

Savannah River Site (SRS) Service and Construction Subcontract Worker Protection Plan (WPP) Evaluation (Primary) Checklist

SUBCONTRACTOR OVERVIEW and INSTRUCTIONS:

To perform manual subcontract work at SRS, a Worker Protection Plan (WPP) is required. A WPP specifies how a company will implement, maintain, and manage subcontract regulatory compliance while conducting business under contract at SRS.

Worker Safety and Health Program - 10 CFR 851 requires contractors and subcontractors working in the DOE complex (i.e. Savannah River Site (SRS)) to provide a place of employment that is free from recognized hazards that are causing or have the potential to cause death or serious physical harm to workers. This provision of the rule closely parallels the OSHA general duty clause established in Section 5(a) (1) of the OSH Act of 1970. The rule requires contractors and subcontractors prepare and maintain worker safety and health programs. DOE-SR & SRS prime contractors have determined that subcontractors who perform onsite manual work must prepare a Worker Protection Plan (WPP) to satisfy the 851 requirements. The WPP must address the minimum applicable program elements in this checklist; however, full compliance where applicable is mandated by 10 CFR 851. Documented Task Specific Plans (TSPs) may also be required as part of your subcontract. Additional guidance is provided on SRR's external website at: <http://irmsrv02.srs.gov/general/srs-home.html>

Construction and Demolition subcontracts – 10 CFR 851, “Appendix A”, requires subcontractors to perform an activity hazard analysis for all definable tasks. To satisfy this requirement, subcontractors shall submit Task Specific Plans (TSPs) for a minimum of three tasks (preferably the first three tasks to be performed at SRS) for initial review and acceptance with the WPP. In addition, the activity list and TSP(s) must be completed for the remaining tasks identified. This information must be submitted to the STR for review and acceptance prior to starting any additional field tasks. Subcontractors must maintain their WPP/TSPs at SRS and in a manner that reflects program elements applicable to their statement of work. Any revisions or changes must be coordinated with the SRS Subcontract Technical Representative (STR) and SRS safety professional and resubmitted for acceptance. At a minimum, the WPP must be submitted annually and/or a letter of acknowledgement to the appropriate SRS contractor indicating the WPP remains current and that no changes have been made.

The WPP must mandate an environment that is free from recognized hazards and require participation by all levels of management and employees in the prevention and recognition of



unsafe acts and conditions. Subcontracts require companies to identify tasks hazards, safeguards & controls associated with subcontract scope.

Please refer to the WPP Preparation Guide on SRR’s external homepage before completing the checklist below. (<http://irmsrv02.srs.gov/general/srs-home.html>) If you still have questions, contact the appropriate buyer.

WPP CHECKLIST INSTRUCTIONS

If you incorporate sections of your company’s corporate safety plan/program, be sure it addresses each applicable program element in this checklist. If it does not, revise that section so your SRS Specific Worker Protection Plan will be accepted. This checklist must be completed by recording sections/page numbers from your SRS Specific WPP that correspond to each program elements applicable to your subcontract scope.

SRS has specific Focused Observation (safety) Checklists that subcontractors must incorporate into their SRS Specific WPPs. Review the checklist titles and access each applicable checklists located on the SRR Internet Homepage at: (<http://irmsrv02.srs.gov/general/busiops/srr-procurement/index.htm>). Identify the applicable lines of inquiry (LOIs) and complete and sign the bottom portion of each checklist and submit them with your WPP.

Note: If your subcontract involves service, maintenance, or repair of laboratory equipment or other small equipment, a service maintenance manual may be submitted as part of your SRS Site Specific WPP if associated hazards, safeguards and controls are identified within the manual. In addition to the manual, subcontractors must address the minimum applicable program elements from the checklist in section II on a company letterhead. The cover letter must represent the service maintenance manual, applicable focused observation checklists and the applicable directives and policies in Section II and OSHA program elements in Section III as a complete SRS Specific WPP. Any questions should be directed to the procurement buyer for resolution with the SRS safety professional responsible for reviewing and accepting the WPP.

As a reminder, this checklist identifies the minimum safety and health program elements that SRS expects subcontractors to address in their SRS Site Specific WPP. It is not intended to be all inclusive and should be used only as guidance to support minimum documentation.

**SECTION I:
(Subcontractor Completes)**

Subcontractor Name:	
Proposal/Subcontract No.	
SRS Buyer:	
Subcontract Technical Representative (STR):	
Subcontractor Representative:	
Date Completed:	

(SRS Completes)

SRS Safety Professional	
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SRS Industrial Hygienist	
Reviewed by:	
Date:	

SECTION II:

Site Directives/Policies

Complete the following checklist to identify the appropriate locations by sections and/or page numbers within the Subcontractor’s WPP that correspond to the program elements applicable to the subcontract scope of work:

NOTE: Some “*sample clauses*” are included in this section to help understand the intent of the program element and how it should be documented in your WPP. You can cut and paste the sample clauses in your WPP, but you are expected to expand on these clauses to reflect your current policies and/or those you will implement to establish and manage compliance.

Fitness for Duty: – (*Sample Clause*) Our company has established policies to ensure our employees report to work and perform their assigned task(s) safely and free from impairments. One such policy is our substance abuse program. Another program is our open door policy whereby our employees are encouraged to report any emotional distress issues to their supervisor. Our supervisors and managers have been trained and know how to assist employees or refer workers for additional assistance. Our occupational medical program includes guidance on managing injuries and personal health conditions to ensure such conditions do not become a hazard for the employee or their co-workers. Documentation supporting the above mentioned programs is included with this WPP.

Yes No N/A Location _____

Focused Observation Checklist: - (*Sample Clause*) This SRS Specific WPP contains dated and signed SRS Focused Observation (Safety) Checklists that are incorporated in this WPP. Our safety professional/safety representative when applicable to our subcontract and/or our onsite supervision/technicians will use these checklists to conduct and document internal safety observations of our work activities. Hard copies of our internal observations will be made available to the STR upon request.

Yes No N/A Location _____

Task Specific Plans (TSPs): - (*Sample Clause*) Our TSPs are living documents that may require revising to reflect any additional facility or project hazards before we can obtain a work release at SRS. Three TSPs have been prepared and incorporated into this SRS Specific WPP. During our tasks review and hazard analysis we solicited input from our employees who perform similar work and/or will be performing the tasks at SRS. The controls and safeguards reflect our internal program, this WPP and our subcontract requirements as applicable. These TSPs address the first three (3) initial tasks we will be performing at SRS under this subcontract (when required) or under this construction and/or demolition subcontract. A list of project activities/tasks that will require additional hazard analysis is included in this WPP supporting this construction and/or demolition subcontract.



Once we arrive on site and determine our additional tasks, we will analyze the hazards and document the remaining TSPs. These TSPs will be submitted and reviewed with the STR for acceptance prior to performing the tasks.

Yes No N/A Location _____

Overhead Utilities: - (*Sample Clause*) Our SRS subcontract will require us to utilize vehicles, equipment, or material in proximity to overhead SRS utilities. We understand we must establish a minimum of two (2) barrier controls where there is a potential to come in contact with overhead power lines or other utilities. One of our controls will be a dedicated trained spotter who will observe our activities and alert our operators/drivers or employees who are performing activities that have the potential to come in contact with such utilities. Our other barrier will include documentation of standoff distances, markers, and other warning barriers to alert employees of the established boundaries. Effected employees will be briefed on the controls and these requirements. Our supervisors are responsible for overseeing and managing these requirements.

Yes No N/A Location _____

Drilling and Penetration: - (*Sample Clause*) Our work at SRS may require us to perform drilling and penetration activities. Before we can perform such activities, each effected employees must be trained on SRS specific requirements and the requirements must be incorporated into this WPP. The following drilling and penetration requirements were extracted from the Statement of Work Clauses in our subcontract and are now incorporated in this WPP. All employees will comply fully with the requirements as specified below:

Yes No N/A Location _____

Accidents/Incidents/Investigation: (*Sample Clause*) Our supervision and/or employees are required to immediately report accidents, injuries or incidents to the STR and participate in the investigation. We understand OSHA 1904 recordkeeping requirements and will process and manage on the job injuries and illnesses accordingly. We are aware that a DOE “Individual Accident/Incident Report” form 5484.3 must be completed and submitted to the STR within two days following the injury/illness. Our onsite supervision will lead and participate in the investigation including developing appropriate corrective action to prevent reoccurrence. Documentation of corrective action will be prepared and submitted to the STR for review and acceptance when appropriate.

Yes No N/A Location _____

Specific Requirements

Safety Policy (*Sample Clause*) Our company’s president and senior managers safety policy mandates safe and healthful workplace practices and conditions. Bottom line, it is one of our core management values. Senior management mandates safe work practices and conditions and holds management, supervision and employees accountable. If work cannot be performed safely, we will not continue until all hazards are identified, controls are established and managed accordingly. The president’s/CEO’s signed safety policy is included in the front of this WPP.

Yes No N/A Location _____



Clear goal for the subcontractor’s safety and health policy

Yes No N/A Location_____

Personnel responsibilities, authority, and accountability

Yes No N/A Location_____

Copy of WPP- (Sample Clause) Our employees will be trained where indicated and briefed on the requirements in this SRS Specific WPP. If requested, employees will be provided a copy of this SRS accepted WPP.

Yes No N/A Location_____

Time Out - (Sample Clause) Our company policy gives our employees the right and the authority necessary to call a time out if they are unsure about the tasks, when things don’t go as planned, new hazards are identified or if there’s ever a question whether work can be performed safely. Our employees understand they are to immediately inform their management and the STR should a time out be necessary. Each employee is aware that it is their responsibility to review the hazards and concerns with the STR and agree on the necessary controls before work can resume.

Yes No N/A Location_____

Considering hazards and employee exposure when selecting or purchasing equipment, products, and services: (Sample Clause) Our company has an established corporate policy that requires management consideration and review of hazards associated with the products we buy i.e. toxic substance/agents required for our subcontract work, before we purchase them. When other less hazardous products are available and they meet required specifications, we will buy these products to eliminate and/or minimize exposure to our employees and other employees who may be working with or in close proximity to our work. We also evaluate hazards associated with the equipment we use and purchase equipment that provides the most protection for our employees.

Yes No N/A Location_____

EMPLOYEE COMMUNICATIONS 10 CFR 851.20 .21 (7) (8), 25. (a)(b)(1)(2)(3)(c), .26(5)

New hire employee safety orientation: (Sample Clause) Our company conducts new hire safety orientations before employees are assigned to field work. The orientation consists of a review of our company safety policy, goals, management expectation, worksite hazards and safety rules that apply. The orientations are conducted by our safety professional or a member of management. Task/job specific hazards are also reviewed at this time and/or prior to performing the tasks/job.

Yes No N/A Location_____

Employee safety meetings: (Sample Clause) We have regular scheduled safety meeting where our managers/supervisors discuss safety topics pertinent to our work environment and the hazards associated with our tasks. Accidents and incidents that have occurred since our last safety meeting are discussed including any trends or lessons learned from those incidents. Employees are encouraged to provide feedback. Noteworthy employee feedback, safety topics and employee signatures are documented and kept on file from each meeting and are available for the STR to review upon request.



Yes No N/A Location _____

Employee’s rights relative to company documentation: *(Sample Clause)*

Our employees have been informed that they have the right to request and receive the results of safety and health inspections and accident investigation reports.

Yes No N/A Location _____

Concealing or destroying information: *(Sample Clause)* Employees have been informed that they are not to conceal nor destroy any information concerning non-compliance or potential non-compliance with 10 CFR 851 worker safety and health program, OSHA or any other regulatory compliance requirements.

Yes No N/A Location _____

COMPANY TRAINING PROGRAM 10 CFR 851.25: *(Sample Clause)* Our company’s training program consists of new employee safety orientations, periodic group meetings, and one-on-one training. Our training requirements, whether formal or informal, are designed to instruct each employee on general safety procedures and requirements specific to the employee’s job assignment. We maintain documentation of our training. Other training includes:

- Job/Task Specific Hazards and Controls
- Specialized jobs
- Hazard Communication
- Hearing Conservation
- Personal Protective Equipment
- First Aid (for our designated employee (s))
- Incident Reporting
- Manufactures’ Operator/Service/Maintenance Instructions

Yes No N/A Location _____

OCCUPATIONAL MEDICINE AND FIRST AID 1910.151 Subpart K and 1926 Subpart C, 10CFR 851 **Note:** Review CFR 851 Worker Safety and Health Program Section 8, Occupational Medicine relative to the applicability of the program elements under this section. Some of the elements may not be applicable if your company does not work on a DOE site for more than 30 days within a 12 month period, or has no employees enrolled for any length of time in a medical or exposure monitoring program, required by this rule and/or any other applicable Federal, State, or local regulation or other obligation. At a minimum, your company must address the following medical and first aid program elements.

Licensed medical provider: *(Sample Clause)* Our company will identify an offsite medical provider in the area to provide medical treatment for on the job injuries or illnesses that occur at SRS. The name of our medical provider will be documented in our WPP and posted at our jobsite for all employees to view. All employees will be informed of our medical provider.

Yes No N/A Location _____

Return to work policy following on the job injury: *(Sample Clause)* Our company policy requires employees who are injured at work to report the injury immediately to their supervisor and the supervisor reports it to the STR. If immediate medical treatment beyond first aid is needed, our



supervisors know to call the onsite emergency response numbers – 3-3911 from an SRS phone and 803-725-1911 when using a cell phone. All injured employees requiring medical treatment beyond first aid must see our company physician prior to returning to work. We require a medical release form before allowing the employee to return to work. Any limitations or restrictions noted by our health care provider will be reviewed by our safety professional and the supervisor with consideration of available work. If at all possible, the employee will be assigned tasks within the restrictions/limitations. If unavailable, the employee will be sent back to the medical provider until released to resume his or her full duties. Our company will communicate regularly with our medical provider and the employee until allowed to return to normal duties.

Yes No N/A Location _____

Employee(s) trained in first aid : *(Sample Clause)* An appropriate number of our employees will be first aid trained including on blood-born pathogens. One of our first aid trained employees will be onsite anytime work is being performed at SRS including during any off-shift work.

Yes No N/A Location _____

First Aid Supplies : *(Sample Clause)* An appropriate number of fully stocked first aid kits including other related supplies will be provided during our work at SRS. These kits and other supplies will be maintained per the supplier’s and our offsite medical provider’s guidance/recommendations. A first aid log will be maintained by our trained first aid providers.

Yes No N/A Location _____

Note: The additional occupational medical program elements below must be documented (at a minimum) in your WPP per 10CFR 851 when applicable as indicated at the beginning of this section:

An established medical surveillance program for affected employees

Yes No N/A Location _____

Maintenance and employee access to medical records

Yes No N/A Location _____

SECTION III

OSHA and 10 CFR 851 Programs Elements:

The following minimum program elements must be reflected in this WPP when applicable to the subcontract scope. Documentation must reflect OSHA and 10CFR 851 requirements. You can incorporate program requirements from your corporate safety plan but they must address each element in this checklist. If not, you must revise the requirements before you include them to avoid a possible delay in obtaining acceptance of your WPP and related submittals.

HEAT STRESS

Pre-hydration

Yes No N/A Location _____



Acclimatization

Yes No N/A Location _____

Signs and symptoms

Yes No N/A Location _____

GENERAL PERSONAL PROTECTIVE EQUIPMENT 1910 Subpart I and 1926 Subpart E

Eye and face protection

Yes No N/A Location _____

Head protection

Yes No N/A Location _____

Foot Protection

Yes No N/A Location _____

Hand protection

Yes No N/A Location _____

HAZARD COMMUNICATION 1910.1200

Written Program - list of hazardous chemicals, methods used to inform employees of the hazards, and precautionary measures

Yes No N/A Location _____

Employee Information and Training

Yes No N/A Location _____

Identity of The Hazardous Chemical(s) - labeling system

Yes No N/A Location _____

Material Safety Data Sheets being available to employees

Yes No N/A Location _____

RESPIRATORY PROTECTION PROGRAM ELEMENTS 1910.134

Training

Yes No N/A Location _____

Medical Evaluation

Yes No N/A Location _____

Fit Tests

Yes No N/A Location _____



Selection of Respiratory Equipment

Yes No N/A Location _____

Storage of Respiratory Equipment

Yes No N/A Location _____

Pre-use Checks

Yes No N/A Location _____

HAZARDOUS ENERGY CONTROL PROGRAM ELEMENTS 1910 Subpart S, 1926 Subpart K

Note: In addition to your program requirements, your subcontract may require site training and compliance with site procedure 8Q, Procedure 32.

Purpose of Hazardous Energy Control Program

Yes No N/A Location _____

Employee training

Yes No N/A Location _____

Responsibilities

Yes No N/A Location _____

Installation of LOTO

Yes No N/A Location _____

Verification of De-energized Equipment

Yes No N/A Location _____

Restoring Equipment to Normal Operations

Yes No N/A Location _____

Removal of Locks and Tags

Yes No N/A Location _____

ELECTRICAL 1910 Subpart S, 1926 Subpart K, NFPA 70 & 70E

Qualified/non-qualified personnel working on or near electrical conductors

Yes No N/A Location _____

Workers having basic electrical safety training

Yes No N/A Location _____

Equipment for General Use - GFCI, flexible cords and cables, enclosures for damp or wet locations

Yes No N/A Location _____



Use of Electrical PPE, Insulate Tools, and Test Equipment

Yes No N/A Location_____

A statement of commitment by employer to use safe electrical work practices and to follow NFPA 70, 2005 version and 70E, 2004 version and either 29CFR 1910 or 29CFR 1926, as applicable.

Yes No N/A Location_____

A statement of commitment by the employer for employees to do electrical work, whenever possible, in a de-energized state (Lockout/Tagout).

Yes No N/A Location_____

An energized electrical work procedure that documents safe work practices and precautions.

Yes No N/A Location_____

A description of justification/approval process for energized electrical work that must be done while energized.

Yes No N/A Location_____

NFPA 70E ARC FLASH STANDARD:

For additional information, see SRR’s external website - Guidance for NFPA 70E Arc Flash Standard Compliance

Workers shall have NFPA 70E training.

Yes No N/A Location_____

Workers shall understand all information on the SRS equipment label data as it relates to the NFPA 70E table(s) to determine the Hazard category and PPE requirements for arc flash and shock protection.

Yes No N/A Location_____

For qualified/non-qualified personnel working on or near electrical conductors, workers shall have an understanding for arc flash protection and shock protection boundary requirements and proper alerting techniques for these boundaries.

Yes No N/A Location_____

Furnish PPE and insulated tools for all-case scenarios and identify proper use, storage, care and inspection of all PPE.

Yes No N/A Location_____

HAND AND PORTABLE POWERED TOOLS AND OTHER HAND-HELD EQUIPMENT

1910 Subpart P and 1926 Subpart I

Inspection

Yes No N/A Location_____



Proper Storage Care and Use

Yes No N/A Location _____

Guarding

Yes No N/A Location _____

MATERIALS HANDLING AND STORAGE 1910 Subpart N and 1926 Subpart H

Scope of work includes use of:

cranes, forklifts, personnel lifting, other _____.

Proper Storage and Handling of Materials

Yes No N/A Location _____

Equipment Use - hand trucks, dollies, carts

Yes No N/A Location _____

Personal lifting techniques – Proper instructions on how to lift

Yes No N/A Location _____

EXPOSURE ASSESSMENT FOR CHEMICAL, PHYSICAL AND BIOLOGICAL HAZARDS 10 CFR 851.21&.26(a)

For additional information, see SRR’s external website - Exposure Assessment Guidelines and Example of an Exposure Assessment Template. Or you may refer to the Exposure Assessment Strategy published by the American Industrial Hygiene Association (AIHA)

Exposure assessment description in the WPP must describe how worker exposure will be assessed and documented. Assessments must be conducted as often thereafter as necessary to ensure compliance with 10 CFR 851.21.

Yes No N/A Location _____

Applicable baseline employee exposure assessments are included with this WPP. Additional baseline assessments will be completed at SRS and reviewed with the STR, IH and area safety professionals.

Yes No N/A Location _____

Statement in WPP that commits subcontractor to follow whichever is stricter: ACGIH TLVs or OSHA PELs.

Yes No N/A Location _____

HEARING CONSERVATION PROGRAM 1910.95, 1926.52, 10 CFR 851 and ACGIH

For additional information, see SRR’s external website - Exposure Assessment Guidelines.

Program must confirm compliance with America Conference of Governmental Industrial Hygienists (ACGIH) noise exposure limits. (85 dba TLV versus OSHA 90 dba PELs)



Yes No N/A Location _____

Employee Training - effects of noise on hearing, purpose of hearing protectors, purpose of audiometric testing, and requirements associated of ACGIH.

Yes No N/A Location _____

Exposure Monitoring – baseline survey of noise producing equipment

Yes No N/A Location _____

Statement in WPP that 85 dBA (ACGIH TLV) triggers the use of hearing protection.

Yes No N/A Location _____

Use of ACGIH table for TLVs for noise exposure stay times

Yes No N/A Location _____

Audiometric Testing Program - baseline audiogram, annual audiogram, evaluation of audiogram, etc.

Yes No N/A Location _____

Hearing Protectors - Providing a selection of hearing protectors, training on use and care of protectors, proper fitting, etc.

Yes No N/A Location _____

Recordkeeping – noise exposure measurement, audiometric testing, employee access to records, and record retention

Yes No N/A Location _____

WALKING – WORKING SURFACES 1910 Subpart D and 1926 Subpart X

Housekeeping – Expectation and practices

Yes No N/A Location _____

Ladders – Inspection, care and proper use

Yes No N/A Location _____

Open-sided floors/platforms/runways – standard railing and toe-board

Yes No N/A Location _____

SCAFFOLDING 1910 Subpart D and 1926 subpart L

Training

Yes No N/A Location _____

Competent and Qualified Person Responsibilities

Yes No N/A Location _____

Fall Protection During Erection and Dismantling

Yes No N/A Location _____



Use and Inspection of Scaffolding

Yes No N/A Location _____

Use, Inspection, and Care of Fall Protection Equipment

Yes No N/A Location _____

POWERED PLATFORMS, AERIAL LIFTS AND VEHICLE-MOUNTED WORK PLATFORMS 1910 Subpart F

Operator Trained specific to the model.

Yes No N/A Location _____

Use of Personal Fall Arrest – body harness, lanyard, lifeline, inspection criteria

Yes No N/A Location _____

Aerial Lifts – maintenance, inspection, and operation

Yes No N/A Location _____

Availability of Operator’s Manual

Yes No N/A Location _____

FALL PROTECTION-1926 Subpart M

Competent and Qualified Person Responsibilities

Yes No N/A Location _____

Documentation of Employee Training

Yes No N/A Location _____

Use of Guardrail System – height of railings, load rating

Yes No N/A Location _____

Use of Safety Net System – installation, inspection, testing

Yes No N/A Location _____

Use of Personal Fall Arrest System – harness, lanyard, anchorage, inspections

Yes No N/A Location _____

Use of Positioning Device System – anchorage, components, inspections

Yes No N/A Location _____

Use of Fall Protection Plan – prepared by qualified person

Yes No N/A Location _____

CRANES, DERRICKS, HOISTS, ELEVATORS, AND CONVEYORS 1926.1400 Subparts N & CC (ASME B.30)



Acknowledge SRS work will be in compliance with OSHA’s Crane and Derricks in Construction Rule and review of OSHA’s Small Entity Compliance Guide for Final Rule @<http://www.osha.gov/cranes-derricks/smallentity.html>

Yes No N/A Location _____

Operator Training/Qualification-*operator must provide NCCCO certification*

Yes No N/A Location _____

Rigging Personnel Training/Qualification-*must provide NCCCO certification*

Yes No N/A Location _____

Signal Personnel Training/Qualification-*must provide NCCCO certification*

Yes No N/A Location _____

Safe Operations

Yes No N/A Location _____

Load Capacities

Yes No N/A Location _____

Hand Signals

Yes No N/A Location _____

Inspections/Maintenance/Service

Yes No N/A Location _____

Rigging – requirements, inspection, components, and personnel qualifications

Yes No N/A Location _____

Industrial Lift Trucks 1910.178/1926.602/10 CFR 851 appendix 9

Lift truck operator training & qualifications

Yes No N/A Location _____

Lift truck operation & use

Yes No N/A Location _____

Traveling Operation, including traffic & pedestrian control

Yes No N/A Location _____

Loading & Unloading

Yes No N/A Location _____

Maintenance & inspection of lift truck

Yes No N/A Location _____



FLAMMABLE AND COMBUSTIBLE LIQUIDS and COMPRESSED GASES 1910.106,
1926.152 and 1910 subpart M

Employee Training for, Handling, storage, inspection and use

Yes No N/A Location _____

Portable Fire Extinguisher – training, proper type, inspection, and location

Yes No N/A Location _____

Refueling Gasoline Engines – Shutdown and cool down requirements before refueling

Yes No N/A Location _____

Fuel Container – Proper type, storage, and ventilation requirements.

Yes No N/A Location _____

Control of Ignition Sources – smoking requirements, postings, and spark control

Yes No N/A Location _____

Personal Protective Equipment

Yes No N/A Location _____

HAZARDOUS WASTE OPERATIONS 1910.120

Written Safety and Health Plan

Yes No N/A Location _____

Training/Refresher Training

Yes No N/A Location _____

Emergency Response Plan

Yes No N/A Location _____

Personal Protective Equipment

Yes No N/A Location _____

CONFINED SPACE PROGRAM ELEMENTS 1910.146 and 1926.21

Training

Yes No N/A Location _____

Hazard Evaluation

Yes No N/A Location _____

Permit and Non-permit Confined Spaces

Yes No N/A Location _____

Responsibilities of Entry Supervisor, Authorized Entrant, and Authorized Attendants

Yes No N/A Location _____



Permits and Approval

Yes No N/A Location _____

Testing and Monitoring

Yes No N/A Location _____

Emergency Rescue and Retrieval

Yes No N/A Location _____

FIRE PROTECTION 1910 Subpart L and 1926 Subpart F, 10 CFR 851, appendix A, section 2

Portable Fire Extinguishers – training,

Yes No N/A Location _____

Proper Type and Use

Yes No N/A Location _____

Inspection and Maintenance

Yes No N/A Location _____

HOT WORK- GRINDING, WELDING, CUTTING AND BRAZING 1910-Q and 1926-J

Training & Qualification

Yes No N/A Location _____

Use of Hot Work Permit

Yes No N/A Location _____

Equipment Inspections

Yes No N/A Location _____

Fire Protection and Prevention

Yes No N/A Location _____

Use of welding or Flash Screen

Yes No N/A Location _____

Monitoring, Purging, or ventilation of confine space, vessels, or small tanks

Yes No N/A Location _____

MOTOR VEHICLE SAFETY 1926.600 – 1926.606 Subpart O, 10 CFR 851, appendix A

Note: Tractors, platform lifts and other similar specialized equipment powered by electric motor or internal combustion engine.

Operator training/qualifications



Yes No N/A Location _____

Vehicle maintenance/ before use inspection, and safe operation program

Yes No N/A Location _____

The availability of manufacturer’s operator manual

Yes No N/A Location _____

Use of safety devices i.e. seat belts, mirrors, flagman, signals

Yes No N/A Location _____

DEMOLITION 1926 Subpart T

Preparatory Operations – engineering survey by a competent person and service lines shut off

Yes No N/A Location _____

Removal of Materials – walls, floors, and steel construction

Yes No N/A Location _____

Mechanical Demolition

Yes No N/A Location _____

LASER USE AND SAFETY 10CFR 851.23, ANSI Z136.1-2000

Employee Training

Yes No N/A Location _____

Use/Service/Storage of Class 3b and 4 Lasers

Yes No N/A Location _____

An identified Laser Safety Officer

Yes No N/A Location _____

Engineering, Administrative and Procedural Controls

Yes No N/A Location _____

Personnel protective equipment

Yes No N/A Location _____

Protective Barriers/Warnings, Signs, Labels.

Yes No N/A Location _____

10 CFR 851 Appendix A – Worker Safety and Health Functional Areas

The following 10 CFR 851 & OSHA Subparts apply to unique and/or special services. Therefore, specific elements from a number of subparts/851 are not identified. When such services are deemed applicable to subcontract scopes, the subcontractor must refer to the specific



OSHA subparts/851 and address the appropriate elements in their WPP prior to submitting for review and acceptance.

Firearm Safety 10 CFR 851 Appendix A, section 5

A written program addressing inspection, safe use, storage, handling, cleaning, inventory, transporting, and maintenance of firearms and associated ammunition.

Yes No N/A Location _____

Notification and approval process prior to use of firearms on site.

Yes No N/A Location _____

Semi-annually/annually (as required by the NRA or equivalent training agency) provide documented proof that “shooter” has demonstrated proficiency in the use of firearms.

Yes No N/A Location _____

Describe method of pickup and disposal of misfires and/or spent shells.

Yes No N/A Location _____

Explosives and Blasting Agents – 10 CFR 851 Appendix A, section 3.

“Explosives Safety” (Re: DOE Manual M 440.1-1A DOE Explosives Safety Manual Attachment 2)

General safety requirements, inspections, and signals

Yes No N/A Location _____

Competent Person role and responsibilities

Yes No N/A Location _____

Blaster qualifications

Yes No N/A Location _____

Transportation, and handling of explosives

Yes No N/A Location _____

Storage of explosives and blasting agents

Yes No N/A Location _____

Blasting procedure/plan

Yes No N/A Location _____

Misfires

Yes No N/A Location _____

Pressure Safety 10 CFR 851, Appendix A, section 4

References ASME codes for pressure vessels, boilers, air receivers, vacuum systems, and supporting piping systems.



Yes No N/A Location _____

Excavations/Trenching/Soil Classification *1926 Subpart P*

Employee Training

Yes No N/A Location _____

Competent Person Assignment / Responsibility / Inspectors

Yes No N/A Location _____

Soil Classification – A, B, C

Yes No N/A Location _____

Protective Systems – i.e. Back sloping & Shoring/Trench Box

Yes No N/A Location _____

Concrete and Masonry Construction *1926 Subpart Q*

Employee Training

Yes No N/A Location _____

Silica Exposure and Controls

Yes No N/A Location _____

Concrete Pump Operations

Yes No N/A Location _____

Concrete Cutting Operations

Yes No N/A Location _____

PPE required for concrete and masonry work

Yes No N/A Location _____

Steel Erection *1926 Subpart R*

Employee Training

Yes No N/A Location _____

Crane Operator / signalman / rigger qualifications

Yes No N/A Location _____

Crane Use

Yes No N/A Location _____

Fall Protection & Elevated Work

Yes No N/A Location _____

Barricades



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Yes No N/A Location _____

Commercial Diving Operations *1910 Subpart T and 1926 Subpart Y*

Yes No N/A Location _____