

# 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	
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:	

Subcontractor Safety and Health Policy
Subcontractor Safety and Health Policy Statement:

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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<i>The subcontractor shall ensure that each qualified and competent person listed has been trained in the following areas.</i>		
<i>Activity</i>	<i>Name, Title</i>	<i>Qualifications</i>
LOTO Competent Persons		
Energized Electrical Work Qualified Persons		
Others, list:		

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## PPE

Contractor PPE Policy Statement<sup>ii</sup>:

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Minimum PPE Requirements for Mechanical and 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?  Yes  No

Additional PPE that will be required based on the hazards from the tasks to be performed include:

Full face shields <input type="checkbox"/>	Chemical splash goggles <input type="checkbox"/>
Work gloves <input type="checkbox"/>	Tyvek suit or similar <input type="checkbox"/>
Laser safety glasses <input type="checkbox"/>	Chemical gloves <input type="checkbox"/>
Non-metallic items <input type="checkbox"/>	Other, describe: <input type="checkbox"/>

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 volts  Yes  No

Subcontractor will submit the following documentation for electrical work:

- |   |  |
|---|--|
| - Electrical Risk Assessment ( <i>use NCI at F template</i> )           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Activity Hazard Analysis ( <i>use NCI at F template</i> )             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Electrical Work Permit if applicable ( <i>use NCI at F template</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Proof of LOTO and NFPA Training                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Respiratory Protection**  Yes  No

Subcontractor will submit the following documentation for respirator use:

- |                               |  |
|-------------------------------|--|
| - Respiratory Protection Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Proof of RPP Training       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Fit Test Records            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Medical Surveillance        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Risk Management	
<b>Hand and Power Tools</b>	<input type="checkbox"/> <b>N/A</b>
Will work involve the use of electrically powered tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will work involve the use of pneumatically powered tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will work involve the use of powder-actuated tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor will submit the following documentation for powder-actuated tools:	
- Proof of PAT Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Control of Hazardous Energy</b>	<input type="checkbox"/> <b>N/A</b>
Will there be any electrical work with potential exposure >50 volts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor will submit the following to outline meeting the requirements of NFPA 70E:	
- Electrical Safety Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will work involve working on non-electrical systems that contain hazardous energy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mechanical <input type="checkbox"/> Pneumatic <input type="checkbox"/> Chemical <input type="checkbox"/> Thermal <input type="checkbox"/> Hydraulic <input type="checkbox"/> Water	
<input type="checkbox"/> Steam <input type="checkbox"/> Gas <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor will submit the following documentation for control of hazardous energy:	
- Control of Hazardous Energy/LOTO Program(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Proof of LOTO Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Project-Specific Isolation Plan ( <i>use NCI at F template</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Product and Chemical Use</b>	<input type="checkbox"/> <b>N/A</b>
Will work include the use of products or chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will work include the use of chemicals or substances that are considered toxic and hazardous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will workers be potentially exposed to airborne concentrations of hazardous gas, fumes, dust, or mist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the subcontractor be conducting exposure assessments to determine if control measures are adequate to keep concentrations below action levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will respirators be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will eyewash and shower be available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will Safety Data Sheets be on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are personnel using the products or chemicals trained in their safe handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor will submit the following documentation for product and chemical use:	
- Chemical Usage Reports ( <i>use NCI at F template</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Safety Data Sheets	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Exposure Control Plan if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Respiratory Protection Plan if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Proof of RPP Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Fit Test Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Medical Surveillance	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Risk Management**

**Radioactive Materials**

**N/A**

Will work with radioactive materials or any products/instruments that contain radioactive materials?  Yes  No

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)  Yes  No

**Radiation Producing Machines (X-ray Device, Electron Microscopes, etc.)**

**N/A**

Will work with X-ray device, Electron Microscope, or other radiation producing device?  Yes  No

Subcontractor will submit the following documentation:

- Registration with the Maryland Department of the Environment as a radiation machine service provider  Yes  No

**Lasers**

**N/A**

Will work include work with lasers?  Yes  No

Will work include work with Class 1 Laser Safety Enclosure?  Yes  No

Will a Class 1 Laser Safety Enclosure ever be opened?  Yes  No

Will work include open-beam 3b/4 lasers?  Yes  No

Subcontractor will submit the following documentation any work with equipment containing lasers:  Yes  No

- NCI-F Laser Acknowledgement Form  Yes  No
- Activity Hazard Analysis or SOP  Yes  No
- Proof of laser safety training per ANSI  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<sup>iii</sup>:

*Note: Attach inspection checklists*

**Accident Investigation**

**List steps for investigating and reporting accidents<sup>iv</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>List the steps that will be taken if there is an emergency at this project location:</b>	
<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<sup>v</sup></i>	
<b>Identify the means of seeking medical attention during this project. Include 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>List of Subcontractors on this Project</b>			

**Subcontractor activities are accounted for in this APP and they will work under this Plan?**  
 Yes  No  N/A

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

<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<sup>vi</sup></b>	
<i>Name and signature of Project Administrator:</i>	<i>Date:</i>
<i>Name and signature of EHS POC:</i>	<i>Date:</i>

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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> Include the text, and do not just reference a Corporate Safety Manual.
  - <sup>v</sup> Maps of NCI at Frederick evacuation routes and assembly points may be downloaded from the NCI at Frederick Subcontractor Safety Resources webpage, <https://ncifrederick.cancer.gov/Ehs/Safety/Construction/UsefulResources.aspx>
  - <sup>vi</sup> This APP must be accepted by Leidos Biomed prior to commencing project work.