

Centennial Health, Safety, Environment & Quality



HSEQ Jobsite Binder



HSEQ

Jobsite Binder

Project Information

Project Name:

Contract Number:

Project Manager:

Project Superintendent:

Date:

Project Location (address):

Centennial Office Contact Info:

Phone:

Fax:

1	Project Site Visitors Log (<i>sign in sheet</i>)
2	Site Specific HSEQ Plan
3	Weekly Toolbox Safety Meetings
4	Activity Hazard Analyses (AHA)
5	HSEQ Site Inspection
6	High Risk Plan
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10	Letter(s) of Designation
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14	Miscellaneous
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HSEQ Jobsite Binder

TAB #1:

Project Site Visitors Log



Project Site Visitors Log

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HSEQ Jobsite Binder

TAB #2

- 2.1 - Site Specific HSEQ Plan**
- 2.2 - Emergency Action Plan &
Contact Posting**

HSEQ Jobsite Binder

TAB #2.1:

Site Specific HSEQ Plan

Site Specific HSEQ Plan

Instructions: *Complete the Site Specific HSEQ Plan template below.*

Project Name: _____ Contract #: _____

Plan Author (name): _____ Date: _____

Project Location: _____

Introduction

It is the responsibility of each contractor working on this project to implement, enforce and modify when necessary the safety policies and procedures identified herein. Communication and training is an integral part of the HSEQ program and should be emphasized over the duration of the job. In order to facilitate the above, every employee on-site shall follow the established policies and procedures as required in the next paragraph,

Sub-contractors as well as other affected persons on this site are obligated to follow the rules and regulations of, but not limited to; the Environmental Protection Agency (EPA), Occupational Safety and Health Administration (OSHA), USACE EM 385-1-1 (if working on a Federal project) and any other applicable **State** or local safety, health and environmental standards/regulations.

The goal of this Site Specific HSEQ Plan is to provide a healthy and safe working environment for everyone as well as to protect the project site and the environment to the best of our ability. If a conflict is identified between the safety standards of the general contractor, sub-contractor or the customer, the most stringent requirement shall be applied.

Personnel

Project Manager: _____ Company: _____

Superintendent: _____ Company: _____

Quality Control: _____ Company: _____

Project Safety Officer: _____ Company: _____

Responsibilities

The PSO and Superintendent shall make all personnel on-site, including subcontractors and lower tier contractors aware of this site specific safety plan **prior** to initiating work, by delivering an on-site safety orientation. This orientation shall include: site specific program content, special project concerns and hazards, owner modifications, training requirements for the project including the day and time of the "tool box" talks, the reporting of hazards, illnesses, injuries and "near-misses", any dangerous or out-of-service equipment, and the location of all the safety, health and environmental plans, AHAs, manuals and SDS. All reports, including accidents, incidents, out-of-service equipment and other information related to this plan, shall be submitted to the Superintendent listed above for corrective action and distribution.

Scope of Work

Provide a brief overview of the job (2-3 sentences).

Emergency Response

Emergency Contact Numbers:

Police _____ Fire _____ Ambulance _____

Additional or Site Specific Emergency Contact Number: _____

Location of First Aid Kit: _____

Location of Fire Extinguisher(s): _____

An appropriately sized ABC dry chemical fire extinguisher shall be conspicuously placed in appropriate areas of the construction project site to include (but not limited to):

- On all floors or levels of work.
- Within 25' of all hot work activities and operations.
- Within 50' of all flammable liquids.
- Within 75' of all work areas.
- Conspicuously placed by the Exit on each floor.

Fire Extinguishers on site shall have the following;

- Annual (current) inspection tag
- 30 day inspection / Annual
- Gauge indicating fully charged
- Pin with security seal

***Note:** Fire extinguishers shall only be used by personnel who have been trained to do so.
Subcontractors are responsible for providing their own fire extinguisher(s).*

FIRE

Fire Alarms – All employees and visitors are required to evacuate the building or site in the event of a fire alarm, regardless of cause or time. For reasons of accountability, before any work is initiated, the project superintendent shall identify a specific rally point / head count area / muster area / area of accountability. Accountability areas shall be > 50' from the building. It is the responsibility of the individual group, (by contractor, trade etc.), to determine whether or not all of their personnel evacuated the building, and if not, to report the names of the missing (or unaccounted person(s)) to the Project Site Superintendent and or the EMS Incident Commander.

Fires – In the event of an actual fire or smoke condition, the procedures identified above shall be followed: Notify all persons in the immediate area of the fire and initiate evacuation.

MEDICAL

All injuries and illness shall be reported to the Project Site Superintendent immediately.

Emergency Medical Treatment Facility (Hospital)

Facility Name: _____

Address: _____

Phone: _____

Emergency Medical Treatment Plan (Occupational Health Clinic)

Facility Name: _____

Address: _____

Phone: _____

Note: Directions to these facilities shall be posted on site on HSEQ jobsite poster. Under no circumstances shall an injured person escort him/herself to a medical facility. Subcontractors are required to be FA-CPR trained and provide First-Aid kit.

RALLY POINT

Rally Point / Meeting Area to be posted on HSEQ Jobsite Poster.

Emergency Response and Evacuation Checklist

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Project Name:

Project Location:

Date:

In the event of an Emergency, dial 911 or contact local emergency services

Instructions: Complete the checklist below when preparing for project site specific emergency situations.

Circle the appropriate response.

Has an alarm system been established to alert employees of an emergency? Yes No

Type of alarm system (explain):

Has a meeting location / rally point been established? Yes No

Location of meeting area / rally point (explain):

All employees have been trained in the Emergency Action Plan? Yes No

All employees have been trained in the location of the emergency rally point? Yes No

Building / owner specific emergency action plan has been incorporated into the Centennial emergency response action plan? Yes No

Procedures have been developed for those employees required to perform critical functions? (if yes, see section below) Yes No

CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Name of Employee:

Job Name:

Date:

Work Area:

Assignment(s)/Description:

Personnel involved in critical operations may remain on the project site upon the permission of the Project Representative. In case an emergency situation arises that will not permit any critical operations personnel to remain at the project site/facility, such information shall be provided to emergency response services.

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Project Title:

Project Location:

Project Representative:

In the headcount checklist below, insert the name of all on-site employees and place a check mark in the appropriate box.

[illegible]

Incident Investigation, Reporting and Record Keeping

All incidents & near misses **MUST** be reported to the Centennial Superintendent immediately

Electrical Safety

All electrical power is considered to be energized until the responsible electrician or appropriate competent person has verified and tested the system to make sure that it has been de-energized.

Electrical Cords

- Must be protected from physical damage
- Flexible cords must be free of damage, splices and taps
- Flexible cords shall be properly maintained and stored
- Twisted cords shall be removed from service and destroyed to prevent future use
- Flexible cords should not be so placed that they are considered a trip and fall hazard
- Flexible cords shall have the appropriate grounding pins, or shall be double-insulate

Lighting

- Shall be adequate for the job site
- Lighting shall be of the appropriate wattage, and placed in fixtures, including temporary usage in a manner specified by the lighting manufacturer
- Emergency lighting is required if work on the project will extend to after daylight hours
- Emergency lighting is required for below grade areas of the project and other areas where natural lighting is not available, in the event of a power failure

Power Tools

- Portable electrical equipment and tools must be grounded or double insulated
- The tools shall be free of damage, and if not removed from service
- Any power tool removed from service, because of damage, shall be labeled out-of-service by the person(s) who discover the deficiency.

Ground Fault Circuit Interrupters (GFCI)

GFCI protected equipment and tools can be accomplished by one of the following;

- A GFCI outlet
- An outlet protected by a GFCI breaker, or
- A portable GFCI pigtail

GFCI protection for all power tools and flexible cords is required for the duration of the project. When permanent wiring for the building / project or site has been completed, GFCI protection shall still be required. All contractors on site shall either;

- Obtain power from a permanently wired GFCI protected outlet, or
- Utilize a GFCI adapter/pigtail between the power supply and the flexible cord or tool being used
- Subcontractors are required to supply GFCI

Fall Protection

The competent person for fall protection on this project is responsible for identifying fall protection hazards and implementing controls to mitigate the fall hazards for exposed employees.

Will fall protection be required on this project?

YES

NO

Give a brief description of the work activities which will require fall protection implementation and the heights at which the work will take place:

Work task / area:

--

Height of work area: in feet _____

Excavation and Trenching

The competent person for excavation and trenching on this project is responsible for identifying hazards and implementing controls to mitigate hazards for exposed employees.

Before opening any excavation or trench, utilities must be determined and marked. Federal or state sponsored 811 "Call Before You Dig" will provide locations of underground utilities at no cost. In cases where known utilities have not been identified a private utility locate **shall** be contracted.

When concrete demolition/ slab removal is required (including any concrete coring) additional procedures **shall** be required for locating and identifying known and unknown utilities i.e.:

- Interior concrete demolition/removal **shall** require surface penetrating X-ray scanning or radar imaging
- Exterior concrete slabs within six feet of any structure/ building shall require surface penetrating X-ray scanning

When identified utilities are in or around an intended excavation or trench location, pot holing or digging by non-mechanical means is required to verify exact location, depth, and direction of utilities prior to using mechanized equipment.

An Excavation & Trenching Plan is required to be completed if any of the following conditions exist:

- If deemed necessary by the competent person
- if the trench or excavation is 5 feet (1.52m) or greater in depth.

Will excavation or trenching be required on this project?

YES

NO

Give a brief description of the excavation or trenching activities to take place on this project:

Depth of excavation/trench in feet:_____

Housekeeping

- The competent person is responsible for the housekeeping practices on the site.
- At a minimum, the aisles, exits, and other parts of the means of egress shall be properly maintained and free of unnecessary storage and waste.
- Sawdust and other combustible materials such as cardboard and paper shall be removed daily to reduce the risk of injury and fire.
- Trip and fall hazards shall be removed as soon as possible, especially in areas considered to be walk / work surfaces.
- Housekeeping practices on this project are extremely important.
- In order to reduce the risk of fire, prevent injuries and reduce the risk of a regulatory inspection, housekeeping must be maintained and the following shall be implemented:
- Waste shall be discarded in a suitable container.
- Sawdust and rags should be placed in a metal (approved) container with tight lid.
- All waste containers (inside the building) shall be emptied at least daily.
- Corridors and other walk / work areas shall not be used for storage.

Hotwork (welding / torch cutting / grinding / ss drilling)

Brazing, cutting, heating, soldering, welding and other spark or flame producing work on this job requires the acquisition of a Hot Work Permit

- The area(s) in which the Hot Work will be performed must be inspected by the competent person.
- All combustible material shall be located at least 35' away from the Hot Work area. Fire extinguishers must be of proper size and type for the Hot Work activity, and shall be located within 25' of the Hot Work area.

Will hot work activities be initiated on this project?

YES

NO

Hazard Communication / GHS / Right-to-Know

All contractors working on this project are required to have a written Hazard Communication Program as which incorporates the use of the Globally Harmonized System (OSHA Hazcom Standard). The competent person shall have a binder with all of the Safety Data Sheets (SDS) for the products that will be used on the job site. The binder shall be all-inclusive and up-to-date. An SDS index for each product will be available in order to located the SDS in a relatively short time period. Every container on site shall be properly labeled (including non-potable water).

The following practices shall apply:

- The use of abbreviations or chemical symbols is not permitted. All container contents must be completely spelled out
- The labels must be suitable for the environment. Containers placed outdoors shall not have labels that fade or deteriorate because of exposure to rain, snow or sunlight.
- Every container shall identify the chemical hazard as well (i.e. corrosive, flammable, reactive or poison/toxic).
- All warning labels and placards must be in place, and of the correct size and color to warn employees of potential hazards.
- All labels and warnings shall face forward for purposes of inspection and emergency response.

Ladders & Stairways

Ladders shall be a minimum of Type 1 (heavy duty rated) unless otherwise authorized. All ladders shall be inspected before use and shall be removed from service if damaged, broken or unsafe. Ladders shall be used in accordance with the Federal, State or local standards (apply the most stringent standard). The following applies to all ladders:

- Damaged ladders shall be tagged "out of service - DO NOT USE" if they are found to be defective or damaged in any way (report out of service ladders to the Centennial Superintendent immediately)
- Ladders shall not be painted or covered in any manner that will hide cracks and other defects
- Ladders shall have all of the appropriate warning and danger labels in place, maintained in legible condition
- Ladders must be utilized in a manner specified by the manufacturer
- The ANSI duty rating of ladders shall never be exceeded

Extension Ladders

- Shall be pitched at the required 1 : 4 ratio
- Shall be tied or otherwise secured to the structure or elevated surface to prevent tipping or falling (secured top and bottom)
- Shall be extended at least 3 (preferably 5) rungs or 36" above the elevated work surface
- Shall be inspected daily and before each use
- Defective ladders will be removed from site / destroyed

Step Ladders

- Shall be opened completely with spreaders locked in place
- Shall not be used as straight ladders
- Shall be tall enough to perform the necessary work
- The top 2 steps of a step ladder shall not be used for standing
- Shall not be used on scaffolding or next to guardrails unless the height of the guardrails has been adjusted.

Will the use of ladders be anticipated on this project?

YES

NO

Aerial Lifts / Scissor Lifts

Personnel lifts such as articulating booms, single person upright lifts (i.e. Genie, JLG and Uprights) and scissors lifts shall be used in a manner specified by the manufacturer.

Any employee operating or working from an aerial lift equipment such as (articulating boom lift, including Genie lifts and truck mounted articulating booms, scissor lifts, JLG, Upright lifts, etc.) are required to be equipped with a personal fall protection equipment system (fall restraint), consisting of approved full body harness and restraint.

Any person using a personnel lift must be properly trained and provide training documentation, in accordance with manufacturer's specifications.

All lifts shall bear the following manuals and warnings, in legible condition;

- The operators manual shall be located on the lift at all times, for ease of reference
- All danger and warning stickers shall be attached to the lift and shall be in legible condition

Personnel lifts shall have a documented inspection prior to each use, and must be removed from service if a deficiency is noted.

Personal Protective Equipment (PPE)

Employees shall be trained on the use, inspection, maintenance and storage of PPE. No employee shall be required to don PPE for which he/she has not been adequately trained.

Subcontractor List

Use the space below to identify the subcontractors and lower tier subcontractors which will be performing work during the course of this project:

_____	_____
_____	_____
_____	_____
_____	_____

Plan Review / Approval

Superintendent/PSO (Print): _____

Superintendent/PSO (Signature): _____ Date: _____

Project Manager (Print): _____

Project Manager (Signature): _____ Date: _____

Site Safety Rules

- 1) Each subcontractor must have a **competent person** onsite whenever work is being performed. Prior to starting work, the Subcontractor must provide Centennial a letter designating its competent persons for the project.
- 2) All personnel must attend a **safety orientation** prior to accessing a jobsite and attend weekly toolbox talks.
- 3) All **incidents** must be reported to the Centennial jobsite representative immediately. Post-incident Substance Abuse Tests may be conducted as determined by a Centennial Regional HSEQ Manager.
- 4) All personnel must be **trained in the hazards** associated with their job and such training documented.
- 5) Each subcontractor is responsible for supplying its employees with all required **personal protective equipment** (“PPE”) appropriate for the tasks being performed. Additionally, the subcontractor must provide its own **GFCIs, First-Aid Kit(s), and fire extinguisher(s)** in the work area.
- 6) Everyone must wear their **hard hats** with the brim facing forward when on the jobsite. Unapproved headgear such as ball caps, hoodies, and wool caps may not be worn under any hard hat.
- 7) **Hearing protection** must be worn when sound levels exceed 85dBA.
- 8) **Safety glasses** meeting ANSI Z87.1 must always be worn on the project site. Prescription safety glasses must have permanently affixed side shields. Personnel performing hot work or laser assisted work must wear appropriately shaded and protective eye protection.
- 9) When **respiratory protection** is required, personnel must possess and present fit test and medical evaluation documentation prior to beginning any work on site.
- 10) No employee may wear torn or tattered **clothing**, sweatpants, short pants, or shirts without sleeves.
- 11) Personnel onsite must wear **hand protection** with a minimum ANSI Cut Level 2 Rating unless other protection is defined within the AHA for a specific work activity.
- 12) Leather **work boots** must always be worn on the jobsite. Work boots must meet ASTM criteria to protect from falling objects, chemicals, punctures, and slips. Steel or composite toe work boots meeting or exceeding ASTM F2413 must be worn when required by the AHA and are recommended in all cases. No athletic shoes (without ASTM certification), canvas shoes, or leather soled shoes may be worn at the job site.
- 13) **Fuel cans** must be constructed of metal and incorporate a flame arrestor. The contents of any fuel can must be labeled per the OSHA Hazard Communication Standard (which aligns with the GHS).
- 14) Subcontractors must provide **fire extinguishers** within 50 feet of all flammables. Subcontractor must ensure that the maximum travel distance to their nearest fire extinguisher does not exceed 75 feet.
- 15) Subcontractors must provide their personnel with **fall protection** when the work platform is six feet or greater above grade, above four feet on a federal military installation, or if a known fall hazard exists at any height.
- 16) Hand and power **tools** must always be in proper working condition and must have all manufacturer required safety guards and legible safety labels.
- 17) Power tools may not have damaged **power cords**. An approved GFCI or GFCI-protected branch circuit must be used for all power tool operations. All extension cords must be UL listed, designed for hard- or extra-hard use, and be minimum 14 gauge/three wire type (with a heavier gauge for cord lengths over 50 feet). The subcontractor must protect cords against pinching and cutting.
- 18) Workers are forbidden from working on **scaffolding** with missing or improper planks, guard rails, cross bracing, pins, mud sills, or toe boards. Workers are forbidden from working on scaffolding that does not have a ladder or other approved safe access. All scaffolds must be inspected, approved, and “TAGGED” prior to employee use by the scaffolding competent person. Mobile scaffolding must have all four wheels locked while in use and may not be pulled along by its users. The project superintendent must be notified of all erected scaffolding prior to its use.
- 19) **Ladders** must be minimum heavy-duty (Type I) or greater. Ladders must be secured from displacement at the top and bottom and employees must face the ladder when climbing up or down as well as when while working on the ladders. Extension ladders must extend at least three feet above the platform landing. Stepladders may only be used in the fully open position. DO NOT stand above the second step from the top of a stepladder. DO NOT carry tools or materials up the ladder when climbing or descending. Always maintain a firm grip (3-point contact) when climbing or descending a ladder. All required ladder manufacturer warning and capacity labels must be in place and legible.
- 20) Any personnel operating **equipment** must be properly trained, and the Subcontractor must provide a completed Letter of Designation attesting to training. Forklift operators must have a training verification card in possession.
- 21) At no time may an employee use or store any unsafe material or **defective tools** or equipment on site.

Centennial reserves the right to remove individuals from the job site for first time safety infractions if they are deemed as a serious safety and health violation. The subcontractor’s senior personnel will be notified, and Centennial will document the incident in accordance with its subcontractor Discipline Policy.



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Reglas De Seguridad Del Sitio

1. Cada subcontratista deberá tener una persona competente en el lugar y proporcionar una carta de designación completa como tal.
2. Todo el personal debe asistir a una orientación de seguridad antes de acceder a un lugar de trabajo y asistir a charlas semanales de caja de herramientas.
3. Informe todos los incidentes al representante del sitio de trabajo de Centennial inmediatamente. Las pruebas de abuso de sustancias posteriores al incidente se realizarán en función de una causa razonable según lo determine un gerente regional de Centennial HSEQ.
4. Todo el personal debe estar capacitado en los peligros asociados con su trabajo y dicha capacitación debe estar documentada.
5. Cada subcontratista es responsable de proporcionar a sus empleados todo el equipo de protección personal requerido, que incluye un GFCI, un botiquín de primeros auxilios y un extintor de incendios en el área de trabajo.
6. Siempre se debe usar un casco con el ala hacia adelante cuando se esté en el lugar de trabajo. No se deben usar artículos para la cabeza no aprobados, como gorras de béisbol, sudaderas con capucha y gorros de lana debajo del casco.
7. Se debe usar protección auditiva cuando los niveles de sonido superen los 85 dBA.
8. Siempre se deben usar lentes de seguridad que cumplan con ANSI Z87.1 en el sitio del proyecto. Los anteojos de seguridad recetados deben tener protectores laterales fijados permanentemente. El personal que realice trabajo en caliente o asistido por láser deberá usar protección ocular adecuada con sombra o protección.
9. Cuando se requiera protección respiratoria, el personal deberá proporcionar documentación de prueba de ajuste y evaluación médica.
10. Ningún empleado puede usar ropa rasgada o hecha jirones, pantalones deportivos, pantalones cortos o camisas sin mangas.
11. El personal en el sitio debe usar protección para las manos con una calificación mínima de nivel de corte ANSI 2, a menos que se defina otra protección dentro de la AHA para una actividad laboral específica.
12. Siempre se deben usar botas de trabajo de cuero (u otro calzado de protección aprobado por ASTM) para protegerse de la caída de objetos, productos químicos o pisar objetos afilados. En algunos casos, puede ser necesario usar calzado de seguridad con punta. No se deben usar zapatos deportivos o de lona.
13. Las latas de combustible deben estar hechas de metal, incorporar un parachispas / parallamas y el contenido debe estar etiquetado según la norma OSHA HazCom/GHS.
14. Los extintores de incendios se requieren dentro de los 50 pies de todos los materiales inflamables y la distancia máxima de viaje hasta el extintor de incendios más cercano no debe exceder los 75 pies.
15. Todo el personal debe estar protegido contra caídas de seis pies o más o si existe un peligro de caída conocido a cualquier altura.
16. Las herramientas manuales y eléctricas deben estar siempre en buenas condiciones de funcionamiento y deben tener todas las protecciones de seguridad requeridas por el fabricante.
17. Las herramientas eléctricas no deben tener cables eléctricos dañados. Siempre se debe utilizar un circuito derivado aprobado GFCI o GFCI protegido para operaciones con herramientas eléctricas. Todos los cables de extensión deben tener un mínimo de 14/3, diseñados para uso intensivo y listados por UL. Los cables deben protegerse contra pellizcos y cortes.
18. No se permitirá que ningún empleado trabaje en andamios con tablonés, barandillas, riostras transversales, pasadores, umbrales de barro, tablas de pie faltantes o incorrectos o que no tenga una escalera u otro acceso seguro aprobado. Todos los andamios deben ser inspeccionados, aprobados y "ETIQUETADOS" antes de que los empleados los utilicen la persona competente. Los andamios móviles deben tener las cuatro ruedas bloqueadas mientras están en uso y no deben ser arrastrados por sus pasajeros. Se notificará al superintendente del proyecto de todos los andamios erigidos antes de su uso.
19. Las escaleras deben ser de un mínimo de resistencia (Tipo I) o mayor. Las escaleras deben estar aseguradas para que no se desplacen en la parte superior e inferior y los empleados deben mirar hacia la escalera cuando suben o bajan y mientras trabajan en escaleras. Las escaleras de extensión deben extenderse al menos 3 pies por encima del rellano de la plataforma. Las escaleras de mano se deben usar en la posición completamente abierta. NO se pare sobre el segundo escalón desde lo alto de una escalera de mano. NO cargue herramientas o materiales por la escalera al subir o bajar. Mantenga siempre un agarre firme (contacto de 3 puntos) al subir o bajar una escalera. Todas las etiquetas de capacidad y advertencia requeridas por el fabricante de escaleras deben estar en su lugar y ser legibles.
20. Todo el personal que opere el equipo deberá estar debidamente capacitado y proporcionar una Carta de designación completa como tal. Los operadores de montacargas deben tener una tarjeta de verificación de capacitación en posesión.
21. En ningún momento un empleado utilizará o almacenará ningún material inseguro o herramientas o equipos defectuosos en el sitio.

Centennial reserva el derecho de sacar a las personas del lugar de trabajo por primera vez por infracciones de seguridad si se consideran una infracción grave de seguridad y salud. Se notificará al propietario del subcontratista y se documentará la acción de acuerdo con la Política de disciplina de Centennial.

Training

The following employees have reviewed and have been trained on the Safety, Health and Environmental requirements contained in this Site Specific HSEQ Plan. **This list is to be filled out on site. This list is a living document and should be updated as new employees arrive on the project site.** (if more space is needed use the back of this page for additional employees)

	Name (print)	Signature	Company	Date
1.				
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HSEQ Jobsite Binder

TAB #2.2:

**Emergency Action Plan,
Emergency Contact Posting**



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Centennial Emergency Contact Posting

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Emergency numbers to the nearest hospital, occupational health clinic, fire department, police, contracting officer and project representative shall be conspicuously posted at each phone location as well as the project bulletin "safety" board. All employees on site shall be made aware of the location of this posting.

POST THIS NOTICE IN A CONSPICUOUS PLACE

EMERGENCY PHONE / CONTACT NUMBERS

Project Title / Contract Number:

Project Site Location / Address:

Project Representative:

Contact Number:

Centennial Office:

Contact Number:

AMBUANCE:

POLICE:

HOSPITAL:

FIRE DEPT:

OCCUPATIONAL HEALTH CLINIC:

All incidents and/or emergencies must be reported to Centennial Management Staff immediately. If emergency services are contacted, a project site representative shall meet emergency services at the project site entrance location and direct them to the incident location or to the location of the injured individual(s).

This form meets OSHA standard 29 CFR 1926.50(f)

HSEQ Jobsite Binder

TAB #3:

Weekly Safety Meetings

(Toolbox Meetings)

HSEQ Jobsite Binder

TAB #4:

4.1 - Centennial Employee Activity
Hazard Analysis
(AHA)

4.2 - Subcontractor's Activity Hazard
Analysis
(AHA)

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TAB #4.1:

Centennial Employee Activity Hazard Analysis (AHA)

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TAB #4.2:

**Subcontractor(s) Activity Hazard
Analysis (AHA)**

HSEQ Jobsite Binder

TAB #5:

HSEQ Site Inspection

(Insert Completed Copies & Keep On-Site For Record Keeping)

HSEQ Site Inspection

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CENTENNIAL

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DO#/Job Name:

Inspector:

Bldg. Area:

Superintendent:

Inspection Date:

Project Manager:

Floor:

Subcontractors:

General Safety Items checked: / = Meets Compliance; X = Not in Compliance; 0 = Not Applicable, ! = Attention / Suggestions

ITEMS INSPECTED		GENERAL COMMENTS
FALLS FROM OR INTO:		
Fall Protection: Leading edges protected. (Delineated or guarded.)		
Proper access.		
Walking / working surfaces		
Roof sides / edges protected		
Fall protection equipment/anchorage (guardrails / PFAS / PF restraint / Warning line / SRL / Engineered sys)		
FP Competent Person / Worker fall protection training, documented		
Openings: Roof, floor, walls (Covered, Proper Identification, Guarded.)		
Scaffold: Access, guardrails, footing, planks, toe-boards, mud sills, daily inspection.		
Ladders: Secured and used properly, extended 36" above landing.		
Step ladders: Inspected, fully open, proper rating and use.		
Housekeeping and maintain passageways clear of egress obstructions.		
STRUCK BY:		
PPE (hard hat, safety glasses, and work boots or safety footwear, safety vest)		
Equipment Operation: Delineated routes, back-up alarms, qualified operators, equipment inspections, no loads conveyed over personnel.		
Powder actuated tools: trained/qualified operator		
CAUGHT IN /OR BETWEEN:		
Excavations: Properly sloped/shored, mat's/equipment/spoils 2' from trench edges access/egress provided at 4' depth		
Confined Space: Permit, acceptable atmospheric condition, attendant, rescue plan.		
Pinch Points: Guarded or cordoned off.		
ELECTROCUTION:		
High voltage: Equipment clearance from overhead power lines, working clearances.		
Lock-out / Tag- out.		
Power tools: Inspected and in good condition.		
Temp. elect. service: GFCI, distribution syst., grounding, ext. cords, temp. lighting.		
Other Checkpoints:		
Concrete/Masonry Silica Exposure/Rebar Caps/Impalement		
Proper guards on machinery/equipment.		
Eye wash station (within expiration date) (adequate for hazardous products on site)		
LP gas cylinders stored/used properly (stored upright and secured from tipping)		
Hoses/welding leads in good condition.		
Fire extinguishers placed/inspected.		
Extinguisher @ flammables/equipment.		
First Aid kits fully stocked, current.		
Toilet w/hand washing facility provided.		
Permits obtained and posted.		
Competent person on site.		
SDS log: current/maintained/inventory list.		
Federal Safety & Health posters posted.		
Emergency Phone Numbers posted, directions to hospital posted.		
Work/storage areas posted/barricaded.		
Safety Documentation on site and reviewed by site personnel		

Inspector Signature:

Date / Time:

HSEQ Jobsite Binder

TAB #6:

High Risk Plans

HSEQ Documents - Review & Sign

Superintendent / PSO

HSEQ Inspection Checklist
Site Specific HSEQ Plan
PRCS Entry Plan
Excavation-Trenching Plan
Fall Protection Work Plan
LOTO-ZVV Plan
Steel Erection Plan
Shake-out / Unloading Plan
Crane Lift & Rigging Plan
Critical Lift Addendum
Hydraulic Lifting Plan
Exposure Control / Abatement Plans (Silica, Asbestos, Lead, Mold)
Tree Felling-Maintenance Plan
HPMO Pre-Construction Risk Assessment

Project Manager

Site Specific HSEQ Plan
HSEQ Inspection Checklist

SSR / PGM

PRCS Entry Plan
Energized Electrical Work Permit
Excavation-Trenching Plan
Fall Protection Work Plan
LOTO-ZVV Plan
Steel Erection Plan
Shake-out / Unloading Plan
Crane Lift & Rigging Plan
Critical Lift Addendum
Hydraulic Lifting Plan
Exposure Control / Abatement Plans (Silica, Asbestos, Lead, Mold)
Tree Felling-Maintenance Plan
HPMO Pre-Construction Risk Assessment

HSEQ Team Member

Energized Electrical Work Permit
Critical Lift Addendum

HSEQ Jobsite Binder

TAB #7:

Permits

- Hot Work
- MUTCD (Traffic Control)
 - Dig Permit (811)
- Government / State /
Local / Customer

HSEQ Jobsite Binder

TAB #8:

Safety Data Sheets & Environmental

8.1 - SDS's & Inventory Log

8.2 - Hazmat Survey

(Lead, Asbestos, Silica, Mold)

HSEQ Jobsite Binder

TAB #8.1:

SDS's & Inventory Log

0206500 CP 11 17 en A1.1



CENTENNIAL

A BILFINGER COMPANY

Contract Number:

Project Representative (print name):

Date:

Directions: Complete the list below for each hazardous material on site. Place corresponding SDS in the appropriate tab number.

[illegible]

HSEQ Jobsite Binder

TAB #8.2:

**Hazmat Survey
(Lead, Asbestos, Silica, Mold)**

HSEQ Jobsite Binder

TAB #9:

Near Miss & Incident
Reporting Forms

9.1 - Near Miss

9.2 - Incident Form

9.3 - Motor Vehicle Incident Form

9.4 - Regulatory Flow Chart

HSEQ Jobsite Binder

TAB #9.1:

Near Miss

Near Miss/Unsafe Conditions Report

0206500_CP_11_0 8_en_A5.1



CENTENNIAL

A BILFINGER COMPANY

☐ Near Miss ☐ Unsafe Conditions

Date: _____ Time: _____

Centennial Office: _____

Name of Contact Person: _____

Witness(es): _____

Location:

Who and/or What was involved:

Description (include Photos, if available):

Suggestion(s) for Improvement:

******Send this report to your Regional HSEQ Manageronly******

HSEQ Jobsite Binder

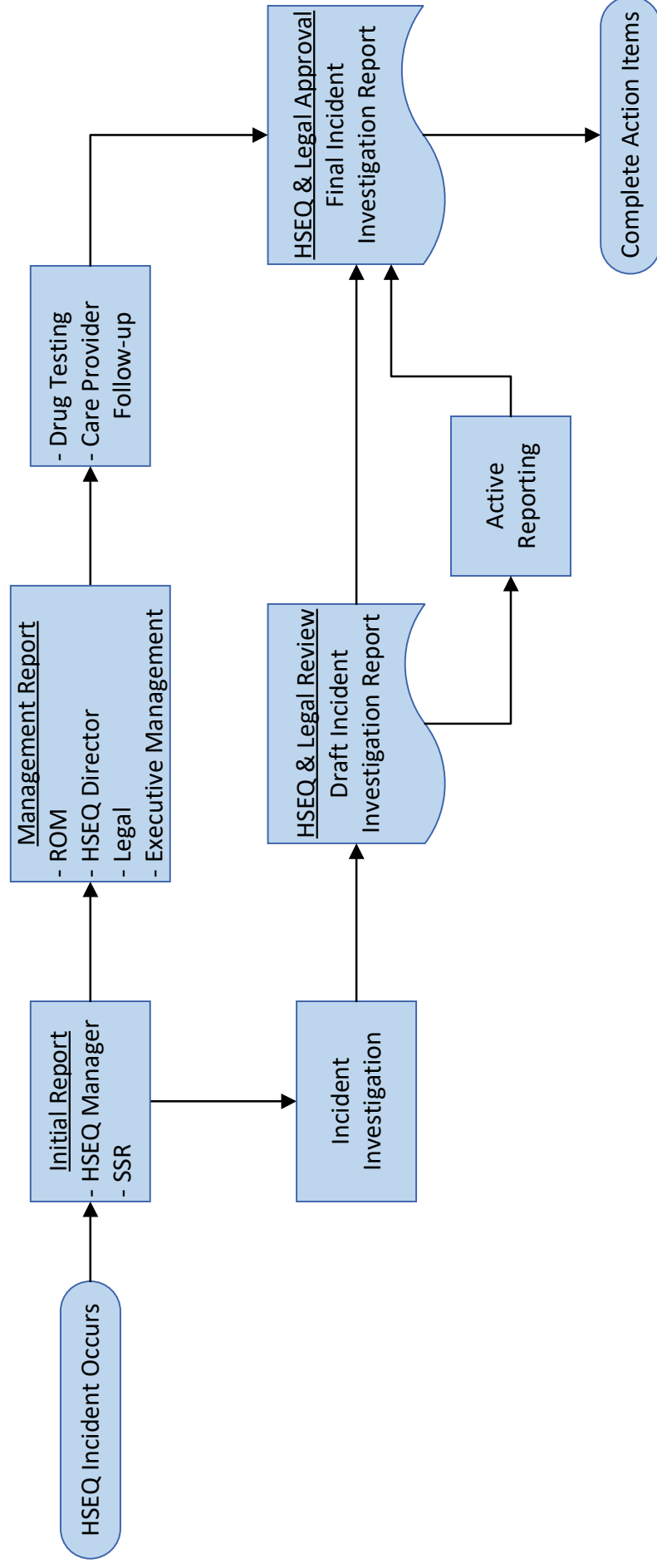
TAB #9.2:

Incident Form



Centennial Incident Reporting Procedure

0206500_CP_11_08_en_A3.3





1. Contract Name and Number:		2. Project Name and Number:		3. Employer/Company:	
4. Incident Classification:					
5. Date of Incident:		6. Date Reported:		7. Time of Incident:	
				8. Who Was Notified?	
9. Specific Location of Incident:				10. First Report of Injury Completed:	
11. Name of Individual:		12. Regular Occupation:		13. Occupation at Time of Incident:	
14. Individual's Start Time:		15. Individual's Telephone Number: Home: Work:			16. Duration of Employment:
17. Individual's Supervisor:			Supervisor Phone Number:		18. Supervision Status at Time of Incident:
19. Was Individual trained to perform task at time of Incident:			20. Experience: Number of Years:		
21. Phase of Workday at Time of Incident:					
22. Individual was working with:					
23. Did Individual return to work:			24. Transport to Medical Facility:		
25. Type of Incident:		26. Type of Injury:		27. Part of Body Injured:	
28. Describe how the incident occurred (attach a sketch):					
29. Specify machinery, tools, substance or object connected to incident:					
30. Was Individual using the required PPE:		31. Trained for Use:		32. Has the Individual taken a Drug Test: Date Scheduled:	
33. Describe corrective plan to prevent reoccurrence or to resolve a quality issue (machine modification, mechanical guarding, environment, training):					
34. Report Date:		35. Investigated by:			
36. Additional comments on incident (This section to be completed by PSO or SSR):					
37. For Quality Incidents, what type of incident occurred (specification or code nonconformity, product failure, etc.) and who first reported the issue?					
38. PSO Signature:		39. Date:		40. CSM Signature:	
				41. Date:	

HSEQ Jobsite Binder

TAB #9.3:

Motor Vehicle Incident Form

MOTOR VEHICLE INCIDENT REPORT

0206500_CP_11_08_en_A2.1



CENTENNIAL

A BILFINGER COMPANY

Instructions: Complete the Motor Vehicle Incident Report below in the event of a accident / incident involving vehicles. Ensure that your supervisor has been notified of the incident prior to completing this report.

Employee Name:

Date:

General Information

Date of incident:

Time of incident:

Type of incident (choose all that apply):

☐

Personal Injury

☐

Fire

☐

Other (explain below)

☐

Property Damage

☐

Fatality

☐

Sideswipe

☐

Rear End

☐

T-bone

☐

Single Vehicle Incident

☐

Roll-Over

Location of incident (be specific with cross streets / intersections):

What type of traffic control devices where present:

N/A

Road conditions:

☐

Dry

☐

Wet

☐

Icy / snow

Lighting conditions:

☐

Daylight

☐

Dawn /dusk

☐

Night / dark

Weather conditions:

☐

Clear

☐

Fog

☐

Rain / Snow

Posted speed limit:

mph

Traveling at what speed:

mph

Company / Employee Vehicle Information

Year / make / model:

Vehicle Color:

VIN #:

License Plate # / State:

Owner name / address / phone #:

Driver name / address/ phone #:

Driver's License #:

State:

Driver DOB:

Driver/occupant injured?

Yes

No

First report filed?

Yes

No

Injuries sustained (if applicable):

Transported to hospital?

Yes

No

Hospital name:

Driver on a mission for employer?

Yes

No

Seat belts used?

Yes

No

Describe mission:

Parts of vehicle damaged:

Passenger in vehicle?

Yes

No

Passenger Name:

Passenger injured?

Yes

No

Describe Injury:

Additional Vehicle(s) Involved

Year / make / model:

Vehicle Color:

VIN #:

License Plate # / State:

Owner name / address / phone #:

Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ins. Company name:		
Ins. agent name:			Ins. policy number:		
Driver name / address/ phone #:					
Driver's License #:			State:		Driver DOB:
Driver/occupant injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Traveling at what speed:		mph
Were individuals from the other car involved taken to the hospital?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Parts of vehicle damaged:					
Restrictions on driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver in conformance to restr.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain if needed:					
Passenger in vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Passenger Name:		
Passenger injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe Injury:		

Miscellaneous Information

Witness name / phone #:	
Witness name / phone #:	

Draw sketch of vehicles at time of incident (indicate North with arrow):

Key: Label streets, show traffic controls, show/label vehicles, indicate directions.

Street name & direction you were traveling:					
Street name & direction other vehicle was traveling:					
Skid marks by Centennial employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length		feet
Skid marks by other vehicle(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Length		feet
Were vehicle(s) towed from the scene? (if yes, indicate which)	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Centennial/Employee Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Parties' Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location towed to:					
Were vehicle(s) drivable from the scene? (if yes, indicate which)	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Centennial/Employee Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Parties' Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Police Department Investigation / Report

Department:		Officer's name:	
Contact info / #:		Badge number:	
Police Report Number:		Citations Issued:	

Statement

Give a brief description of the incident:

I hereby declare that the facts as stated above are true:

Driver name:

Date:

Supervisor name:

Date:

HSEQ Jobsite Binder

TAB #9.4:

Regulatory Inspection Process Flow Chart

1. Notification process

☐ Compliance agency arrives on site for inspection
Guide them to office/safe area

☐ Notify SSR, PSO and Safety Department

☐ Verify Credentials
Notify Subcontractors
Reasonable wait for SSR/PSO/CSM (1hour)

2. Opening Conference

☐ Inspection Procedures reviewed with inspector & CCE Mgt. team
Document meeting participants

☐ Determine reason for inspection
If the visit is from a complaint, get a copy of the complaint

☐ Acquire OSHA 300 & 300A forms
Ask inspector to qualify for a Focused Inspection

3. Walk Around Inspection

☐ Determine area and location of inspection

☐ Answer all questions truthfully and do not volunteer information

☐ Take photos of area being inspected
Take multiple photos of whatever the inspector photographs (get multiple angles)

4. Alleged Violation & Employee Interviews

☐ If an alleged violation or unsafe act is observed by the inspector, ensure it is documented and abated

☐ Ensure that all interviews take place in a safe location, not on an active construction site

☐ If the inspector interviews employees, it should be done upon completion of the inspection

5. Closing Conference

☐ Ensure the safety department is on site or on the telephone
Do not argue with the inspector

☐ Take detailed notes on alleged hazards / problem areas
Document suggestions & abatement actions

Inspection Procedures

A. Releasing Documentation: Only the Centennial / JV management can authorize the release of operational documents to the inspector. This includes photographing the documents. Identify the documents that the inspector would like copies of and obtain permission from the management team to release them.

B. Employee Interviews: All subcontractor and employee interviews will take place in a safe location. During the walk around inspection the inspector may identify individuals they would like to interview. Once the walk around inspection is completed, all personnel that have been identified can be interviewed in a central location away from the work area.

C Photographs and other recordings must be forwarded to corporate safety as soon as possible.

D Regulatory Inspection Record must be fully completed

HSEQ Jobsite Binder

TAB #10:

Letter(s) of Designation

Letter of Designation

0206500_CP_11_06_en_A9

Employer Name _____

The employee designated herein is determined by their employer to have knowledge of systems, equipment, conditions and procedures, proper use, inspection, manufacturer's recommendations, and maintenance for the designation(s) below.

_____ is designated as a: (indicate with an "X" in appropriate boxes)

Employee Name (Print)

- ☐ **Competent person** - one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.
(ex. fall protection, excavations, confined space, scaffolds, lead, silica, asbestos, etc.)
- ☐ **Qualified person** - one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated the ability to solve or resolve problems relating to subject matter, work, or a project.
(ex. fall protection design, shoring design, scaffold design, electrical / LOTO, etc.)
- ☐ **Authorized person** – one who is permitted by an employer to perform a specific task or to be in a specific location at a jobsite and has the appropriate training to perform the task and recognize hazards related to the task or surroundings *(ex. power tool operation, fall protection, equipment operator, working in a Controlled Access Zone, etc.)*

Note: *The employer shall attach any certifications, degrees, licenses or comparable documentation to verify authorization, competency and/or qualification of said employee to this letter.*

Employer Company Official (Print Name) _____

Employer Company Official Title (Print) _____

Employer Company Official (Signature) _____

Date _____

HSEQ Jobsite Binder

TAB #11:

Training Documentation

- FA/CPR (Required)
- Aerial Lifts
- Equipment Operator
- Other(s) as Applicable to SOW

HSEQ Jobsite Binder

TAB #12:

Respiratory (Appendix D)

OSHA APPENDIX "D" VOLUNTARY USE OF RESPIRATORS

0206500_CP_11_11_en_A1.1

Appendix D of 29CFR 1910.134 - Information for Employees Using Respirators Voluntarily:

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

Individuals using respiratory protection on a voluntary basis shall do the following:

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

Employee Acknowledgment:

I have been given a copy of 29 CFR 1910.134 Appendix D regarding the proper respirator use and I have read and understand it. Contact your supervisor or the program administrator with any related questions.

Job / Task:

Respirator Make / Model:

Name (print):

Sign:

Date:

This document (or a copy) must be kept on site for record keeping at all times.

HSEQ Jobsite Binder

TAB #13:

Inspection Forms

- Equipment
- Trenching / Shoring
- Fall Protection
- Scaffolding
- Aerial Lifts (MEWP)

Mobile Equipment Inspection Checklist

0206500_CP_11_28_en_A1.1



Instructions: Place a in the acceptable or deficient (include any comments / notes) columns for each checklist item. If any item is not applicable check the N/A column box. Describe any special notes or remarks at the bottom of this form.

Inspector Name:	Date:			
Equipment Type & Model #:				
Engine Off Checks	Acceptable	N/A	Deficient	(include any comments / notes)
Leaks - Fuel, Hydraulic Oil, Engine Oil or Radiator Coolant				
Owners Manual/Service Records/Mechanics Cert - on forklift				
Forks, Top Clip Retaining Pin and Heel - Check Condition				
Hydraulic Hoses, Mast Chains, Cables and Stops - Check Visually				
Hydraulic Fluid Level - Check Level				
Engine Oil Level - Dipstick				
Transmission Fluid Level - Dipstick				
Radiator Coolant - Check Level				
Nameplate - Attached and include Load Rating Information				
Seat Belt - Functioning Smoothly				
Brake Fluid - Check Level				
Battery (electric) - Fluid Level/Condition				
Propane Tank (LPG Models) - Rust/Corrosion/Condition				
Tires- Condition/Pressure				
Fire Extinguisher - Annual/Monthly inspections (proper size)				
Engine On Checks	Acceptable	N/A	Deficient	(include any comments / notes)
<i>Unusual Noises Must be Investigated Immediately</i>				
Accelerator or Direction Control Pedal - Functioning Smoothly				
Service Brake - Functioning Smoothly				
Parking Brake - Functioning Smoothly				
Steering Operation - Functioning Smoothly				
Cab (if equipped) - Wipers/Defrost/Heater				
Drive Control - Forward/Reverse - Functioning Smoothly				
Tilt Control - Forward and Back - Functioning Smoothly				
Hoist and Lowering Control - Functioning Smoothly				
Horn and Lights - Functioning				
Gauges: Ammeter, Engine Oil Pressure, Hour Meter, Fuel Level, Temperature, Instrument Monitors - Functioning				
Work & Travel Area	Acceptable	N/A	Deficient	(include any comments / notes)
Boom/Mast/Load Height/clearance (if equipped)				
Counterweight swing/clearance (if equipped)				
Ground condition setup/outriggers (if equipped)				
Location of power lines & any overhead hazards or clearances				
Underground lines/hazards & weight restrictions				
Directional Alarms/Back-up Alarm (Functioning)				

Notes / Remarks (if any item(s) is found to be missing, needing service or repair, please explain below *(include a resolution date)*):

Note that all mobile equipment should be equipped with a fire extinguisher. If mobile equipment is equipped with hydraulic hoses/lines, a spill kit should be accessible. Please place completed mobile equipment inspections in the project binder for recordkeeping.

Daily Excavation / Trench Inspection Checklist

0206500_CP_11_22_en_A2.1



Project Title:

Competent Person:

Date:

Project Location (be specific):

Approximate Air Temperature:

Wind Direction:

Excavation Depth / Width:

Soil Classification:

Protective system(s) in use:

Work activities in excavation:

Is excavation / trench deeper than 4 feet?

Yes

No

If yes, competent person must make a confined space determination. Reference confined space plan if applicable.

Instructions: Indicate whether each item is acceptable or not acceptable by placing a check mark in the "Yes" or "No" box. If any feature of the excavation / trench is not acceptable, no entry into the excavation shall be permitted until proper controls have been implemented / addressed. If an item does not apply, please select the N/A option.

General Conditions			
	Acceptable		
Employees are protected from cave-ins & loose rock/soil that could roll into the excavation	N/A	Yes	No
Spoil piles, materials & equipment is set back a minimum of 2 feet from the excavation edge	N/A	Yes	No
Engineering designs for sheeting / shielding / shoring and/or manufacturer's tabulated data are on site	N/A	Yes	No
Adequate signage and barricades are provided, warning of the excavation / trench area	N/A	Yes	No
Has perimeter protection been provided (i.e. public protection system / barricades / signs) (if required)	N/A	Yes	No
Competent person has conducted training w/employees on-site prior to entering the excavation	N/A	Yes	No

Utilities / Surface Encumbrances / Wet Conditions / Hazardous Atmospheres / Access & Egress			
	Acceptable		
Utility company contacted & given 48 hrs notice -or- utility locates have already been performed	N/A	Yes	No
Overhead power lines are located, noted and reviewed with operator	N/A	Yes	No
Location of located utilities have been reviewed with equipment operators	N/A	Yes	No
Utilities which cross the excavation will be or have been supported or removed	N/A	Yes	No
Underground installations in the trench area will be or have been supported or removed	N/A	Yes	No
Surface encumbrances within the affected zone have been removed or supported	N/A	Yes	No
Equipment and methods to de-water the excavation have been established	N/A	Yes	No
Soil inside / around the excavation shows signs of sloughing / fissures / cracks or is unstable	N/A	Yes	No
Surface water runoff is diverted / controlled to prevent accumulation inside the excavation	N/A	Yes	No
Excavation is re-inspected after every rainstorm or severe weather event	N/A	Yes	No
Atmospheric conditions inside the excavation have been tested and found to be safe for entry	N/A	Yes	No
Ventilation is implemented in excavations which are oxygen rich / deficient / toxic (reference CS plan)	N/A	Yes	No
Ventilation is implemented to ensure LEL is below 10% (reference CS plan)	N/A	Yes	No
Emergency rescue equipment or team is available where hazardous atmospheric conditions inside the excavation could or do exist. (reference confined space plan, if applicable)	N/A	Yes	No
If trench is over 6 foot in depth (vertical walls), fall protection has been established	N/A	Yes	No
Access / egress (ladder, ramp, etc.) is no further than 25 feet from any employee / work area	N/A	Yes	No
Ladders are provided in trenches over 4' in depth, extend 36" past the working surface and are secured	N/A	Yes	No
Wood ramps constructed of uniform material thickness, cleated together at the bottom	N/A	Yes	No
Employees are protected from cave-ins / vertical soil walls when entering / exiting the excavation	N/A	Yes	No

A copy of this inspection must be kept on site for record-keeping purposes. Please deliver completed copies to the Centennial Superintendent.

Personal Fall Protection System Inspection Checklist

0206500_CP_11_20_en_A2.1



Instructions: When performing a safety inspection check on fall protection equipment / systems, indicate whether each item is acceptable or not acceptable by placing a check mark in the "Yes" or "No" box. If any feature of fall protection equipment is not acceptable, it shall be clearly labeled "DO NOT USE" and destroyed or removed from service permanently or until proper repairs can be performed (see manufacturer's guidelines).

Equipment Inspected:	Serial #:	Manufacture Date:
Equipment Inspected:	Serial #:	Manufacture Date:
Equipment Inspected:	Serial #:	Manufacture Date:
Equipment Inspected:	Serial #:	Manufacture Date:
Comments / Special Notes:		

Full Body Harness / Lanyard / Energy Absorber / Lifelines / Positioning Devices

General Factors	Acceptable	
Hardware - (Includes D-rings, buckles, keepers and back pads) Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion	YES	NO
Webbing / Straps / Ropes - Inspect for cuts, burns, tears, abrasion, frays, unsplicing, kinking, knotting, roping, excessive soiling and discoloration, chemical attack, alteration, needed / excessive lubrication, excessive aging, UV damage, absence of parts and improper function of parts	YES	NO
Wire Rope - Inspect for broken wires, corrosion, kinks and separation of strands.	YES	NO
Energy Absorber Component - Inspect for elongation, tears, excessive soiling and impact indicator	YES	NO
Stitching - Inspect for pulled or cut stitches	YES	NO
Labels - Inspect, make certain all labels are securely held in place and legible	YES	NO
Overall Disposition - fit / function / impact indicator / inspection grid / condition	YES	NO

Snaphooks / Carabiners / Connectors / D-Rings / Anchorages

General Factors	Acceptable	
Physical Damage - Inspect for cracks, sharp edges, burrs, deformities and lock / gate operation	Yes	No
Excessive Corrosion - Inspect for corrosion, rusting or pitting	Yes	No
Fasteners - Inspect for corrosion, tightness, damage and distortion (if welded, inspect weld for damage)	Yes	No
Markings - Inspect markings, verify legibility. Look for (ANSI Z359.1 2007) or (3,600 lbs gate)	Yes	No
Overall Disposition - function	Yes	No

Self-Retracting Lifelines

General Factors	Acceptable	
Impact Indicator - Inspect for activation (rupture of shock pack or red stitching, elongated indicator)	Yes	No
Screws / Fasteners - Inspect for damage and tightness	Yes	No
Housing - Inspect for distortion, cracks, etc. Inspect anchoring loop for distortion and damage	Yes	No
Lifeline - Inspect for cuts, burns, tears, abrasion, frays, soiling, discoloration and broken wires	Yes	No
Locking Action - Inspect for proper "lock-up" of brake mechanism (test pull with hand)	Yes	No
Retraction / Extension - Inspect spring tension (extend / retract fully by hand)	Yes	No
Hooks / Carabiners - Inspect for physical damage, corrosion, proper operation and markings	Yes	No

Inspector Name (print):

Date:

Note: All fall protection equipment shall be inspected by the user before each use and, additionally, by a competent person other than the user at intervals of no more than 1 year (consult manufacturer's guidelines). If special inspection considerations are called out in the manufacturer's guidelines more stringent than the list / items below, the user / competent person shall indicate such inspection items in the comments / notes section of this checklist.

SCAFFOLD / WORK PLATFORM INSPECTION CHECKLIST

0206500_CP_11_14_en_A2.1



Instructions:

Use the checklist below to inspect scaffold / work platform components before / during use as well as anytime a change in conditions could affect the scaffold / work platform integrity.

Note – This checklist is not intended to be all-inclusive and should be used as a general guideline when inspecting scaffolds / work platforms. The Competent Person (CP) is responsible to inspect each scaffold / work platform according to manufacturer specific guidelines.

Scaffold / Work platform Inspection Checklist:

Inspector (CP) Name (print):

Date:

Answer each statement below with: Yes - No - n/a

Maximum Load Capacity has been communicated to all affected employees	
Employees who use the scaffold / platform are considered authorized and have been trained	
Is the scaffold plumb, square and level	
Are working platforms fully planked (with less than 1" spaces between planks and uprights)	
Are all working platforms at least 18" wide	
Planks overlap upright supports (minimum 12" of overlap). Overhang minimum of 6" unless otherwise secured	
Planks are scaffold grade or equivalent	
Planks are in good condition (no splits, cracks, cuts, or other damage)	
Scaffold has all required guardrails and toe boards	
Open sides of scaffold are 14 inches or less from the front face of work	
Poles, legs, posts, frames and uprights bear on base plates and mudsills	
A 4:1 (height to width) or less is maintained (if no, see below)	
Scaffold is properly guyed/tied/braced to structure	
Occupied scaffolds are prohibited from movement	
Clearance from overhead hazards / power lines is maintained (10 feet minimum)	
Scaffold work surfaces are free from slip, trip and fall hazards	
Scaffold is kept free from debris	
Bottom rung of ladder is no more that 24 inches above the supporting surface	
Ladder(s) are secured to scaffold at top and bottom (top extending 36" above upper work surface)	
Climbing of cross bracing is prohibited	
Ladders have been positioned as to not tip the scaffold	
Guardrails are installed at a height between 38 and 45 inches	
Midrails have been properly installed	
Fall protection is provided in material loading / unloading areas	
Color coded inspection system has been implemented (red / yellow / green)	
Bystanders and the public have been adequately notified / protected from hazardous conditions	
Stair towers are properly installed / used on this scaffold	
Uplift pins have been installed on all areas which could experience uplift	

Completed scaffolding / work platform inspection checklists shall be kept on site at all times.

Inspector (CP) signature:

MEWP Inspection Checklist

0206500_CP_11_14_en_A3.1



CENTENNIAL

A BILFINGER COMPANY

Operator Name (print):

Date (Week of):

MEWP Lift ID#:

Unit Type:

Project site:

Trained / Certified Operator: YES NO

Instructions: Fill in the inspection checklist below before initiating work in or on an MEWP. If the MEWP fails any part of this inspection, DO NOT operate the lift. Contact the Centennial Superintendent immediately and report the problem.

Please choose one answer for each category: Yes - No - N/A

Operating Controls (operational)	Mon	Tue	Wed	Thu	Fri	Maintenance Needed / Notes
Emergency Stop / EMO Button						
Base Operation Controls						
Basket Operation Controls						
Foot Controls						
Safety Signs (legible)						
Boom & Basket (operational)	Mon	Tue	Wed	Thu	Fri	Maintenance Needed / Notes
Hydraulic Leaks						
Extension Chain & Pivot Pins						
Electrical Lines						
Basket Cage & Gate						
Fall Protection Anchor Points						
Guardrails						
MEWP Base (visual / good working condition)	Mon	Tue	Wed	Thu	Fri	Maintenance Needed / Notes
Broken, Cracked or Loose Parts						
Fluid Leaks						
Electrical Lines						
Tires						
Outriggers						
Directional Alarm						
Owners Manual						
Fire Extinguisher						
Engine (Visual / Manual)	Mon	Tue	Wed	Thu	Fri	Maintenance Needed / Notes
Oil Level						
Fuel Level						
Battery Level / Condition						
Belt, Hose & Motor Condition						
Other items recommended by manufacturer? Lift Specific?	Mon	Tue	Wed	Thu	Fri	Maintenance Needed / Notes

Additional Notes:

Note that MEWP use shall be discontinued during periods of inclement weather. Consult owners manual to determine work limitations as a result of wind speed, ice, snow, etc...

Inspected by:

Date:

HSEQ Jobsite Binder

TAB #14:

Miscellaneous

HSEQ Jobsite Binder

TAB #15:

Operations

15.1 - Scope of Work

15.2 - Project Schedule

15.3 - Plans & Specs

15.4 - Daily Reports

HSEQ Jobsite Binder

TAB #15.1:

Scope of Work

HSEQ Jobsite Binder

TAB #15.2:

Project Schedule

HSEQ Jobsite Binder

TAB #15.3:

Plans & Specs

HSEQ Jobsite Binder

TAB #15.4:

Daily Reports