

# Accident Prevention Plan

Note: Workers must review the requirements of the APP prior to starting work.

The APP must be available at the job site during work activities.

Project Information	
<b>Subcontractor Name:</b>	<b>Work Order or Purchase Order #:</b>
<b>Project or Job Title:</b>	<b>Project Location:</b>
<b>Estimated Start Date:</b>	<b>Estimated End Date:</b>
<b>Project Description. Include means, methods, and approach for completing the project:</b>	

Contractor Safety and Health Policy
<b>Contractor Safety and Health Policy Statement<sup>1</sup>:</b>

Project-Specific Personnel Responsible for Safety	
<i>Provide the names of the person(s) on site who are assigned the duty of Safety Officer and who can identify existing and predictable hazards in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them.</i>	
<i>The subcontractor shall ensure that the Site Safety Officer and other assigned Site Safety Personnel who are listed have been appropriately trained as applicable.</i>	
Name, Title	Qualifications

Competent and Qualified Persons		
<i>Provide the names of the person(s) on site who by possession of a recognized degree, certification, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated their ability to solve or resolve problems related to the subject matter, work, or the project.</i>		
<i>The subcontractor shall ensure that each qualified and competent person listed has been trained in the following areas as applicable.</i>		
Activity	Name, Title	Qualifications
Asbestos Competent Person		
Lead Competent Person		
Crane Competent Person		
Confined Space Entry Supervisor		
Demolition Competent Person		
Excavation and Trenching Competent Person		
Fall Protection Qualified Person		
Fall Protection Competent Person		
Ladder Competent Person		

Competent and Qualified Persons		
Scaffold Competent Person		
Steel Erection Competent Person		
LOTO Competent Persons		
Energized Electrical Work Qualified Persons		
Others, list:		

PPE	
<b>Contractor PPE Policy Statement<sup>ii</sup>:</b>	
All project personnel will be trained on proper selection, use, and care of PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project personnel will adhere to the minimum PPE policies at the NCI at F/FNLCR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>• Minimum PPE Requirements for Construction Sites:               <ul style="list-style-type: none"> <li>○ Hard hats</li> <li>○ Safety-toe shoes or shoe coverings</li> <li>○ ANSI-approved safety glasses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Minimum PPE Requirements for Laboratories:               <ul style="list-style-type: none"> <li>○ Lab coat or equivalent with long sleeves</li> <li>○ ANSI-approved safety glasses</li> <li>○ Long pants</li> <li>○ Closed toe shoes</li> </ul> </li> </ul>
Contractor will adhere to additional PPE requirements depending on the location and hazards present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional PPE that will be required based on the hazards from the tasks to be performed include:</b>	
Full face shields <input type="checkbox"/> Work gloves <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs <input type="checkbox"/> Hi-vis vests <input type="checkbox"/>	Chemical splash goggles <input type="checkbox"/> Welder hood and gloves <input type="checkbox"/> Tyvek suit or similar <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Dust mask <input type="checkbox"/> Other, describe: <input type="checkbox"/>
<b>Special PPE that will be required based on the hazards from the tasks to be performed include:</b>	
<b>Fall Protection</b> - required any time worker is either above 4-feet (maintenance) or above 6-feet (construction)	<input type="checkbox"/> N/A
Subcontractor will submit the following documentation for fall protection:	
<ul style="list-style-type: none"> <li>- Elevated Work Safety Plan (<i>use NCI at Frederick template</i>)</li> <li>- Proof of Fall Protection Training</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**PPE**

**Electrical PPE** - required any time worker is potentially exposed to >50 volts

**N/A**

Subcontractor will submit the following documentation for electrical work:

- Electrical Risk Assessment (*use NCI at Frederick template*)
- Activity Hazard Analysis (*use NCI at Frederick template*)
- Electrical Work Permit if applicable (*use NCI at Frederick template*)
- Proof of LOTO and NFPA Training

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Respiratory Protection**

**N/A**

Subcontractor will submit the following documentation for respirator use:

- Respiratory Protection Plan
- Proof of RPP Training
- Fit Test Records
- Medical Surveillance

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Risk Management**

**Hand and Power Tools**

**N/A**

- Will work involve the use of electrically powered tools?  
Will work involve the use of pneumatically powered tools?  
Will work involve the use of powder-actuated tools?

Yes  No  
 Yes  No  
 Yes  No

Subcontractor will submit the following documentation for powder-actuated tools:

- Proof of PAT Training

Yes  No

**Hot Work**

**N/A**

- Will work create heat, sparks, flames or other activity to be considered hot work per NFPA 51B?  
Will hot work require heat or smoke detectors to be disabled?  
Will hot work occur at painted surfaces?  
Will hot work occur on stainless steel?

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

Subcontractor will submit the following documentation for hot work:

- Activity Hazard Analysis (*use NCI at Frederick template*)
- Hot Work Permit(s)
- Fire Protection System Impairment Plan(s) if applicable (*use NCI at Frederick template*)
- Exposure Control Plan(s) if applicable
- Proof of Fire Watch and Fire Extinguisher Training

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Risk Management**

**Control of Hazardous Energy**

**N/A**

Will there be any electrical work with potential exposure >50 volts?

Yes  No

Subcontractor will submit the following to outline meeting the requirements of NFPA 70E:

- Electrical Safety Program

Yes  No

Will work involve working on non-electrical systems that contain hazardous energy?

Yes  No

- Mechanical  Pneumatic  Chemical  Thermal  Hydraulic  Water  
 Steam  Gas  Other:

Could work include the unexpected energization or start-up of the equipment, or the release of stored energy, which could cause injury to people or damage equipment?

Yes  No

Subcontractor will submit the following documentation for control of hazardous energy:

- Control of Hazardous Energy/LOTO Program(s)
- Proof of LOTO Training
- Project-Specific Isolation Plan (*use NCI-Frederick template*)

Yes  No

Yes  No

Yes  No

**Elevated Work Platforms**

**N/A**

Will work include the use of a Man-Lift, Articulating Boom Lift, Scissor Lift, or Other Aerial Lift?

Yes  No

Type of aerial lift to be used:

Subcontractor will submit the following documentation for aerial lift use:

- Proof of Aerial Lift Training

Yes  No

Will work include scaffolding?

Yes  No

Type of scaffolding to be used:

Subcontractor will submit the following documentation for scaffolding:

- Proof of Scaffolding Training for Erecting and Dismantling Scaffolding
- Proof of Scaffolding Training for Using Scaffolding
- Proof of Fall Protection Training

Yes  No

Yes  No

Yes  No

Will work include the use of step ladders?

Yes  No

Will work include the use of extension ladders?

Yes  No

Will work be >20 feet on an extension ladder?

Yes  No

**Heavy Equipment**

**N/A**

Identify heavy equipment use:

Backhoe  Yes  No Front End Loader  Yes  No Excavator  Yes  No Crane  Yes  No  
Forklift  Yes  No Other:

Subcontractor will submit the following documentation for heavy equipment use:

- Proof of Competency for Operation of Excavation Equipment
- Proof of Forklift Operator Training
- Lift Plan to include:
  - o Lift description
  - o Lift worksheets
  - o Site sketch
  - o Lift images
  - o Load calculations
  - o Annual inspections
  - o Operator licenses
  - o Rigger training certificates
- Activity Hazard Analysis (*use NCI at Frederick template*)

**Risk Management**

**Elevated Work Surfaces (Roofers and Non-Roofers)**

**N/A**

Will work include roof installation or roof repairs?

Yes  No

Will elevated work include installation or repairs for other than roofing (e.g., mechanical, electrical)?

Yes  No

Subcontractor will submit the following documentation for elevated work:

- Elevated Work Safety Plan (*use NCI at Frederick template*)
- Proof of Fall Protection Training

Yes  No

Yes  No

**Excavation and Trenching**

**N/A**

Will work involve excavating/trenching  $\geq 5$  feet deep?

Yes  No

Will work involve sanitary sewer line repair, tie-in, replacement, or removal?

Yes  No

Will work involve the excavation of  $> 100$  cubic yards of soil?

Yes  No

Will work involve the installation of erosion and sediment controls?

Yes  No

Subcontractor will submit the following documentation for excavation and trenching work:

- Activity Hazard Analysis (*use NCI at Frederick template*)
- Proof of Excavation and Trenching Training

Yes  No

Yes  No

**Steel Erection**

**N/A**

Will work include steel erection?

Yes  No

Subcontractor will submit the following documentation for Steel Erection and Assembly:

- Project-Specific Steel Erection and Assembly Plan
- Elevated Work Safety Plan (*use NCI at Frederick template*)

Yes  No

Yes  No

**Demolition**

**N/A**

Will work include demolition activities?

Yes  No

Have all utilities in the demolition area been identified?

Yes  No

Is an Isolation Plan prepared for the utilities in the area under demolition?

Yes  No

Subcontractor will submit the following documentation for demolition:

- Project-Specific Demolition Plan
- Project-Specific Isolation Plan (*use NCI at Frederick template*)

Yes  No

Yes  No

**Confined Space Entry**

**N/A**

Will work include entry into a confined space?

Yes  No

Will work include entry into a Permit-Required Confined Space, where physical or atmospheric hazards may be present?

Yes  No

Subcontractor will submit the following documentation for PRCS Entries:

- Confined Space Program
- Proof of Confined Space Training
- PRCS Entry Plan (*use NCI at Frederick template*)

Yes  No

Yes  No

Yes  No

**Risk Management**

**Product and Chemical Use**

**N/A**

- Will work include the use of products or chemicals?  Yes  No
- Will work include the use of chemicals or substances that are considered toxic and hazardous?  Yes  No
- Will workers be potentially exposed to airborne concentrations of hazardous gas, fumes, dust, or mist?  Yes  No
- Will the subcontractor be conducting exposure assessments to determine if control measures are adequate to keep concentrations below action levels?  Yes  No
- Will respirators be required?  Yes  No
- Will eyewash and shower be available?  Yes  No
- Will Safety Data Sheets be on site?  Yes  No
- Are personnel using the products or chemicals trained in their safe handling?  Yes  No

Subcontractor will submit the following documentation for product and chemical use:

- Chemical Usage Reports (*use NCI at Frederick template*)  Yes  No
- Safety Data Sheets  Yes  No
- Exposure Control Plan if applicable  Yes  No
- Respiratory Protection Plan if applicable  Yes  No
- Proof of RPP Training  Yes  No
- Fit Test Records  Yes  No
- Medical Surveillance  Yes  No

**Silica**

**N/A**

Will work include potential exposures to respirable crystalline silica?  Yes  No

Will work with concrete, asphalt, tile, or similar include:

- Masonry saws  Yes  No Core-drills  Yes  No Hammer drills  Yes  No  
Jack hammers  Yes  No Chipping tools  Yes  No Grinders  Yes  No  
Milling machines  Yes  No Rock hammering  Yes  No Other:

- Will work include use of respiratory protection?  Yes  No
- Will work include exposure monitoring?  Yes  No

Subcontractor will submit the following documentation for respirable silica control:

- Exposure Control Plan  Yes  No
- Respiratory Protection Program if applicable  Yes  No
- Proof of RPP Training  Yes  No
- Fit Test Records  Yes  No
- Medical Surveillance  Yes  No

**Lead**

**N/A**

Will work include sanding, grinding, scraping, brazing, cutting, welding, removing or otherwise disturbing painted surfaces in such a way that lead particles may become airborne?  Yes  No

Subcontractor will submit the following documentation for lead paint removal:

- Project-Specific Lead Compliance Plan  Yes  No
- Lead Compliance Program  Yes  No
- Proof of Lead Worker and Supervisor Training  Yes  No
- Activity Hazard Analysis (*use NCI at Frederick template*)  Yes  No
- Respiratory Protection Program  Yes  No
- Proof of RPP Training  Yes  No
- Fit Test Records  Yes  No
- Medical Surveillance  Yes  No

**Risk Management**

**Asbestos**

N/A

Will work include asbestos removal or disturbance?  
Will work require Regulator notification?

Yes  No  
 Yes  No

Subcontractor will submit the following documentation for asbestos removal:

- Regulator Application prior to sending to Regulator
- Project-Specific Asbestos Compliance Plan
- Asbestos Program
- Activity Hazard Analysis (*use NCI at Frederick template*)
- Proof of AHERA Asbestos Worker Training
- Respiratory Protection Program
- Proof of RPP Training
- Fit Test Records
- Medical Surveillance

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Miscellaneous**

N/A

Will work include the following?

Material handling and storage  Yes  No    Work with concrete  Yes  No

Work on elevators, elevator shafts, or similar  Yes  No    Activities creating sustained high noise levels?  Yes  No

Other:

Subcontractor will submit the following documentation for these activities:

- Activity Hazard Analysis (*use NCI at Frederick template*)

**Inspections**

**Procedure for jobsite safety inspections on this project<sup>iii</sup>:**

**Who on the project will be responsible for jobsite safety inspections:**

**How often will jobsite safety be inspected:**

*Note: Attach inspection checklists<sup>iv</sup>*

**Accident Investigation**

**Procedures for investigating and reporting accidents<sup>v</sup>:**

*Note: All incidents must be reported to Leidos Biomed immediately, and a written incident reports must be provided within 24 hours. All OSHA recordable injuries/illness must be reported within 7 calendar days. Additional incidents that require immediate reporting include (but are not limited to) discovery of chemical or biological hazards during project activities.*

*Note: Attach investigation forms*

<b>Emergency Planning</b>	
<i>Emergency contact information</i> <i>(edit as necessary to be specific to project location; include important project personnel contact information)</i>	
All Emergencies (including Fire, EMS, Police)	911
Environment, Health, & Safety (EHS) at NCI main campus	301-846-1451
ATRF EHS Office	301-846-7591
Fort Detrick Police (non-emergency)	301-619-7114
NIH Police at NCI main campus (parking issues)	301-846-6200
Frederick Memorial Hospital	240-566-3300
Frederick City Police (non-emergency)	301-600-2100
FME Trouble Desk	301-846-1068
Protective Services at ATRF	301-228-4901
Protective Services at NCI main campus	301-846-1091
Building Access at NCI main campus	301-846-1380
Frederick County Sheriff's Office (non-emergency)	301-600-2071
Visitor Control Center at Fort Detrick	301-619-0101/0102/0103
<b>Describe procedures should there be an emergency at this project location:</b>	
<i>List of emergency equipment that will be provided at this project location</i>	
<b>Are emergency evacuation routes and assembly points known for project location?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note: Attach map</i>	
<b>Identify the means of seeking medical attention during this project:</b>	
<i>Personnel with First Aid/CPR Certification who will be on Site:</i>	
<b>Identify address of nearest medical facility and attach map and directions:</b>	
<b>Project personnel will be trained on what to do in case of an emergency during this project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Means of egress or paths of travel may be impeded by project activities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Explain:</b>	
<b>Will this project cause ANY traffic or pedestrian disruptions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Explain:</b>	



<b>Fire Prevention</b>	
<i>Fire Hazards</i>	
<i>List of fire hazards</i>	<i>Proper handling and storage</i>
<i>Ignition Sources</i>	
<i>List of potential ignition sources</i>	<i>Controls</i>
<i>Fire Protection Equipment</i>	
<i>List of fire protection equipment that will be provided at this project location</i>	
Will Fire Protection Systems be impaired during this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor will submit the following documentation for FPS impairments: - Fire Protection System Impairment Plan(s) (use NCI at Frederick template)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>List of Subcontractors on this Project</b>			
Subcontractor activities are accounted for in this APP and they will work under this Plan?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

<b>Orientation</b>
All workers will have completed NCI at Frederick Contractor Safety Orientation within the last 12 months, prior to mobilization? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

<b>Daily Safety</b>
All Contractor and Subcontractor workers will participate in Daily Safety Meetings during the project? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who will organize and conduct the Daily Safety Meetings?
What content will be discussed during the Daily Safety Meetings?

<b>Preparer</b>	
<i>Name and signature of person who completed this APP:</i>	<i>Date:</i>
<i>Name and signature of approver:</i>	<i>Date:</i>

***By signing this APP, the preparer and approver are certifying that the information provided is true, and that any change in the conditions described in this APP or inadequacies found for protecting employees during the project may require a revision to this APP.***

<b>Acceptance by Leidos Biomed personnel (required prior to commencing project work)</b>	
<i>Name and signature of Project Administrator:</i>	<i>Date:</i>
<i>Name and signature of EHS POC:</i>	<i>Date:</i>

***By accepting, it is inferred that the subcontractor is certifying that the information provided is true, and that any change in the conditions described or inadequacies found for protecting employees during the activity may require a revision.***

***Subcontractor has sole regulatory and legal responsibility for the occupational health and safety of their employees and lower-tier subcontractors and environmental compliance of their work activities. Leidos Biomed’s review and acceptance does not relieve Subcontractor of any obligation for compliance with regulations or site/project specific requirements.***

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- <sup>i</sup> Include the text, and do not just reference a Corporate Safety Manual.
  - <sup>ii</sup> Include the text, and do not just reference a Corporate Safety Manual.
  - <sup>iii</sup> Include the text, and do not just reference a Corporate Safety Manual.
  - <sup>iv</sup> Documenting daily safety inspections is a requirement.
  - <sup>v</sup> Include the text, and do not just reference a Corporate Safety Manual.