

**ACCIDENT PREVENTION PROGRAM  
ADMINISTRATIVE PLAN**

WILLINGNESS TO CORRECT SAFETY HAZARDS DETECTED BY THE CORPS IS COMMENDABLE, BUT A POOR SUBSTITUTE FOR A POSITIVE PROGRAM THAT PREVENTS OR DETECTS AND CORRECTS HAZARDS.

1. CONTRACTOR		2. CONTRACT NAME AND NO.		3. DATE	
4. PROJECT SUPERINTENDENT:		5. SHIFTS/DAY	5a. HOURS/SHIFT	5b. MAXIMUM EMPLOYEE/SHIFT	
6. SUPERINTENDENT'S TRAINING IN CORPS' SAFETY REQUIREMENTS.			6a. SUPERINTENDENT'S PREVIOUS EXPERIENCE WITH CORPS		
7. MAJOR UNITS OF EQUIPMENT CONTRACTOR WILL USE			7a. MAJOR UNITS OF EQUIPMENT SUBCONTRACTOR WILL USE		
8. NAME OF PERSON(S) WHO WILL INSPECT EQUIPMENT		8a. INSPECTOR'S QUALIFICATIONS		8b. INSPECTION FREQUENCY	
9. NAME OF PERSON(S) RESPONSIBLE FOR OPERATORS' PHYSICALS		10. LOCATION OF SAFETY RELATED RECORDS		11. DAY & HOUR OF SAFETY MEETINGS WEEKLY: MONTHLY:	
12. NAME OF PERSON(S) RESPONSIBLE FOR EMPLOYEE SAFETY			13. NAME OF PERSON(S) WHO WILL ORIENT NEW EMPLOYEES (O.I.B)		
14. NAME OF PERSON(S) RESPONSIBLE FOR DAILY CLEAN UP AND HOUSEKEEPING			15. WHERE WILL DRINKING WATER BE OBTAINED AND HOW WILL IT BE DISPENSED		
16. NAME OF PERSON(S) WHO WILL INVESTIGATE ACCIDENTS AND COMPLETE FORMS.			17. NAME OF PERSON(S) RESPONSIBLE FOR PROVIDING PERSONAL PROTECTIVE EQUIPMENT		
NAME AND TELEPHONE NO. OF DOCTORS, HOSPITALS AND AMBULANCE SERVICES WITH WHO ARRANGEMENTS HAVE BEEN MADE FOR THIS CONTRACT					
18. DOCTOR		18a. HOSPITAL		18b. AMBULANCE	
NAME	PHONE NO.	NAME	PHONE NO.	NAME	PHONE NO.
18c. WHAT FORM OF COMMUNICATION WILL BE USED TO SUMMON AMBULANCE? IF TELEPHONE IS TO BE USED, WHERE EXACTLY IS IT LOCATED?					

19. NAMES OF CERTIFIED FIRST AID AND CPR ATTENDANTS THAT WILL BE ON THIS PROJECT DURING WORK PERFORMANCE.	19a. TYPE OF CERTIFICATE, ISSUING AGENCY AND EXPIRATION DATE (PROVIDE COPIES OF EACH CARD FRONT AND BACK).	20. NAMES OF U.S.C.G. LICENSED BOAT OPERATORS TYPE LICENSE AND EXPIRATION DATE.

21. FIRE FIGHTING EQUIPMENT				22. FIRST AID KITS		23. WASH FACILITIES	
NO.	NUMERICAL RATING	TYPE (WATER, CO2 DRY CHEM)	SPECIFIC LOCATION	NO.	TYPE (16 UNITS REQUIRED)	NO.	TYPE AND LOCATION
				24. TOILETS			
				NO.	TYPE AND LOCATION		

25. WHAT FLAMMABLE OR COMBUSTIBLE LIQUIDS OR GASES WILL BE ON JOB SITE (BLOCKS 25 & 26 SHOULD COINCIDE WITH BLOCK 7)?

26. WHERE WILL FLAMMABLES AND COMBUSTIBLES BE STORED? WHAT KIND OF CONTAINERS WILL BE USED?

27. NAME OF PERSON(S) RESPONSIBLE FOR INSPECTION AND MAINTENANCE OF FIRE FIGHTING EQUIPMENT

28.

HAVE YOU BEEN PROVIDED EM 385-1-1, DATED 3 SEPTEMBER 1996? YES \_\_\_ # COPIES \_\_\_ NO \_\_\_ # COPIES REQ'D \_\_\_

HAVE YOU BEEN PROVIDED WITH AN AHA PREPARATION GUIDE? YES \_\_\_ NO \_\_\_

29. SUBMISSION

A. THE COMPANY PUBLISHED STATEMENT OF SAFETY POLICY, PLEASE RETURN A COPY WITH YOUR ACCIDENT PREVENTION PROGRAM.  
 B. ON A SEPARATE SHEET SUBMIT YOUR PROPOSED LAYOUT OF TEMPORARY BUILDINGS AND FACILITIES (INCLUDING SUBCONTRACTORS) AND TRAFFIC PATTERNS INCLUDING ACCESS ROADS, HAUL ROADS, RAILROADS, UTILITIES, ETC., IF SO REQUIRED.  
 C. THE MINIMUM REQUIREMENTS OF EM 385-1-1 APPENDIX A AND 01.A.07, 01.A.08, AND 01.A.09.

30.

THE \_\_\_\_\_ WILL PURSUE A POSITIVE ACCIDENT PREVENTION PROGRAM INCLUDING TRAINING, (COMPANY) DAILY INSPECTIONS, HAZARD CONTROL, HAZARD COMMUNICATIONS, CONFINED SPACE REQUIREMENTS, AND ELECTRICAL LOCKOUT/TAGOUT AND OTHER REQUIREMENTS OF EM-385-1-1, THROUGHOUT THE TERM OF THIS CONTRACT.

MR./MS \_\_\_\_\_ HAS THE RESPONSIBILITY AND AUTHORITY FOR ENFORCING THEM.

\_\_\_\_\_  
 CONTRACTOR'S SIGNATURE TITLE DATE