

Attachment 11 – Safety and Health Program

Title: Safety & Health Program

Description/Purpose: This plan details the tasks and activities of a site safety management required to identify, evaluate, and eliminate or control hazards at the work site.

1.0. Preparation Instructions. The corporate safety and health program, including the accident prevention plan as discussed below, shall be prepared in accordance with this Data Item Description unless otherwise indicated or modified in the task order or directed by the Contracting Officer.

1.1. Safety and Health Program. The Contractor is required by regulations to develop and maintain a written safety and health program in compliance with the requirements of the Occupational Safety and Health Administration (OSHA) and the U.S. Army Corps of Engineers (USACE) Safety and Health Requirements Manual (EM 385-1-1). The Contractor shall submit this plan to the Contracting Officer for review prior to award of any task order under this contract.

1.2. Site Visit Abbreviated Accident Prevention Plan (SVAAPP). The Contractor shall complete a “fill- in-the-blank” SVAAPP to be used for all the site visits only. The completed SVAAPP shall be submitted to the Contracting Officer at least three (3) business days prior to the site visit. The SVAAPP shall be prepared as per the template at enclosure 1. Site visits shall not take place until the SVAAPP has been reviewed and accepted by the designated Government Safety POC.

1.3. Accident Prevention Plan (APP). The APP also referred to as the Safety and Health Plan (SHP), Site-Specific Accident Prevention Plan (APP), or Site-Specific Safety and Health Plan (SSSHP), herein will be referred to as the APP. The APP shall be prepared in accordance with the requirement specified in this section and shall comply with all federal, state, and local health and safety requirements, e.g., OSHA requirements (29 CFR 1910 and 1926) and the U.S. Army Corps of Engineers Safety and Health Requirement Manual EM 385-1-1. The APP shall as a minimum address the applicable items listed in Appendix A, EM 385-1-1. In addition, other applicable requirements no specifically identified in Appendix A, but contained in EM 385-1-1 or OSHA must be addressed as dictated by the work activity. The APP shall address those elements, what are specific to this site, and have the potential for negative effects on the safety and health on workers and other personnel on the jobsite. The AAP is the Contractors’ site specific implementing document and the plan must place special emphasis on “WHAT” elements must be included that accurately reflect the work activity to be performed as described in Appendix A, EM 385-1-1, “WHO” specifically is responsible for each element, and “HOW” the element will be specifically addressed to mitigate any known or potential hazards, and “WHEN” each of the applicable requirements will be performed. If an element contained in Appendix A is not applicable, the Contractor shall make a negative declaration in the plan to establish that adequate consideration was given the topic, with a brief justification for the omission. The APP shall cover the safety and health aspects of asbestos and /or lead-based paint inspection and removal but is not intended to take the place of plans and specifications. Hazardous and toxic chemicals and environmental remediation (RCRA and CERCLA clean-up) are not covered under this APP. Detailed site-specific hazardous and controls shall be provided in the activity hazard analyses required IAW this DID, paragraph 10.3.2, for each phase of operation or work activity. Daily safety and health inspections shall be conducted to determine if site operations are being performed IAW the accepted APP and contract requirements. The APP shall be in a form usable by authorized U.S. Government representatives and other authorized visitor to the site during site operations.

1.3.1. APP Submission Requirements. The APP shall be submitted as a deliverable with the work plan. The Reduction/Removal Action work shall not begin until the APP has been reviewed and accepted by the designated Government Safety POC.

1.3.2. Activity Hazard Analyses. Before beginning each work activity, Activity Hazard Analyses (AHAs) shall be prepared by the Contractors performing the work activity. AHAs shall define the (1) sequence of work; (2) specific hazards known or anticipated; (3) and the control measures to mitigate the identified hazard(s). Figure 1-2, EM 385-1-1, is an analysis outline that can be used in meeting the AHA contract requirement. Work shall not begin until the AHA has been reviewed and accepted by the designated Government Safety POC. The AHA may be submitted with the Accident Prevention Plan or as a separate submittal but shall be submitted for review and acceptance at least five (5) business days before any work activity begins. In no case shall a specific work activity be started until an AHA for that specific activity has been reviewed and accepted. Specific hazards such as struck by moving vehicle, burns, slip, trips and falls, asphyxiation, back injury, electrical shock, heat exhaustion, head, foot, or eye injury, etc. should be listed in a manner which is easily understood by general workers with the controls identified to mitigate the hazard or exposure. The accepted AHA shall be discussed with all Contractor personnel and all subcontractors engaged in the activity prior to commencement of work.

1.3.3. Staff Organization, Qualifications, and Responsibilities. A fully trained and experienced site safety and health officer (SSHO), responsible to the Contractor may be delegated to implement the on-site elements of the APP. The operational and health and safety responsibilities of each key person shall be discussed. The organizational structure, with lines of authority for safety and health and overall responsibilities of the Contractor and all subcontractors shall be provided. An organizational chart showing the lines of authority for safety shall be provided. Each person assigned specific safety and health responsibilities shall be identified and his/her qualifications and experience documented by resume.

1.3.4. Noise Control. The Contractor shall monitor for hazardous noise conditions. If warranted, a hearing conservation program and noise abatement program shall be implemented.

1.3.5. Standing Operating Procedures, Engineering Controls and Work Practices. The Contractor shall develop Standing Operating Procedures for minimizing hazards and taking action to correct hazards where necessary. Site rules and safe work practices shall be discussed and shall include such topics as use of the buddy system, smoking restrictions and designated areas, material handling procedures, confined space entry, excavation safety, physiological and meteorological monitoring for heat and cold stress, illumination, sanitation, and daily safety inspections, etc. This list of topics is not intended to be all-inclusive.

1.3.6. Logs, Reports and Record Keeping. Record keeping procedures for training logs, safety inspection logs, employee/visitor registers, medical surveillance records and certifications, air monitoring results and personal exposure records shall be described. All personnel exposure and medical monitoring records shall be maintained in accordance with applicable OSHA standards, CFR 1910 and 1926.

1.4. Mishap Reporting. Accidents involving personal injury/illness or property damage shall be reported to the Contracting Officer, or authorized representative, immediately.

1.4.1. Mishap Reports. An Engineer Form 3394 Version 2 shall be prepared and submitted in reporting lost work day cases, accidents where 1 or more persons are admitted to a hospital, a fatality, or property damage \$5000 or greater, or as directed by the Contracting Officer. The ENG

Form 3394 Version 2 shall be submitted to the Contracting Officer within 5 working days following the accident in accordance with ER 385-1-99 and. The ENG Form can be accessed via the internet at: www.hnd.usace.army.mil/engrdir/organization/systems-eng/Safety/safety2.htm

The ENG Form 3394 Version 2 is prepared by the contactor, with original signatures shown in blocks 15c and 16 (copies/faxes are not acceptable). The remaining signature blocks, blocks 17 -19, shall be completed by the designated Government Safety POC.

1.5. Man-hours and Lost Workday Reporting. Man-hours and Lost Workday Report shall be submitted to the COR monthly with copy furnished the designated Government Safety POC in accordance with DID MFRP007, Accident Exposure Data Report. The data must be submitted to arrive not later than 10 calendar days after the end of each month. The information cut-off date shall be the last day of each month. The monthly submission must include the title of the report i.e., Accident Exposure Data Report, contract number, task order number, project site, month and year for which the report is made, a point of contact listing both email address and telephone number, and number of lost workday accidents to include total days lost. If no hours are worked on the project/task, a report showing “zero (0)” is required. As required by EM 385- 1-1, the Contractor shall also submit a Record of Work-Related Injuries/Illnesses & Exposure (electronic form is available upon request).

1.6. Sampling Plan. When performing sampling for asbestos, lead-based paint, or other materials, the Contractor shall prepare an Abbreviated APP for Limited Scope (AAPP-LS). The AAPP-LS shall be developed by a Certified Industrial Hygienist (CIH) or in consultation with a CIH. A CIH must sign the AAPP-LS. The sampling shall be conducted in a manner that shall not increase exposure to sampling personnel, building occupants or the environment. A detailed sampling plan shall be developed and used to ensure the safety of all involved. A list of representative topics to be included in the AAPP-LS is shown in enclosure 2. This list is not all-inclusive and is provided as a guide in preparing the site-specific sampling plan. Any sampling conducted by the Contractor shall be coordinated with and approved by the entity in charge of the facility. The AAPP-LS shall be submitted to the Contracting Officer at least 21 business days before sampling is expected to occur. Sampling shall not be performed at the site until the AAPP-LS has been reviewed and accepted by the designated Government Safety POC.

ENCLOSURE 1

SITE VISIT ABBREVIATED ACCIDENT PREVENTION PLAN (SVAAPP)

 US Army Corps of Engineers	U.S. ARMY CORPS OF ENGINEERS HUNTSVILLE CENTER (CEHNC)													
SITE VISIT ABBREVIATED ACCIDENT PREVENTION PLAN (SVAAPP) FOR SITE VISITS ONLY														
<p>Purpose: This SVAAPP is ONLY TO BE USED FOR SITE SURVEY/VISITS and must be accepted by the CEHNC Safety Office prior to survey/visit. No type of physical work shall be allowed/conducted with this form. If physical work is required the CEHNC Safety Office must be notified because the task will require a Limited Scope Abbreviated Accident Prevention Plan (AAPP) or a full Accident Prevention Plan (APP) per the EM 385-1-1, Appendix A.</p> <p>Process: With the assistance of the CEHNC PM, coordination shall be made with the installation prior to conducting the site survey. Coordination with the PM is also required if photographs and/or video recordings are determined necessary/required.</p> <p>Responsibility: The Prime Contractor shall ensure ALL members (including subcontractors) of the site survey team are briefed on and comply with the provisions within this SVAAPP and the applicable EM 385-1-1 safety requirements prior to survey/visit beginning. After the brief the Team Lead shall ensure each Team Member signs the Survey Team Statement on the last page of this document.</p> <p>Note: CEHNC personnel, contractors, and all subcontractors must comply with all Occupational Safety and Health Administration (OSHA) laws, EM 385-1-1, and all state and local mandates. This SVAAPP is not intended to define full compliance with OSHA or other safety laws, codes, or regulations. Compliance with these requirements is to maintain a safe work environment for the contractor or subcontractor employees remains the Contractor's responsibility.</p>														
<table border="1"><tr><td>1. Contractor Information</td><td>a. Date Prepared: Click here to enter a date.</td></tr><tr><td>b. Contract Number: Click here to enter text.</td><td>c. Task Order Number: Click here to enter text.</td></tr><tr><td>d. Contractor's Name: Click here to enter text.</td><td>e. Contractor's Address: Click here to enter text.</td></tr><tr><td>f. Project Site Location: Click here to enter text.</td><td>g. Date of Site Visit: Click here to enter a date.</td></tr><tr><td>h. Prepared by: Click here to enter text.</td><td>i. Telephone Number: Click here to enter text.</td></tr><tr><td>j. Signature: Click here to enter text.</td><td>k. E-mail Address: Click here to enter text.</td></tr></table>			1. Contractor Information	a. Date Prepared: Click here to enter a date.	b. Contract Number: Click here to enter text.	c. Task Order Number: Click here to enter text.	d. Contractor's Name: Click here to enter text.	e. Contractor's Address: Click here to enter text.	f. Project Site Location: Click here to enter text.	g. Date of Site Visit: Click here to enter a date.	h. Prepared by: Click here to enter text.	i. Telephone Number: Click here to enter text.	j. Signature: Click here to enter text.	k. E-mail Address: Click here to enter text.
1. Contractor Information	a. Date Prepared: Click here to enter a date.													
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h. Prepared by: Click here to enter text.	i. Telephone Number: Click here to enter text.													
j. Signature: Click here to enter text.	k. E-mail Address: Click here to enter text.													
2. CEHNC Information														
a. Project Manager (PM) Name: Click here to enter text.	b. Telephone Number: Click here to enter text.													
3. Purpose of Site Visit (Examples: Field survey, records search/review, site investigation, inspection)														
Detailed Description: Click here to enter text.														
4. Personnel Responsibilities														

<p>a. Team Leader (TL) is responsible for ensuring all the information/requirements contained in this SVAAPP and any other applicable topics are correct and effectively communicated to all involved team members prior to the commencement of the activity. The TL is responsible for submitting the signed SVAAPP to the CEHNC PM after survey/visit is completed for recordkeeping purposes.</p>	
i. TL Name: Click here to enter text.	ii. TL Telephone Number: Click here to enter text.
<p>b. Safety Officer/Designated Representative (SO/DR) will assist the TL in the instruction/briefing and oversight of the requirements of this SVAAPP during all activities.</p>	
i. SO/DR Name: Click here to enter text.	ii. SO Telephone Number: Click here to enter text.
<p>c. Will activities stop if site conditions change or hazards arise that are not addressed on this SVAAPP? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>d. Team Members (TMs) will all read or be briefed on the contents of this SVAAPP during the tailgate meeting (required)? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>e. Will all TMs sign the Survey Statement at the end of this document prior to the actual site visit commencing (required)? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	

5. Emergency Response.

Note: Prior to site survey, arrangements shall be made for first aid and emergency medical treatment.

Emergency POC	Phone #	Emergency POC	Phone #
Medical Facility	Click here to enter text.	Facility Contact	Click here to enter text.
Fire Department	Click here to enter text.	Local Police	Click here to enter text.
Military Police	Click here to enter text.	CEHNC PM	Click here to enter text.
Local Police	Click here to enter text.	Click here to enter text.	Click here to enter text.
<p>b. What means of transport will be readily available to transport injured or ill personnel (e.g., POV, Company Vehicle, etc.)? Click here to enter text.</p>			
<p>c. When emergency medical services are not accessible within 5 minutes of work location and there are 2 or more workers at the location, at least one employee (preferably two) on each shift shall be qualified to administer first aid and CPR. Provide name/s of CPR trained individuals below if survey team is larger than two people.</p>			
1. Name: Click here to enter text.	Telephone number: Click here to enter text.		
2. Name: Click here to enter text.	Telephone number: Click here to enter text.		
<p>Not applicable (<i>Survey will be completed by one individual</i>): <input type="checkbox"/></p>			
<p>Note: If task involves access to a remote or restricted area, the Two Person or Buddy System will be used. The two persons must maintain contact by line of sight and orally at all times. Emergency communication (Cell phone, radios, etc.) must be readily available at all times.</p>			
<p>d. A map delineating the best route to the nearest medical facility shall be prepared and readily available onsite for TMs to access? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>e. Briefly Describe Emergency Response Procedures: Click here to enter text.</p>			

6. General Description of Survey Activities (Check all that apply)

Walk-through	<input type="checkbox"/>	Drive-through	<input type="checkbox"/>	Off Road	<input type="checkbox"/>	Off Paths/Trails	<input type="checkbox"/>
On/Near Roadway	<input type="checkbox"/>	Over on Water	<input type="checkbox"/>	Fly Over	<input type="checkbox"/>	Fence Line	<input type="checkbox"/>
Crawl space	<input type="checkbox"/>	Basement	<input type="checkbox"/>	Attic	<input type="checkbox"/>	Roof near edges	<input type="checkbox"/>
Warehouse	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Office Building	<input type="checkbox"/>

Equipment Room	<input type="checkbox"/>	Control Tower	<input type="checkbox"/>	Mechanical Room	<input type="checkbox"/>	Penthouse	<input type="checkbox"/>
Mezzanine	<input type="checkbox"/>	Pits and Sumps	<input type="checkbox"/>	Catwalks	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

7. Types of Hazards to consider (Check all that apply)

Eye	<input type="checkbox"/>	Head	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Slips/Trips/Falls	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	Cold Stress	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Fall From Heights	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	High Traffic Area	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>
Work from height	<input type="checkbox"/>	Water	<input type="checkbox"/>	Material Handling	<input type="checkbox"/>	Lifting	<input type="checkbox"/>
Environment	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Snakes	<input type="checkbox"/>	Biological	<input type="checkbox"/>
Flammable Mat.	<input type="checkbox"/>	Toxic Materials	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Electrical Tools	<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>	Excavations	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Confined Space	<input type="checkbox"/>	Squatting/Bending	<input type="checkbox"/>	Hand/Finger	<input type="checkbox"/>	Near Energized Equipment	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Note: All checked hazards shall be addressed in Section 8 below

8. Hazard Evaluation (Risk Management)

a. Hazards	b. Controls	c. Risk Level
Click here to enter text.	Click here to enter text.	Choose an item.
	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
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Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.

d. Overall Risk Level (After all controls are implemented)

Extremely High High Medium Low

Note: Only LOW Risk Site Surveys are permitted to use this SVAAPP. If Risk is above LOW then the CEHNC Safety Office must be notified and the work will require an AAPP or an APP per the EM 385-1-1, Appendix A.

9. Personnel Protective Equipment (PPE).

a. Employees shall wear clothing suitable for the weather and work conditions. Check the minimum PPE that will be utilized:

i. Short/long sleeve shirt	<input type="checkbox"/>	ii. Long pants	<input type="checkbox"/>
iii. Leather or other protective boots <i>Open-toed shoes are prohibited</i>	<input type="checkbox"/>	iv. Hard Hat <i>In areas with potential hazard of head injury</i>	<input type="checkbox"/>
v. Safety glasses with side shields <i>When eye hazards exist.</i>	<input type="checkbox"/>	vi. Hearing protection <i>When noise hazards are known or expected</i>	<input type="checkbox"/>

vii. Click here to enter text.	<input type="checkbox"/>	viii. Click here to enter text.	<input type="checkbox"/>
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10. Mishap Reporting

a. Will the Prime Contractor report all mishaps per the requirements of EM 385-1-1 Section 01.D to the Contracting Officer/Contracting Officer Representative OR as soon as possible but not more than 24 hours afterwards? Yes No

11. Contractor Additional Comments:

Click here to enter text.

12. CEHNC Safety Office

a. Name: Click here to enter text.

b. Date Reviewed: Click here to enter a date.

c. Accepted: Yes: No:

13. CEHNC Additional Comments:

Click here to enter text.

U.S. ARMY CORPS OF ENGINEERS
Engineering and Support Center, Huntsville
SVAAPP Team Statement

Note: This statement is the record to be maintained in the government/Contractor's on-site files through the entire life of the task order or project. The statement should only be completed prior to the actual visit taking place.

1. Team members will sign this statement:

a. Prior to the start of the site visit	b. When a change is made to this document.
2. I have read, or have read to me, and understand the specific safety and environmental requirements, and will abide by the contents contained in this SVAAPP. I have been briefed and trained in, and am familiar with, my requirements to safely conduct the site visit.	

Print Name	Office	Signature	Date
Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.
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Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.
3. Team Leader/Safety Officer presenting briefing: Click here to enter text.			Click here to enter a date.

Attach any additional information

4. Personnel Responsibilities

a. **Team Leader (TL)** is responsible for ensuring all the information/requirements contained in this SVAAPP and any other applicable topics are correct and effectively communicated to all involved team members prior to the commencement of the activity. The TL is responsible for submitting the signed SVAAPP to the CEHNC PM after survey/visit is completed for recordkeeping purposes.

i. TL Name: [Click here to enter text.](#) ii. TL Telephone Number: [Click here to enter text.](#)

b. **Safety Officer/Designated Representative (SO/DR)** will assist the TL in the instruction/briefing and oversight of the requirements of this SVAAPP during all activities.

i. SO/DR Name: [Click here to enter text.](#) ii. SO Telephone Number: [Click here to enter text.](#)

c. Will activities stop if site conditions change or hazards arise that are not addressed on this SVAAPP? Yes: No:

d. **Team Members (TMs)** will all read or be briefed on the contents of this SVAAPP during the tailgate meeting (required)? Yes: No:

e. Will all TMs sign the Survey Statement at the end of this document prior to the actual site visit commencing (required)? Yes: No:

5. Emergency Response.

Note: Prior to site survey, arrangements shall be made for first aid and emergency medical treatment.

a. What method/s will be utilized to summon emergency services (cell phone, two-way radio, land line, etc.)? [Click here to enter text.](#)

Emergency POC	Phone #	Emergency POC	Phone #
Medical Facility	Click here to enter text.	Facility Contact	Click here to enter text.
Fire Department	Click here to enter text.	Local Police	Click here to enter text.
Military Police	Click here to enter text.	CEHNC PM	Click here to enter text.
Local Police	Click here to enter text.	Click here to enter text.	Click here to enter text.

b. What means of transport will be readily available to transport injured or ill personnel (e.g., POV, Company Vehicle, etc.)? [Click here to enter text.](#)

c. When emergency medical services are not accessible within 5 minutes of work location and there are 2 or more workers at the location, at least one employee (preferably two) on each shift shall be qualified to administer first aid and CPR. Provide name/s of CPR trained individuals below if survey team is larger than two people.

1. Name: [Click here to enter text.](#) Telephone number: [Click here to enter text.](#)
2. Name: [Click here to enter text.](#) Telephone number: [Click here to enter text.](#)

Not applicable (*Survey will be completed by one individual*):

Note: If task involves access to a remote or restricted area, the Two Person or Buddy System will be used. The two persons must maintain contact by line of sight and orally at all times. Emergency communication (Cell phone, radios, etc.) must be readily available at all times.

d. A map delineating the best route to the nearest medical facility shall be prepared and readily available onsite for TMs to access? Yes No

e. Briefly Describe Emergency Response Procedures:

[Click here to enter text.](#)

6. General Description of Survey Activities (Check all that apply)

Walk-through	<input type="checkbox"/>	Drive-through	<input type="checkbox"/>	Off Road	<input type="checkbox"/>	Off Paths/Trails	<input type="checkbox"/>
On/Near Roadway	<input type="checkbox"/>	Over on Water	<input type="checkbox"/>	Fly Over	<input type="checkbox"/>	Fence Line	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	Basement	<input type="checkbox"/>	Attic	<input type="checkbox"/>	Roof near edges	<input type="checkbox"/>
Warehouse	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Clinic	<input type="checkbox"/>	Office Building	<input type="checkbox"/>
Equipment Room	<input type="checkbox"/>	Control Tower	<input type="checkbox"/>	Mechanical Room	<input type="checkbox"/>	Penthouse	<input type="checkbox"/>
Mezzanine	<input type="checkbox"/>	Pits and Sumps	<input type="checkbox"/>	Catwalks	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

7. Types of Hazards to consider (Check all that apply)

Eye	<input type="checkbox"/>	Head	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Slips/Trips/Falls	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	Cold Stress	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Fall From Heights	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	High Traffic Area	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>
Work from height	<input type="checkbox"/>	Water	<input type="checkbox"/>	Material Handling	<input type="checkbox"/>	Lifting	<input type="checkbox"/>
Environment	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Snakes	<input type="checkbox"/>	Biological	<input type="checkbox"/>
Flammable Mat.	<input type="checkbox"/>	Toxic Materials	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Electrical Tools	<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>	Excavations	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Confined Space	<input type="checkbox"/>	Squatting/Bending	<input type="checkbox"/>	Hand/Finger	<input type="checkbox"/>	Near Energized Equipment	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Note: All checked hazards shall be addressed in Section 8 below

8. Hazard Evaluation (Risk Management)

<i>a. Hazards</i>	<i>b. Controls</i>	<i>c. Risk Level</i>
Click here to enter text.	Click here to enter text.	Choose an item.
	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.

d. Overall Risk Level (After all controls are implemented)

Extremely High

High

Medium

Low

Note: Only LOW Risk Site Surveys are permitted to use this SVAAPP. If Risk is above LOW then the CEHNC Safety Office must be notified and the work will require an AAPP or an APP per the EM 385-1-1, Appendix A.

9. Personnel Protective Equipment (PPE).

a. Employees shall wear clothing suitable for the weather and work conditions. Check the minimum PPE that will be utilized:

i. Short/long sleeve shirt	<input type="checkbox"/>	ii. Long pants	<input type="checkbox"/>
iii. Leather or other protective boots <i>Open-toed shoes are prohibited</i>	<input type="checkbox"/>	iv. Hard Hat <i>In areas with potential hazard of head injury</i>	<input type="checkbox"/>
v. Safety glasses with side shields <i>When eye hazards exist.</i>	<input type="checkbox"/>	vi. Hearing protection <i>When noise hazards are known or expected</i>	<input type="checkbox"/>
vii. Click here to enter text.	<input type="checkbox"/>	viii. Click here to enter text.	<input type="checkbox"/>

10. Mishap Reporting

a. Will the Prime Contractor report all mishaps per the requirements of EM 385-1-1 Section 01.D to the Contracting Officer/Contracting Officer Representative OR as soon as possible but not more than 24 hours afterwards? Yes No

11. Contractor Additional Comments:

Click here to enter text.

12. CEHNC Safety Office

a. Name:
Click here to enter text.

b. Date Reviewed:
Click here to enter a date.

c. Accepted: Yes: No:

13. CEHNC Additional Comments:

Click here to enter text.

U.S. ARMY CORPS OF ENGINEERS
Engineering and Support Center, Huntsville
SVAAPP Team Statement

Note: This statement is the record to be maintained in the government/Contractor's on-site files through the entire life of the task order or project. The statement should only be completed prior to the actual visit taking place.

1. Team members will sign this statement:

a. Prior to the start of the site visit b. When a change is made to this document.

2. I have read, or have read to me, and understand the specific safety and environmental requirements, and will abide by the contents contained in this SVAAPP. I have been briefed and trained in, and am familiar with, my requirements to safely conduct the site visit.

Print Name	Office	Signature	Date
Click here to enter text.	Click here to enter text.		Click here to enter a date.
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Click here to enter text.	Click here to enter text.		Click here to enter a date.
Click here to enter text.	Click here to enter text.		Click here to enter a date.
3. Team Leader/Safety Officer presenting briefing:	Click here to enter text.		Click here to enter a date.

Attach any additional information

ENCLOSURE 2

ABBREVIATED ACCIDENT PREVENTION PLAN FOR LIMITED SCOPE

Limited bulk sampling to detect the presence of asbestos and/or lead may be conducted during the site investigation or on site visits. The sampling plan shall be developed by a Certified Industrial Hygienist (CIH) or in consultation with a CIH. A CIH must sign the sampling plan. The sampling shall be conducted in a manner that shall not increase exposure to sampling personnel, building occupants or the environment. A detailed sampling plan shall be developed and used to ensure the safety of all involved. Below is a representative list of topics to be included in the sampling plan. This list is not all-inclusive and is provided as a guide in preparing a site-specific sampling plan. Any sampling conducted shall be coordinated with and approved by the entity in charge of the facility.

Abbreviated APP for Limited-Scope for Lead/Asbestos/ORM Sampling contracts. The abbreviated APP shall address the following areas at a minimum. If other areas of the EM 385-1-1 are pertinent to the contract, the contractor must assure these areas are addressed as well.

(1) Title, signature, and phone number of the plan preparer.

(2) Background Information to include:

- (a) Contractor;
- (b) Contract number;
- (c) Project name;
- (d) Brief project description,

Note: The project description shall provide a means to evaluate the work being done (see AHA requirements in 01.A.14), associated hazards involved and a RAC assigned to each. The overall RAC for the activity must be determined (based on highest task RAC) and accepted at the appropriate level in order for work to proceed. Activity Hazard Analysis (AHA) of all Definable Features of Work (DFOW) in accordance with EM 385-1-1, 01.A.14.

- (e) Description of work to be performed, and
- (f) Location of work being performed, to include a map and map to nearest hospital.

(3) Statement of Safety and Health Policy detailing their commitment to providing a safe and healthful workplace for all employees.

(4) Responsibilities and Lines of Authorities – to include a statement of the employer's ultimate responsibility for the implementation of his SOH program; Identification and accountability of personnel responsible for safety at all levels to include designated site safety and health officer (SSHO) and associated qualifications See EM 385-1-1 section 01.A.17.

(5) Training - new hire SOH orientation training at the time of initial hire of each new employee and any periodic retraining/recertification requirements.

(6) Procedures for daily job site safety inspections - assignment of responsibilities and frequency.

(7) Procedures for reporting man-hours worked and reporting and investigating any mishaps required by Section 01.D.

(8) Emergency Planning. Employees working alone shall be provided an effective means of emergency communication. This may be cellular phone, two-way radio or other acceptable means. The selected means of communication must be readily available and must be in

working condition. Include on/off-site medical arrangements (hospital route and phone numbers). EM 385-1-1, 03.A.01.c.

(9) Drinking Water provisions, toilet and washing facilities.

(10) First Aid and CPR training (at least two employees on each shift shall be qualified/certified to administer first aid and CPR) and provision of first aid kits per EM 385-1-1, Table 3-1, (types/size).

(11) Personal Protective Equipment (PPE).

(a) Work Clothing - Minimum Requirements. Employees shall wear clothing suitable for the weather however minimum requirements for work shall be short-sleeve shirt, long pants (excessively long or baggy pants are prohibited) and leather work shoes. If analysis determines that safety-toed (or other protective) footwear is necessary (i.e., mowing, weedeating, chainsaw use, etc), they shall be worn.

(b) Eye and Face Protection. Eye and face protection shall be worn as determined by an analysis of the operations being performed, however, all involved in chainsaw use, chipping, stump grinding, pruning operations, grass mowing, weedeating and blowing operations shall be provided safety eyewear (Z87.1) as a minimum.

(c) Hearing Protection. Hearing protection must be worn by all those exposed to high noise (greater than 85 dBA activities).

(d) Head Protection. Hard hats shall comply with ANSI Z89.1 and shall be worn by all workers when a head hazard exists, per Section 05.D.

(e) High Visibility Apparel shall comply with ANSI/ISEA 107, Class 2 requirements at a minimum and shall be worn by all workers exposed to vehicular or equipment traffic.

(f) Protective Leg chaps shall be worn by all chainsaw operators.

(g) Gloves of the proper type shall be worn by persons involved in activities that expose the hands to cuts, abrasions, punctures, burns and chemical irritants.

(h) If work is being performed around water and drowning is a hazard, PFDs must be provided and worn as appropriate.

(12) Machine Guards and safety devices. Power tools/equipment must have appropriate guards and safety devices in place and operational.

(13) Hazardous Substances. When any hazardous substances are procured, used, stored or disposed, a Hazard Communication Program must be in place and SDSs shall be available at the worksite. Employees shall have received training in hazardous substances being used and a statement of HAZCOM/GHS training, EM 385-1-1, 06.B.d.(1). When the eyes or body of any person may be exposed to corrosives, irritants or toxic chemicals, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within 10 seconds of the worksite.

(14) Traffic control shall be accomplished in accordance with DOT's MUTCD.

(15) Control of Hazardous Energy (Lockout/Tagout). Before an employee performs any servicing or maintenance on any equipment where the unexpected energizing or startup of the equipment could occur, procedures must be in place to ensure adequate control of this energy. > See EM 385-1-1, Section 12. Clear statement that no energized equipment will be accessed (regardless of "a qualified electrician present").

(16) High hazard activities should not be encountered on these types of jobs. If they

are (i.e., driving/operating equipment on slopes, working from/in boats, etc), a determination shall be made by the KO and local SOH Office as to whether an abbreviated APP is applicable. If so, the AAPP-LS will not be used.

(17) Site Specific Fall Protection Plan specifying work from ladders only (no roof work except on flat roofs with parapets at least 42 inches in height and/or keeping 6 feet from the roof edge) and covering the elements of EM 385-1-1, Sec 24.B (Safe Access-Ladders).

(18) Clear statements that no entries may be made into confined spaces or excavated spaces (assume all crawl spaces to be confined spaces) without a site specific written confined space entry program.

(19) If respirators are used, a written site specific Respiratory Protection Program and proof of current respirator fit tests. Current Asbestos worker physician clearance to wear respirator. (within one year) See EM 385-1-1, 05.G.04 and 06.C.03.i. See EM 385-1-1, 05.G.

(20) A competent person (CP) for safety - A Site Safety and Health Officer (SSHO) with required credentials (30 hour OSHA training certificate and a resume with 5 years continuous construction safety experience). See also EM 385-1-1, App A.3.d.7. and EM 385-1-1, 01.A.17. NOTE: The SSHO may be at the Corporate level or on site (preferred). If the SSHO is not on site (Corporate entity), a member of the sampling team must have written documentation from the SSHO that he/she has been trained to be the competent person for safety/asbestos sampling.

(21) A written site specific sample collection plan. See EM 385-1-1, 06.A.03.c.

(22) Current Asbestos worker certifications for the State they will be working. EM 385-1-1, 06.C.03.h

(23) Qualifying certificates (asbestos building inspector) for the personnel taking the samples.

(24) Laboratory certifications (NVLAP) for laboratory analyzing the samples. EM 385-1-1, 06.A.03.c.

(25) Mishap reporting forms

- (a) Preliminary Accident Notification (PAN);
- (b) ENG Form 3394 ver 2 with instructions