

PREPARATORY INSPECTION CHECKLIST

CONTRACT NO. _____ DATE: _____

TITLE: _____ SPECS. SECTION: _____

MAJOR DEFINABLE SEGMENT OF WORK: _____

A. PERSONNEL PRESENT:

	<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

B. REVIEW OF PLANS AND SPECIFICATIONS

B-I. IDENTIFY EACH SPECIFICATION SECTION THAT WAS REVIEWED AT THIS PREPARATORY INSPECTION.

1. _____
2. _____
3. _____
4. _____
5. _____

B-II. IDENTIFY EACH CONSTRUCTION PLAN DETAIL OR SHEET THAT WAS REVIEWED AT THIS PREPARATORY INSPECTION.

1. _____
2. _____
3. _____
4. _____
5. _____

C. TRANSMITTAL INVOLVED

	<u>NUMBER & ITEM</u>	<u>CODE</u>	<u>CONTRACTOR OR GOVERNMENT APPROVAL</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

C-I. HAVE ALL ITEMS INVOLVED BEEN APPROVED? YES _____ NO _____

C-II. WHAT ITEMS HAVE NOT BEEN APPROVED?

	<u>ITEM</u>	<u>STATUS</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

D. ARE ALL MATERIALS ON HAND? YES _____ NO _____

D-I. ARE ALL MATERIALS ON HAND IN ACCORDANCE WITH APPROVALS? YES _____ NO _____

D-II. ITEMS NOT ON HAND OR NOT IN ACCORDANCE WITH TRANSMITTALS:

1. _____
2. _____
3. _____
4. _____

D. TESTS REQUIRED IN ACCORDANCE WITH CONTRACT REQUIREMENTS:

	<u>TEST</u>	<u>PARAGRAPH</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

E. ACCIDENT PREVENTION PREPLANNING – HAZARD CONTROL MEASURES:

E-I. APPLICABLE OUTLINES (ATTACH COMPLETED COPIES):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

E-II. OPERATIONAL EQUIPMENT CHECKLISTS

- ATTACHED FOR
1. _____
 2. _____
 3. _____

- ON FILE FOR
1. _____
 2. _____
 3. _____

QUALITY CONTROL – PRIME CONTRACTOR

INITIAL INSPECTION CHECKLIST

CONTRACT NO: _____ DATE: _____

DESCRIPTION AND LOCATION OF WORK INSPECTED: _____

SPECS SECTION: _____ REFERENCE CONTRACT DRAWINGS: _____

A. PERSONNEL PRESENT:

	<u>NAME</u>	<u>POSITION</u>	<u>COMPANY</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

B. MATERIALS BEING USED ARE IN STRICT COMPLIANCE WITH THE CONTRACT PLANS AND SPECIFICATIONS:

YES _____ NO _____

IF NOT, EXPLAIN: _____

C. PROCEDURES AND/OR WORK METHODS WITNESSED ARE IN STRICT COMPLIANCE WITH THE REQUIREMENTS OF THE CONTRACT SPECIFICATIONS: YES _____ NO _____

IF NOT, EXPLAIN: _____

D. WORKMANSHIP IS ACCEPTABLE YES _____ NO _____

STATE AREAS WHERE IMPROVEMENT IS NEEDED: _____

E. SAFETY VIOLATIONS AND CORRECTIVE ACTION TAKEN: _____

QUALITY CONTROL REPRESENTATIVE

CONTRACTOR QUALITY CONTROL REPORT

Contract No.	
Name of Project	
Prime Contractor	

Report No.	
Date	

Today's Weather

General Description	
Temperature Range	
Precipitation	

Were there any delays in work progress today? Yes No

If Yes, Explain

Describe any verbal instructions given by Government personnel
(include name of person giving instruction)

Has anything developed which might lead to a change order or claim?

Yes No If Yes, Explain

Contractor/Subcontractors On Site

Name of Contractor	Hours on Site	Area of Responsibility

Prime Contract/Subcontractor Workforce

Employer	Trade	No.	Hours

Major Items of Equipment

Type/Capacity	Contractor	No.	Oper. Hours	Standby Hours	Repair Hours

Work Performed this date (enter all activities started but not previously reported as completed)

Act. No.	Actual Start Date	Actual Finish Date	Description of work performed this date and major material deliveries today. Identify contractor performing the work.

Off-site Surveillance Activities, including actions taken

--

Definable Features of Work - History

Definable Features of Work (List all) <i>Attach checklist for each Preparatory or Initial Phase Inspection held this date.</i>	Preparatory Inspection Date	Initial Inspection Date

Unit Price Work Completed This Date

CLIN	Description	Unit	Contract Quantity	Quantity Completed This Date	Total To Date

Deficiencies Noted or Corrected This Date

Act. No.	Description of Deficiency	Noted	Corrected

CQC Testing

Act. No.	Description <i>Include reference to contract specification.</i>	Test Results	Pass/Fail

The following Equipment Safety Checklists are attached to this report.

Were there any Lost Time Accidents this date? Yes No
 If Yes, attach accident report.

Safety Inspections: Identify results of all safety inspections and meetings this date. State what was checked and instructions given and corrective actions taken.

User Schooling Conducted

Act. No.	Description of Schooling and Names of Participants

Materials Received (note quantity of materials received, inspection results and storage provided)

Other General Comments

The following items are attached to this CQC Report

Contractor Certification

On behalf of the contractor, I certify that this report is complete and correct and all equipment and material used and work performed during this reporting period are in compliance with the contract plans and specifications, to the best of my knowledge, except as noted above.

Contract Quality Control Manager: _____

Signature: _____

Date: _____

BID BOND
(See instructions on reverse)

DATE BOND EXECUTED (Must not be later than bid opening date)

FORM APPROVED OMB NO.

9000-0045

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0045), Washington, D.C. 20503.

PRINCIPAL (Legal name and business address)

TYPE OF ORGANIZATION ("X" one)

- INDIVIDUAL PARTNERSHIP
 JOINT VENTURE CORPORATION

STATE OF INCORPORATION

SURETY(IES) (Name and business address)

PENAL SUM OF BOND					BID IDENTIFICATION	
PERCENT OF BID PRICE	AMOUNT NOT TO EXCEED				BID DATE	INVITATION NO.
	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS		
FOR (Construction, Supplies or Services)						

OBLIGATION:

We, the Principal and Surety(ies) are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a suit or action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, to the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The Principal has submitted the bid identified above.

THEREFORE:

The above obligation is void if the Principal - (a) upon receipt by the Government of the bid identified above, within the period specified therein for acceptance (sixty (60) days, no period is specified), executes the further contractual documents and gives the bond(s) required by the terms of the bid as accepted within the time specified (ten (10) days if no period is specified) after receipt of the forms by the principal; or (b) in the event of failure to execute such further contractual documents and give such bonds, pays the Government for any cost of procuring the work which exceeds the amount of the bid.

Each Surety executing this instrument agrees that its obligation is not impaired by any extension(s) of the time for acceptance of the bid that the Principal may grant to the Government. Notice to the surety(ies) of extension(s) are waived. However, waiver of the notice applies only to extensions aggregating not more than sixty (60) calendar days in addition to the period originally allowed for acceptance of the bid.

WITNESS:

The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.

PRINCIPAL

SIGNATURE(S)	1.	2.	3.	Corporate Seal
	(Seal)	(Seal)	(Seal)	
NAME(S) & TITLE(S) (Type)	1.	2.	3.	Corporate Seal

INDIVIDUAL SURETY(IES)

SIGNATURE(S)	1.	2.
	(Seal)	(Seal)
NAME(S) (Type)	1.	2.

CORPORATE SURETY(IES)

SURETY A	NAME & ADDRESS	STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.	
	NAME(S) & TITLE(S) (Type)	1.	2.	

CORPORATE SURETY(IES) (Continued)

SURETY B	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Type Ⓞ)	1.	2.		
SURETY C	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Type Ⓞ)	1.	2.		
SURETY D	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Type Ⓞ)	1.	2.		
SURETY E	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Type Ⓞ)	1.	2.		
SURETY F	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Type Ⓞ)	1.	2.		
SURETY G	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Type Ⓞ)	1.	2.		

INSTRUCTIONS

1. This form is authorized for use when a bid guaranty is required. Any deviation from this form will require the written approval of the Administrator of General Services.
2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. A authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
3. The bond may express penal sum as a percentage of the bid price. In these cases, the bond may state a maximum dollar limitation (e.g., 20% of the bid price but the amount not to exceed _____ dollars).
4. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form insert only the letter identification of the sureties.

(b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28), for each individual surety shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
5. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
6. Type the name and title of each person signing this bond in the space provided.
7. In its application to negotiated contracts, the terms "bid" and "bidder" shall include "proposal" and "offeror."

PERFORMANCE BOND <i>(See Instructions on reverse)</i>		DATE BOND EXECUTED <i>(Must be same or later than date of contract)</i>	
PRINCIPAL <i>(Legal name and business address)</i>		TYPE OF ORGANIZATION <i>("X" one)</i>	
		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION	
		STATE OF INCORPORATION	
SURETY(IES) <i>(Name(s) and business address(es))</i>		PENAL SUM OF BOND	
		MILLION(S)	THOUSAND(S) HUNDRED(S) CENTS
		CONTRACT DATE	CONTRACT NO.

OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any one of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The Principal has entered into the contract identified above.

THEREFORE:

The above obligation is void if the Principal —

(a)(1) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are required by the Government, with or without notice to the Surety(ies), and during the life of any guaranty required under the contract, and performs and fulfills all the undertakings, covenants, terms conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.

(b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to the Miller Act, (40 U.S.C. 270a-270e), which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

WITNESS

The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.

PRINCIPAL			
Signature(s)	1.	2.	Corporate Seal
		<i>(Seal)</i>	
Name(s) & Title(s) <i>(Typed)</i>	1.	2.	
INDIVIDUAL SURETY(IES)			
Signature(s)	1.	2.	
		<i>(Seal)</i>	<i>(Seal)</i>
Name(s) <i>(Typed)</i>	1.	2.	
CORPORATE SURETY(IES)			
SURETY A	Name & Address	STATE OF INC.	LIABILITY LIMIT \$
	Signature(s)	1.	2.
Name(s) & Title(s) <i>(Typed)</i>	1.	2.	
			Corporate Seal

NSN 7540-01-152-8060 25-106 STANDARD FORM 26 (REV. 10-83)
PREVIOUS EDITION USABLE Prescribed by GSA
FAR (48 CFR 53.228 (b))

CORPORATE SURETY(IES) (Continued)

		Name & Address		STATE OF INC.	LIABILITY LIMIT	
		1.	2.		\$	
SURETY B	Signature(s)	1.		2.		<i>Corporate Seal</i>
	Name(s) & Title(s) (Typed)	1.		2.		
	Name & Address			STATE OF INC.	LIABILITY LIMIT	
SURETY C	Signature(s)	1.		2.		<i>Corporate Seal</i>
	Name(s) & Title(s) (Typed)	1.		2.		
	Name & Address			STATE OF INC.	LIABILITY LIMIT	
SURETY D	Signature(s)	1.		2.		<i>Corporate Seal</i>
	Name(s) & Title(s) (Typed)	1.		2.		
	Name & Address			STATE OF INC.	LIABILITY LIMIT	
SURETY E	Signature(s)	1.		2.		<i>Corporate Seal</i>
	Name(s) & Title(s) (Typed)	1.		2.		
	Name & Address			STATE OF INC.	LIABILITY LIMIT	
SURETY F	Signature(s)	1.		2.		<i>Corporate Seal</i>
	Name(s) & Title(s) (Typed)	1.		2.		
	Name & Address			STATE OF INC.	LIABILITY LIMIT	
SURETY G	Signature(s)	1.		2.		<i>Corporate Seal</i>
	Name(s) & Title(s) (Typed)	1.		2.		
	Name & Address			STATE OF INC.	LIABILITY LIMIT	

BOND PREMIUM ▶	RATE PER THOUSAND	TOTAL
	\$	\$

INSTRUCTIONS

1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorization person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE

SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

PAYMENT BOND <i>(See Instructions on reverse)</i>	DATE BOND EXECUTED <i>(Must be same or later than date of contract)</i>			
PRINCIPAL <i>(Legal name and business address)</i>	TYPE OF ORGANIZATION <i>("X" one)</i>			
	<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> PARTNERSHIP	
	<input type="checkbox"/> JOINT VENTURE		<input type="checkbox"/> CORPORATION	
SURETY(IES) <i>(Name(s) and business address(es))</i>	STATE OF INCORPORATION			
	PENAL SUM OF BOND			
	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS
	CONTRACT DATE		CONTRACT NO.	

OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The above obligation is void if the Principal promptly makes good on all persons having a direct relationship with the Principal or a sub-contractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract or subsequently are made. Notice of those modifications to the Surety(ies) are waived.

WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

PRINCIPAL					
Signature(s)	1.	2.	Corporate Seal		
		(Seal)			(Seal)
Name(s) & Title(s) <i>(Typed)</i>	1.	2.			
INDIVIDUAL SURETY(IES)					
Signature(s)	1.	2.	(Seal)		
		(Seal)			(Seal)
Name(s) <i>(Typed)</i>	1.	2.			
CORPORATE SURETY(IES)					
SURETY A	Name & Address		STATE OF INC.	LIABILITY LIMIT	Corporate Seal
				\$	
	Signature(s)	1.	2.		
Name(s) & Title(s) <i>(Typed)</i>	1.	2.			

CORPORATE SURETY(IES) (Continued)

SURETY B	Name & Address		STATE OF INC.	LIABILITY LIMIT	<i>Corporate Seal</i>
	Signature(s)	1.	2.	\$	
	Name(s) & Title(s) (Typed)	1.	2.		
SURETY C	Name & Address		STATE OF INC.	LIABILITY LIMIT	<i>Corporate Seal</i>
	Signature(s)	1.	2.	\$	
	Name(s) & Title(s) (Typed)	1.	2.		
SURETY D	Name & Address		STATE OF INC.	LIABILITY LIMIT	<i>Corporate Seal</i>
	Signature(s)	1.	2.	\$	
	Name(s) & Title(s) (Typed)	1.	2.		
SURETY E	Name & Address		STATE OF INC.	LIABILITY LIMIT	<i>Corporate Seal</i>
	Signature(s)	1.	2.	\$	
	Name(s) & Title(s) (Typed)	1.	2.		
SURETY F	Name & Address		STATE OF INC.	LIABILITY LIMIT	<i>Corporate Seal</i>
	Signature(s)	1.	2.	\$	
	Name(s) & Title(s) (Typed)	1.	2.		
SURETY G	Name & Address		STATE OF INC.	LIABILITY LIMIT	<i>Corporate Seal</i>
	Signature(s)	1.	2.	\$	
	Name(s) & Title(s) (Typed)	1.	2.		

INSTRUCTIONS

1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under the Act of August 24, 1935, 49 Stat. 793 (40 U.S.C. 270 a-270e). Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear

in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction regarding adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

INSTRUCTIONS

1. Section I will be initiated by the Contractor in the required number of copies.
2. Each transmittal shall be numbered consecutively in the space provided for "Transmittal No.". This number, in addition to the contract number, will form a serial number for identifying each submittal. For new submittals or resubmittals mark the appropriate box; on resubmittals, insert transmittal number of last submission as well as the new submittal number.
3. The "Item No." will be the same "Item No." as indicated on ENG FORM 4288-R for each entry on this form.
4. Submittals requiring expeditious handling will be submitted on a separate form.
5. Separate transmittal form will be used for submittals under separate sections of the specifications.
6. A check shall be placed in the "Variation" column when a submittal is not in accordance with the plans and specifications--also, a written statement to that effect shall be included in the space provided for "Remarks".
7. Form is self-transmittal, letter of transmittal is not required.
8. When a sample of material or Manufacturer's Certificate of Compliance is transmitted, indicate "Sample" or "Certificate" in column c, Section I.
9. U.S. Army Corps of Engineers approving authority will assign action codes as indicated below in space provided in Section I, column i to each item submitted. In addition they will ensure enclosures are indicated and attached to the form prior to return to the contractor. The Contractor will assign action codes as indicated below in Section I, column g, to each item submitted.

THE FOLLOWING ACTION CODES ARE GIVEN TO ITEMS SUBMITTED

- | | |
|---|---|
| A -- Approved as submitted. | E -- Disapproved (See attached). |
| B -- Approved, except as noted on drawings. | F -- Receipt acknowledged. |
| C -- Approved, except as noted on drawings.
Refer to attached sheet resubmission required. | FX -- Receipt acknowledged, does not comply
as noted with contract requirements. |
| D -- Will be returned by separate correspondence. | G -- Other (<i>Specify</i>) |
10. Approval of items does not relieve the contractor from complying with all the requirements of the contract plans and specifications.

ENGINEER MANUAL EM 385-1-1 CAN BE ACCESSED @
<http://www.lrb.usace.army.mil/contracting/SafetyManual/SafetyManual.html>

SAMPLE ACCIDENT PREVENTION PLAN TEMPLATE

ITEMS INDICATED IN RED TEXT SHOULD BE SOMPLETED BY THE CONTRACTOR. INDICATE “N/A” IF NOT APPLICABLE.

NOTE: A Microsoft Word file of the Sample Accident Prevention Plan Template is included in the folder entitled “Template” on this CD-ROM.

(sample)
ACCIDENT PREVENTION PLAN
Name of Project
Contract No. W912P4-##-#-####
Contractor

1. SIGNATURE SHEET.

This Accident Prevention Plan was

Prepared By:

Name
Title of corporate safety staff person

Approved By:

Name
President

Plan Concurrence By:

Name
CQC Manager

Name
Project Superintendent

Name
Project Safety Manager

2. BACKGROUND INFORMATION

- a. Contractor : *Name*
 Address
 City, State Zip
- b. Contract Number W912P4-##-#-####
- c. Project Name: *Enter Name of Project*
- d. Project Description: *Enter description of work*
- e. The Major definable features of work are listed in the Quality Control Plan. An Activity Hazard Analysis (AHA) will be prepared for each Major Definable Feature of Work. AHAs will be prepared in accordance with the format shown in Figure 1-2 on page 8 of EM 385-1-1 and will be presented and discussed at the Preparatory Phase Inspection for the applicable feature of work.

3. STATEMENT OF SAFETY AND HEALTH POLICY

Enter statement which describes the company's commitment to safety.

4. RESPONSIBILITIES AND LINES OF AUTHORITIES

- a. *Name - Describe responsibility and accountability of personnel responsible for safety at corporate level.*
- b. *Name - Describe responsibility and accountability of personnel responsible for safety at project level.*
- c. Lines of authority - *Describe lines of authority (as related to safety) for this project.*

5. SUBCONTRACTORS AND SUPPLIERS.

- a. The following subcontractors will be working on this project:
 - 1. *List (or none)*
- b. The CQC System Manger *NAME* will be responsible for controlling and coordinating subcontractors and suppliers.
- c. All subcontractors and suppliers performing work on site will be expected to conform to the requirements of this Accident Prevention Plan and to the requirements of EM 385-1-1.

6. TRAINING.

- a. Each employee will receive a safety indoctrination consisting of a thorough review of applicable AHA's.
- b. The following is a list of training and certifications which are applicable to this project:

1. Confined Space Entry
2. HAZWOPER Training and Certification
3. Personal Protective Equipment
4. 1st Aid and CPR
5. Man Overboard Rescue
6. Emergency Response Plan
7. *Other*

c. Weekly toolbox safety meeting will be conducted at *TIME* every *ENTER DAY OF WEEK*. Each on site worker will be required to attend. Attendance will be documented. *Name* will be responsible for conducting these meetings.

7. SAFETY AND HEALTH INSPECTIONS.

a. *Name* will conduct site safety inspections on a daily basis. Any noted deficiencies will be identified on that day's CQC Report. Deficiencies will be tracked using the table included as Attachment # to this Accident Prevention Plan.

b. The following external inspections/certifications are required for this project:

List or enter "None Required".

8. SAFETY AND HEALTH EXPECTATIONS, INCENTIVE PROGRAMS, AND COMPLIANCE

a. *Provide a statement or statements describing the company's written safety program goals, objectives, and accident experience goals for this contract.*

b. *Provide a brief description of the company's safety incentive programs (if any). If none, so state.*

c. *Provide a discussion of the company's policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements).*

d. *Provide written company procedures for holding managers and supervisors accountable for safety.*

9. ACCIDENT REPORTING

a. *Name* will submit Monthly Manhour Exposure Reports to the Contracting Officer no later than the 5th work day of each month. The report encompasses on-site work including all hourly and salaried employees. The report will include all subcontractors working on this project.

b. *Name* will report all accidents and injuries no matter how slight. Furthermore, *Name* will immediately notify the Contracting Officer and District Safety Officer of any incidents involving fatality or permanent total disability, accidents in which three or more persons are hospitalized, accidents that result in property damage in excess of \$100,000 or any accident regardless of the consequences, if it is suspected that it will result in unfavorable criticism of the Corps of Engineers.

10. MEDICAL SUPPORT

a. A list of emergency telephone numbers and a map of directions to the nearest hospital(s) is included in the Emergency Response Plan section of this Accident Prevention Plan.

b. 1st Aid kits will be maintained on site as required in Section 3 of EM 385-1-1.

(Provide plan view showing location of all 1st Aid kits and fire extinguishers.)

c. At least two employees on each shift will be qualified to administer 1st Aid and CPR. Individuals who are required to work alone in remote areas shall be trained in 1st Aid. The following employees are certified in 1st Aid and CPR and a copy of their current certificates are included as Attachment # to this Accident Prevention Plan:

1. *List*

11. PERSONAL PROTECTIVE EQUIPMENT.

a. *Outline procedures (who, when, how) for conducting hazard assessments and written certifications for use of personal protective equipment.*

12. PLANS (PROGRAMS, PROCEDURES) REQUIRED BY THE SAFETY MANUAL (as applicable)

a. Hazard Communication (HAZCOM) Program (01.B.06)

Included as Attachment # to this Accident Prevention Plan is a written hazard communication program addressing as a minimum, the following: training (to include potential safety and health effects from exposure), labeling, current inventory of hazardous chemicals on site, and the location and use of Material Safety Data Sheets (MSDSs).

b. Emergency Response Plans (01.E.01, 01.E.05, 06.A.02, 19.A.04, 09.K.01 and 09.K.02)

An Emergency Response Plan is included as Attachment # to this Accident Prevention Plan. This Emergency Response Plan includes:

An Emergency Response Plan to ensure employee safety in case of fire or other emergency, including emergency telephone numbers and reporting instructions for ambulance, physician, hospital, fire, and police. Also a map of directions to the nearest hospital(s). This list and map shall be conspicuously posted at the work site

A Spill Response Plan including organizations with telephone numbers of individuals to contact in the event of a spill.

c. Layout plans (04.A.01) *(If applicable)*

Plans for the layout of temporary construction buildings, facilities, fencing and access routes and anchoring systems for temporary structure are included as Attachment # to this Accident Prevention Plan.

d. Respiratory Protection Plan (05.E.03) *(If applicable)*

Name of Company's Respiratory Protection Plan is included as Attachment # to this Accident Prevention Plan.

e. Health Hazard Control Program (06.A.02)

Activity Hazard Analyses (AHA's) shall consider all substances, agents and environments that present a hazard and will recommend hazard control measures. Engineering and administrative controls shall be used to control hazards. In cases where engineering or administrative controls are not feasible, PPE may be used. The AHA shall serve as certification that a hazard assessment has been conducted.

Operations, materials, and equipment involving potential exposure to hazardous substances, agents or environments will be evaluated by a qualified industrial hygienist, or other competent person, to formulate a hazard control program. The following hazardous substances, agents or environments have been identified:

List (This list may be revised during the performance of work on this project.)

f. Abrasive Blasting (06.H.01) (If applicable)

Operational procedures for abrasive blasting operations are included as Attachment # to this Accident Prevention Plan. Employees will be trained in these procedures and will be advised where these written procedures and health information are available on the premises for review.

g. Confined Space (06.I) (If applicable)

Name will inspect the work area and evaluate the potential for permit-required confined spaces (PRCSs). This inspection will occur before work begins, whenever the characteristics of spaces change in a way that could lead to a reclassification as a PRCS and at least annually. A list of confined spaces (permit required and non-permit required) will be maintained on site.

h. Hazardous Energy Control Plan (12.A.07) (If applicable)

A Hazardous Energy Control Plan meeting the requirements of section 12.A.07 of EM 385-1-1 is included as Attachment # to this Accident Prevention Plan.

i. Contingency Plan for Severe Weather (19.A.03)

A severe weather plan for floating plant is included as Attachment # to this Accident Prevention Plan.

j. Access and Haul Road Plan (8.D.1) (If applicable)

An access and haul road plan meeting the requirements of section 8.D.1 of EM 385-1-1 is included as Attachment # to this Accident Prevention Plan.

k. Diving Plan (30.A.13) (If applicable)

It is recognized that a Dive Plan is required for each separate diving operation. The Dive Plan will be prepared and submitted to the Government for review and approval a sufficient time in advance of each required dive. Diving will not occur until the Dive Plan is approved by the Government.

l. Plan for Prevention of Alcohol and Drug Abuse (Defense Federal Acquisition Regulation Supplement Subpart 252.223-7004, Drug-Free Work Force)

Name of Company's plan for prevention of Alcohol and Drug Abuse is included as Attachment # to the Accident Prevention Plan. This plan meets the minimum requirements of DFAR 252.223-7004.

m. Fall Protection Plan (Section 21)

Name of Company's plan for providing safe access to all work areas is included as Attachment # to the Accident Prevention Plan.

n. Fire Prevention Plan (09.A.01)

Name of Company's plan for providing a fire protection plan for all facilities and project sites. This plan shall include a list of the major workplace fire hazards; potential ignition sources; the types of fire suppression equipment or systems appropriate to the control of fire; assignments of responsibilities for maintaining the equipment and systems; personnel responsible for controlling the fuel source hazards; and housekeeping procedures; including the removal of waste materials. It shall be used to brief employees and emergency first responders on the fire hazards, the material and processes to which they are exposed, and the emergency evacuation procedures. The Fire Prevention Plan is included as Attachment # to the Accident Prevention Plan.

o. Night Operations Lighting Plan (16.C.19.d) (If applicable)

Name of Company's plan for providing for night operations, lighting adequate to illuminate the working areas while not interfering with the operator's vision is included as Attachment # to the Accident Prevention Plan.

p. Compressed Air Plan (26.I.01) (If applicable)

Name of Company's plan for meeting all safety requirements for compressed air work is included as Attachment # to the Accident Prevention Plan.

q. Site Sanitation Plan (Section 02)

Name of Company's plan for establishing and maintaining basic sanitation provisions for all employees is included as Attachment # to the Accident Prevention Plan.

13. Detailed site specific hazards and controls will be provided in the activity hazard analysis (AHA) for each phase of the operation (each Major Definable Feature of Work as defined by the Contractor Quality Control Plan). The AHA's will provide information on how the requirements of major sections of EM 385-1-1 will be met. Particular attention shall be paid to excavations, scaffolding, medical and first aid requirements, sanitation, personal protective equipment, fire prevention, machinery and mechanized equipment, electrical safety, public safety requirements, and chemical, physical agent, and biological occupational exposure prevention requirements. AHA's will be prepared utilizing the format shown in Figure 1-2 on page 8 of EM 385-1-1.

Attachments (*where applicable*)

Attachment # - Accident History

Attachment # - Safety Deficiency Tracking Table

APP Template.doc

- Attachment # - Emergency Response Plan
- Attachment # - First Aid and CPR certificates
- Attachment # - Hazard Communication (HAZCOM) Program
- Attachment # - Layout plans
- Attachment # - Respiratory Protection Plan
- Attachment # - Abrasive Blasting Plan
- Attachment # - Permit-Required Confined Space Program
- Attachment # - Severe Weather Plan
- Attachment # - Plan for Prevention of Alcohol and Drug Abuse
- Attachment # - Night Operations Lighting Plan
- Attachment # - Compressed Air Plan

CONTRACTOR QUALITY CONTROL PLAN CHECKLIST

Contract No. _____

Checklist Item	Included ?			Found on Page(s)
	Yes	No	N/A	
1. A description of the quality control organization, including a chart showing lines of authority.				
2. Acknowledgment that the CQC staff shall implement the three phase control system for all aspects of the work specified.				
3. The name, qualifications (in resume format), duties, responsibilities, and authorities of each person assigned a CQC function.				
a. CQC System Manager				
b. Alternate CQC System Manager				
c. Individual(s) responsible for certifying that all submittals are in compliance with the contract requirements.				
d. Individual(s) responsible for executing contract modifications.				
e. Individual(s) responsible for certifying payment requests.				
f. Others				
4. Documentation that the CQC System Manager and Alternate CQC System Manager have completed the course entitled "Construction Quality Management For Contractors".				
5. A copy of the letter to the CQC System Manager signed by an authorized official of the firm which describes the responsibilities and delegates sufficient authorities to adequately perform the functions of the CQC System Manager, including authority to stop work which is not in compliance with the contract.				
6. The CQC System Manager shall issue letters of direction to all other various quality control representatives outlining duties, authorities, and responsibilities. Copies of these letters shall also be furnished to the Government.				
7. Procedures for scheduling, reviewing, certifying, and managing submittals, including those of subcontractors, offsite fabricators, suppliers, and purchasing agents.				
8. Control, verification, and acceptance testing procedures for each specific test to include the test name, specification paragraph requiring test, feature of work to be tested, test frequency, and person responsible for each test.				
9. Name and address of proposed laboratory facilities to be utilized.				
10. Procedures for tracking preparatory, initial, and follow-up control phases and control, verification, and acceptance tests including documentation.				
11. Procedures for tracking construction deficiencies from identification through acceptable corrective action. These procedures shall establish verification that identified deficiencies have been corrected.				
12. Reporting procedures, including proposed reporting formats. At minimum, the QC Report presented in the contract specifications shall be utilized.				
13. Proposed subcontractors and the associated activity of work which the subcontractor will perform.				
14. A list of the definable features of work.				
15. Contract specific items				

CONTRACTOR QUALITY CONTROL PLAN TEMPLATE

ITEMS INDICATED IN RED TEXT ARE TO BE COMPLETED BY THE CONTRACTOR. INDICATE “N/A” IF NOT APPLICABLE.

NOTE: A Microsoft® Word file of the Contractor Quality Control Plan Template is included in the folder entitled “Template” on this CD-ROM.

CONTRACTOR QUALITY CONTROL PLAN

Name of Contract
Contract No. W912P4-##-#-####
Name of Contractor

A. Quality Control Organization

Name, President
Name, Vice President
Name, Quality Control System Manager
Name, Alternate Quality Control System Manager
Name, Site Superintendent
Name, Responsible for preparation and certifying pay estimates
Name, Responsible for executing contract modification
Name, Responsible for certifying contract submittals

A chart showing lines of authority is attached to this CQC Plan.

B. Resumes of the following individuals are attached to this CQC Plan:

1. CQC System Manager
2. Alternate CQC System Manager
3. Individual(s) responsible for certifying payment requests.
4. Individual(s) responsible for executing contract modifications.
5. Individual(s) responsible for certifying contract submittals.
6. **Others**

C. **[Applicable if the contract amount exceeds \$1 million]** The CQC System Manager and Alternate CQC System Manager have completed the course entitled "Construction Quality Management For Contractors". Copies of their course certificates are attached to this CQC Plan.

D. A copy of the letter to the CQC System Manager and Alternate CQC System Manager, signed by an authorized official of the firm, which describes the responsibilities and delegates sufficient authorities to adequately perform the functions of the CQC System Manager, including authority to stop work which is not in compliance with the contract is attached to this CQC Plan.

E. Copies of the CQC System Manager letters of direction to all other various quality control representatives outlining duties, authorities, and responsibilities are attached to this CQC Plan.

F. The following subcontractors will be utilized on this project:

Name of subcontractor
Work to be completed by this subcontractor

G. The CQC staff will implement the three phase control system for all aspects of the work specified. The three phase control system is described in detail in specification section 02481. Additionally, the following procedures will be used to monitor dredging quantities and locations to ensure that limits and quantities specified by the Contracting Officer are attained:

[Insert description of intended quantity and location monitoring procedures.]

H. The Major Definable Features of work for this project are identified in a table attachment to this CQC Plan.

I. For payment purposes, the Bid Items have been broken down into a Schedule of Values. The proposed Schedule of Values is identified in a table attachment to this CQC Plan.

J. Preparatory and Initial Phase inspections will be tracked utilizing the table attached to this CQC Plan.

K. Deficiencies will be tracked from identification through acceptable corrective action utilizing the table attached to this CQC Plan.

L. Submittals will be tracked utilizing the Submittal Register attached to this CQC Plan.

M. The CQC Report attached to this CQC Plan will be utilized. CQC Reports will be prepared daily and submitted to the Government Representative. Other reports to be attached to the daily CQC report are:

Preparatory Phase Inspection Checklist

Initial Phase Inspection Checklist

Others as appropriate

N. Plan of Operations - The following Plan of Operations will be used for dredging operations:

[Insert description of intended Plan of Operations to be implemented, including, but not limited to, equipment to be used, specific dredging areas, sequence of operations, cut lines and anticipated quantities, etc.]

O. List any other contract specific items

_____/Signature/_____

Name

Title

Attachments:

- Chart showing lines of authority
- Resumes
- CQC course certificates [If contract amount exceed \$1 million]
- Letter to the CQC System Manager and Alternate CQC System Manager
- CQC System Manager letters of direction
- Table: Major Definable Features of Work
- Table: Schedule of Values
- Table: Tracking - Preparatory and Initial Phase Inspections
- Table: Deficiency Tracking
- Submittal Register
- CQC Report
- Other QC reports

[INSERT CHART SHOWING LINES OF AUTHORITY]

[INSERT RESUMES]

[INSERT CQC COURSE CERTIFICATES IF CONTRACT AMOUNT EXCEEDS \$1
MILLION]

[INSERT LETTER TO THE CQC SYSTEM MANAGER AND ALTERNATE CQC SYSTEM
MANAGER]

[INSERT CQC SYSTEM MANAGER LETTERS OF DIRECTION]

Contract No. W912P4-##-#-####

Name of Contract

Name of Contractor

Schedule of Values

Bid Item No.	Activity No.	Description	Feature ID No.	Amount
		[Complete Table]		

The total amount of all activities under a Bid Item must equal the amount of the Bid Item.

Feature ID No. relates the Major Identifiable Feature of Work.

When the contract requires As-Built Record Drawings, include an activity and dollar amount.

[INSERT COMPLETED SUBMITTAL REGISTER]

[INSERT CQC REPORT FORMS TO BE USED]

[INSERT OTHER QC REPORT FORMS AS APPLICABLE]

1. ACCIDENT CLASSIFICATION

PERSONNEL CLASSIFICATION	INJURY/ILLNESS/FATAL	PROPERTY DAMAGE	MOTOR VEHICLE INVOLVED	DIVING
GOVERNMENT <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	<input type="checkbox"/>	<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/>	<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> FATAL <input type="checkbox"/> OTHER		<input type="checkbox"/>	

2. PERSONAL DATA

a. Name (Last, First, MI) _____ b. AGE _____ c. SEX MALE FEMALE d. SOCIAL SECURITY NUMBER _____ e. GRADE _____

f. JOB SERIES/TITLE _____ g. DUTY STATUS AT TIME OF ACCIDENT ON DUTY TDY OFF DUTY

h. EMPLOYMENT STATUS AT TIME OF ACCIDENT

<input type="checkbox"/> ARMY ACTIVE	<input type="checkbox"/> ARMY RESERVE	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> SEASONAL
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> STUDENT	
<input type="checkbox"/> OTHER (Specify) _____		

3. GENERAL INFORMATION

a. DATE OF ACCIDENT (month/day/year) _____ b. TIME OF ACCIDENT (Military time) _____ hrs c. EXACT LOCATION OF ACCIDENT _____ d. CONTRACTOR'S NAME (1) PRIME: _____ (2) SUBCONTRACTOR: _____

e. CONTRACT NUMBER _____ f. TYPE OF CONTRACT CONSTRUCTION SERVICE A/E DREDGE OTHER (Specify) _____ g. HAZARDOUS/TOXIC WASTE ACTIVITY SUPERFUND DERP IRP OTHER (Specify) _____

4. CONSTRUCTION ACTIVITIES ONLY (Fill in line and corresponding code number in box from list - see help menu)

a. CONSTRUCTION ACTIVITY _____ (CODE) # _____ b. TYPE OF CONSTRUCTION EQUIPMENT _____ (CODE) # _____

5. INJURY/ILLNESS INFORMATION (Include name on line and corresponding code number in box for items e, f & g - see help menu)

a. SEVERITY OF ILLNESS/INJURY _____ (CODE) # _____ B. ESTIMATED DAYS LOST _____ C. ESTIMATED DAYS HOSPITALIZED _____ D. ESTIMATED DAYS RESTRICTED DUTY _____

e. BODY PART AFFECTED (CODE) # _____ g. TYPE AND SOURCE OF INJURY/ILLNESS TYPE _____ (CODE) # _____ SOURCE _____ (CODE) # _____

f. NATURE OF ILLNESS / INJURY _____ (CODE) # _____

6. PUBLIC FATALITY (Fill in line and correspondence code number in box - see help menu)

a. ACTIVITY AT TIME OF ACCIDENT _____ (CODE) # _____ b. PERSONAL FLOATATION DEVICE USED? YES NO N/A

7. MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE <input type="checkbox"/> PICKUP/VAN <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER (Specify) _____	b. TYPE OF COLLISION <input type="checkbox"/> SIDE SWIPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> BROADSIDE <input type="checkbox"/> ROLL OVER <input type="checkbox"/> BACKING <input type="checkbox"/> OTHER (Specify) _____	c. SEAT BELTS	USED	NOT USED	NOT AVAILABLE
		(1) FRONT SEAT			
		(2) REAR SEAT			

8. PROPERTY/MATERIAL INVOLVED

a. NAME OF ITEM	B. OWNERSHIP	C. \$ AMOUNT OF DAMAGE
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

9. VESSEL/FLOATING PLANT ACCIDENT (Fill in line and correspondence code number in box from list - see help menu)

a. TYPE OF VESSEL/FLOATING PLANT _____ (CODE) # _____ b. TYPE OF COLLISION/MISHAP _____ (CODE) # _____

10. ACCIDENT DESCRIPTION (Use additional paper, if necessary)

See attached page.

11. CAUSAL FACTOR(S) (Read Instruction Before Completing)

a. (Explain YES answers in item 13)		YES	NO	a. (CONTINUED)		YES	NO
DESIGN: Was design of facility, workplace or equipment a factor?	<input type="checkbox"/>	<input type="checkbox"/>		CHEMICAL AND PHYSICAL AGENT FACTORS: Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents, such as, noise, radiation, etc., contribute to accident?	<input type="checkbox"/>	<input type="checkbox"/>	
INSPECTION/MAINTENANCE: Were inspection & maintenance procedures a factor?	<input type="checkbox"/>	<input type="checkbox"/>		OFFICE FACTORS: Did office setting such as, lifting office furniture, carrying, stooping, etc., contribute to the accident?	<input type="checkbox"/>	<input type="checkbox"/>	
PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor?	<input type="checkbox"/>	<input type="checkbox"/>		SUPPORT FACTORS: Were inappropriate tools/resources provided to properly perform the activity/task?	<input type="checkbox"/>	<input type="checkbox"/>	
OPERATING PROCEDURES: Were operating procedures a factor?	<input type="checkbox"/>	<input type="checkbox"/>		PERSONAL PROTECTIVE EQUIPMENT: Did the improper selection, use or maintenance of personal protective equipment contribute to the accident?	<input type="checkbox"/>	<input type="checkbox"/>	
JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred?	<input type="checkbox"/>	<input type="checkbox"/>		DRUGS/ALCOHOL: In your opinion, was drugs or alcohol a factor to the accident	<input type="checkbox"/>	<input type="checkbox"/>	
HUMAN FACTORS: Did any human factors such as, size or strength of person, etc., contribute to accident?	<input type="checkbox"/>	<input type="checkbox"/>		b. WAS A WRITTEN JOB/ACTIVITY HAZARD ANALYSIS COMPLETED FOR TASK BEING PERFORMED AT TIME OF ACCIDENT?			
ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES (If yes, attach a copy.)			<input type="checkbox"/> NO

12. TRAINING

a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. TYPE OF TRAINING. <input type="checkbox"/> CLASSROOM <input type="checkbox"/> ON JOB	c. DATE OF MOST RECENT FORMAL TRAINING. (Month) (Day) (Year)
---	--	---

13. FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDENT; INCLUDE DIRECT AND INDIRECT CAUSES (See instruction for definition of direct and indirect causes.) (Use additional paper, if necessary)

a. DIRECT CAUSE
See attached page.

b. INDIRECT CAUSE(S)
See attached page.

14. ACTION(S) TAKEN, ANTICIPATED OR RECOMMENDED TO ELIMINATE CAUSE(S).

DESCRIBE FULLY:
See attached page.

15. DATES FOR ACTIONS IDENTIFIED IN BLOCK 14.

a. BEGINNING (Month/Day/Year)	b. ANTICIPATED COMPLETION (Month/Day/Year)
c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPORT CORPS _____ CONTRACTOR _____	d. DATE (Mo/Da/Yr)
e. ORGANIZATION IDENTIFIER (Div, Br, Sect)	f. OFFICE SYMBOL

16. MANAGEMENT REVIEW (1st)

a. CONCUR b. NON CONCUR c. COMMENTS

SIGNATURE	TITLE	DATE
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17. MANAGEMENT REVIEW (2nd - Chief Operations, Construction, Engineering, etc.)

a. CONCUR b. NON CONCUR c. COMMENTS

SIGNATURE	TITLE	DATE
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18. SAFETY AND OCCUPATIONAL HEALTH OFFICE REVIEW

a. CONCUR b. NON CONCUR c. ADDITIONAL ACTIONS/COMMENTS

SIGNATURE	TITLE	DATE
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19. COMMAND APPROVAL

COMMENTS

COMMANDER SIGNATURE

DATE

10.

ACCIDENT DESCRIPTION *(Continuation)*

13a.

DIRECT CAUSE *(Continuation)*

13b.

INDIRECT CAUSES *(Continuation)*

14.

ACTION(S) TAKEN, ANTICIPATED, OR RECOMMENDED TO ELIMINATE CAUSE(S) *(Continuation)*