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| --- |
| **Project Information** |
| **Subcontractor/Vendor Name**:  | **Contract and Purchase Order #**:  |
| **Equipment to be serviced**:  | **Work Location(s)**:  |
| **Estimated Start Date**:  | **Estimated End Date**:  |
| **Work Description. Include means, methods, and approach**: |

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| **Subcontractor Safety and Health Policy** |
| **Subcontractor Safety and Health Policy Statement[[1]](#endnote-1)**: |

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| --- |
| **Personnel Responsible for Safety** |
| Person(s) who will mobilize can identify existing and predictable hazards in the surrounding or working conditions that are unsanitary, hazardous, or dangerous to employees and have the authorization to take prompt corrective measures to eliminate them. **[ ]  Yes [ ]  No** |

| **Competent and Qualified Persons** |
| --- |
| Provide the names of the person(s) who will or may be 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 work.*The subcontractor shall ensure that each qualified and competent person listed has been trained in the following areas.* |
| *Activity* | *Name, Title* | *Qualifications* |
| LOTO Competent Persons |  |  |
| Energized Electrical Work Qualified Persons |  |  |
| Others, list: |  |  |

| **PPE** |
| --- |
| **Contractor PPE Policy Statement[[2]](#endnote-2):****All project personnel will be trained on proper selection, use, and care of PPE? [ ]  Yes [ ]  No****Project personnel will adhere to the minimum PPE policies at the NCI at F/FNLCR?[ ]  Yes [ ]  No** |
| * Minimum PPE Requirements for Mechanical and Construction Sites:
	+ Hard hats
	+ Safety-toe shoes or shoe coverings
	+ ANSI-approved safety glasses
 | * Minimum PPE Requirements for Laboratories:
	+ Lab coat or equivalent with long sleeves
	+ ANSI-approved safety glasses
	+ Long pants
	+ Closed toe shoes
 |
| **Contractor will adhere to additional PPE requirements depending on the location and hazards present? [ ]  Yes [ ]  No** |
| **Additional PPE that will be required based on the hazards from the tasks to be performed include:** |
| Full face shieldsWork glovesLaser safety glassesNon-metallic items | [ ]  [ ]  [ ]  [ ]   | Chemical splash gogglesTyvek suit or similarChemical glovesOther, describe: | [ ]  [ ]  [ ]  [ ]   |
| **Special PPE that will be required based on the hazards from the tasks to be performed include:** |
| **Electrical PPE** - required any time worker is potentially exposed to >50 voltsSubcontractor will submit the following documentation for electrical work:* Electrical Risk Assessment *(use NCI at F template)*
* Activity Hazard Analysis *(use NCI at F template)*
* Electrical Work Permit if applicable *(use NCI at F template)*
* Proof of LOTO and NFPA Training
 | **[ ]  Yes [ ]  No**[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Respiratory Protection**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[ ]  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?Subcontractor will submit the following documentation for powder-actuated tools:* Proof of PAT Training
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Control of Hazardous Energy**Will there be any electrical work with potential exposure >50 volts?Subcontractor will submit the following to outline meeting the requirements of NFPA 70E:* Electrical Safety Program

Will work involve working on non-electrical systems that contain hazardous energy?[ ]  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?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 at F template)*
 | **[ ]  N/A**[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Product and Chemical Use**Will work include the use of products or chemicals?Will work include the use of chemicals or substances that are considered toxic and hazardous?Will workers be potentially exposed to airborne concentrations of hazardous gas, fumes, dust, or mist? Will the subcontractor be conducting exposure assessments to determine if control measures are adequate to keep concentrations below action levels?Will respirators be required?Will eyewash and shower be available?Will Safety Data Sheets be on site?Are personnel using the products or chemicals trained in their safe handling?Subcontractor will submit the following documentation for product and chemical use:* Chemical Usage Reports *(use NCI at F template)*
* Safety Data Sheets
* Exposure Control Plan if applicable
* Respiratory Protection Plan if applicable
* Proof of RPP Training
* Fit Test Records
* Medical Surveillance
 | **[ ]  N/A**[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Radioactive Materials**Will work with radioactive materials or any products/instruments that contain radioactive materials?Subcontractor will submit the following documentation for any work with radioactive materials or any products/instruments that contain radioactive materials:* Federal or State Radioactive Materials License (or required reciprocal agreement)
 | **[ ]  N/A**[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Radiation Producing Machines (X-ray Device, Electron Microscopes, etc.)**Will work with X-ray device, Electron Microscope, or other radiation producing device? Subcontractor will submit the following documentation:* Registration with the Maryland Department of the Environment as a radiation machine service provider
 | **[ ]  N/A**[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Lasers**Will work include work with lasers?Will work include work with Class 1 Laser Safety Enclosure?Will a Class 1 Laser Safety Enclosure ever be opened? Will work include open-beam 3b/4 lasers?Subcontractor will submit the following documentation any work with equipment containing lasers:* NCI-F Laser Acknowledgement Form
* Activity Hazard Analysis or SOP
* Proof of laser safety training per ANSI
 | **[ ]  N/A**[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |

| **Preparedness** |
| --- |
| It is understood that there may be physical, chemical, biological, and/or radiological hazards present at the workspace.   [ ]  Yes [ ]  No Upon arrival, workers will contact the onsite POC prior to arrival.[ ]  Yes [ ]  No Workers will adhere to signage posted on laboratory entrances.[ ]  Yes [ ]  No Workers will verify with onsite personnel that the owners of the equipment have first decontaminated it so that there is no exposure to potential hazards.[ ]  Yes [ ]  No Additional procedure for jobsite safety inspections on this project[[3]](#endnote-3):*Note: Attach inspection checklists* |

| **Accident Investigation** |
| --- |
| **List steps for investigating and reporting accidents[[4]](#endnote-4)**:*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* |

| **Emergency Planning** |
| --- |
| *Emergency contact information**(edit as necessary to be specific to project location; include important project personnel contact information)* |
| 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 |
| **List the steps that will be taken if there is an emergency at this project location:**  |
| **Are emergency evacuation routes and assembly points known for project location? [ ]  Yes [ ]  No***Note: Attach map***Identify the means of seeking medical attention during this project. Include address of nearest medical facility and attach map and directions**: |
| **Project personnel will be trained on what to do in case of an emergency during this project?[ ]  Yes [ ]  No** |

| **List of Subcontractors on this Project** |
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|  |  |  |  |
|  |  |  |  |
| **Subcontractor activities are accounted for in this APP and they will work under this Plan?** **[ ]  Yes [ ]  No [ ]  N/A** |

| **Orientation** |
| --- |
| **All workers will have completed NCI at Frederick Contractor Safety Orientation within the last 12 months, prior to mobilization? [ ]  Yes [ ]  No Explain**:  |

| **Preparer** |
| --- |
| *Name and signature of person who completed this APP*: | *Date*: |
| *Name and signature of approver*: | *Date*: |

***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.***

| **Acceptance by Leidos Biomed personnel** **(required prior to commencing project work)** |
| --- |
| *Name and signature of Project Administrator*: | *Date*: |
| *Name and signature of EHS POC*: | *Date*: |

***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.***

1. Include the text, and do not just reference a Corporate Safety Manual. [↑](#endnote-ref-1)
2. Include the text, and do not just reference a Corporate Safety Manual. [↑](#endnote-ref-2)
3. Include the text, and do not just reference a Corporate Safety Manual. [↑](#endnote-ref-3)
4. Include the text, and do not just reference a Corporate Safety Manual. [↑](#endnote-ref-4)