(0206500_CP_11_06_en_A6.5)

Centennial Health, Safety, Environment & Quality



HSEQ Jobsite Binder

http://www.cce-inc.com/

CENTENNIAL A BILFINGER COMPANY
HSEQ
Jobsite Binder
Project Information
Project Name:
Project Number:
Project Manager:
Project Superintendent:
Date:
Project Location (address):
Centennial Office Contact Info: Phone: Fax:

1	Project Site Check in Log (sign in sheet)
2	Site Specific HSEQ Plan
3	Weekly Toolbox Safety Meetings
4	Activity Hazard Analyses (AHA)
5	HSEQ Site Inspection
6	High Risk Plan
7	Permits
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9	Near Miss & Incident Reporting Forms
10	Letter(s) of Designation
11	Training Documentation
12	Respiratory (Appendix D)
13	Inspection Forms
14	Miscellaneous
15	Operations



TAB #1:

Project Site Check in Log

Project Site Check in Log 0206500_CP_11_06_en_A11



Project Number:		Project Name:				
Date	Name (print)	Company Name	Cell Phone Number	Check In Time	Check Out Time	Site Orientation & Site Safety Rules (y/n)



TAB #2

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



TAB #2.1:

Site Specific HSEQ Plan

Site Specific HSEQ Plan



Instructions: Complete the Site Specific HSEQ Plan template below.

Project Name:	Project #:
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.

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

Emergency Response

Emergency Contact Numbers:

Police	Fire	Ambulance	
Additional or Site Specific	c Emergency Contact Nur	nber:	
Location of First Aid Kit:			
Location of Fire Extinguis	sher(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

<u>Note:</u> 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:
<u>Note:</u> 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.



Project Name:

Project Location:	Date:					
In the event of an Emergency, dial	In the event of an Emergency, dial 911 or contact local emergency services					
Instructions: Complete the checklist below when preparing Circle the appropriate response.	for project site specific emergency	y situations.				
Has an alarm system been established to alert employ Type of alarm system (explain):	yees of an emergency?	Yes	No			
Has a meeting location / rally point been established? Location of meeting area / rally point (explain):		Yes	No			
All employees have been trained in the Emergency Ac	tion Plan?	Yes	No			
All employees have been trained in the location of the	e emergency rally point?	Yes	No			
Building / owner specific emergency action plan has b Centennial emergency response action plan?	een incorporated into the	Yes	No			
Procedures have been developed for those employee critical functions? (if yes, see section below)	s required to perform	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.



Evacuation / Rally Point Headcount Checklist

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.

<i>appropriate box.</i> Name of Employee / Visitor	Present	Absent	Injured	Last Known Location
				+

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?



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?

NO

YES

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?





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?





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 work 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.
- 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.
- 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 tablones, 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** <u>on site</u>. **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.			
2.			
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30.			



TAB #2.2:

Emergency Action Plan, Emergency Contact Posting



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:

Centennial Office:

Contact Number:

Contact Number:

AMBULANCE:

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)



TAB #3:

Weekly Safety Meetings

(Toolbox Meetings)



TAB #4:

4.1 - Centennial Employee Activity Hazard Analysis (AHA)
4.2 - Subcontractor's Activity Hazard Analysis (AHA)



TAB #4.1:

Centennial Employee Activity Hazard Analysis (AHA)



TAB #4.2:

Subcontractor(s) Activity Hazard Analysis (AHA)



HSEQ Site Inspection

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

HSEQ Site Inspection

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	A BILFINGER COMPA	NY
DO#/Job Name:	Inspection Date:	
Inspector:	Project Manager:	
Bldg. Area:	Floor:	
Superintendent:	Subcontractors:	
General Safety Items checked: / = Meets Compliance; X = Not in Compliance;		s
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	s)	
FP Competent Person / Worker fall protection training, documented	i i	
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:	l:	
Excavations: Properly sloped/shored, mat'ls/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.

Work/storage areas posted/barricaded.

Emergency Phone Numbers posted, directions to hospital posted.

Safety Documentation on site and reviewed by site personnel



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



TAB #7:

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



TAB #8:

Safety Data Sheets & Environmental 8.1 - SDS's & Inventory Log 8.2 - Hazmat Survey (Lead, Asbestos, Silica, Mold)



TAB #8.1:

SDS's & Inventory Log



Contract Number:

Project Name: Project Location(s)/Address: Project Representative (print name):

Date:

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

	Physical State	Product Common Name	Container			SDS	
Tab #			Size	Туре	Manufacturer	Yes	No
	Liquid / solid		Gal / OZ	mtl / plstc			



TAB #8.2:

Hazmat Survey (Lead, Asbestos, Silica, Mold)



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



TAB #9.1:

Near Miss

Near Miss/Unsafe Conditions Report

0206500_CP_11_0 8_en_A5.1



□ 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

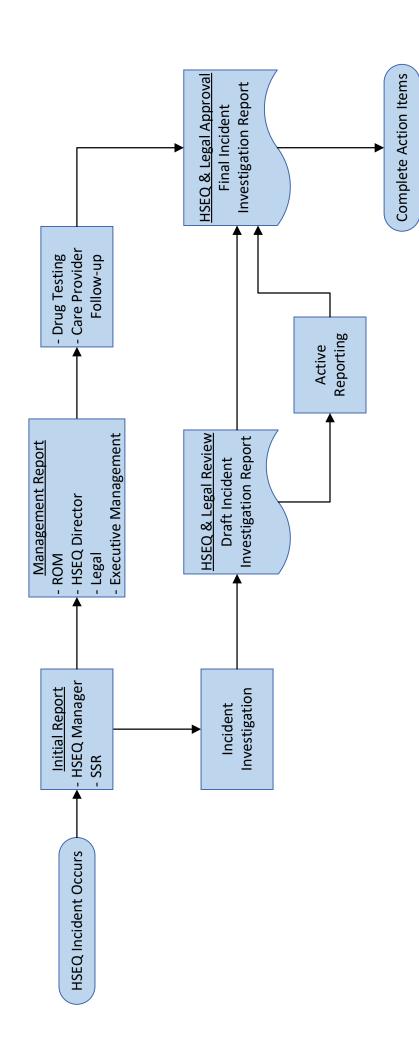


TAB #9.2:

Incident Form

Centennial Incident Reporting Procedure 0206500_CP_11_08_en_A3.3





0206500_CP_11_08_en_A1.1

Incident Investigation Report



1.	Contract Name and Number	r:	2. Project Name an	d Number:	3. Employer/	Company:
4.	Incident Classification:		1			
5.	Date of Incident:	Date of Incident: 6. Date Reported: 7. Time of Incident:				Notified?
9.	Specific Location of Inciden	t:		10. First Repo	rt of Injury Completed:	
11.	Name of Individual:	12. R	Regular Occupation:		13. Occupatio	on at Time of Incident:
14.	Individual's Start Time:	15. Individual's Tele Home:	ephone Number: Work:		16. Duration of	of Employment:
17.	Individual's Supervisor:	Supervisor Phon	e Number:	18. Supervis	ion Status at Time of In	cident:
19.	Was Individual trained to p	perform task at time of	Incident:	20. Experier	nce:	Number of Years:
21.	Phase of Workday at Time	e of Incident:				
22.	Individual was working wit	h:				
23.	Did Individual return to wo		24. Transport to Med	ical Facility:		
25.	Type of Incident:	2	6. Type of Injury:		27. Part	of Body Injured:
29.	29. Specify machinery, tools, substance or object connected to incident:					
30.	Was Individual using the rec	quired PPE: 3 ⁷	1. Trained for Use:		32. Has the Individu	al taken a Drug Test: Date Scheduled:
33.	Describe corrective plan to	prevent reoccurrence	or to resolve a quality	issue (machine	modification, mechanica	al guarding, environment, training):
34.	Report Date:	35. Investiga	ated by:			
36.	36. Additional comments on incident (This section to be completed by PSO or SSR):					
37.			rred (specification or co			and who first reported the issue?
38.	PSO Signature:	39. Date:		40. CSM Sig	jnature.	41. Date:



HSEQ Jobsite Binder TAB #9.3: Motor Vehicle Incident Form

MOTOR VEHICLE INCIDENT REPORT



0206500_CP_11_08_en_A2.1

<u>Instructions:</u> 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.

Emplo	yee Name:						Date:				
				General I	nformatior	า					
Date	of incident:]	Time	of incident:					
Type of inc	i dent (choose	e all that appl	y):	-					' 		
	Personal Inji	ury		Fire		Other (expla	in below)				
	Property Da	mage		Fatality							
	Sideswipe			Rear End		T-bone					
	Single Vehic	le Incident		Roll-Over							
Location of incident (be specific with cross streets / intersections):											
What type of	of traffic con	trol devices	where prese	ent:		N/A					
Road condi	tions:	Lighting co	nditions:	Weather co	nditions:		Pos	sted speed li	mit:		
	Dry		Daylight		Clear				mph		
	Wet		Dawn /dusk		Fog		Travel	ing at what	1		
	Icy / snow		Night / dark		Rain / Snow				mph		
		(Company	/ Employe	e Vehicle	Informatio	n				
Year / make	/ model:				_	Vehicle	Color:				
VIN #:					License Pla	te # / State:					
Owner name	e / address / p	phone #:									
Driver name	/ address/ pl	hone #:									
Driver's Lice	nse #:				State:		Driver	DOB:			
Driver/occup	ant injured?		Yes	No]	First rep	ort filed?	Yes	No		
Injuries sust	ained (if appl	icable):									
Transported	to hospital?		Yes	No	Hospita	al name:					
Driver on a	mission for er	mployer?	Yes	No		Seat bel	ts used?	Yes	No		
Describe mi	ssion:		-								
Parts of veh	icle damaged	l:									
Passenger i	n vehicle?	Yes	No	Passe	enger Name:						
Passenger i	njured?	Yes	No	Des	cribe Injury:						
			Addi	tional Veh	nicle(s) Inv	olved					
Year / make	/ model:					Vehicle	Color:				
VIN #:					License Pla	te # / State:					
Owner name	e / address / p	phone #:			-						

0206500_CP_11_08_en_A2.1

Insured? Yes	No	Ins. Com	pany name:					
Ins. agent name:				Ins. po	licy number:			
Driver name / addres	s/ phone #:							
Driver's License #:				State:		Driver	DOB:	
Driver/occupant injure	d?	Yes	No	Traveling at	what speed:			mph
Were individuals from	the other car in	volved taken t	to the hospita	ıl?	Yes	No]	
Parts of vehicle dama	ged:							
Restrictions on driver	s license?	Yes	No	Driver in	conformance	e to restr.	Yes	No
Explain if needed:								
Passenger in vehicle	Yes	No	Passe	enger Name:				
Passenger injured?	Yes	No	Des	cribe Injury:				
		Mis	scellaneou	is Informa	tion			
Witness name / phon	e #:							
Witness name / phon	e #:							
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 & directi	on you were trav	eling:						
Street name & directi	on other vehicle	was traveling	:					
Skid marks by Center	inial employee?		Yes	No		Length		feet
Skid marks by other v	ehicle(s)?		Yes	No		Length		feet
Were vehicle(s) towe	from the scene	e? (if yes, indic	cate which)		Yes	No		
Centennial/Emplo	yee Vehicle	Yes	No	Othe	er Parties' Ve	hicle	Yes	No
Location towed to:								
Were vehicle(s) driva	ole from the sce	ne? (if yes, ind	dicate which)		Yes	No]	
Centennial/Emplo	yee Vehicle	Yes	No	Othe	er Parties' Ve	hicle	Yes	No
		Police D	epartment li	nvestigation	/ Report			
Department:				Off	icer's name:			
Contact info / #:				Ba	dge number:			
Police Report Number	r:			Citat	tions Issued:			

	State	ement
Give a brief description of	the incident:	
I hereby declare that the f	acts as stated above are true:	
Driver name:		Date:
Supervisor name:		Date:



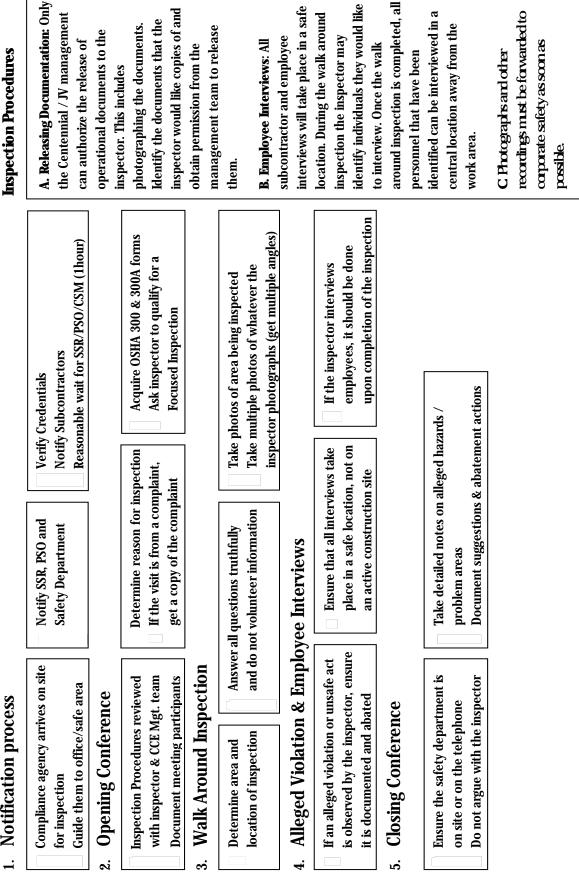
TAB #9.4:

Regulatory Inspection Process Flow Chart

Regulatory Inspection Process Flow 0206500_CP_11_10_en_A1.1



1. Notification process



D Regulatory Inspection Record

must be fully completed



HSEQ Jobsite Binder TAB #10: Letter(s) of Designation



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.

Employee Name (Print)

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

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.*)

<u>Note:</u> 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 _____



TAB #11:

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



TAB #12:

Respiratory (Appendix D)

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.



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:	Da	te:		
Equipment Type & Model #:				
	Acceptable	N/A	Deficient	(include any comments / notes)
Engine Off Checks				(
Lastra - Evel Underville Oil - Eneire Oil en Dadisten Oastaat				
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)
Unusual Noises Must be Investigated Immediately				
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 determined space deter	ination. Reference confined space plan if applicable.

<u>Instructions</u>: 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			
	Ac	ceptal	ble
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 / Acces	is & E	gress	
	Ac	ceptal	ble
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 percent 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	N/A	Yes	No
excavation could or do exist. (reference confined space plan, if applicable)			
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.



<u>Instructions:</u> 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		
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				
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:

<u>Note:</u> 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):

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

Date:

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.



Operator Name (print): MEWP Lift ID#:				Date (Week of): Unit Type:			
Project site: Instructions: Fill in the inspection checklist this inspection, DO NOT operate the lift. C				Trained ork in or	/ Certifi on an M		
Please choose one answer for each catego	ory: Yes - I	No - N/A	L				
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:

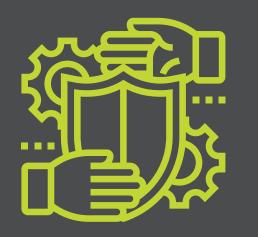
Note that MEWP use shall be discontinued during periods of inclement weather. Consult owners manual to determine work limitations as a result of wind speed, ice, snow, etc...



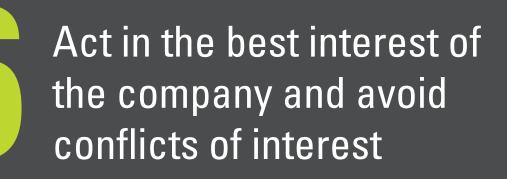
TAB #14:

Miscellaneous

GOLDEN RULES OF COMPLIANCE



Observe laws, internal rules, and act with integrity



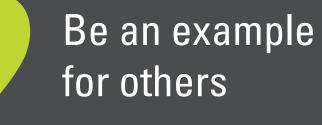








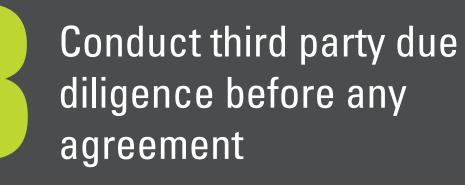




Ensure gifts and hospitality are appropriate



Protect our corporate assets and data











Exercise special care with public officials







Report suspected concerns of breaches of our code of conduct



CODE OF CONDUCT

The Golden Rules of Compliance are based on our Code of Conduct, which details the general principles of our behavior, as well as on corresponding Group Guidelines that contain instructions on the issues of integrity, competition and dealing with business partners. Navigate to website http://www.bilfinger.com/en/compliance

COMPLIANCE HELP-DESK

The Compliance Help-Desk is a central point of contact for compliance-related questions. The colleagues at the help-desk can help you to understand and find the right information concerning compliance policies, procedures or other compliance issues. Email address **compliance.helpdesk@bilfinger.com**

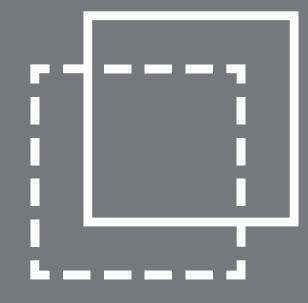
CONFIDENTIAL REPORTING LINE

In case you become aware of any violations or concerns about known or suspected violations of the Bilfinger Code of Conduct, applicable laws or any other regulations, please call the Confidential Reporting Line directly. Toll-Free Phone Number 1-855-245-3464



COMPLIANCE

QUALITIES OF A BILFINGER COMPLIANCE LEADER



TRANSPARENT

Be open and honest with what you do and why you do it



OBSERVANT

Be aware of how your actions and words are seen and heard



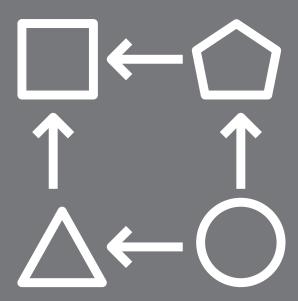
KNOWLEDGEABLE

Know the rules and why they exist, as well as the risks they address



FAIR

Acknowledge and manage your bias. Treat others with respect



ADAPTABLE

Embrace change and approach it with a curious and open mind



COURAGEOUS

Be willing to have courageous discussions and make tough decisions, be proud of your choices

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COMPLIANCE



TAB #15:

Operations 15.1 - Scope of Work 15.2 - Project Schedule 15.3 - Plans & Specs 15.4 - Daily Reports



TAB #15.1:

Scope of Work



HSEQ Jobsite Binder TAB #15.2: Project Schedule



TAB #15.3:

Plans & Specs



TAB #15.4:

Daily Reports