



# Accident Prevention Plans

Basic Requirements  
Section-by-Section  
AED Minimum Generic APP  
Activity Hazard Analysis

AED North Safety Office  
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# Basic Requirements

- All projects must have an Accident Prevention Plan (APP) accepted by AED before construction can begin.
- The plan must comply exactly with Appendix A of EM 385-1-1.
- If you are responsible for demining/uxo clearance you must also have UXO Clearance Work Plan accepted by AED before you begin demining.

# Appendix A

## Minimum Basic Outline for Accident Prevention Plans

1. Signature Sheet
2. Background Information
3. Statement of Safety and Health Policy
4. Responsibilities and Lines of Authority
5. Subcontractors and Suppliers
6. Training
7. Safety and Health Inspection
8. Accident Reporting
9. Plans
10. Risk Management Processes (AHA – Activity Hazard Analysis)

# AED Generic APP

- Template for preparing an acceptable plan.
- Each of the 10 required sections is included.
- You must put an “X” if it applies or mark “NA” box if it does not.
- By checking “X” you agree to comply with the key things listed and all other related requirements in EM 385-1-1.
- Insert any supporting / required maps, certificates, plans, etc. in the corresponding Appendix.

# I. SIGNATURE SHEET

- Must have the Title, Signature, and Phone number of the following:
  - Plan preparer
    - Qualified Person, Competent Person, such as corporate safety staff person, QC); (email address requested also)
  - Plan must be approved, by company/corporate officers authorized to obligate the company;
  - Plan concurrence
    - (e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, Project Manager or superintendent, project safety professional, project QC).
  - Provide concurrence of other applicable corporate and project personnel (Contractor).

[Type text]

## 1. SIGNATURE SHEET

**a. Plan preparer** (Safety manager, site safety and health officer (SSHO), or quality control representative will fill this role).

+	
Name:	Title:
Phone no.:	Date:
Signature:	

**b. Plan approval** (Company owner or Company / corporate officer authorized to obligate the company).

Name:	Title:
Phone no.:	Date:
Signature:	

**c. Plan concurrence** (e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC).

Name:	Title:
Phone no.:	Date:
Signature:	

[Type text]

## 2. BACKGROUND INFORMATION

- **List the following:**
  - a) Contractor;
  - b) Contract number;
  - c) Project name;
  - d) Brief project description, description of work to be performed, and location; phases of work anticipated (these will require an AHA).

[Type text]

## 2. BACKGROUND INFORMATION

Prime Contractor:	
Project name:	
Contractor:	
Contract no.:	

**a. Project description and location.** Prime contractor will provide a brief description of the project to include its location.

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**b.  A map of the project site general location and site plan – Insert in Appendix II.**

**c. Prime contractor accident experience.** Prime contractor will provide accident experience information, if available, on how many accidents the prime has experienced in the last two years and what type of accidents have occurred.

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**d. Phases of work / Definable Features of Work.** (Examples: Grading, excavation, formwork & shoring, steel erection, etc). NOTE: Section 10 requires an AHA for each of these phases

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[Type text]

### **3. STATEMENT OF SAFETY AND HEALTH POLICY**

- Provide a copy of current corporate / company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees.
- The Contractor's written safety program goals, objectives, and accident experience goals for this contract should be provided.

[Type text]

### **3, STATEMENT OF SAFETY AND HEALTH POLICY**

3.  **STATEMENT OF SAFETY AND HEALTH POLICY.** Prime contractor will provide a safe and healthful project site which is free from recognized and anticipated hazards that could cause injury or death. The prime contractor and his subcontractor(s) and supplier(s), and visitor(s), will comply with the policies set forth in EM 385-1-1 'Safety and Health Requirements Manual' dated 15 September 2008. Include a copy of Company's Safety Policy at Appendix III.

[Type text]

# 4. RESPONSIBILITIES AND LINES OF AUTHORITIES

Provide the following:

- a. A statement of the employer's ultimate responsibility for the implementation of his SOH program;
- b. Identification and accountability of personnel responsible for safety at both corporate and project level. Contracts specifically requiring safety or industrial hygiene personnel shall include a copy of their resumes. Qualifications shall include the OSHA 30-hour course or equivalent course areas as listed in Appendix A of EM 385-1-1.
- c. The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent / Qualified Person(s) requirements must be attached. The District SOHO will review the qualifications for acceptance;

## 4. RESPONSIBILITIES AND LINES OF AUTHORITIES (cont)

- d. Requirements that no work shall be performed unless a designated competent person is present on the job site;
- e. Requirements for pre-task safety and health analysis;
- f. Lines of authority;
- g. Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified;
- h. Provide written company procedures for holding managers and supervisors accountable for safety.

[Type text]

## 4. RESPONSIBILITIES AND LINES OF AUTHORITY

a.  **Resumes.** Prime contractor will provide resumes for safety and industrial hygiene personnel if the contract requires these positions. Competent person qualifications for the Site Safety and Health Officer (SSHO) will also be provided. At a minimum, the SSHO will have completed the OSHA 30 hour training and have one year experience. Provide training certificates for all designated competent personnel at Appendix B.

b.  **Accountability for personnel responsible for safety.**

**Company owner will:**

- Accept responsibility and accountability for the safety program.
- Provide leadership and guidance to supervisory personnel for the acceptance, maintenance, and enforcement of the safety program.
- Provide the necessary resources to maintain a safe and healthful project site.
- Conduct or attend monthly supervisory safety meetings.

**Company owner name/phone no.**

[Redacted]

**Project manager (superintendent) will:**

- Implement the safety and health program at the project site.
- Conduct periodic project site inspections to verify accident prevention plan (APP) and EM 385-1-1 compliance.
- Review and act upon site safety and health inspection reports.
- Prepare man-hour reports, if applicable.
- Have authority to make spot corrections or stop work for safety purposes.
- Conduct or attend monthly supervisory safety meetings.
- Generate and/or sign ENG Form 3394 when required.

**Project manager name/phone no.**

[Redacted]

**Safety manager will:**

- Accept administrative and oversight responsibility for the project site safety program.
- Provide technical guidance and support to the project manager, SSHO, supervisors, and foremen on safety and health issues.
- Conduct periodic worksite visits to verify APP and EM 385-1-1 compliance.
- Report observations and findings to the company owner.
- Purchase personal protective equipment (PPE) and safety supplies as necessary.
- Have authority to make spot corrections or stop work for safety purposes.
- Conduct or attend monthly supervisory safety meetings.
- Generate and/or sign ENG Form 3394 when required.

**Safety manager name/phone no.**

[Type text]

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 when required.

e no.

[Redacted]

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 t investigations.  
 s or stop work for safety purposes.  
 cific work crews.  
 ings and attend monthly supervisory safety meetings.

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 ed equipment daily before work begins.  
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 s or stop work for safety purposes.

ctor lines of authority will be as follows: Company owner, project ors, and workers.

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afe acts will not be tolerated  
 y actions will be taken:

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on will be noted in the daily

on will be noted in the daily

safe acts at the worksite will  
 ensure disciplinary actions

a.  **Company goal.** Prime contractor will provide a safe and healthful worksite that is free from recognized or anticipated hazards that could cause serious injury or death. We will strive for a zero accident rate and demand zero tolerance for unsafe acts, the workers who perpetrate them, and persons in positions of leadership who condone such actions.

b.  **Incentive program.** Prime contractor will provide their incentive program, if any.

[Type text]

# 5. SUBCONTRACTORS AND SUPPLIERS

- If applicable, provide procedures for coordinating SOH activities with other employers on the job site:
  - a. Identification of subcontractors and suppliers (if known);
  - a. Safety responsibilities of subcontractors and suppliers.

[Type text]

## 5. SUBCONTRACTORS AND SUPPLIERS

a.  Check the box if there aren't any subcontractors or suppliers working the site.

b.  **Identification of subcontractors and suppliers.** Prime contractor will list subcontractors and suppliers, if known, and their phone numbers.

Co: <input type="text"/>	Ph: <input type="text"/>
Co: <input type="text"/>	Ph: <input type="text"/>
Co: <input type="text"/>	Ph: <input type="text"/>
Co: <input type="text"/>	Ph: <input type="text"/>

c.  **Means for controlling subcontractors and suppliers.** Prime contractor will meet with subcontractors and suppliers before work begins, and periodically thereafter, to coordinate activities and schedules, and to resolve any safety issues that may arise.

d.  **Subcontractor and supplier safety responsibilities.** Subcontractors and suppliers will adhere to the requirements of the prime contractor's APP. Prime contractor will have subcontractors and suppliers sign the accident prevention plan signifying their understanding of, and compliance with, its provisions.

### SUBCONTRACTOR AND SUPPLIER ACCEPTANCE OF ACCIDENT PREVENTION PLAN

Name:	Date:
Signature:	

Name:	Date:
Signature:	

Name:	Date:
Signature:	

Name:	Date:
Signature:	

Name:	Date:
Signature:	

[Type text]

# 6. TRAINING

- a. Requirements for new hire SOH orientation training at the time of initial hire of each new employee.
  - b. Requirements for mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, HAZWOPER training and certification, PPE) and any requirements for periodic retraining/recertification.
  - c. Procedures for periodic safety and health training for supervisors and employees.
  - d. Requirements for emergency response training.
- > See paragraph 9.b. below for a list of requirements that may require emergency response training.**

[Type text]

## 6. TRAINING

### a. Safety indoctrination subjects.

- Personal protective equipment requirements for project site.
- Review of accident prevention plan and activity hazard analyses.
- Weekly (employees) and monthly (supervisors) safety meetings.
- Location of portable fire extinguishers.
- Location of first-aid kits.
- Identification of first-aid/CPR-qualified personnel (if applicable).
- Location of emergency phone numbers.
- Location of the nearest on-site/off-site medical facility.
- Emergency plans for fires/spills (if applicable).
- Accident notification and reporting procedures.
- Current project site safety issues.

### Other safety indoctrination subjects.

**b. Training or certifications applicable to the project.** (Note: If the activity selected is in **bold** the prime contractor will provide employee names working the job along with their years of 'on-the-job' experience in **Appendix VI**. If workers have attended a specific training class or hold a certification in the job the prime will also annotate this information – See **Appendix VI**.)

- |                                                             |                                                          |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Abrasive blasting.                 | <input type="checkbox"/> Fall protection.                |
| <input type="checkbox"/> Blasting.                          | <input type="checkbox"/> First-aid/CPR.                  |
| <input type="checkbox"/> Compressed gas cylinders.          | <input type="checkbox"/> Formwork/shoring.               |
| <input type="checkbox"/> Concrete/masonry.                  | <input type="checkbox"/> Hand/power tools.               |
| <input type="checkbox"/> Confined space.                    | <input type="checkbox"/> Hazard communication.           |
| <input type="checkbox"/> Cranes/derricks.                   | <input type="checkbox"/> Hazardous waste.                |
| <input type="checkbox"/> Crane hand signals.                | <input type="checkbox"/> Lockout/tagout.                 |
| <input type="checkbox"/> Electrical.                        | <input type="checkbox"/> Machinery/mechanized equipment. |
| <input type="checkbox"/> Elevating work platforms.          | <input type="checkbox"/> Motor/all-terrain vehicles.     |
| <input type="checkbox"/> Emergency response (fires/spills). | <input type="checkbox"/> Pneumatic tools.                |
| <input type="checkbox"/> Excavation.                        | <input type="checkbox"/> Portable fire extinguishers.    |
| <input type="checkbox"/> Explosive-actuated tools.          | <input type="checkbox"/> Powered industrial trucks.      |

[Type text]

[Type text]

- |                                                         |                                                               |
|---------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Pressurized equipment/systems. | <input type="checkbox"/> Scaffold systems.                    |
| <input type="checkbox"/> Respiratory protection.        | <input type="checkbox"/> Steel erection.                      |
| <input type="checkbox"/> Rigging.                       | <input type="checkbox"/> Vehicle-mounted elevating platforms. |
| <input type="checkbox"/> Rotating work platform.        | <input type="checkbox"/> Wearing/maintaining PPE.             |
| <input type="checkbox"/> Safe lifting techniques.       | <input type="checkbox"/> Welding/cutting.                     |

### Other training and certifications.

### c. Weekly employee safety meetings.

- Project manager, safety manager, site safety and health officer, or supervisor will conduct employee safety meetings.
- Prime contractor and subcontractor workers will attend employee safety meetings.

Day and time of employee safety meetings is listed below:

Day:	Time:
Day:	Time:

- Meetings will be documented with facilitator/attendee names, date, and subjects discussed.

### d. Monthly supervisory safety meetings.

- Company owner, safety manager; or project manager will conduct supervisory safety meetings.
- Prime contractor and subcontractor supervisors will attend supervisory safety meetings.

Day and time of supervisory safety meeting is listed below:

Day:	Time:
Day:	Time:

- Meetings will be documented with facilitator/attendee names, date, and subjects discussed.

[Type text]

# 7. SAFETY AND HEALTH INSPECTIONS

- a. Specific assignment of responsibilities for a minimum daily job site safety and health inspection during periods of work activity:
  - Who will conduct (e.g., SSHO, PM, safety professional, QC, supervisors, employees – depends on level of technical proficiency needed to perform said inspections),
  - proof of inspector's training/qualifications,
  - when inspections will be conducted,
  - procedures for documentation,
  - deficiency tracking system, and
  - follow-up procedures;
- b. Any external inspections/certifications that may be required (e.g., USCG).

[Type text]

## 7. SAFETY AND HEALTH INSPECTION

a.  **Project site safety inspections.**

- Company safety manager (periodically).
- Project manager (periodically).
- Supervisors and foremen (periodically).
- Site safety and health officer (SSHO) (frequently).
- Quality control representative (daily).
- Employees will conduct project site inspections of electrical cords, in-use hand and power tools, and in-use machinery/mechanized equipment (daily).

b.  **Inspector qualifications.** Prime contractor will provide inspector qualifications for safety manager, SSHO, and quality control representative.

c.  **Deficiency log.** A deficiency log will be generated after inspections using the criteria listed below. Follow-up inspections will be performed to ensure identified deficiencies have been corrected.

- Date deficiency identified.
- Description of deficiency.
- Name of person responsible for correcting deficiency.
- Projected resolution date.
- Date actually resolved.

d. External inspections. Are external inspections or certifications required?  Yes  No

If yes please explain.

[Type text]

# 8. ACCIDENT REPORTING

The Contractor shall identify person(s) responsible to provide the following:

- a. Exposure data (man-hours worked);
- b. Accident investigations, reports, and logs:
  - Report all accidents as soon as possible but not more than 24 hours afterwards to the Contracting Officer/Representative (CO/COR).
  - The contractor shall thoroughly investigate the accident and submit the findings of the investigation along with appropriate corrective actions to the CO/COR in the prescribed format as soon as possible but no later than five (5) working days following the accident.
  - Implement corrective actions as soon as reasonably possible;
- c. The following require immediate accident notification:
  - (1) A fatal injury;
  - (2) A permanent total disability;
  - (3) A permanent partial disability;
  - (4) The hospitalization of three or more people resulting from a single occurrence;
  - (5) Property damage of \$200,000 or more.

[Type text]

## 8. ACCIDENT REPORTING

a.  **Exposure data.** Man-hours worked will be reported to the AED Safety Office by the 25<sup>th</sup> of every month either using QCS or an approved form (must insert in **Appendix VIII**).

b.  **Accident notification.** Prime contractor will report accidents and incidents as soon as they happen to the contracting officer's representative (COR). The COR, in turn, will notify the AED Safety Office according to the notification information below. For accidents and incidents that require immediate notification the prime contractor will seal-off the site and await for the AED board of investigation team.

**Immediate notification (telephonically).**

- Fatality.
- Permanent total disability.
- Permanent partial disability.
- Three or more persons admitted to a hospital.
- Property damage of \$200,000 damage or more.

**24-hour notification (telephonically and/or email).**

- Lost time (Note: Lost time is defined as any loss of time away from work beyond the day or shift on which it occurred).
- Property damage not less than \$2,000 but no greater than \$200,000.
- Treatment of medical injuries not resulting in lost time.

c.  **Accident recording.** Prime contractor will coordinate with the COR on forwarding the appropriate documents to the AED Safety Office.

**Reportable accident and incident requirements.** All accidents and incidents to include occupational injuries and illnesses that result in medical treatment with no lost time, and property damage of less than \$2,000, will be documented in an email and sent to the AED Safety Office within 24 hours.

**Recordable accident and incident requirements.** All accidents and incidents to include occupational injuries and illnesses that result in lost time (measured in days) or property damage of \$2,000 or more will be documented on ENG Form 3394 'U.S. Army Corps of Engineers Accident Investigation Report' dated March 1999 and submitted to the AED Safety Office within five (5) days of the occurrence.

[Type text]

# 9. PLANS (PROGRAMS, PROCEDURES)

- Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks and compliance plans. Using the EM 385-1-1 as a guide, plans may include but not be limited to:
  - a. Layout plans;
  - b. Emergency response plans: Procedures and tests; Spill plans; Firefighting plan; Posting of emergency telephone numbers;
    - **Medical Support.** Outline on-site medical support and offsite 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 (Section 03.A.02; 03.D);
  - Other plans as required, such as:
    - Site sanitation plan;
    - Fire Prevention Plan;
    - Hazardous energy control plan;
    - Critical lift Plan;
    - Site-Specific Fall Protection & Prevention Plan;
    - Excavation/trenching plan.

[Type text]

## 9. PLANS (PROGRAMS, PROCEDURES)

### A. LAYOUT PLANS – MUST INSERT IN APPENDIX IX.

### B. EMERGENCY RESPONSE PLANS – SEE APPENDIX IX.

### C. MEDICAL SUPPORT.

#### a. General requirements.

- An effective means of communication (hard-wired, cellular, or two-way radio and tested in the area of use for functionality) with emergency response source access will be provided along with transportation for injured workers.
- Telephone numbers of medical facilities, physicians, and ambulances will be conspicuously posted (at a minimum these numbers will be posted near project-office telephones).
- A map showing the best route to the nearest medical facility will be conspicuously posted.

Medical Facility Name:

Address:

Phone Number(s):

#### b. Type of medical support.

- Less than 100 persons employed on any one shift.** On sites with less than 100 workers, and where neither a first-aid station nor infirmary is available, prime contractor will provide a first-aid kit for every 25 persons. These kits will have latex gloves and a CPR shield.

#### Location of first-aid kits.

\_\_\_\_\_

- Trained first-aid/CPR employees.** Prime contractor will have at least two employees on each shift trained to administer first-aid/CPR when a medical facility or physician is not accessible within five minutes of an injury to a group of two or more employees. Provide training certificates or copy of certification card.

Employee Name:

Certification expiration date:

Employee Name:

Certification expiration date:

- More than 99 but less than 300 persons employed on any one shift.** On sites with more than 99 but less than 300 workers the prime contractor will establish and equip, as directed by a licensed physician, a first-aid station. Identification signs and directional markers will be used to denote the station's location. Emergency lighting will be provided and a first-aid attendant will be on duty at all hours when work is in progress.

[Type text]

[Type text]

- 300 or more persons employed on any one shift.** On sites with 300 or more workers the prime contractor will establish and equip, as directed by a licensed physician, an infirmary. Identification signs and directional markers will be used to denote the infirmary's location and emergency lighting will be provided.

Infirmarys will provide reasonably quiet conditions with some privacy, lighting, climate control, adequate toilet facilities, hot and cold water, drainage, and electrical outlets. Walls and ceilings will be finished with two coats of white paint, windows and doors screened, and the floors made of impervious construction.

A properly-equipped emergency vehicle, helicopter, or mobile first-aid unit will be provided during work hours (the emergency vehicle will not be used for any other purpose). A registered nurse, licensed physician's assistant, certified emergency medical technician, or a licensed practical nurse (approval by a licensed physician) will be assigned on a full-time basis to each work site.

### D. PERSONAL PROTECTIVE EQUIPMENT (PPE).

#### a. General Requirements.

- Prime contractor will conduct hazard assessments to find out the type(s) of PPE required.
- Prime contractor will ensure workers know how to put on, adjust, wear, remove, and use PPE. PPE will be inspected before each use, maintained in a serviceable and sanitary condition, and stored so the integrity of the equipment is protected. This training will be documented with the name of the facilitator/attendees, date, and subjects taught.
- Damaged and defective equipment will not be used but rather marked 'out-of-service' and removed from the project site.

#### b. PPE used on the project site.

- |                                                       |                                                           |
|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Minimum required clothing.   | <input type="checkbox"/> Welding goggles.                 |
| <input type="checkbox"/> Hard hat.                    | <input type="checkbox"/> Welding hand-held shields.       |
| <input type="checkbox"/> Safety glasses/goggles.      | <input type="checkbox"/> Full-body harness w/ lanyard(s). |
| <input type="checkbox"/> Face shield.                 | <input type="checkbox"/> Reflective vest.                 |
| <input type="checkbox"/> Ear plugs/muffs.             | <input type="checkbox"/> Dust mask.                       |
| <input type="checkbox"/> Work gloves.                 | <input type="checkbox"/> Half-face full-face respirator.  |
| <input type="checkbox"/> Welding gloves.              | <input type="checkbox"/> Personal flotation device.       |
| <input type="checkbox"/> Steel-toed/hard-soled shoes. | <input type="checkbox"/> Life ring.                       |
| <input type="checkbox"/> Welding helmet.              | <input type="checkbox"/>                                  |

#### Other PPE used on the project site.

\_\_\_\_\_

[Type text]

[Type text]

**E. OTHER PLANS:** Must check if “YES” or NA (not applicable) for all listed plans. If you check “YES” then you must complete Appendix 9 boxes for that plan or insert your company plan.

PLAN NAME	YES	NA	PLAN NAME	YES	NA
Plan for prevention of alcohol and drug abuse (01.C.02)			Contingency plan for severe weather (19.A.03);		
Site sanitation plan (Section 02)			Float Plan (19.F.04);		
Access and haul road plan (4.B)			Site-Specific Fall Protection & Prevention Plan (21.C);		
Respiratory protection plan (05.G)			Demolition plan (to include engineering survey) (23.A.01);		
Health hazard control program (06.A)			Excavation/trenching plan (25.A.01);		
Hazard communication program (06.B.01)			Emergency rescue (tunneling) (26.A.);		
Lead abatement plan (06.B.05 & specifications);			Underground construction fire prevention and protection plan (26.D.01);		
Asbestos abatement plan (06.B.05 & specifications);			Compressed air plan (26.I.01);		
Safety Program (06.E.03.a);			Formwork and shoring erection and removal plans (27.C);		
Abrasive blasting (06.H.01);			PreCast Concrete Plan (27.D);		
Heat/Cold Stress Monitoring Plan (06.I.02)			Lift slab plans (27.E);		
Crystalline Silica Monitoring Plan (Assessment) (06.M);			Steel erection plan (27.F.01);		
Night operations lighting plan (07.A.08);			Site Safety and Health Plan for HTRW work (28.B);		
Fire Prevention Plan (09.A);			Blasting Safety Plan (29.A.01);		
Wild Land Fire Management Plan (09.K);			Diving plan (30.A.13);		
Hazardous energy control plan (12.A.01);			Confined space Program (34.A).		
Critical lift Plan (16.H);					

[Type text]

# 10. RISK MANAGEMENT PROCESSES

- Detailed project-specific hazards and controls shall be provided by an Activity Hazard Analysis (01.A.13) for each major phase/activity of work.
- Must have AHA for each phase of work in Section 2.

[Type text]

## 10. RISK MANAGEMENT PROCESSES (AHA – ACTIVITY HAZARD ANALYSIS)

### Instructions

1. List each definable feature of work / phase of work in the table below. NOTE: Definable feature of work / phase of work should be same as listed in Section 2.d. of this APP)
2. For each listed phase/feature complete an Activity Hazard Analysis form (See Figure 1-2 page 10 of EM 385-1-1) and insert into Appendix X.

ID No.	Feature of work / phase of work
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

[Type text]

# AHA Form

[Type text]

ACTIVITY HAZARD ANALYSIS		
ID No.	FEATURE OF WORK:	
Contract No. [ ]	Project: [ ]	Location: [ ]
Date: [ ]	Activity: [ ]	Estimated Start Date: [ ]
PRINCIPAL STEPS	POTENTIAL SAFETY/HEALTH HAZARDS	RECOMMENDED CONTROLS
[ ] <i>Identify the principal steps involved and the sequence of work activities.</i>	[ ] <i>Analyze each principal step for potential hazards.</i>	[ ] <i>Develop specific controls to eliminate or reduce each hazard to an acceptable level of risk.</i>
EQUIPMENT TO BE USED	INSPECTION REQUIREMENTS	TRAINING REQUIREMENTS
[ ] <i>List equipment to be used in the work activity.</i>	[ ] <i>List inspection requirements for the work activity.</i>	[ ] <i>List training requirements, include hazard communication.</i>
Prepared by: Contractor's competent/qualified person(s) (Signature & Date) [ ]		
<input type="checkbox"/> - AHA Accepted as Part of project Accident Prevention Plan; or <input type="checkbox"/> - This AHA has been reviewed by the designated AED COR and is acceptable for use on this project. This acceptance is predicated on satisfactory implementation in the field by the contractor and will be rescinded if the contractor fails to enforce the controls identified in this document and/or the requirements identified in EM388-1-1. This AHA will be reviewed and modified as necessary to address changing site conditions, operations, or change of competent/qualified person(s).		[ ] Name, COR (Signature & Date)

[Type text]

# Appendices for Each Section in APP

In the proper appendix for that section you either:

- Insert supporting documents
  - Resumes, certificates, plans, maps, etc.

**OR**

- You complete the Appendix by checking “X” or “NA” to confirm you agree with the key statements and fill in any blanks.
- By checking the “X” box then you agree to comply with the statements and all other requirements in the EM related to that subject.

# Appendix I, II, & III

[Type text]

## APPENDIX I. SIGNATURE SHEET

(Reserved)

[Type text]

[Type text]

## APPENDIX II. BACKGROUND INFORMATION

Required Enclosures:  
None

Optional:  
Copy of project description from SOW,  
etc.

[Type text]

[Type text]

## APPENDIX III. STATEMENT OF SAFETY AND HEALTH POLICY

Required Enclosures:

1. Copy of signed company statement of Safety and Health Policy (if not using generic option).
2. The Contractor's written safety program goals, objectives, and accident experience goals for this contract (if not using generic option).

Optional:

[Type text]

# Appendix IV, V, & VI

[Type text]

## APPENDIX IV.

### RESPONSIBILITIES AND LINES OF AUTHORITY

#### Required Enclosures:

1. **Resume and 30 hour Construction Safety Course certificate for SSHO.**
2. **Proof of competency / qualification (Resumes and certificates) for persons listed in Section 4.**
3. **Organization Chart (with names) for Key Corporate and Project personnel.**
4. **Corporate/Company accountability policies and procedures (if not using generic option).**

#### Optional:

[Type text]

## APPENDIX V.

### CONTRACTORS AND SUPPLIERS

#### Required Enclosures:

#### Optional:

policies of Subcontractor Safety policies and procedures.

[Type text]

[Type text]

## APPENDIX VI.

### TRAINING

#### Required Enclosures:

1. **Company SOH Training policies, procedures, and plans (if not using generic option)**

#### Optional:

Company SOH training documents – such as training logs, certificates, etc.

[Type text]

#### Explosive-actuated tools.

Name:	Training:
Name:	Training:

[Type text]

# Appendix VII & VIII

[Type text]

## APPENDIX VII.

### SAFETY AND HEALTH INSPECTION

#### Required Enclosures:

1. Company safety and health inspection policies, procedures, and forms. (if not using generic option).
2. Documents supporting Section 7 requirements.

#### Optional:

[Type text]

[Type text]

## APPENDIX VIII.

### ACCIDENT REPORTING

#### Required Enclosures:

1. Company accident reporting policies, procedures, and forms. (if not using generic option).
2. Documents supporting Section 8 requirements.

#### Optional:

|

[Type text]

# Appendix IX

[Type text]

## APPENDIX IX.

### PLANS

#### Required Enclosures:

1. Area map showing site location.

2. Site layout map also showing site laydown areas, sanitation facilities, on-site medical support location (e.g. 1<sup>st</sup> Aid Kit), emergency telephone location and numbers.

3. Acknowledgement of key provisions of all required plans – or copies of company SOH policies, procedures, or plans related to requirements.

#### Optional:

[Type text]

[Type text]

Temporary facilities/layout plan (Section 4.A).  NA.  
\*\*\*Written Company plan required

- Trailers and other temporary structures used as field offices, personnel housing, or storage areas will be anchored with rods and cables or by steel straps attached to ground anchors.
- Temporary facility spacing requirements will be in accordance with (IAW) paragraph 09.A.19.
- Temporary power distribution requirements will be IAW paragraph 11.D.01.
- Temporary project fencing will be provided on projects located in areas used by the public.
- Signs warning of construction hazards will be posted on fencing every 300'.
- Temporary structures with an electrical capability will be grounded.
- Temporary work camps will be adequately drained (graded and ditched) and rendered free from depressions where water may settle.
- The area surrounding the structures will be free of debris, garbage, and rubbish.
- Temporary sleeping quarters will be heated, ventilated, lighted, and maintained in a clean and safe condition.

Emergency response plans for fires/spills (Section 01.E.01).  NA.  
\*\*\*Written Company plan required.

- Discuss escape procedures and routes.
- Designate critical project site operations and discuss how the operations will be protected.
- Discuss employee accountability procedures following an evacuation.
- Discuss employee roles in emergencies to include responsibilities and equipment used.
- Discuss the location of emergency contact information to include reporting procedures.

Hazard communication plan (Section 06.B.01).  NA.  
\*\*\*Written Company plan required.

- A current inventory of project site hazardous chemicals will be prepared.
- Material safety data sheets for hazardous substances will be kept at the project site.
- Containers will be labeled with the type of hazardous substance they contain.
- Workers will be notified about new substances that are brought onto the worksite to include the hazards associated with them.

Respiratory protection plan (Section 05.G.03).  NA.  
\*\*\*Written Company plan required.

- Discuss the use of dust masks to protect workers from large particulate matter.
- Discuss the use of half-faced respirators to protect workers from small particulate matter to include fumes, mists, and aerosols.
- Discuss sealing a half-face respirator properly.
- Discuss cleaning a half-faced respirator properly
- Discuss inspecting and storing a half-face respirator properly.

[Type text]

[Type text]

[Type text]

## APPENDIX X.

### RISK MANAGEMENT PROCESSES (AHA – ACTIVITY HAZARD ANALYSIS)

#### Required Enclosures:

1. One completed AHA form for each phase of work / feature of work.

#### Optional:

[Type text]

# Appendix X: One AHA form for each feature of work

[Type text]

ACTIVITY HAZARD ANALYSIS		
<b>ID No.</b>	<b>FEATURE OF WORK:</b>	
Contract No. [ ]	Project: [ ]	Location: [ ]
Date: [ ]	Activity: [ ]	Estimated Start Date: [ ]
<b>PRINCIPAL STEPS</b>	<b>POTENTIAL SAFETY/HEALTH HAZARDS</b>	<b>RECOMMENDED CONTROLS</b>
[ ] <i>Identify the principal steps involved and the sequence of work activities.</i>	[ ] <i>Analyze each principal step for potential hazards.</i>	[ ] <i>Develop specific controls to eliminate or reduce each hazard to an acceptable level of risk.</i>
<b>EQUIPMENT TO BE USED</b>	<b>INSPECTION REQUIREMENTS</b>	<b>TRAINING REQUIREMENTS</b>
[ ] <i>List equipment to be used in the work activity.</i>	[ ] <i>List inspection requirements for the work activity.</i>	[ ] <i>List training requirements, include hazard communication.</i>
Prepared by: Contractor's competent/qualified person(s) (Signature & Date) [ ]		
<input type="checkbox"/> - AHA Accepted as Part of project Accident Prevention Plan; or <input type="checkbox"/> - This AHA has been reviewed by the designated AED COR and is acceptable for use on this project. This acceptance is predicated on satisfactory implementation in the field by the contractor and will be rescinded if the contractor fails to enforce the controls identified in this document and/or the requirements identified in EM388-1-1. This AHA will be reviewed and modified as necessary to address changing site conditions, operations, or change of competent/qualified person(s).		[ ] Name, COR (Signature & Date)

[Type text]

# AHA Scaffolding Example

- Steps in preparing an AHA
  - A. Identify the steps in the process
    - ❖ General safety requirements for all steps.
      1. Set Up.
      2. Assembly of Scaffolding.
      3. Use of Scaffolding.
      4. Disassembly of Scaffolding.
  - B. Identify the potential hazards in each step.
  - C. Identify controls for each hazard.

# General safety requirements for all steps

ACTIVITY HAZARD ANALYSIS (AHA)		
1. Contract Number:	2. Contractor Name:	3. Date prepared:
4. Title/Activity Performed: FIXED SCAFFOLDING	5. Location:	6. Estimated Date of Completion:
7. PRINCIPAL STEPS	8. POTENTIAL HAZARDS	9. RECOMMENDED CONTROLS
General Safety Requirements all Steps	Exposure to Cold or Hot Weather  Dehydration  <b>**Add additional potential hazards for general on site safety requirements. **</b>  <b>The above hazards are not all inclusive and the Site Safety and Health Officer including the Quality Assurance Representative (QAR) shall review the AHAs</b>	<b>Minimum Personal Protective Equipment Dress:</b> <ul style="list-style-type: none"> <li>• Long Pants</li> <li>• Shirts with Sleeves</li> <li>• Hardhat</li> <li>• Covered Shoes (Steel Toe Preferred)</li> <li>• Safety Glasses (Potential Eye Hazard Areas)</li> </ul> <b>Weather:</b> <ul style="list-style-type: none"> <li>• Wear appropriate clothing for hot or cold weather. (List specific clothing or refer to Company quick sheet, SOPs, plan, etc. for specific details)</li> <li>• Sun block</li> <li>• Lip balm</li> </ul> <b>Dehydration:</b> <ul style="list-style-type: none"> <li>• Drink at least ½ liter of water an hour.</li> <li>• Refer to Company quick sheet, SOPs, plan, etc. for specific details on heat stress signs and symptoms.</li> </ul>

# I. Set Up

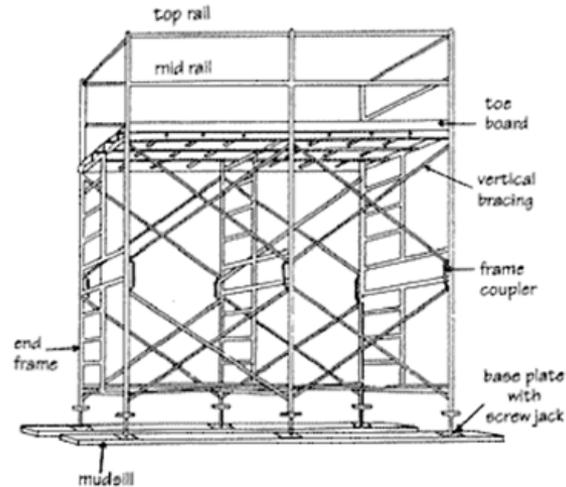
7. PRINCIPAL STEPS	8. POTENTIAL HAZARDS	9. RECOMMENDED CONTROLS
<p>1. Set-Up</p>	<p>1. Back Strain from uploading or moving scaffold components.            2. Lacerations on hands            3. Scaffold failure due to damaged scaffolding components.            4. Struck by mechanized equipment.            5. Loss of load.            6. Stuck by suspended loads or material.            7. Electrical Shock            8. Scaffold failure due to improper set-up</p>	<p>1a. Utilize proper lifting techniques.            1b. Size up load before lifting.            1c. Ask for help when lifting heavy items more than 50 lbs.</p> <p>2. Wear leather gloves.</p> <p>3a. <b>INSPECT</b> all scaffolding components defects or damage such as cracks, excessive rust, metal fatigue, unauthorized repairs, bent tubing or frame, etc.</p> <ul style="list-style-type: none"> <li>• Frames</li> <li>• Tubing</li> <li>• Base Plates</li> <li>• Locking Pins</li> <li>• Access Ladder</li> <li>• Planking (Wood or Metal)</li> <li>• Cross Braces</li> </ul> <p>3b. <b>REMOVE</b> damaged or defective scaffold components immediately.</p> <p>3c. Attach tag or label "<b>DO NOT USE</b>" on scaffold component.</p> <p>4a. <b>ALWAYS</b> maintain eye contact with operator of equipment.            4b. <b>NEVER</b> stand behind (Blind Spots) equipment.            4c. <b>NEVER</b> stand near unloading or moving of scaffold components.            4d. <b>ONLY</b> qualified operators shall operate equipment.</p> <p>5a. Secure loads from displacement with ropes, cables, chains, etc. before movement.            5b. Ensure load to be lifted is secured, balanced, etc.            5c. Keep hands, fingers, or other body parts away from pinch points.</p> <p>6a. <b>NEVER</b> stand underneath suspended loads.            6b. Use taglines to control loads when elevated.</p> <p>7a. Check above for overhead power lines.            7b. <b>NEVER</b> erect scaffolding within 10 ft (3 m) of overhead power lines. Refer to EM 385-1-1, Table 11-1 for Minimum Clearance from Energized Overhead Electrical Lines            7c. <b>NEVER</b> string or hang temporary power cords, wires, etc. on metal scaffolding. <b>Consult with Safety Officer.</b></p> <p>8a. Inspect ground conditions (level and firm).            8b. Stable base is necessary for proper scaffold assembly.            8c. Scaffold shall be tied into structure when the scaffold height exceeds <b>four times</b> the minimum scaffold base dimension per EM 385-1-1, para 22.B.09</p>

# 2. Assembly of Scaffolding.

7. PRINCIPAL STEPS	8. POTENTIAL HAZARDS	9. RECOMMENDED CONTROLS
<p>2. Assembly of Scaffolding</p>	<p>1 Fall from Elevated Heights            2. Scaffold Failure            3. Back Strain            4. Lacerations on hands</p>	<p>1a. 100 percent fall protection required during assembly.            1b. Personnel shall not be exposed to unprotected sides or falls greater than 6 ft (1.8 m).            1c. Scaffolding shall not exceed 14 inches (35.5 cm) from the planking to the face of the building or structure.            1d. Scaffolding more than 14 inches (35.5 cm) from the planking to the face of the building or structure shall be guardrails and/or the use of personal fall protection.            1e. Personnel shall be tied off to a vertical lifeline with a rope grab during assembly of scaffolding.            1f. Vertical lifeline shall be secured to an anchor point of at least 5,000 lbs (2,267.9 kg) per individual.</p> <p><b>Develop a site specific AHA for fall protection and refer to EM 385-1-1, Section 21.</b></p> <p><b>1g. Contact Safety Officer for additional guidance on fall protection requirements.</b></p> <p>2a. See diagram below and refer EM 385-1-1, Section 22 for specific requirements (i.e., toe boards, guard rails, safe access, etc.)            2b. Scaffolding shall be assembled on mud sills and base plates.            2c. Mud sills shall be at <b>least 2 times</b> the size of the base plates to disperse total weight of scaffolding.            2d. Scaffolding shall be plumb and level.            2e. Working levels shall be fully decked and/or planked.            2f. Planking shall extend over the end supports not less than 6 in (30.4 cm).            2g. Planking shall be secured, supported, or braced to prevent excessive spring or deflection and secured to prevent loosening, tipping, or displacement. <u>Use of tie wire, cleats, etc. are options.</u>            2h. Planking shall <u>overlapped</u> at least 12 inches (30.4 cm) or secured from movement.            2i. Scaffold shall be capable of supporting without failure at least 4 times the maximum anticipated loads.            2j. Scaffolding shall be all required cross, horizontal, or diagonal braces to secure vertical members laterally.            2k. Scaffolding shall be rigid.</p> <p>3a. Utilize proper lifting techniques.            3b. Size up load before lifting.            3c. Ask for help when lifting heavy items more than 50 lbs.</p> <p>4. Wear leather gloves.</p>

# 3. Use of Scaffolding.

2. Assembly of Scaffolding (Diagram)

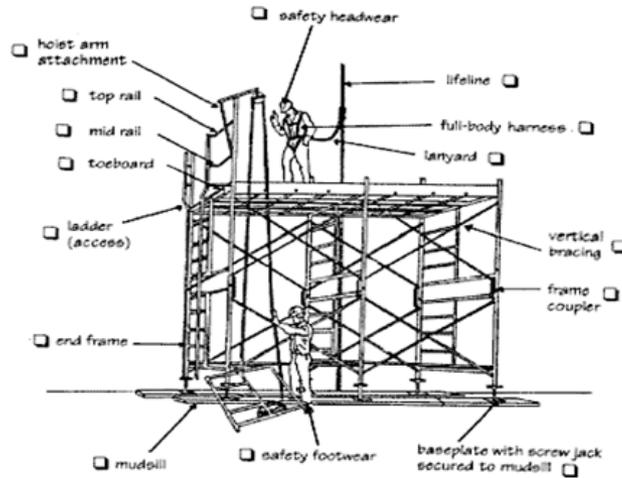


7. PRINCIPAL STEPS	8. POTENTIAL HAZARDS	9. RECOMMENDED CONTROLS
<p>3. Use of Scaffolding</p>	<ol style="list-style-type: none"> <li>1. Scaffold Failure</li> <li>2. Falls from Heights</li> <li>3. Slips, Trips, or Fall</li> </ol>	<ol style="list-style-type: none"> <li>1a. <b>DO NOT</b> overload more than 4 times the maximum load rating.</li> <li>1b. <b>DO NOT</b> attached hoists or other material lifting devices without Safety Officer approval.</li> <li>1c. Scaffolding shall be tied into building whenever height of the scaffold exceeds 4 times the minimal base. Refer to EM 385-1-1, para 22.B.09 for additional guidance.</li> <li>1d. Scaffold usage shall cease during high winds or severe inclement weather conditions.</li>   <li>2a. Guardrails shall be used as primary fall protection. Guard rails shall installed IAW EM 385-1-1, para 21.B.02.</li> <li>2b. Securing of personal fall protection devices to scaffolding is prohibited.</li> <li>2c. Personnel shall have fall protection whenever above 6 ft (1.8 m).</li> <li>2d. Climbing of braces or cross bracing is prohibited.</li> <li>2e. Safe access (ladder) shall be provided.</li> <li>2f. Personnel shall not stand on mid rails.</li> <li>2g. Ladders shall extend at least 3 ft (0.9 m) past the work area.</li>   <li>3. Walking surfaces on and around scaffolding shall be clear of debris.</li> </ol>

# 3. Use of Scaffolding (cont)

## 3. Use of Scaffolding

### Scaffold Inspection Checklist



### Frame Scaffold

The scaffold checklist is not all inclusive of the safety requirements for the assembly, use, and disassembly of scaffolding. Competent Person onsite for work platform safety shall review EM 385-1-1 Safety and Health Requirements Manual, Host Nation safety laws, contract specifications, manufacture specifications, etc. as additional guidance or information for work platform safety.

# 4. Disassembly of Scaffolding.

7. PRINCIPAL STEPS	8. POTENTIAL HAZARDS	9. RECOMMENDED CONTROLS
4. Disassembling of Scaffolding	1 Fall from Elevated Heights 2. Back Strain 3. Lacerations on hands	1a. 100 percent fall protection required during disassembly. 1b. Personnel shall not be exposed to unprotected sides or falls greater than 6 ft (1.8 m). 1c. Personnel shall be tied off to a vertical lifeline with a rope grab during assembly of scaffolding. 1d. Vertical lifeline shall be secured to an anchor point of at least 5,000 lbs (2,267.9 kg) per individual.  <b>Develop a site specific AHA for fall protection and refer to EM 385-1-1, Section 21.</b>  <b>1e. Contact Safety Officer for additional guidance on fall protection requirements.</b>  2a. Utilize proper lifting techniques. 2b. Size up load before lifting. 2c. Ask for help when lifting heavy items more than 50 lbs.  3. Wear leather gloves.
10. EQUIPMENT TO BE USED	11. INSPECTION REQUIREMENTS	12. TRAINING REQUIREMENTS
Scaffold components Hammers Mud sills Full body harness Lanyard Lifeline Fall protection anchor points Float	Inspect scaffold components prior to use  Inspect scaffold daily (Use Checklist)  Inspect level and plumb of scaffoldings during erection and daily when in use.  Daily Housekeeping of work areas and scaffolding	Scaffold Assembly Fall Protection Inspection of Work Platforms Heat or Cold Hazards
13. Prepared by (Signature and Date):		
14. Safety Officer Review (Signature and Date):		
15. AHA Discussed at Preparatory Meeting Held On (Signature and Date):		

# Checking Your Work

- After you have finished your APP – Check it yourself.

## Accident Prevention Plan Review EM 385-1-1 (15 Sep 08) Checklist

NOTE: EM 385-1-1 Section 01.A.11 requires that before initiation of work at the job site, an APP (Accident Prevention Plan) with appropriate appendices written in English by the Prime Contractor for the specific work and hazards of the contract and implementing in detail the pertinent requirements of the EM – will be reviewed and found acceptable by the GDA. APPs shall be developed and submitted by the Contractor in the formats provided in Appendix A of the EM. It further states that the Contractor shall address each of the elements/sub-elements in the outline contained in Appendix A in the order that they are provided in the manual. If by the nature of the work an item is not applicable, the Contractor will so state and provide a justification for why that element/sub-element is not applicable.

Item No.	Description	GO	NO GO
0	<b>Proper APP submission format and elements / sub-elements.</b> Checking this box NO GO results in no further review of the submitted APP by USACE. The GDA may choose to review the plan for required elements / sub-elements as a courtesy to the contractor.		
1	<b>Signature Sheet</b> – Title, signature, and phone number for the following: a. Plan Preparer (qualified person) b. Approved by company officers w/ signatures c. Plan concurrence by Project key personnel w/ signatures		
2	<b>Background Information</b> a. Contractor b. Contract No. c. Project name d. Brief project description to include description of work to be performed and location; phases of work anticipated (AHA required for each phase/feature of work – See #10 below)		
3	<b>Statement of Safety and Health Policy</b>		
4	<b>Responsibilities and Lines of Authority</b> a. Statement of employer's ultimate responsibility for SOH implementation. b. ID and accountability of personnel responsible for safety – including SSHO's resume c. Names & Qualification of Competent/Qualified Persons d. Statement that no work will be performed unless competent/qualified person present. e. Requirement for pre-task safety & health analysis f. Lines of authority g. Disciplinary procedure of safety violations h. Written company procedures for holding managers & supervisors accountable for safety		

Item No.	Description	GO	NO GO
5	<b>Subcontractors and Suppliers</b> a. ID of subcontractors and suppliers b. Safety responsibilities of subcontractors and suppliers		
6	<b>Training</b> a. Requirements for new hire SOH orientation training. b. List of mandatory training and certifications that are applicable to the project and any periodic retraining c. Procedures for periodic SOH training for supervisors and employees d. Identify requirements for emergency response training		
7	<b>Safety and Health Inspection</b> a. Who will conduct safety inspections, proof of inspectors qualifications, when inspection will be conducted, how they will be recorded, deficiency tracking system, and follow-up procedures (must include names and qualification of qualified persons) b. Any external inspections / certifications required		
8	<b>Accident Reporting</b> – identify who, how, and when the following will be completed: a. Exposure data (man-hours worked) b. Accident investigations, reports, and logs c. Immediate notification of major accidents		
9	<b>Plans (programs, procedures required by safety manual.</b> a. Layout plans b. Emergency response plans – including posting of emergency telephone numbers, map to nearest hospital, etc. c. Control of hazardous energy plan (Lock Out / Tag Out) d. Other specific plans noted in EM385-1-1 Appendix A required based on the work being conducted		
10	<b>Risk Management Processes</b> Detailed project-specific hazards and controls shall be provided in the AHA for each major phase/activity of work identified in		

X	Code	Description
	A	Approved as submitted
	C	Approved except as noted, re-submittal of excepted portion required
	E	Disapproved – Re-submittal required
	FX	Receipt acknowledged, does not comply as noted with contract requirements

USACE Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_



# QUESTIONS

???