

UPDATED SAFETY FORMS

August 2, 2018

**PRE-START CONTRACTOR
INFORMATION REQUIREMENTS**

Pre-Start Required GC/Subcontractor Information Package Checklist

Name of Subcontractor: _____

- Document signed by subcontractor stating that they have read and understand the Airports Authority Construction Safety Manual (CSM) and that they will follow the Airports Authority's CSM and the Contractors Site Specific Safety Plan.
- Emergency Contact names and numbers for senior Company managers. (Include President, Project Manager and Safety Director)
- Experience Modifier Rate (EMR). If EMR is 1.0 or greater, submit the OSHA 300 Logs for the past three (3) years, plus the current calendar year as well as a Safety Mitigation Plan addressing the safety issues that the contractor has had over the past three (3) years also including the current year.
- Safety and Health Program – to include Site Specific Safety program to the general contractor (Include applicable job related Programs, I.E. Confine Spaces, Electrical, LOTO, Hazard Communication Program, Erection, Lifts, Site Specific Fall Protection, Respiratory, Erection & Demolition Plans, Substance Abuse Program, and Emergency Response etc.)
- Return to Work/Light Duty Program (mandatory), and Emergency Response etc.)
- Safety Data Sheets (SDS) Sheets and Site Specific Chemical Inventory List (Separate Binder). Global Harmonization Training required for all employees.
- Documentation with employee signatures on company letterhead establishing training for personnel in Fall Protection, Equipment Operators, Hazard Communication and General Construction Safety, at a minimal and other job related subjects: i.e. Confine space training if you are required to enter a confine space, operators training if operating heavy equipment or scaffold training if required to work off scaffolds, Power actuated tools.
- Contractor enrollment into OCIP Insurance Program (if required by the contract).
- Definable Features of Work list to be submitted along with a JHA (Job Hazard Analysis) for all known work activities. JHA to be prepared on the Pre-Task Work Plan (PTWP) Form included in Appendix E of the CSM. JHA required prior to any work onsite. Be very detailed on this plan.
- Management personnel 30 hour OSHA personnel (Name and Contact #) (provide Copy of Card). All workers are require to have 10 hour OSHA (provide copy of card)
- CPR/First Aid Qualified Personnel Cards with Expiration Dates (provide copy of card).
- List of Competent Persons per OSHA definitions with Contact Numbers and credentials of each. Provide training certificates – documentation for each competent employee (see below).
- List of Equipment to Be Used on Site (Update as Necessary) All equipment must identify owner Company. Provide Training Records.
- Cranes: Annual Inspect. NCCCO Certified Crane Operators Card - qualifications; Riggers training and certification card, Signalman training and Certification card, Lift Plan, Erection Plan (Provide Copies)
- Fork Lift, Lull, Power Actuated, Aerial, & Scissor lifts Authorization Cards/List. Provide training records.

Submit this completed checklist with each subcontractor information package.

ORIENTATION LOG IN SHEET

ENERGIZED ELECTRICAL WORK PERMIT

Energized Electrical Work Permit

PART I: TO BE COMPLETED BY THE REQUESTER

- 1) Detailed job description procedure to be used in performing the above described work:

- 2) Description of the Safe Work Practices to be employed:

- 3) Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:

Requester Name/Title:

Date:

PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING WORK:

- 1) Detailed job description procedures to be used in performing the above description work:

- 2) Description of the Safe Work Practices to be employed:

- 3) Results of the Shock Hazard Analysis:

- 4) Determination of Shock Protection Boundaries:

- 5) Results of the Flash Hazard Analysis:

- 6) Determination of the Flash Protection Boundary:

- 7) Necessary personal protective equipment to safely perform the assigned task:

Identify the protective clothing or equipment required for the job: Note all equipment must have current test and/or certification.

- | | |
|---|--|
| <input type="checkbox"/> Safety Glasses and/or Face Shield | <input type="checkbox"/> Non-Conductive Hard Hats |
| <input type="checkbox"/> Certified Rubber Gloves and Leather Protective | <input type="checkbox"/> Insulating Sleeves and Aprons |
| <input type="checkbox"/> Dielectric Blanket and Insulated Mats | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Insulated Tools. |
| <input type="checkbox"/> Other: Cal rated clothing, etc. | |

8) Means employed to restrict the access of unqualified persons from the work area:

9) Evidence of completion of a Job Briefing including discussion of any job-specific hazards:

Confirmation of Electrical Workers' Training and Qualifications:

The employee(s) must have successfully completed formal employer-approved training in the following subjects:

	Date Completed
Electrical Safety	_____
Lockout-Tagout	_____
CPR	_____
First Aid	_____
70E Standard	_____

10) Do you agree the above described work can be done safely? Yes No (If no, return to requester)

Electrically Qualified Person(s):

Date:

11) Safety Checklist for Live Electrical Work:

Specific work areas must be cordoned to prevent unauthorized access to the live work area.

- A. A minimum of two equally qualified workers must be present when the live work is accomplished.
- B. An individual certified in First Aid and CPR shall be immediately available to the area.
- C. All persons in the work areas should remove all jewelry.
- D. If ladder access is required, only fiberglass ladders are authorized.

- E. If access to the live work is in a wet area, place wood planking or it's equivalence on the floor.
- F. Work boots for persons performing the live work should be ANSI approved for electrical work.
- G. Insulated gloves worn by workers performing the live work must have a current dielectric test date.
- H. All work must comply with OSHA 1926(Subpart K, NEC, 70 E standards and applicable NIOSH Polices.

PART III: APPROVAL(s) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

Project Executive:
 Project Safety Manager:
 Project Manager:
 BU Safety Director:
 Project Superintendent:

NFPA 70E Job Briefing and Planning Checklist

Identify

What are the hazards?	Potential for arc flash
What voltage levels are involved?	Unusual work conditions
What skills are required?	Is this a multiple -person project?
"Foreign" voltage source present?	
Notes:	

Ask

Can the equipment be de-energized? Y or N	Is a "standby person" required?
Are there possible backfeeds of the circuits to be worked on?	
Notes:	

Check

Job Plans	Safety procedures
One Lines and vendor prints	Vendor information
Status Board For up-to-date information on system and resources.	Individuals familiar with facility?
Notes:	

Know

What is the Job?

Communicate!

Notes:

Who else needs to know?

Who is in charge?

Think

The extra eventWhat if?

Lock - Tag - Test - Try

Test for voltage first.

Install and remove grounds

Notes:

Use the right tools, equipment and PPE

Install barriers and barricades

What else...?

Prepare for an Emergency

Who is First Aid/CPR Trained?

Telephone location?

Fire alarm locations?

Confined space rescue available if required?

Emergency telephone numbers available?

Fire extinguisher

Notes:

Exact work location.

Shut off in case of emergency.

Location of emergency equipment.

Is required emergency equipment

Radio communications available?

OSHA INSPECTION FORM

Airports Authority

OSHA Inspection Procedures

These procedures are to be followed completely when OSHA/VOSH appears on an Airports Authority Construction Project:

1. Ask the Compliance Officer(s) what is the reason for the Inspection. If the inspection is due to a complaint, ask for a copy of the complaint, which OSHA/VOSH compliance officers are required to give you.
2. The compliance officer must show his credentials to you as required by their field operation manual.
3. Notify immediately Gregory Pappas Airports Authority Construction Program Safety Manager (PSM) at (571) 220-1319. The Airports Authority has the right to be present on any regulatory inspection. The inspection process should not take place until an Airport's Authority representative (PSM/COTR) has arrived on site. The Airports Authority representative should have at least 1 hour to be present on site, if the Airports Authority representative cannot arrive in that time frame, the inspection process can proceed. If the inspection is on the AOA, the controlling contractor will be notified immediately that OSHA/VOSH is on Airport property. The Airports Authority PSM/COTR will escort the OSHA/VOSH compliance officer to the construction site. The controlling contractor has the right to refuse entry to OSHA/VOSH by law.
4. The OSHA/VOSH compliance officer shall follow the controlling contractor's personal protective equipment policies prior to entering the construction site. In addition, the OSHA/VOSH compliance officer shall follow the Airport's Authority Construction Manual Safety policies and Air Operations policies when on the AOA.
5. An Opening Conference should start the inspection process. In this phase of the inspection process the compliance officer will request all subcontractors to be present and state the reason for the inspection.
6. The controlling contractor Project Superintendent, Assistant Superintendent or Site Safety Manager/Engineer shall accompany the OSHA Compliance Officer during the inspection and all other times when OSHA/VOSH is on site.
7. The OSHA Inspection Report is to be started at the beginning of and completed immediately after the inspection. Accurate and complete reporting is very important. Report on everything the Compliance Officer writes down and if OSHA takes a photograph, The Airports Authority representative shall take the same photograph.
8. Do not agree or disagree with any alleged safety violation that the Compliance Officer finds. Anything you say can be repeated in a court of law.
9. Follow for the prompt correction of all safety hazards and unsafe acts found before, during and after the OSHA inspection.
10. When accompanying the OSHA Inspector on the Site Tour, NEVER walk in front of the Inspector. You may be exposing yourself to a Safety Violation unknowingly that could result in a fine. The controlling contractor should direct the inspection route not the compliance officer.
11. A Closing Conference will sum up the safety inspection and its alleged findings.
12. A copy of all OSHA correspondence and/or citations information shall be submitted to the COTR as soon as possible.

13. Complete the OSHA Inspection Report as soon as possible after the OSHA inspection has been conducted

OSHA Inspection Procedures

Project: _____

Project No.: _____

Project Manager: _____

Superintendent:

Inspection Dates & Times: _____

I. Pre-Inspection

A. Person & Title contacted by OSHA _____

B. Did inspector show his credentials? Yes () No ()
If No, comment: _____

C. Names of OSHA Inspector(s) and their Area Offices: _____

D. What was the reason for the inspection:

1. Employee complaint? Yes () No ()
(If yes, attach copy. OSHA is required by law to give you a copy)
2. Random scheduled inspection? Yes () No ()
3. Other (comment): _____

E. Did OSHA review record keeping: Yes () No ()

If Yes which of the following records were reviewed?

1. Required OSHA poster, was it posted? Yes () No ()
2. Did OSHA review MWAA safety policies? Yes () No ()
3. OSHA Form #300: Yes () No ()
4. Minutes of Project Safety Meetings: Yes () No ()
5. Minutes of Weekly Tool Box Talks: Yes () No ()
6. Copies of Safety Coordinator Inspection Reports: Yes () No ()
7. Hazard Communication Program: Yes () No ()
8. Correspondence to contractors informing them to correct unsafe working conditions: Yes () No ()
9. Other (comments): _____

II. Opening Conference

A. Names of Contractors, their representatives and titles:
(or attach a list)

OSHA Inspection Procedures

III. Inspection Tour

A. Who from the Airports Authority accompanied the OSHA Inspector? _____

Who else joined the OSHA Inspection Group? _____

B. Did the Inspector take any photographs? Yes () No ()
Did TCCo take the same photographs? Yes () No ()

C. Were safety hazards and unsafe acts observed? Yes () No ()
If Yes, what were they and who had responsibility?

D. Was immediate corrective action taken? Yes () No ()
If No, comments: _____

E. Special comments regarding inspection: _____

IV. Closing Conference

A. Did OSHA hold closing conference with Airports Authority? Yes () No ()
With other contractors? Yes () No ()

B. Names of contractors, their representatives & titles:
(or attach a list) _____

C. What alleged OSHA Violations were discussed and with whom?
(or attach a list)

Note: It is of the utmost importance that correct assignments of OSHA Violations are made at this time. Neglecting this shall cause contesting of citations that may be wrongfully issued.

Project Superintendent

Date

This OSHA Inspection Report is to be started at the beginning of and completed immediately after an OSHA inspection.

MWAA SAFETY INSPECTION REPORT

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

Details

Project:		Date:	
Building:		Inspected By:	
Location:		Reviewed with:	

Category : Sub-Category

1. Administration	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Documenting pre-construction meetings						
2. Safety Inspections frequently / daily						
3. JHA submitted for each trade						
4. Pre-Task Plans conducted daily						
5. SDS manual						
6. Orientations conducted						
7. OSHA 30 Certified Sub On-Site						
8. OSHA 10 Trained employees						
9. OSHA Posters / OSHA 300 log posted between February 1 to April 30						
10. Safety Committee meetings						
11. Safety manual						
12. State / Fed Posters (English / Spanish)						
13. Tool Box Talks (weekly)						
14. Visitor release sign-in form						
15. Pre-start Subcontractor Package Completed (certifications, competent persons, OCIP enrollment, EMR info, competent persons etc..)						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

2. Air Operations Area (AOA)	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. FOD: Containers Covered						
2. No more than 3-inch elevation drop						
3. Barricades lit (lights continuous burn) & separated 5 feet on center						
4. Barricades filled with water						
5. OFA (flagged or marked, clear)						
6. RSA (flagged, clear of objects at end of shift)						
7. Escort Procedures Followed						
8. SIDA training /Valid Driver's license						
9. Excavation barricaded using lighted barricaded and lights on each end of each barricade						
10. Flagger on Active Runways						
11. Flagmen wearing Correct PPE						
12. Flagmen have two flags for flagging						
13. Have lights been properly placed for nighttime flagging						
14. Properly placed MOT						
15. Light Buckets and Class II barricades						
16. Notify OPS working near secured area Potomac river (DCA only)						
17. Items placed 10 feet from perimeter fence.						
18. Proper procedures for closure/ OPS notified/Permission from OPS and Tower to close any area						
19. Notified OPS for inspection prior to opening closed area/FOD						
20. Travel areas (RW's, TW's, service road, Levy road if at DCA, and all roads used) free of debris, mud, gravel etc.						
21. Escorts following tower contact procedures during inclement weather.						
22. Parking unauthorized vehicles on AOA						
23. Operating unauthorized equipment on highways /AOA						
24. Reviewing SIDA rules with contractors						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

3. Concrete/Masonry	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Competent Person Provided						
2. Chemical resistant gloves worn						
3. Face shields /goggles worn						
4. Elevated work platform for wood cutting						
5. Cutting free hand prohibited						
6. Dust control implemented						
7. Rebar protected from impalement						
8. Eyewash station available						
9. Fall protect plan submitted if working over six feet						
10. Masonry saws guarded						
11. Masonry saws used as intended purpose/wet or dry						
12. Dead man switches used on equipment/tools						
13. Cover closed on mortar mixer						
14. Compressor air hose nozzle has pressure reducer/chip guard						
15. Concrete buckets have positive safety latches						
16. Compressor air hoses equipped with positive fail safe joint connectors						
17. Shoring adequate for concrete load						
18. Shoring plan submitted/ PE stamped						
19. Formwork designed, fabricated, erected supported, braced properly						
20. Shoring has been inspected						
21. Forms and shores prohibited to remove until determined by break test of sufficient strength						
22. Fall protection required when climbing rebar or form work						
25. Signs posted for stripping operations						
26. Protruding nails removed or bent down						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

4. Confined Space	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. CSE Competent Person on Site						
2. Permit required? Confined space permits visible at the point of entry						
3. Atmospheric conditions tested						
4. IDLH atmosphere conditions exist rescue on stand by						
5. Attendant / entrant communication						
6. Electrical / fire prevention						
7. Entry supervisor / monitor						
8. Harness / extraction equip						
9. Area secured / confined space signage posted						
10. Regular inspection / air monitor						
11. Gas meter calibrated / field check prior to entry						
12. Rescue plan / emergency #'s / training						
13. Respiratory equipment / training / physician pulmonary testing done / fit test						
14. Training documentation						
15. Ventilation adequate						
16. Permit filled out correctly						
17. Housekeeping in/ around confined space						

5. Cranes and Hoisting Equipment	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Competent Person Provided						
2. Air Operations approved location, time, & height of crane. Lights provided as required						
3. Anti -Two Block device						
4. Boom angle indicator						
5. Certification of crane operator (NCCCO), riggers and signalmen						
6. Crane pad checked for load bearing						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

7. Crane supported and level w/ proper compaction of soils under crane support						
8. Daily inspections current						
9. Distance from power lines / de-energized 10 ft. or greater w/ higher voltages, (see chart)						
10. Fire extinguisher in crane (tagged & charged)						
11. Certified flagman identified/trained						
12. Lift plan on file						
13. Critical lift plan /PE stamped						
14. Tandem Lift, (2 operators – 1 coordinator)						
15. Load chart posted						
16. Loads properly rigged / Master Rigger on critical lifts, class 2 rigger on all lifts						
17. Means of communication						
18. Operator appears competent						
19. Operator manual in crane						
20. Outrigger extended / adequate cribbing/ min. 6x6 blocking over 30 tons						
21. Rigging inspected / rated						
22. Rigging tags legible						
23. Safety latches used						
24. Swing radius barricaded						
25. Tag lines used						
26. Weight of load field verified						
27. Annual crane inspection current / third party inspection after assembly available						
28. Proper hand signals being used						
29. Distance / Radius of crane pick field verified						

6. Electrical	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Cords in good condition / proper size minimum 12 AWG						
2. Cords protected from traffic / water						
3. Elect Hot Work Procedures						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

4. Electrical room protected and locked						
5. Energized parts protected						
6. GFCI's used / tested monthly						
7. LO/TO procedures followed						
8. Proper temp lighting						
9. Proper use temp power boxes						
10. Electrical panels 3 feet clearance						
11. Signage present Authorized personnel only						
12. Arc Flash Exposure, NFPA 70						

7. Environmental	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Airborne contaminants						
2. Concrete cut wet & vacuumed						
3. Hazard Material storage/use/disposal						
4. Nuisance dust						
5. Spill containment adequate, reported						
6. Granite / Silica dust controlled						
7. SWPP Plan Available						

8. Excavation	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Competent person present						
2. Access/Egress (ladder, ramp, stair) with 25' laterally						
3. Utilities marked and checked prior to excavating. GIS plans checked.						
4. Utilities visually located by hand digging, potholing or hydro excavating						
5. Excavation Permit filled out						
6. Daily inspections doc						
7. Excavation > 20' engineered						
8. Employees protected from cave in when entering or exiting the excavation.						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

9. Perimeter protection/barricade snow fence 6 feet back/ lights						
10. Sloped, benched, or shored correctly						
11. Spoil piles 2' from edge						
12. Surface encumbrances removed or supported						
13. Surface traffic exposure/hard barricade in place						
14. Water entering excavation / dewatering in place						
15. Employees prohibited from being under overhead loads (e.g. pipes)						
16. Proper Shoring provided if needed						
17. Additional Lighting provided at night						
18. Excavation protected with hard barricade / guardrail system						
19. Trench box data available						
20. Trench box free of defects / structurally sound						
21. Trench box pins in place / secured						

9. Fall Protection	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Exterior/interior guardrails						
2. Fall protection at 6'						
3. Fall protection plan						
4. Floor/wall openings protected						
5. Floor covers adequate for loads imposed upon them, marked ,secured, and labeled						
6. Impalement Protection						
7. Proper anchorage points						
8. Roof edge protected						
9. Safety harness and correct fall arrest systems used under 181/2 feet						
10. Retractable lanyard/ Swing Fall						
11. Fall protection used within 5 years of manufacturer issue date/tags legible						
12. Horizontal life lines designed system or approved by PE						
13. Ladder openings properly protected						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

14. Vertical Lifelines Set-up properly						
15. Lifelines protected from abrasion						
16. CAZ / Warning lines / Safety Monitor prohibited.						

10. Fire Protection	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Emergency vehicle access						
2. Extinguisher charged and inspected						
3. Fire suppression equip avail						
4. Fire watch when applicable/30 min after hot work completed						
5. Combustibles removed 35 feet away						
6. Hot Work Permit in Use						
7. Proper signs in storage areas						
8. Proper fuel containers used						
9. Fire extinguishers accessible with -in 100 feet						
10. Fuel dispensing / fuel storage fire extinguisher located > 25', <75'						

11. Hand and Power Tools	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Anti-whip connections attach to pressurized lines/Pinned						
2. Auto shut off/safety switches						
3. Cord in good condition						
4. Ground prong in place where applicable						
5. Guards in place						
6. Information label on tool						
7. Proper tool for the job						
8. Tool used for its intended purpose						
9. Tool in good condition						
10. Strain relief functioning						
11. Powder actuated tool used properly/training						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

12. Unspent powder actuated shots disposed properly						
13. Powder actuated tool training documented						
14. Powder actuated tool secured in SIDA area						

12. Hazard Communication	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Copy of Hazard Communication Program						
2. Employees trained in global harmonization system						
3. Inventory list / Hazardous Inventory List						
4. Safety Data Sheets (SDS) site specific						
5. Proper labels on containers / Placards posted.						
6. SDS readily available						
7. MWAAs provided copies of SDS						

13. Housekeeping	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Work Areas kept clean						
2. Clear access to building / site						
3. Proper material storage						
4. Slip, trip, fall hazards addressed						
5. Trash in protected container						
6. Walkways clear / unobstructed						
7. Electrical cords off ground / out of water						
8. Work stations elevated						

14. Ladders	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Three Points of contact using ladder						
2. Working off top two steps prohibited						
3. Metal Ladders and Platform ladders prohibited						
4. Bottom of ladder clear of debris						
5. Defective ladder						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

6. Extension ladder secured and 3 feet past landing						
7. Step ladder locked properly						
8. Extension ladder taken apart for single ladder prohibited						
9. Transferring from step ladder prohibited						
10. Job Built ladder built correctly						

15. Maintenance of Traffic	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
A. Drive through observations						
1. Difficult or unexpected maneuvers						
2. Adequate signs / warning of hazards						
3. Traffic control devices visible						
4. Road conditions ok, pot holes, ruts, etc.						
5. MOT Plan followed						
B. Signage						
1. Clearly visible and understandable						
2. Sign support adequate / ballast needed						
3. Proper size, color, shape, location						
4. Temporary vs. permanent is evident						
C. Portable changeable message signs						
1. Appropriate message, concise text						
2. Visible, not blocked, proper height						
3. PCMS delineated (barrels / cones)						
D. Arrow Panel						
1. Placed in proper location / protected						
2. All bulbs working and aligned properly.						
3. Arrow board dims at night						
E. Drums & cones						
1. Proper taper length						
2. Correct spacing and aligned properly						
3. Clean & proper reflective bands						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

4. Additional devices required						
5. Proper ballast to prevent turnover						
F. Traffic barriers						
1. Proper adjustments, clean, no damage						
2. Proper flairs / attenuator						
3. Barrier pinned as required						
4. Warning lights / reflectors clean						
G. Type III barricades						
1. Properly placed, clean & free of defects						
2. Directional chevrons in proper direction						
H. Flaggers						
1. Adequate advanced sign placement						
2. Proper sign spacing						
3. Flagger provided / positioned correctly						
4. Flagger highly visible, proper PPE						
5. Flagger properly trained and certified						
I. Street controls						
1. Roads clean free of stones/ gravel						
2. Steel plates secured						
J. Work Zones						
1. Evidence of accidents (properly reported)						
2. Adequate acceleration / deceleration lanes						
3. Tools, equipment, materials off roadway						
4. TMA within 120 feet of workers						
5. All workers protected by TMA						
6. MOT Plan Followed						

16. Medical / Emergency	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Potable drinking water						
2. 1st aid kit						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

3. 1st Aid/CPR on site						
4. Emergency numbers posted						
5. Emergency products supplied						
6. Emergency Eyewash available and inspected						
7. Map to medical facility / bi-lingual						
8. Project Emergency / Crisis Mgmt. Plan						
9. Team contact numbers Posted						

17. Motorized Equipment	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Spotter(s) Present and controlling						
2. Back up alarm functioning/ or spotter if alarm not working						
3. Flagman / correct PPE / trained						
4. Glass free of obstructions						
5. Horn functioning						
6. Operator appears competent						
7. Seat belts used						
8. Training docs available						

18. PPE	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Face Shields						
2. Safety Glasses / clean scratch free, appropriate for area-no dark tint in building(s)						
3. Gloves/ appropriate for task/ cut resistant gloves 3 plus for cutting activities or working with sharp metals/ no gloves rotary tools						
4. Long Hair protected						
5. Hard Hats / reflective for road exposure / brim forward / no bump caps allowed						
6. Hearing protection as required per task						
7. Metatarsal protection						
8. Proper Clothing for task / Class 3 vest, etc.						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

9. Respiratory protection (must be properly fitted and approved by physician)						
10. Visitor PPE available						
11. Work Boots / minimum ankle high						
12. Flaggers Class 3 vest and class E pants for night work						
13. Hot Work PPE						
14. Appropriate face protection for task / goggles, face shield						

19. Scaffolds	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Competent Person identified and available						
2. Bracing and pins in place						
3. Compatible components used						
4. Base plates used in stairwells / wheels prohibited						
5. Guardrails in place / 4' and above / toe boards required above 10'						
6. Inspected daily (Green or Red Placard signed)						
7. Outriggers installed based on height base ratio						
8. Properly secured to structure						
9. Proper access to platforms						
10. Proper height to base ratio						
11. Proper loading of materials						
12. Safe work distances						
13. Sills, plates, jacks installed						
14. Surface in safe condition						
15. Wheels locked						
16. Scaffold properly decked, fully planked, no more than inch opening						
17. PFAS when erecting and dismantling scaffold / approved by manufacturer of scaffold to tie off.						

20. Scissor / Aerial Lifts	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Competent Person Provided						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

2. Equipment loaded properly						
3. Gate or chain secured						
4. Harness and tie off according to MFGR's requirements						
5. Nothing to increase height						
6. Operating on flat surface						
7. Operator trained and documentation available						
8. Safe work distances / avoid pinch points						
9. Operating surface free of holes / openings / debris						
10. Retract boom to ground to move lift						
11. Climbing rails of lift prohibited						
12. Hoisting materials on top rail prohibited / Only MFGR approved attachment for material lifting						

21. Site / Public Protection	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Adequate lighting						
2. Barricades installed properly						
3. Company rep present / available						
4. Excavations protected						
5. Falling object / overhead protection provided						
6. Perimeter fences secured / in good condition						
7. Public protection signage						
8. Security system in place						
9. Street closure identified						
10. Traffic Control plan in place						

22. Steel Erection	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Competent Person identified and available						
2. Anchorage points meet requirements						
3. CDZ prohibited						
4. Erector notify of modification						

AIRPORTS AUTHORITY WEEKLY SAFETY INSPECTION REPORT

5. Fall protection training provided						
6. Falling object protection						
7. Christmas Treeing prohibited						
8. Proper anchorage of columns / beams						
9. Site layout / sequence plan						
10. Structural flooring requirements posted						
11. P.E. approved concrete strength available						
12. Steel cable guardrails marked every 6' with high visibility material						
13. Guardrails installed after decking in place						
14. All penetrations > 2" protected						

23. Welding and Cutting	CONTRACTOR OBSERVED	NUMBER OF OBSERVATIONS	ACTION TAKEN Y / N	ISSUE OPEN / CLOSED	Near Miss	Comments / photos for additional information
1. Cylinders upright / capped / secured						
2. Flash arrestors on torch hoses at regulators and torch. (Need Both)						
3. Fire extinguisher present / inspected						
4. Bottles protected from point of operation						
5. Flash protection available						
6. Gauges working properly						
7. Leads in good condition / protected / out of water						
8. Proper PPE in use / welding helmet attached to hardhat						
9. Proper Storage of Cylinders / Separated properly						
10. Torch hoses good condition						
11. Weld machine ventilated / grounded per MFGR						
12. Welding terminals protected with boot caps						
13. No welding near intake vents						

MWAA MONTHLY PROJECT SAFETY REPORT

- (1) Project Name: #REF!
- (2) Project Location: #REF!
- (3) Project Number: #REF!

MWAA Incident Rate Report

Year 2016							
Monthly Hours	Cumulative Project Hours	Recordables by Month	Cum. Project Incidents	Cum. Inc/Rate	Loss Time by Month	Cum. Loss Time	Cum. LT/Rate
January	0.00		0	#DIV/0!		0	#DIV/0!
February		0.00	0	#DIV/0!		0	#DIV/0!
March		0.00	0	#DIV/0!		0	#DIV/0!
April		0.00	0	#DIV/0!		0	#DIV/0!
May		0.00	0	#DIV/0!		0	#DIV/0!
June		0.00	0	#DIV/0!		0	#DIV/0!
July		0.00	0	#DIV/0!		0	#DIV/0!
August		0.00	0	#DIV/0!		0	#DIV/0!
September		0.00	0	#DIV/0!		0	#DIV/0!
October		0.00	0	#DIV/0!		0	#DIV/0!
November		0.00	0	#DIV/0!		0	#DIV/0!
December		0.00	0	#DIV/0!		0	#DIV/0!
2018 Totals	0.00	0.00	0	0	#DIV/0!	0	#DIV/0!

Year 2017							
Monthly Hours	Cumulative Project Hours	Incidents by Month	Cum. Project Incidents	Cum. Inc/Rate	Loss Time by Month	Cum. Loss Time	Cum. LT/Rate
January	0.00		0	#DIV/0!		0	#DIV/0!
February		0.00	0	#DIV/0!		0	#DIV/0!
March		0.00	0	#DIV/0!		0	#DIV/0!
April		0.00	0	#DIV/0!		0	#DIV/0!
May		0.00	0	#DIV/0!		0	#DIV/0!
June		0.00	0	#DIV/0!		0	#DIV/0!
July		0.00	0	#DIV/0!		0	#DIV/0!
August		0.00	0	#DIV/0!		0	#DIV/0!
September		0.00	0	#DIV/0!		0	#DIV/0!
October		0.00	0	#DIV/0!		0	#DIV/0!
November		0.00	0	#DIV/0!		0	#DIV/0!
December		0.00	0	#DIV/0!		0	#DIV/0!
2019 Totals	0.00	0.00	0	0	#DIV/0!	0	#DIV/0!

Year 2018							
Monthly Hours	Cumulative Project Hours	Incidents by Month	Cum. Project Incidents	Cum. Inc/Rate	Loss Time by Month	Cum. Loss Time	Cum. LT/Rate
January	0.00		0	#DIV/0!		0	#DIV/0!
February		0.00	0	#DIV/0!		0	#DIV/0!
March		0.00	0	#DIV/0!		0	#DIV/0!
April		0.00	0	#DIV/0!		0	#DIV/0!
May		0.00	0	#DIV/0!		0	#DIV/0!
June		0.00	0	#DIV/0!		0	#DIV/0!
July		0.00	0	#DIV/0!		0	#DIV/0!
August		0.00	0	#DIV/0!		0	#DIV/0!
September		0.00	0	#DIV/0!		0	#DIV/0!
October		0.00	0	#DIV/0!		0	#DIV/0!
November		0.00	0	#DIV/0!		0	#DIV/0!
December		0.00	0	#DIV/0!		0	#DIV/0!
2020 Totals	0.00	0.00	0	0	#DIV/0!	0	#DIV/0!

Current Totals			
Cumulative Incident Rate	Project Cumulative Hours	Number of Incidents	Project Incident Rate
	#REF!	#REF!	#REF!
			2016 Industry Avg. (BLS Stats for SIC 154)
			3.50

Cumulative Lost Time Rate	Project Cumulative Hours	Number of Lost-Time Incidents	Loss-Time Incident Rate
	#REF!	#REF!	#REF!
			2016 Industry Avg. (BLS Stats for SIC 154)
			2.00

Safety Manager _____
 Prepared by: _____
 Date: _____

PRE TASK WORK PLAN
(PTWP) FORM

JHA / Pre-Task Work Plan (PTWP)

Safety Management System FAA Airports (ARP) Safety Risk Assessment								
Date:								
Time to Perform Work: Day Night <i>(circle one)</i>								
Activity/WorkTask:		Safety Risk Assessment (SRA) Code Matrix						
Project Name:		Severity						
Contractor Name:								
Contract number:		Probability						
Location of work:		Severity	Frequent	Probable	Remote	Extremely Remote	Extremely Improbable	
Prepared by:		Catastrophic	E	E	H	H	M	
Reviewed by:		Hazardous	E	H	H	M	L	
Work Plan Description:		Major	H	M	M	L	L	
		Minor	M	L	L	L	L	
		Minimal	L	L	L	L	L	
		<p>“Probability” is the likelihood to cause an incident, near miss, or accident as: Frequent, Probable, Remote, Extremely Remote, or Extremely Improbable.</p> <p>“Severity” is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Hazardous, Major, Minor, or Minimal.</p>						
		SRA Code Chart						
Please Provide PPE Requirements:		Step 1: Review each “Hazard” with identified safety “Controls” and determine SRA Code (See above).					E = Extremely High Risk	
		Step 2: Identify the SRA Code (probably/Severity) as E, H, M, or L for each “hazard” on PTP work plan.					H = High Risk	
		Step 3: Put Letter of SRA Code in SRA Column for each task (See below).					M = Moderate Risk	
							L = Low Risk	

Work Area Evaluation					
<i>(Circle Yes or No)</i>					
Has Air Operations been notified of the work plan if working on AOA?	Yes	No	Do you have adequate lighting in the work area?	Yes	No
If excavating, has Miss Utility been called?	Yes	No	Is a respirator required for the task?	Yes	No
Has the Airports Authority excavation check list been filled out?	Yes	No	Have you met the requirements to wear a respirator if used (fit test/medical evaluation)?	Yes	No
Has the Safety Data Sheets (SDS) been reviewed?	Yes	No	Have all tools/equipment been inspected before use?	Yes	No
Have SDS hazards been reviewed and coordinated with other trades?	Yes	No	Do you have a fall protection plan if working above 6 feet?	Yes	No
Are work permits required (Confined Space, Excavation, Hot work)?	Yes	No	If using a crane has air operations/FAA been notified?	Yes	No
Have PPE requirements been met?	Yes	No	Has the work plan been coordinated with other trades/contractors?	Yes	No
List Tools and Equipment Being Used:					
List documented safety training given to perform task:					

Task Hazards
(Circle/Highlight All That Apply)

1. Caught In/Between	10. Falls From Elevations	19. Line Breaking	28. Sharp Tools/Objects	37.
2. Chemical Burns	11. Fire/Explosion	20. Lock Out/Tag out	29. Slip trip Hazards	38.
3. Chemical Spills	12. Hazardous Chemicals	21. Manual Lifting	30. Struck By	Describe Hazards of Task: _____ _____ _____ _____
4. Compressed Gases	13. Heat Exhaustion/Stress	22. Mechanical Lifting	31. Thermal Burns	
5. Confined Space	14. High Noise Levels	23. Mobile Equipment	32. Radiation	
6. Critical Lift	15. Hot Work	24. Particles in the Eyes	33. Rigging	
7. Electrical Shock	16. Inadequate Access	25. Plant Operations	34. Utilities	
8. Elevated work	17. Inhalation Hazard	26. Poor Housekeeping	35. Other Hazards	_____
9. Excavations/Trench	18. Ladders	27. Scaffolding	36.	_____

Description of Steps to be Performed	Hazards Associated with Each Step	Required to Eliminate or Control the Hazard	SRA Code
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
4.	4.	4.	
5.	5.	5.	

INSTRUCTIONS: 1. Identify each task and write the steps of each task. 2. List all possible hazards involved in each task. 3. List the corrective actions that will be taken to prevent the hazards. 4. Use Airports Authority & OSHA safety guidelines and the PTWP as a control measure. 5. Continual improvement, see what works and what does not work and make changes to improve the process.

Description of Steps to be Performed	Hazards Associated with Each Step	Required to Eliminate or Control the Hazard	SRA Code
6.	6.	6.	
7.	7.	7.	
8.	8.	8.	
9.	9.	9.	
10.	10.	10.	

INSTRUCTIONS: 1. Identify each task and write the steps of each task. 2. List all possible hazards involved in each task. 3. List the corrective actions that will be taken to prevent the hazards. 4. Use Airports Authority & OSHA safety guidelines and the PTWP as a control measure. 5. Continual improvement, see what works and what does not work and make changes to improve the process.

Required: Project Manager or General Superintendent Signature: _____ **Date:** _____

Required: Competent Person Name, Title and Signature: _____ **Date:** _____

Required: Work Crew Employee Signatures: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

LIFT PLAN

Sample Lift Plan

Date:	Operator Hours Experience with Crane as Configured?		
Subcontractor/ Rigging Company:			
Responsible Person/Contact:			
Crane Company:			
Responsible Person/Contact:			
Project:	Lift Location:		

1. Crane Information							
Make		Model		S/N			
Size (Capacity In Tons)							
Type	Hydraulic	<input type="checkbox"/> Friction	<input type="checkbox"/> Lattice	Truck	<input type="checkbox"/> Rough Terrain	<input type="checkbox"/> All Terrain	<input type="checkbox"/> Crawler
Boom Length		Jib Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Length	Offset, if Used		
Load Line # of Parts:		Lift Block Capacity:					
Will outriggers be fully extended? If not, please explain:							
Will Lift Plan be based on 360° chart? If not, please explain:							
Will this plan require more than one crane, either for a dual-lift or for material handling? Please explain:							
Will crane(s) need to "walk" with loads? If so, please explain:							
<i>For a dual-lift, an engineered composite Lift Plan (all figures, calculations, and drawings for both cranes on the same Lift Plan) must be completed. For multiple cranes to be used on the same project, please complete a separate lift plan for each crane, to be submitted together.</i>							

2. Load Characteristics		
Will this plan cover more than one pick?		
Description of Load(s)		
Dimensions of Max Load. Provide information on both the HEAVIEST and the LARGEST volume load:		
Weight of Max Load How was this determined? Please insert or attach calculations. ATTACHED ARE CRANE SPECS 40' RADIUS		
Location of load Center of Gravity: How was this determined?		
Maximum Boom Length Required	Minimum Boom Angle Required	Maximum Radius Required
Will any load be upended? If so, please explain WHY and HOW - multi-drum, dual crane, lift/block/lift, etc. (**provide a detailed sketch and documentation from manufacturer supporting such use):		

3. Rigging Information:

List Rigging Components Please be specific – number, type, size, length, capacity, differing pick configurations. Sketches help.

Minimum Capacity Component (describe, and show capacity):

Worst Case Weight of All Rigging:

Will a Lifting Beam or other similar component be used? Please provide capacity, PE certification, and drawing.

Other Weights to be Considered to Determine Gross Load:

Max Load:	
Rigging:	
Jib:	
Jib Hook:	
Hook Block:	
Load Line:	
Other:	
Maximum Gross Load:	

4. Crane Location/Clearances

a. Provide a to-scale plot plan showing crane location, adjacent buildings, pipe racks, and other significant obstructions within load swing radius. Indicate direction and span of swing.

b. Provide a to-scale elevation depicting crane, adjacent structures, and load

c. What is the horizontal distance from the crane center pin to the nearest structure?

d. What is the minimum clearance from boom to highest point of structure during a pick?

e. What is the minimum clearance from load to highest point of structure during a pick?

f. What is the minimum distance from boom to load during a pick?

g. Will the load or any part of the crane be over any active piping, tanks, or equipment during a pick? Please explain:

h. Have underground site utilities been identified and located?

i. Will outriggers be located over underground utilities? If so, please explain protective measures to be taken:

j. Describe signaling procedure – who will be responsible for signaling? Will hand or radio signals be used?

5. Summary “Worst Case Lift Scenario”

Max Radius	Min Boom Angle	Max Gross Load	Max Chart Capacity	% of Capacity Max Gross Load/Max Capacity

6. Attachments Provided (All must be checked):

<input type="checkbox"/> Plot Plan w/Crane Location	<input type="checkbox"/> Elevation Plan	<input type="checkbox"/> Load Calculations	<input type="checkbox"/> Rigging Lists	<input type="checkbox"/> Crane Charts (including any applicable Notes)
<input type="checkbox"/> 3 rd Party Annual	<input type="checkbox"/> Operator's License	<input type="checkbox"/> Rigging Diagram	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Report	(copy)	(spreader beams, eccentric CG, multiple pick points, etc)		
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Be sure you have considered the following (all must be checked or marked N/A):

The Following Items are in the Crane Cab:				
<input type="checkbox"/> Hand Signal Chart	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Complete Load Capacity Charts with Notes	<input type="checkbox"/> 3 rd Party Annual Inspection Report required if crane is assembled on site.	<input type="checkbox"/> Completed Daily Inspection Sheet, last three Monthly Inspection Reports
<input type="checkbox"/> Operators Manual	<input type="checkbox"/> State Crane License/Registration	<input type="checkbox"/> All other required paperwork, equipment	<input type="checkbox"/> NCCO Crane Operator's License	<input type="checkbox"/>
Check the Following:				
<input type="checkbox"/> Anti-two Block Operational	<input type="checkbox"/> Overhaul Ball Capacity Marked	<input type="checkbox"/> Wedge Socket/Becket Properly Installed	<input type="checkbox"/> Backup alarm working	<input type="checkbox"/> All warning placards in place
<input type="checkbox"/> Boom Angle Indicator Functioning Properly	<input type="checkbox"/> Boom High Limit Functioning Properly (lattice boom)	<input type="checkbox"/> No broken or fogged glass	<input type="checkbox"/> Boom light/beacon if boom is required at night and orange white checkered flag required on highest point of crane	<input type="checkbox"/> Contact Air Operations for crane erection
<input type="checkbox"/> Slings and Rigging Inspected	<input type="checkbox"/> All wire rope inspected	<input type="checkbox"/> Chains and chain slings are prohibited	<input type="checkbox"/> All hooks inspected for wear and deformation	<input type="checkbox"/> Safety Latches in Place
<input type="checkbox"/> Dunnage/Blocking Available to Secure Loads	<input type="checkbox"/> Demolition Plan Submitted and Reviewed (if applicable)	<input type="checkbox"/> Bracing/ Temporary Supports Available for Use (will loads need to be secured during demolition?)	<input type="checkbox"/> FAA Permit Application/Approval 7460 form	<input type="checkbox"/> Proximity to power lines or transmitting towers

Be prepared to confirm the following additional items:				
<input type="checkbox"/> Crane Configuration in Compliance with Lift Plan	<input type="checkbox"/> Maximum Radius Confirmed (MEASURED) Without Load	<input type="checkbox"/> Maximum Load Confirmed Prior to Achieving Maximum Radius	<input type="checkbox"/> All Pick Points Vertically Above Load Center of Gravity (NO SIDE LOADS)	<input type="checkbox"/> Taglines to be Used
<input type="checkbox"/> Outrigger Floats & Dunnage Installed (Minimum 4 X4 30 ton and below 6x6 above 30 ton) Size:	<input type="checkbox"/> Outriggers Fully Extended Position: Computer Set at:	<input type="checkbox"/> Lift Area and Equipment Inspected	<input type="checkbox"/> Counterweight Swing Radius Barricaded	<input type="checkbox"/> Load Swing Radius Barricaded
<input type="checkbox"/> Copy of the Demolition Plan in the Cab of Crane (if applicable)	<input type="checkbox"/> Lift Plan and Crane Permit in Cab of Crane	<input type="checkbox"/> Lift Plan and Crane Permit Reviewed with Rigging, Erection or Demolition Crew	<input type="checkbox"/>	<input type="checkbox"/>

ALL sections MUST be filled out before ANY crane be brought to its work location.			
Subcontractor/Rigger and Operator are Responsible for the Accuracy of all Calculations and Inspections.			
Review is to Ensure Completion of Form ONLY. Use Attachments for Continuations/Explanations. Please Reference Section Number.			
Signatures			
Crane Company Responsible Person	Name:	Subcontractor/Rigger Responsible Person	Name:
	Signature:		Signature:
Phone #		Phone #	
Project Rep		Signature	
Safety Rep		Signature	

ACCIDENT INVESTIGATION FORM

ACCIDENT INVESTIGATION FORM

Report Prepared By: _____ Print Name: _____
Date of Incident: _____ Time of incident: _____
Location _____
Name of Injured: _____ Occupation: _____
Contractor: _____ Job No.: _____
Injury/Incident Description: _____

Recordable First Aid Lost Time Near Miss Property Damage

Synopsis:

Statement of Facts:

Conclusions: (Direct and Indirect Causes of the Incident)

Corrective Action(s) Taken: (To Prevent Future Occurrence)

Contractor Management Review and Corrective Action:

Superintendent Review, Signature: _____ Date: _____

Project Manager Review, Signature: _____ Date: _____

ROOT CAUSE ANALYSIS CHECKLIST

ROOT CAUSE ANALYSIS CHECKLIST

Project Name:

Contract #:

Location:

Contact Phone #:

Contractor:

Contractor Foreman:

Safety Engineer:

The following elements will be useful in the investigation efforts to understand and identify the root causes of injuries and incidents. When completing the checklist, the Site Superintendent or Site Safety Engineer/Manager should evaluate all items with an "X" in the shaded box to determine if it significantly contributed to the incident.

<u>Safe Work Procedures</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Is there a written Job Hazard Analysis (JHA) established for the work being performed?				
Is the JHA current and does it address the specific tasks being performed?				
Is formal training required for the task being performed?				
Is there a formal process to train employees in new or revised Safety Task Assessment?				
Has the employee received documented training (Toolbox Training) for the task being performed?				
Was the safe work procedure understood?				
Were "Daily Huddles" held where the Pre-Task Work Plan was reviewed with crew members and posted?				
Were there any Lock-Out/Tag-Out issues associated with this task?				
Were there any Confined Space issues associated with this task?				
Were there any Fall Protection issues associated with this task?				
Any other issues related to Safety Task Assessment?				

<u>Process Issues</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Is this the employee's regularly assigned job?				
Is this the employee's regular crew?				
Is this the employee's regular shift?				
What was the employee's work schedule for the previous 7 days?				

ROOT CAUSE ANALYSIS CHECKLIST

Project Name:

Contract #:

Location:

Contact Phone #:

Contractor:

Contractor Foreman:

Safety Engineer:

Has the process been significantly changed recently?				
Were the process changes reviewed for safety issues?				
Were there any Hazardous Materials issues associated with this task?				
Was training conducted on process changes?				
Is there another way of performing the task with less risk?				
Any other process issues?				

<u>Physical Hazards</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Did any of the following cause or contribute to this incident?				
Visibility – blind spots				
Road or aisle condition				
Walking/working surface				
Lighting				
Ventilation				
Temperature				
Noise				
Poor housekeeping				
Sharp edges				
Hot surfaces				
Protruding objects				
Fall hazards				

ROOT CAUSE ANALYSIS CHECKLIST

Project Name:

Contract #:

Location:

Contact Phone #:

Contractor:

Contractor Foreman:

Safety Engineer:

Fire/explosion hazards				
Electrical hazards				
Unstable objects				
Any other environmental conditions?				

<u>Tools, Machinery & Equipment</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Were the proper tools available and used?				
Were the tools or equipment in good condition?				
Is there a daily inspection process or checklist in place?				
Was the daily inspection performed/ Followed?				
Was equipment operating properly?				
Were guards in place and operable?				
Note and record position of controls				
Are all relevant controls marked?				
Any other conditions related to tools, machinery, or equipment?				
Ergonomic hazards				
Pinch points				

<u>Mobile Equipment</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Is a license required to operate this equipment?				
Was the operator licensed to operate this equipment?				

ROOT CAUSE ANALYSIS CHECKLIST

Project Name:

Contract #:

Location:

Contact Phone #:

Contractor:

Contractor Foreman:

Safety Engineer:

Was the operator experienced in operating this equipment? Years of experience?				
Was the accident caused by equipment malfunctions? If yes, brand name of equipment and serial number				
Was the accident caused by operational error?				

<u>Employee Behaviors</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Was the Safety Task Assessment followed?				
Was a Safety Task Assessment rule violated?				
Was required PPE being worn (gloves, sleeves, face shield, etc.)? Condition of PPE?				
Did the PPE fit properly?				
If employee requires RX glasses, were they being worn?				
Is the employee fatigued? Average hours per week?				
Is the employee working through any personal issues?				
Is the employee on any medication that might have affected their abilities? Name of medication.				
Was employee(s) drug tested?				
Should alcohol or drugs be considered as factors?				
Has the employee been involved in similar incidents in the past 3 years?				
Did one or more of these states contribute to a critical error?				
Rushing				

ROOT CAUSE ANALYSIS CHECKLIST

Project Name:

Contract #:

Location:

Contact Phone #:

Contractor:

Contractor Foreman:

Safety Engineer:

Fatigue				
Frustration				
Complacency				
Did one or more of these critical errors cause or contribute to this incident?				
Eyes not on task				
Mind not on task				
In line of fire				
Loss of balance, traction or grip				
Any other issues related to employee behaviors?				

<u>Expectations & Accountability</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Were safe work expectations established?				
Were the safe work expectations understood?				
Were the safe work expectations followed?				
Are the safe work expectations consistently enforced?				
Are effective consequences implemented for violations of safe work expectations ?				
Is there a formal system to identify and correct hazards?				
Is the hazard corrective system effectively implemented?				

ROOT CAUSE ANALYSIS CHECKLIST

Project Name:
Location:
Contractor:
Safety Engineer:

Contract #:
Contact Phone #:
Contractor Foreman:

<u>Other Items to Consider</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Notes</u>
Have unsafe conditions or unsafe practices associated with this activity been recorded on inspections in the past three (3) months? If yes, describe trends				

SUMMARY		
Direct Causes:	1.	4.
	2.	5.
	3.	6.
In Direct Causes	1.	4.
	2.	5.
	3.	6.
Corrective Actions:	Item	Date
	1.	
	2.	
	3.	

Completed by: _____

Date: _____

RESPIRATOR QUESTIONNAIRE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Date: _____

Name: _____

Job Title: _____

Date of Birth: _____ Age _____

Address: _____ Home Phone: _____

+Employer Name: _____ City Location: _____

TO THE EMPLOYER

Answers to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (**PLHCP**) review this questionnaire and answer any questions you may have concerning the questions asked in this questionnaire.

TO THE EMPLOYEE

Can you read? (Circle one) Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

TO THE PHYSICIAN OF OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)

Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee needs to be considered for a follow-up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place particular emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will complete the "PLHCP's Written Statement" to both the employee and employer **within 2 days**.

PART A SECTION I (MANDATORY)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Your height: _____ ft. _____ in.
2. Your weight: _____ lbs.
3. Your job title: _____
4. A phone number where you can be reached by the health care professional who will review this questionnaire (include area code): _____
5. The best time to phone you at this number is: _____ am/ _____ pm.
6. Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one): Yes No
7. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. _____ Other type (for example, half - or full-face piece type, powered - air purifying, supplied - air, self-contained breathing apparatus).
8. Have you worn a respirator (circle one): Yes No
 If "Yes", what type(s): _____

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

PART A SECTION 2 (MANDATORY)

Questions 1 through 9 below must be answered by every employee who has been selected to, use any type of respirator. (please circle "Yes" or "No").

1. Yes No **Do you currently smoke tobacco, or have you smoked tobacco in the last month?**
2. **Have you ever had any of the following conditions?**
Yes No a. Seizures (fits)
Yes No b. Diabetes (sugar disease)
Yes No c. Allergic reactions that interfere with your breathing
Yes No d. Claustrophobia (fear of closed-in places)
Yes No e. Trouble smelling odors
3. **Have you ever had any of the following pulmonary or lung problems?**
Yes No a. Asbestosis
Yes No b. Asthma
Yes No c. Chronic bronchitis
Yes No d. Emphysema
Yes No e. Pneumonia
Yes No f. Tuberculosis
Yes No g. Silicosis
Yes No h. Pneumothorax (collapsed lung)
Yes No i. Lung cancer
Yes No j. Broken ribs
Yes No k. Any chest injuries or surgeries
Yes No l. Any other lung problem that you've been told about
4. **Do you currently have any of the following symptoms of pulmonary or lung disease?**
Yes No a. Shortness of breath
Yes No b. Shortness of breath when walking on level ground or walking up a slight hill or incline
Yes No c. Shortness of breath when walking with other people at an ordinary pace on level ground
Yes No d. Have to stop for breath when walking at your own pace on level ground
Yes No e. Shortness of breath when washing or dressing yourself
Yes No f. Shortness of breath that interferes with your job
Yes No g. Coughing that produces phlegm (thick sputum)
Yes No h. Coughing that wakes you early in the morning
Yes No i. Coughing that occurs mostly when you are lying down
Yes No j. Coughing up blood in the last month
Yes No k. Wheezing
Yes No l. Wheezing that interferes with your job
Yes No m. Chest pain when you breath deeply
Yes No n. Any other symptoms that you think may be related to lung problems
5. **Have you ever had any of the following cardiovascular or heart problems?**
Yes No a. Heart attack
Yes No b. Stroke
Yes No c. Angina
Yes No d. Heart failure
Yes No e. Swelling in your legs or feet (not caused by walking)
Yes No f. Heart arrhythmia
Yes No g. High blood pressure
Yes No h. Any other heart problem that you've been told about

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

6. **Have you ever had any of the following cardiovascular or heart symptoms?**
Yes No a. Frequent pain or tightness in your chest
Yes No b. Pain or tightness in your chest during physical activity
Yes No c. Pain or tightness in your chest that interferes with your job
Yes No d. In the past two years, have you noticed your heart skipping or missing a beat
Yes No e. Heartburn or indigestion that is not related to eating
Yes No f. Any other symptoms that you think might be related to heart or circulation problems
7. **Do you currently take medication for any of the following problems?**
Yes No a. Breathing or lung problems
Yes No b. Heart trouble
Yes No c. Blood pressure
Yes No d. Seizures (fits)
8. **If you've used a respirator, have you ever had any of the following problems?**
(if you've never used a respirator, check the following space and go to question 9) Yes No a. Eye irritation
Yes No b. Skin allergies or rashes
Yes No c. Anxiety
Yes No d. General weakness or fatigue
Yes No e. Any other problems that interfere with your use of a respirator
9. Yes No **Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?**

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full face piece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Yes No **Have you ever lost vision in either eye (temporarily or permanently)**
11. Yes No **Do you currently have any of the following vision problems?**
Yes No Wear contact lenses
Yes No Wear glasses
Yes No Color blind
Yes No Any other eye or vision problems
12. Yes No **Have you ever had an injury to your ears, including a broken ear drum?**
13. **Do you currently have any of the following hearing problems?**
Yes No a. Difficulty hearing
Yes No b. Wear a hearing aide
Yes No c. Any other hearing or ear problems
14. Yes No **Have you ever had a back injury?**

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

15. Do you currently have any of the following musculoskeletal problems?

- Yes No a. Weakness in any of your arms, hands, legs, or feet
Yes No b. Back pain
Yes No C. Difficulty fully moving your arms and legs
Yes No d. Pain or stiffness when you lean forward or backward at the waist
Yes No e. Difficulty fully moving your head up or down
Yes No f. Difficulty fully moving your head side to side
Yes No g. Difficulty bending at your knees
Yes No h. Difficulty squatting to the ground
Yes No i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.
Yes No j. Any other muscle or skeletal problem that interferes with using a respirator.

TO THE PLHCP

Check the ONE that applies

I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.

I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.

I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.

I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

PLHCP Signature

Employee Signature (When Available)

Date

PART B of this OSHA Questionnaire Is discretionary. The health care professional who will be reviewing this questionnaire will determine if this part needs to be completed by the employee.

Part B (DISCRETIONARY)

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

- 1. Yes No In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?
Yes No If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?
2. Yes No At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example: gases, fumes, or solvents, hazardous airborne chemicals)?
If "Yes", name the chemicals if you know them:

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- Yes No Asbestos
- Yes No Silica (for example: sandblasting)
- Yes No TunVen/Cobalt (for example: grinding or welding this material)
- Yes No Beryllium
- Yes No Aluminum
- Yes No Coal (for example; mining)
- Yes No Iron
- Yes No Tin
- Yes No Dusty Environments
- Yes No Any other hazardous exposures

If "Yes", describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Yes No Have you been in the military services?
If "Yes", were you exposed to biological or chemical agents (either in training or combat) Yes No

8. Yes No Have you ever worked on a HAZMAT team?

9. Yes No Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over the counter medications)
If "Yes", name the medications if you know them: _____

10. Will you be using any of the following items with your respirator.

- Yes No a. HEPA Filters
- Yes No b. Canisters (for example; gas masks)
- Yes No c. Cartridges

11. How often are you expected to use the respirators) (circle "yes" or "no" for all answers that apply to you)

- Yes No a. Escape only (no rescue)
- Yes No b. Emergency Rescue only
- Yes No C. Less than 6 hours per week
- Yes No d. Less then 2 hours per day
- Yes No e. 2 to 4 hours per day
- Yes No f. Over 4 hours per day

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

12. During the period you are using the respirators), is your work effort:

Yes No a. Light (less than 200 kcal per hour)

Examples of light work are sifting while writing, drafting, or performing light assembly work or standing while operating a drill press (1-3 lbs.) or controlling machines.

If "Yes", how long does this period last during the average shift: ____ hrs. ____ mins.

Yes No b. Moderate (200 to 350 kcal per hour)

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level', walking on a level surface about 2 mph or down a 5 - degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 1 00 lbs.) on a level surface.

Yes No c. Heavy (above 350 kcal per hour)

If "Yes", how long does this period last during the average shift: ____..hrs. ____ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working an a loading dock, shoveling; standing while bricklaying or chipping castings; walking up an B-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)

13. Yes No Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator.

If "Yes", describe this protective clothing and/or equipment

14. Yes No Will you be working under hot conditions (temperature exceeding 77 degrees F)

15. Yes No Will you be working under humid conditions

16. Describe the work you'll be doing while you're using your respirator(s)

17. Describe any special or hazardous conditions you might encounter when you're using your respirators) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator:

Name of first toxic substance: _____

Estimated maximum exposure per shift: _____

Duration of exposure per shift: _____

Name of second toxic substance: _____

Estimated maximum exposure per shift: _____

Duration of exposure per shift: _____

Name of third toxic substance: _____

Estimated maximum exposure per shift: _____

Duration of exposure per shift: _____

Name of any other toxic substances that you'll be exposed to while using your respirator(s):

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example; rescue, security):

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Appendix D to Section 1910.134 (Mandatory) Information for Employees Using Respirator. When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not represent a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator limitations,
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U. S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, fumes, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

TO BE FILED IN EMPLOYEE'S MEDICAL FILE