans with all affected employees.

	Y	N	2.) Test procedures to ensure the plan's effectiveness.
	Y	N	3.) Documentation of specific on-site emergency services.
	Y	N	4.) Means for reporting emergencies.
	Y	N	5.) Location of emergency phone numbers.
	Y	N	6.) Persons to be contacted for additional information or clarification.
	Y	N	7.) Description of critical plant operations.
	Y	N	8.) Communication system for employees working alone or in remote locations.
	Y	N	9.) Escape procedures and routes.
	Y	N	10.) Rescue and medical duties.
	Y	N	11.) Procedure for employee accounting after an emergency evacuation.
A	U	NR	<b>c. Hazard Communication Plan (01.B.06 on page 12)</b> Provide the following information:
	Y	N	1.) Description of training to include potential safety/health effects from exposure.
	Y	N	2.) Address OSHA-compliant labeling of containers.
	Y	N	3.) A current inventory of hazardous chemicals on-site to include listing approximate quantities (e.g. gallons, pounds, liters, kilograms) that will be on-site at any given time.
	Y	N	4.) A current site map showing where inventoried hazardous substances are stored.
	Y	N	5.) Method to ensure the inventory and site map will be updated as frequently as necessary to ensure accuracy.
	Y	N	6.) The location of Material Safety Data Sheets (MSDSs)
	Y	N	7.) Address how all employees potentially exposed to hazardous substances are advised of information in the substance's MSDs when they are brought onto the job site.
	Y	N	8.) Method to ensure a copy of each hazardous substance's MSDS on the project will be maintained in an inventory, provided to the GDA, and made available to all potentially exposed employees.
A	U	NR	<b>d. Respiratory Protection Plan (05.E on page 54)</b> – The program will be in accordance with the requirements contained in this section, the OSHA respirator standards, and 29 CFR 1910.134.

Please provide the following information:

- |   |   |   |   |
|---|---|---|---|
| Y | N | 1.) Address voluntary use of respiratory protective equipment.                  |   |
| Y | N | 2.) Address selection of respiratory protective equipment.                      |   |
| Y | N | 3.) Address medical evaluations for an employee's ability to wear a respirator. |   |
| Y | N | 4.) Address fit testing of respiratory protective equipment.                    |   |
| Y | N | 5.) Address use of respiratory protective equipment.                            |   |
| Y | N | 6.) Address maintenance and care of respiratory protective equipment.           |   |
| Y | N | 7.) Address breathing air quality and use.                                      |   |
| Y | N | 8.) Address identification of filter, cartridges, and canisters.                |   |
| Y | N | 9.) Address training and information.   |   |
| Y | N | 10.) Address program evaluation.  |   |
| Y | N | 11.) Address record keeping.  |   |
| A | U | NR  | <b>e. Health Hazard Control Program (Section 6 on page 87)</b> – An industrial hygienist or other competent person will use an AHA or position hazard analysis (PHA) form to annotate this program. The analysis will identify all substances, agents, and environments that present a hazard and recommend hazard control measures. The AHA/PHA will state it serves as certification of a hazard assessment. In addition, the form will identify the workplace and activity evaluated, the name of the person certifying the evaluation has been performed, and the date of the evaluation. The GDA must accept this program before the start of operations. Listed below are nine (9) areas that will be included in the evaluation (if applicable): |
| Y | N | 1.) Hazardous substances.   |   |
| Y | N | 2.) Hot substances.   |   |
| Y | N | 3.) Harmful plants, animals, and insects.                                       |   |
| Y | N | 4.) Ionizing radiation.   |   |
| Y | N | 5.) Non-ionizing radiation and magnetic and electric fields.                    |   |
| Y | N | 6.) Ventilation and exhaust systems.  |   |
| Y | N | 7.) Inclement weather and environmental hazards.                                |   |
| Y | N | 8.) Cumulative trauma prevention.   |   |
| Y | N | 9.) Indoor air quality management.  |   |
| A | U | NR  | <b>f. Lead Abatement Plan (06.B.05 and specifications on page 92)</b> – Submit to district  |

safety and occupational health manager for review.

- A U NR **g. Asbestos Abatement Plan (06.B.05 and specifications on page 92)** – Submit to district safety and occupational health manager for review.
- R NR **h. Abrasive Blasting (06.H on page 112)** Provide the following information:
- Y N 1.) Address employee monitoring.
- Y N 2.) Address air monitoring.
- Y N 3.) Address medical surveillance.
- Y N 4.) Address training requirements.
- Y N 5.) Address personal protective devices.
- Y N 6.) Address protective clothing.
- Y N 7.) Address personal hygiene facilities and practices.
- Y N 8.) Address engineering controls.
- Y N 9.) Address itinerant work practices.
- Y N 10.) Address a housekeeping program.
- R NR **i. Confined Space (06.I on page 113)** – The contractor will assign, in writing, a competent person to evaluate the potential for permit-required confined spaces (PRCSs). this individual, in turn, will complete an evaluation to identify PRCSs using the procedures and decision logic presented in EM 385-1-1, Figure 6-1. If the project is PRCS-free, the contractor will continue to section j. “Hazardous Energy Control Plan”. if it is not, the contractor will provide the following information:
- Y N 1.) Location of list identifying confined spaces (permit-required and non-permit required) and how it will be updated as new confined spaces are discovered.
- Y N 2.) Address how confined spaces will be reevaluated whenever they or their characteristics change in a way that could lead to reclassification as a PRCS.
- Y N 3.) Address how the contractor, as part of its PRCS program, will provide, maintain, and assure the proper use of the following:
- Y N -Testing and monitoring equipment.
- Y N - Ventilating equipment needed to obtain acceptable entry conditions.
- Y N - Communications equipment.
- Y N - PPE used where engineering controls and work practices do not adequately protect personnel
- Y N - Lighting equipment.

	Y	N	- Equipment such as ladders needed for safe ingress and egress by authorized entrants.
	Y	N	- Rescue and emergency equipment.
	Y	N	- Any other equipment necessary for safe entry into, and rescue from, permit spaces.
	Y	N	4.) Address the procedures for the preparation, issuance, use, and cancellation of PRCS entry permits (Eng. Form 5044-R)
	Y	N	5.) Address the procedures for summoning rescue and emergency services, for rescuing entrants from PRCSs, and for preventing unauthorized personnel from attempting a rescue.
	Y	N	6.) Address employee-training requirements and documentation that will include instructor certification, personnel receiving the training, and date(s) of training.
	Y	N	7.) Address practice training whereby each member of the rescue/emergency team practices PRCS rescues at least once every 12 months.
A	U	NR	<b>j. Hazardous Energy Control Plan (12.A.07 on page 251)</b> Provide the following information:
	Y	N	1.) A statement of the intended use of the procedure.
	Y	N	2.) Address means of coordinating and communicating hazardous energy control activities.
	Y	N	3.) Address procedural steps and responsibilities for shutting down, isolating, blocking, and securing systems to control hazardous energy.
	Y	N	4.) Address procedural steps and responsibilities for the placement, removal, and transfer of lockout/tag out devices.
	Y	N	5.) Address procedural steps and responsibilities for placing and tagging, and moving or removing and untagging, protective grounds.
	Y	N	6.) Address requirements for testing the system to verify the effectiveness of isolation and lockout and tag out devices.
	Y	N	7.) Description of any emergencies that may occur during the system lockout or tag out, and procedures for safely responding to those emergencies.
	Y	N	8.) Address requirements for when authority for removal of hazardous energy control devices must be transferred from the authorized employee to another individual, and the names of the individuals qualified for receiving such transfer.
	Y	N	9.) Address the means to enforce compliance with these procedures.
A	U	NR	<b>k. Critical Lift Procedures (16.C.18 on page 315)</b> – Before making a critical lift, a

qualified person will prepare a critical lift plan. The qualified person preparing the plan may be the crane operator, lift supervisor, or rigger. However, all three will participate in the plan's preparation. A copy of the plan will be provided to the GDA, and the plan will be reviewed and signed by all personnel involved with the lift. Provide the following information:

- |   |      |  |
|---|------|--|
| Y | N    | 1.) The exact size and weight of the load to be lifted, and the crane and rigging components that add to the weight. The manufacturer's maximum load limits for the entire range of the lift, as listed in the load charts will also be specified.   |
| Y | N    | 2.) The lift geometry and procedures including the crane position, height of the lift, load radius, and the boom length and angle for the entire range of the lift.  |
| Y | N    | 3.) Name and qualifications of the crane operator, lift supervisor, and rigger.  |
| Y | N    | 4.) A rigging plan that shows lift points and describes rigging procedures and hardware requirements.  |
| Y | N    | 5.) Description of the ground conditions, outrigger or crawler track requirements and, if necessary, the design of mats necessary to achieve a level and stable foundation of sufficient bearing capacity for the lift. For floating cranes or derricks, describe the operating base (platform) condition and any potential list.      |
| Y | N    | 6.) Environmental conditions under which lift operations will be stopped.  |
| Y | N    | 7.) Coordination and communication requirements for the lift operation.  |
| Y | N    | 8.) For tandem or tailing crane lifts – the make and model of the cranes, the line boom and swing speeds, and requirements for an equalizer beam.  |
| A | U NR | <b>I. Floating Plant Severe Weather Contingency Plan (19.A.03 on page 371)</b> – Where a floating plant may be endangered by severe weather (storms, high winds, hurricanes, and floods), a plan will be developed for removing or securing the plant, and for evacuating personnel in emergencies. Provide the following information: |
| Y | N    | 1.) Description of the types of severe weather hazards the plant may potentially be exposed to, and the steps that will be taken to guard against the hazards.   |
| Y | N    | 2.) Address the timeframe for implementing the plan using as a reference the number of hours remaining for the storm to reach the work site if it continues at the predicted speed and direction. Also include the estimated time to move the plant to a safe harbor after movement is started.  |
| Y | N    | 3.) Name and location of the safe location(s).   |
| Y | N    | 4.) Name of the vessel(s) that will be used to move any non-self propelled plant, and their type, capacity, speed, and availability.   |
| Y | N    | 5.) River/tide gage readings at which the floating plant must be moved away from dams, river structures, etc. to safe areas.   |
| Y | N    | 6.) A method for securing equipment if not moved.  |

- A U NR **m. Access and Haul Road Plan (08.D on page 147)** – Prior to construction, the contractor will provide the GDA with a copy of the plan for review and acceptance. work on the haul road will not commence until the GDA has accepted the plan. Provide the following information:
- Y N 1.) Address equipment usage, traffic density, and hours of operation.
  - Y N 2.) Address road layout and widths, horizontal and vertical curve data, and sight distances.
  - Y N 3.) Address sign and signalperson requirements, road markings, and traffic-control devices.
  - Y N 4.) Address drainage controls.
  - Y N 5.) Address points of contact between vehicles and the public, and safety controls at these points of contact.
  - Y N 6.) Address maintenance requirements to include roadway hardness and smoothness, and dust control.
  - Y N 7.) Address hazards adjacent to the road such as bodies of water, steep embankments, etc.
- A U NR **n. Demolition Plan (engineering, lead, and asbestos surveys) (23.A.01 on page 477)** – Submit to district safety and occupational health manager for review.
- A U NR **o. Emergency Rescue (Tunneling) (26.A.05 on page 508)** – Submit to district safety And occupational health manager for review.
- A U NR **p. Underground Construction Fire Prevention and Protection Plan (26.D.01 on page 524)** Provide the following information:
- Y N 1.) Address specific work practices to be implemented for preventing fires.
  - Y N 2.) Address response measures to be taken in case of fire to control and extinguish the fire.
  - Y N 3.) Address required equipment for fire prevention and protection.
  - Y N 4.) Address personnel requirements and responsibilities for fire prevention and protection.
  - Y N 5.) Address requirements for daily and weekly fire prevention and protection inspections.
  - Y N 6.) Address where the plan will be posted at the job site.
  - Y N 7.) Address how the plan will be reviewed as often as is necessary with all Affected personnel to maintain a working knowledge of emergency responsibilities and procedures.

	Y	N	8.) Address how often the plan will be drilled to ensure its effectiveness.
A	U	NR	<b>q. Compressed Air Plan (26.I.02 on page 532)</b> – Work in compressed air environments will be performed in compliance with the requirements of 29 CFR 1926.803. The plan will include the following considerations:
	Y	N	1.) Requirements for a medical lock and its operation.
	Y	N	2.) An identification system for compressed air workers.
	Y	N	3.) Communication system requirements.
	Y	N	4.) Requirements for signs and record keeping.
	Y	N	5.) Special compression and decompression requirements.
	Y	N	6.) Man lock and decompression chamber requirements.
	Y	N	7.) Requirements for compressor systems and air supply.
	Y	N	8.) Ventilation requirements.
	Y	N	9.) Electrical power requirements.
	Y	N	10.) Sanitation considerations.
	Y	N	11.) Fire prevention and fire protection considerations.
	Y	N	12.) Requirements for bulkheads and safety –screens.
A	U	NR	<b>r. Formwork, Shoring Erection, and Removal Plans (27.B.01 on page 539)</b> – Submit to district safety and occupational health manager for review.
A	U	NR	<b>s. Jacking Plan (Lift-Slab Operations) 27.D.01 on page 545)</b> – Lift-slab operations will be planned and designed by a registered engineer or architect. Plans and designs will include detailed instructions and sketches indicating the prescribed method of erection and will be submitted to the GDA for review.
A	U	NR	<b>t. Hazardous Waste Cleanup Operations Site-Safety and Health Plan (SSHP) (28.A.02 on Page 579)</b> – The plan will address all occupational safety and health hazards associated with site cleanup operations. All contracted work on the cleanup project(s) will be performed in compliance with the SSHP as well as the overall APP. Changes and modifications to the SSHP are permitted and will be made in writing with the knowledge and concurrence of the district safety and occupational health manager, and accepted by the GDA. Provide the following information:
	Y	N	1.) Site description and contamination characterization.
	Y	N	2.) Hazard/risk analysis.
	Y	N	3.) Staff organization, qualifications, and responsibilities.

Y	N	4.) Training requirements.
Y	N	5.) Requirements for PPE.
Y	N	6.) Medical surveillance requirements.
Y	N	7.) Exposure monitoring/air sampling requirements.
Y	N	8.) Requirements for heat and cold stress.
Y	N	9.) Standard operating safety procedures, engineering controls, and work practices.
Y	N	10.) Site-control measures.
Y	N	11.) Personal hygiene and decontamination requirements.
Y	N	12.) Equipment decontamination requirements.
Y	N	13.) Requirements for emergency equipment and first-aid.
Y	N	14.) Emergency response and contingency procedures.
A	U	NR
		<b>u. Blasting Plan (29.A.01 on page 589)</b> – Prior to bringing explosives on site, the GDA will accept the contractor’s blasting plan and give his/her permission in writing. Periodic replenishment of approved supplies will not require written approval. Provide the following information:
Y	N	1.) Names, qualifications, and responsibilities of personnel involved with explosives.
Y	N	2.) Requirements for handling, transportation, and storage of explosives.
Y	N	3.) Employee training-program requirements.
Y	N	4.) Loading procedures.
Y	N	5.) Safety signals.
Y	N	6.) Danger-area clearance requirements.
Y	N	7.) Methods for securing the site.
Y	N	8.) Requirements for vibration and damage control.
Y	N	9.) Post-blast inspection and misfire procedures.
Y	N	10.) Provisions for disposal of explosives, blasting agents, and associated material.
Y	N	11.) Post-blast ventilation requirements.

A	U	NR	<p><b>v. Diving Plan (30.A.17 on page 615)</b> – As a minimum, the plan will contain the following information:</p>
	Y	N	1.) Name of contractor (and diving subcontractor if applicable).
	Y	N	2.) Contract number.
	Y	N	3.) Date of dive plan submission.
	Y	N	4.) Name of diving supervisor preparing the dive plan.
	Y	N	5.) Names and duties of dive team members including diving supervisor.
	Y	N	6.) Diving equipment to be used.
	Y	N	7.) Type of diving platform to be used.
	Y	N	8.) Detailed description of the mission.
	Y	N	9.) Date(s), time(s), duration, and location of the operation.
	Y	N	10.) Diving mode used (SCUBA, SSA, and snorkeling) including a description of the backup air supply, as required.
	Y	N	11.) Nature of work to be performed by the diver(s) including tools used and materials to be handled or installed.
	Y	N	12.) Surface and underwater conditions to include visibility, temperature, currents, etc. Thermal protection will be considered as appropriate.
	Y	N	13.) Maximum single dive bottom time for the planned depth of dive for each diver. Altitude adjustments to dive tables will be calculated for dives made at altitudes of 1000 ft (304.8m) or more above sea level> See Appendix O.
	Y	N	14.) Name of each person directly involved in topside assistance/support to the dive team (i.e. crane operator, lock operator, etc.)
	Y	N	15.) Means of direct communication between the dive site and the contractor’s project office, the contracting officer, and the lockmaster/USACE project manager. <b>Note:</b> The dive plan will include the following statement: “If for any reason the dive plan is altered in mission, depth, personnel, or equipment, the district dive coordinator will be contacted in order to review and accept the alteration prior to actual operation.”
A	U	NR	<p><b>w. Prevention of Alcohol and Drug Abuse Plan</b> (Defense Federal Acquisition Regulation Supplement (DFARS) Subpart 252.223-7004). The program will address the following areas or their appropriate alternative:</p>
	Y	N	1.) Employee assistance programs emphasizing high-level direction, education, counseling, rehabilitation, and coordination with available community resources.
	Y	N	2.) Supervisory training to assist in identifying and addressing illegal drug use by contractor employees.

Y	N	3.) Provisions for self-referrals as well as supervisory referrals to treatment with maximum respect for individual confidentiality consistent with safety and security issues.
Y	N	4.) Provisions for identifying illegal drug users including testing on a controlled and carefully monitored basis.
Y	N	5.) Personnel procedures to deal with employees who are found to be using drugs illegally. (Provisions of this clause pertaining to drug testing programs do not apply to the extent they are inconsistent with state or local law, or with an existing collective bargaining agreement. Provided that with respect to the latter, the contractor agrees that those issues that are in conflict will be a subject of negotiation at the next collective bargaining session).
A	U	NR <b>x. Fall Protection Plan (21.A.15 on page 410)</b> – Employees exposed to fall hazards will be protected by standard guardrail, catch platforms, temporary floors, safety nets, personal fall protection devices, or the equivalent, in the situation listed below. Provide a description of the fall protection measures that will be used on the job site.
Y	N	1.) On access ways (excluding ladders), work platforms, or walking/working surfaces from which they may fall 6 ft (1.8 m) or more.
Y	N	2.) On access ways or work platforms over water, machinery, or dangerous operations.
Y	N	3.) On runways from which they may fall 4 ft (1.2 m) or more.
Y	N	4.) On installing or removing sheet pile, h-piles, cofferdams, or other interlocking materials from which they may fall 6ft (1.8 m) or more.
A	U	NR <b>y. Steel Erection Plan (27.E.06 on page 548)</b> – Where employers elect to develop (due to site-specific conditions) alternate means/methods for providing employee protection, a site-specific erection plan will be developed by a qualified person and made available at the work site.
A	U	NR <b>z. Night Operations Lighting Plan (Section 7 on page 133)</b> – A plan for providing lighting adequate to illuminate the working areas without interfering with the operator’s vision will be developed for night operations.
A	U	NR <b>aa. Site Sanitation Plan (Section 2 on page 19)</b> Provide the following information:
Y	N	1.) Drinking water (potable and non-potable water) requirements.
Y	N	2.) Requirements for toilets.
Y	N	3.) Requirements for washing facilities.
Y	N	4.) Food service requirements.
Y	N	5.) Waste disposal requirements.
Y	N	6.) Requirements for vermin control (if applicable).

A U NR **bb. Fire Prevention Plan (09.A on page 163)** – This plan will be used to brief employees and emergency first responders on fire hazards, the materials and processes to which they are exposed, and the emergency evacuation procedures. > For construction operations see NFPA 241; for Marine operations see 19.A.04. Provide the following information:

- Y N 1.) A list of the major workplace fire hazards.
- Y N 2.) Potential ignition sources.
- Y N 3.) Types of fire suppression equipment or systems appropriate to control a fire.
- Y N 4.) Assignments of responsibilities for maintaining the equipment and systems.
- Y N 5.) Personnel responsible for controlling the fuel-source hazards.
- Y N 6.) Housekeeping procedures to include the removal of waste materials.

13. CONTRACTOR INFORMATION – The contractor will provide information on how they will meet the requirements of applicable sections of EM 385-1-1 in the APP. As a minimum, the following area will be addressed:

- Y N 1.) Excavation requirements.
- Y N 2.) Scaffolding requirements.
- Y N 3.) Requirements for machinery and mechanized equipment.
- Y N 4.) Electrical safety requirements.
- Y N 5.) Requirements for public safety.
- Y N 6.) Chemical, physical agent, and biological occupational exposure prevention requirements.

14. SITE-SPECIFIC HAZARDS AND CONTROLS – Detailed site-specific hazards and controls will be provided in the AHA for each activity of the operation.

Signature of Reviewer \_\_\_\_\_ Date review completed \_\_\_\_\_