



USACE EM385 Accident Prevention Plan

Selected pages (not a complete plan)

Sample includes:

- ✓ Accident Prevention Plan Sample Pages
- ✓ Risk-specific Hazard Plan Sample Pages
- ✓ Forms Examples

Contact:

First Time Quality

410-451-8006

www.firsttimequalityplans.com

[CompanyName]

[CompanyAddress]

[CompanyPhone]

Accident Prevention Plan

[ProjectName]

[ProjectNumber]

Management acceptance

This Accident Prevention Plan has been reviewed and accepted.

Endorsed By: (Name / Title)	[SafetyManagerName], Site Safety and Health Officer		
Signature:	[SafetyManagerName]	Date	[Date]
Version History			
1.0	[Date]	Initial Issue/Daft	

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PROJECT ACCIDENT PREVENTION PLAN

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a. SIGNATURE SHEET

1. PLAN PREPARER

This [CompanyName] Project Accident Prevention Plan was prepared and approved by:

[SafetyManagerName] / [Date]/ [Phone]

[SafetyManagerName], Site Safety and Health Officer /Date/ Phone Number

DESIGNATED SSHO (IF NOT THE PLAN PREPARER)

This Plan is approved by:

[SafetyManagerName] / [Date]/ [Phone]

[SafetyManagerName], Designated Site Safety and Health Officer /Date/ Phone Number

2. APPROVAL BY COMPANY OFFICER

This plan is approved by:

[SeniorManagerName] / [Date]/ [Phone]

[SeniorManagerName], Senior Manager /Date/ Phone Number

3. PLAN CONCURRENCE

Accident Prevention Plan concurrence by:

[QualityManagerName] / [Date]/ [Phone]

[QualityManagerName], Quality Control Manager /Date/ Phone Number

[SuperintendentName] / [Date]/ [Phone]

[SuperintendentName], On-site Superintendent/Date/ Phone Number

When the contract requirement specifies or if the Site Safety and Health Officer deems necessary, the SSHO will provide and maintain the APP and a log of signatures by each subcontractor foreman, attesting that they have read and understand the APP, and make the APP and log available on-site to the Customer.

[CompanyName] Subcontractor Signature Log			
Project ID	Project Name	Preparer	Note
[ProjectNumber]	[ProjectName]		

[illegible]

b. BACKGROUND INFORMATION

The Project Accident Prevention Plan contents correspond with the US Army Corps of Engineers EM 385-1-1 Safety and Health Requirements Manual Minimum Basic Outline for Accident Prevention Plans (Appendix A) and Section 01 35 26, Government Safety Requirements when contracts specify Federal Acquisition Regulation (FAR) clause 52.236-13, "Accident Prevention".

On this Project, [CompanyName] has adopted the requirements of the Army Corps of Engineers EM 385-1-1 Safety and Health Requirements Manual (version 30 Nov 2014, sections 2 through 34) for safety plans, policies and procedures. In instances throughout the manual where EM 385 identifies USACE as the responsible party, [CompanyName] will be substituted in effect as the responsible party.

1. CONTRACTOR NAME

[CompanyName]

2. CONTRACT NUMBER

[ProjectNumber]

3. PROJECT NAME

[ProjectName]

4. PROJECT DESCRIPTION

A. PROJECT BRIEF PROJECT DESCRIPTION

[ProjectDescription]

B. PROJECT DESCRIPTION OF THE WORK TO BE PERFORMED

[WorkScope]

C. PROJECT LOCATION OF PROJECT (MAP).

[ProjectLocation]

D. PROJECT EQUIPMENT TO BE USED

[EquipmentList]

E. PROJECT ANTICIPATED HIGH RISK ACTIVITIES

[HighRiskActivities]

5. MAJOR PHASES OF WORK (FEATURES OF WORK)

[CompanyName] will control safety on each project feature of work. An activity hazard analysis will be performed for each feature of work and the results of the analysis will be used to control safety.

A listing of each feature of work for this project is included as an exhibit in this subsection on the following pages.

SAFETY CONTROLLED FEATURE OF WORK LIST
<p>[Insert Feature of Work List Here]</p>

Selected Pages
Not the Complete Plan

3. EQUIVALENT TRAINING TO THE OSHA CLASSES

The OSHA-30-hour course (OSHA 40-hour course for NAVFAC projects) was completed therefore the requirements of an equivalent course itemized in EM 385-1-1 Appendix A. d. (3) (a)-(d) do not apply to this project.

4. NAMES OF COMPETENT AND/OR QUALIFIED PERSONS

Competent and/or qualified personnel assigned to this project are identified by Table d-2.

Table d-2

Safety Personnel Name	Job Position
[SafetyManagerName]	Site Safety and Health Officer
[AltSafetyManagerName]	Alternate Site Safety and Health Officer
[SuperintendentName]	Superintendent
Competent/Qualified Persons for Major Areas of Work (if applicable)	
	Excavation Competent/Qualified Person
	Scaffolding Competent/Qualified Person
	Fall Protection Competent/Qualified Person
	Hazardous Energy Competent/Qualified Person
	Confined Space Competent/Qualified Person
	Health Hazard Recognition Competent/Qualified Person
	Evaluation And Control of Chemical Competent/Qualified Person
	Personal Protective Equipment and Clothing to Include Selection, Use and Maintenance Competent/Qualified Person.

e. SUBCONTRACTORS AND SUPPLIERS

1. IDENTIFICATION OF SUBCONTRACTORS AND SUPPLIERS

A list of subcontractors and suppliers approved by the Site Safety and Health Officer is recorded on the Project Subcontractor and Supply List, included as an exhibit in this subsection.

2. SAFETY RESPONSIBILITIES OF SUBCONTRACTORS AND SUPPLIERS

The [CompanyName] safety responsibilities encompass all project activities including those of subcontractors. [CompanyName] does not transfer any safety responsibilities to any subcontractor.

[CompanyName] extends the Safety and Health Program to subcontractors by holding each subcontractor responsible for complying with the [CompanyName] Safety and Health Program requirements. Requirements of the [CompanyName] Safety and Health Program include this Accident Prevention Plan, Activity Hazard Analyses, site specific hazard plans, safety policies, procedures, the requirements of EM 385-1, rules, standards, safe work practices, as well as federal/state/OSHA requirements and other pertinent safety and health regulations.

For enhancing deployment of the [CompanyName] Safety and Health Program in subcontractor organizations Site Safety and Health Officer ensures that each subcontractor:

- Assigns all employees and personnel with all the safety qualification requirements, responsibilities and authority as [CompanyName] employees.
- Complies with the training requirements.
- At the time of mobilization, provides a list of the Supervisors names and contact numbers. This list shall be kept current and provide phone numbers where the Supervisors can be reached 24 hours a day, 7 days a week for emergency purposes.
- Receives a site specific operational and safety brief before starting work at the site.

The subcontractor may not delegate project-related safety responsibilities to any other organization.

When there is a specific limited task with limited safety risks and exposures, only the Site Safety and Health Officer may exempt subcontractor personnel from safety policies, procedures, and reporting. The Site Safety and Health Officer records any safety-related exemptions on the Project Subcontractor and Supply List.

The Site Safety and Health Officer will ensure that each subcontractor:

- Appoints a safety manager with all the responsibilities and authority as the [CompanyName] Site Safety and Health Officer including the responsibility to stop unsafe work and the authority to do so. The subcontractor's safety manager must be on site at all times that subcontractor personnel are on the jobsite.

Questions? Call First Time Quality 410-451-8006

[CompanyName] Project Subcontractor and Supplier List				
Project ID	Project Name			Preparer/ Date
[ProjectNumber]	[ProjectName]			
Features of Work	Subcontractor/Supplier Name	Description of Materials / Services	Safety Control Method (Not Applicable/ Subcontractor Safety Plan/ [CompanyName] Safety Plan)	Remarks

f. TRAINING

All Project personnel must undergo all training required by this plan before they may perform project work.

As the project proceeds, newly hired employees and new employees assigned to the project must undergo training required by this plan before they may perform project work.

Records will be kept on training activities including training topics and participants.

Training records will be kept on the Training Record form included as an exhibit in this subsection.

Training records will be maintained for a minimum of 3 years from the date of training.

The Training Plan and Log form lists the training required by this project.

1. REQUIREMENTS FOR NEW HIRE SOH ORIENTATION TRAINING

The Site Safety and Health Officer conducts a meeting with the Quality Control Manager, Superintendent, and other key management and safety personnel. Topics to discuss include:

- Details of the APP and how they will be incorporated into plans, programs, and procedures.
- A listing of anticipated AHAs that will be developed and implemented during the performance of the contract. This list of proposed AHAs will be reviewed and agreed upon.
- A schedule for the preparation, submittal, review, and acceptance of AHAs to preclude project delays.
- Deficiencies in the submitted APP

The functions of the Pre-construction Safety Conference may be incorporated into other planning meetings. Customer safety training on operation and maintenance

During the project closeout phase, the Site Safety and Health Officer trains customers on the safety aspects of operation and maintenance of the completed project.

The Site Safety and Health Officer ensures that all employees receive training relevant to their safety responsibilities including job hazards and activity hazards.

The Site Safety and Health Officer ensures that all subcontractors receive training on relevant elements of the [CompanyName] Safety and Health Program, Project Accident Prevention Plan, and safety standards.

The Safety Manager identifies the training needs of all personnel performing activities that affect safety. Training topics may include:

- The [CompanyName] Safety and Health Program
- The [CompanyName] Safety Policy
- Specific operating policies identified in the Safety Manual
- Specific safety standards cited in the Safety Manual, or project documents, or records
- Specific safety standard operating procedures

- Customer operation and maintenance training
- Job hazard analysis
- Activity hazard analysis
- Safety communications

The Site Safety and Health Officer indoctrinates each employee into the Safety and Health Program goals, responsibilities, authority, policies, requirements, rules, and procedures.

Prior to commencement of construction activities, all construction personnel assigned to the project will have completed safety indoctrination training including:

- Requirements and responsibilities for accident prevention and maintaining safe and healthful work environments
- General safety and health policies and procedures and pertinent provisions of the Federal and State standards and regulations
- Employee and supervisor responsibilities for reporting all Mishaps
- Provisions for medical facilities and emergency response and procedures for obtaining medical treatment or emergency assistance
- Procedures for reporting and correcting unsafe conditions or practices
- Job hazards and the means to control/eliminate those hazards, including applicable activity hazard analysis.
- Specific training as required by Federal, State and Local regulations.

All site personnel will sign the acknowledgement page and have the signed page placed in their training files. The Site Safety and Health Officer has the responsibility of ensuring that personnel assigned to this project comply with these requirements.

2. REQUIREMENTS FOR MANDATORY TRAINING AND CERTIFICATIONS

In addition to the required initial training, each employee will receive training that addresses the hazards that the employee may encounter when they carry out the activities they are expected to perform. The Activity Hazard Analysis identifies the hazard exposures and the training required.

The Site Safety and Health Officer certifies each employee that completes training. Employees must have a completion certificate before beginning the work activity.

Prior to starting work on a construction activity, the Site Safety and Health Officer or Superintendent conducts a thorough review of applicable Activity Hazard Analysis with all affected personnel.

Prior to a person starting work in a job position, the Site Safety and Health Officer or Superintendent conducts a thorough review of job position hazard analysis.

At least two persons shall be certified as completing first aid and CPR Training while employees are on the jobsite. Anyone working alone shall be trained on how, and have the means, to communicate with first aid assistance in the event of an accident.

Mandatory Training and Certifications	Applicable Personnel
Project Safety Indoctrination Training (Certificate of Completion)	All construction personnel prior to commencement of construction activities
Activity Hazard Analysis Training (Certificate of Completion for each FOW)	All construction personnel prior to commencement of construction activities on a Feature of Work. Features of Work are listed in a prior section.
Hazard Plan Training (Certificate of Completion for each Hazard Plan)	All construction personnel prior to exposure to the hazards identified in the plan. Hazard plans are listed in a following section of this plan.

The Site Safety and Health Officer initiates corrective action training when any personnel demonstrate a lack of safety understanding or skill that increases safety or health risks to themselves or others. When training deficiencies are a contributing cause of a safety deficiency, training is included in the corrective action plan as described other sections of this Accident Prevention Plan.

VISITOR TRAINING AND SAFETY CONTROLS

The Site Safety and Health Officer, Superintendent, or another competent person will escort for each visitor entering the jobsite. Before the visitor enters the jobsite, the escort will:

- Brief the visitor on the hazards that the visitor may encounter
- Train the visitor on safety and health requirements relevant to the hazards the visitor may encounter
- Train the visitor on personal protective equipment requirements and their use (i.e., hardhat, foot protection, etc.)
- Maintain a visitor log including the date, visitor's name, purpose of the visit, training provided to the visitor, a list of the visitor's required PPE, signature of the visitor, and signature of the escort.

The Site Safety and Health Officer will maintain a stock of common personnel protective equipment (i.e., hard hats, eye protection, earplugs, reflective vests, etc.) for use by visitors.

While on the jobsite, the escort will:

- Assure that the visitor is wearing/using the required personal protective equipment (PPE)
- Assure that the visitor is adequately protected from safety hazards

3. PROCEDURES FOR PERIODIC SAFETY AND HEALTH TRAINING

The Superintendent ensures that weekly toolbox meetings reinforce critical safety topics for all available construction personnel.

Weekly toolbox safety meeting will be conducted weekly, nominally on the same time and day of the week. The day and time will be set at the project pre-construction safety conference. Each on-site worker

will be required to attend. Attendance will be recorded. The Superintendent will be responsible for conducting these meetings.

All available project personnel attend a monthly safety meeting conducted by the Site Safety and Health Officer. Topics to be covered during such meetings may include hazardous materials, material safety data sheets (SDS), safe lifting, safe driving, proper use of Personal Protective Equipment, safe work methods.

4. REQUIREMENTS FOR EMERGENCY RESPONSE TRAINING

The Site Safety and Health Officer will train all employees in emergency responses, including contacting emergency personnel.

5. 40 HOUR CONTRACT SAFETY AWARENESS COURSE

Individuals qualified to instruct the 40 hour contract safety awareness course, or portions thereof, must meet the definition of a Competent Person Trainer, and, at a minimum, possess a working knowledge of the following subject areas: EM 385-1-1, Electrical Standards, Lockout/Tagout, Fall Protection, Confined Space Entry for Construction; Excavation, Trenching and Soil Mechanics, and Scaffolds in accordance with 29 CFR 1926.450, Subpart L.

Instructors are required to:

- Prepare class presentations that cover construction-related safety requirements.
- Ensure that all attendees attend all sessions by using a class roster signed daily by each attendee. Maintain copies of the roster for at least five (5) years. This is a certification class and must be attended 100 percent. In cases of emergency where an attendee cannot make it to a session, the attendee can make it up in another class session for the same subject.
- Update training course materials whenever an update of the EM 385-1-1 becomes available.
- Provide a written exam of at least 50 questions. Students are required to answer 80 percent correctly to pass.
- Request, review and incorporate student feedback into a continuous course improvement program.

[CompanyName] Training Plan			
Project ID	Project Name	Preparer	Date
[ProjectNumber]	[ProjectName]	[SafetyManagerName]	[Date]

Training Title/ID	Training Description	When Required (Date, milestone or event)	Planned Participants (Job Position/Organization)
New Hire SOH Orientation Training	New Hire SOH Orientation Training	When there is a new hire	New hire safety and health officers
Project Safety Indoctrination Training	Project Safety Indoctrination Training	Prior to commencement of construction activities	All construction personnel
Activity Hazard Analysis Training	Activity Hazard Analysis Training	Prior to commencement of construction activities on a Feature of Work	All construction personnel.
Hazard Plan Training	Hazard Plan Training	Prior to exposure to the hazards identified in the plan.	All construction personnel

Selected Pages
Not the Complete Plan

h. MISHAP REPORTING AND INVESTIGATION

1. EXPOSURE DATA

The Site Safety and Health Officer will submit Monthly Man-hour Exposure Reports to the Contracting Officer no later than the 5th workday of each month. The report encompasses on-site work including all hourly and salaried employees. The report will include all subcontractors working on this project.

Exposure data will be reported on the Man-Hour Exposure Reports form included as an exhibit in this subsection.

CONTRACTOR SAFETY SELF-EVALUATION CHECKLIST

When the contract requirement Quality Control Manager, the Site Safety and Health Officer will complete the "Contractor Safety Self-Evaluation Checklist" provided at the pre-construction conference as specified in UFGS-01 35 26.

2. MISHAP REPORTS, INVESTIGATIONS, AND DOCUMENTATION

A mishap is any unplanned, undesired event that occurs during work being performed. The term "mishap" includes accidents, incidents and near misses.

The Site Safety and Health Officer will investigate, analyze and report all recordable mishaps as prescribed below and in accordance with ER 385-1-99.

Recordable Injuries or Illnesses are any work-related injury or illness that results in:

- Death, regardless of the time between the injury and death, or the length of the illness;
- Days away from work (any time lost after day of injury/illness onset);
- Restricted work;
- Transfer to another job;
- Medical treatment beyond first aid;
- Loss of consciousness; or
- A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it did not result in any of the above.

EMPLOYEE IMMEDIATE MISHAP REPORTING

Employees are responsible for immediately reporting ALL mishaps to the Site Safety and Health Officer, Supervisor or other [CompanyName] designated site Competent Person

MISHAP REPORTING TO THE CUSTOMER

The Site Safety and Health Officer is responsible for reporting all recordable mishaps to the Customer within 24-hours after being notified of the mishap. However, immediate notification is required as identified under Boards of Investigation below.

Questions? Call First Time Quality 410-451-8006

In addition to the reporting requirements identified above, the Site Safety and Health Officer is required to report:

- Property damage (exceeding \$5,000 is recordable)
- Days away from work (any time lost after day of injury/illness onset)
- Restricted work
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it did not result in one of the items listed above

Notification will include [CompanyName], contract title; type of contract; name of activity, installation or location where accident occurred; date and time of accident; names of personnel injured; extent of property damage, if any; extent of injury, if known, and a brief description of the accident.

The Site Safety and Health Officer will assist with and ensure the preservation of conditions and evidence on the accident site until the Customer investigation team arrives on-site and an investigation is conducted.

REPORTING FORMAT

The Site Safety and Health Officer will report accident investigations using the NAVFAC Contractor Incident Reporting System (SIRS), and electronically submit via the NAVFAC Enterprise Safety Applications Management System (ESAMS). Or, for USACE projects, the SSHO will use USACE Accident Report Form 3394, and provide the report to the Contracting Officer within 5 calendar days of the accident. The Contracting Officer will provide copies of any required or special forms.

NEAR MISSES: [FOR NAVY PROJECTS]

The Site Safety and Health Officer will complete the applicable documentation in the NAVFAC Contractor Incident Reporting System (CIRS) and electronically submit via the NAVFAC Enterprise Safety Applications Management System (ESAMS).

NEAR MISSES: [FOR ARMY PROJECTS]

The Site Safety and Health Officer will report all "Near Misses" to the GDA, using local mishap reporting procedures, within 24 hours. The Contracting Officer will provide the Contractor the required forms.

LOG OF WORK-RELATED MISHAPS AND INJURIES

All work-related Mishaps and injuries occurring incidentally to this project, no matter how slight, will be recorded on the OSHA 300 Log of Work-related Mishaps included as an exhibit in this subsection.

MISHAP ACCEPTANCE

No Site Safety and Health Officer, supervisor or [CompanyName] designated Competent Person may decline to accept a report of a mishap from an employee.

BOARDS OF INVESTIGATION

Questions? Call First Time Quality 410-451-8006

The Site Safety and Health Officer will immediately report to the Customer any accident that has, or appears to have, any of the consequences listed below. These accidents shall be investigated in depth to identify all causes and to recommend hazard control measures.

- Fatal injury/illness
- Death, regardless of the time between the injury and death, or the length of the illness
- Permanent totally disabling injury/illness
- Permanent partial disabling injury/illness
- One (1) or more persons hospitalized as inpatients because of a single occurrence
- \$500,000 or greater accidental property damage
- Three (3) or more individuals become ill or have a medical condition which is suspected to be related to a site condition, or a hazardous or toxic agent on the site

The Site Safety and Health Officer is responsible for notifying OSHA in accordance with 29 CFR 1904.39 within 8-hours when a [CompanyName] employee(s) is fatally injured, or 1 or more persons are hospitalized as inpatients as a result of a single occurrence.

HIGH HAZARD MISHAP REPORTING TO THE CUSTOMER

In addition to the above, the Site Safety and Health Officer will immediately report to the Customer any mishap occurring in any of the following high hazard.

- Electrical – to include Arc Flash, electrical shock, etc.
- Uncontrolled Release of Hazardous Energy (includes electrical and non-electrical)
- Load Handling Equipment (LHE) or Rigging
- Fall-from-Height (any level other than same surface), and
- Underwater Diving.

The Site Safety and Health Officer will thoroughly investigate and analyze all mishaps occurring incidentally to the project for which this plan is applicable

[CompanyName] Uses information obtained through mishap investigations to determine program deficiencies and corrective actions.

MISHAP SCENE

Except for rescue and emergency measures, the mishap scene will not be disturbed until it has been released by the investigating official.

MEDICAL, EMERGENCY ASSISTANCE, NOTIFICATION AND COOPERATION

The Site Safety and Health Officer is responsible for obtaining appropriate medical and emergency assistance and for notifying local fire, law enforcement, and regulatory agencies.

[CompanyName] personnel will assist and cooperate fully with the Customer conducting the Government investigation(s) of any mishap.

RECORDS OF FIRST AID TREATMENTS

Records of all first aid treatments shall be maintained and submitted to the Customer upon request

Records shall include, at a minimum, employee's name, job title, date and type of mishap, causes and corrective actions taken (i.e., AHA review, process changes, establishment of controls, personnel qualifications and training, etc.).

This data shall be reviewed and analyzed by the SSHO and/or SOHO for corrective action as appropriate

Mishaps will be reported on OSHA Form 301 Injury and Illness Incident Report included as an exhibit in this subsection.

Selected Pages
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OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__
U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person		Describe the case		Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:							
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M)					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ days	_____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____) _____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) ☐ Male
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
☐ Yes
☐ No
- 9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3614, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

[CompanyName] Man-hour Exposure Reports					
project Number	project Name		DFOW / Location		Month
[ProjectNumber]	[ProjectName]				
Site Safety and Health Officer Approval (Signature and Date):					
ID/Code	Name of Organization	Prime / Subcontractor	Exposure Hours for Month	Exposure Hours for Year	Total Exposure Hours to Date

i. PLANS PROGRAMS, AND PROCEDURES REQUIRED

Based on the risk assessment and on mandatory OSHA compliance programs, the Site Safety and Health Officer identifies required compliance plans, programs and procedures to address all applicable SOH risks and associated compliance plans.

1. REQUIRED COMPLIANCE PLANS

Each plan applicable to the start of this project is included as an appendix to this Accident Prevention Plan. When a required plan is not applicable to the start of the project, the plan will be prepared when indicated in the note's column of the Plan, Programs and Procedures form and included as an addendum to the appendix of this APP.

2. [COMPANYNAME] SAFETY POLICIES AND PROCEDURES

The Site Safety and Health Officer will communicate the [CompanyName] safety policies and procedures with all project employers. These policies and procedures will include project-specific, project-wide emergency response and evacuation procedures, PPE requirements, recordkeeping and reporting requirements, and training requirements.

3. INITIAL ACCIDENT PREVENTION PLAN PREPARATION

The Site Safety and Health Officer shall be prepared prior to the start of any work activities on the job site (as much as the information can be known at that point in time). The plans shall be updated throughout the life of the project to include changes in personnel, equipment, conditions, etc. Additional revisions shall be incorporated as necessary to reflect changing site conditions, construction methods, personnel roles and responsibilities and construction schedules.

4. FINAL ACCIDENT PREVENTION PLAN PREPARATION

No activity (DFOW) shall be started on site until the APP is revised and submitted to the Customer for acceptance, with the site-specific plans, programs and procedures required to complete the project. Using the EM 385-1-1 as a guide, plans, programs, procedures (assessments and evaluations) may include but not be limited to the PLANS, PROGRAMS, and PROCEDURES listed on the form on the following page.

<div style="text-align: center;"> [CompanyName] PLANS, PROGRAMS, and PROCEDURES REQUIRED BY EM 385-1-1 2014 </div>			
Contract Name and Number:		Contractor/Subcontractor:	
[ProjectName]		[CompanyName]	
[ProjectNumber]			
Government Inspector:		Location: [ProjectLocation]	
Contractor Inspector:		Date: [Date]	
<i>NOTE: The following plans should be on site and accessible to employees. The expected answer should be yes to all applicable plans. Be prepared to provide a plan or an explanation.</i>		Yes	No
			Notes
Policy to Ban Text Messaging While Driving (FAR 52.223-18)		X	Include if it is a requirement of the contract
1. Fatigue Management Plan (01.A.20)			
2. Emergency Response Plans		X	
a. Procedures and Tests (01.E.01)		--	In emergency response plan
b. Spill Plans (01.E.01, 06.A.02)		--	In emergency response plan
c. Firefighting Plan (01.E.01, Section 19)		--	In emergency response plan
d. Posting of Emergency Telephone Numbers (01.E.05)		--	In emergency response plan
e. Man Overboard/Abandon Ship (Section 19.A.04)			Separate from ER plan
f. Plan for Prevention of Alcohol and Drug Abuse (01.C.02)		X	Separate from ER plan
3. Site Sanitation Housekeeping Plan (Section 02)			
4. Medical Support Agreement. Outline on-site medical support and off-site medical arrangements including rescue and medical duties for those employees who are to perform them, and the name(s) of on-site Contractor personnel trained in first aid and CPR. A minimum of two employees shall be certified in CPR and first aid per shift/site (03.A.01, 03.A.03)			
5. Bloodborne Pathogen Program (03.A.05)			
6. Exposure Control Plan (03.A.05)			
7. Automatic External Defibrillator (AED) Program (03.B.04)			
8. Site Layout Plan (04.A)			
9. Access/Haul Road Plan (04.B)			
10. Hearing Conservation Program (05.C)			
11. Respiratory Protection Plan (05.G))			
12. Health Hazard Control Program (06.A)			

13.	Hazard Communication Program (06.B.01)			
14.	Process Safety Management Plan (06.B.04)			
15.	Lead Compliance Plan (06.C.02 & Specs)			
16.	Asbestos Abatement Plan (06.C.03 & Specs)			
17.	Radiation Safety and Health Program (06.F)			
18.	Abrasive Blasting Plan (06.I)			
19.	Heat Stress Monitoring Plan (HSMP)(06.J.02)			
20.	Cold Stress Monitoring Plan (CSMP) (06.J.04)			
21.	Indoor Air Quality Management Plan (06.L)			
22.	Mold Remediation Plan (06.L.04)			
23.	Chromium (VI) Exposure Evaluation (06.M)			
24.	Crystalline Silica Assessment (06.N)			
25.	Lighting Plan for Night Operations (07.A.06)			
26.	Traffic Control Plan (08.C.05)			
27.	Fire Prevention Plan (09.A.01)			
28.	Wild Land Fire Management Plan (09.L)			
29.	Arc Flash Hazard Analysis (11.B)			
30.	Assured Equipment Grounding Control Program (AEGCP), (11.D.05, App D)			
31.	Hazardous Energy Control Program and Procedures, (12.A.01)			
32.	Standard Pre-Lift Plan (LHE) (16.A.03, 16.L.15)			
33.	Critical Lift Plan – LHE (16.H)			
34.	Naval Architectural Analysis (16.L)			
35.	Floating Plant Inspection and Certification (19.A.01)			
36.	Severe Weather Plan for Marine Activities (19.A.03)			
37.	Emergency Plan for Marine Activities (19.A.04)			
38.	Man Overboard/Abandon Ship (19.A.04)			
39.	Float Plan for Launches, Motorboats, Skiffs (19.F.04)			
40.	Fall Protection Program, (21.D)			
41.	Demolition/Renovation Plan (to include engineering survey), (23.A)			
42.	Rope Access Work Plan (24.H)			
43.	Excavation/Trenching Plan, (25.A.01)			
44.	Fire Prevention and Protection Plan for Underground Construction (26.D.01) Underground construction fire prevention and protection Plan, (26.D.01)			
45.	Compressed Air Work Plan for Underground Construction (26.I.01)			

46. Erection and Removal Plan for Formwork and Shoring (27.C) Formwork and Shoring Erection and Removal plan, (27.C)			
47. Precast Concrete Plan, (27.D)			
48. Lift. slab plans, (27.E)			
49. Masonry Bracing Plan, (27.F.01)			
50. Steel Erection Plan, (28.B)			
51. Explosives Safety Site Plan (ESSP) (29.A)			
52. Blasting Plan, (29.A; 26.J)			
53. Dive Operations Plan, (30.A.14, 16,)			
54. Safe Practices Manual for Diving Activities (30.A.15)			
55. Emergency Management Plan for Diving (30.A.18)			
56. Tree Felling/Maintenance Program, (31.A)			
57. Aircraft/Airfield Construction Safety & Phasing Plan, (32.A.02)			
58. Aircraft/Airfield Safety Plan Compliance Document (SPCD) (32.A.02)			
59. Site Safety and Health Plan (HTRW), (33.B)			
60. Confined Space Entry Procedures (34.A.05)			
61. Confined Space Entry Program, (34.A.06, 07)			

Selected Pages
Not the Complete Plan

j. RISK MANAGEMENT PROCESSES (AHAs)

Risk management is a business process that includes the identification, assessment, and prioritization of risks, followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events to an acceptable level.

As part of its Risk Management Process, [CompanyName] will identify project-specific hazards and controls by doing an Activity Hazard Analysis for each activity (DFOW). No work will begin on an activity (DFOW) until the initial AHA has been accepted by the Customer addressing the project-specific hazards.

The project-specific hazards and controls are recorded on the AHA form included as an exhibit in this subsection.

AHA SIGNATURE LOG

When the contract requirement specifies or if the Site Safety and Health Officer deems it necessary, each employee performing work as part of an activity, task or DFOW must review the AHA for that work and sign a signature log specifically made for that AHA prior to starting work on that activity. The SSOH will maintain a signature log on site for every AHA. Provide employees whose primary language is other than English, with an interpreter to ensure a clear understanding of the AHA and its contents.

1. FEATURE OF WORK ACTIVITY HAZARD ANALYSIS (AHA)

The AHA defines the work sequence, anticipated hazards, conditions, equipment, materials, personnel and the control measures to be implemented to eliminate or reduce each hazard to an acceptable level of risk, and the Risk Assessment Code for each step.

2. OVERALL RISK ASSESSMENT AND ASSIGNMENT

Once the activity hazards and risks have been assessed and a Risk Assessment Code is assigned to indicate the activity's level of overall risk. The overall RAC will be based on the highest RAC assigned to an individual step.

3. ACCEPTANCE OF RISK

The residual risk is that which remains after controls have been applied. The Site Safety and Health Officer reviews initial AHAs and residual risk with the Customer and all engaged in the activity, including [CompanyName] project personnel, subcontractor(s) and Government on-site representatives, at the preparatory and initial control phase meetings.

4. PRE-FEATURE OF WORK ACTIVITY AHAS

Before beginning each work activity/DFOW, the Site Safety and Health Officer prepares an initial AHA, which will include an RAC for that activity.

5. ACCEPTANCE OF AHAS

No work will begin on any activity until the initial AHA has been accepted by the Customer or Government on-site representative addressing the activity specific hazards.

6. UPDATING OF AHAS

AHA's are intended to be created by the [CompanyName] field crews or subcontractors performing the work, with the assistance of others (SSHO, QC, Superintendent, etc.) as needed. They are living documents and are intended to be created in the field and updated (by the workers) as needed.

7. REVIEW AND MODIFICATION OF AHAS

The AHA shall be reviewed and modified as necessary to address changing site conditions, operations, or change of CP(s)/QP(s).

a. CHANGE OF PERSONNEL

If a new CP/QP (not on the original list) is added, the list shall be updated (an administrative action not requiring an updated AHA). The new person shall acknowledge in writing that he or she has reviewed the AHA and is familiar with current site safety issues. The AHA Training Log, included as an exhibit in this section, will be used to record AHA training and signature statements.

b. INCREASES IN RAC

If the initial RAC increases due to a change made to the AHA by the workers, the Site Safety and Health Officer will resubmit the AHA to the Customer for acceptance prior to work proceeding.

c. CHANGES THAT DO NOT INCREASE THE RAC

Changes to or updates of an AHA that do not increase the RAC are not required to be resubmitted to the Customer for acceptance.

8. POSSESSION OF AHAS

Workers/crews and or subcontractors shall have in their possession the current AHA that reflects current site conditions, personnel, equipment, control measures, etc. while the work is being performed.

9. NONCOMPLIANCE STOP WORK POLICY

The AHA shall be used by the [CompanyName] and Customer personnel to assure work is being performed consistent with the AHA. If the work is not being conducted in a safe manner, the [CompanyName] project personnel and/or the USACE shall stop the unsafe work being conducted until it

is in compliance with this APP and the AHA or the APP/ AHA is revised and accepted by the Customer, if necessary.

10. AHAS FOR COMPLETED WORK

Once the activity has been completed, the AHA shall be available and kept on file on site for the length of the contract.

Selected Pages
Not the Complete Plan

**[CompanyName]
Activity Hazard Analysis (AHA)**

Activity/Work Task:	Risk Assessment Code (RAC) Rating Matrix					
Project Location:						
Contract Number: [ProjectNumber]	Severity	Probability				
Date Prepared:		Frequent	Likely	Occasional	Seldom	Unlikely
SSHO: [SafetyManagerName] Signature:		E	E	H	H	M
Superintendent: [SuperintendentName] Signature:		E	H	H	M	L
QC Manager: [QCManagerName] Signature:		H	M	M	L	L
	Negligible	M	L	L	L	
Subcontractor Foreman: Name: Signature:	Step 1: Review each "Hazard" with identified safety "Controls" and determine RAC rating (above).				RAC Rating	
QA Reviewed by (Name/Title):	"Probability" is the likelihood to cause an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely.				E = Extremely High Risk	
Notes: (Field Notes, Review Comments, etc.)	Severity" is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible				H = High Risk	
	Step 2: Identify the RAC (Probability/Severity) rating as E, H, M, or L for each "Hazard" on AHA.				M = Moderate Risk	
	Annotate the overall highest RAC at the top of AHA.				L = Low Risk	
Job Steps (Work Sequences)	Specific Anticipated Hazards	Controls			RAC	
1. 2. 3.	1. 2. 3.	1. 2. 3.			1. 2. 3.	
Equipment to be Used	Training Requirements/Competent or Qualified Personnel name(s)	Inspection Requirements				

Risk-specific Hazard Plan Templates

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[CompanyName] Emergency Response Plan (01.E)			
Project Name	Project Number	Prepared By:	Date:
[ProjectName]	[ProjectNumber]		
01.E.01.a.1 Escape procedures:			
In the event of an emergency evacuation, [describe procedures for escape from the emergency area].			
01.E.01.a.2 Escape routes:			
Routes of escape will depend upon the emergency. In general, [describe escape routes]. [include site maps if applicable]			
01.E.01.a.3 Critical plant operations:			
Not applicable			
01.E.01.a.4 Employee accounting following an emergency evacuation:			
After meeting at the designated emergency evacuation area, employees will be accounted for by [describe employee accounting method here, i.e.: attendance taken from time sheets used that day]			
01.E.01.a.5 Rescue and medical duties:			
[If using internal rescue and medical team, describe their duties here.]			
[If using external rescue and medical team, i.e.: plant rescue team or emergency medical services, note that here. You may be using a combination of the two depending on the tasks.]			
01.E.01.a.6 Means of reporting emergencies:			
Emergencies will be reported to the GDA after first aid or other emergency services are rendered. Reporting will be done within the timeline specified by the contract.			
[include any specific emergency reporting details here, i.e.: who is responsible for reporting emergencies to the emergency medical services and the GDA, including timeline for reporting per contract]			
01.E.01.a.7 Persons to be contacted for information or clarification:			
[Names of those who can be reached for information on project emergencies, i.e.: project manager, superintendent, SSHO or another responsible person. Include their phone numbers if applicable.]			

01.E.01.b.1 Names, training organization, and training dates for personnel certified in first aid/CPR/blood borne pathogens.
[list this information here or include as separate attachment with copies of certifications]
01.E.01.b.2 Location of list(s) identifying personnel trained in first aid/CPR/blood borne pathogens.
A list of trained personnel is available at [note project location here].
01.E.01.b.3 Rescue and medical duties for those employees who perform them.
[if your onsite employees are to be responsible for rescue and medical duties, list those duties here]
01.E.01.b.4 Location of first-aid kits.
First aid kits will be provided on the project at [list locations here]. [include site map if applicable]
01.E.01.b.5 Location of list(s) identifying emergency telephone numbers.
Emergency telephone numbers will be posted [note posting location here, i.e.: near all jobsite phones and designated posting areas.]
01.E.04 Emergency alert systems
In the event of an emergency, employees on the project will be notified by [note notification method here, i.e.: air horn or public address system announcement]. The project emergency alert system will be tested [note testing timeline here, i.e. monthly or quarterly].
01.E.05 Emergency telephone numbers and reporting instructions for ambulance, physician, hospital, fire, and police
These phone numbers will be posted conspicuously on the project. [list the emergency telephone numbers applicable to your project here] Employees will be instructed on how to report emergencies to these authorities. [include details on how employees will be trained, i.e.: employees will understand how to give clear instructions to emergency responders for how to access jobsite, or only designated employees can report emergencies]
01.E.06 Provisions an effective means of emergency communications for employees working alone in a remote location or away from other workers.

<p>[If applicable, list the means of emergency communications employees working alone or remotely are to use, i.e.: cell phone, two-way radio, hardline phones, or other method.]</p> <p>[if applicable, describe the employee check-in/check-out procedures to be used for employees working alone or remotely]</p>
<p>01.E.01.b.2 Emergency services provider</p>
<p>[If coordinating emergency services with an off-site service, describe how this coordination will occur. Include provisions for orienting the off-site provider to the jobsite]</p>
<p>03.A.02. First-aid and cardiopulmonary resuscitation (CPR) availability.</p>
<p>[If a medical facility or physician is not accessible within 5 minutes of an injury to two or more employees, at least 2 employees on each shift shall be qualified to give first aid and CPR. If applicable, list those employees and their qualifications, include documentation as necessary]</p> <p>Employees working alone in remote areas will have an effective means of communication [list communication method here] to call for help in the event of an emergency.</p>
<p>03.D On-site Licensed Physician</p>
<p>Not applicable</p>
<p>Q.1.) Method for reviewing plans with all affected employees.</p>
<p>The emergency plan will be reviewed with employees [describe when this review will take place, i.e.: new worker orientation and monthly thereafter or another interval].</p>
<p>Q.2.) Test procedures to ensure the plan's effectiveness.</p>
<p>The procedures described in this plan will be tested [describe testing method here, i.e.: emergency drills].</p>
<p>Q.3 Description of off-site medical support</p> <p>1.) Address/phone number of nearest medical facility/emergency physician.</p> <p>2.) Address/phone number of ambulance service (if different from item 1.)</p> <p>3.) Address/phone number/description of medivac services (if applicable).</p> <p>4.) Complete description of any other emergency services (if applicable).</p>
<p> </p>
<p>Q.5.) Location of emergency phone numbers.</p>

Emergency phone numbers will be posted [describe where phone numbers will be posted, same as section 1.E.05]

Q.6.) Persons to be contacted for additional information or clarification.

[Names of those who can be reached for information on project emergencies, i.e.: project manager, superintendent, SSHO or another responsible person. Include their phone numbers if applicable.]

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