



## Abbreviated Accident Prevention Plan

Selected pages (not a complete plan)

Sample includes:

- ✓ Accident Prevention Plan Sample Pages
- ✓ Forms Examples

Contact:

First Time Quality

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[CompanyName]

## Abbreviated Accident Prevention Plan

[ProjectName]

[ProjectNumber]

Management acceptance

This Abbreviated 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 ABBREVIATED ACCIDENT PREVENTION PLAN

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# 1. SIGNATURE SHEET

## a. PLAN PREPARER

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

*[SafetyManagerName]* / [Date] / [Phone]

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

## b. PLAN APPROVER

This plan is approved by:

*[PresidentName]* / [Date] / [Phone]

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[PresidentName], President /Date/ Phone Number

## c. PLAN CONCURRENCE

Accident Prevention Plan concurrence by:

*[ProjectManagerName]* / [Date] / [Phone]

---

[ProjectManagerName], Project Manager /Date/ Phone Number

*[SuperintendentName]* / [Date] / [Phone]

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[SuperintendentName], Superintendent/Date/ Phone Number

## 2. 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 Abbreviated APP for Limited-Scope Service, Supply and R&D Contracts.

### a. CONTRACTOR NAME

[CompanyName]

### b. CONTRACT NUMBER

[ProjectNumber]

### c. PROJECT NAME

[ProjectName]

### d. PROJECT BRIEF PROJECT DESCRIPTION

[Insert Project Description here]

#### (1) SAFETY CONTROLLED FEATURE OF WORK LIST

As part of its Risk Management Process, [CompanyName] will identify project-specific hazards and controls by doing an Activity Hazard Analysis for each Definable Feature of Work 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.

Definable Features of Work List

#### (2) ACTIVITY HAZARD ANALYSIS (AHA)

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

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

Activity/Work Task:		<b>Risk Assessment Code (RAC) Rating Matrix</b>					
Project Location:							
Contract Number: [ProjectNumber]		<b>Severity</b>	<b>Probability</b>				
Date Prepared:			Frequent	Likely	Occasional	Seldom	Unlikely
SSHO: Signature:		Catastrophic	E	E	H	H	M
Superintendent: Signature:		Critical	E	H	H	M	L
QC Manager: Signature		Marginal	H	M	M	L	L
		Negligible	M	L	L	L	L
Subcontractor Forman: 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. Annotate the overall highest RAC at the top of AHA.					M = Moderate Risk
							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			

## **5. TRAINING**

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 System, 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 System
- The [CompanyName] Safety Policy
- Specific operating policies identified in this Accident Prevention Plan
- Specific safety standard operating procedures
- Job hazard analysis
- Activity hazard analysis
- Safety communications

### **a. SAFETY INDOCTRINATION TRAINING**

The Site Safety and Health Officer indoctrinates each employee into the safety 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.

### **b. REQUIREMENTS FOR NEW HIRE SOH ORIENTATION TRAINING**

As the project proceeds, newly hired employees and new employees assigned to the project must undergo Project Safety Indoctrination Training as .



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

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

### **c. PRE-CONSTRUCTION SAFETY CONFERENCE**

The Site Safety and Health Officer conducts a pre-construction safety conference with the Project 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.

### **d. REQUIREMENTS FOR MANDATORY TRAINING, RETRAINING 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
New Hire Soh Orientation Training	Newly hired employees and new employees assigned to the project must undergo training required by this plan before they may perform project work
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.

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 nonconformance, training is included in a corrective action plan.

## **e. PROCEDURES FOR PERIODIC RETRAINING AND RECERTIFICATION REQUIREMENTS**

The Superintendent ensures that all safety project personnel receive periodic retraining of mandatory training.

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.

**Retraining and recertification.** At least annually, the President or Site Safety and Health Officer will review personnel safety qualifications and certifications to determine if recertification is required.

At least annually, all safety personnel will receive refresher training on the [CompanyName]' Mandatory Training Topics included in this subsection.

## **f. REQUIREMENTS FOR EMERGENCY RESPONSE TRAINING**

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

## 7. PROCEDURES FOR REPORTING

### a. REPORTING MAN-HOURS WORKED

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.

### b. 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.

#### (1) 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

#### (2) 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.

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 Injuries
- Days Away Illnesses
- Restricted/Transfer Injuries

#### (3) 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.

#### (4) 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.

## **(5) BOARDS OF INVESTIGATION**

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
- 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.

## **(6) MISHAP SCENE**

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

## **(7) 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.

## **(8) 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.

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)
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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.

[illegible]

## 8. EMERGENCY PLANNING

Employees working alone or remotely are to use a cell phone, two-way radio, or hardline phones as an effective means of emergency communications.

### a. EMERGENCY CONTACT NUMBERS

- AMBULANCE- 911
- FIRE DEPARTMENT- 911
- NON-EMERGENCY FIRE DEPT – [Phone Number]
- POLICE- 911
- HOSPITAL (EMERGENCY) - 911
- NEAREST MINOR MEDICAL CLINIC [Address]. Doctor On-Duty at time of accident [Phone Number]
- POISON CONTROL- 800-848-6946

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## 9. SITE SANITATION (DRINKING WATER, TOILETS AND WASH FACILITIES).

### a. DRINKING WATER

Supplies of potable water for drinking and personal care will be maintained.

A supply of bottled water will be available in the construction office, eating areas, and in construction passenger vehicles.

Cool drinking water will be provided during hot weather.

For installed water systems, only approved potable water systems may be used for the distribution of drinking water.

Use of a common cup (a cup shared by more than one worker) as well as other common utensils is prohibited.

Unused disposable cups will be kept in sanitary containers and a waste receptacle will be provided for used cups

### b. TOILETS

Toilets will meet standard requirements and enough in number to accommodate the number of personnel of both sexes regularly on site.

Where sanitary sewers are not available, job sites will be provided with standard chemical toilets, re-circulating toilets, or combustion toilets unless prohibited by state/local codes. Such porta toilets will be supplied and cleaned on a regular basis.

### c. WASHING FACILITIES

Washing facilities will be provided to maintain healthful and sanitary conditions. They will be provided with running water, soap, and individual means of drying. If it is not practical to provide running water, hand sanitizers may be used as a substitute.

## 10. FIRST AID AND CPR TRAINING

### a. LOCATION OF FIRST-AID KITS

First aid kits will be provided on the project. The type/size and location are listed below.

[List type/size and location of first aid kits here]

### b. FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR) AVAILABILITY.

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 an attachment as necessary]

Selected Pages  
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## 13. HAZARDOUS SUBSTANCES

When any hazardous substances are procured, used, stored or disposed, a Hazard Communication Program will be in place and MSDSs (SDSs) will be available at the worksite. Employees will have received training in hazardous substances being used. When the eyes or body of any person may be exposed to corrosives, irritants or toxic chemicals, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within 10 seconds of the worksite.

If applicable, Health Hazard Communication Program below will be completed and in use on this project.

HEALTH HAZARD COMMUNICATION PROGRAM		
Hazardous or Toxic Agent Inventory		
Hazardous or toxic agent	(1) How the agents are to be used at the project.	(2) Approximate quantities that will be on site
[list hazardous or toxic agents that are expected to be at the jobsite]	[indicate the specific definable feature of work that the hazardous or toxic agent will be used for]	[indicate how much of each agent you plan to have at the jobsite]
A site map will be attached to the inventory showing where inventoried substances are stored.		
[attach a site map with markings to note where substances listed in 06.B.01a will be kept]		
Hazardous or Toxic Agent Labeling.		
Containers used to store, and transport hazardous or toxic agents will have the original labels maintained or [insert other temporary labeling system here].		
Material Safety Data Sheet (MSDS) Management.		
MSDSs will be maintained at [describe where MSDSs will be kept, i.e.: in the project office] and will be available for review by employees.		
Employee Information and Training		

Employees will be trained initially and periodically regarding the use of hazardous or toxic agents on the site. [describe any specific training delivery methods here, i.e.: site orientation, tailgate meetings]
Description of training to include potential safety/health effects from exposure.
Address OSHA-compliant labeling of containers.
Method to ensure the inventory and site map will be updated as frequently as necessary to ensure accuracy.
Address how all employees potentially exposed to hazardous substances are advised of information in the substance's MSDs when they are brought onto the job site.
Method to ensure a copy of each hazardous substance's MSDS on the project will be maintained in an inventory, provided to the GDA, and made available to all potentially exposed employees.

## 16. HIGH HAZARD ACTIVITIES

No high hazard activities are included on this project.

High hazard activities should not be encountered on these types of jobs. If they are (i.e., driving/operating equipment on slopes, working from/in boats, etc.), a determination shall be made by the KO and local SOH Office as to whether an abbreviated APP is applicable. If so, they shall be fully addressed in the APP. AHAs are required on work activities which include high hazard activities.

High Hazard Activities List

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**or**

**Contact: First Time Quality**

**410-451-8006**

**[edc@firsttimequality.com](mailto:edc@firsttimequality.com)**