



US Army Corps
of Engineers®

U.S. ARMY CORPS OF ENGINEERS HUNTSVILLE CENTER (CEHNC)



SITE VISIT ACCIDENT PREVENTION PLAN (SVAPP)

FOR SITE VISITS ONLY

Purpose: This SVAPP is **ONLY TO BE USED FOR SITE SURVEY/VISITS** and must be accepted by the CEHNC Safety Office prior to survey/visit. No type of physical work shall be allowed/conducted with this form. If physical work is required the CEHNC Safety Office must be notified because the task will require a full Accident Prevention Plan (APP) using the mandatory ENG Form 6293 (Accident Prevention Plan Worksheet) per the EM 385-1-1, Chapter 2-7.

Process: With the assistance of the CEHNC PM, coordination shall be made with the installation prior to conducting the site survey. Coordination with the PM is also required if photographs and/or video recordings are determined necessary/required.

Responsibility: The Prime Contractor shall ensure ALL members (including subcontractors) of the site survey team are briefed on and comply with the provisions within this SVAPP and the applicable EM 385-1-1 safety requirements prior to survey/visit beginning. After the brief the Team Lead shall ensure each Team Member signs the Survey Team Statement on the last page of this document.

Note: CEHNC personnel, contractors, and all subcontractors must comply with all Occupational Safety and Health Administration (OSHA) laws, EM 385-1-1, and all state and local mandates. This SVAPP is not intended to define full compliance with OSHA or other safety laws, codes, or regulations. Compliance with these requirements is to maintain a safe work environment for the contractor or subcontractor employees remains the Contractor's responsibility.

1. Contractor Information

a. Date Prepared:

b. Contract Number:

c. Task Order Number:

d. Contractor's Name:

e. Contractor's Address:

f. Project Site Location:

g. Date of Site Visit:

h. Prepared by:

i. Telephone Number:

j. Signature:

k. E-mail Address:

2. CEHNC Information

a. Project Manager (PM) Name:

b. Telephone Number:

3. Purpose of Site Visit (Examples: Field survey, records search/review, site investigation, inspection)

Detailed Description:

4. Personnel Responsibilities			
a. Team Leader (TL) is responsible for ensuring all the information/requirements contained in this SVAPP and any other applicable topics are correct and effectively communicated to all involved team members prior to the commencement of the activity. The TL is responsible for submitting the signed SVAPP to the CEHNC PM after survey/visit is completed for recordkeeping purposes.			
i. TL Name:		ii. TL Telephone Number:	
b. Safety Officer/Designated Representative (SO/DR) will assist the TL in the instruction/briefing and oversight of the requirements of this SVAPP during all activities.			
i. SO/DR Name:		ii. SO Telephone Number:	
c. Will activities stop if site conditions change or hazards arise that are not addressed on this SVAPP? Yes: _____ No: _____			
d. Team Members (TMs) will all read or be briefed on the contents of this SVAPP during the tailgate meeting (required)? Yes: _____ No: _____			
e. Will all TMs sign the Survey Statement at the end of this document prior to the actual site visit commencing (required)? Yes: _____ No: _____			
5. Emergency Response.			
Note: Prior to site survey, arrangements shall be made for first aid and emergency medical treatment.			
a. What method/s will be utilized to summon emergency services (cell phone, two-way radio, land line, etc.)?			
Emergency POC	Phone #	Emergency POC	Phone #
Medical Facility		Facility Contact	
Fire Department		Local Police	
Military Police		CEHNC PM	
b. What means of transport will be readily available to transport injured or ill personnel (e.g., POV, Company Vehicle, etc.)?			
c. At least one employee (preferably two) on each shift shall be qualified to administer first aid and CPR. Provide name(s) of CPR trained individuals below and attach proof of training.			
1. Name:		Telephone number:	
2. Name:		Telephone number:	
Not applicable (<i>Survey will be completed by one individual</i>): Note: If task involves access to a remote or restricted area, the Two Person or Buddy System will be used. The two persons must maintain contact by line of sight and orally at all times. Emergency communication (Cell phone, radios, etc.) must be readily available at all times.			
d. A map delineating the best route to the nearest medical facility shall be prepared and readily available onsite for TMs to access? Submit map with form. Yes _____ No _____			
e. Briefly Describe Emergency Response Procedures:			

6. General Description of Survey Activities (Check all that apply)							
Walk-through		Drive-through		Off Road		Off Paths/Trails	
On/Near Roadway		Over on Water		Fly Over		Fence Line	
Crawlspace		Basement		Attic		Roof near edges	
Warehouse		Hospital		Clinic		Office Building	
Equipment Room		Control Tower		Mechanical Room		Penthouse	
Mezzanine		Pits and Sumps		Catwalks			
7. Types of Hazards to consider (Check all that apply)							
Eye		Head		Foot		Slips/Trips/Falls	
Heat Stress		Cold Stress		Climbing		Fall From Heights	
Electrical		High Traffic Area		Vehicle		Heavy Equipment	
Work from height		Water		Material Handling		Lifting	
Environment		Insects		Snakes		Biological	
Flammable Mat.		Toxic Materials		Chemicals		Fire	
Electrical Tools		Hand Tools		Excavations		Mechanical	
Confined Space		Squatting/Bending		Hand/Finger		Near Energized Equipment	
Fatigue		Strain		Struck By			
<i>Note: All checked hazards shall be addressed in Section 8 below</i>							
8. Hazard Evaluation (Risk Management)							
a. Hazards		b. Controls				c. Risk Level	
d. Overall Risk Level (After all controls are implemented)							
Extremely High		High		Medium		Low	
Note: Only LOW Risk Site Visits are permitted to use this SVAPP. If Risk is above LOW then the CEHNC Safety Office must be notified and the work will require an APP per the EM 385-1-1, Chapter 2-7.							
9. Personnel Protective Equipment (PPE).							

a. Employees shall wear clothing suitable for the weather and work conditions. Check the minimum PPE that will be utilized:			
i. Short/long sleeve shirt		ii. Long pants	
iii. Leather or other protective boots <i>Open-toed shoes are prohibited</i>		iv. Hard Hat <i>In areas with potential hazard of head injury</i>	
v. Safety glasses with side shields <i>When eye hazards exist.</i>		vi. Hearing protection <i>When noise hazards are known or expected</i>	
vii.		viii.	
10. Mishap Reporting			
a. Will the Prime Contractor report all mishaps per the requirements of EM 385-1-1 Chapter 2-8.d to the Contracting Officer/Contracting Officer Representative (KO/COR) as soon as possible but not more than 24 hours afterwards? Yes No			
11. Contractor Additional Comments:			
12. CEHNC Safety Office			
a. Name:		b. Date Reviewed:	
c. Accepted: Yes:		No:	
13. CEHNC Additional Comments:			

U.S. ARMY CORPS OF ENGINEERS

Engineering and Support Center, Huntsville

SVAPP Team Statement

Note: This statement is the record to be maintained in the government/Contractor's on-site files through the entire life of the task order or project. The statement should only be completed prior to the actual visit taking place.

1. Team members will sign this statement:

a. Prior to the start of the site visit

b. When a change is made to this document.

2. I have read, or have read to me, and understand the specific safety and environmental requirements, and will abide by the contents contained in this SVAPP. I have been briefed and trained in and am familiar with my requirements to safely conduct the site visit.

Print Name	Office	Signature	Date
3. Team Leader/Safety Officer presenting briefing:			

Attach any additional information