

Full Accident Prevention Plan Review Checklist

Date

Location	Work Order Number
Subcontractor Name	Project Name
Reviewer Name (Print)	Reviewer Signature

Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)
a. Signature sheet				
1. Includes the name, title, signature, telephone number, and qualifications of the Plan Preparer (<i>Qualified person, i.e. corporate safety staff person, QC</i>)				
2. Includes the name, title, signature, telephone number, and qualifications of the Plan Approver (<i>e.g. owner, company president, regional vice president</i>)				
3. Includes the name(s), title(s), signature(s), telephone number(s), and qualifications for Plan Concurrence (provide concurrence of other applicable corporate and project personnel (contractor)) (<i>e.g. Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC.</i>)				
b. Background information				
1. Includes the Subcontractor Name.				
2. Includes the Work Order Number.				
3. Includes the Project Name.				
4a. Includes the Brief Project Description.				
4b. Includes a Description of the Work to be Performed.				
4c. Includes the Location of the Project (map).				
4d. Includes the Equipment to be Used.				
4e. Includes the Anticipated High Risk Activities.				
5. Includes the Major Phases of Work Anticipated. (<i>Within these major phases of work identified, activities [includes Definable features of Work (DFOWs) and tasks] to be performed that will require an AHA shall be specifically highlighted. This information can then be used to track AHA submittals.</i>)				
c. Statement of Safety and Health Policy.				
1. Provide a copy of current corporate/company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. (<i>In addition to the corporate policy statement, a copy of the corporate safety program may provide a portion of the information required by the accident prevention plan.</i>)				
2. Includes Subcontractor's written safety program goals.				
3. Includes Subcontractor's written safety program objectives.				

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4. Includes the subcontractor's Accident Experience (<i>Copy of OSHA 300 Forms, or equivalent documentation</i>).				
d. Responsibilities and Lines of Authority.				
1. Includes statement of the subcontractor's ultimate responsibility for the implementation of Safety and Health Program for employees.				
2. Includes the identification and accountability of personnel responsible for safety and health at both the corporate and project level – including their resumes.				
3. Includes equivalent training to the OSHA 30-Hour classes is being presented as qualification.).				
4. Includes the names of Competent (CP) and/or Qualified Person(s) (QP) and proof of competency/qualification to meet specific OSHA requirements.				
5. Includes requirements and details of the employer's Risk Management Process (i.e. AHAs).				
6. Includes requirements for initial activity-specific AHAs to be submitted and accepted at preparatory meetings, prior to work being performed;				
7. Includes requirements that no work by the Subcontractor shall be performed unless a designated Competent Person/SSHO is present on the job site.				
8. Includes policies and procedures regarding non-compliance with safety requirements (to include disciplinary actions for violation of safety requirements).				
9. Lines of authority.				
10. Includes written company procedures for holding managers and supervisors accountable for safety.				
e. Subcontractors and Suppliers.				
1. Includes the list of subcontractors and suppliers.				
2. Includes safety responsibilities of subcontractors and suppliers.				
f. Training				
1. Includes requirements for new hire Safety and Health orientation training at the time of initial hire of each new employee.				
2. Includes requirements for mandatory training and certifications that are applicable to this project and any requirements for periodic retraining / recertification.				
3. Includes procedures for periodic safety and health training for supervisors and employees.				
4. Includes the requirements for emergency response training.				
g. Safety and Health Inspections				
1. Includes specific assignment of responsibilities for a minimum daily jobsite Safety and Health inspection during periods of work activity.				
1a. Includes the name(s) of individual(s) responsible for conducting safety inspections.				
1b. Includes proof of inspector's training / qualifications.				
1c. Indicates when inspections will be conducted.				
1d. Indicates procedures for documentation. (<i>Furnished sample forms upon which inspections will be recorded.</i>)				
1e. Indicates deficiency tracking system and follow-up procedures.				

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2. Includes any external inspections / certifications which may be required.				
h. Mishap Reporting and Investigation				
1. The plan identifies how, when, and who shall complete the Exposure data (man-hours worked).				
2a. The plan identifies how, when, and who shall complete mishap investigations, reports, and logs.				
2b. The plan identifies how, when, and who shall make immediate notification of major mishaps. <i>(Mishaps shall be reported as soon as possible but not more than 24 hours afterwards to the COTR/EHS POC.)</i>				
2c. Includes how, when, and who will provide notice to the COTR/EHS POC when corrective actions are completed.				
Other Remarks:				