

## DATA ITEM DESCRIPTION

**Title:** Accident Prevention Plan

**Number:** HNC-002

**Approval Date:** 20140616

**AMSC Number:**

**Limitation:**

**DTIC Applicable:** No

**GIDEP Applicable:** No

**Office of Primary Responsibility:** CEHNC-SO

**Applicable Forms:** ENG Form 3394, Activity Hazard Analysis (AHA) EM 385-1-1, Figure 1-2

**Use/Relationship:** This Data Item Description contains instructions for preparing an Accident Prevention Plan (APP) for recovered chemical warfare materiel sites.

### Requirements:

1.0. The contractor shall develop an Accident Prevention Plan (APP) as the safety and health policy program. The APP shall interface with the contractor's overall safety and health program. The APP shall be prepared in the format shown and address all the elements in EM 385-1-1, Appendix A. Where a specific element is not applicable, list the element in the plan and state that the element is not applicable with a brief justification for its omission. The APP shall be an implementing document with emphasis on "who" will have each of the specific responsibilities and "how" and "when" each of the applicable requirements will be performed. The prime contractor shall integrate all subcontractor work activities into the APP, make the APP available to all contractor and subcontractor employees, and ensure that all subcontractors integrate provisions of the APP in their work activities.

1.1. SIGNATURE SHEET. Title, signature, and phone number of the following:

1.1.1. Plan preparer (Qualified Person, Competent Person, such as corporate safety staff person, QC);

1.1.2. Plan must be approved, by company/corporate officers authorized to obligate the company;

1.1.3. Plan concurrence (e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC). Provide concurrence of other applicable corporate and project personnel (Contractor).

1.2. BACKGROUND INFORMATION. List the following:

1.2.1. Contractor;

1.2.2. Contract number;

1.2.3. Project name;

1.2.4. Brief project description, description of work to be performed, and location; phases of work anticipated (these will require an AHA).

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

1.4. RESPONSIBILITIES AND LINES OF AUTHORITIES. Provide the following:

1.4.1. A statement of the employer's ultimate responsibility for the implementation of his SOH program;

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1.4.2. Identification and accountability of personnel responsible for safety at both corporate and project level. Contracts specifically requiring safety or industrial hygiene personnel shall include a copy of their resumes. Qualifications shall include the OSHA 30-hour course or equivalent course areas as listed here:

1.4.2.1. OSH Act/General Duty Clause;

1.4.2.2. 29 CFR 1904, Recordkeeping;

1.4.2.3. Subpart C: General Safety and Health Provisions, Competent Person;

1.4.2.4. Subpart D: Occupational Health and Environmental Controls, Citations and Safety Programs;

1.4.2.5. Subpart E: PPE, types and requirements for use;

1.4.2.6. Subpart F: understanding fire protection in the workplace;

1.4.2.7. Subpart K: Electrical;

1.4.2.8. Subpart M: Fall Protection;

1.4.2.9. Rigging, welding and cutting, scaffolding, excavations, concrete and masonry, demolition; health hazards in construction, materials handling, storage and disposal, hand and power tools, motor vehicles, mechanized equipment, marine operations, steel erection, stairways and ladders, confined spaces or any others that are applicable to the work being performed.

1.4.3. The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements must be attached. The District SOHO will review the qualifications for acceptance;

1.4.4. Requirements that no work shall be performed unless a designated competent person is present on the job site;

1.4.5. Requirements for pre-task safety and health analysis;

1.4.6. Lines of authority;

1.4.7. Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified;

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

1.5. SUBCONTRACTORS AND SUPPLIERS. If applicable, provide procedures for coordinating SOH activities with other employers on the job site:

1.5.1. Identification of subcontractors and suppliers (if known);

1.5.2. Safety responsibilities of subcontractors and suppliers.

1.6. TRAINING.

1.6.1. Requirements for new hire SOH orientation training at the time of initial hire of each new employee.

1.6.2. Requirements for mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, HAZWOPER training and certification, PPE) and any requirements for periodic retraining/recertification.

1.6.3. Procedures for periodic safety and health training for supervisors and employees.

1.6.4. Requirements for emergency response training.

> See paragraph 1.9.2. below for a list of requirements that may require emergency response training.

**1.7. SAFETY AND HEALTH INSPECTIONS.**

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

1.7.2. Any external inspections/certifications that may be required (e.g., USCG).

**1.8. ACCIDENT REPORTING.** The Contractor shall identify person(s) responsible to provide the following:

1.8.1. Exposure data (man-hours worked);

1.8.2. Accident investigations, reports, and logs: Report all accidents as soon as possible but not more than 24 hours afterwards to the Contracting Officer/Representative (CO/COR). The contractor shall thoroughly investigate the accident and submit the findings of the investigation along with appropriate corrective actions to the CO/COR in the prescribed format as soon as possible but no later than five (5) working days following the accident. Implement corrective actions as soon as reasonably possible;

1.8.3. The following require immediate accident notification:

1.8.3.1. A fatal injury;

1.8.3.2. A permanent total disability;

1.8.3.3. A permanent partial disability;

1.8.3.4. The hospitalization of three or more people resulting from a single occurrence;

1.8.3.5. Property damage of \$500,000 or more;

1.8.3.6. Arc Flash Incident/Accident;

1.8.3.7. USACE aircraft destroyed or missing; or

1.8.3.8. Three or more individuals become ill or have a medical condition which is suspected to be related to a site condition, or a hazardous or toxic agent on the site.

**1.9. PLANS (PROGRAMS, PROCEDURES) REQUIRED BY THE SAFETY MANUAL.** Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks and compliance plans. Using the EM 385-1-1 as a guide, plans may include but not be limited to:

1.9.1. Layout plans (EM 385-1-1, 04.A.01);

1.9.2. Emergency response plans:

1.9.2.1. Procedures and tests (EM 385-1-1, 01.E.01);

1.9.2.2. Spill plans (EM 385-1-1, 01.E.01, 06.A.02);

1.9.2.3. Firefighting plan (EM 385-1-1, 01.E.01, Section 19);

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- 1.9.2.4. Posting of emergency telephone numbers (EM 385-1-1, 01.E.05);
- 1.9.2.5. Man overboard/abandon ship (EM 385-1-1, 19.A.04);
- 1.9.2.6. Medical Support. Outline on-site medical support and offsite medical arrangements including rescue and medical duties for those employees who are to perform them, and the name(s) of on-site Contractor personnel trained in first aid and CPR. A minimum of two employees shall be certified in CPR and first aid per shift/site (EM 385-1-1, 03.A.02; 03.D);
- 1.9.3. Plan for prevention of alcohol and drug abuse (EM 385-1-1, 01.C.02);
- 1.9.4. Site sanitation plan (EM 385-1-1, 02);
- 1.9.5. Access and haul road plan (EM 385-1-1, 04.B);
- 1.9.6. Respiratory protection plan (EM 385-1-1, 05.G);
- 1.9.7. Health hazard control program (EM 385-1-1, 06.A);
- 1.9.8. Hazard communication program (EM 385-1-1, 06.B.01);
- 1.9.9. Process Safety Management Plan (EM 385-1-1, 06.B.04);
- 1.9.10. Lead abatement plan (EM 385-1-1, 06.B.05 & specifications);
- 1.9.11. Asbestos abatement plan (EM 385-1-1, 06.B.05 & specifications);
- 1.9.12. Radiation Safety Program (EM 385-1-1, 06.E.03.a);
- 1.9.13. Abrasive blasting (EM 385-1-1, 06.H.01);
- 1.9.14. Heat/Cold Stress Monitoring Plan (EM 385-1-1, 06.I.02)
- 1.9.15. Crystalline Silica Monitoring Plan (Assessment) (EM 385-1-1, 06.M);
- 1.9.16. Night operations lighting plan (EM 385-1-1, 07.A.08);
- 1.9. 17. Fire Prevention Plan (EM 385-1-1, 09.A);
- 1.9. 18. Wild Land Fire Management Plan (EM 385-1-1, 09.K);
- 1.9.19. Hazardous energy control plan (EM 385-1-1, 12.A.01);
- 1.9.20. Critical lift Plan (EM 385-1-1, 16.H);
- 1.9. 21. Contingency plan for severe weather (EM 385-1-1, 19.A.03);
- 1.9.22. Float Plan (EM 385-1-1, 19.F.04);
- 1.9.23. Site-Specific Fall Protection & Prevention Plan (EM 385-1-1, 21.C);
- 1.9.24. Demolition plan (to include engineering survey) (EM 385-1-1, 23.A.01);
- 1.9.25. Excavation/trenching plan (EM 385-1-1, 25.A.01);

- 1.9.26. Emergency rescue (tunneling) (EM 385-1-1, 26.A);
- 1.9.27. Underground construction fire prevention and protection plan (EM 385-1-1, 26.D.01);
- 1.9.28. Compressed air plan (EM 385-1-1, 26.I.01);
- 1.9.29. Formwork and shoring erection and removal plans (EM 385-1-1, 27.C);
- 1.9.30. PreCast Concrete Plan (EM 385-1-1, 27.D);
- 1.9.31. Lift slab plans (EM 385-1-1, 27.E);
- 1.9.32. Steel erection plan (EM 385-1-1, 27.F.01);
- 1.9.33. Site Safety and Health Plan for HTRW work (EM 385-1-1, 28.B);
- 1.9.34. Blasting Safety Plan (EM 385-1-1, 29.A.01);
- 1.9.35. Diving plan (EM 385-1-1, 30.A.13);
- 1.9.36. Confined space Program (EM 385-1-1, 34.A).

1.10. RISK MANAGEMENT PROCESSES. Detailed project-specific hazards and controls shall be provided by an Activity Hazard Analysis (EM 385-1-1, 01.A.13) for each major phase/activity of work.

## 2.0 Special Considerations for CWM sites.

2.1 Personal Protective Equipment (PPE). PPE used to protect workers from site-related hazards (explosive ordnance, construction safety and health and contaminant related) shall comply with requirements specified in EM 385-1-1, Section 5. PPE that is used to protect workers against chemical agent must be approved by the Office of the Director of Army Safety (OSASAF) or be NIOSH- approved for chemical, biological, radiological, and nuclear (CBRN) protection in accordance with DA Pam 385-61. The approval process for PPE is found in Section 1.7 and a list of approved protective clothing and equipment is found in Section 4-17.

2.2 Medical Surveillance. All personnel performing on-site work that will result in exposure to contaminate-related health and safety hazards shall be enrolled in a medical surveillance program that complies with OSHA standards 29 CFR 1910.120, 29 CFR 1926.65(f) and Da Pam 40-173 and/or DaPam 40-8, and the “Interim Guidance on Occupational Health Practices for the Evaluation & Control of Occupational Exposures to Nerve Agents GA, GB, GD, GF and VX and Mustard Agents H, HD, and HT.”

2.4 Medical Support. In section 1.9.2.6 of this DID, include the medical support arrangements made for the treatment of chemical casualties. All medical support arrangements shall be in accordance with the requirements of the “Interim Guidance for Chemical Warfare material (CWM) Responses” dated April 1, 2009. The signed memorandum of Agreement/Contract for the hospital and onsite medical support shall be maintained onsite and available for review. The contractor shall also maintain a roster of the medical support personnel who have been trained in chemical agent casualty care.

2.5 Exposure monitoring/air sampling program. .... An air monitoring summary shall be included in the monitoring section of the SSHP. This table shall include, but is not limited to the following: contaminants of concern (agent and industrial), instrument to monitor, location of instrument, frequency, agency conducting monitoring, action level and actions to be taken.

2.6 Public Safety. The contractor shall include a section on public safety as an addendum to the APP. It shall include a discussion on the maximum credible event (MCE), 1-percent lethality arc, and the public withdrawal distance also known as the inhabited building distance (IBD). The Contractor, based on historical records, shall recommend an MCE. If a site has several operable units, an MCE shall be determined for each site. Documentation

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(downwind hazard calculations) will be determined using DDESB approved software that implements the methodology to be used to perform these calculations. The calculated hazard distance is based on the longest distance of the hazardous fragment distance (HFD), IBD for overpressure, or the one percent lethality distance. For siting purposes, the public access exclusion distance (PAED) is analogous to the IBD for explosives; therefore, personnel not directly associated with the operations are not to be allowed within the PAED. Hazard distance calculations shall conform to DDESB Technical Paper 10 and DDESB approved software for the one percent lethality arc for a toxic chemical agent source.

2.7 General. On some projects a site may be determined to be “non-CWM” by determining the probability of encountering CWM in accordance with the requirements in the “Interim Guidance for Chemical Warfare Material (CWM) Response” or may involve CAIS that contains dilute chemical agents or industrial chemicals which are not considered CWM. These sites which have been determined not to be suspect CWM sites may still have chemical agent contamination present. On these sites the Contractor must determine the probability of the worker exposure to chemical agent to make a recommendation as to whether agent monitoring and/or onsite medical support is necessary. If the Contractor is tasked to perform the chemical agent monitoring, they must recommend the type of monitoring to be performed, the instrument(s) to be used.

6. End of DID HNC-002