

***San Diego County
Regional Airport
Authority***

**CONSTRUCTION SAFETY
MANUAL**

***For
The Development
Division***

Version 1.04 / 2015

o All Contractors:

The San Diego County Regional Airport Authority ("Authority" or "SDCRAA"), is committed to the combined goal of safety, quality and productivity. The safety goal for every construction jobsite is **"Ask Yourself 'What's at Stake?' – EVERYTHING." Practice Safety In All You Do, Your Loved Ones Rely On You.**

Authority Management strives to promote a workplace environment in which individuals will be trained and motivated to work together for continuous improvement toward this safety goal.

Authority Management will set a personal example for safe behavior, show its commitment to safety, and enforce safe operations and job procedures. Authority Management practices will include: setting safety goals; establishing and monitoring safety accountability and a discipline system; and planning for safety. Planning for safety includes: identifying job hazards in advance; setting priorities for safety along with productivity, quality and scheduling; and eliminating unsafe shortcuts of methods.

Authority Management recognizes training as a key element in reducing accidents. Authority Management will provide informal and formal training to all individuals on the construction jobsite. This training includes, but is not limited to, training on: new equipment or work practices, non-routine or high hazard operations, the proper use of personal protective equipment, and emergency procedures.

Authority Management also expects individuals to be responsible for his/her safety, as well as the safety of others. The first step in meeting this expectation is for individuals to read and follow the guidelines outlined in the following Construction Safety Manual. The second step is for individuals to be aware of and eliminate his/her unsafe acts. The third step is for individuals to identify and eliminate unsafe conditions caused by his/her actions or the actions of others before the unsafe conditions cause accidents.

In closing, the safety practices and procedures outlined in this Construction Safety Manual are minimum standards. If a situation arises that an individual deems unsafe for himself/herself or others, yet is not covered in the guidelines, the individual should bring the situation to the attention of his/her supervisor or Authority Management. If the individual deems the situation to be immediately dangerous to life or health, the individual shall not continue to work, immediately call his/her supervisor or Authority Management, discuss with his/her supervisor or Authority Management and work to ensure appropriate actions are taken.

By working together Authority Management and individuals can control job hazards and reduce or eliminate accidents and injuries in the workplace. This joint effort will result in a safer environment for all involved.




Jeffrey Woodson, Vice President
Development Division
Robert Bolton, Director
Airport Design & Construction
Gary Couture
Construction Safety Program Manager
Facilities Development Department
Ira Ghaemi, Director
Facilities Development Department
Stephen E. Samuelson
Construction Safety Program Manager
Airport Design & Construction

TABLE OF CONTENTS

TABLE OF CONTENTS	3
1.0 SAFETY POLICY STATEMENT	7
1.1 Objective	7
1.2 Goals	7
1.3 Orientation	8
1.4 Communications/Information Distribution	9
1.5 Noncompliance with Safety Policy and Rules	9
2.0 DEFINITIONS	11
2.1 AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)	11
2.2 CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (Cal/OSHA)	11
2.3 CAPITAL IMPROVEMENTS PROGRAM (CIP)	11
2.4 COMPETENT PERSON	11
2.5 CONTRACT	11
2.6 CONSTRUCTION MANAGER/ENGINEER	11
2.7 CONSTRUCTION SAFETY PROGRAM (CSP)	11
2.8 CONTRACTOR	11
2.9 CONTRACTOR/SUBCONTRACTOR PROJECT MANAGER	11
2.10 CONTRACTOR SITE SAFETY MANAGER	11
2.11 CONTRACTOR/SUBCONTRACTOR PROJECT SUPERINTENDENT	12
2.12 CONTRACTOR/SUBCONTRACTOR SITE SAFETY REPRESENTATIVE	12
2.13 FALL PROTECTION PLAN	12
2.14 FREQUENCY RATE	12
2.15 INCIDENT RATE	12
2.16 JOB HAZARD ANALYSIS / JOB SAFETY ANALYSIS (JHA/JSA)	12
2.17 NEAR MISS	12
2.18 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)	12
2.19 OWNER	12
2.20 OWNER CONTROLLED INSURANCE PROGRAM or "OCIP"	12
2.21 PERSONAL FALL ARREST SYSTEM (PFAS)	13
2.22 PERSONAL PROTECTIVE EQUIPMENT (PPE)	13
2.23 QUALIFIED PERSON	13
2.24 SAFETY DATA SHEET (SDS)	13
2.25 SAFETY INCIDENT	13
2.26 SEVERITY RATE	13
2.27 SDCRAA SAFETY MANAGER	13
2.28 SUBCONTRACTOR	13
2.29 VIOLATION	13
3.0 INCIDENT / INJURY / NEAR-MISS PROCEDURES	14
3.1 General Overview	14
3.2 Incident / Injury / Near-Miss Analysis	14
3.3 Post-Accident/Near Miss Drug/Alcohol Test	15
3.4 Cause Analysis Procedure	16
3.5 Narrative Description	18
3.6 Equipment Characteristics	18
3.7 Task Characteristics	18

3.8	Time Factors.....	18
3.9	Preventive Measures.....	18
3.10	Severity of the Incident	18
3.11	Corrective Action—Control	18
4.0	CONTRACTOR RESPONSIBILITIES.....	20
4.1	General Overview	20
4.2	Contractor.....	20
4.3	Contractor Project Manager.....	23
4.4	Contractor's and Subcontractor's Site Safety Representative	23
4.5	Contractor's Site Safety Manager.....	24
4.6	Contractor Project Superintendent.....	26
4.7	Contractor Project Foreperson	26
4.8	Contractor Employees	27
5.0	SUBSTANCE ABUSE POLICY	28
5.1	Drug and Alcohol Screening	28
5.2	Challenge of Test Results.....	29
5.3	Failure to Provide a Specimen.....	29
5.4	Adulterated Specimen	29
5.5	Medications That May Affect an Individual's Ability to Work Safely	29
5.6	Costs	29
6.0	DISCIPLINARY PROCEDURES.....	30
6.1	General Overview	30
6.2	Verbal Warning.....	30
6.3	Written Warning Violation	30
6.4	Removal from SDCRAA Job Site.....	31
6.5	Owners' Right to Enforce Disciplinary Action.....	31
7.0	RETURN TO WORK PROGRAM	32
7.1	Medical Treatment Facility (Also See Section 7.3)	32
7.2	Modified or Light Duty.....	32
7.3	Non-OCIP Covered Subcontractor	32
8.0	HAZARD COMMUNICATION	33
8.1	Hazard Communication General Policy.....	33
8.2	Hazard Reporting Procedures	33
9.0	RECORDKEEPING AND FILES.....	35
9.1	General Overview	35
9.2	Safety Files.....	35
9.3	Required Project Forms, Reports and Due Dates	37
10.0	SAFETY MEETINGS & TRAINING REQUIREMENTS	39
10.1	General Overview	39
10.2	Indoctrination (orientation) Safety Training:	39
10.3	Minimum Training Requirements for Contractor Employees:	40
10.4	"Tool Box Talk" Safety Meetings:.....	43
10.5	Contractor Weekly Progress Meetings:	43
10.6	Safety Committee Meetings:.....	43
10.7	Pre-shift Safety Meeting:	43
10.8	Job Wide Safety Meetings (Appendix 1, Form J.4).....	44
10.9	Special Training.....	44
11.0	JOBSITE AUDITS AND INSPECTIONS.....	45
11.1	Records Audits	45

11.2	Jobsite Audits	45
11.3	Non-Abatement (Failure to Take Corrective Action)	45
11.4	Work Stoppage	46
11.5	Worksite Inspections by Project Personnel.....	46
11.6	Tool / Equipment Inspections	47
11.7	Visiting Regulatory Agency Activities.....	48
11.8	Violations	48
11.9	Procedure	48
12.0	GENERAL SAFETY & HEALTH PRACTICES.....	50
12.1	General Overview	50
12.2	Personal Protective Equipment (PPE)	50
12.3	Competent Person Requirements.....	52
12.4	Fall Protection.....	53
12.5	Ladders.....	55
12.6	Scaffolding.....	56
12.7	Excavation, Trenching and Shoring	57
12.8	Housekeeping.....	58
12.9	Welding, Cutting and Compressed Gas.....	59
12.10	Arc Welding	60
12.11	Fire Protection / Prevention	62
12.12	Flammable and Combustible Liquids.....	62
12.13	Explosives	63
12.14	Firearms	63
12.15	Cranes, Hoisting and Rigging	63
12.16	Crane Lifting Procedures	66
12.17	Normal Crane, Hoisting, and Rigging Operations	66
12.18	Steel Erection and Assembly	67
12.19	Roofing Operations.....	68
12.20	Mechanical Elevated Work Platforms	69
12.21	Lift Operation	69
12.22	Demolition.....	70
12.23	Confined Spaces	70
12.24	Motor Vehicles and Mechanized Equipment.....	71
12.25	Vehicles on Site: Cars and Trucks.....	72
12.26	Vendors and Delivery Vehicles.....	73
12.27	Lockout / Tagout.....	73
12.28	Material Handling and Storage	73
12.29	Rigging Equipment for Material Handling	74
12.30	Disposal of Waste Material from High Altitudes	75
12.31	Hazardous Material Management.....	75
12.32	Receiving Hazardous Materials	75
12.33	Storage of Hazardous Materials	76
12.34	Handling Hazardous Materials.....	77
12.35	Hazardous Waste	77
12.36	Concrete and Masonry Construction	78
12.37	Handling Reinforcing Steel	78
12.38	Electrical Safety.....	79
12.39	Traffic Control, Signs, Signals and Barricades	79

12.40	Tools – Hand and Powered	80
12.41	Heat Stress.....	81
12.42	Site Security	82
12.43	Site Specific Hazard Analysis Plan	83
12.44	Public Protection Plan (Part of all JHA & THA).....	83
13.0	CODE OF SAFE WORK PRACTICES	85
14.0	FIREWATCH INSTRUCTIONS	87
14.1	Responsibilities.....	87
14.2	Firewatch Duties.....	87
15.0	EMERGENCY ACTION PLAN	88
15.1	Emergency Notification.....	88
15.2	Employee Alarm System	88
15.3	Training.....	88
15.4	Evacuation Drills.....	89
15.5	Review of Emergency Action Plan.....	89
15.6	Upon Discovery of an Emergency:	89
15.7	Fire	90
15.8	Bomb Threat.....	91
15.9	Chemical Spill.....	91
15.10	Weather-Related Emergencies.....	92
15.11	Earthquake-Related Emergencies	92
15.12	Post-Emergency Operations.....	93
15.13	Emergency Contact Numbers.....	94

1.0 Safety Policy Statement

Purpose

This Construction Safety Manual is a guide to assist the Contractor in drafting its Site-Specific Safety Program. This Construction Safety Manual sets forth the minimum standards that the Contractor's Site-Specific Safety Program must meet. This Construction Safety Manual is not intended as a substitute for the Contractor's Site-Specific Safety Program and is not all-inclusive. The Contractor is responsible for ensuring its Site-Specific Safety Program meets all applicable Federal, State, and local requirements.

1.0 SAFETY POLICY STATEMENT

1.1 Objective

The San Diego County Regional Airport Authority ("Authority") strives to conduct all construction projects at the Airport in a safe, effective, and efficient manner. Through a combination of concerned management, responsible and knowledgeable supervision, and well-trained individuals, the Authority endeavors to create and sustain:

- An incident and hazard-free work environment;
- A workplace free from substance abuse;
- A safe and health conscious culture throughout management, field supervision and employees;
- A work environment free of hazardous and toxic spills/releases.

The Contractor and all tiers of subcontractors shall comply with the requirements of this Construction Safety Manual, provisions contained within the contract documents for the construction project and all applicable laws, rules, requirements and regulations

1.2 Goals

The Authority's goals in adopting this Construction Safety Manual are:

- 1.2.1 Outlining the applicable standards for work performed on this project which include but are not limited to: Cal & Fed OSHA's latest standards for construction, (29 CFR 1910 & 1926 / CCR Title 8 & CSO / ESO / TSO) and FAA Safety Requirements (FAA Circular AC 150/5370-2f, "Operational Safety on Airports During Construction").
- 1.2.2 Identifying the minimum standards that the Contractor's Site-Specific Safety Program must meet
- 1.2.3 Conveying to the Contractor/Subcontractor the importance of sharing the information set forth in the Construction Safety Manual with its employees assigned to the Project.
- 1.2.4 Providing the Contractor/Subcontractor with guidelines that result in projects with zero accidents and/or incidents that result in injury or property damage by:
 - Eliminating or minimizing risk through analysis, pre-planning and training
 - Complying with all applicable safety and health regulations and industry best practices.
 - An incident rate of 4.0 or less

- Lost time rate of 2.0 or less
- Severity rate of 80 or less
- Monthly reports shall be turned into the Authority showing total man-hours and confirming that the safety goals as stated above have been complied with; the monthly report shall be turned in by the 7th day of each month using SDCRAA Form J.10.

1.3 Orientation

The Contractor/Subcontractor must schedule and notify the SDCRAA Construction Manager of new employee orientations at least 48 hours in advance of the scheduled orientation date. At the time of the orientation, the Contractor's/Subcontractors employees must submit evidence of having passed a drug screen with a negative result within the past 90 days. In addition, they must show a 10 or 30 Hour CA or Fed OSHA Card for the Construction Industry at the time of orientation for at least 20% of the Contractor/Subcontractor's employees. All other staff are required to have their 10 or 30 Hour Cal OSHA or Fed OSHA card within 120 days of starting work on this project.

1.3.1 Any person required to be on the job site must attend new contractor orientation.

1.3.1.1 Pre-Bid Conference

A mandatory pre-bid conference shall be held for each bid or bid package. The Authority staff will explain the Construction Safety Manual highlights and will share the level of commitment that will be required by the Contractor and its subcontractors. During the pre-bid meeting, Contractors and its subcontractors will be given an opportunity to ask questions concerning the Construction Safety Manual, and are, therefore, encouraged to review this document in detail prior to the pre-bid conference.

1.3.1.2 Pre-Construction Conference

Following award of a contract and prior to mobilization, the Contractor and its subcontractors shall attend a Pre-Construction Conference where requirements of safety, health, and environmental procedures and awareness will be discussed. Subcontractors, Project Managers and Superintendents who will be on-site and who are responsible for daily construction operations must attend. Required safety submittals are expected to be turned in at this time and before any site work starts.

1.3.2 New Contractor/Subcontractor Orientation (NCO) - Initial

The Contractor/Subcontractors will be required to attend the New Contractor/Subcontractor Orientation (NCO) prior to beginning work on the Project. The Authority will conduct the NCO on the job site. The NCO will consist of approximately 8 hours of site-specific awareness training. After the initial NCO conducted by the Authority, the Contractor shall conduct a NCO once per month thereafter. After the initial NCO and throughout the duration of the Project, the Contractor shall continue to train all of its staff and subcontractors that will be onsite including all vendors' site representatives and subcontractors. The following topics will be covered in the NCO:

- Safety
- Hazard Communication
- Pre-Task Planning
- Review of Relevant Cal OSHA Requirements
- Site Specific Rules & Requirements
- Environmental Procedures and Awareness
- Small Business
- Labor Compliance
- Payroll
- Prime Contractor help to enforce

1.4 Communications/Information Distribution

- 1.4.1 Safety procedural information will be distributed by the contractor to the subcontractors in the safety committee meeting, the contractors weekly progress meetings and job wide safety meetings. The information distributed will relate to the safety, health, and environmental aspects of the Project. Each subcontractor is responsible for distributing this information to its employees.

1.5 Noncompliance with Safety Policy and Rules (Refer to section 6.0 for additional non-compliance policies)

- 1.5.1 The Authority expects the Contractor and all subcontractors to: follow their own Site-Specific Safety Program; follow the safety practices outlined in this Construction Safety Manual; follow rules established at the job site; and to abide by Cal OSHA, Fed OSHA, FAA and EPA regulations. On the construction site, it is further expected that individuals who are observed working unsafely will be informed immediately of the unsafe work practice.
- 1.5.1.1 If additional training is necessary, each Contractor/Subcontractor shall provide the training required for its employees to work safely. Training rosters shall be transmitted by an OSHA Authorized Instructor Trainer to the SDCRAA Safety Department as required by section 9.3 Required Project Forms, and Reports and Due Dates.
- 1.5.1.2 To ensure that individuals at the job site are working safely, the Authority expects that the Contractor and all Subcontractors to inform SDCRAA Program Safety Manager of any unsafe work activity.
- 1.5.1.3 Contractor shall issue a notice of violation to individuals who fail to comply with the Site-Specific Safety Program. Contractor shall use a tiered system based on the severity of the behavior to include minor, significant, and serious. The Authority has adopted a Zero Tolerance policy regarding unsafe behaviors in the four categories to which OSHA refers as the “big four”. These categories are associated with the greatest number of fatalities in the

construction industry. The four categories are “Fall Protection”, “Excavation and Trenching”, “Struck By” and “Electrical”. Refer to Section 6.0 Disciplinary Procedures.

- 1.5.2 If the Authority Representative notes any non-compliance with the Construction Safety Manual, or is advised of such noncompliance by the Safety Committee or by a governmental agency with the authority to enforce safety regulations, the Authority shall perform the following:
- Notify the Contractor/Subcontractor of the noncompliance, the corrective action recommended, and the time in which the corrective action must be completed to the Authority's satisfaction. This notice, when delivered to the Contractor/Subcontractor or their representative at the Job Site, shall be deemed sufficient notice of the noncompliance and shall set forth the time allowed for corrective action.
 - Exercise the right to issue a suspend-work order stopping all or part of the work if the Contractor or Subcontractor fails or refuses to take corrective action within the time specified. The suspend-work order shall remain in effect until corrective action, satisfactory to the Authority, has been taken.
 - Deny any claim or request from the Contractor and/or Subcontractors for equitable adjustment for additional time or money on any suspend-work order issued under these circumstances.
 - Require the removal from the Job Site of any employee or piece of equipment that is deemed unsafe. The Contractor's / Subcontractor's Superintendent, Safety Representative, or other personnel shall be replaced by the Contractor or Subcontractor at the Authority's direction for nonperformance of his or her safety duties at no additional cost to the Authority.
 - If Contractor or Subcontractor refuses to replace the Site Safety Manager or Safety Representative within 2 weeks of receipt of a notice of non-compliance, the Authority reserves the right to fill the positions with a qualified person and will charge the Contractor or Subcontractor until they staff the position with a qualified approved person for that position.

2.0 Definitions

2.0 DEFINITIONS

2.1 AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)

The principle standards development body in the USA from whose criteria the OSHA standards for safe operation of equipment, manufacturing of safety products and engineering designs are derived.

2.2 CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (Cal/OSHA)

Under the California Division of Occupational Safety and Health, the Cal/OSHA Program is responsible for enforcing California laws and regulations pertaining to workplace safety and health and for providing assistance to employers and workers about workplace safety and health issues.

2.3 CAPITAL IMPROVEMENTS PROGRAM (CIP)

Construction, renovation and other projects designed and intended to increase the capital value of property under the control of the San Diego County Regional Airport Authority ("Authority" or "SDCRAA")

2.4 COMPETENT PERSON

One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

2.5 CONTRACT

The written contract between the Contractor and the Authority for the construction of the public work of improvement.

2.6 CONSTRUCTION MANAGER/ENGINEER

Owner Representative for the specific project assigned.

2.7 CONSTRUCTION SAFETY PROGRAM (CSP)

Written Program developed and implemented by the Contractor, Subcontractor to ensure a safe and healthful place of employment. This document must, at a minimum, comply with the requirements outlined in Cal OSHA Title 8, CCR Section 3203.

2.8 CONTRACTOR

Any individual, firm, partnership, joint venture, corporation or combination thereof, including its officers, directors, employees, volunteers, who has entered into a contract with the Owner, and whose employees are actively performing work at the Job Sites. The Contractor is responsible for ensuring tiered subcontractors, vendors, suppliers, visitors, etc. comply with all applicable safety requirements.

2.9 CONTRACTOR/SUBCONTRACTOR PROJECT MANAGER

Project manager employed by, and assigned by, the Contractor/Subcontractor to a specific project.

2.10 CONTRACTOR SITE SAFETY MANAGER

The Site Safety Manager shall possess knowledge of, and be responsible for compliance with all applicable safety requirements, including, OSHA and Cal OSHA Safety Standards,

Federal, State and local regulations, site policies, and must meet the following minimum qualifications per section 4.5.1.

2.11 CONTRACTOR/SUBCONTRACTOR PROJECT SUPERINTENDENT

Project Superintendent employed by, and assigned by, the Contractor/Subcontractor to a specific project.

2.12 CONTRACTOR/SUBCONTRACTOR SITE SAFETY REPRESENTATIVE

Contractor's designated representative responsible for safety, health, environmental control, and monitoring, and who shall be on site when any work is in progress and must meet the following minimum qualifications per section 4.4.

2.13 FALL PROTECTION PLAN

The fall protection plan shall include a written discussion of other measures that will be taken to reduce or eliminate the fall hazard for workers who cannot be provided with protection provided by conventional fall protection systems. For example, the employer shall discuss the extent to which scaffolds, ladders, or vehicle mounted work platforms can be used to provide a safer working surface and thereby reduce the hazard of falling.

2.14 FREQUENCY RATE

To determine a frequency rate on a project you need to add up your restricted duty cases plus your lost time cases and multiple them by 200,000 then divided by the contractor's manhours to give the frequency rate for the project.

2.15 INCIDENT RATE

To determine a frequency rate on a project you need to add up your restricted duty cases plus your lost time cases and multiple them by 200,000 then divided by the contractor's manhours to give the frequency rate for the project.

2.16 JOB HAZARD ANALYSIS / JOB SAFETY ANALYSIS (JHA/JSA)

A method of analyzing the steps of a task, identifying associated hazards, and implementing control measures to prevent an incident and protect employees from those hazards. Also known as Activity Hazard Analysis.

2.17 NEAR MISS

An unplanned event which had the potential to cause injury or property damage but did not due to happenstance or immediate intervention.

2.18 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

The federal agency under the Department of Labor empowered by the Occupational Safety and Health Act of 1970 to publish and enforce safety and health regulations for most businesses and industries in the United States.

2.19 OWNER

The San Diego County Regional Airport Authority, acting through its President/CEO or any properly authorized representatives.

2.20 OWNER CONTROLLED INSURANCE PROGRAM or "OCIP"

The Owner Controlled Insurance Program under which the workers' compensation, employers liability, commercial general liability, excess/umbrella liability, and builders risk

insurance are procured by the Owner for the Contractor/Subcontractors while performing operations at or emanating from the Job Site. Also known as a "wrap up" program.

2.21 PERSONAL FALL ARREST SYSTEM (PFAS)

A system used to arrest an employee in a fall from a working level, consisting of a full body harness, lanyard, connectors, deceleration device, and anchorage capable of withstanding a 5000 pound impact load.

2.22 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Equipment designed to provide an employee with some degree of protection against incidental or accidental injury. Personal Protective Equipment is not designed, nor intended to replace or take the place of hazard elimination, Engineered Safety or Administrative Controls. PPE is the lowest level of acceptable protection to personnel.

2.23 QUALIFIED PERSON

One who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

2.24 SAFETY DATA SHEET (SDS)

Chemical information data sheet required by Fed OSHA 29CFR 1910.1200 or Cal OSHA CCR Chapter 4 Subchapter 7 §5194.

2.25 SAFETY INCIDENT

Any event that causes, or has the potential to cause, death or bodily harm; damage to property, materials or equipment or to adversely affect airport operations.

2.26 SEVERITY RATE

To determine a severity rate on a project you need to add up your restricted duty days plus your lost time days and multiple them by 200,000 then divided by the contractors manhours to give the severity rate for the project.

2.27 SDCRAA SAFETY MANAGER

The Authority's safety representative who manages the construction safety program on the Authority's behalf and is responsible for coordinating the safety program with the Contractor and Subcontractors.

2.28 SUBCONTRACTOR

An individual, firm, partnership, joint venture, corporation or combination thereof, including its officers, directors, employees, volunteers, who has entered into a contract with the Contractor, and whose employees are actively performing work at the Job Sites. Subcontractor includes subcontracts at all tiers.

2.29 VIOLATION

A willful and knowingly disregard of employee safety policies/practices.

3.0 Incident / Injury / Near-Miss Procedures

3.0 INCIDENT / INJURY / NEAR-MISS PROCEDURES

3.1 General Overview

The Contractor and all Subcontractors shall comply with the following:

- 3.1.1 All incidents resulting in injury, illness, property damage, or near-miss accident shall be reported to the SDCRAA Safety Manager. All such incidents occurring on the Job Sites shall be thoroughly investigated by the Contractor Site Safety Representative, Contractor Project Superintendent, and Contractor Project Manager.
 - 3.1.1.1 Incidents include those that result in, or could have resulted in, an illness, injury, fire, property damage, or hazardous material spill at the Job Site. The SDCRAA Safety Manager will notify SDCRAA Management (including Risk Management and Development Department).
- 3.1.2 Efforts shall be taken, to the maximum extent practicable without impeding any rescue or medical treatment efforts, to secure the area where the incident occurred to facilitate the investigation.
- 3.1.3 The Contractor/Subcontractors shall complete all specific incident analysis / investigation reports required by the California Code of Regulations (CCR) Title 8, Chapter 7, Subchapter 1 and the OCIP Contractor's Information Manual, Section 9 (if applicable).
 - 3.1.3.1 The Contractor/Subcontractors will be responsible for maintaining documentation and the reporting of incidents as required by federal, state, and local laws and regulations. Employer's First Report of Injury DWC-1 Form that must be filed with the Projects Workers' Compensation Insurance Carrier by the Employer of the injured/ill Employee.
- 3.1.4 The Contractor/Subcontractors shall fully cooperate with the Owner and its representatives in the investigation, analysis and defense of any claim, accident, occurrence or insured loss.

3.2 Incident / Injury / Near-Miss Analysis

- 3.2.1 In the event that an incident / injury / near-miss/on-set of illness occurs on the job site, the Contractor shall immediately notify the SDCRAA Safety Manager within 60 minutes of the incident/injury/near-miss or onset of illness in accordance with the provisions of the O-60 form J.8.1. In accordance of form J.8.1 the Contractor shall contact all parties listed on form J.8.1. The incident scene must be preserved and the parties involved, except for those who require medical treatment, will be retained to ensure a complete and thorough analysis. Documentation and a verbal report, providing the details that are available, shall be made to the SDCRAA Safety Manager as soon as the incident scene is secured and medical attention is provided for any injured / ill personnel by the Contractor / Subcontractors involved.
- 3.2.2 Following the incident investigation detailed in 3.2.1 above, the Contractor Safety Representative shall complete the **Incident Investigation Form (Appendix 1, Form J.8.3)** provided in this Construction Safety Manual and submit to the SDCRAA

Safety Manager within three (3) working days / 72 Hours of any Incident.

- 3.2.3 The investigation shall include identification and review of contributing causes, corrective actions, identification of persons responsible for corrective actions, and date of completion. Follow up documentation, including photographs and verification of corrective action completion shall be included in the investigation. The investigation must determine the root causes of the incident so that mitigation measures can be implemented.
- 3.2.4 Incident reports of accidents or injuries requiring medical treatment (other than on-site first aid) shall include medical treatment forms and completed First Report of Injury forms within 24 Hours.
- 3.2.5 Copies of all incident reports, analysis, and/or investigation documentation shall be submitted to the SDCRAA Safety Manager.
- 3.2.6 The Contractor shall immediately notify the SDCRAA Safety Manager of any property damage incident and, within 24 hours of the incident, provide the SDCRAA Project Manager with a detailed report of the incident, including estimated dollar amount of damage. If the incident involves Airport Security or an aircraft, the Contractor shall also immediately notify the Airport Operations Supervisor.
 - 3.2.6.1 At the discretion of the Authority, Contractor/Subcontracts may be required to conduct a joint cause analysis. There will be a meeting with SDCRAA within 72 hours to discuss each injury or illness.
- 3.2.7 The Contractor/Subcontractors shall forward A **Project Incident Rate Summary R (Appendix 1, Form J.10)** to the SDCRAA Safety Manager as soon as possible after the end of each month, but not later than seven (7) days after the end of each month.

3.3 Post-Accident/Near Miss Drug/Alcohol Test

- 3.3.1 Contractor Employees who are injured on the Job Site, or create a hazardous condition which results in an injury to another person or property damage, or Near Miss, shall be tested for illegal drugs, unauthorized use of prescribed medications and alcohol.
- 3.3.2 Employees who fail post-accident testing or refuse to be tested shall be denied access to any and all SDCRAA job sites.
- 3.3.3 The Owner, or its representative, shall be immediately notified in writing, when an employee tests positive for drugs, alcohol and or refuses to be tested.
- 3.3.4 The Cost of the Drug / Alcohol testing is the responsibility of the Contactor and/or Subcontractor.

3.4 Cause Analysis Procedure

- 3.4.1 The Cause Analysis Procedure will be used for the analysis of all incidents and injuries that occur on the Job Site. The Contractor and all Subcontractors are expected to participate fully throughout the process. The Contractor will hold a meeting to facilitate the Cause Analysis Procedure within 72 hours of an incident. The goal of the Cause Analysis Procedure is to:
- 3.4.1.1 Identify and locate the primary cause of incidents by determining from actual experiences, materials, machines, and tools most frequently involved in incidents and the tasks most likely to produce injuries.
 - 3.4.1.2 Disclose the nature, frequency and size of incident problems.
 - 3.4.1.3 Disclose the unsafe practices, which necessitate training employees or changing work methods.
 - 3.4.1.4 Enable supervisors to use the time available for safety work to the greatest advantage by providing them with information about the principle hazards and unsafe practices in the work location.
 - 3.4.1.5 Permit an objective evaluation of the progress of a safety program by noting through continuing analysis the effect of the corrective actions, educational techniques, and other methods adopted to prevent incidents and injuries.
- 3.4.2 The Contractor's or Subcontractor's Supervisors, after an Incident, are responsible for the following activities (See Section 3.5 for Cause Analysis Procedures):
- 3.4.2.1 Tend to the injured first, only if the situation is considered safe.
 - 3.4.2.2 Secure the area, as appropriate, to preserve evidence and determine what work should be stopped and what work can continue. Initiate the Cause Analysis Procedure immediately by noticing who and what are at the incident scene. Securing the area of the incident to prevent further injury or loss is secondary only to treating the injured. Make certain no secondary incidents occur (shutting down equipment, controlling spills, etc.)
 - 3.4.2.3 No changes should be made to the incident area once all hazards have been controlled until the investigative documentation has been completed for the Cause Analysis Procedure.
 - 3.4.2.3.1 Any delay in securing the incident area and documenting conditions (notes, photographs, videotape, etc.) may result in destruction or removal of important evidence.
 - 3.4.2.3.2 In outdoor situations, the weather and lighting level at the time of the incident should also be noted.
 - 3.4.2.4 Conduct investigative analysis interviews with witnesses as soon as possible while the information is fresh in people's minds. Witnesses should not be allowed to discuss the incident until after they have been interviewed.

- 3.4.3 There are six major sources (or elements) of incident causes (“probable causations”). The Cause Analysis Procedure will attempt to establish the cause(s) of the incident in one or more of these categories:

I. Management

Management includes such factors as:

- Company policies and practices (as contained in an CSM)
- Establishment of the culture
- Provision of adequate equipment, including well-maintained machinery, tools and PPE
- Provision of adequate manpower
- Scheduling and workload
- Provision of training, orientation, information, instruction, motivation, guidance, coaching and leadership
- Provision of supervision
- Design of the workplace environment.

II. Manpower

Manpower refers to the employees of the Contractor / Subcontractor - Manpower includes factors such as:

- Level of qualification and training
- Conditioning and fitness for duty
- Attitude, motivation and willingness to follow instruction and policy
- Performing the day-to-day tasks of operating or maintaining the machines, working with the materials, and performing other services, etc.

III. Materials

“Materials” refer to hand tools, consumable supplies, materials, chemicals and other substances that the Contractors/Subcontractors use, work with and/or process.

IV. Methods

“Methods” refer to the standards, practices, procedures, and policies that can comprise operational standards, as well as the safety, health and environmental management system established by Contractors/Subcontractors.

V. Machines

“Machines” refer to all the power tools and machines that Contractors/Subcontractors work near and with. Machines are a tremendous source of potential injury and death.

VI. Environment

“Environment” refers to all parts of the surroundings: buildings, enclosures, equipment, materials, fluids, air, light, noise, heat, cold, etc. The environment can

either be a source of help and comfort or a source of distraction, stress, and physical hazard to Contractor / Subcontractor.

3.5 Narrative Description

Narrative Description addresses the following areas: Name of the workers involved in the incident? The workers occupation and time worked for their employer? The Time worked on the jobsite? What the person was doing? What objects or substances were involved? What actions or movements led to the Incident? Events should be in sequence, beginning with the Incident and working backward through events that directly contributed to the Incident. A description of any products or equipment involved in the Incident and any other conditions (such as temperature, light, noise, weather, etc.) should be noted.

3.6 Equipment Characteristics

The description should include the type, brand, size, and any distinguishing features of the equipment involved in the Incident, its condition, and the specific part involved.

3.7 Task Characteristics

Task characteristics are the general task and specific activity (such as 'using a wrench'). The description should include the posture and location of the person involved in the Incident (such as 'squatting under the pipe') and whether he/she was working alone or with others.

3.8 Time Factors

Record the time of the day and how it related to the shift the person involved in the Incident was working. Was it the first hour of a ten-hour shift, for example? What type of shift—day, swing, straight, rotating, etc.

3.9 Preventive Measures

What personal protective equipment was being worn, and did the person's apparel affect the accident sequence? What kind of training did the person have for the task being performed? Did standards or procedures exist for the task? Were they written? Were they followed? If not followed, how did what happened differ from what should have happened? Were all guards in place and in use? What was the nature of supervision at the time of the Incident? What immediate corrective actions were taken to prevent recurrence?

3.10 Severity of the Incident

This should include the nature of the injury, body parts affected, and the Cal OSHA severity class. If the Incident resulted in some permanent impairment, this should be noted.

3.11 Corrective Action—Control

Corrective Action shall be examined and addressed for each of the six probable causations of an incident.

3.11.1 Contractors/Subcontractors

Failure of management to provide any of the required elements listed above is likely to result in unsafe working conditions. Contractors and Subcontractors must be engaged and supportive throughout all levels of management.

3.11.2 Manpower

Managing the manpower element and the interactions of people with the other elements is a major means of effective control.

3.11.3 Materials

Proper selection of materials and substitution of safer materials is a means of control.

3.11.4 Methods

Reducing Incidents with contributing causes in the methods area can be grouped into three major areas:

- Creating adequate programs
- Ensuring program standards are written in understandable language and specific enough to be used
- Enforcing compliance with standards

3.11.5 Machines

Controlling this contributing cause of Incidents can be improved by proper safeguarding of equipment, operator training, maintenance, and ergonomic design of the machines and process flow.

3.11.6 Environment

Control of the environmental factors includes ventilation, heating, and separation of workers from noise sources, radiant heat sources, etc.

The Cause Analysis process is not complete until there has been an implementation of the recommended corrective actions.

4.0 Contractor Responsibilities

4.0 CONTRACTOR RESPONSIBILITIES

4.1 General Overview

- 4.1.1 The Contractor is responsible for creating a culture of safety and risk management training and instruction, including hazard prevention techniques, for its employees and Subcontractors.
- 4.1.2 The identification, elimination and mitigation of hazards, protection of employees and the public, and protection of property shall receive the Contractor's top priority, support and participation.

4.2 Contractor

- 4.2.1 The Contractor shall:
 - Be solely responsible for the means, methods, and job site safety
 - Fully cooperate with the SDCRAA Safety Manager
 - Provide a safe environment where its employees can perform work
 - Use safety planning and risk analysis as a tool to prevent injury to persons and loss of property
 - Provide inspections to identify and abate unsafe conditions and practices before they result in bodily injury or loss of property
 - Protect the public and property adjacent to the Project(s)
 - Educate and train its employees through:
 - 1. New hire safety orientation
 - 2. Weekly Safety Meetings
 - 3. Task Specific Safety Training, (i.e., hazard communication, Job Hazard Analysis, construction safety practices, trenching safety, confined space entry, etc.)
 - 4. In addition, the Contractor shall enforce the following for its employees, subcontractors, vendors, suppliers, visitors, etc.:
 - I. Mandatory Personal Protective Equipment (PPE);
 - II. Injury reporting and recordkeeping to maintain an up-to-date accident/incident experience and trends analysis;
 - III. Use of cause analysis information to abate deficiencies and eliminate any additional losses;
 - IV. Adhere to site-wide 100% six (6) foot fall protection requirement; and
 - V. Drug and Alcohol Free Workplace Policy.
- 4.2.2 The Contractor shall develop and provide to the Owner, as part of the required submittals, no later than fifteen (15) days prior to the commencement of any work on

the Project, a Site-Specific Safety Plan. The Site-Specific Safety plan shall include at minimum:

- Company Policy Statements;
- Drug / Alcohol Free Workplace Policy;
- Fire Prevention;
- Project-Specific New Employee Orientation;
- Hazard Communication Plan;
- Hazard Recognition;
- Housekeeping / FOD Control;
- Injury / Illness Reporting Procedure;
- Emergency Procedures, including Rescue, Evacuation, Injury Treatment Procedure, Medical Facilities;
- Material Handling (Lifting, Hoisting, Rigging, Storing);
- Code Of Safe Work Practices; and
- Personal Protective Equipment Requirements (PPE)

4.2.2.1 The Site Specific Safety Plan shall also include, when applicable:

- Fall Protection Plan Requirements;
- Electrical Safety;
- Lock-Out / Tag-Out Procedures;
- Ladder / Scaffold Safety;
- Hot Work Permit Procedure;
- Confined Space Procedures;
- Perimeter Guarding / Floor, Wall And Roof Openings;
- Mobile Equipment Safety;
- Traffic Control, Signs, Barricades, Flagging;
- Rigging / Crane Safety;
- Trenching And Excavation Procedures;
- Hazardous Material Handling;
- Asbestos Abatement;
- Respiratory Protection Program;
- Heat Stress Awareness and Prevention;
- Any other procedures specifically applicable to this Project (i.e. working on the Airport Operations Area);and

- There are some activities where the hazards require additional planning and /or review before the Work commences. In these instances, the Contractor is required to prepare and review additional safety permits that may be required, with the SDCRAA Safety Manager before commencing Work.

4.2.2.2 **Contractors/Subcontractors** shall provide to the SDCRAA Safety Manager, copies of their company's **Cal OSHA Permits 341(a)** if they are performing any of the below-listed activities. In addition, Contractors/Subcontractors shall provide a copy of the faxed notification to Cal OSHA office that they are starting work on the Project.

- Trenching or excavating operations that are 5 ft. or more in depth into which a person is required to descend;
- Construction and demolition of buildings, structures, scaffolding (except suspended scaffolding), of false work more than three stories high or of equivalent height (36ft.);
- Tunneling including Jack & Bore activities;
- Erecting, climbing (jumping), and dismantling tower cranes;
- Operating diesel engines in tunnels;
- Operating specified air compressors; and
- Operating tower cranes if the employer is subject to **341, 341.1, 344.70**

4.2.3 Prior to a job start up the Contractor shall develop and submit a Job Hazard Analysis (JHA) to the Owner for any work of a hazardous or unusual nature, documenting the steps for accomplishing the work activity as well as the actual or potential hazards of each step and a description of measures to mitigate the hazards. The JHA shall be submitted weekly to SDCRAA safety manager pursuant to section 9.3 Required Project Forms, Reports and Due Dates. The JHA shall address all work activities involving significant hazards including, but not limited to the following:

- Confined space work;
- Work in excavations or trenches at or greater than five (5) feet in depth, or when determined to be hazardous by a Competent Person **As Defined Section in 2.4**
- Work involving hazardous materials or chemicals;
- Work involving energized circuits, components, or equipment;
- Work involving the use of Fall Protection Plan;
- All scaffold work where the scaffolding is two frames or more in height
- All work performed in areas accessible by the general public;
- Work requiring the use of respiratory protection;
- Demolition of existing structures;
- Any other work or job task that contains hazardous elements, even if the task is; considered routine or repetitive in nature

4.3 Contractor Project Manager

4.3.1 The Contractor's Project Manager shall:

- Set the example of "Safety First" by complying with all safety requirements specified herein.
- Preplan all aspects of the work to ensure safe conditions.
- Enforce the policies within the Contractor's Site Specific Safety Program
- Review site safety performance at Weekly Progress Meetings
- Participate in periodic job walks to review safety activities and site conditions
- Assist in Cause Analysis Procedure and sign-off on completed reports
- Ensure corrective actions are implemented
- Ensure proper employee training so employees can perform their work safely
- Ensure that each employee has the proper tools, materials and equipment to safely perform their work.

4.4 Contractor's and Subcontractor's Site Safety Representative

4.4.1 If the Contractor/Subcontractor has fewer than 25 workers on the Job Site, the Contractor/Subcontractor shall assign a Site Safety Representative. The Site Safety Representative shall possess knowledge of, and be responsible for compliance with all applicable safety requirements, including, OSHA and Cal OSHA Safety Standards, Federal, State and local regulations, Site-Specific Safety Program site policies and must meet the following minimum qualifications:

- Five (5) years of construction experience;
- Three (3) years of safety experience (over 50% of time in safety);
- Successful completion of OSHA 30 Hour training in Construction Health & Safety within the past 3 years; and
- Safety Supervision is required for all shifts on the jobsite while working on the jobsite.

4.4.2.1 Any deviation from the required minimum qualifications must be approved by the SDCRAA Safety Manager responsible for the project

4.4.2 The Contractor's/Subcontractor's Site Safety Representative shall:

- Assist the Project Superintendent in developing and implementing a Site-Specific Safety Plan;
- Be on the Job Site whenever work is being performed;
- Assist the Project Superintendent in developing, implementing and training employees in Site-Specific Job Hazard Analysis (JHA's)

- Ensure employees receive and understand all applicable training
- Conduct Site-Specific Safety Orientation for all new employees for all Contractors, Subcontractors, vendors, visitors, etc. utilizing the **New Hire Orientation Checklist (Appendix 1, Form J.6.1)**, or an equivalent form approved for use by the SDCRAA Safety Manager
- Conduct, or cause to be conducted, all periodically required equipment tests and inspections (i.e. Ground Fault Circuit Interrupters, portable fire extinguishers, cranes, PFAS, etc.)
- Conduct weekly site audits and document on **Weekly Safety Project Audit (Appendix 1, Form J.5)** or an equivalent form approved for use by the SDCRAA Safety Manager
- At the end of the week turn completed forms into SDCRAA Safety Manager
- Immediately identify and initiate corrective action to alleviate, and address any unsafe conditions or acts encountered
- Attend Safety Committee Meetings
- Investigate all Incident and Near Miss events and prepare all applicable reports
- Submit required monthly and other applicable reports as specified per section 9.3 Required Project Form, reports and due dates.
- Maintain, and produce for review upon request by the Owner, site records, including, but not limited to:
 1. Current Safety Data Sheets (SDS)
 2. Weekly safety meeting minutes
 3. Orientations of new hires
 4. OSHA 300 Log
 5. Minor Injury Log
 6. Equipment inspections (cranes, PFAS, etc.)
 7. Applicable permits (Cal OSHA, etc.)
 8. GFCI inspection records
 9. Fire extinguisher inspection log

4.5 Contractor's Site Safety Manager

- 4.5.1 If the Contractor/Subcontractor has 25 or more workers on the Job Site, the Contractor/Subcontractor shall assign a Site Safety Manager to the Job Site. The Site Safety Manager shall possess knowledge of, and be responsible for compliance with all applicable safety requirements, including, Cal OSHA Safety Standards, Federal, State and local regulations, Site-Specific Safety Program, site policies, and must meet the following minimum qualifications:
- Ten (10) years of construction experience.
 - At least five (5) years of full-time construction safety management experience.

- Must be a current Authorized OSHA Outreach Construction Industry Instructor.
 - Possess current qualifications in First Aid, Adult CPR and AED, as well as Blood-borne Pathogens.
 - Any deviation from these qualifications shall be approved by the SDCRAA Safety Manager responsible for the project and the applicable Authority Project Manager.
- 4.5.2 The Authority shall specify in the Contract bid documents the requirements for a Site Safety Manager based upon the Project scope, scale, complexity or specific inherent hazards. A Site Safety Manager shall be a full-time dedicated safety professional with no other assigned tasks.
- 4.5.3 The Contractor's/Subcontractor's Site Safety Manager shall:
- Be on-site whenever work is being performed
 - Assist the Project Superintendent in developing and implementing a Site-Specific Safety Plan
 - Assist the Project Superintendent in developing, implementing and training employees in site-specific Job Hazard Analysis (JHA's)
 - Ensure employees receive and understand all applicable training
 - Conduct Site-Specific Safety Orientation for all new Contractor employees, tiered Subcontractors, vendors, visitors, etc. utilizing the **New Hire Orientation Checklist (Appendix 1, Form J.6.1)**, or an equivalent form approved for use by the SDCRAA Safety Manager, for all new employees
 - Conduct, or cause to be conducted, all periodically required equipment tests and inspections (i.e. GFCI's, portable fire extinguishers, cranes, PFAS, etc.)
 - Conduct weekly site audits and document on **Weekly Safety Project Audit (Appendix 1, Form J.5)** or an equivalent form approved for use by the SDCRAA Safety Manager
 - Identify and initiate corrective action to alleviate, and address any unsafe conditions or acts encountered
 - Attend Safety Committee Meetings
 - Investigate all Incident and Near-miss events and prepare all applicable reports
 - Submit required monthly and other applicable reports as specified.
 - Maintain, and produce for review upon request by the Owner, site records, including, but not limited to:
 1. Current SDS
 2. Weekly safety meeting minutes
 3. Orientations of new hires
 4. OSHA 300 Log
 5. Minor Injury Log

6. Equipment inspections (cranes, PFAS, etc.)
8. Applicable permits (Cal OSHA, etc.)
10. GFCI inspection records
11. Fire extinguisher inspection log

4.6 Contractor Project Superintendent

4.6.1 The Contractor Project Superintendent shall:

- Set the example of “Safety First” by complying with all safety requirements & all applicable laws.
- Develop and implement a job/site-specific Job Hazard Analysis (JHA) for each contracted task and ensure employees are thoroughly trained.
- Pre-plan all aspects of work to ensure safe conditions
- Enforce the Policies within the Construction Safety Manual
- Promote total job safety with all Contractor/Subcontractor employees, lower tier subcontractors, vendors, visitors, etc. and responsible for the implementation and execution of the Construction Safety Manual (CSM) and Site-Specific Safety Plan on the jobsite
- Monitor and enforce Subcontractor adherence to all applicable safety requirements
- Assist in accident/incident analysis and sign-off on completed reports
- Ensure corrective actions are implemented
- Ensure employees receive and understand all applicable training
- Forward formal notice to Subcontractors of inadequate abatement

4.7 Contractor Project Foreperson

4.7.1 The Contractor Project Foreperson shall:

- Set the example of “Safety First” by complying with all safety requirements specified herein
- Communicate and enforce the Policies within the Construction Safety Manual
- Use pre-task planning and JHA's to instruct employees in safe work practices and methods to prevent injury, damage to property or other loss
- Supply and enforce the use of Personal Protective Equipment
- Hold weekly “Tool-Box” safety meetings
- Conduct daily safety audits
- Assist in Incident Analyses
- Ensure corrective actions are implemented

- Report and correct unsafe conditions
- Ensure that proper First Aid treatment is administered to injured employees
- Ensure all Incidents are reported immediately

4.8 Contractor Employees

4.8.1 Each Contractor Employee shall:

- Comply with this Safety Manual, Contractor's Safety Program and all applicable requirements
- Properly use all appropriate PPE
- Use all required safety devices
- Report any unsafe condition or work practice to their supervisor or the Site Safety Representative or Site Safety Manager
- Maintain a clean and safe work area
- Follow all Policies within the Construction Safety Manual, and any company specific policies
- Report injuries to supervision immediately
- Request and receive training on new equipment and PPE before use

5.0 Substance Abuse Policy

5.0 SUBSTANCE ABUSE POLICY

The Authority is committed to maintaining a “Drug / Alcohol Free” workplace as required by applicable Federal and State laws. The Contractor and /Subcontractor are advised that remaining “drug / alcohol-free” is a condition of working on the Project.

5.1 Drug and Alcohol Screening

The Authority has a vital interest in maintaining safe, healthful and efficient working conditions for the Contractor and Subcontractors and the public. Alcohol and illegal drug use pose a serious threat to workplace safety and health. Individuals who abuse alcohol or drugs are a danger to themselves, co-workers, other contractors and the public.

- 5.1.1 The Contractor will ensure that they and their Subcontractors require anyone who enters the jobsite, to perform work on the project, to submit to a drug screen immediately prior to or after they attend the site safety orientation. In any case, a drug screening will be required prior to the employee’s first day of work on the jobsite.
- 5.1.2 Contractors and Subcontractors shall participate in, and enforce, this substance abuse policy as a minimum. This includes, but is not limited to, educating all employees and vendors of this policy.
- 5.1.3 This policy, or the Contractor’s/Subcontractor’s equivalent policy, shall be an integral part of their “new hire orientation.”
- 5.1.4 The following policy shall be strictly enforced on all projects:
 - The use, possession, sale, transfer, acceptance, or purchase of illegal drugs at any time is strictly prohibited. The use, possession of, personal sale, transfer or acceptance of alcohol on the Job Site, including parking areas or while performing business is strictly prohibited. Any violation of this policy will be grounds for immediate termination and may result in a report to the appropriate law enforcement agency.
 - Contractor Employees or Subcontractor who are taking prescription or non-prescription (over-the-counter) drugs which can cause drowsiness or adversely affect the person’s ability to operate machinery shall make that usage known to their supervisor and shall be re-assigned work duties of a non-hazardous nature.
 - No prescription drug shall be used by any person other than the individual to whom it was prescribed. Such substances or non-prescription (over the counter) drugs shall be used only as prescribed or indicated.
 - Contractor Employees or any Subcontractor shall be tested for illegal drugs and alcohol when involved in an incident that results in injury to them, to another employee or causes property damage.
 - Injuries that are determined to have occurred through no fault of the Contractor Employee or Subcontractor may be excluded from post-accident testing.

- Contractor Employees or Subcontractors who fail a post-accident / incident drug and alcohol test or refuse to be tested shall be denied access to any and all SDCRAA Jobsites.
- Compliance with this policy is a condition of continued employment on construction projects of the San Diego County Regional Airport Authority.
- Authority reserves the right to prevent an individual from entering the Job Site if reasonable suspicion exists that the individual may be under the influence of alcohol, illegal drugs or otherwise impaired. The individual will not be allowed on the Job Site until the SDCRAA Safety Manager receives a letter from the Contractor, or Subcontractor stating that the individual has passed a drug / alcohol test.

5.2 Challenge of Test Results

At the request and discretion of the individual's employer (the Contractor or Subcontractor), a confirming test may be performed. This test must be performed on the remaining portion of the original sample. If an individual does not request a confirming test, the individual will not be allowed to enter the Job Site. If the individual or his/her employer requests a confirming test and while the results of the confirming test are pending, the individual's credentials authorizing entry to the Job Site will be revoked. If the confirming test is "negative," the individual will be allowed to reenter the construction site.

5.3 Failure to Provide a Specimen

In the event that any individual is unable to provide a urine specimen within 2 hours of being notified to submit a urine specimen by their supervisor or refuses to provide specimen, they will be deemed to have tested positive and access to the construction site will be denied.

5.4 Adulterated Specimen

Individuals who provide a specimen that appears to be adulterated (Due to temperature or creatinine level or other evidence of adulteration) will be given the opportunity to provide a second specimen. If the second specimen is also adulterated, it will be deemed to be a positive test result.

5.5 Medications That May Affect an Individual's Ability to Work Safely

Each Contractor / Subcontractor shall advise its employees that each employee at the job site is responsible for reporting any medication that will affect the employee's ability to work safely, to make safe decisions, or to perform essential job-related functions. If the subcontractor determines that the individual, due to the effect of the medication, poses an unreasonable health and safety risk, the subcontractor may reassign the employee to perform other duties until the effect of the medication has subsided.

5.6 Costs

The Contractor/Subcontractors will be responsible for paying for all initial pre-screen and post incident/injury testing required on this Project.

6.0 Disciplinary Procedures

6.0 DISCIPLINARY PROCEDURES

6.1 General Overview

- 6.1.1 Contractor/Subcontractors adherence to safety practices and policies is essential to having a safe and healthy worksite. While individuals may inadvertently violate safety practices due to ignorance or inattention, or even intentionally circumvent a safety rule or device with the intent of speeding production, corrective actions must be taken by supervisory personnel to ensure the employee understands the correct and safe way to perform the task at hand and prevent a recurrence of the unsafe act.
- 6.1.2 The Contractor/Subcontractors shall comply with all applicable requirements of the Federal Occupational Safety and Health Act of 1970 (OSHA), 29 CFR 1910 and 29 CFR 1926, the California Code of Regulations, Title 8, Division 1; Chapter 4, Division of Industrial Safety; Subchapter 7, General Industry Safety Orders; and Subchapter 4, Construction Safety Orders (all additions and revisions thereto), as well as all other applicable federal, state and local requirements and this Safety Manual.
- 6.1.3 The Contractor/Subcontractors shall have a progressive discipline program similar to the one outlined below. The Authority has adopted a Zero Tolerance stance on unsafe behaviors in four categories that OSHA refers as the big four. These categories are associated with the greatest number of fatalities in the construction industry. The four categories are "Fall Protection", "Excavation and Trenching", "Struck By" and "Electrical". The Authority's definition of "Zero Tolerance" is: any Contractor or Subcontractor's employee found to knowingly violate Authority policy, Contractor/Subcontractor's company policy, or OSHA standards related to the four categories will be issued (as a minimum) a violation as set forth below. The minimum discipline to accompany the violation will be 3 days off for the first offense and removal from the Job Site for the second offense.
- 6.1.4 The Contractor/Subcontractors Site Safety Representative or Site Safety Manager, in conjunction with the Project Superintendent and the Contractor's Foreperson, shall determine the course of action best suited to the circumstance. The steps to be taken shall be progressive, except in the most egregious circumstances.
- 6.1.5 The Authority reserves the right to require that a Contractor/Subcontractors employee be removed from the Job Site for continued or serious violations of safety policy or practices.

6.2 Verbal Warning

- 6.2.1 As a first step in correcting unacceptable behavior, the Contractor Project Superintendent shall review the pertinent facts with the individual. They will consider the severity of the problem and the workers past performance. A verbal warning will be issued to the worker, which shall be documented in the worker's personnel file.

6.3 Written Warning Violation

- 6.3.1 If unacceptable behavior continues, or the violation is serious in nature, a written warning shall be issued. The written warning shall clearly state the safety policy that

was violated and the steps the employee must take to correct the situation. A written warning requires the Contractor and/or Subcontractor's supervisor to assure the employee has satisfactorily completed a minimum of two (2) hours training related to the safety policy violated. This training must be completed within ten (10) days of issuance of written warning. Documentation of the violation and proof of corrective training shall be kept in the as per section 9.0 record keeping and files. A copy will be maintained in the employee's personnel file.

6.4 Removal from SDCRAA Job Site

- 6.4.1 Any employee of the Contractor/Subcontractor can be removed from the Job Site, in the event improvement in behavior is not apparent, or the employee violates another safety policy within three (3) months from the date of the previous warning. A Contractor/Subcontractor employee may also be removed from the Project immediately when cited for a Flagrant Violation.

6.5 Owners' Right to Enforce Disciplinary Action

- 6.5.1 Owner reserves the right to require the removal of any Contractor or Subcontractor employee of any tier determined to be acting in an irresponsible or unsafe manner.

7.0 Return To Work Program

7.0 RETURN TO WORK PROGRAM

7.1 Medical Treatment Facility (Also See Section 7.3)

The Contractor/Subcontractors shall agree that employees who sustain a work-related injury shall be treated by a medical professional. The medical facility shall be utilized for initial treatment and evaluation of all employees who sustain a work-related injury. Follow up care will be provided in accordance with applicable Workers' Compensation statutes.

7.2 Modified or Light Duty

7.2.1 The Contractor/Subcontractors shall provide a written modified duty (light-duty) program for injured employees who are temporarily disabled or unable to perform their regularly assigned duties due to a work-related injury or illness.

7.2.2 When an employee reports a work-related injury or illness, they shall be taken to the approved medical facility for examination and/or treatment. If the doctor determines that the employee qualifies for modified or restricted duty, the doctor will complete the appropriate forms indicating the restrictions, conditions and expected duration of the restrictions.

7.2.2.1 Contractor/Subcontractor shall enforce any valid modified work or restricted duty assignment.

7.2.3 The Contractor shall monitor employees to ensure they are complying with restrictions and limitations.

7.3 Non-OCIP Covered Subcontractor

In some instances, the Contractor or Subcontractor may not be enrolled in the OCIP. Those not enrolled will be notified in advance of starting work by OCIP. They will have the same reporting obligations as if they were enrolled in the OCIP. The insurance provider will designate their preferred clinic. This information should be posted so that employees can find the information if needed and will be addressed during the Jobsite Orientations.

8.0 Hazard Communication

8.0 HAZARD COMMUNICATION

8.1 Hazard Communication General Policy

- 8.1.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including OSHA 29 CFR 1926.59. Cal OSHA, Title 8, Division 1; Chapter 4 Division of Industrial Safety; Section 5194
- 8.1.2 The Contractor/Subcontractors shall refer to the definitions included in Sub-parts H and Z of 29 CFR 1910, for hazardous and toxic materials/substances and to others as additionally defined in Federal Standard 313A. Those most commonly encountered hazardous and toxic materials/substances include asbestos, polychlorinated biphenyl (PCB), and lead-based paint or material, but may include others. The products most likely to contain asbestos are sprayed-on fireproofing, insulation, boiler lagging and pipe covering, pipe, flooring materials, and lamp gaskets. Products likely to contain PCB are transformers, capacitors, voltage regulators and oil switches.
- 8.1.3 The Contractor/Subcontractors shall provide employees with information and training on hazardous substances in their work area at the time of their initial assignment and whenever a new hazard is introduced into their work area. The Contractor/Subcontractors shall also provide employees information on any operation in their work area where hazardous substances are present; with the location and availability of the written Hazard Communication Program, including the required list of hazardous substances; the Safety Data Sheet(s) (SDS) associated with those substances. All containers shall be properly labeled in accordance with referenced standards of paragraph 8.1.
- 8.1.4 The Contractor/Subcontractors who produce, use, or store hazardous substances at multi-employer worksites shall ensure that their Hazard Communication Program includes the methods the Contractor/Subcontractor will use to provide employees with a copy of the SDS for hazardous materials that employees may be exposed to while working and the method the Contractor/Subcontractor will use to inform employees of any precautionary measures for the protection of employees. (Refer to section 12.31 Hazardous Material Handling and Storage.)
- 8.1.5 The Contractor shall require that manufacturers and/or vendors supply an SDS for each hazardous substance used and/or stored on the Job Site.
- 8.1.6 The Contractor shall maintain a file of all SDS's, for each project, in a central location and in such a manner that a specific SDS can be readily located in an emergency.

SDS's must be dated within three years of the current date unless the Contractor obtains a written statement from the manufacturer stating that the SDS is the most current version.

8.2 Hazard Reporting Procedures

- 8.2.1 During the orientation, every effort will be made to encourage workers to openly advise supervisor and safety personnel of any conditions which they feel are unsafe or unsanitary. However, in the event that they feel anonymous notification is needed,

the locations of the suggestion boxes will be provided.

- 8.2.2 Once a concern is received, a designated SDCRAA Job Site representative will investigate the issue, if found to be legitimate, the issue will be taken to the Contractor / Subcontractor Project Superintendent in charge for immediate correction. Following the corrective action, the Contractor's Site Safety manager or safety representative will write a toolbox topic (or find one that addresses the topic) and distribute to all supervisors for inclusion in safety meetings.
- 8.2.3 If the condition is not found at the time of the investigation, it will remain on the "open issue report" for at least 3 working days or until closed. During this period, the SDCRAA Job Site representatives will continue to look specifically for the subject noted. If the concern is not observed during the following 5 working days, a toolbox topic will be developed to address the concern and what the appropriate corrective action should be and distribute to all supervisor for use in their safety meetings.
- 8.2.4 The Contractor's Site Safety Manager shall compile a log of all reported safety concerns and/or conditions reported by employees through the suggestion boxes or personal notification. Once corrective action has been completed and the toolbox topic distributed the log will be marked complete, and all backup documentation will be filed and maintained until completion of the Project.

9.0 Recordkeeping And Files

9.0 RECORDKEEPING AND FILES

9.1 General Overview

- 9.1.1 The Contractor/Subcontractors shall comply with these conditions and all applicable recordkeeping requirements including OSHA 29 CFR 1926 and 29 CFR 1910. Cal OSHA, Title 8, Division 1; Chapter 4 Division of Industrial Safety; Subchapter 7, General Industry Safety Orders and Subchapter 4, Construction Safety Orders, and this Safety Manual.
- 9.1.2 The Contractor shall maintain a master or central file for safety and health related documentation on the Job Site per section 9.2. Files shall be kept separately by Contractor and Subcontractors and shall be transmitted to SDCRAA Program Safety Manager per section 9.3.
- 9.1.3 The Owner shall have the right to review all documentation at any time upon request. The Contractor/Subcontractor shall fully cooperate during these reviews.

9.2 Safety Files

Example of minimum safety documentation shall include, but are not limited to, the following:

- Contractors/Subcontractors IIPP
- Hazard Communication Plan, including Safety Data Sheets (SDS)
- Public Protection Plan
- Housekeeping Policy
- Incident Emergency Procedures/Response Plan
- Safety and Health Audit and Inspection Program
- Resume of Safety Representatives (as required by contract)
- Drug and Alcohol Abuse Prevention Program with a list from the clinic showing who has passed the test within the last 90 days.
- List of Current 10 hour & 30 hour OSHA Cards (Construction Safety & Health) prior to Jobsite Orientation & Badging.
- Emergency action plans
- All required health and safety permits
- Weekly Tool Box / tailgate safety meeting minutes – including topics and employee attendance sign-in sheets
- JHA/JSA employee training
- Daily jobsite safety audits / inspection reports – including documented closure
- Equipment inspection reports
- Crane inspection reports – daily, monthly and annual certifications (required prior to crane operation), and Operator Licenses

- Crane Pre-lifts & Critical Lifts Checklist
- Contractor's Orientation training records
- Incident reports, including near misses
- Job Hazard Analysis / Job Safety Analysis
- Competent Person Designation and qualifications required by OSHA Standards
- Written safety violations (including corrective action and reference to employee warning, if applicable)
- Current copy of Certificate of Insurance
- Cal OSHA Log of Occupational Injuries and Illnesses (Cal OSHA 300, Cal OSHA 300A, Cal OSHA 301 Logs)
- Cal OSHA Training Records
- Cal OSHA Violations s and Responses
- SDS Prop 65 Chemicals
- Inventory of Hazardous Chemicals
- Manifest for Transportation of Hazardous Waste
- Log of First Aid Cases
- Cal OSHA Permits / Activity Notification Form
- Respiratory Protection Program
- Fall Protection Plan
- Confined Space Program
- Energized Electrical Work
- Lock-out/Block-out Program
- Crane Certification & Crane Operator
- Required Certifications for scope of work. (Powder-actuated tools, Forklift, etc.)

9.3 Required Project Forms, Reports and Due Dates

The Authority requires the Contractor to submit the following forms to SDCRAA Safety Manager every Friday for the duration of the Project.

9.3.1 J. SAFETY FILES FOR SDCRAA

(Located in Appendix 1)

- J.1 SAR Cal OSHA CORRESPONDENCE / Cal OSHA 300A (FILE ONLY) BP
 - J.1.1 Cal OSHA Permits
 - J.1.2 Cal OSHA Activity Notice
 - J.1.3 Current Jobsite 300 Log / Cal OSHA 300 Log
 - J.1.4 Current Jobsite 300A Log / Cal OSHA 300A Log
 - J.1.5 Current Jobsite 301 Log
- J.2 PWS JOB HAZARD ANALYSIS / JHA
- J.3 SAR FALL PROTECTION PLAN
- J.4 SW WEEKLY SAFETY MEETINGS
- J.5 SW WEEKLY SAFETY PROJECT AUDIT
 - J.5.1 Construction Safety Inspection Report
- J.6 SW CONTRACTOR PRECONSTRUCTION ORIENTATION CHECKLIST
 - J.6.1 New Hire Safety Orientation Checklist
- J.7 SAR CODE OF SAFE PRACTICES
- J.8 SAR INJURY, INCIDENT, AND NEAR-MISS LOG
 - J.8.1 0-60 Report
 - J.8.2 Example Hot Pack/Grab & Go Pack
 - J.8.3 Incident Investigation Report
 - J.8.4 Utility Damage Report
 - J.8.5 Near-Miss Investigation
 - J.8.6 DWC1 Form
- J.9 INSPECTION FORMS
 - J.9.1 Daily Trench Inspection
 - J.9.2 Daily Forklift Inspections
 - J.9.3 Scaffolding Inspections
 - J.9.4 Lift, Scissor Lifts Inspections
 - J.9.5 Small Tools Inspections
 - J.9.6 Safety Harness and Lanyards
 - J.9.7 Safety Inspections for Misc. Equipment
 - J.9.8 Fire Extinguisher Inspection Log
 - J.9.9 First Aid Kit Inspection
 - J.9.10 Mobile Crane Inspection
- J.10 SM PROJECT INCIDENT RATE SUMMARY
- J.11 SAR QUARTERLY SAFETY PROCESS AUDIT
- J.12 SAR NON-PERMITTED CONFINED SPACE
 - J.12.1 Confined Space / Hazardous Area Entry Permit
 - J.12.2 Ventilation Calculation Sheet
- J.13 SW SAFETY TRAINING ATTENDANCE SHEET
- J.14 PWS DESIGNATED COMPETENT PERSON ACKNOWLEDGEMENT FORM
- J.15 PWS HOT WORK PERMIT
- J.16 SW DRILLING AND CORING PERMITS
- J.17 SAR EMPLOYEE WARNING NOTICE
- J.18 PWS CRANE MOVE PLAN

	J.18.1 Crane Pre-Lift Checklist
	J.18.2 Critical Lift Checklist
	J.18.3 Suspended Personnel Platform Worksheet
J.19	SAFETY PERFORMANCE INCENTIVE PROGRAM
J.20	LOCKOUT/TAGOUT MASTER LOG

SAR = SUBMIT AS REQUIRED
SW = SUBMIT WEEKLY
S2W = SUBMIT EVERY TWO WEEKS
SM = SUBMIT MONTHLY
PWS = PRIOR TO WORK STARTING
{ } = CONTRACT REFERENCES
BP = SDCRAA BEST PRACTICE

10.0 Safety Meetings & Training Requirements

10.0 SAFETY MEETINGS & TRAINING REQUIREMENTS

10.1 General Overview

- 10.1.1 The Contractor/Subcontractors shall comply with all items contained herein, and all other applicable requirements including Federal, State and local laws and regulations.
- 10.1.2 The Contractor shall conduct safety meetings and training for all its employees and all Subcontractor employees. The following meetings and training shall be documented and maintained on file at the Job Site.
 - 10.1.2.1 Documentation of training shall be available for review by Authority / OCIP representatives upon request. Training documentation shall include date of training, outline of curriculum, length of class, and name of instructor or firm who provided training. (Refer to Required Forms and Due Dates.)
- 10.1.3 The Contractor/and all Subcontractors will provide copies of their employees' current 10 hour Cal or Fed OSHA cards during orientation. All supervisors will have a current 30 hour Cal or Fed OSHA card.

10.2 Indoctrination (orientation) Safety Training:

- 10.2.1 Prior to the commencement of the Project, the Contractor, Subcontractor and all employees and visitors thereof assigned to work at the Job Site shall undergo Indoctrination Safety Training, regardless of the date of hire or having worked with the Authority or at a previous project. The Indoctrination Safety Training shall include, but is not limited to:
 - Drug and Alcohol Policy
 - Safety Meetings / Audits
 - Emergency Procedures
 - Event reporting of Incidents, Accidents, Near Misses
 - Emergency phone numbers
 - Unsafe act / condition reporting
 - Personal Protective Equipment requirements
 - Safe work rules / Code of Safe Conduct
 - Hazard Communication / SDS
 - Housekeeping
 - Fall Protection requirements (six (6) feet – 100%)
 - Electrical safety – GFCI, damaged cords, tool inspection
 - Confined Space Entry (when applicable)
 - Hot Work Permit / Fire Watch requirements (when applicable)

- Disciplinary procedures
- Ladder safety
- Scaffold safety (when applicable)
- Job Hazard Analysis pertinent to their activities
- First Aid / medical procedures
- Heat Stress (when applicable)

10.2.2 New hire orientation training is to be documented on the ***New Hire Orientation Checklist (Appendix 1, Form J.6.1)***, or equivalent per section 4.4.1.

10.3 Minimum Training Requirements for Contractor Employees:

10.3.1 Contractor Employees and Subcontractors are expected to have the basic skills, education and training to perform their scope of work. In addition, each should have an understanding of the safety regulations that apply to their work. The following chart provides a list of safety training that may be required depending on scope of work.

Work Activity	Training
General, all Workers on site.	<p>Cal or Fed OSHA 10 hour Construction are required, Sub contractors must show a 10 or 30 Hour Cal or Fed OSHA construction card at time of orientation for at least 20% of your field staff. All other staff will need to have their 10 Hour Cal or Fed OSHA construction card within 120 days of starting work on this project. Sub-contractors, Field Supervisor must have completed a 30 Hour Cal or Fed OSHA Construction Outreach Training course, within the past 3 years prior to beginning work on the project and be a certified trainer in construction.</p> <p>Hazard recognition, hazard communication, fall protection, first aid/CPR/blood borne pathogens (at least one per crew, preferably the Forman), hearing protection, pre task plan, (supervisors), incident reporting, requirements for job clean-up, hand and power tool, fire protection and prevention, emergency action plan, electrical safety (awareness), lockout/tagout awareness, ladder safety, hazard reporting procedure</p>
Underground Utilities	Excavation and trenching, laser usage, swing barricade protection, rigging, hot work procedures, respirators
Carpenters	Excavation and trenching, scaffold usage, laser usage, powder-actuated tools, scissors lift operation, rigging, hot work procedures, aerial lift operations, respirators
Concrete Placement & Finishing	Excavation and trenching, scaffold usage, laser usage, powder-actuated tools, scissors lift operation, rigging, hot work procedures, aerial lift operations, respirators, precautions to prevent concrete burns, handling and working around reinforcing steel.
Elevator	Scaffold usage, confined spaces, electrical safety (temporary electric), lock-out/tag-out authorized person,
Drywall	Laser usage, powder-actuated tools, scaffold usage, scissors lift operation, hot work procedures, aerial lift operations, respirators
Electrical Fire Alarms Audio/visual	Excavation and trenching, electrical safety (qualified person), confined spaces, lock-out/tag-out procedures authorized person, scissors lift operation, rigging, aerial lift operation, energized work procedure
Equipment Operators	Equipment specific training

Work Activity	Training
Laborers	Excavation and trenching, scaffold usage, confined spaces, laser usage, powder-actuated tools, scissors lift operation, rigging, hot work procedures, aerial lift operations, respirators
Masonry & Plasterers	Scaffold usage, laser usage, scissors lift operation, rigging, aerial lift operations, respirators
Millwork	scaffold usage, hand and power tools, respirators
Plumbers Fire Sprinkler	Excavation and trenching, scaffold usage, confined spaces, lock- out/tag-out procedures authorized person, scissors lift operation, rigging, hot work procedures, aerial lift operations, respirators,
Paint	Scaffold usage ladder usage, respirators
Rebar	Excavation and trenching, scaffold usage, confined spaces, rigging, hot work procedures, proper lifting
Roofing Waterproofing	Hot work procedures, ladder usage, proper lifting
Glass	Scaffold usage, scissor lift operation, aerial lift operation, proper lifting
Iron Workers Pre-cast Erectors Miscellaneous Metal	Fall protection, scaffold usage, laser usage, scissors lift operation, rigging, hot work procedures, aerial lift operations, respirators
Carpet	Lifting procedures, working with sharp tools, hot work procedures
Tile—Vinyl	Hot work procedures (vinyl), tile saws, PPE

10.4 “Tool Box Talk” Safety Meetings:

- 10.4.1 The Contractor/Subcontractor shall conduct weekly “Tool Box Talk” safety meetings with all of their employees working on the Project. This meeting shall be held at the same time and day each week.

The meeting shall cover any hazardous work conditions, unsafe work practices that have been identified, safe-work practices, incidents that have been reported, safety rules and regulations.

- 10.4.2 Special Safety Meetings shall be conducted when unusual or new processes are to be performed such as, critical lifts or confined space entry. The Job Hazard Analysis (JHA) for that task shall be reviewed at these meetings.
- 10.4.3 “Tool Box Talk” safety meetings shall be documented with the time, date and signature of all employees attending the meeting and contain an outline of topics discussed. A copy of this document shall be maintained on site and submitted as per section 9.3.

10.5 Contractor Weekly Progress Meetings:

- 10.5.1 Safety shall be included on the agenda for discussion of the previous week’s safety issues and to discuss the current week’s upcoming activities.(Correct formatting)

10.6 Safety Committee Meetings:

- 10.6.1 Contractor shall establish a Safety Committee with representatives from the Owner, Contractor/Subcontractors who shall meet on a regularly scheduled basis (TBD) as set by the Contractor with the Owner retaining the right to increase the frequency of the Safety Committee Meetings should circumstances dictate.

10.7 Pre-shift Safety Meeting:

- 10.7.1 The Contractor/Subcontractors shall hold daily pre-shift hazard recognition training meetings with each work crew working in the following conditions:
- Scaffold erection and dismantling
 - Crane and all material hoisting operations
 - Confined Space Entry
 - Non-routine work operations
 - Hazardous Materials Abatement
- 10.7.2 Documentation of these meetings shall be maintained on Job Site. The completed JHA form, as prepared and completed by each supervisor, shall be posted in the work area with a copy maintained in a designated file at the job site.

10.8 Job Wide Safety Meetings (Appendix 1, Form J.4)

10.8.1 The Contractor's Superintendent/Safety Manager shall conduct a job wide safety meeting with the Contractor, Subcontractors and their employees every week. When the total number of employees at the job site is too high to render a single meeting effective, the workforce may be divided into manageable groups at the discretion of the Superintendent conducting the meeting(s). Suggested safety and health topics include the following examples:

- New Procedures/Practices
- Incident/Injury Reports
- Safety Statistics
- Training Topics
- Audit Walk-Through Inspections Reports

10.9 Special Training

10.9.1 Specific training, as may be required by regulations specifications or scope of work, shall be documented, indicating the name of the employee, date of training, trainer and type of training. Records of training are to be maintained on site and are a cost to the Contractors / Subcontractors.

11.0 Jobsite Audits and Inspections

11.0 JOBSITE AUDITS AND INSPECTIONS

11.1 Records Audits

- 11.1.1 SDCRAA job site representatives shall perform periodic audits of the Contractor's/Subcontractors' safety records.

11.2 Jobsite Audits

- 11.2.1 The contractor/subcontractor site safety manager or representative will conduct daily jobsite inspections. Inspections will be documented utilizing a form approved for use by the Contractor's Site Safety Manager. Documentation of all deficiencies and corrective action shall be maintained at the Job Site.

- 11.2.2 The Contractor Site Safety Manager or Safety Representative shall conduct periodic audits. A report of the audit will be provided to the SDCRAA Job Site representatives weekly.

Serious violations or deviations from the Contractor's submitted Safety Plan, Contract specifications or Federal, State or local statutes or regulations will be documented via a Non-Compliance Report (NCR) issued by SDCRAA. The NCR will list deficiencies noted and the date when corrective action is to be completed. The Contractor shall respond in writing within 24 hours detailing the corrective actions taken and dates of completion.

- 11.2.3 Jobsite Audits may include actual construction site(s); pre-fabrication shops / areas; lay-down areas; storage sheds / containers; tool-trailers; work trucks; service trucks, including compartments and bins (located on or within); and all motorized equipment on site or in those areas listed above.

- 11.2.3.1 Personal change or storage lockers are not included except in the case of personal toolboxes, which are open, attended or unattended.

- 11.2.4 Corrective action for life threatening or serious conditions shall be completed immediately. All work in the area of these conditions shall stop until corrective action has been completed.

11.3 Non-Abatement (Failure to Take Corrective Action)

- 11.3.1 If the Contractor or Subcontractor fails to take corrective action in a timely manner, the SDCRAA Safety Manager will:
- Notify the Owner's Project/Construction Manager, in writing, as to the failure of the Contractor /Subcontractor to take prompt corrective action to eliminate safety and/or health concerns. Written notification will cite specific code or contract violations.
 - Report in writing to the Contractor, the names of individuals and their supervisor that are observed to be in violation of construction safety requirements. If

necessary the Contractor may be required to remove the employee from the Project.

- If the Contractor/Subcontractor refuses to replace the Contractor Site Safety Manager or Contractor Site Safety Representative after 2 weeks of being notified with a non-conformance report, the SDCRAA has the right to fill the positions with a qualified person and may back charge the contractor until they staff the position with a qualified approved person for that position.

11.4 Work Stoppage

- 11.4.1 The SDCRAA Safety Manager, Project/Construction Manager or Project Inspector shall be authorized to order, at the Contractor's expense, a work stoppage until unsafe conditions are corrected.

11.5 Worksite Inspections by Project Personnel

SDCRAA project staff shall participate in weekly safety inspections. A minimum of one safety inspection per week shall be completed.

11.5.1 Contractor/Subcontractors

The Contractor/and all Subcontractors shall have their Safety Representative document at least one safety inspection of the area(s) in which the Contractor /Subcontractor is working each week. The Contractor/Subcontractors shall have their supervisory staff participate in the job site inspections.

11.5.3 Frequency

The Contractor/all Subcontractors shall inspect the Job Site on a daily basis. The inspection will be documented as required to ensure that any problems found are corrected in a timely manner.

11.5.4 Imminent Danger

If a situation that may present an immediate risk of an incident, injury or illness is found, work will be stopped immediately and will not resume until the situation has been corrected. No additional compensation or time extension will be granted as a result of such stoppage.

11.5.5 Reports

A generic safety inspection form is available for documentation of the inspections by the Contractor/Subcontractors. If Contractor/Subcontractor has a similar form that they prefer to use it will be acceptable as long as the same general information is provided.

- 11.5.5.1 The SDCRAA Safety Manager will develop a leading indicator report based on the information collected on the safety inspections.

- 11.5.5.2 The leading indicator report will be completed on a weekly basis and reviewed at the safety committee meetings. A Subcontractor report will be used at weekly safety committee meetings. The report will be reviewed at this meeting, highlighting safe and at risk conditions and behaviors of each subcontractor. The at-risk conditions/behaviors will be addressed and

corrective actions expected to resolve the at risk conditions/behaviors.

11.5.6 Corrective Action—Follow-Up

All findings shall be corrected as soon as possible. A follow-up inspection will be scheduled by Contractor/Subcontractors for auditing correction of reported items.

- 11.5.6.1 The Contractor/Subcontractors will be required to have a tracking system to ensure that items discovered, but not immediately corrected are assigned to a responsible person for corrective action.
- 11.5.6.2 All items not immediately corrected will be given a date for completion of corrective action. These items shall be closed within the given time period, but no more than 72 hours from time of incident.

11.6 Tool / Equipment Inspections

11.6.1 Procedure

The Contractor/ and each Subcontractor will inspect all tools, equipment and supplies when delivered to the Job Site and before it is put into use for any damage that could make the item unsafe for use. Items that are found to be unsafe shall be tagged “Do Not Use” until repaired or removed from the Job Site. Upon completion of the inspection, items that are found to be in safe condition shall be marked using the color code designated for the current month by the Project.

- 11.6.1.1 Each inspection shall be documented and a summary of items removed for repair, removed from the project, and items found to be in safe condition shall be available for use at the Job Site.

11.6.2 Items to be inspected:

The following is a partial list of items that should be inspected. This list may be expanded as needed.

1. Fall arrest equipment; harness, lanyard, retractable lanyard, rope grabs, life lines both vertical and horizontal, anchor devices, etc.
2. Fire protection equipment including portable fire extinguishers in storage areas, distributed throughout the structure, mounted in offices, mounted in vehicle and equipment.
3. Rigging for cranes and other lifting devices, to include all below the hook lifting devices.
4. Crane suspended personnel baskets and rigging. See Section 12.15, 12.16, & 12.17
5. Ladders including those purchased as well as those built on the project.
6. Ramps and stairs used to access breaks of elevation of 19 inches or more, including guardrails and hand rails where present.
7. Hand tools furnished by the employer or employee.
8. Power Tools driven by electricity, compressed air, hydraulics or combustible fuel engines.

9. Cords for electrical power distribution throughout the project. This should include the temporary power cables, extension cords and temporary lighting.
10. Welding leads, connections, splices and clamps and rod holders.
11. Hoses for oxygen, acetylene and compressed air, including the connections and accessories.
12. Respiratory equipment whether re-useable or disposable.
13. Monitoring equipment such as air monitors, noise level meters and light meters.
14. Ground fault circuit interrupters whether mounted in cabinets, portable or built-in to breakers.
15. First aid kits furnished by subcontractors to treat their employee working on the Job Site.
16. Eye wash stations provided for the use of the construction team.

11.6.3 Responsibilities

The Contractor shall be responsible for guaranteeing that all inspections are completed and documentation is available for review by the SDCRAA Safety Manager, SDCRAA Authorized Representative, or Insurance Carrier. Documentation will include the number of items found in good condition and the number of items removed from the site for repair or disposal.

11.7 Visiting Regulatory Agency Activities

The SDCRAA Safety Manager shall be notified immediately when any regulatory agency (EPA, Cal OSHA, etc.) arrives on the Job Site. The SDCRAA job site representatives will be present throughout duration of regulatory agencies visit. The Authority will notify those companies that need to be involved in a regulatory agency inspection or meeting.

11.8 Violations

In the event that the Contractor/Subcontractor receives a notice of violation from a local, State, or Federal regulatory agency, the cited firm shall take immediate action to resolve the violation with the appropriate regulatory authority.

- 11.8.1 The Contractor and/or Subcontractors shall provide copies of any violations and follow-up documentation to SDCRAA's Project Manager, and Safety Manager, immediately upon receipt.
- 11.8.2 Any cited Contractor and/or Subcontractor will be responsible for paying any and all fines, penalties or other cost that is levied by the regulatory authority and reimburse the SDCRAA for all directly related and documented costs incurred to resolve the violation.

11.9 Procedure

In most instances, the compliance officer will request an opening conference. The Contractor and/or Subcontractors who may be affected by the visit should attend this conference. In addition, any union employees on site must have the opportunity to have their representative attend.

- 11.9.1 Following the opening conference, the compliance officer may wish to walk the site. This walk may be limited to the area defined in the opening conference, for a complaint or referral; the walk may be limited to the area where the violation is alleged to exist. The SDCRAA Safety Manager, Contractor Site Safety Manager, and Contractor Project Superintendent may accompany the compliance officer on this walk. It is important to duplicate any photographs, video, or notes that the compliance officer may take.
- 11.9.2 During the walk the Contractor Site Safety Manager shall invite Subcontractor representative, the SDCRAA Safety Manager, and Construction Manager to be present when the compliance officer is observing a work area or trade. If any violations are observed, the Contractor shall correct them immediately. This correction may prevent a violation or could reduce the severity of the violation and/or penalty.
- 11.9.3 At the conclusion of the walk, the compliance officer may hold a closing conference. During this meeting, the compliance officer may advise everyone what has been observed, and the possible violations that could result. If the compliance officer does not request the closing conference, the Contractor Project Superintendent or Contractor Site Safety Representative should request the closing conference from Cal OSHA.
- 11.9.4 Following the inspection, report the results to the SDCRAA Safety Manager & SDCRAA Risk Manager.

In the event that the SDCRAA Safety Manager is not on site, the Contractor Project Superintendent handling the walk should call the SDCRAA Safety Manager if any change in the scope of the inspection occurs or if questions arise during the inspection.

12.0 General Safety & Health Practices

12.0 GENERAL SAFETY & HEALTH PRACTICES

12.1 General Overview

- 12.1.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1910, Subpart I, Personal Protective Equipment and 29 CFR 1926, Subpart E, Personal Protective and Life Saving Equipment, and Cal OSHA Title 8, Construction Safety Orders, Article 3.
- 12.1.2 All employees shall use Personal Protective Equipment prescribed by local, State, and Federal Regulations, as well as those required by this Safety Manual. These requirements are not all-inclusive, but are intended to be a minimum standard. Manufacturers and or suppliers of equipment or products used in the industry may require additional protective measures.
- 12.1.3 Any employee of the Contractor/Subcontractor who willfully refuses to use prescribed Personal Protective Equipment designed to protect them or willfully alters or damages such equipment shall be subject to disciplinary action, up to and including immediate termination from the jobsite.
- 12.1.4 Sanitation Facilities: The Contractor shall provide portable toilet facilities and hand wash stations in sufficient quantities for all expected workers (including all tiers of subcontractors) in accordance with Title 8, Chapter 4, subchapter 4, Article 3, Section 1526 of California Construction Safety Orders, unless it is agreed upon in advance that Airport facilities may be used.
- 12.1.5 The Contractor shall provide temporary lighting where required to maintain illumination levels in work areas, storage areas and walkways as set forth in Title 8, Chapter 4, subchapter 4, Article 3, Section 1523 of California Construction Safety Orders.

12.2 Personal Protective Equipment (PPE)

PPE shall be furnished by each Contractor and/or Subcontractor for their employees as follows:

12.2.1 Eye and Face Protection

- 12.2.1.1 All employees shall wear eye protection 100% of the time while on all construction sites. The minimum eye protection shall include approved safety glasses with side shields that meet the standards specified in ANSI Z-87.1 – 2010. This includes prescription eyewear.
- 12.2.1.2 Employees shall also wear additional eye and face protection in combination when:
- Welding, burning or cutting with torches
 - Using abrasive wheels, portable grinders or files
 - Chipping concrete, stone or metal

- Working with any material subject to chipping, scaling or flaking
- Using powder actuated tools
- Using pneumatic tools
- Working with compressed air or other gases

12.2.1.3 Only clear lenses shall be worn inside buildings, other than for torch cutting, welding or arc welding.

12.2.2 Head Protection

12.2.2.1 All employees shall wear hard hats 100% of the time while on Job Site. Hard hats shall meet ANSI Z89.1-2009. Hard hats shall legibly display the employers' name. Damaged, altered or modified hardhats shall be replaced immediately.

12.2.2.2 Hard hats shall be worn in the manner prescribed by the manufacturer. Hard hats shall not be worn with the outer shell facing backwards unless the manufacturer has tested the hard hat in this configuration and specifically allows this modification in their instructions.

12.2.2.3 All delivery personnel, vendors and visitors shall wear, at a minimum, hard hats and safety glasses while on projects. Additional PPE, as appropriate, may be required.

12.2.3 Hearing Protection

12.2.3.1 Work areas identified as, or expected to be a high noise area (85db or greater) shall be identified and signs posted requiring hearing protection. All employees working in high noise areas shall wear appropriate hearing protection.

12.2.3.2 The Airport Operations Area is considered a high noise, mandatory hearing protection area during operating hours (6:30 am – 11:30 pm).

12.2.4 Respiratory Protection

12.2.4.1 A Respiratory Protection Program meeting all applicable requirements including, OSHA 29 CFR 1926.134 and Cal OSHA Title 8, General Industry Safety Orders, Article 5194 shall be established where work activities warrant and/or where the use of respiratory protection is required for hazardous material handling.

12.2.4.2 All respiratory equipment shall be used and cared for as prescribed by the manufacturer. At no time will respiratory equipment be left in such a manner that it may become contaminated with hazardous materials.

12.2.5 Foot Protection

- 12.2.5.1 All employees and visitors shall wear appropriate footwear. This shall consist of hard-soled boots for suitable general construction. Rubber boots are required for concrete placement.
- 12.2.5.2 At no time will sneakers, tennis shoes, athletic shoes (of any type), sandals, high heels or thongs (flip flops) be permitted on the site.

12.2.6 Gloves

- 12.2.6.1 All employees of Contractor/Subcontractor working on the Job Site will be required to have on their person a pair of gloves that would protect their hands while performing their normal task. The glove type and material will be selected by the employer to suite the hazards normally associated with their scope of work.
- 12.2.6.2 Employees will be required to use the gloves while performing all job tasks unless the pre-task plan for the work being performed states that the use of gloves will create a greater hazard to the employee. In these situations the greater hazard shall be clearly defined.
- 12.2.6.3 Employees found in violation of this policy will receive discipline in accordance with Section 6.0 of this manual. In most situations the first offense will be considered to be a minor violation. In situations where there is an immediate danger to the employees hand the violation may be considered to be more severe.

12.2.7 Clothing

- 12.2.7.1 Suitable clothing for construction shall be worn on the Job Site. Shirtsleeves must be 4 inches or greater in length. Pants shall be full length. Polyester or similar material will not be allowed. Shorts, sweat pants, shirts with sleeves cut off or tank tops will not be allowed.
- 12.2.7.2 All delivery personnel, vendors and visitors shall wear PPE as detailed in section **12.2** and appropriate attire as set forth in **paragraph 12.2.6.1**. Additional job-specific PPE or clothing requirements may be enforced.
- 12.2.7.3 Orange, lime green and/or reflective traffic safety vests that meet ANSI 107-2010 Class 2 or Class 3 requirements, shall be worn by all employees at all times when exposed to vehicular or heavy equipment traffic.

12.3 Competent Person Requirements

- 12.3.1 The Contractor/Subcontractors shall develop and maintain a matrix outlining employees designated as Competent Persons. Qualifications of Competent Persons have been identified in various subparts of OSHA 29 CFR 1910 and 29 CFR 1926, and Cal OSHA Title 8, General Industry Safety Orders and Construction Safety Orders. Copies of the matrix, certifications, and training of competent persons shall

be maintained on the jobsite and shall be forwarded to the SDCRAA Safety Manager as a submittal prior to start of work.

12.3.2 Prior to any work starting that requires a Competent Person, the Contractor/Subcontractor shall identify the individuals on the matrix.

12.3.3 Activities that require a Competent Person include, but are not limited to:

- Trenching
- Excavations / Shoring
- Hazardous Material Handling
- Confined Spaces
- Scaffolding
- Fall Arrest Systems
- Powder Actuated Tools
- Mechanical Demolition
- Concrete, concrete forms and shoring
- Cranes and Derricks
- Slings / Rigging
- Electrical
- Welding / Cutting

12.3.4 Where the Job Site encompasses multiple locations unobservable by a single Competent Person, additional Competent Persons shall be designated and provided.

12.4 Fall Protection

12.4.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements, such as, OSHA 29 CFR 1926, subpart M, and Cal OSHA Title 8, Construction Safety Orders Article 24. Fall protection requirements shall be strictly enforced and compliance is mandatory.

12.4.2 Each employee on a walking / working surface, including stairs and ramps, with an unprotected side or edge which is six (6) feet or more above a lower level, shall be protected from falling **100% of the time**, by a fall protection system (guardrails, PFAS, safety nets). Guardrail systems shall comply with OSHA 29 CFR 1926.502(b) and/or Cal OSHA Title 8, Construction Safety Orders Article 16. Access and egress shall be in compliance with OSHA 29 CFR 1926, subpart X and/or Cal OSHA Title 8, Construction Safety Orders Articles 17 and 18.

12.4.3. Fall protection controls shall be based on the principle that engineering and design techniques for elimination and prevention of fall hazards (scaffolds, guardrail systems, approved work platforms, elevating work platforms) be utilized above the use of personal protective equipment. When it is not feasible to provide fall

protection controls, workers exposed to potential falls shall be equipped with PFAS complying with the requirements of OSHA 29 CFR 1926.502(d) and/or Cal OSHA Title 8, Construction Safety Orders Article 24.

12.4.4. Employees working at heights above six (6) feet requiring the use of a PFAS shall be trained in the recognition of the hazards and the use and care of the PFAS. This training shall be documented and maintained on file.

12.4.4.1 PFAS shall consist of:

- Full body harness
- Shock absorbing (decelerating) lanyards
- Connectors
- Appropriate anchorage points

12.4.4.2 Lanyards, retractable lifelines, rope/rope grab devices, etc. shall be connected to an anchor point capable of sustaining 5000 lbs. per person impact load with a maximum of two persons per anchorage.

12.4.4.3 If the anchorage device is manufactured by the Contractor (or manufactured for the Contractor by a third party), the Contractor shall submit engineered stamped drawings of the device to the San Diego County Regional Airport Authority prior to use.

12.4.3 Contractor's Competent Person shall perform and document an initial, and, at a minimum, semi-annual comprehensive inspection of all PFAS equipment. The inspection will determine the condition of the equipment and certify that it is safe to return to service. A label or tag identifying the manufacturer, date of manufacture and the standard under which the equipment was manufactured shall be attached to each component and be legible. This shall also apply to employees' personally owned equipment.

12.4.4 Employees shall inspect each component of the PFAS daily, prior to use.

12.4.5 Components that are damaged, deteriorated or have been subjected to shock load shall be removed from service and destroyed.

12.4.6 Body harnesses and lanyards shall be properly stored at the end of each work shift and when not in use. Harnesses and lanyards shall not be stored in gang boxes or toolboxes.

12.4.7 Contractors performing structural steel erection, including metal decking, precast concrete erection, or roofing operations shall submit a "Project Specific Fall Protection Plan" detailing how they will comply with the six (6) foot, 100% fall protection requirements.

12.4.8 Employees working outside of approved guardrails or work platforms shall be protected by PFAS.

- 12.4.9 In the event the Contractor encounters a fall protection situation which has not been addressed, and the Contractor believes the use of a conventional fall protection system is not feasible; the Contractor shall submit a detailed Fall Protection Plan to the SDCRAA Safety Manager for consideration, detailing the proposed use of alternative methods for fall protection.

12.5 Ladders

- 12.5.1 The use, care and storage of ladders shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1910, subpart D, Walking and Working Surfaces and 29 CFR 1926, subpart X, Stairways and Ladders and/or Cal OSHA Title 8, Construction Safety Orders, Articles 18 and 25. All ladders on the project shall be Type 1 or Type 1A and have a rated capacity of not less than 250 lbs. Ladders shall have legible manufacturers' labels.
- 12.5.2 Portable ladders shall be placed on a suitable base, shall have clear and easy access at top and bottom, and be placed at an angle so the horizontal distance from the top support to the foot is one-quarter (4 to 1 ratio) the working length of the ladder.
- 12.5.3 Portable ladders used to access an upper landing must extend three (3) feet above the landing surface, or be provided with grab rails.
- 12.5.4 All straight ladders and extension ladders shall be secured at the top and, where practical, at the bottom to prevent slipping or displacement. Extension ladders shall not be split into its two component sections.
- 12.5.5 Ladders shall be inspected prior to each use. Defective or damaged ladders shall be taken out of service and removed from the project. Side rails and steps shall not be painted or covered with any opaque covering.
- 12.5.6 Step or folding ladders shall not be used as leaning ladders and shall be used only in the open and locked position.
- 12.5.7 The platform and top step of any folding ladder shall not be used as a step.
- 12.5.8 Ladders must have non-conductive side rails where there is the possibility of coming in contact with any electrical source.
- 12.5.9 Objects that restrict the use of both hands shall not be carried in the climbers' hands.
- 12.5.10 Ladders shall not be spliced together to form longer sections.
- 12.5.11 The use of job-built ladders, if deemed necessary for a specific purpose, shall be approved **in advance** by the SDCRAA Safety Manager, and built in accordance with Cal OSHA Title 8, Construction Safety Orders, Article 25, § 1676 and ANSI A14.4-1979 standards.

12.6 Scaffolding

- 12.6.1 Construction, maintenance, use and disassembly of all scaffolding shall be under the direction of a Competent Person trained in the erection of that particular type or style of scaffold and shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, subpart L, Scaffolding, and Cal OSHA Title 8, Construction Safety Orders, Articles 21, 22, and 23.
- 12.6.2 Prior to use, the Competent Person shall inspect all scaffolding and a tag shall be attached at or near the access point. The tag shall bear the name of the inspector, the date of inspection, as well as any special conditions or precautions required. A Competent Person for each contractor or tiered subcontractor who has employees using the scaffolding shall conduct a documented daily condition inspection.
- 12.6.3 Scaffolding materials purchased, erected and used, shall meet applicable OSHA safety standards and the manufactures rules for safe use and erection.
- 12.6.4 Scaffolds and component parts shall be maintained in a safe condition. Any scaffold, or component weakened and/or damaged from any cause shall immediately be taken out of service and replaced.
- 12.6.5 Scaffolds and their components shall be capable of supporting four (4) times the maximum intended working load.
- 12.6.6 Ladders or makeshift devices shall not be used to increase the working height of scaffolds.
- 12.6.7 Scaffolds shall be erected on sound, rigid footing; capable of carrying the maximum intended load without settling or displacement.
- 12.6.8 An access ladder or equivalent safe access shall be provided.
- 12.6.9 Guardrails and toe-boards shall be installed on all scaffolds over six (6) feet in height. Where employees are required to work under, or pass under scaffolds, falling object protection shall be installed between the toe-board and guardrail, extending along the entire opening.
- 12.6.10 Scaffolds between 4 and 6 feet in height, with a maximum dimension of 45 inches in either direction shall have guardrails installed.
- 12.6.11 Platforms shall be tightly planked for the entire width of the scaffold except for necessary access openings.
- 12.6.12 Scaffold planks shall extend over their end supports a distance of not less than six (6) inches or more than twelve (12) inches.
- 12.6.13 Scaffolding equipped with castors or wheels (Rolling scaffold) shall have those castors or wheels locked whenever an employee is on the scaffold.
- 12.6.14 Outriggers shall be used on Rolling or Tower scaffold whenever the height exceeds

three (3) times the least measurement of the base.

- 12.6.15 Where required by federal, state, or local regulations, an engineer stamped scaffold plan shall be submitted to the SDCRAA Safety Manager prior to erection.
- 12.6.16 Employees engaged in erecting and dismantling scaffolding and employees working from scaffolding shall follow the fall protection requirements as outlined in **Section 12.4** of this manual.

12.7 Excavation, Trenching and Shoring

- 12.7.1 All excavations, trenches, and shoring shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, subpart P, Excavations, Cal OSHA Title 8, Construction Orders, Article 6, the manufacturer's recommendations and/or the manufacturer's tabulated data and/or engineered data.
- 12.7.2 Prior to excavation activities, underground utilities or obstructions shall be located by means of record drawings, Dig-Alert or other locator services. All obstructions, water lines, power lines, gas lines, etc. shall be conspicuously marked, the employees assigned to the task and equipment operators notified of their location.
- 12.7.3 All known underground obstructions shall be exposed by hand excavation beginning at a distance of five (5) feet from the obstruction.
- 12.7.4 Excavations five (5) feet or greater in depth shall be sloped, benched, shored or shielded prior to any employee entering the excavation.
- 12.7.5 Shored excavations greater than twenty (20) feet in depth shall have a Professional Engineer stamped design submitted prior to the start of excavation.
- 12.7.6 The designated Competent Person shall be present anytime excavation work is performed and shall, at the start of each shift, conduct daily inspections of excavations, adjacent areas, and protective systems for indications of failure or cave-in. Additional inspections shall be performed whenever conditions change which could adversely affect the integrity of the excavation or protective systems (i.e. rain, earth tremors, observed sloughing or spalling of the excavation walls, or newly introduced surcharge load or vibration near the excavation site. A record of these inspections, on an appropriate form, shall be maintained at the site.
- 12.7.7 When inspections reveal evidence of a situation that could result in cave-in, indications of protective system failure, hazardous atmospheres or other hazardous conditions, employees shall not be allowed into or near the excavation until corrective actions have been taken to ensure their safety.
- 12.7.8 Employees shall not work in excavations where water is accumulating or has accumulated unless adequate precautions have been taken to protect employees against the hazards associated with water accumulation.
- 12.7.9 A safe means of access and egress shall be maintained in all excavations, regardless of depth, at intervals that provides no more than twenty-five (25) feet of

lateral travel.

- 12.7.10 Atmospheric testing shall be conducted and completed in excavations and trenches where possible hazardous atmospheric conditions exist or have the potential of existing, prior to employees entering. Excavations that have been determined to have a hazardous atmosphere shall be considered a "Confined Space" and applicable regulations shall apply.
- 12.7.11 Equipment, materials and spoils piles shall not be placed closer than two (2) feet from the edge of any excavation or trench.
- 12.7.12 Open excavations shall be protected by means of barricades and/or guardrails.

12.8 Housekeeping

- 12.8.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, subpart C; General Safety and Health Provisions, and Cal OSHA Title 8, Construction Safety Orders, Article 3 and FAA Circular AC 150/5370-2e, "Operational Safety on Airports During Construction". (1-17-03).
- 12.8.2 During the course of construction, alteration, repair or demolition of building and structures, continuous clean-up of the work area shall be performed; including removal of all rubble, scrap, boxes, crates, and excess materials and placed in trash disposal containers. Trash containers in or adjacent to the Airport Operation Area (AOA) shall have covers or lids and shall be kept closed at all times.
- 12.8.3 At the end of each work shift, a general clean-up of all work areas shall be performed.
- 12.8.4 All floors and walkways shall be maintained in good condition. Secure footing shall be ensured on all floors and walkways.
- 12.8.5 Cleaning and sweeping shall be performed in such a manner as to minimize the contamination of the air with dust.
- 12.8.6 Hoses and electrical conductors across aisles or passageways shall be covered or suspended overhead so that there is no tripping hazard.
- 12.8.7 Storage of material shall not create a hazard. Bags, containers, bundles, construction materials and other equipment shall be stored in tiers, stacked, blocked or interlocked. They shall be limited in height so that they are stable and secure against falling, sliding or collapse.
- 12.8.8 Exits, fire alarm boxes, and fire extinguishing equipment, and any other emergency equipment shall be clear of all obstructions at all times.
- 12.8.9 The Contractor shall maintain construction sites in a manner that allows emergency vehicles and personnel suitable access to all areas.

- 12.8.10 All lunchrooms, washrooms and restrooms (including portable toilets) shall be kept in a clean and sanitary condition.
- 12.8.11 Common garbage and other waste shall be disposed of at frequent and regular intervals.
- 12.8.12 Separate approved containers shall be provided for oily, flammable or hazardous wastes and shall be equipped with covers. Containers shall be appropriately labeled.
- 12.8.13 Where Powder Actuated tools are used the user shall remove all expended cartridges or cartridge strips. Unfired or misfired loads shall not be placed in trash containers.

12.9 Welding, Cutting and Compressed Gas

- 12.9.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, subpart J, Welding and Cutting, and Cal OSHA Title 8, General Industry Safety Orders, Groups 10 and 11.
- 12.9.2 A **Hot Work Permit (Appendix 1, Form J.15)** shall be required when any welding, cutting or spark producing activity will take place. The Hot Work Permit will be issued by, and must be signed by the SDCRAA Safety Manager or his designated representative.
 - 12.9.2.1 A Hot Work Permit will be issued for an eight (8) hour (one work shift) period only.
 - 12.9.2.2 The permit must be posted near the activity.
- 12.9.3 Before any welding or cutting operations are started the area surrounding the work shall be inspected and all flammable materials shall be removed or protected. Provisions for fire extinguisher and fire watch shall be assessed and covered in the pre-task plan for the work. When welding and cutting operations are to be conducted in areas where other trades are present, screens or other barricades shall be erected to protect others from flash, arc and sparks.
 - 12.9.3.1 Unless specifically excluded by the SDCRAA Safety Manager on the Hot Work Permit, a fire watch shall be stationed at all locations where sparks and/or flames may fall to a lower floor/work area or to another side of a wall. The fire watch shall be trained and perform their duties in accordance with Section 14 of this manual.
- 12.9.4 Welding leads and gas hoses shall be kept clear of walkways and stairways.
- 12.9.5 Flash arrestors and check valves shall be installed on both oxygen and acetylene hoses at the regulator connection.
- 12.9.6 A suitable cylinder truck, with chain or strap, shall be used to keep cylinders from being knocked over while in use. Cylinders shall be secured in an upright position at all times.

- 12.9.7 Oxygen and Acetylene cylinders shall not be stored inside buildings.
- 12.9.8 Oxygen and Acetylene cylinder storage shall be separated by a minimum of 20 feet or a five foot tall partition with half-hour fire rating.
- 12.9.9 Regulators shall be removed and protective caps placed on all cylinders at the end of the work shift.
- 12.9.10 Spent welding rods shall be picked up and disposed of at the end of the workday or work shift.
- 12.9.11 No "Hot Work" shall be conducted within fifty feet (50) of any aircraft or fuel truck(s).
- 12.9.12 Proper precautions (isolating welding and cutting, removing fire hazards from the area, providing a fire watch) for fire prevention shall be taken in areas where welding or other "hot work" is being done. No welding, cutting, or heating shall be done where the application of flammable paints or the presence of other flammable compounds or heavy dust concentrations creates a fire hazard.
- 12.9.13 When the welding, cutting, or heating operation is such that normal fire prevention precautions are not sufficient, additional personnel shall be assigned to guard against fire while the actual welding, cutting, or heating operation is being performed and for sufficient period of time after completion of work to ensure that no possibility of fire exists. Such personnel shall be instructed as to the specific anticipated fire hazards and how the firefighting equipment provided is to be used.
- 12.9.14 A fire watch must be employed while Hot Work is ongoing and for 30 minutes after completion with fire extinguishing equipment immediately available at the work area.
- 12.9.15 All welders shall wear approved eye, hand, and head protection when welding. All personnel assisting the welder shall also wear approved eye protection. Eye protection must meet ANSI Z87.1 standards. The following is a partial list of items that may be required:
- Welding hood that fits the employee's hard hat Welding or cutting goggles
 - Heavy leather gloves
 - Special clothing, aprons, caps and shoulder covers Ear protection

12.10 Arc Welding

- 12.10.1 Whenever practicable, all arc welding and cutting operations shall be shielded by noncombustible or flameproof screens which will protect employees and other persons working in the vicinity from the direct rays of the arc.
- 12.10.2 The Contractor and/or Subcontractors shall ensure that the welding equipment provided to their employee is in good operating condition and is adequate for the work to be performed. Portable gasoline powered welding machines shall be located in well-ventilated area to prevent build-up of carbon monoxide in the work area.

- 12.10.3 Where welding machines are to be powered by temporary electrical circuits, subcontractor shall provide the voltage and amperage requirements to the Construction Manager well in advance of the need for such equipment to allow for proper coordination with the electrical subcontractor.
- 12.10.4 Welding leads and ground cables should be supported in a manner that prevents obstructions interfering with the safe passage of workers. Grounding should be accomplished as close to the welding operation as possible.
- 12.10.5 Where it is necessary to couple several lengths of cable for use as a welding circuit, insulated connectors should be used on both the welding lead and the ground cables. Welding leads shall be free of any repairs for a minimum of 10 feet from the electrode holder.
- 12.10.6 When electrode holders are to be left unattended the electrode shall be removed and the holder shall be so placed or protected that they cannot make electrical contact with employees or conducting objects. Any faulty or defective equipment shall be removed from service. Electrodes shall not be struck against a compressed gas cylinder to strike an arc.
- 12.10.7 Prior to starting any gas welding or cutting operations the area shall be inspected and all flammable materials removed for a sufficient distance to prevent ignition. An approved fire extinguisher shall be immediately accessible to the operation.
- 12.10.8 Cylinders shall be kept far enough away from the actual welding or cutting operation so that sparks, hot slag, or flame will not reach them. Cylinders containing oxygen or acetylene or other fuel gas shall not be taken into confined spaces.
- 12.10.9 All hoses used in carrying acetylene, oxygen must be inspected at the beginning of each working shift. Defective hoses must be removed from service. Hose coupling must be of the type that cannot be unlocked or disconnected by means of a straight pull without rotary motion. Hose storage shall be in ventilated boxes to prevent the buildup of gases.
- 12.10.10 Torches in use must be inspected at the beginning of each working shift for leaking cut-off valves, hose couplings, and tip connections. Defective torches may not be used. Torches must be equipped with flash back arrests (not check valves).
 - 12.10.10.1 Lighting of torches shall be accomplished using friction lighters or other approved devices; the use of matches or cigarette lighters to light a torch is prohibited. The use of hot work as a means of lighting torches is not permitted.
 - 12.10.10.2 Clogged torch tip openings must be cleaned with suitable cleaning wires, drills, or other devices designed for such purpose.
- 12.10.11 Oxygen and fuel gas pressure regulators, including their gauges, must be in proper working order while in use. Regulators and gauges must be kept free of grease and dirt at all times. Regulators are to be equipped with flash back arrests.

- 12.10.12 When removing excess weld metal, faulty welds, or slag, where the welder removes or raises his shield, Safety glasses preferably with a face shield must be used. Gloves must be worn to protect the hands and wrists. The danger to other personnel in the area may require screening or shielding.

12.11 Fire Protection / Prevention

- 12.11.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, subpart F; Fire Protection and Prevention, and Cal OSHA Title 8, Construction Safety Orders, Article 36.
- 12.11.2 The Contractor shall provide portable fire extinguishers of the correct type and in sufficient quantity to support contracted work in compliance with the above listed OSHA / Cal OSHA requirements and this manual. Owners fire extinguishers shall only be used in the case of an actual fire, after Contractor's extinguishers in the immediate vicinity have been expended.
- 12.11.3 Training shall be provided for employees on fire prevention, response to fires including emergency procedures and locations of emergency equipment, fire alarm pull boxes, and fire exits, and general knowledge of fire extinguisher use.
- 12.11.4 Fire extinguishers shall be conspicuously located and readily accessible at all times, shall be inspected monthly, and be maintained in operating condition. Inspections shall be documented and tags on fire extinguishers shall be current.
- 12.11.5 A fire extinguisher rated at not less than 2A shall be provided for each 3000 square feet or fraction thereof, for the protected building area. Travel distance from any point of the protected area to the nearest extinguisher shall not exceed 100 feet.
- 12.11.6 One or more extinguishers shall be provided for each floor of construction. In multilevel facilities, one extinguisher shall be located adjacent to each stairway or access point.

12.12 Flammable and Combustible Liquids

- 12.12.1 Only approved containers and portable tanks shall be used for storing, handling and dispensing of flammable or combustible liquids.
- 12.12.2 All dispensing cans shall be UL listed safety cans with spring-closed lids and equipped with anti-flashback screens. Plastic containers shall not be used for any flammable or combustible liquid.
- 12.12.3 All secondary containers shall be marked with the appropriate Hazardous Material Label indicating contents, health hazard, flammability and reactivity.
- 12.12.4 Storage areas shall be located at least 20 ft. from the nearest building, and be conspicuously posted with appropriate signs (No open flames, No smoking, etc.).

12.13 Explosives

- 12.13.1 No explosives will be allowed without prior written approval from the SDCRAA Construction Manager and the San Diego City Fire Marshall.
- 12.13.2 Except where explicitly approved (prior to delivery) for use on the project by the SDCRAA Construction Manager or Contractor Project Superintendent, possession of any explosive is prohibited. Where explosives are required, the Contractor shall closely control their storage and use with prior written approval.
- 12.13.3 The Contractor and/or Subcontractor per the manufacturer's recommendations shall dispose of waste and defective explosives. Any employee found with explosives (not required by their work) in their possession will be permanently barred from the Job Site.

12.14 Firearms

- 12.14.1 The possession of any weapon, knives, guns, ammunition or other instruments designed to cause bodily harm within the construction site is prohibited. Any employee found in possession of a weapon, firearm or ammunition on the construction site will be immediately and permanently barred from the Job Site. Power-actuated tool used by trained and certified employees are allowed. Knives used in the normal performance of the job duties are allowed. (Razor knife, insulation knives.)

12.15 Cranes, Hoisting and Rigging

- 12.15.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including:
 - OSHA 29 CFR 1910, subpart N; Materials Handling and Storage
 - OSHA 29 CFR 1926, subpart H; Materials Handling, Storage, Use and Disposal
 - OSHA 29 CFR 1926, subpart CC: Cranes and Derricks in Construction
 - Cal OSHA Title 8, Construction Safety Orders, Article 15
 - Cal OSHA Title 8, General Industry Safety Orders, Group 13
 - Manufacturers' recommendations / requirements
- 12.15.1.1 The Contractor shall maintain a record that each operator has been qualified by written test and operational test for the crane they are to operate shall be maintained at the Job Site and will be available for review by San Diego County Regional Airport Authority personnel at any time.
- 12.15.1.2 Copy of NCCCO (National Commission for the Certification of Crane Operators) or other State approved testing agency must be on file in jobsite office.
- 12.15.1.3 Operators must have a physical and drug test a minimum of once every three

years in accordance with the ANSI B.30.5 standards for cranes. Operators who qualifications cannot be verified will not be allowed to operate any crane on the Job Site.

12.15.2 Cranes shall have current Annual and Quadrennial Inspection Reports and Certificates and required permits (Cal OSHA, etc.).

12.15.2.1 A copy of all certifications shall be provided to SDCRAA Safety Manager at least 72 hours in advance of use.

12.15.3 Only personnel who are authorized, trained and certified or licensed per all applicable requirements shall be allowed to operate cranes. All operators shall have in their possession at all times a copy of their certified crane operator's card, which shall be made available upon request.

12.15.3.1 The Contractor and each Subcontractor who brings a crane or derrick on the Job Site will be required to have the following in place:

- Initial delivery inspection to verify that the equipment is in safe operating condition.
- Annual crane inspection documents for the crane, including inspection report and evidence of any required repairs or corrections required.
- Pre-task plan for the delivery and assembly or set-up of the crane.
- Legible copy of the owner's manual specific to the make and model of the crane.
- FAA 7460 permits required due the location of the project in relation to existing airports.
- Name and qualification of any persons who will be authorized to operate the crane during the assembly, normal use, maintenance, and dismantle. Operator's certification card.

12.15.4 Cranes shall be inspected by the Contractor's Competent Person before each use and during use, and all deficiencies corrected before further use. The inspection shall be documented and will include but not necessarily be limited to the following:

- Fluid levels
- Drive mechanisms
- Hydraulic and air systems
- Limit switches and safety devices
- Anti-two block systems
- Boom kick outs
- Electrical systems including
- Horn and back-up alarms

- Computer system (if applicable)
- Gauges for proper operation
- Condition of boom and jib
- Controls for function and adjustment
- Check for leaks in hydraulic and air systems
- Check breaks, drum pawls
- Tire pressure and condition (If Applicable)
- Wire rope for condition, spooling and form
- Load block, or ball for lubrication and damage
- Hooks for cracks, twists, or bends
- Overall crane conditions and maintenance
- Outstanding repairs from previous inspection

12.15.4.1 Copies of crane inspections shall be submitted within 7 days of the inspection being conducted to the SDCRAA Safety Manager each week

12.15.5 Before use, a Competent Person shall inspect, and document, hoisting and rigging equipment to ensure that it is in safe operating condition.

12.15.6 Damaged or defective equipment shall be removed from service and removed from the Job Site.

12.15.7 Accessible areas within the swing radius of the rotating superstructure shall be properly barricaded to prevent employees from being struck or crushed by the crane.

12.15.7.1 If during maintenance it is necessary for personnel to enter the barricaded area, the operator shall maintain visual contact or have radio communication with the personnel to ensure that they are clear before swing the crane.

12.15.7.2 Barricades shall be made of substantial materials such as rope or wire rope and be flagged to ensure they are visible in all lighting conditions.

12.15.8 Tag lines shall be used for controlling all loads.

12.15.9 Trained signalmen shall be used whenever the crane operator's view of the lift is obstructed. Signalmen shall use standard lift hand signals. Only one person shall be permitted to give signals to the Operator. Any employee involved in the operation may give a "stop" signal if such a signal is warranted. A legible chart depicting and explaining the system of crane signals used shall be conspicuously posted in the vicinity of the hoisting operation.

12.16 Crane Lifting Procedures

- 12.16.1 A **Critical Lift Plan (Crane Pre-Lift Check List, Form J.18.1 and Critical Lift Check List J.18.2)** shall be completed for each lift. If the load being handled is unknown or may approach 75% of the rated capacity, the load being handled may approach the limits of the crane's reach, hoisting over active equipment or processes, within 20 feet of overhead power lines, adjacent to occupied spaces, within boom length of aircraft, two or more cranes are involved, use of a crane or derrick suspended personnel platform or as may be required by the Contractor Project Manager or Contractor Site Safety Representative. **(SDCRAA will review all critical lift plans prior to the lift.)**
- 12.16.2 Crane operators will be required to prepare a pre-lift checklist for each day's work. If during the day items, which are not covered by the pre-task plan, should require lifting, the operator shall revise the pre-lift checklist and pre-task plan.
- 12.16.3 Any lift that requires the use of two or more cranes, lifting of personnel in personnel baskets, and lifts that involve swing the load over occupied spaces or the handling of materials, that if damaged could severely impact the project completion or where the cost of the item if damaged would impact the cost of completion must have a critical lift plan developed prior to the work being done. Crane operators will be held responsible for the safe operation of the crane and will have the final say as to the safety of any operation.
- 12.16.4 All loads shall be rigged by an identified, qualified, and authorized rigger.
- 12.16.5 Operations shall be conducted and the job controlled in a manner to prevent loads from being passed directly over workers, occupied workspaces, or occupied passageways.
- 12.16.6 Crane operators shall maintain a minimum clearance to energized power lines of not less than 10'-0" for line up to and including 50 kV. For lines over 50 kV the clearance shall be increased 1.4 feet for each kV over 50 per OSHA Regulations (Cal OSHA CCR Title 8 Chapter 4 Subchapter 4 Article 15 §1612 / Fed OSHA 29 CFR 1926.1400).
- 12.16.7 Crane operators shall maintain a clearance of 4'-0" to any structural element unless a spotter is provided to ensure that the crane does not contact any part of the structure.

12.17 Normal Crane, Hoisting, and Rigging Operations

- 12.17.1 The following rules apply to the operations of all cranes and derricks on the Job Site. All operations shall meet the limitations and specifications of the crane manufacturer.
- 12.17.1.1 All operations shall be accordance with the requirements of the Cal OSHA standards, ANSI-B30.5 and the SDCRAA Construction Safety Manual.
- 12.17.2 Truck mounted cranes and rubber tired cranes with outriggers shall not be operated without the outriggers being extended and proper dunnage under the outrigger shoe.

- 12.17.3 In the event that any portion of a crane, cable, rigging, or load come in contact with electrical current the crane shall be shut down until, the entire crane can be inspected by a qualified person. Operations may begin only following the inspection and completion of any required repairs.
- 12.17.4 The use of cranes or derricks to lift a personnel basket shall only be allowed in strict compliance with the Cal OSHA standards. In the event that personnel are to be lifted by a crane or derrick the lift shall be considered a critical lift and a written lift plan shall be developed and followed. The crane or derrick shall be put through all anticipated moves (boom up and down, swing, raise and lower the load) with the personnel basket equipped with test weights equal to the personnel, tool, and material required for the actual lift.

12.18 Steel Erection and Assembly

- 12.18.1 The Contractor and/or Subcontractors shall provide a proposed erection sequence plan for review at least 30 days prior to start of delivery of steel to the project. Sequence plan shall include the location of cranes, proposed swing routes during erection, and sequence of erection.
- 12.18.2 Once the sequence plan is reviewed by SDCRAA Job Site representatives, steel erector shall barricade areas that have active steel erection ongoing. This area should be adequate to allow the erection process to proceed without being excessive. These barricades will define the area that other subcontractor employees will not be allowed to enter during the steel erection.
- 12.18.3 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, subpart R, and Cal OSHA Title 8, Construction Safety Orders Article 29. Where there is a conflict between the Fed OSHA - Cal OSHA regulations and the site rules the more stringent will be enforced.
- 12.18.4 Critical Lift Plans shall be completed per 12.16.1.
- 12.18.5 On multi-story structures, perimeter safety cables shall be installed at the final interior and exterior perimeters of the floors as the metal decking has been installed.
- 12.18.6 100% tie off shall be required for all personnel working at heights where conventional fall protection systems are not in place as set forth in Section 12.4, Fall Protection (six foot fall protection is required during all operations).
- 12.18.7 When structural members are being placed, the load shall not be released from the hoisting line until the member is secured by at least two (2) bolts, or the equivalent, at each connection, and drawn up wrench tight.
- 12.18.8 Tag lines shall be used for controlling **all loads**.
- 12.18.9 Open web steel joists shall not be placed on any structural steel framework unless such framework is safely bolted or welded.

- 12.18.10 In steel framing where bar joists are used and columns are not framed in at least two directions with structural steel members, bar joists shall be field-bolted at columns to provide lateral stability during construction.
- 12.18.11 Where long-span joists of 40 feet or longer are used; a center row of bolted bridging shall be installed to provide lateral stability during construction before the hoisting line is slacked.
- 12.18.12 Before erection of trusses and beams over 25 feet long, the Contractor shall provide to the SDCRAA safety manager an erection plan and procedure prepared by a civil engineer currently registered in California, which shall be followed and kept available at the jobsite.
- 12.18.13 Contractors performing structural steel erection, including metal decking, shall submit a "Project Specific Fall Protection Plan" detailing how they will comply with the six foot 100% fall protection requirements as outlined in Section 12.4 of this manual
- 12.18.14 Cranes used in the erection of structural steel shall be furnished and operated in accordance with the Cal OSHA regulations. All rigging shall be inspected on a daily basis and shall meet the requirements of this manual.
- 12.18.15 Steel erector shall install and maintain cable guard rails on elevated structural steel floors as soon as the metal decking has been installed. When a floor is ready to be turned over to other trades, the Contractor shall have the guard rail inspected to ensure that it meets the requirements of Cal OSHA fall protection regulations and will assume custody and control of the guardrail system before other trades begin work.
- 12.18.16 Open holes in the metal decking shown on the decking shop drawing shall be provided by the steel erector and covered or guardrails installed prior to allowing other trades access the deck. Holes not shown on the decking shop drawings such as small mechanical opening for piping and conduit shall be cut by the subcontractor installing the pipe or conduit, and will be protected by the subcontractor who cuts the opening. All open holes that are covered, shall have covers secured and labeled "Open Hole Do Not Remove."

12.19 Roofing Operations

- 12.19.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including OSHA 29 CFR 1926subpart M and Cal OSHA Title 8, Construction Safety Orders, Article 30.
- 12.19.2 Roof and skylight openings shall be guarded by standard railing and toe-board or cover in compliance with Cal OSHA Title 8, Construction Safety Orders, Article 19.
- 12.19.3 Any Project work which requires Contractor or Subcontractor employees to work on the roof of the Job Site shall be protected in accordance with Section 12.4 Fall Protection, of this manual, and all applicable requirements including OSHA 29 CFR 1926, Subpart M and Cal OSHA Title 8, Construction Safety Orders Article 24.

12.20 Mechanical Elevated Work Platforms

- 12.20.1 The Contractor/Subcontractors will be responsible for making an assessment of the work to be performed and the type, size and model of mechanical elevated work platform to be used by their employees. Additionally, they will be responsible for ensuring that their personnel have received the proper training to be able to inspect, operate and work from the unit selected.
- 12.20.2 Each employee who is assigned to work from or operates any mechanical elevated work platform is responsible for ensuring that they understand the manufacturer's requirements for inspection, operation and the limits of the unit. Any employee found operating a mechanical elevated work platform in violation of this policy will be subject to discipline.
- 12.20.3 All mechanical elevated work platforms shall be in good operating condition when delivered to the Job Site. The Contractor /Subcontractor delivering/receiving the unit shall perform an inspection prior to using the unit to ensure that all controls are in good condition, all safety devices are operating properly and that the unit is ready for use. Each mechanical elevated work platform will have the owner manual with the unit at all times.
- 12.20.4 An initial inspection of all Mechanical Elevated Work Platforms will be performed when the platform is delivered by the Contractor / Subcontractor that delivered or ordered the unit.
 - 12.20.4.1 Each mechanical elevated work platform will be inspected prior to use each day. In the event that shift work is required the inspection will be completed at the start of each shift. All inspections will be documented and copies maintained at the Job Site for review by SDCRAA personnel on request.

12.21 Lift Operation

- 12.21.1 Forklift operators are required to have certification according to CCR Title 8 & CSO standard before being allowed to operate a forklift on the Job Site.
- 12.21.2 No modifications or additions that affect the capacity or the safe operation of the equipment shall be made without the manufacturer's written approval.
- 12.21.3 Personnel hoisting platforms shall be designed and constructed specifically for the make and model of forklift they will be used with and can only be used with the manufacturer's written approval.
- 12.21.4 Lifts must be positioned as close as possible to the required location before the platform is elevated. While the platform is elevated the base or ground portion of the unit will not be moved except for minor adjustments in position without the platform being lowered.
- 12.21.5 When it is necessary to move one of these units through a door way or other restricted opening all employees other than the operator will dismount the unit until it

has traveled through the restricted opening.

- 12.21.6.1 Where possible the operator will dismount the platform and operate the unit while walking beside or behind the unit.

- 12.21.6 Any time mechanical elevated work platforms are used on an elevated floor, wheel stops will be placed at the slab edge in line with the travel of the platform to prevent the platform from being driven off the slab edge.
- 12.21.7 Mechanical elevated work platforms are not designed to be used as a material hoist. When materials are to be carried on the platform care shall be used to ensure that the weight limit of the unit is not exceeded.
- 12.21.8 Carrying material on the guardrails shall only be allowed when the practice is acceptable to the platform manufacturer. When acceptable the material will be secured to the guardrail until the platform is in place and the material is ready to be installed.
- 12.21.9 The floor of all mechanical elevated work platforms shall be maintained in an organized and clean condition. Excess materials, tools and debris shall be removed on a regular basis to ensure that employees working on the platform have good footing.

12.22 Demolition

- 12.22.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including OSHA 29 CFR 1926 Subpart T and Cal OSHA Title 8, Construction Safety Orders, Article 31.
- 12.22.2 The Contractor shall submit a written demolition plan and the name and qualifications of the Qualified Person to the Project Manager prior to the commencement of demolition.
- 12.22.3 The Contractor shall pay particular attention to housekeeping, waste disposal and airborne contaminant issues in compliance with this standard, OSHA 29 CFR 1926.25 and Cal OSHA Title 8, Construction Safety Orders, Article 3 Section 1513 and Article 4, National Emission Standards for Hazardous Air Pollutants (40CFR61) and San Diego County Air Pollution Control District Rules 50 and 51.

12.23 Confined Spaces

- 12.23.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including OSHA 29 CFR 1926.21 and 29 CFR 1910.146 and Cal OSHA Title 8, General Industry Safety Orders, Article 108.
- 12.23.2 For purposes of this section, "confined space" means any space large enough to enter, but not intended or designed for habitation, having a limited means of access/egress, contains or has the potential to contain a hazardous atmosphere, presents an engulfment hazard, has an internal configuration that could trap an employee or contains any other safety or health hazard. Confined spaces include,

but are not limited to, storage tanks, process vessels, bins, boilers, ventilation or exhaust ducts, sewers, underground utility vaults, manholes, tunnels, pipelines, and open top spaces more than 4 feet in depth such as pits, tubs, vaults, trenches and vessels.

- 12.23.3 The Contractor, in coordination with the SDCRAA Safety Manager, shall evaluate the workplace to determine if any spaces are permit-required confined spaces.

- 12.23.3.1 Proper application of the decision flow chart in section OSHA 29 CFR 1910.146, Appendix A, would facilitate compliance with this requirement.

- 12.23.4 All employees required to enter into confined or enclosed spaces shall be instructed as to the nature of the hazards involved, the necessary precautions to be taken, and in the use of protective and emergency equipment required. The employer shall comply with any specific regulations that apply to work in dangerous or potentially dangerous areas.

If the employer decides that its employees will enter permit spaces, the employer shall develop and implement a written permit space program that complies with these conditions and all applicable regulations including, OSHA 29 CFR 1910.146. Contractor shall include in the program means for rescue of employees from confined spaces.

- 12.23.5 A **Confined Space Entry Permit (Appendix 1, Form J.12.1)** shall be completed, signed and posted at the entrance to the confined space while confined space entry is in progress. A copy of the permit shall be forwarded to the SDCRAA Safety Manager.
- 12.23.6 Training records of all employees involved in work in enclosed or confined spaces shall be maintained on the site. A copy of the training and associated Job Safety / Hazard Analysis shall be available for review by the SDCRAA Safety Manager.

12.24 Motor Vehicles and Mechanized Equipment

- 12.24.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including OSHA 29 CFR 1926, Subpart O; Motor Vehicles, Mechanized Equipment and Marine Operations, and Cal OSHA Title 8, Construction Safety Orders, Articles 10 and 11.

- 12.24.2 All employees who operate equipment and vehicles shall have sufficient experience and training for safe operation of that particular piece of equipment. Only trained and authorized operators shall be permitted to operate powered industrial trucks as required by 29 CFR 1910.178(l). Operators shall have a current operator's permit on their person while operating any industrial truck.

- 12.24.2.1 A list of all assigned and authorized equipment operators shall be submitted to the SDCRAA Safety Manager before the use of any Mechanized or Motor Vehicle equipment.

- 12.24.2.2 Operators who demonstrate a lack of knowledge, training or skill required to

operate equipment in a safe manner will not be allowed to continue operating until additional training is completed.

12.24.2.3 Documentation of re-training and demonstration of abilities will be required prior to re-assignment as an operator.

12.24.3 All construction equipment including trucks, cranes, forklifts, dozers, endloaders, etc. shall have a functioning back-up alarm, audible above any surrounding noise.

12.24.4 Vehicles and equipment shall have seat (safety) belts in accordance with applicable laws and regulations. Seat belts will meet the SAE requirements for construction equipment and for Agricultural and light industrial trucks.

12.24.5 Drivers and passengers riding in vehicles equipped with seat belts shall wear their seat belts while the vehicle is in motion. No person shall ride on a piece of equipment that is not equipped for passengers. Each passenger shall be seated in a seat provided by the manufacturer of the equipment. All equipment having Rollover Protection Structure (ROPS) will have at least one seat belt per seat.

12.24.6 Vehicles shall be inspected daily, prior to use, and documentation shall be kept on site. Defective equipment or vehicles shall not be used until the necessary repairs have been made.

12.24.7 All employees on foot in the vicinity of mechanized equipment shall wear ANSI compliant Class 2 or Class 3 reflective vests.

12.24.8 Proper PPE (Hard hat, safety glasses and reflective vest) shall be worn by operators unless the equipment they are operating has a fully closed cab (doors and windows, heat and air conditioning).

12.25 Vehicles on Site: Cars and Trucks

12.25.1 All employees driving jobsite motor vehicles shall have a valid driver's license for the state which the employee resides and the for the class vehicle driven.

12.25.2 Speed limit on site shall not to exceed 5 mph unless otherwise posted.

12.25.3 Company name/logo shall be displayed on all company-owned vehicles as required by the San Diego County Regional Airport Authority & FAA

12.25.4 Proof of adequate company insurance as specified in the Contract must be present for each vehicle.

12.25.5 Must have identification tag visible on dashboard or rear view mirror (I.D. Tag issued by the San Diego County Regional Airport Authority on projects where this is a requirement).

12.25.6 Block or chock vehicle wheels when parked on inclines.

12.25.7 All vehicles must be shut off when unoccupied.

- 12.25.8 The Contractor and all Subcontractors are responsible for the stability of any material hauled.
- 12.25.9 Drivers are required to observe the "Right Of Way" Rule. Yield to other drivers whose driving actions demand the right of way.

12.26 Vendors and Delivery Vehicles

- 12.26.1 The Contractor/Subcontractors will be responsible for their vendors and delivery personnel to ensure the compliance with the site safety policies; site speed limit and PPE to include hardhat, safety glasses, vest, etc.
- 12.26.2 At no time shall personnel ride in the back of an open pick-up.

12.27 Lockout / Tagout

- 12.27.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1910.147, Cal/OSHA GISO 2320.2, 2320.4, 2320.5, 2320.6, 2320.7 and 3314, and the airport maintenance and airport operations procedures / requirements contained in the SDCRAA Lockout/Tagout Program Guidelines included in this document as Appendix 3. All lockout / tagouts are to be coordinated with airport maintenance and/or airport operations.
- 12.27.2 When major replacement, repair, renovation, or modification of machines, systems, or equipment is performed, and whenever new machines or equipment are installed, the Contractor shall ensure that isolating devices for such machines or equipment are used.
- 12.27.3 If an isolating device is incapable of being locked; a tagout device shall be used. The level of protection shall be equal to that of a lockout, and the tagout device shall be installed to indicate clearly that the operation or movement of the isolating devices from the "safe" or "off" position is prohibited.
- 12.27.4 The Contractor/Subcontractors shall ensure all potential stored energy, such as electrical, hydraulic, rotational, or compression has been relieved, bled or blocked in such a way as to not pose a hazard to employees working on the isolated piece of equipment.

12.28 Material Handling and Storage

- 12.28.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, Subpart H, Materials Handling, Storage, Use and Disposal; and Cal OSHA Construction Safety Orders, Article 7.
- 12.28.2 Aisles and passageways shall be kept clear to provide for the free and safe movement of materials handling equipment and employees.
- 12.28.3 Storage areas shall be kept free from accumulation of materials that constitute hazards from tripping, fire, explosion, or pest harborage.

- 12.28.4 Used lumber shall have all nails removed before stacking, piling, or discarding. Other lumber must have nails bent over to protect from puncture injuries. All lumber must be stacked on level and solidly supported sills, stable and self-supporting and may not be stacked higher than 10 feet.
- 12.28.5 Structural steel, poles, pipe, bar stock and other cylindrical materials shall be stacked and blocked so as to prevent rolling, spreading or tilting.
- 12.28.6 Materials stored on open floors, roofs, or other areas subject to wind or jet blast shall be secured in such a manner to prevent any possible migration onto the Air Operations Area (AOA), adjacent streets, parking lots or open areas, into or onto occupied or unoccupied structures.
- 12.28.7 Materials shall not be stored on scaffolds or runways in excess of the rated load capacity or in excess of supplies needed for immediate operations.
- 12.28.8 Materials shall not be stored within 6 feet of any hoistway, doorway, or floor opening. Materials shall not be stored within 10 feet of any exterior wall that does not extend above the top of the material stored. Non-compatible materials must be segregated in storage.
- 12.28.9 The Contractor and all tiers of Subcontractors shall prevent building materials, debris, excavated and / or backfill material, etc. from migrating into or onto the Air Operations Area (AOA) of the Airport. Stockpiled material shall be constrained in such a manner as to prevent movement resulting from aircraft blast or wind conditions.
- 12.28.10 All materials shall be stacked, racked, blocked, interlocked, or otherwise secured to prevent sliding, falling or collapse.

12.29 Rigging Equipment for Material Handling

- 12.29.1 All rigging equipment used on the project shall meet the requirements of the Cal OSHA regulations. Rigging equipment for material handling must be inspected prior to each use. Any defective rigging equipment must be removed from service and tagged "do not use". All rigging equipment shall be used within its rated capacities and shall be properly stored when not in use.
- 12.29.2 All wire rope slings shall have tags attached to one end. The tag shall bear the manufacturer, wire rope size, construction and safe working loads. All wire rope slings shall be used within the safe working load limits and removed from service in accordance with the Cal OSHA regulations.
 - 12.29.2.1 When U-bolt wire rope clips are used to form eyes, part 1926 Subpart H Table H-2 in the OSHA Construction Standards must be used to determine the number and spacing of clips. When used for eye splices, the U-bolt must be applied so that the U section is in contact with the dead end of the rope.
- 12.29.3 When shackles are required, OSHA Construction Standards book (part 1926) &

CCR Title 8 must be used to determine the safe working loads of various sizes of shackles.

12.29.4 All hooks shall have the same safe working load rating as the sling to which they are attached. All hooks shall have safety latches in safe operating condition.

12.29.4.1 All hooks that have been sprung, twisted, or have inoperable safety latches must be removed from service and tagged "do not use".

Note: Refer to Section 12.15 Cranes, Hoisting and Rigging for more information

12.30 Disposal of Waste Material from High Altitudes

12.30.1 When wrecking-out form material that is being dropped, the landing area must be completely enclosed with red barricades not less than 42" high and not less than six feet back from the projected edge of the landing area. Signs warning of the hazard of falling material must be posted at intervals on the barricades. Removal of debris may not be permitted in this lower area until the debris handling is concluded above.

12.30.2 Material shall not be allowed to free fall more than 20'-0 under any circumstance.

12.30.3 All scrap lumber, waste material, and rubbish must be removed from work areas as the work progresses.

12.31 Hazardous Material Management

12.31.1 During the bidding and purchasing phase of the project, each individual and firm responsible for the purchase of materials shall research the products available and recommend those that have the least possibility of causing personal injury or environmental impact for use on the Job Site.

12.31.2 During the submittal process, materials that have a possibility of causing either personal injury or environmental impact shall be reviewed by SDCRAA Safety Manager to verify the following:

- Material Safety Data Sheets / Safety Data Sheets are included in the submittal.
- Handling and storage instructions are clear and meet the methods and areas available.
- Quantity required and schedule for delivery has been established.

12.32 Receiving Hazardous Materials

12.32.1 The Contractor/Subcontractors shall submit the following to SDCRAA Contractor Safety Manager at least 7 days prior to delivery of any hazardous materials or chemicals to the Job Site. (Part of weekly deliverables)

- A List of hazardous materials or chemicals to be used on the project

- Total quantity of each material required for completion of the project
 - Scheduled delivery dates for each material or chemical
 - Safety Data Sheets for each material or chemical
 - Special storage and handling instructions for each material or chemical
- 12.32.2 Hazardous materials and chemicals must be delivered in quantities to sustain field operations for no more than one-week, unless specifically approved in advance by SDCRAA Safety Manager.
- 12.32.3 The Contractor/Subcontractors shall put their name on all containers they bring to the Job Site. The name shall be affixed in a permanent manner to prevent fading or destruction by the elements.
- 12.32.4 The person who ordered and received the material must make certain that the container is labeled, tagged or marked with the following information:
- Identity of the hazardous material or chemical
 - Appropriate hazard warnings.
 - Name and address of the manufacturer, importer or other responsible party.
- 12.32.5 The person who receives the product and the SDS will ensure that a copy of the SDS is forwarded to the person who requested the product and the central location for filing the SDS and/or the SDCRAA Safety Manager if different from the central filing location.
- 12.32.6 The Contractor's Document Control or Contractor's Safety Manager /safety representative will maintain or oversee the central filing system for the SDS (master copies). This person is also responsible for completing list of all hazardous substances on the project where it can be readily accessible to employees and update the list periodically (at least annually).

12.33 Storage of Hazardous Materials

- 12.33.1 All hazardous materials must be properly stored. The Contractor/Subcontractors will request a hazardous material and chemical storage area at the Job Site. This area will be separated for flammable and non-flammable materials or chemicals. Additional segregation for materials or chemicals that might react to each other will be required as necessary. The Contractor and all tiers of Subcontractors are responsible for any required improvements (i.e., spill containment for liquid products, protection from the elements for outdoor storage areas, flammable cabinets for indoor storage, etc.).
- 12.33.2 All chemical containers must be properly labeled in compliance with OSHA Hazard Communication standard found in 29 CFR 1910.1200 and any applicable environmental regulation.
- 12.33.3 Disposal of The Contractor/Subcontractors are responsible for unloading, placing in

storage, and retrieval from storage any materials or chemicals that they have had delivered to the project. In addition, the Contractor and Subcontractors are responsible for the removal and recycling (where possible) of empty containers, and unused materials

12.34 Handling Hazardous Materials

- 12.34.1 Handling hazardous materials and chemicals will be done in strict accordance with the manufacturers' instructions. Each Contractor / Subcontractor shall keep the storage space and handling methods in mind when ordering materials for delivery.
- 12.34.2 Materials shall be used and/or applied as recommended by the manufacturer.
- 12.34.3 Required Personal Protective Equipment recommended by the Safety Data Sheets (SDS) should be made available and used by personnel involved in handling and application.
 - 12.34.3.1 Manual handling of bulk materials will not be allowed if mechanical means are available and meet the requirements of the manufacturer and space restrictions of the site.
- 12.34.4 Use of hazardous chemicals must be coordinated to prevent exposure to other trades or the public.
- 12.34.5 All chemical dispensing must be performed over a drip tray and the drip tray must be kept clean and free of debris. Loose dirt, sand or gravel will not be accepted as containment barriers.
- 12.34.6 When chemicals are not in use, the containers must be securely closed. Chemicals used outside must be protected from rain with a tarp or other cover.
- 12.34.7 Chemicals not immediately in use must be stored in designated spill contained areas or other approved areas with proper spill containment and inside and approved fire-rated cabinet (if flammable).

12.35 Hazardous Waste

- 12.35.1 Empty or partially empty waste material containers shall be handled, stored, and disposed of in accordance with the project's hazardous material management plan.
- 12.35.2 The purchasing firm is responsible for the proper disposal of hazardous waste in accordance with the local, state and federal laws. In no case shall these materials be disposed of on the site, through the industrial, sanitary or storm sewer systems.
- 12.35.3 In the event of a spill or release of any hazardous substance, the firm that owns and or uses the material will be responsible for the clean-up and disposal of all waste and any effected soils or other contaminated material. (Refer to section 15.0 Emergency Procedures for additional details on hazard spill response procedures)

12.36 Concrete and Masonry Construction

- 12.36.1 Concrete formwork, reinforcing steel, concrete placement and masonry work performed on the project will be completed in conformance with the requirements of Cal OSHA regulations and the site specific standards contained in this manual.
- 12.36.2 Special attention shall be given to the set-up of placing equipment (concrete pumps or cranes) and the use of long handle tools (rakes, and bull floats) to insure that power lines will not interfere with the equipment or tools being used. Long handled tools that could possibly contact power lines shall have non-conductive handles if power lines exist in the immediate area.
- 12.36.3 Powered and rotating type concrete trowel machines that are manually guided must be equipped with a control switch that will automatically shut off the power (dead man switch).
- 12.36.4 Where concrete pumping systems use discharge pipes or hoses that are laid on the deck, they must be provided with supports designed for 100% overload. When concrete pumps are operated from a remote location, an employee will be stationed near the loading hopper to monitor the concrete level in the hopper and advise the pump operator when the level is low enough to allow air to enter the pump system.
- 12.36.5 When a crane and bucket are used to place concrete the crane set up and operation shall comply with section 12.16 of this manual. Concrete buckets will be equipped with a tag line to provide control of the bucket while elevated. Care will be exercised to swing the concrete bucket over the fewest number of employees possible and the crane operator or flagman shall provide an audible signal indicating overhead loads.
- 12.36.6 Where masonry walls are free standing subcontractors will establish a limited access zone on the side of the wall opposite the scaffolding. The limited access zone shall extend from the base of the wall a distance equal to the wall height plus four feet, and extend the entire length of the wall under construction. The limited access zone must remain in place until the wall is adequately supported to prevent overturn /collapse. No employees except those actually engaged in constructing the wall may enter the limited access zone.
- 12.36.7 All masonry walls over eight feet in height must be adequately braced to prevent overturning and collapse. The bracing must remain in place until permanent supporting elements of the structure are in place.

12.37 Handling Reinforcing Steel

- 12.37.1 Care shall be exercised when handling reinforcing steel with cranes or other lifting equipment to insure proper balance of loads, clearance of power lines or other obstructions and personnel working in the area.
- 12.37.2 When loads are set on elevated decks, the load shall be landed easily to eliminate the possibility of damaging the deck or support structure. Reinforcing steel shall be landed on dunnage to allow removal of rigging equipment. Reinforcing steel in walls or columns shall be guyed or tied to prevent overturn or collapse. Guys or ties shall

not be removed until supporting formwork is in place and secured.

- 12.37.3 All vertical reinforcing steel that extends vertically less than 5'-0 and is located in an area accessible to employees will be capped in a manner that will eliminate the possibility of impalement.
- 12.37.4 Where rolled wire mesh reinforcing is used each end shall be secured when placed to prevent the dangers of recoiling.

12.38 Electrical Safety

- 12.38.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, National Electrical Code, OSHA 29 CFR 1910.334, and Cal OSHA Title 8, Construction Safety Orders, Article 33, and NFPA 70E.
- 12.38.2 Electrical cords shall not be placed where they are subject to vehicular traffic, motorized or other wheeled equipment without adequate protection from damage.
- 12.38.3 Where practical, electrical cord sets shall be suspended overhead to eliminate trip hazards. Electrical cords shall not be tied or suspended using wire, nails, staples or hung on sharp ledges.
- 12.38.4 Electrical Cord sets shall be, at a minimum, hard service grade, 12-gauge, three-wire with molded connections at each end. Splicing or tapping of cords is not permitted.
- 12.38.5 Cords and cord sets shall be inspected daily prior to use. Damaged cords and/or tools shall be taken out of service, marked "Danger Do Not Use" and removed from the project.
- 12.38.6 Where cord sets pass through doorways, windows or other openings they shall be protected from crushing, chaffing, or abrasive conditions.
- 12.38.7 All power tools and cord sets shall be protected by Ground Fault Circuit Interrupters (GFCI).
- 12.38.8 All distribution box outlets shall be GFCI protected.
- 12.38.9 All GFCI units shall be inspected and tested monthly. Inspections shall be documented and each unit marked with the date of the inspection.

12.39 Traffic Control, Signs, Signals and Barricades

- 12.39.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, California Manual on Uniform Traffic Control Devices (CAMUTCD), OSHA 29 CFR 1926, Subpart G, Signs Signal and Barricades; and Cal OSHA, Title 8, General Industry Safety Orders, Article 7, section 3340, Accident Prevention Signs.

- 12.39.2 “Danger Construction Area” signs and “Hard Hat, Safety Glasses Required” signs shall be posted at access points to the construction site.
- 12.39.3 Warning signs shall be posted when Powder Actuated Tools are in use.
- 12.39.4 All employees shall be instructed that danger signs indicate immediate danger and that special precautions are necessary.
- 12.39.5 All employees shall be instructed that caution signs indicate a possible hazard against which proper precaution should be taken.
- 12.39.6 General safety signs shall be used where there is a need for general instructions and suggestions relative to safety measures.
- 12.39.7 “Caution” tape and “Danger” tape shall be removed when no longer needed.
- 12.39.8 Traffic control plans that comply with the CA MUTCD, San Diego International Airport (SDIA) and all applicable requirements shall be submitted to the Owner’s Project Manager or Safety Manager prior to any work in, or adjacent to, any public or private roadway, parking lot, loading ramp or any other area where vehicular traffic presents a hazard to employees or the traveling public. A traffic control plan shall also be prepared for any areas where construction activities may impede the flow of vehicular or pedestrian traffic.

12.40 Tools – Hand and Powered

- 12.40.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including, OSHA 29 CFR 1926, Subpart I, Tools – Hand and Power and Cal OSHA, Title 8, Construction Safety Orders, Articles 26, 27 and 28 and applicable manufactures’ instructions.
- 12.40.2 Selection, use, and maintenance of hand and portable power tools shall comply with these regulations and manufacturers’ guidelines.
- 12.40.3 When power-operated tools are designed to accommodate blade/wheel guards, they shall be equipped with such guards and maintained in an operable condition.
- 12.40.4 Appropriate personal protective equipment shall be used when operating any hand or power tool.
- 12.40.5 Power tools shall be disconnected from their power source when attachments are changed, or repairs / maintenance is performed on the tool.
- 12.40.6 Electric power tools shall be double insulated or grounded, and shall only be plugged into GFCI protected outlets.
- 12.40.7 Electric power tools shall not be lifted or lowered by their electric cords.
- 12.40.8 Pneumatic power tools shall be secure to the hose in a positive manner to prevent accidental disconnection.

- 12.40.9 Safety clips or retainers shall be installed on all air hose connections and fittings.
- 12.40.10 Compressed air shall not be used for “dusting off” personnel.
- 12.40.11 All pneumatic hoses exceeding ½ inch inside diameter shall have a safety device at the source of supply or branch line to reduce pressure in case of failure.
- 12.40.12 Fuel powered tools shall be stopped and allowed to cool before being refueled, serviced, or maintained.
- 12.40.13 Only trained, certified employees shall be permitted to operate powder-actuated tools. Certification shall be manufacturer specific. Operators shall have proof of certification in their possession or readily available when using powder-actuated tools.
- 12.40.14 Powder-actuated tools shall not be loaded until immediately before use. Loaded tools shall not be left unattended.
- 12.40.15 Powder-actuated tools, and loads, shall be stored in labeled, lockable containers. Only authorized personnel shall have access to tools.
- 12.40.16 Powder-actuated tools shall be inspected by the Competent Person daily, prior to use. Inspections shall be documented identifying the tool by serial number.
- 12.40.17 Portable abrasive grinders shall be equipped with 180-degree guards, except in the following conditions:
- When wheels 2 (two) inches or less, which are securely mounted on the end of a mandrel, are used.
 - If the wheel is entirely within the work being done while in use.
- 12.40.18 Portable circular saws shall be equipped with guards above and below the base plate or shoe. The lower guard shall cover the saw to the depth of the teeth and shall automatically return to the covering position when the blade is removed from the work.

12.41 Heat Stress

- 12.41.1 The Contractor/Subcontractors shall comply with these conditions and all applicable requirements including Cal OSHA Title 8 General Industry Safety Orders Article 10 Section 3395 for all outside work during periods when environmental risk factors for heat illness, as defined in the above cited Cal OSHA standard, are present.
- 12.41.2 An adequate supply of drinking water shall be on hand to provide a minimum of one quart per employee per hour for drinking for the entire shift. The Contractor/Subcontractors may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour.

- 12.41.3 The Contractor/Subcontractors employees shall have access to shade or a cooler ventilated area (such as an air conditioned construction trailer or misting machines) and allowed sufficient cooling periods to minimize the risk of heat related illnesses.
- 12.41.4 The Contractor/Subcontractors shall provide a written policy to help reduce the risk of heat related illnesses, and ensure that emergency assistance is provided without delay.
- 12.41.5 Heat stress awareness training shall be provided to all the Contractor/Subcontractors' employees on the following topics:
- The environmental and personal risk factors for heat illness.
 - The employer's procedures for complying with the requirements of this standard.
 - The importance of frequent consumption of small quantities of water, up to 4 cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties.
 - The importance of acclimatization.
 - The different types of heat illness and the common signs and symptoms of heat illness.
 - The importance to employees of immediately reporting to the employer, directly or through the employee's supervisor, symptoms or signs of heat illness in themselves, or in co-workers.
 - The employer's procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided should they become necessary.
 - The employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider.
 - The employer's procedures for ensuring that, in the event of emergency, clear and precise directions to the job site can and will be provided as needed to emergency responders.
- 12.41.6 The above listed training shall be presented in such a form readily understandable by all affected employees.

12.42 Site Security

- 12.42.1 AOA badges will be the responsibility of the Contractor/Subcontractors. The Contractor will be required to appoint a Badge Administrator to coordinate with the SDCRAA Access Control Office.
- 12.42.2 The Job Site will be fenced, barricaded, and/or secured to prevent unauthorized personnel from gaining access to the work area. Gates will be established to allow crafts employees of contractors/subcontractors to enter the site at a location convenient to the craft parking area. Additional gates will be installed for material

delivery at locations selected by the SDCRAA Safety Manager.

- 12.42.3 The Contractor/Subcontractors shall be responsible for notifying their employees, visitors and material deliveries the correct gate to be used to enter the site. Reasonable care shall be exercised to prevent damage to the security fence and any damage found shall be reported to the SDCRAA airport operations and SDCRAA Safety Manager when discovered.
- 12.42.4 The Contractor/Subcontractors will remain responsible for the security of their tools, materials and equipment left on the Job Site after normal working hours. Office and tool sheds shall be locked and keys shall be removed from all vehicles and equipment when the Contractor/Subcontractor's personnel are not on site.

12.43 Site Specific Hazard Analysis Plan

- 12.43.1 The Contractor/Subcontractors are required to submit a Hazard Analysis Plan for their scope of work to the SDCRAA Safety Manager at the preconstruction conference or in their weekly required submittals. Their Hazard Analysis Plan must comply with the SDCRAA Construction Safety Manual before the SDCRAA Safety Manager will approve the document. Construction will not begin without an accepted Hazard Analysis Plan and safety representative on site. Delay in submitting written Contractors or Subcontractor's Hazard Analysis Plan and acceptable appointee(s) for safety representative shall not constitute grounds for a contract schedule extension or delay claim.

12.44 Public Protection Plan (Part of all JHA & THA)

- 12.44.1 The Contractor/Subcontractors shall develop a Public Protection Plan prior to the commencement of Work. This is due by the preconstruction conference. The Public Protection Plan shall be reviewed and revised as necessary throughout the Project.
- 12.44.2 The Public Protection Plan shall be in writing and available at the Job Site for review upon request.
- 12.44.3 The Public Protection Plan shall consider and include at minimum the following items as they apply to the Project: (This is not intended to be a complete list.)
- Noise
 - Dust, Fumes, Mist, Smoke, Vapors
 - Traffic Hazards
 - Pedestrian Hazards
 - Components
 - Radiation (including lasers, x-rays, and welding rays)
 - Machinery and vehicles
 - Falling Objects
 - Wind-Borne Objects

- Security
- Utilities
- Hazardous Materials and Hazardous Substances(including use and storage)
- Response to incidents involving the public
- Public demonstrations or protest

12.44.4 The Public Protection Plan shall at minimum include the following components:

- Policy Statement.
- Assignment of responsibilities.
- Identification of existing and predictable public concerns.
- Provisions to monitor and inspect the implementation of the provisions of the Public Protection Plan.
- Provisions for incident investigation.
- Hazard abatement procedures.

13.0 Code of Safe Work Practices

13.0 CODE OF SAFE WORK PRACTICES

A copy of this Code of Safe Work Practices, or an equivalent approved by the SDCRAA Safety Manager, must be posted on the project Safety Bulletin Board.

- 13.1** All employees are expected to know and observe the following general Safety Rules. Task and/or craft specific rules shall also be observed at all times.
- No one under the influence of alcohol or illegal drugs will be allowed on the site.
 - No unruly behavior of any kind will be allowed.
 - No loose or frayed clothing, shorts, soft or badly worn footwear shall be worn.
 - Shirts (with 4" minimum) sleeves shall be worn at all times.
 - Hard hats will be worn at all times.
 - Protective equipment, face masks, face shields, goggles, toe guards, earplugs are to be used as needed.
 - Approved safety glasses shall be worn at all times (except in offices, break rooms).
 - Hearing protection shall be worn when noise conditions present a hearing hazard.
 - Gloves and rubber boots are required when working with concrete.
 - Bend over or remove all exposed nails or protruding tie wire.
 - Keep work areas clean at all times.
 - Replace guardrails or missing floor-opening covers.
 - Report unsanitary conditions immediately to supervision.
 - Do not tamper with electrical equipment, machinery, air or water lines; report all defective equipment to supervision.
 - Do not enter any excavation greater than 5' unless properly shored, shielded, sloped or benched; and only after the Competent Person has inspected the excavation.
 - Tie off and/or have proper bearing on all ladders.
 - Do not work above or below others.
 - Clean up all liquid spills immediately.
 - Report unsafe conditions or acts to your supervisor or the Contractor's Site Safety Representative.
 - Correct any unsafe condition that may be a hazard to yourself or others in the area.
 - Do not throw materials or tools from elevated heights.
 - Report damage to scaffolds, false work, or other supporting structures immediately.
 - Know where all fire extinguishers are located.
 - Know where all emergency exits are located.
 - Know the location of all first aid kits / stations.

- Follow all No Smoking rules.
- All signs, barricades and other warning devices shall be complied with.
- Comply with these and other requirements and regulations.

13.2 The Contractor/Subcontractors shall have available on site postings and notices that are required by Federal, State and local laws and those required by SDCRAA Safety Program as follows:

- Fed / Cal Industrial Welfare Commission's Order Regulating Wages, Hours, and Working Conditions.
- Pay Day Notice.
- Cal OSHA "Job Safety and Health Protection Notice"
- EEO Poster (Age Discrimination, ADA etc.)
- Employer's "Code of Safe Practices" / Safety Rules.
- Sexual Harassment Poster.
- Family and Medical Leave Act.
- Notice of Compensation Carrier.
- Notice to Employees of Unemployment Insurance and Disability Insurance.
- Cal/Fed OSHA Operating Rules for Industrial Trucks.
- Cal OSHA 300A Log—Posted only during the entire month of February, March and April.
- Emergency Telephone Numbers.
- Notice of where the Safety Manual can be reviewed.
- Hazard Communication information location notice.
- Cal/Fed OSHA Activity Permits.
- Storm Water Pollution Prevention Plan notification.

14.0 Firewatch Instructions

14.0 FIREWATCH INSTRUCTIONS

14.1 Responsibilities

Contractor/Subcontractors primary responsibilities of a firewatch are:

- Prevent ignition of any flammable material.
- Should a fire occur, immediately extinguish it if possible. If the fire is beyond your control, alert the employees in the area and call for assistance.
- Maintain requirements listed on the Hot Work Permit.
- Stop the job if you observe any changes in conditions in the area that may be hazardous (i.e., vapor release, fueling operations, flammable materials stored too close or brought into the area).

14.2 Firewatch Duties

Circumstances and conditions of the job determine what safety requirements and firewatch duties will be. However the following duties are basic to all jobs:

- Obtain an appropriate portable fire extinguisher from the Contractor. Inspect the fire extinguisher to ensure it is fully charged and the seal on the pull-pin is intact.
- Do not leave the job site while welding or spark producing operations are in progress unless you have been properly relieved.
- Before and during the progress of the job, survey the entire area for potential release of flammable liquids or vapors.
- Prevent the refueling of equipment or machinery in the immediate area of HOT WORK.
- Locate the exact location of the nearest fire alarm, telephone, and other firefighting equipment other than that required by permit.
- Be alert, anticipate and prevent any condition that would be hazardous.
- The fire watch must be maintained for at least 30 minutes after the hot work has been completed.
- When the task is completed, return all equipment to its proper storage area.

Know the proper phone number to call for your location. Know your location.

15.0 Emergency Action Plan

15.0 EMERGENCY ACTION PLAN

15.1 Emergency Notification

The Emergency Action Plan (EAP) will be communicated during orientation.

- Company specific details such as internal emergency call lists, rally points, and other information shall be communicated in the Site Orientation conducted by the Contractor Superintendent or Safety Manager to each subcontractor.
- Workers will be kept abreast of any changes in their role in the emergency action plan and the use of emergency notification systems (i.e. pull-boxes, alarms, intercoms, radios and telephone lists) in the weekly site wide safety meeting. Notification Procedures will be addressed in JHA & THA.
- SDCRAA Safety Manager & SDCRAA Construction shall be notified about all Emergencies.
- The SDCRAA Safety Manager & SDCRAA Project Management Team shall be notified on all chemical spills greater than 10 gals.

15.1.1 The Contractor/Subcontractors shall have and maintain on the Job Site a written Emergency Action Plan which includes the following as a minimum:

- Procedures for reporting a fire or other emergency.
- Procedures for emergency evacuation, including type of evacuation and exit route assignments.
- Procedures to account for all employees after evacuation.
- Procedures to be followed by employees performing rescue or medical duties.
- The name or job title of every employee who may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.

15.2 Employee Alarm System

The Contractor must have and maintain an employee alarm system.

15.3 Training

Contractor/Subcontractors shall designate and train employees to assist in a safe and orderly evacuation of other employees.

15.3.1 The Emergency Action Plan will be communicated through the New Contractor/Subcontractor Orientation.

15.3.2 Company specific details such as internal emergency call lists, rally points, and other information shall be communicated in site orientation conducted by the Contractor and each Subcontractor.

15.3.3 Workers must be kept abreast of any changes in their role in the emergency action

plan and the use of emergency notification systems (i.e. pull-boxes, alarms, intercoms, radios and telephone lists).

15.4 Evacuation Drills

- 15.4.1 During the course of the Project, the Contractor/Subcontractor management team will set up and run evacuation drills. All drills will be coordinated with SDCRAA representatives, fire, and police departments. The Contractor and all tiers of Subcontractors on-site at the time of the drill will participate and handle the drill in a serious manner as if it were a real emergency.

15.5 Review of Emergency Action Plan

- 15.5.1 The Contractor must review the Emergency Action Plan ("EAP") with each employee covered by the plan:
- When the plan is developed or the employee is assigned initially to a job;
 - When the employee's responsibilities under the plan change and/or when the plan is changed.
- 15.5.2 A critique will follow each evacuation incident by the Contractor and SDCRAA Safety Manager. The effectiveness of this EAP will be gauged by the extent to which all subcontractors adhere to this procedure and the total time required to evacuate the work areas.
- 15.5.3 Any changes to this EAP will be documented and maintained by the Contractor's Superintendent for the duration of the project and submitted to SDCRAA Safety Manager.
- 15.5.4 This will always be a living document.

15.6 Upon Discovery of an Emergency:

- Notify coworkers in the immediate area of the emergency situation.
- Retreat a safe distance from the hazard and contact a supervisory person, preferably from his/her company. This person will notify the Contract Project Superintendent or SDCRAA Safety Manager. While it may be human nature to attempt to alert everyone, notifying project management will make certain the most rapid and complete notification of everyone at the facility.
- Proceed as described in Actions paragraphs below by all workers upon notification of an emergency.

15.6.1 Actions by the Contractor Project Superintendent in an Emergency:

- Immediately assign an individual to begin notifying Subcontractors of the emergency.
- Personally contact the appropriate response agency. (Refer to Emergency

Contact Numbers)

- Coordinate operations between the response agency and site personnel.
- Communicate with other coordinators and periodically provide an update to the SDCRAA Safety Manager.

15.6.2 Actions by Subcontractors Superintendent /foremen in an emergency:

- Calmly notify your employees and usher them to the designated meeting area.
- Before leaving work area, conduct a cursory search for any workers who were not notified of the emergency or who are unable to exit without assistance.
- Notify Contractor's Safety Manager and/or Contract Superintendent if an ambulance is needed. Call the Harbor Police Dispatcher at (619) 686-8000 Airport First Responders.
- Perform a head count and relay the results to the Contractor's Safety Manager or the Contract Superintendent updating the count every hour if necessary.

15.6.3 Actions by all Workers in an Emergency:

- Unless working at a critical process, stop whatever you are doing. If you are operating a critical process, and are not in immediate danger, follow the instructions of your supervisor.
- Never remain at your post if doing so places your life in jeopardy.
- Calmly and orderly evacuate the building or area (or seek shelter) using exits identified. Meet at the designated assembly area for your company.
- Once at the meeting point, report to your supervisor to be counted. Report any injuries sustained due to the emergency or evacuation to the supervisor at this time.
- Do not leave the assembly area until released by your supervisor. Do not reenter the building (or exit the shelter) until notified that the emergency is over by your supervisor or the "all clear" signal is given.

15.6.4 Actions by the SDCRAA Safety Manager upon Notification of an Emergency:

- Receive head counts and relay the results to the SDCRAA Emergency Operation Center Incident Commander.
- Assist the Incident Commander as needed.

15.7 Fire

15.7.1 Action by Workers in Response to a Fire:

- Attempt to extinguish the fire only if properly trained and the fire is in the early or beginning stage.

- Do not block open fire doors. They must be closed to prevent the movement of heat and smoke to other portions of the facility.
- In exiting the facility, do not use the elevators. Always use the stairs.

15.8 Bomb Threat

Appropriate action should be taken in each case to provide for the safety of people and property.

- 15.8.1 If a threatening note or letter is received, immediately call the Contractor Project Superintendent, Contractor/Subcontractor, Safety Manager, and the Harbor Police 619 686-8000 for instructions including any potential decisions for further steps, evacuation, etc. Do not continue to handle the note or show it to others, since latent fingerprints may be identifiable. To prevent panic, do not discuss the matter with anyone except the original contact or SDCRAA job site representatives.
- 15.8.2 If a bomb threat is received by telephone, the person receiving the call should be calm and courteous. Listen and do not interrupt the caller. (Pay attention to accents, male/female, and background noises, etc.). Record details of the call. Immediately notify someone nearby while trying to keep the caller on the line. The person notified should in turn contact their supervisor or the SDCRAA Safety Manager.

15.8.3 Actions by person discovering a bomb or suspicious object:

- Under no circumstances should anyone attempt to search out, move or defuse a suspected bomb.
- Retreat to a safe location and notify Harbor Police (619-686-8000) your supervisor or the Contractor/Subcontractor Safety Manager.

15.8.4 Actions by SDCRAA Safety Manager upon notification of a bomb threat:

- After a bomb threat is received or a potential is bomb discovered, the decision to evacuate the facility will be made by the Contractor/Subcontractor or Project Superintendent in conjunction with the highest-ranking member of the SDCRAA Management Team present.
- All bomb threats must be reported to Airport Operations and the Harbor Police

15.9 Chemical Spill

In the event of a chemical spill or waste release, take the following actions: SDCRAA Safety Manager shall be notified on all chemical spills greater than 10 gallons of material. Protect all stormwater, sewer drains during a spill.

15.9.1 Actions by person discovering a chemical spill or release:

- Avoid breathing any vapors that may be produced or contacting the material. Retreat immediately to a safe area (usually uphill and upwind).
- Immediately report the incident to your supervisor, who will then notify SDCRAA

Safety Manager responsible for the area. SDCRAA Inspectors will be notified.

- Do not attempt to clean up the spill or stop its flow unless so trained and authorized.
- Do not flush the spill down any industrial, sanitary, or storm sewer system.

15.9.2 Actions by SDCRAA Safety Manager upon notification of a chemical spill or release:

The SDCRAA Safety Manager in conjunction with the Contractor Safety Manager and Contractor Project Superintendent, must decide whether a full, partial, or any evacuation is necessary based upon the material spilled and the amount.

- If an evacuation is necessary, evaluate the safety of the normal designated meeting areas. If these must be changed, communicate this to the subcontractors' supervision at the time of initial notification if possible.
- If the spill is large or presents a hazard to employees or the environment the SDCRAA Safety Manager will immediately call the local fire department or emergency response subcontractor.
- The SDCRAA Safety Manager will contact the SDCRAA Environmental Affairs Manager.
- If necessary, the Contractor and SDCRAA Environmental Manager will report the spill to the appropriate governmental environmental regulatory agencies.

15.10 Weather-Related Emergencies

15.10.1 In the event of a severe-weather emergency, the following actions should be taken:

- The Contractor Project Superintendent will decide if evacuation of work areas is necessary.
- If evacuation is necessary, a safe place to congregate shall be selected by the SDCRAA Project Management Team.
- The evacuation notice and meeting place will be announced over the radio (if used). In the event that workers are in an area where radio communications are not clear, notification will be by word of mouth.

15.10.2 Unlike the other types of emergencies, the safest place in a weather-related emergency is indoors, usually in the center of the structure away from outside windows and doors.

15.11 Earthquake-Related Emergencies

15.11.1 During and after an earthquake, it is important to **remain calm**.

15.11.2 If indoors, stay there. Get under a desk, table, or other sturdy object. If a sturdy object is not available, move toward an interior wall.

15.11.3 If outdoors, get into the open away from buildings, power lines, cranes, equipment, glass structures or trees.

- 15.11.4 In the event of an isolated failure or other damage requiring immediate attention, the involved field personnel shall notify the Contractor's Superintendent of the situation via two-way radio/phone communication.
- 15.11.5 If you feel unsafe moving from your pre-emergency location, **DO NOT MOVE**. All personnel and visitors will be accounted for via a two person inspection teams. Be prepared for aftershocks.
- 15.11.6 Check for injuries Do Not use the telephone, except to report medical, fire, or violent crime emergencies.
 - The Contract Superintendent will decide if evacuation of work areas is necessary.
 - If an evacuation is necessary, evaluate the safety of the normal designated meeting areas. If these must be changed, communicate this to the subcontractors' supervision at the time of initial notification if possible.
 - In the event of that workers are in an area where radio communications are not clear, notification will be by word of mouth.

15.12 Post-Emergency Operations

- 15.12.1 Workers shall not reenter the facility or leave the shelter for any reason until directed to by their supervisor. All workers will report to one of two assembly areas and will remain there until a head count is made by their company's superintendent and reported to the Contract Superintendent.
- 15.12.2 All workers will remain in the assembly area until released by the Contract Superintendent.
- 15.12.3 The Contractor and SDCRAA Project Management Team will then tour the facility and grounds to assess the extent of damage. After the tour, decisions will be made concerning temporary measures to protect the facility and its contents. A report of the emergency will be made to the SDCRAA Safety Manager; they will advise regarding further action.

15.13 Emergency Contact Numbers

In case of an emergency, contact one of the following people, starting at the top of the list.

Title	Name	Mobile	Home/Office
Project Principal			
Pre-Construction Manager			
Construction Manager			
Lead Superintendent			
Civil Structural Lead			
Sr. Project Safety Manager			
Senior Project Manager			
Project Manager			

15.13.1 Owner's Representatives TBD

Title	Name	Mobile	Home/Office
SDCRAA Safety Manager			
City of San Diego Fire Marshall			
SDCRAA Development Division			
SDCRAA Facilities Management (FMD)			
SDIA Operations			
Harbor Police			

15.13.1 Subcontractors TBD

Company	Name	Mobile	Home/Office
Harbor Police/Fire/Ambulance			
Airport Operations			
Construction Injuries			
City of San Diego Police			
Poison Control Center			

For more Subcontractors, see *Subcontractor Emergency Contacts*

15.13.2 Other Numbers TBD

	Name	Telephone	Location
Public Works, Bureau of Sanitation			
City of San Diego DWP			
Water			
Power			
Power			
SDIA Fuel			
Phone AT&T			
FAA			
Communications			

Appendices

Appendix 1	J Files
J.1	Cal OSHA CORRESPONDENCE / Cal OSHA 300A (FILE ONLY) BP
J.1.1	Cal OSHA Permits
J.1.2	Cal OSHA Activity Notice
J.1.3	Current Jobsite 300 Log / Cal OSHA 300 Log
J.1.4	Current Jobsite 300A Log / Cal OSHA 300A Log
J.1.5	Current Jobsite 301 Log
J.2	JOB HAZARD ANALYSIS / JHA
J.3	FALL PROTECTION PLAN
J.4	WEEKLY SAFETY MEETINGS
J.5	WEEKLY SAFETY PROJECT AUDIT
J.5.1	Construction Safety Inspection Report
J.6	CONTRACTOR PRECONSTRUCTION ORIENTATION CHECKLIST
J.6.1	New Hire Safety Orientation Checklist
J.7	CODE OF SAFE PRACTICES
J.8	INJURY, INCIDENT, AND NEAR-MISS LOG
J.8.1	0-60 Report
J.8.2	Example Hot Pack/Grab & Go Pack
J.8.3	Incident Investigation Report
J.8.4	Utility Damage Report
J.8.5	Near-Miss Investigation
J.8.6	DWC1 Form
J.9	INSPECTION FORMS
J.9.1	Daily Trench Inspection
J.9.2	Daily Forklift Inspections
J.9.3	Scaffolding Inspections
J.9.4	Lift, Scissor Lifts Inspections
J.9.5	Small Tools Inspections
J.9.6	Safety Harness and Lanyards
J.9.7	Safety Inspections for Misc. Equipment
J.9.8	Fire Extinguisher Inspection Log
J.9.9	First Aid Kit Inspection
J.9.10	Mobile Crane Inspection
J.10	PROJECT INCIDENT RATE SUMMARY
J.11	QUARTERLY SAFETY PROCESS AUDIT
J.12	NON-PERMITTED CONFINED SPACE
J.12.1	Confined Space / Hazardous Area Entry Permit
J.12.2	Ventilation Calculation Sheet
J.13	SAFETY TRAINING ATTENDANCE SHEET
J.14	DESIGNATED COMPETENT PERSON ACKNOWLEDGEMENT FORM
J.15	HOT WORK PERMIT
J.16	DRILLING AND CORING PERMITS
J.17	EMPLOYEE WARNING NOTICE
J.18	CRANE MOVE PLAN
J.18.1	Crane Pre-Lift Checklist
J.18.2	Critical Lift Checklist
J.18.3	Suspended Personnel Platform Worksheet
J.19	SAFETY PERFORMANCE INCENTIVE PROGRAM
J.20	LOCKOUT/TAGOUT MASTER LOG

Appendix 2 SAFETY AUDIT, VEHICLES & EQUIPMENT

Appendix 3 SDCRAA – LOCKOUT/TAGOUT PROGRAM GUIDELINES

Appendix 1

J.1 Cal OSHA Correspondences

J.1.1 Cal OSHA Permits

ACTIVITY NOTIFICATION FORM
FOR HOLDERS OF ANNUAL PERMITS

Buildings/Structures, Scaffolding/Falsework, Demolition, Trenches/Excavations

THIS FORM **SHALL** BE FAXED TO THE NEAREST DOSH OFFICE TO COMPLY WITH THE 8 CCR 341.1(h).
PLEASE **DO NOT** MAIL DUPLICATE NOTIFICATION AS A FOLLOW-UP TO FAX NOTIFICATION.

FAX DATA: FAXED TO _____ DOSH DISTRICT OFFICE ON _____

DOSH FAX NO. (_____) _____ BY _____

Company Name: _____ Field Phone: _____

Annual Permit Number: _____ Office Phone: _____

Issuing Region: _____ Issuing District: _____

Specific Activity Location: _____ Number of Employees: _____

Nearest Major Cross Street: _____ Starting Date: _____

City: _____ Anticipated Completion Date: _____

County: _____ High Voltage Lines in Proximity? No _____ Yes _____

INSTRUCTIONS: The appropriate item(s) must be completed and signed by a person knowledgeable about the project for each activity covered by a permit. Please fill in or check off the blanks where appropriate.

Construction: Building _____ Structure _____ **Type:** Steel Frame _____ Tiered _____ Concrete _____ Tilt-up _____

Wood Frame _____ Curtain Wall _____ Precast _____ Slip Form _____ Depth _____ Height _____

Description: _____

Scaffolding: Height _____ Metal _____ Wood _____ Wood over 60 Feet _____ Metal over 125 Feet _____

Metal >125 Feet or Wood>60 Feet requires design by California Registered Civil Engineer & Plans at Site. (See 8 CCR 1644(c) (7))

Description: _____

Falsework/Vertical Shoring: Maximum Height _____ Maximum Span _____ Material _____

Description: _____

(See 8 CCR 1717)

Demolition of: Building _____ Structure _____ **Height** _____ No. of Stories _____ **Type:** Steel Frame _____

Wood Frame _____ Concrete _____ Demolition Ball _____ Clam _____ Explosives _____

Loader/Tractors _____ Other _____

Continued on back

Trenches/Excavations: Depth Range (Min/Max) _____ Width Range (Min/Max) _____ Total Length _____

Ground Protection Method: Shoring _____ Sloping _____ Trench Shield _____ Professional Engineer _____

Underground Services Alert (USA) Number _____ (NORTH 1-800-642-2444/SOUTH 1-800-422-4133)

Soil Analysis to be done? Yes _____ No _____ If No, You **Must** Slope 1.5 to 1.

Competent Person: The holder of an Annual Permit who is notifying the District of the commencement of a Trench and/or Excavation project shall designate a **competent person** in accordance with the requirements of 8 CCR Section 1504, 1541, and 1541.1.

Description: _____

* Ground protection methods for excavations deeper than 20 feet must be designed by a Registered Professional Engineer.
See 8 CCR 1541.1, Appendix F.

I hereby certify that to the best of my knowledge the above information and assertions are true and correct and that I/the applicant, have knowledge of and will comply with the foregoing.

Name: _____
(Please Type or Print)

Signature: _____

Title: _____

Date: _____

Cal/OSHA Form 300 (Rev.7/2007)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work- related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in CCR Title 8 Section 14300.8 through 14300.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (Cal/ OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local Cal/ OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health programs. See CCR Title 8 14300.29(b)(6)-(10)

J.1.3



Identify the person						Describe the case	Classify the case															
(A)						(B)	(C)	(D)	(E)	(F)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness					
											Death	Days away from work	Remained at work Job transfer or restriction	Other recordable cases	Away from work	On the job transfer or restriction	(M) Injury	Skin Disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
Case #						Employee's Name	Job Title (e.g. welder)	Date of injury or onset of illness (month/day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill. (e.g. Second degree burns on right forearm from acetylene torch)	(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
															days	days						
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Cal/OSHA Form 300A (Rev. 7/2007)

Appendix B

Annual Summary of Work-Related Injuries and Illnesses

All establishments covered by CCR Title 8 Section 14300 must complete this Annual Summary, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the Cal/OSHA Form 300 in its entirety. They also have limited access to the Cal/OSHA Form 301 or its equivalent. See CCR Title 8 Section 14300.35, in Cal/OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Injury and Illness Types

Total number of . . .	
(M)	
(1) Injuries	(4) Poisonings
(2) Skin disorders	(5) Hearing loss
(3) Respiratory conditions	(6) All other Illnesses

Establishment information

Your establishment name

Street

CityStateZIP

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

Employment information (If you don't have these figures, use the optional Worksheet to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executiveTitle

PhoneDate

Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.

Cal/OSHA Form 301

Injury and Illness Incident Report

Appendix C

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.
See CCR Title 8 14300.29(b)(6)-(10)



Department of Industrial Relations
Division of Occupational Safety & Health

J.1.5

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with *Log of Work-Related Injuries and Illnesses* and the accompanying *Annual Summary*, these forms help the employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers’ compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33 Cal/OSHA’s recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____

Title _____

Phone (____)____-____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) ☐ Male
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
☐ Yes
☐ No
- 9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”
- 15) What happened? Tell us how the injury occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”
- 17) What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did death occur? Date of death ____/____/____

JOB NAME	SUPERINTENDENT	JOB NUMBER
LOCATION OF TASK:	FOREMAN	DATE

TASK DESCRIPTION:

LIST ALL THE STEPS OF THE TASK	IDENTIFY POTENTIAL HAZARDS OF EACH STEP	HOW WILL YOU CONTROL THE HAZARD?

CRITICAL HAZARDS

- ___ STRIKE AGAINST, CUTS
- ___ CAUGHT IN, ON OR BETWEEN
- ___ EYES, EARS, INHALATION
- ___ FALLS
- ___ OVEREXERTION, STRAINS, STRAINS

HOW TO CONTROL THE HAZARD

(FOR EACH TYPE OF HAZARD DETERMINE HOW THE HAZARD WILL BE CONTROLLED.)
 (CM) CHANGE METHOD,
 (RH) REMOVE HAZARD,
 (PE) USE PERSONAL PROTECTIVE EQUIPMENT,
 (PA) INCREASE PERSONAL AWARENESS

All employees shall review this fall protection plan prior to starting any work where a fall hazard exists. (Circle all correct responses and / or fill in the blank)

Identify fall hazards over 6 feet:

Ladders

Leading Edge

Scaffolds

Work Platform

Other: _____

Describe fall protection method:

Body Harness

Fall Restraint

Guardrail(s)

Other: _____

Describe fall protection attachment points:

Engineered

Manufacturer Recommended

Good Faith

Other: _____

Describe procedure for handling tools and materials:

Describe method of providing overhead protection for workers and others that may have access to pass below or under the work site:

Barricades

Warning Signs

Hard Hats

Designated Flagman

Describe emergency rescue procedures:

Initiate emergency response (619) 686-8000

Utilize lift truck, aerial lift or platform

Other:

Fall Protection Competent Person:

_____ Contact Number: _____

WEEKLY SAFETY MEETING

Project: _____ Job #: _____ Date: _____

Supervisor(s) Conducting Meeting: _____

Summary of Items Discussed:


Accidents and Injuries Discussed:

Employee Comments and Suggestions:

EMPLOYEES ATTENDING MEETING


Weekly Project Safety Audit

J.5

PERSON(S) MAKING INSPECTION:			
		TITLE:	
DATE:		TIME:	
		SDCRAA	
		Immediate Corrective Action Complete	Adequate At Time Of Inspection
1. JOB-SITE INFORMATION			
a. Cal/OSHA and other job-site warnings posters			
b. Tool Box Safety Meeting Material on site			
c. Adequate first-aid equipment and stretchers available?			
d. Forms for job-site injury and accident records posted?			
e. Are emergency telephone numbers conspicuously posted?			
f. Tool Box and Project Safety Meetings?			
2. HOUSEKEEPING AND SANITATION			
a. General neatness of working areas			
b. Passageways and walkways clear?			
c. Waste containers provided			
d. Sanitary facilities adequate and clean			
e. Adequate supply of drinking water			
f. Disposable drinking cups			
g. Adequate lighting			
h. Trash receptacle for drinking cups			
3. FIRE PREVENTION			
a. Fire instruction to personnel			
b. Fire extinguishers identified, checked			
c. Hydrants clear, access to public thoroughfare open			
d. Housekeeping			
e. "No Smoking" signs posted and enforced where needed			
f. Storage, use and handling of flammable and combustible liquids in accordance with standards			
g. Clearance, proper mounting, ventilation for temporary heating			
4. ELECTRICAL INSTALLATIONS			
a. Adequate wiring well insulated and fused properly			
b. All electrical equipment grounded and all extension cords three-wire type or double insulated tools used			
c. Electrical dangers posted			
d. Have concealed electrical lines been located and marked?			
e. All terminal boxes equipped with required covers			
f. Have concealed electrical lines been located and marked?			
g. Proper guards on temporary lights			
h. G.F.C.I. Or assured grounding program			


Weekly Project Safety Audit

J.5

 SAN DIEGO INTERNATIONAL AIRPORT LET'S GO.		SDCRAA	Immediate Corrective Action Complete	Adequate At Time Of Inspection
5. HAND TOOLS				
a. Proper tools for each job				
b. Neat and secure storage area				
c. Inspection and maintenance procedures				
d. System for repairing or replacing damaged tools				
6. POWER TOOLS				
a. All power tools operated in safe manner				
b. All power operated tools properly guarded				
c. Electrical tools grounded and/or double insulated				
d. Pneumatic power tools ,fuel power tools, hydraulic power tools guarded				
7. POWDER ACTUATED TOOLS				
a. Local laws and ordinances complied with				
b. All operators qualified				
c. Tools checked and in good working order				
d. Safety goggles or face shields available				
e. Tools not used on any but recommended materials				
f. Powder-actuated tools have required safeguards				
g. Operated only by trained personnel				
h. Tools and charges protected from unauthorized use				
i. Competent instruction and supervision available				
8. LADDERS				
a. Ladders inspected and in good condition				
b. Onsite made ladders constructed				
c. Stepladders fully open when in use				
d. Rungs or cleats not over 12" on center				
e. Metal ladders not used around electrical hazards				
f. Are ladders painted?				
g. Are ladders equipped with safety shoes?				
9. SCAFFOLDING				
a. Scaffolding footing and anchorage				
b. Guardrails and toeboards on all scaffolds and platforms over 10' high				
c. Scaffolds and parts damaged or weakened				
d. Access ladder provided for scaffolds				
e. Wire mesh or equivalent available for scaffolds when persons must pass under scaffolds				
f. Is the scaffold plumb and square with cross-bracing?				
10. HOISTS, CRANES AND DERRICKS				
a. Cables and sheaves				
b. Slings and chains, hooks and eyes				
c. Equipment firmly supported				
d. Outriggers				
e. Power line signs, and other operating signs, in plain view of operator				
f. Proper loading and capacity at proper radius charts				
g. All equipment properly lubricated and maintained				
h. Signalmen where needed				
i. Signals understood and observed				
j. Are inspection and maintenance logs maintained?				


Weekly Project Safety Audit

J.5

 SAN DIEGO <small>INTERNATIONAL AIRPORT</small> <small>LET'S GO.</small>		SDCRAA		Immediate Corrective Action Complete	Adequate At Time Of Inspection
k. Are guards over moving parts?					
l. Proper fire protection					
11. HEAVY EQUIPMENT					
a. Regular inspection and maintenance					
b. Lubrication and repair of moving parts					
c. Lights, brakes, warning signals operative					
d. Wheels chocked when necessary					
e. Haul roads well maintained and laid out properly					
f. Protection when equipment is not in use					
g. Shut-off devices on hose airlines in case of hose failure?					
h. Noise arresters in use?					
i. Guards over moving parts?					
j. Proper fire protection					
12. MOTOR VEHICLES					
a. Regular inspection and maintenance					
b. Operators licensed and qualified					
c. Local and state vehicle laws and regulations observed					
d. Brakes, lights warning devices operative					
e. Weight limits and load sizes controlled					
f. Personnel carried in a safe manner					
g. All glass in good condition					
h. Back-up alarms provided					
i. Fire extinguishers installed where required?					
13. BARRICADES					
a. Floor openings planked over or barricaded					
b. Roadways and sidewalks effectively protected					
c. Adequate lighting provided					
d. Traffic controlled					
e. Perimeter guards on elevated floors					
14. HANDLING AND STORAGE OF MATERIALS					
a. Are materials properly stored or stacked?					
b. Are passageways clear?					
c. Stacks on firm footings, not too high					
d. Are materials protected from weather conditions?					
e. Protection against falling into hoppers and bins					
f. Is dust protection observed?					
g. Extinguishers and other fire protection available					
h. Is traffic controlled in the storage area?					
15. EXCAVATION AND SHORING					
a. Are adjacent structures properly shored?					
b. Is shoring and sheathing used for soil control?					
c. Are roads and sidewalks supported and protected?					
d. Is material stored too close to excavations?					
e. Is excavation barricaded and lighting provided?					
f. Is equipment qa safe distance from edge of excavation?					
g. Are ladders provided where needed?					
h. Are equipment ramps adequate?					

Weekly Project Safety Audit

J.5

 SAN DIEGO <small>INTERNATIONAL AIRPORT</small> <small>LET'S GO.</small>		SDCRAA		Immediate Corrective Action Complete	Adequate At Time Of Inspection
i. Is job supervision adequate?					
j. Have concealed utility lines been located and marked?					
16. DEMOLITION					
a. Are operations posted and controlled?					
b. Is there protection of adjacent structures?					
c. Are material chutes used?					
d. Is there sidewalk and other public protection?					
e. Clear operating space for trucks and other vehicles					
f. Adequate access ladders or stairs					
g. Have concealed utility lines been located and marked?					
17. FLAMMABLE GASES AND LIQUIDS					
a. All containers clearly identified					
b. Proper storage practices observed					
c. Fire hazards checked					
d. Proper storage, protection, signs, barricades					
e. Proper types and numbers of extinguishers nearby					
18. WELDING AND CUTTING					
a. Are operators qualified?					
b. Screens and shields available					
c. Goggles, gloves, clothing available					
d. Equipment in operating condition					
e. Electrical equipment grounded					
f. Power cables protected and in good repair					
g. Fire extinguishers of proper type					
h. Inspection for fire hazards					
i. Flammable materials protected					
j. Gas cylinders upright, secured and properly stored					
k. Gas lines protected and in good condition					
19. PERSONAL PROTECTIVE EQUIPMENT					
a. Eye protection					
b. Face shields					
c. Respirators and masks					
d. Helmets and hoods					
e. Head protection					
f. Gloves, aprons and sleeves					
g. Ear protection					
h. Safety harness and lifelines provided					
i. Proper shoes, trousers and shirts worn where needed					
20. EXPLOSIVES					
a. All explosive handlers have received proper handling instruction					
b. Smoking or flame producing devices in area					
c. Drilling equipment out of immediate loading area					
d. Explosives, primers or detonators placed in orderly manner					
e. Workers and supervision have awareness of static electrical hazards					
f. Boreholds checked prior to loading					
g. Care exercised during tamping to fill a drill hole for explosion					
h. Explosives signs properly placed and monitored					

J.5

5

CONTRACTOR PRE-CONSTRUCTION ORIENTATION

<i>Review Date:</i>		<i>Company:</i>	
<i>Project Manager:</i>		<i>Project Manager:</i>	
<i>Superintendent:</i>		<i>Project Superintendent:</i>	
<i>Safety Manager:</i>		<i>Project Safety Manager:</i>	
<i>Prime Contractor:</i>		<i>Sub Tier Sub to:</i>	

Required Submissions

Each contractor shall submit at the Pre-Construction meeting the following information for review by the Construction Safety Manager (**Items 1-13 is mandatory for all contractors and is required before they can start work on the jobsite**) Items 14-22 may not be applicable to the scopes of all contractors):

REQUIRED SUBMISSIONS	Complete	Not Complete	NA	Notes
1. IIPP Must Include: - Responsibility – Accident/Exposure Investigation – Compliance – Hazard Correction - Communication – Training and Instruction - Hazard Assessment – Recordkeeping – Code of Safe Practices				
2. Written Hazard Analysis Plan for contractors scope of work *				
3. Public Protection Plan				
4. Hazard Communication Program *				
5. Housekeeping Policy				
6. Incident Analysis Program				
7. Incident Emergency Procedures/Response Plan				
8. Safety and Health Audit and Inspection Program				
9. List of competent persons required by the OSHA standards *				
10. Resume of Safety Representatives (as required by contract) *				
11. Drug and Alcohol Abuse Prevention Program with a list from the company showing who passed the test within the last 90 days.				
12. List of Current 30 hour OSHA Cards prior to Jobsite Orientations & Badging for Foreman and Superintendents.				
13. Heat Stress Program				
14. Cal OSHA Permits / Activity Notification Form				
15. Air Sampling Requirements				
16. Respiratory Protection Program				
17. Fall Protection Program				
18. Confined Space Program				
19. Energized Electrical Work				
20. Lockout/Tagout Program				
21. Crane certification & Crane Operator				
22. Required Certifications for scope of work. (Powder-Actuated Tools, Forklift, Excavator, Backhoe, Aerial Lifts, etc.)				

Required Project Forms, and Reports and Due Dates

SDCRAA requires the following forms turned in on **Friday of each week** to the safety manager.

J.1	SAR	Cal OSHA CORRESPONDENCE / Cal OSHA 300A (FILE ONLY) BP
		J.1.1 Cal OSHA Permits
		J.1.2 Cal OSHA Activity Notice
		J.1.3 Current Jobsite 300 Log / Cal OSHA 300 Log
		J.1.4 Current Jobsite 300A Log / Cal OSHA 300A Log
		J.1.5 Current Jobsite 301 Log
J.2	PWS	JOB HAZARD ANALYSIS / JHA
J.3	SAR	FALL PROTECTION PLAN
J.4	SW	WEEKLY SAFETY MEETINGS
J.5	SW	WEEKLY SAFETY PROJECT AUDIT
		J.5.1 Construction Safety Inspection Report
J.6	SW	CONTRACTOR PRECONSTRUCTION ORIENTATION CHECKLIST
		J.6.1 New Hire Safety Orientation Checklist
J.7	SAR	CODE OF SAFE PRACTICES
J.8	SAR	INJURY, INCIDENT, AND NEAR-MISS LOG
		J.8.1 0-60 Report
		J.8.2 Example Hot Pack/Grab & Go Pack
		J.8.3 Incident Investigation Report
		J.8.4 Utility Damage Report
		J.8.5 Near-Miss Investigation
		J.8.6 DWC1 Form
J.9		INSPECTION FORMS
		J.9.1 Daily Trench Inspection
		J.9.2 Daily Forklift Inspections
		J.9.3 Scaffolding Inspections
		J.9.4 Lift, Scissor Lifts Inspections
		J.9.5 Small Tools Inspections
		J.9.6 Safety Harness and Lanyards
		J.9.7 Safety Inspections for Misc. Equipment
		J.9.8 Fire Extinguisher Inspection Log
		J.9.9 First Aid Kit Inspection
		J.9.10 Mobile Crane Inspection
J.10	SM	PROJECT INCIDENT RATE SUMMARY
J.11	SAR	QUARTERLY SAFETY PROCESS AUDIT
J.12	SAR	NON-PERMITTED CONFINED SPACE
		J.12.1 Confined Space / Hazardous Area Entry Permit
		J.12.2 Ventilation Calculation Sheet
J.13	SW	SAFETY TRAINING ATTENDANCE SHEET
J.14	PWS	DESIGNATED COMPETENT PERSON ACKNOWLEDGEMENT FORM
J.15	PWS	HOT WORK PERMIT
J.16	SW	DRILLING AND CORING PERMITS
J.17	SAR	EMPLOYEE WARNING NOTICE
J.18	PWS	CRANE MOVE PLAN
		J.18.1 Crane Pre-Lift Checklist
		J.18.2 Critical Lift Checklist
		J.18.3 Suspended Personnel Platform Worksheet
J.19		SAFETY PERFORMANCE INCENTIVE PROGRAM
J.20		LOCKOUT/TAGOUT MASTER LOG

SAR = SUBMIT AS REQUIRED
SW = SUBMIT WEEKLY
S2W = SUBMIT EVERY TWO WEEKS
SM = SUBMIT MONTHLY
PWS = PRIOR TO WORK STARTING

Minimum Training Requirements for Employees:

Contractor employees are expected to have the basic skills, education and training to perform their scope of work. In addition, each should have an understanding of the safety regulations that apply to their work. The following chart provides a list of safety training that may be required depending on scope of work.

Work Activity	Training
General, all Workers on site.	<p>Cal or Fed OSHA 10 hour Construction are required, Sub contractors must show a 10 or 30 Hour Cal or Fed OSHA construction card at time of orientation for at least 20% of your field staff. All other staff will need to have their 10 Hour Cal or Fed OSHA construction card within 120 days of starting work on this project. Sub-contractors, Field Supervisor must have completed a 30 Hour Cal or Fed OSHA Construction Outreach Training course, within the past 3 years prior to beginning work on the project and be a certified trainer in construction.</p> <p>Hazard recognition, hazard communication, fall protection, first aid/CPR/blood borne pathogens (at least one per crew, preferably the Forman), hearing protection, pre task plan, (supervisors), incident reporting, requirements for job clean-up, hand and power tool, fire protection and prevention, emergency action plan, electrical safety (awareness),lockout/tagout awareness, ladder safety, hazard reporting procedure</p>

(Company Name)

(Print)

(Signed)

(Title) & (Date)

Follow Up Date: _____

Signature:

Date:

NEW HIRE SAFETY ORIENTATION CHECKLIST

All new or transferred employees must complete a project-specific orientation prior to starting work. At a minimum, the following topics must be covered:

- ☐ Drug and Alcohol Policy
- ☐ Safety Meetings
- ☐ Emergency Procedures / Fire / Accident
- ☐ Accident / Incident Reporting Procedures
- ☐ Emergency Phone numbers
- ☐ Unsafe Act / Condition Reporting
- ☐ Personal Protective Equipment Requirements
- ☐ Safe Work Rules - Code of Safe Conduct
- ☐ Hazardous Materials Communication (HAZ-COM) SDS's location, availability
- ☐ Housekeeping
- ☐ Fall Protection Requirements – 6' 100%
- ☐ Electrical Safety – GFCI, Damaged electrical cords, Inspection
- ☐ Confined Space Entry (when applicable) (additional training req'd)
- ☐ Hot Work Permit Requirements
- ☐ Disciplinary Procedures
- ☐ Ladder Safety
- ☐ Scaffold Safety
- ☐ Heat Stress

ACKNOWLEDGEMENT

I have received training in the Safe Work Practices as indicated above.

Trainee Name (print)

Date

Signature

Company

Trainer Name (Print)

Signature

13.0 CODE OF SAFE WORK PRACTICES

A copy of this Code of Safe Work Practices, or an equivalent approved by the SDCRAA Safety Manager, must be posted on the project Safety Bulletin Board.

A. All employees are expected to know and observe the following general Safety Rules. Task and/or craft specific rules shall also be observed at all times.

- No one under the influence of alcohol or illegal drugs will be allowed on the site.
- No unruly behavior of any kind will be allowed.
- No loose or frayed clothing, shorts, soft or badly worn footwear shall be worn.
- Shirts (with 4" minimum) sleeves shall be worn at all times.
- Hard hats will be worn at all times.
- Protective equipment, face masks, face shields, goggles, toe guards, earplugs are to be used as needed.
- Approved safety glasses shall be worn at all times (except in offices, break rooms).
- Hearing protection shall be worn when noise conditions present a hearing hazard.
- Gloves and rubber boots are required when working with concrete.
- Bend over or remove all exposed nails or protruding tie wire.
- Keep work areas clean at all times.
- Replace guardrails or missing floor-opening covers.
- Report unsanitary conditions immediately to supervision.
- Do not tamper with electrical equipment, machinery, air or water lines; report all defective equipment to supervision.
- Do not enter any excavation greater than 5' unless properly shored, shielded, sloped or benched; and only after the Competent Person has inspected the excavation.
- Tie off and/or have proper bearing on all ladders.
- Do not work above or below others.
- Clean up all liquid spills immediately.
- Report unsafe conditions or acts to your supervisor or the Contractor's Site Safety Representative.
- Correct any unsafe condition that may be a hazard to yourself or others in the area.
- Do not throw materials or tools from elevated heights.

- Report damage to scaffolds, false work, or other supporting structures immediately.
- Know where all fire extinguishers are located.
- Know where all emergency exits are located.
- Know the location of all first aid kits / stations.
- Follow all No Smoking rules.
- All signs, barricades and other warning devices shall be complied with.
- Comply with these and other requirements and regulations.

B. The Contractor/Subcontractors shall have available on site postings and notices that are required by Federal, State and local laws and those required by SDCRAA Safety Program as follows:

- Fed / Cal Industrial Welfare Commission's Order Regulating Wages, Hours, and Working Conditions.
- Pay Day Notice.
- CAL OSHA "Job Safety and Health Protection Notice"
- EEO Poster (Age Discrimination, ADA etc.)
- Employer's "Code of Safe Practices" / Safety Rules.
- Sexual Harassment Poster.
- Family and Medical Leave Act.
- Notice of Compensation Carrier.
- Notice to Employees of Unemployment Insurance and Disability Insurance.
- Cal/CAL OSHA Operating Rules for Industrial Trucks.
- CAL OSHA 300 A Log—Posted only during the entire month of February, March and April.
- Emergency Telephone Numbers.
- Notice of where the Safety Manual can be reviewed.
- Hazard Communication information location notice.
- Cal/CAL OSHA Activity Permits.
- Storm Water Pollution Prevention Plan notification.

INITIAL NOTIFICATION FORM

(TO BE FILLED-OUT IN THE FIRST 0-60 MINUTES OF INCIDENT)

Today's Date:				Report Filled out by:									
Project Number:		Employee:				Date of Incident:				Time of Incident:			
Location of Incident:				Employer:				Foreman:					
Near Miss	<input type="checkbox"/>	Injury/Illness (Severity)	<input type="checkbox"/>	Property	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Construction Equipment Lost	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Utility Hit (Type)	<input type="checkbox"/>
Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>
												Other	<input type="checkbox"/>
Footnotes: (Major is property or equipment loss greater than \$1,500)													
Brief description of incident –													
If property damage describe –													
Is there equipment loss or construction equipment damage?													
Describe immediate actions by project personnel –													

Notify immediately: Harbor Police/Fire Rescue: (619) 686-8000

Hot Pack / Grab N Go Packets

J.8.2 Example Hot Pack /
Grab N Go Pack

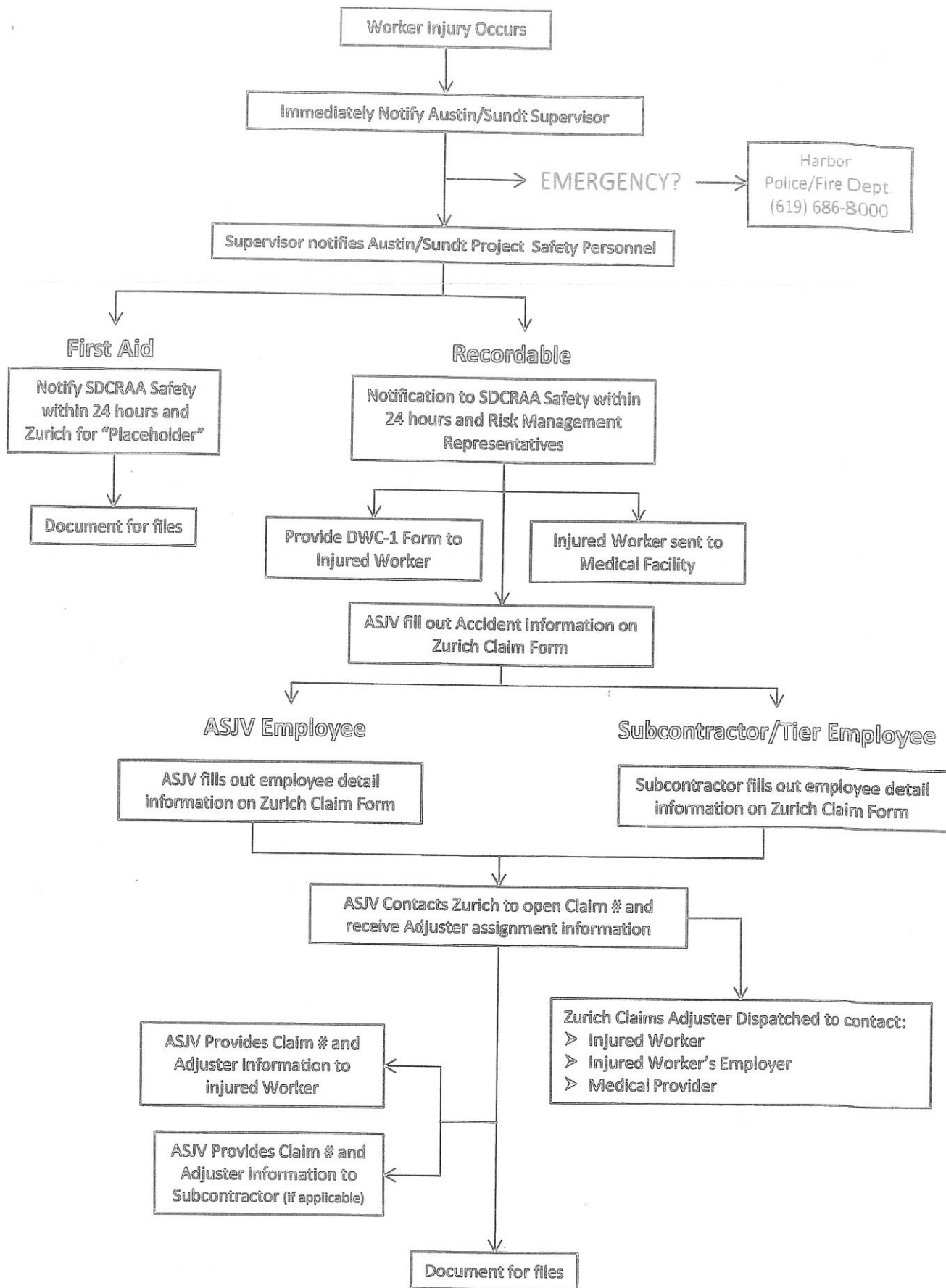
An immediate phone call/oral report shall be made to the Austin/Sundt Project Safety Manager in case of:

1. Any Fatal injuries including members of the public and subcontractors;
2. All injuries requiring medical attention or First Aid
3. All near hit/miss incidents-including subcontractors;
4. All property damage and auto damage incidents-including subcontractors;
5. All fires;
6. When OSHA / MSHA / EPA or other regulatory agencies are on site.

This packet is intended for use when an employee is injured and needs to receive medical treatment or first aid. This might include calling the On-Site Health & Safety @ 866-998-2750 to treat the employee at the project location or transporting the injured employee to an offsite clinic location. *Note that contractors are responsible for paying On-Site health & safety directly for services used.* The purpose of this packet is to have all the information on the proper handling of any work related injury in one convenient source and have it available for anyone that might be responsible for having the injured employee treated, reporting the accident to the right people and getting the paperwork done correctly.

This packet will contain the following at a minimum:

- Process of reporting a work related injury Flow Chart
- Austin/Sundt Emergency Contact List
- Employee Work-Related Injuries Checklist
 - Zurich Claim Form
 - Incident/Accident Report
 - Incident/Accident Witness Statement
 - Incident/Accident Investigation Meeting Report/Minutes
 - OSHA Recordkeeping Logic (if applicable)
- California Workers' Compensation Claim Form (DWC-1)
- Medical Treatment Request Form
- Directions to Sharp Rees-Stealy Medical Center & Urgent Care
- Sharp Rees-Stealy Sample Patient Registration form
- Liability and Damage to Property Report





Checklist – Please check each box to make sure all required tasks are completed

- ☐ An immediate phone call / oral report shall be made to the A/S Site Safety Manager (Charles Miller at 916-296-8743) or A/S Senior Project Superintendent (Tony Gunter at 602-418-8678)
- ☐ If the injury occurred during normal business hours, call On-Site Health&Safety @ 866-998-2750 for treatment or if needed, proceed to the project's designated medical clinic. If after hours, use the secondary clinic or the hospital.
- ☐ Fill out and submit, to the A/S Site Safety Manager, the Zurich Claim Form within 1hr of injury/first aid. A/S will call Zurich to file the claim.
- ☐ Have a **salaried employee** take the injured employee to the clinic. If the Medical Provider is writing a prescription, ask if a comparable Over-the-Counter medication may be used instead of a prescription
- ☐ Initial oral report and email of such incidents shall be followed by a written incident report submitted to the A/S Site Safety Manager or the Senior Project Superintendent within 1hr of the incident. (Email to cmiller@austin-ind.com or tgunter@austin-sundt.com)
- ☐ Page one of the Incident / Accident form must be submitted by email or fax within 24 hours to A/S Site Safety Manager at cmiller@austin-ind.com or 916-296-8743
- ☐ The Superintendent is responsible to see that the Accident Report Form is filled out completely and submitted per instructions.
- ☐ Have any witness fill out the Witness Report section of the Incident / Accident Form as soon as possible the day of the accident. Use a separate sheet of paper, if necessary and submit it along with the report form.
- ☐ Make sure the employee is drug tested while at the clinic. If they refuse to be tested, DO NOT ALLOW THE EMPLOYEE BACK ON THE PROJECT EXCEPT TO OBTAIN PERSONAL VEHICLE.
- ☐ Have the employee fill out the "California Workers' Compensation Claim Form (DWC1)", sections numbered 1 – 8 and sign. Check for completeness and submit to A/S Project Safety Manager at cmiller@austin-ind.com
- ☐ Complete the Employer's part of the DWC1 form, sections 9 – 17 and give the employee a copy along with the "Facts about Workers Comp Pamphlet".
- ☐ Any medical paperwork, work status or doctor's release must be submitted to the A/S Site Safety Manager at cmiller@austin-ind.com or A/S Senior Project Superintendent tgunter@austin-sundt.com
- ☐ If it is a lost-time injury (the Doctor's order states the employee must not work for a specified period of time), please notify the A/S Site Safety Manager when the employee returns to work.
- ☐ Log the injury on the OSHA 300 form with the A/S Site Safety Manager
- ☐ An incident investigation meeting will be scheduled within 24 hours and conducted within 48 hours.
- ☐ Incident investigation meeting minutes will be submitted to the A/S Site Safety Manager within 72 hours. (Email to cmiller@austin-ind.com)
- ☐ On a job site, the investigation meeting will be scheduled and conducted by the A/S Site Safety Manager and / or Superintendent. The purpose of the incident investigation is to detail the circumstances, corrective actions taken, and recommended actions to prevent recurrences.

FOR Austin / Sanat Incident of Injury

***Report Incident/Injury Immediately to:**
Charles Miller (916-296-8743) or Adam Mack (619-572-9593)

***Primary Option: *First Aid ONLY** [Comes to the site]
On-Site Health & Safety...866-998-2750

****Secondary Option: *300 Fir St, San Diego**

Sharp Rees-Stealy Med. Center & Urgent Care -

***Occupational Medicine...*619-446-1524**

***Urgent Care.....*619-446-1575**

*** * *After Hours: See next sheet - Sharp Rees-Stealy**

Memorial Hospital:

***7901 Frost St, San Diego, CA 92123- 858-939-3400**

****Call Sharp Rees-Stealy to let them know you and the injured employee are on the way (will arrive approx. 10 min. Let them know that the paperwork is being completed while you are on the way there. *Make sure they have their ID/Driver's License with them, as well as the WC Claim # for their company!)**
***Have the employee drug tested there. *Have photos taken of the incident/area. *Have the contractor immediately fill out a '0-60' detailed report.**

*** * Secondary Option: Driving Directions**

1. Head East on Washington St. toward Pacific Hwy
2. Turn Right onto Pacific Hwy
3. Take the 1st Left onto Sassafras St.
4. Turn Right onto Kettner Blvd
5. Merge Left to merge onto I-5 South
6. Take the next exit - Front St. exit toward Civic Center
7. Keep Left at the fork, follow signs for 2nd Ave and merge onto Cedar St.
8. Turn Left onto 3rd Ave
9. Go 3 blocks

Destination will be on the *RIGHT*

Sharp Rees-Stealy Downtown 300 Fir St. San Diego, CA 92101

Driving Directions:

Sharp Memorial Hospital
7901 Frost St
San Diego, CA 92123
858-939-3400

*** Report Incident/Injury Immediately to:**

Charles Miller (916-296-8743) or Jack Gooden (619-572-2992)

****Call Sharp Memorial Hospital to let them know you and the injured employee are on the way (will arrive approx. 15 min. Let them know that the paperwork is being completed while you are on the way there. *Make sure they have their ID/Driver's License with them, as well as the WC Claim # for their company!) *Have the employee drug tested there. *Have photos taken of the incident/area. *Have the contractor immediately fill out a 'O-60' detailed report within 1 hour.**

1. From Pacific Hwy & Washington St. -
2. Head **West** to Pacific Hwy
3. Merge onto Pacific Hwy
4. Slight **Right** to stay on Pacific Hwy
5. Turn **Right** onto Taylor St
6. Turn **Left** to merge onto I-8 E
7. Take the exit toward Escondido
8. Merge onto **CA-163 N**
9. Take the **Mesa College Dr** exit toward Kearny Villa Rd
10. Turn **Right** onto Mesa College Dr
11. Sharp **Right** onto Health Center Dr
12. Turn **Left** onto Frost St
13. Turn **Right**
14. Turn **Right** - Destination will be on the Left

INITIAL SUBCONTRACTOR NOTIFICATION FORM

(TO BE FILLED-OUT BY HAND IN THE FIRST 0-60 MINUTES OF INCIDENT)

Today's Date:				Report Filled out by:							
Project Number: 1229A		Employee:				Date of Incident:		Time of Incident:			
Location of Incident:				Employer:				Foreman:			

Near Miss	<input type="checkbox"/>	Injury/Illness (Severity)	<input type="checkbox"/>	Property	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Construction Equipment Lost	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Utility Hit (Type)	<input type="checkbox"/>
Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Minor	<input type="checkbox"/>
Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>	Major	<input type="checkbox"/>
												Other	<input type="checkbox"/>

Footnotes: (Major is property or equipment loss greater than \$1,500)

Brief description of incident –

If property damage describe –

Is there equipment loss or construction equipment damage?

Describe immediate actions by project personnel –



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. *Empleador—complete esta sección y note la notación abajo.*

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☒ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado

☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. You should read all of the information below. Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. Ud. debe leer toda la información a continuación. Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. Presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

Retorno al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al (800) 736-7401. Ud. también puede consultar con la página Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en www.californiaspecialist.org.

Claim Reporting Guide

Workers' Compensation



Name of person reporting

Position

Telephone number

For report only

☐ Yes ☐ No

Address information

Name of the company

Address of the company

City

State

ZIP code

Contact name

Telephone number of loss location

Policy number

Site code (if applicable)

Accident information

Date of accident

Time of accident

☐ a.m. ☐ p.m.

Address where incident occurred

County

City

State

ZIP code

Please give a description of the incident

Were there any internal accident reports completed?

☐ Yes ☐ No

Were authorities contacted? (police, fire, etc.)

☐ Yes ☐ No

If yes, who

Was a report number

☐ Yes ☐ No

If yes, list number

Claimant information

Name of the injured party

Is the injured party

☐ Male ☐ Female

Address of the injured party

City

State

ZIP code

Home telephone number

Work telephone number

Contact at

☐ Home ☐ Work

Social security number

Date of birth

Covered by other

☐ Yes ☐ No

If yes, company name

Contact name

Telephone number

Marital status (check one)

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

How many dependents

Employment information

Employment status (check one)

☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Contract ☐ Retired ☐ On-call ☐ Volunteer

Date of hire

Hours worked per day

Days worked per week

Was there lost time?

☐ Yes ☐ No

Paid-thru date

Supervisor name

Telephone number

Weeks worked in last twelve months

Date employer notified

Hourly or weekly wage

\$ ☐ Hourly ☐ Weekly

Wage listed

☐ Actual ☐ Estimate

Employee is eligible for (please check)

☐ Bonus ☐ Tips ☐ Overtime ☐ Commissions

Injury information

Were any injuries incurred?

☐ Yes ☐ No

What part of the body?

Were any safeguards provided?

☐ Yes ☐ No

Were they in use at the time of the incident?

☐ Yes ☐ No

In the event of a fatality, what is your OSHA number?

If fatality, what date did it occur?

Give a description of the injuries

What treatment was given? (please check)

☐ No medical treatment ☐ Minor on-site remedies ☐ Minor clinic or hospital ☐ Emergency evaluation
☐ Hospitalization for more than 24 hours

Name of the treating physician

Address of the treating physician

City

State

ZIP code

Telephone number of the treating physician

Name of the treating hospital/clinic

Address of the treating hospital/clinic

City

State

ZIP code

Telephone number of the treating hospital/clinic

Disability information

Regular occupation

Occupation performed at time of incident

Eligible for salary continuation?
(sick leave, short-term disability)

☐ Yes ☐ No

Date disability began

Last day worked

Date returned to work or expected to

If the employee is losing time from work, is transitional work available?

Witness information

Name of a witness to the incident

Address of the witness

City

State

ZIP code

Telephone number where the witness can be reached

Anything related to the incident you would like to add

Austin/Sundt Incident / Accident

Complete all sections and submit to A/S Project Safety Manager at (619-572-2992) or email (jwgooden@sundt.com) within 24 hours

General Information:

Affected party- Name:		(If) Employee #:	DOB: / /
Street Addr:	City/St/Zip:	(If) Subcontractor:	
Phone Number: ()	Hourly Wage:	Job Title:	
Date of Hire (mm/dd/yy):	Date Event (mm/dd/yy):	Time Event Occurred: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date Reported (mm/dd/yy):	Project Name:	Project Number:	
Cost Code:	Work Order Cost Type:	W.O. Number Issued:	
Foreman (Print/Sign):		FS (Print/Sign):	
PS (Print/Sign):		PM (Print/Sign):	

Event Type:	Injury Severity:	Property Damage / Theft
Austin/Sundt: <input type="checkbox"/> Employee Injury <input type="checkbox"/> Equipment Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Motor Vehicle (POV) <input type="checkbox"/> Near Hit / Near Miss Subcontractor: OCIP Project? <input type="checkbox"/> Y <input type="checkbox"/> N WC# <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage	<input type="checkbox"/> Job Site First-Aid <input type="checkbox"/> Clinic Visit – Drug Screen Required <input type="checkbox"/> Hospital Visit – Drug Screen Required Name & Location of Clinic or Hospital: <input type="checkbox"/> Light-Duty / Restrictions <input type="checkbox"/> Lost-Time Injury Date Employee returned to work (mm/dd/yy):	<input type="checkbox"/> No Equipment Damage <input type="checkbox"/> Damage > \$500 = Drug Screen Required - Estimated Value = _____ <input type="checkbox"/> Equipment # / Description: For Theft / Burglary / Vandalism: Name of Local Authority: Officer Name: Badge Number: Complaint Number:

Estimated Production Lost:	Estimated Work Hours Lost:	Estimated Damage Cost:
----------------------------	----------------------------	------------------------

Nature of Injury:	Body Part(s):
<input type="checkbox"/> Asphyxia <input type="checkbox"/> Burn (Heat or Chemical) <input type="checkbox"/> Contusion (Bruise) <input type="checkbox"/> Dislocation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Foreign Object <input type="checkbox"/> Fracture (Open/Closed) <input type="checkbox"/> Heat Exhaustion/Stroke <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Head <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Ear <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Other (Describe):

Describe how the incident / accident / damage occurred:

Name of Witness(s):

Photos Included? ☐ Y ☐ N

Incident / Investigation Meeting

To be scheduled within 24 hours, and conducted by the Project Manager and Superintendent within 48 hours:

Incident Type: Select More Than One If Applicable

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Caught Between | <input type="checkbox"/> Fall To Same Level | <input type="checkbox"/> Heat / Cold | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Caught In / On | <input type="checkbox"/> Fall To Lower Level | <input type="checkbox"/> Noise | <input type="checkbox"/> Ergonomic / Vibration |
| <input type="checkbox"/> Struck By / Against | <input type="checkbox"/> Slip / Trip | <input type="checkbox"/> Overexertion | <input type="checkbox"/> |
| <input type="checkbox"/> Crush / Pinch Point | <input type="checkbox"/> Foreign Object | <input type="checkbox"/> Toxic / Nontoxic Substance | <input type="checkbox"/> Other, Please Describe: |

PPE/Safety Equipment In Use:

- | | |
|--|---|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> High-Visibility Clothing |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Goggles / Face Shield |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Other (Describe) |

If Other, Please Describe:

Identify Potential Hazardous Practices:

- ☐ Failure To Wear PPE
- ☐ Failure To Secure
- ☐ Failure To Warn
- ☐ Horseplay
- ☐ Improper Lifting
- ☐ Improper Loading
- ☐ Improper Placement
- ☐ Improper Positioning
- ☐ Removing or making Safety Devices Inoperable
- ☐ Not Following Procedure
- ☐ Operating At Improper Speed
- ☐ Operating Equipment Without Authority / Training
- ☐ Adjusting or Servicing Equipment in Operation
- ☐ Using Defective Equipment
- ☐ Using Equipment Improperly
- ☐ Other (Describe):

Identify Potential Hazardous Conditions:

- ☐ Congested Work Area
- ☐ Defective Tools / Equipment
- ☐ Fire & Explosion Hazard
- ☐ Hazardous Environment
- ☐ High or Low Temperature Exposure
- ☐ Inadequate Excavation System
- ☐ Inadequate Fall Protection System
- ☐ Inadequate / Excess Lighting
- ☐ Inadequate Guard or Barrier
- ☐ Inadequate / Improper PPE
- ☐ Inadequate Ventilation
- ☐ Inadequate Warning System
- ☐ Improper Access / Egress
- ☐ Noise Exposure
- ☐ Poor Housekeeping
- ☐ Other (Describe):

Describe Hazardous Practice(s) and Condition(s) that were contributing factors:

Hazardous Practice(s):

Hazardous Condition(s):

Identify Risk Tolerance Factor(s) that may have led to Unsafe Choice(s): Explain.

- ☐ Overestimating Capability / Experience
- ☐ Familiarity with Task / Complacency
- ☐ Seriousness of Outcome
- ☐ Voluntary Actions / Being in Control
- ☐ Personal Experience with Outcome
- ☐ Role Models Accepting Risk
- ☐ Over-Confidence in Equipment
- ☐ Confidence in Protection-Rescue Equipment
- ☐ Potential Profit-Gain From Actions
- ☐ Cost of Non-Compliance
- ☐ Other (Describe):

Job Hazard Analysis / Workplan Review

- ☐ Written for the task?
- ☐ Sufficient for the task?
- ☐ Reviewed-Signed By Employee(s)?
- ☐ Effective in identifying all hazards?
- ☐ Deviated from?

Root Cause Analysis

(Use the 5 whys worksheet attached)

Identify the potential Root Cause(s) that lead to the hazardous act(s) or condition(s). Explain.

- ☐ Lack of Training
- ☐ Tools / Equipment
- ☐ Leadership / Supervision
- ☐ Work Practices / Procedures
- ☐ Rules / Policies not enforced
- ☐ Ergonomic Design
- ☐ Purchasing / Maintenance
- ☐ Other (Describe):
- ☐ Other (Describe):

Prevention

Using above the analysis, determine what area(s) need to be addressed in order to prevent a similar recurrence:

Drug Testing Review: Value of Property Damage, Review of Incident, Employee(s) involvement, and other info:

Attendance:

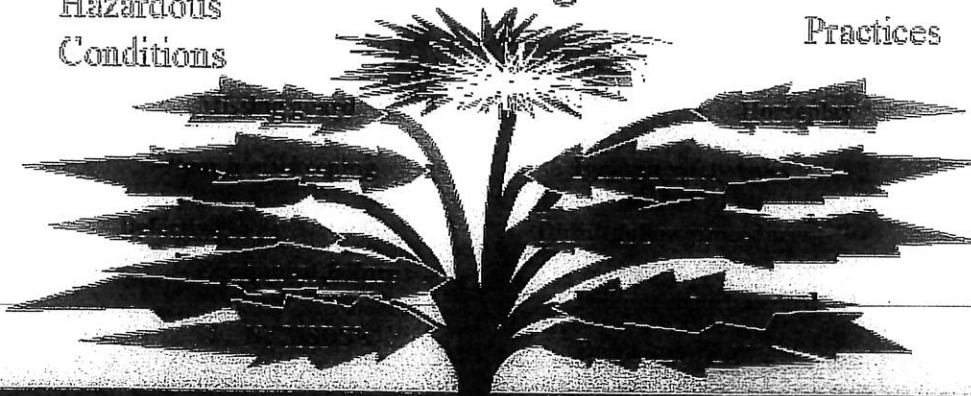
Name	Company

Attach witness statements for each witness
 Attach investigation Photos
 Attach related JHA/ Work Plan(s)

Hazardous
Conditions

Contributing Factors

Hazardous
Practices



Poor work procedures

No follow-up feedback

Lack of Training

Poor safety management

Purchasing unsafe equipment

Lack of supervision

Rules not enforced

Lack of safety leadership

Poor safety leadership

The "5 Whys" worksheet

What happened? (Injury, damage, failure) _____

1. Why _____

2. Why _____

3. Why _____

4. Why _____

5. Why (Root Cause) _____

Incident / Accident- Witness Statement

Event Description: _____

Name of witness: _____

Ph# (____) _____

Job title of witness: _____

Home address (of witness) _____

City: _____

State: _____ Zip Code: _____

Location of accident: _____

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident): _____

Describe extent of bodily injury or material/equipment damage (specific part(s) affected): _____

Recommendation on how to prevent this accident from recurring _____

Name of Witness's Supervisor: _____

Ph# (____) _____

Signature of Witness: _____ Date: _____

Sample Witness Interview Questions

Fill in the blanks or adjust the questions to your incident

- **WHO?**
 - Who was injured?
 - Who installed the equipment?

- **WHAT?**
 - What happened?
 - What did the people do?
 - What attracted your attention to the accident?
 - What equipment was involved?
- **WHERE?**
 - Where were you when the accident occurred
 - Where was each worker located?
 - Where was the tool, equipment, material?
 - Where was the machine in its cycle?
 - (Have the witness draw a diagram, if appropriate.)
- **WHEN?**
 - When did you notice the leak?
 - How far along in the operation were you when the incident occurred?
 - How long had you been working on when occurred?
- **HOW?**
 - How was he holding the when it?
 - How are you connected with others involved in the accident?
 - How did the fall from the?
- **ADDITIONAL QUESTIONS**
 - Were any other witnesses around?
 - Do you know the names of other witnesses?
 - Was there a THA or work plan for this operation?
 - Were you following the THA as written?
 - Would you like to provide any additional information?



Liability and Damage to Property

SDIA Rental Car Center

Caller Name:		Telephone Number:					
Caller Address:		City:		State:		Zip:	
Caller Title:							
Location of Incident:		Address:		Phone #:			
Incident Date:		Incident Time:					
Type of Loss:							
Cause of Loss:							
If there is an Injury, what is the extent of the Injury?							
If there is property damage, describe the damage.							
Were any Hazardous Materials involved?							
Was an estimate performed?		If Yes, Value\$					
If yes, name and telephone number of the estimator:							
Were any authorities involved?							
If Yes, what is the name and report number?							
Was any other property damaged?							
If Yes, Describe the property and type of damage inflicted.							
Witness Name:		Phone #:					
Witness Address:							
Any additional comments or remarks:							
Any other information, reports or pictures that would help us to identify this claim?							

Report Liability Claims to A/S Project Safety Manager
Jack Gooden @ 619-572-2992

OSHA Recordkeeping Logic: Fill out for each case

Employee: _____ Injury/illness Date: _____ Case #: _____

- ☐ The employee has a new occupational injury/illness (if occupational but not new, update old log). Fault, preventability, and compensability are irrelevant. See Work Relatedness Logic Chart on p. 3.
- OR
- ☐ The employee's previous injury/illness (even if non-occupational) has been aggravated at work.

AND

(if you check any of the boxes below, record the case.)

The newly incurred or aggravated illness/injury –

- ☐ Caused a licensed healthcare professional (LHCP) to recommend, or the employee to have, a day away from work beyond the injury day. (Ignore time for examination/diagnosis; stop time when LHCP recommends return to work.)
- ☐ Caused an LHCP to say that the employee is unable to do any task that the employee regularly does at least once weekly ("a routine function") or to work a full workday (exclude injury day). See CAUTION below and Restrictions on p. 4.
- ☐ We kept the employee from doing a routine function or from working a full workday (exclude injury day).
- ☐ CAUTION: (1) Whether the employee can still do other useful work is irrelevant. See Restrictions on p. 4. (2) Vague restrictions ("light duty", "take it easy") are restrictions unless you clarify with LHCP that he means otherwise. See Vague or Conflicting Restrictions on p. 4.
- ☐ Caused a job transfer (ignore injury day).
- ☐ Caused unconsciousness (ignore length)
- ☐ Caused a treatment not on the First Aid/Non-Medical Treatment List.
- ☐ Caused an LHCP to administer or prescribe prescription medication, or non-prescription medication at prescription strength, even if not taken. See Medical Treatment and Prescriptions on p. 4.
- ☐ Is cancer or a chronic irreversible disease.
- ☐ Is a broken or cracked bone (including tooth).
- ☐ Is a stick/cut from a contaminated needle or sharp instrument.
- ☐ Is a work-related Standard Threshold Shifts (STS)
- ☐ Is tuberculosis caused by a known work exposure. OR
- ☐ An OSHA standard requires removal of the employee.

First Aid/Non-Medical Treatment List

- Observation or counseling by LHCP;
- Diagnostic procedures, and prescription medications used for diagnosis;
- Non-Prescription medication at non-prescription strength;
- Tetanus immunization;
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Wound coverings (bandages, Band-Aids, gauze pads, butterfly bandages, Steri-Strips);
- Hot or cold therapy;
- Non-rigid means of support;
- Finger guards;
- Temporary immobilization devices for transport;
- Drilling of a fingernail or toenail;
- Drainage blister fluid;
- Eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;
- Removing splinters or foreign material from non-eye areas by irrigation, tweezers, cotton swabs, or other simple means;
- Massage;
- Drinking fluids for relief of heat stress



MEDICAL TREATMENT REQUEST

SDCRAA Rental Car Center
Austin/Sundt Joint Venture
2417A McCain Road
San Diego, CA 92101

Contractor Requesting Treatment: _____
Supervisor Name: _____
Phone: _____
Fax: _____
Email: _____

We are sending our employee _____ to you for treatment in regards to a Workers' Compensation injury.

Insurance carrier information listed below:

Carrier: Zurich
Master Policy Number: WC5747401
Phone Number: (800) 987-3373
Fax Number: (877) 962-2567
Email: USL.LandContract@zurichna.com

According to Workers' Compensation Law in most states, the injured employee does not start receiving compensation until they have been off work for several days. So please be advised, we support a Modified Duty Return to Work Program and will make every effort to provide work with the restrictions given. In light of this fact, please consider providing non-prescription medications when appropriate.

Please email or fax all Return-to-Work Slips to Charles Miller at charlie@austin-ipc.com

Occupational Health

SHARP Rees-Stealy
Medical Centers

PATIENT REGISTRATION

OM Number	_____
Case Number:	_____
Date of Injury:	_____

On behalf of SHARP Rees-Stealy and our patient care team, we are pleased to welcome you to our practice. Please take a few minutes to provide us with the following information.

NOTICE TO OCCUPATIONAL MEDICINE PATIENTS: California law allows your employer to access your health records only if you have authorized the disclosure in writing, or for certain specific reasons. If you have questions or concerns, please notify your provider before beginning any and consider notifying your employer.

Please Print

Patient Information	Last Name: _____ First Name: _____ Middle Name: _____
	Also Known As: _____ SSN: _____ Date of Birth: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
	Primary Language: _____ (Home/Mailing) Address: _____
	City, State: _____ Zip Code: _____
	Home Phone: _____ Cell Phone: _____
	Appointment Reminder Preference: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Cell Text
	DMV License # _____ Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No State/Country of Birth: _____
	Email Address: _____ Race(optional): _____ Occupation: _____
	Employer Name: _____
	Address: _____ Zip Code: _____
	City, State: _____ Work Phone: _____
	Signature _____ Date _____
	If your work injury is with a different employer. Check here <input type="checkbox"/> , and fill out information on the back of this form.
Payment Responsibility	PLEASE COMPLETE THIS SECTION IF: _____ Check here if same as above <input type="checkbox"/>
	PATIENT IS UNDER 18 YEARS OF AGE, OR IF YOU ARE THE PATIENT'S POWER OF ATTORNEY
	Last Name, First Name: _____ Relationship to Patient: _____
	(Home/Mailing) Address: _____
	City, State: _____ Zip Code: _____
	SSN: _____ Date of Birth: _____ Home Phone: _____
Other Contact	Cell Phone: _____ Employer Name: _____
	Last Name, First Name: _____ Relationship to Patient: _____
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
Work Comp Insurance	Workers' Compensation Insurance _____
	Address: _____
	Zip Code: _____ City, State: _____
	Phone: _____ Fax: _____
	Policy Number: _____ Effective Date: _____
	Contact / Insurance Adjuster: _____
Office Use	Notice of Patient Privacy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to ask at this time OMPSR Username: _____

WORK STATUS REPORT

<p>Employee Name: _____</p> <p>SRSMD #: _____</p> <p>Case #: _____</p> <p style="text-align: center;">(Attach Label)</p>	<p>FIRST AID ONLY: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date: _____</p> <p>Time In: _____</p> <p>Time Out: _____</p> <p>Date of Injury: _____</p> <p>Work related Event: Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate <input type="checkbox"/></p> <p>Visit: Initial <input type="checkbox"/> Recheck <input type="checkbox"/> Final Visit <input type="checkbox"/></p> <p>Prescription Medication: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Start <input type="checkbox"/> Continue Therapy _____ times/week for _____ weeks</p> <p>Estimated Full Duty Date: _____</p> <p>Anticipated Date for MMI: _____</p>
--	---

To Be Completed By Employer:

Company Name: _____ Phone #: _____

Authorization _____

Signature: _____ Contact Person: _____

Work Status:

- ☐ Return to regular work, effective date: _____
- ☐ Unable to return to work, effective date: _____ / Estimated Duration: _____
- ☐ Modified work, effective date: _____ / Estimated Duration: _____

Modified Work Status:

Dominant Hand ☐ L ☐ R

- | | |
|--|---|
| <p><input type="checkbox"/> No driving of any/commercial vehicles</p> <p><input type="checkbox"/> No working near moving machinery</p> <p><input type="checkbox"/> No prolonged sitting</p> <p><input type="checkbox"/> No prolonged standing & walking</p> <p><input type="checkbox"/> Elevate injured extremity to decrease swelling</p> <p><input type="checkbox"/> Crutches/Cane for Assisted Ambulation</p> <p><input type="checkbox"/> Sitting work only</p> <p><input type="checkbox"/> No kneeling or squatting</p> <p><input type="checkbox"/> No repetitive climbing, bending or twisting</p> <p><input type="checkbox"/> Weight lifting restrictions _____ lbs.</p> <p><input type="checkbox"/> Sedentary work only</p> <p><input type="checkbox"/> _____</p> | <p><input type="checkbox"/> Keep injured part clean, dry & covered</p> <p><input type="checkbox"/> No use of Right/Left hand/upper extremity</p> <p><input type="checkbox"/> No/Limited pushing/pulling/grasping/torquing of Right/Left hand</p> <p><input type="checkbox"/> Repetitive hand/wrist work limited to _____</p> <p><input type="checkbox"/> Keyboard work limited to _____</p> <p><input type="checkbox"/> Can work in splint/support only/as needed</p> <p><input type="checkbox"/> Hand/Neck/Back stretching breaks for _____</p> <p><input type="checkbox"/> Rotate job tasks to minimize continuous repetitive hand/wrist motion</p> <p><input type="checkbox"/> No overhead lifting or reaching with Right/Left upper extremity</p> <p><input type="checkbox"/> No overhead work</p> <p><input type="checkbox"/> Avoid prolonged neck flexed/extended/twisted posture.</p> <p><input type="checkbox"/> No forceful pushing or pulling</p> <p><input type="checkbox"/> _____</p> |
|--|---|

Physician Remarks to Employer:

Next Appointment: _____ Refer To: _____

Please contact the Occupational Medicine Coordinator at the above checked location if you have any questions or if more information is required.

DO NOT FAX BELOW DOTTED LINE

<p>Physicians Remarks to Employee:</p>	<p>Prescriptions:</p> <p>D/c: _____ SRS MD # _____</p>
--	---

Provider Signature: _____

INCIDENT INVESTIGATION REPORT

This form is to be completed for all incidents involving personal injury, work-related illnesses or accidental property damage by the involved employee's supervisor investigating the incident. For all injuries or illnesses requiring off-site medical treatment, provide a legible copy to the Owner's Safety Manager within 24 hours of the incident. If possible, include photos and/or a diagram of the location of the incident. Information gathered is intended to prevent possible recurrences of the incident and not to assign blame.
Notice: This form contains information relating to employee health and must be used and handled in a manner that protects the confidentiality of the employee to the fullest extent possible while being used for occupational safety and health purposes.

Completed by: _____ **Date:** _____

Title: _____

Involved person's name: _____ **SSN /**
Employee# _____

Date of Hire _____ **Date of birth** _____

Home Address: _____

Phone # _____ **Marital status:** _____

Was this an Airport Authority or Contractor employee?

☐ Airport Employee ☐ Contractor Employee ☐ Other: _____

If a Contractor employee, Contractor company name:

Contact person: _____ **Phone #:** _____

1. When did the incident occur? Date: _____ Time: _____ AM/PM

2. When was the incident reported? Date: _____ Time: _____ AM/PM

3. Did the incident occur on Airport property? ☐ YES ☐ NO

If yes, Location name or Address: _____

4. Was this an OSHA recordable injury or illness? ☐ YES ☐ NO

(Did the injury require more than basic/routine First Aid, are lost work days involved?)

5. Was this an injury, illness, occupational disease, or accident?

☐ Injury ☐ Illness ☐ Occupational Disease ☐ Accident

6. Was there property/equipment/material damage? ☐ YES ☐ NO

If yes, what property: _____

Estimated damage value _____

7. Was a vehicle involved? ☐ YES ☐ NO

If yes, personal or company vehicle and what type: _____

8. What is the occupation of the involved person?

☐ Asphalt/Concrete
☐ Driver/Operator
☐ Drywall
☐ Electrician
☐ Engineer
☐ Excavator
☐ Flooring
☐ Framer/Carpenter

☐ HVAC
☐ Laborer
☐ Landscape
☐ Mason
☐ Material Handling
☐ Office Employee
☐ Painter
☐ Plumber

☐ Roofing
☐ Sales
☐ Security
☐ Siding
☐ Supervisor
☐ Trim Carpenter
☐ Visitor
☐ Other _____

9. How long has the person involved worked in the occupation?

- | | |
|--|-------------------------------------|
| <input type="radio"/> In Training | <input type="radio"/> 3 - 5 Years |
| <input type="radio"/> Less than 6 months | <input type="radio"/> 5 - 10 Years |
| <input type="radio"/> 6 months - 1 Year | <input type="radio"/> 10 - 20 Years |
| <input type="radio"/> 1 - 3 Years | <input type="radio"/> 20+ Years |

10. Involved person is:

- | | |
|---|---|
| <input type="radio"/> Regular Full Time | <input type="radio"/> Regular Part Time |
| <input type="radio"/> Temporary | <input type="radio"/> Non-Employee |

11. Length of employment with the current employer?

- | | |
|--|-------------------------------------|
| <input type="radio"/> In training | <input type="radio"/> 3 - 5 Years |
| <input type="radio"/> Less than 6 months | <input type="radio"/> 5 - 10 Years |
| <input type="radio"/> 6 months - 1 Year | <input type="radio"/> 10 - 20 Years |
| <input type="radio"/> 1 - 3 Years | <input type="radio"/> 20+ Years |

12. Supervision at time of the incident?

- | | |
|---|--|
| <input type="radio"/> Directly supervised | <input type="radio"/> Indirectly supervised |
| <input type="radio"/> Not supervised | <input type="radio"/> Supervision not feasible |

13. Involved worker was working

- | | |
|--|-----------------------------------|
| <input type="radio"/> Alone | <input type="radio"/> Other _____ |
| <input type="radio"/> With crew or fellow worker | |

14. At the time of the incident the injured worker was:

- | | |
|--|---|
| <input type="radio"/> On the way to work | <input type="radio"/> Leaving work for the day |
| <input type="radio"/> Working at their normal job duties | <input type="radio"/> Attending a work related function |
| <input type="radio"/> At lunch or on a break | <input type="radio"/> Other _____ |

15. The injury or illness required:

- | | |
|---|------------------------|
| <input type="radio"/> First Aid Only | Administered by: _____ |
| <input type="radio"/> Medical Treatment | Administered by: _____ |

Medical Facility
name/address: _____

- | | |
|---|-------------------------------------|
| <input type="radio"/> Days of restricted activity, if so then
(Do not include day of accident) | Number of days: _____
(Estimate) |
| <input type="radio"/> Days of hospitalization, if so then
(Do not include day of accident) | Number of days: _____
(Estimate) |
| <input type="radio"/> Lost workdays, if so then
(Do not include day of accident) | Number of days: _____
(Estimate) |
| <input type="radio"/> Fatality | Date: _____ |

16. Incident Type (Attach Photographs of accident scene if possible)

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Caught between <input type="radio"/> Caught by <input type="radio"/> Caught in <input type="radio"/> Contacted by <input type="radio"/> Exhaustion <input type="radio"/> Fall to diff. level | <ul style="list-style-type: none"> <input type="radio"/> Fall to same level <input type="radio"/> Fall from <hr/> <input type="radio"/> In contact with <input type="radio"/> Motor vehicle <input type="radio"/> Overexertion | <ul style="list-style-type: none"> <input type="radio"/> Struck against <input type="radio"/> Struck by <input type="radio"/> Unknown <input type="radio"/> Workplace violence <input type="radio"/> Other <hr/> |
|---|--|---|

17. Injury Source (if injured) (Attach Photographs if possible)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Air pressure <input type="radio"/> Animals <input type="radio"/> Boxes/Container <input type="radio"/> Building/Structures <input type="radio"/> Ceramics <input type="radio"/> Chemicals <input type="radio"/> Clothing <input type="radio"/> Coal and Petroleum <input type="radio"/> Cold <input type="radio"/> Conveyors <input type="radio"/> Drugs and Medicines <input type="radio"/> Fire/Smoke <input type="radio"/> Electrical | <ul style="list-style-type: none"> <input type="radio"/> Food products <input type="radio"/> Glass <input type="radio"/> Ground <input type="radio"/> Hand tool <input type="radio"/> Heat <input type="radio"/> Hoist <input type="radio"/> Infectious agents <input type="radio"/> Ladders <input type="radio"/> Liquids <input type="radio"/> Lumber <input type="radio"/> Machines <input type="radio"/> Minerals non-metallic <input type="radio"/> Minerals-metallic <input type="radio"/> Molten metal <input type="radio"/> Motion | <ul style="list-style-type: none"> <input type="radio"/> Noise <input type="radio"/> Paper <input type="radio"/> Particles <input type="radio"/> Plants <input type="radio"/> Plastics <input type="radio"/> Power Tool <input type="radio"/> Power transmission apparatus <input type="radio"/> Pumps <input type="radio"/> Vehicle <input type="radio"/> Other <hr/> <input type="radio"/> Unknown |
|---|---|---|

18. Type of Injury (if injured)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Amputation <input type="radio"/> Asphyxia <input type="radio"/> Burn from heat <input type="radio"/> Chemical burn <input type="radio"/> Concussion <input type="radio"/> Contusion / Crush / or Bruise <input type="radio"/> Cut <input type="radio"/> Dermatitis <input type="radio"/> Dislocation | <ul style="list-style-type: none"> <input type="radio"/> Electric Shock <input type="radio"/> Fracture <input type="radio"/> Freezing <input type="radio"/> Hearing Loss <input type="radio"/> Heat Stroke <input type="radio"/> Hernia <input type="radio"/> Infection <input type="radio"/> Inflammation <input type="radio"/> Multiple injuries <input type="radio"/> Occupational disease | <ul style="list-style-type: none"> <input type="radio"/> Other <hr/> <input type="radio"/> Pneumoconiosis <input type="radio"/> Poisoning <input type="radio"/> Puncture <input type="radio"/> Scratch <input type="radio"/> Sprain <input type="radio"/> Strain <input type="radio"/> Unknown |
|---|---|--|

19. Body Part Affected

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Abdomen <input type="radio"/> Ankle <input type="radio"/> Arm <input type="radio"/> Back <input type="radio"/> Brain <input type="radio"/> Chest <input type="radio"/> Digestive <input type="radio"/> Ear <input type="radio"/> Elbow <input type="radio"/> Eye <input type="radio"/> Face | <ul style="list-style-type: none"> <input type="radio"/> Finger <input type="radio"/> Foot <input type="radio"/> Hand <input type="radio"/> Head <input type="radio"/> Heart <input type="radio"/> Hips <input type="radio"/> Kidney/Intestine <input type="radio"/> Knee <input type="radio"/> Leg <input type="radio"/> Lungs <input type="radio"/> Multiple Parts | <ul style="list-style-type: none"> <input type="radio"/> Muscle / Skeleton. <input type="radio"/> Neck <input type="radio"/> Nervous system. <input type="radio"/> Other <hr/> <input type="radio"/> Scalp <input type="radio"/> Shoulder <input type="radio"/> Skull <input type="radio"/> Thigh <input type="radio"/> Toe <input type="radio"/> Unknown <input type="radio"/> Wrist |
|---|---|--|

20. Hazardous Condition (Attach Photographs if possible)

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="radio"/> Damaged or improper equipment<input type="radio"/> Misuse of equipment or tool<input type="radio"/> Dress apparel (improper for job)<input type="radio"/> Environment hazards<input type="radio"/> Hazardous procedures<input type="radio"/> Inadequate guarding<input type="radio"/> Placement hazard | <ul style="list-style-type: none"><input type="radio"/> Public hazards (public road etc.)<input type="radio"/> Unknown<input type="radio"/> Work environment (poor light, noise, dust, etc.)<input type="radio"/> Other _____<input type="radio"/> None |
|--|---|

21. General description of the accident: (Who, What, Where, Why, How)

22 What were the immediate causes of the accident or injury?

23. What factors contributed to the accident or injury?

(Factors such as - weather conditions / rushing / alcohol / drugs / horse play / poor light / noise)



[illegible]

ACCINVES.DOC

UTILITY DAMAGE REPORT

General Contractor:			
Contract or Project:			
Date Occurred:		Time Occurred:	
Utility Owner (circle):	Gas Telephone Water Electric Other		
Utility Name:			
Equipment/Machine Responsible:			
Operator of Equipment/Machine:			
Was the Operator working under the direct supervision of another Contractor? Yes No			
If so, who? _____			
Explain how service was disrupted: _____			
Was a Separate Subcontractor or Hired Service Responsible? (circle) Yes No			
If so, who? _____			
UFPO/USA Call-in Ticket Number:	_____	Date UFPO/USA was called:	_____
Was Utility Location Staked/Marked? (circle): Yes No			
NOTE: If not marked, immediately photograph utility in its unmarked state. If the utility was marked, photos should be taken in most instances, using references, such as tape measure, to relate distances. Sketches can be included to give a clear picture of the arrangements.			
Distance of Stake from Damaged Line if Marked: _____			
Date & Time Utility Company was Notified of Service Disruption: _____			
Date & Time Utility Company Arrived to Repair: _____			
Number of Utility Company Employees Required to Repair: _____			
Number of Utility Company Hours Required to Repair: _____			
Type of Utility Company Equipment/Machines Used to Repair: _____			
Signed: _____		Signed: _____	
Foreman (field)		Supervisor (field)	
Comments: _____			

Office Use Only: Case #

Near Miss Investigation

A Near Miss is an incident in which a condition exists or an act was carried out that had the potential for injury, property damage, environmental release, or an adverse health exposure to take place. Because of various circumstances, the potential injury or exposure did not occur, but the potential was recognized. This form is to be completed by and faxed to the Safety Department within 24 hours of the incident.

Please Print or Type

The fax number is

Near Miss Incident Facts

Project Name: _____ Job Number: _____

Location of Incident: _____ Date and Time: _____

Task being performed: _____

Where were you located at the time: _____

What happened? (Description of the incident): _____

What unsafe acts and /or condition contributed to this incident? (Immediate Cause): _____

What is the underlying or root cause which allowed the above factors to exist (Contributing Cause): _____

What action have or will be taken to prevent recurrence? (Corrective Actions): Include expected completion date of each

Investigated by:	Reviewed by:
Title	Title
Signature:	Signature:

Resolution Reviewed by:	Reviewed by:
Title	Title
Signature:	Signature:

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. Presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al **(800) 736-7401**. Ud. también puede consultar con la página Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en www.californiaspecialist.org.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

☐ Employer copy/Copia del Empleador ☐ Employee copy/ Copia del Empleado

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

DAILY TRENCH INSPECTION

Date:	Maximum Trench Depth:
Project Name:	Weather Condition:
Project Location:	Rainfall Quantity: (24-hours Previous)
Superintendent:	Competent Person:

Soil Classification: A B C (Circle one)			
Description	Yes	No	N/A
1. Were all open trenches/excavations inspected? If NO, Explain below.			
2. Were all spoils located the proper distance from top of trench/exc. ? If NO, explain below			
3. Were any tension cracks observed along the top of any slopes? If YES, explain below.			
4. Were slopes cut at design angle of repose? If NO, explain below.			
5. Was any water seepage noted in the trench/excavation walls or bottom? If YES, explain below.			
6. Was the bracing system installed in accordance with design? If NO, explain below.			
7. Was there evidence of shrinkage cracks in the trench/excavation walls? If YES, explain below.			
8. Are there any signs of caving or sloughing since the last inspection? If YES, explain below.			
9. Are areas of unusually weak soils or materials anticipated? If YES, explain below.			
10. Any evidence of significant fracture planes in soil or rock? If YES, explain below.			
11. Were all short term trench(s) covered within 24 hours? If NO, explain below.			
12. Were non-compliance items photographed? If NO, explain below.			
13. Are the trench boxes certified? If NO, explain below.			
14. Were hydraulic shores pumped to design pressure? If NO, explain below.			
15. Type of protective system being used:			
16. Did the shoring plan include an adequate safety factor to allow for equipment?			
17. Is the traffic in the area far enough away from the trench with barricades? If NO, explain below			
18. Are trees, boulders, or other hazards in the area? If YES, explain below.			
19. Are there any utilities crossing the excavation(I.e. gas, water, sewer, electrical)? List below.			
20. Any utilities running adjacent to the excavation (distance)? Identify utilities below.			
21. Were there any dramatic dips in the bedrock or soil layers? If YES, explain below.			

MANUAL TEST	Yes	No	N/A
Was A Manual Test Performed? (Circle one)			
<div style="display: flex; justify-content: space-around;"> Dry Strength Thumb Penetration </div> <div style="display: flex; justify-content: space-around;"> Hand Operated Shearvane Dry Testing </div>			
<div style="display: flex; justify-content: space-between;"> Plasticity Pocket Penetrometer </div>			

Item #	Explanations (If more room is needed, continue on the back.)

Forklift Daily Inspection Record

(Articulated, Extendable and Fixed Straight Mast)

COMPANY NAME:

No.	Items to be Checked	OK	Repair Required	Safety Issue	Repair Date	By
1	Are you a qualified & designated Operator on this machine?					
2	Check oil and coolant levels and look for leaks					
3	Check belts and radiator hoses for condition					
4	Check hydraulic hose and fitting conditions					
5	Check exhaust systems for leaks					
6	Check tire and wheel condition - proper inflation					
7	Check battery connections and mounting					
8	Check electrical system and all lights					
9	Check steering system operation					
10	Check for loose/missing bolts, guards, etc.					
11	Check fire extinguisher and bracket					
12	Check condition of glass, wipers and clean windshield					
13	Check operation of all instruments and gauges					
14	Check for proper operation of back-up alarm					
15	Check service and parking brake for proper operation					
16	Check if machine is being properly lubricated					
17	Check for load capacity chart					
18	Check warning & operation decals are in place and readable					
19	Check condition & operation of all controls					
20	Check seat and seat belt condition and operation					
21	Check quick coupler for operation and cracks					
22	Check all steps and grab handles					
23	Check all hydraulic cylinders for leaks and damage					
24	Check that the Operator Manual is in the machine					

CHECK ALL ITEMS THAT APPLY

1	Do forks stay level with machine?					
2	Check attachments and coupler for cracks and condition					
3	Are articulation springs in place?					
4	Do the attachments lock into coupler properly?					
5	Check boom sections for cracks and damage					
6	Check attachment and boom pins and pin retainers					
7	Check boom wear pads, guides, chains & rollers					
8	Check condition & operation of outriggers					
9	Check for boom angle and length indicator					
10	Check forks for deformation, cracks & straightness					

DO NOT EXCEED MACHINE CAPACITY

List supplies on back of sheet	Make any remarks on back of sheet
--------------------------------	-----------------------------------

IT IS THE RESPONSIBILITY OF THE OPERATOR OF THE MACHINE TO TURN IN THIS FORM AT THE END OF EVERY SHIFT TO YOUR SUPERVISOR OR THE MAINTENANCE DEPARTMENT. REPORT ANY UNSAFE CONDITIONS FOUND ON THIS MACHINE IMMEDIATELY TO YOUR SUPERVISOR PRIOR TO OPERATION.

DAILY SCAFFOLD CHECKLIST

Job Name _____ Competent Person: _____ Company Name _____

S.P. Phone Number _____ Site Location: _____ Date: _____ Time: _____

DESCRIPTION	YES	NO	N/A
A HAZARD ANALYSIS (HA) is REQUIRED for erecting / dismantling scaffold.			
A HAZARD ANALYSIS (HA) is REQUIRED for ALL work done from the scaffolding.			
Is the footing (ground support) firm, sound, rigid and level?			
Are the base plates, screw jacks, and mud sills in place as needed?			
Are the mud sills exposed to view (not covered with materials, dirt or mud)?			
Are the screw jack threads at least 1/3 up inside the standard posts?			
If mud sills are being used, are they made from at least 1 1/2" timber? (DO NOT USE PLYWOOD) At least 2 - #8 nails must be driven into each mud plate to prevent the screw jack from spinning out.			
Standards: correctly aligned, not damaged or displaced?			
Are ALL Braces, & Runners in place, not loose and fitting properly?			
Couplers: correct type in use and properly tightened?			
Ties on braces: adequate number and type, not loose, damaged or missing?			
Guard rails, Top and Mid-rails in place on all open sides, ends of platforms, above entry/exit ways more than 6 feet above the ground and at the CORRECT height?			
Toe boards above entry/exit ways in place as needed and at the CORRECT height?			
Planks or platforms covered lapped (max. 12 inches) secured from movement?			
Planks extend over their end supports not less than 6 inches, or more than 12 inches?			
Scaffold Planks: scaffold grade or equivalent and in good condition? (Good condition means: NO END SPLITS LONGER THAN 6 INCHES . Narrow Face Splits, Face Breaks, Fungus, Saw Cuts, or Chemical Damage)			
Maximum Permissible Span - eight (8) feet for planks 2x10 or wider.			
Front edge of platform, 14 inches or less (18 inches for plastering and lathing operations) from the face of the work (building, object).			
Scaffold is secured (guyed or tied) to the building or structure following the California 3:1 height Ration (4:1 Fed. Reg). Guys, ties and braces installed at each end of the scaffold and at horizontal intervals not exceeding 30 feet. (Measured from one end (not both) towards the other)			
Are ladders in good condition, properly supported and secured?			
If the scaffold height exceeds 125 ft. has it been designed by a registered professional engineer?			
Employee(s) erecting, dismantling scaffold are properly trained and are carrying a CURRENT card verifying the training?			
ALL employees accessing or working from the scaffold must have a minimum of ' Scaffold User Hazard Awareness Training ' and carry this card with them at all times. NO EXCEPTIONS.			
A Personal Fall Arrest System may be required when working off certain work platforms.			
NO ONE IS ALLOWED to modify, alter, or remove ANY scaffolding, or any of its related components under any conditions until Project Safety Manager(s) have been notified PRIOR to this being approved. This includes planking, end gates, cross-bracing, etc.			
Mobile scaffold have been inspected and Sign-off Card(s) have been signed prior to use?			
ALL scaffolding has been thoroughly inspected and signed-off before each shift?			
Is appropriate signage in place: Red, Green, Yellow tags? Sign-off Card(s)? Special instructions?			

Manlift / Scissor Lift Daily Inspection Record

COMPANY NAME:

Machine No.

Hours:

Date:

Inspector/Operator

Make:

Model:

No.	Carrier: (Manlift & Scissor Lift) - Check all items that apply:	OK	Repair Required / Date	Initialed By:
1	Check engine & coolant levels for leaks			
2	Check V-Belt condition & tension			
3	Check hydraulic fluid level for all leaks			
4	Check hydraulic hose & fitting conditions			
5	Check exhaust system for leaks			
6	Check fire condition, proper inflation			
7	Check battery connections & mounting			
8	Check electrical system			
9	Check auxiliary power unit operation			
10	Check steering system operation			
11	Check for loose/missing bolts, guards, etc.			
12	Check Fire Extinguisher and bracket			
13	Check operation of lower platform controls			
14	Check operation of all instruments & gauges			
15	Are warning & operation decals readable?			
16	Lubricate machine per manufacturer specs.			

PLATFORM ASSEMBLY - MANLIFT & SCISSOR LIFT - CHECK ALL ITEMS THAT APPLY:

1	Are all warning & caution labels readable?			
2	Are control panel markings readable?			
3	Is basket clean of loose materials & supplies?			
4	Is the Operator's Manual with the machine?			
5	Does platform stay level during operation?			
6	CHECK SAFETY BELT / HARNESS CONNECTIONS			
7	Check condition & operation of all controls			
8	Check operation of footswitch / locks			
9	Check all platform railings & latches			
10	Check operation of motion alarm			
11	Check Platform-to-Boom mounting			
12	Check basket for structural damage & cracks			
13	Check all cables & cords to basket controls			

BOOM: (MANLIFT)

1	Check boom sections for cracks & damage			
2	Check all boom pins & pin retainers			
3	Check hydraulic cylinder for leaks & damage			
4	Check boom wear pads and guides			

SCISSOR LIFT: (USE REQUIRED SAFETY DEVICES)

1	Check condition & operation of outriggers			
2	Check platform lift side rollers & guides			
3	Check scissor arms & scissor pivot pins			

DO NOT EXCEED MACHINE CAPACITY - List supplies needed on back of this sheet.

IT IS THE RESPONSIBILITY OF THE OPERATOR OF THIS MACHINE TO TURN IN THIS FORM AT THE END OF SHIFT TO YOUR SUPERVISOR OF THE MAINTENANCE DEPARTMENT. IMMEDIATELY REPORT ANY UNSAFE CONDITIONS FOUND ON THIS MACHINE TO YOUR SUPERVISOR PRIOR TO OPERATION.

Small Tool Inspection

Date:

Job #:

Inspected By:

Location:

[illegible]

[illegible]

SAFETY INSPECTION FOR MISCELLANEOUS EQUIPMENT		Date of Inspection		
Contractor:		Contract Number:		
Inspected By (Signature):		Observer (Signature)		
Description: _____ Make: _____ Model: _____ Serial Number: _____		Name of Competent Person: _____ *Deficiencies <u>Will</u> Be Corrected Prior to Operation of Equipment		
	MACHINERY AND MECHANIZED EQUIPMENT	YES	NO	N/A
1	Are only Designated Operators being assigned to operate Mechanized Equipment?			
2	Is adequate Rollover Protection provided?			
3	Are Seat Belts provided, IN USE , and in good condition?			
4	Are all Gauges, Lights and Emergency Equipment Operational?			
5	Does the equipment have a suitable Fire Extinguisher? Inspected / Initialed Monthly?			
6	Is there an effective, working Reverse Alarm?			
7	Is protection (Grills, Canopies, Screens) provided to shield the Operator from falling or flying objects/debris? If not, Face Shields & Safety Glasses/Goggles WILL be used.			
8	Is there protection against contact with hot surfaces, exhaust, etc. provided?			
9	Is the machinery/equipment stationary and/or placed on firm foundation and secured prior to operation?			
10	Is equipment parked on an incline chocked or track mechanisms blocked and the parking brake set?			
11	Is a safe means of access to the cab provided (Steps, Grab Bars, Non-slip Surfaces?)			
12	Are pressurized cylinders, outriggers, etc. equipped with a Pilot Check Valve?			
13	Are sufficient lights provided for night work operations?			
14	Are fuel tanks located in a manner to prevent spills or overflows from running onto engine exhaust or electrical equipment?			
15	Are exhaust discharges from equipment so directed that they do not endanger persons or obstruct the view of the operator?			
16	Are there initial inspections and scheduled inspections of the equipment done at regular intervals?			
17	Has the equipment been inspected and tested by a "Competent Person"?			
18	Are Inspection Records kept available as part of the official project file at the construction site?			
19	Are all mirrors, windows, windshields in good condition without cracks?			

[illegible]

Mobile Crane Safety Inspection Check List

Date: _____	Hours: _____
Operator Name: _____	Crane No: _____
Inspected by: _____	

1. WALK AROUND INSPECTION				2. MACHINERY HOUSE INSPECTION			
Description	N/A	S	U	Description	N/A	S	U
a. Safety guards & plates				a. Housekeeping			
b. Carrier frame rotate base				b. Engine/compressor			
c. General hardware				c. Leaks fuel/lube/oil/water			
d. Wire rope				d. Lubrication			
e. Reeving				e. Battery			
f. Block				f. Lights			
g. Hook				g. Glass			
h. Sheaves				h. Clutch/brake linings			
i. Boom/jib				i. Electric Motors			
j. Gantry/boom slope				j. Warning tags			
k. Walks/ladders/handrails				k. Fire extinguisher(s)			
l. Windlocks/chocks/slope							
m. Tires/wheels/tracks							
n. Leaks fuel/lube/oil/water							
o. Radius indicator							
p. Outrigger/locking device							
3. CAB INSPECTION				4. OPERATION INSPECTION			
Description	N/A	S	U	Description	N/A	S	U
a. Gauges				a. Area safety			
b. Warning/Indicator lights				b. Unusual noises			
c. Controls/brakes				c. Control action			
d. Visibility				d. Brakes/boom/load			
e. Load rating charts				e. Crane stability			
f. Emergency stops				f. No load test			
g. List/trim indicators				g. Fleeting sheave			
h. Boom angle/radius indicator				h. Limit switches			
i. Load indicator device				i. Anti-Two Block			
j. Load drum rotation "feelers"				j. Monthly Insp./Repair Record			
k. Audible warning signal				k. Annual inspection			
				l. Operators manual			

INSTRUCTION: S satisfactory, U unsatisfactory, N/A not applicable

Operator Instruction: Suspend all operations immediately when an unsatisfactory condition of any item indicated above will jeopardize safety. In addition, suspend operation when any unsafe condition is observed. Immediately notify your supervisor of the unsafe condition. Other conditions not affecting safe operations shall be noted under "Remarks" and reported to your supervisor and the Master Mechanic.

REMARKS: _____

Received by: _____ Date: _____



Project Incident Rate Summary

Project Name: Job No.:

Project Manager: Safety Professional:

I. Experience Summary: Week ending Year:

	<i>Current Month Cases</i>	<i>Year to Date Cases</i>	<i>Project to Date Cases</i>
A. OSHA Recordables:	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Restricted Duty Cases:	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Restricted Duty Days:	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Lost-Time Cases:	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Lost-Time Days	<input type="text"/>	<input type="text"/>	<input type="text"/>

	<i>Current Month</i>	<i>Year to Date</i>	<i>Project to Date</i>
II. Project Man-Hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>

III. Rates:

A. Incident Rate: <i>(Total Case Rate)</i>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	$\frac{\text{No. OSHA Recordables (A) x 200,000}}{\text{Man-Hours}}$
B. Frequency Rate: <i>(Lost-Time Case Rate)</i>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	$\frac{\text{No. LT \& Rest. Cases (B+D) x 200,000}}{\text{Man-Hours}}$
C. Severity Rate: <i>(Lost Workday Rate)</i>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	<input type="text" value="0.0"/>	$\frac{\text{No. LT \& Rest. Days (C+E) x 200,000}}{\text{Man-Hours}}$

	<i>Incident Rate</i>	<i>Frequency Rate</i>	<i>Severity Rate</i>
Company Incident Rate Goals:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bureau of Labor National Average: 8.6 4.2 148.1

NOTE: All totals are for (Company Name Here) ONLY. Do not include Subcontractors statistics.

Quarterly Safety Process Audit

Safety Professional Conducting Audit:
Business Group Manager:
Project Number:
Project Name:
Date of Last Evaluation:

Audit Elements	Substantially Complete	Needs Attention	Comments
1) Project Management			
Are written annual performance objectives established?			
Have objectives been communicated to workers?			
2) Required Project Safety Plans/Manuals			
Corporate Safety Plan			
Hazard Communication Program			
Emergency Action Plan			
Current Insurance Manual			
3) Required Project Postings			
Hospital/Clinic Map			
Emergency Phone Number List/Map Posted			
SDCRAA Alcohol and Drug Policy Posted			
State and Federal Related Posters			
4) Hazardous Communication Information			
Material Safety Data Sheets (Up-To-Date)			
List of Chemicals Onsite			
Documentation of Employees Trained			

Audit Elements		Substantially Complete	Needs Attention	Comments
5) Incident/Illness Related Information				
First Aid Supplies Available				
Bloodborne Pathogen Supplies Available				
Medical Clinic Authorization Forms				
First Aid Log				
OSHA 300 Log Maintained				
OSHA 300A Form				
Personal Injury Incident and Illnesses				
A) First Report of Injury				
B) Supervisor's Injury/Illness Investigation Report				
C) Foreman Injury/Illness Investigation Report				
Modified Duty in Place And Functioning				
6) Required Safety Documentation				
Superintendents Weekly Safety Inspection Completed (All Salaried Staff)				
Daily Crane Inspections Completed				
Annual Crane Inspections Completed				
Excavation Log Completed				
Weekly Tool Box Talks Documented				
Employee Safety Violation Disciplinary Action Documented				
Monthly Fire Extinguisher Inspections Completed				
Monthly Competent Person Electrical Inspections Completed				
IH monitoring completed, silica, noise, lead, arsenic etc.				
Respiratory Medical Surveillance Completed				
Employee Respiratory Fit Testing Current And Documented				
Rigging Inspection Program				
7) Safety Training				
Training Administration				
A) Quarterly Training Schedule in Place				
B) Salaried Staff Safety Responsibility Board Posted				
C) Training Log Maintained for Employees				

Audit Elements	Substantially Complete	Needs Attention	Comments
D) Sign in sheet used to document attendance			
All Tradesmen			
E) New Employee Safety Orientation Program			
F) Hearing Conservation Training Complete			
G) Silica Training Complete			
H) Lead Training Complete			
I) Continuing Education Program in Effect			
J) Crane Operators Certified			
All Project Management Staff:			
G) OSHA Ten Hour Certification Current			
H) CPR, Certification Current			
I) First Aid, BBP			
J) Excavation Competent Person			
K) Scaffold Competent Person			
L) Fall Protection Competent Person			
M) Confined Spaces Competent Person			
N) Electrical Competent Person			
O) Crane Competent Person			
8) Project Safety Planning			
Site Specific Safety Plan Completed Before Project Start			
Concrete Safety Plan Completed Before Start			
Steel Erection Safety Plan Completed Before Start			
Highway Safety Plan Completed Before Start			
Fall Protection Plan Completed Before Start			
Critical Crane Lift Safety Planning Completed Before Start			
Crisis Management Plan Available			
Assured Equipment Grounding Program Functioning			
Crane Survey Completed for each Crane on Site			
9) Jobsite Safety Review Completed			

Audit Elements		Substantially Complete	Needs Attention	Comments
	All Salaried Staff conducting inspections/observations			
	Effective Process in place to Close Hazard Loop			
	Effectiveness of Hazard Identification Measured?			
10) Jobsite Safety Performance				
	Jobsite Substantially In Compliance With OSHA			
	Jobsite Safety Team In Place And Functioning			
	Job/Task Hazard Analysis Process Functioning			
11) Management Effectiveness Metrics				
	Management Involvement 90% or Above			
	Behavioral Observations 90% or Above			
	Conditional Observations 90% or Above			
	Incident Investigations 90% or Above			
	Tool Box Talks 90% or Above			
	Project Incident Rates Below: 2.0			
	Project Frequency Rates Below: 1.0			
	Project Severity Rates Below: 40.0			
12) Miscellaneous				
	Project Safety Signs Established Around Perimeter Fencing			
	Security Procedures In place (site, equipment, etc)			
	Substance Abuse Program Functioning			
13) Subcontractor Safety Compliance Requirements				
	Site Specific Safety Plan Submitted			
	Hazard Communication Plan			
	Competent Persons Trained			
	Safety Awareness Statement Complete			
	Drug Policy Affidavit			
	Certificates of Insurance Current*			
	Weekly Safety Meetings/Toolbox Talks			
	Signed On-site Orientations Conducted by AWC			

Audit Elements		Substantially Complete	Needs Attention	Comments
Subtotals		0	0	
<p><u>*Certificate must name SDCRAA as additional insured</u></p>				
<p>Total Safe/(Total Safe + Total Unsafe) x 100 = % Safe</p>		<input type="text"/>		

July 14

XI) Project Assessment Section

(Safety Professional To Objectively Analyze Projects Safety Performance/Compliance).

CONFINED SPACE PRE-ENTRY CHECKLIST (FOR ENTRY INTO NON-PERMIT REQUIRED CONFINED SPACE)

DATE: _____ **SUPERVISOR:** _____

PROJECT: _____ **PROJECT #:** _____

LOCATION OF WORK: _____

1	Type of confined space:	Pipeline _____ Tank _____	Manhole/Vault _____ Excavation/Pit _____	
2	Description of work performed:	_____		
3	Atmospheric Test Results:	OXY _____ %	LEL _____ %	TOX _____ ppm
		Always Test for O2 / 1st.	*Test for Combustibles / 2nd*	*Test for Toxic /3rd*
4	Have all pumps and lines been disconnected, blinded or locked out?	YES _____	NO _____	
5	Is any engulfment hazards present?	YES _____	NO _____	
6	Have past air tests shown any: Oxygen deficient/enriched atmosphere?	YES _____	NO _____	
	Toxic levels? YES _____ NO _____ Explosive levels? YES _____ NO _____			
	(If you answered YES to No.s 4,5 or 6 this is a Permit Required Confined Space)			
7	Has surrounding area been surveyed to avoid hazards such as drifting vapors, spills and any other hazards which may be present?	YES _____	NO _____	
8	Has air monitoring equipment been calibrated according to manufacturer recommendation?	YES _____	NO _____	
9	Is confined space periodically/constantly monitored for air quality?	YES _____	NO _____	
10	Have workers been trained for entry, operating and rescue procedures	YES _____	NO _____	
11	Is fresh air mechanical ventilation being provided?	YES _____	NO _____	
12	If no mechanical ventilation is not provided, is natural ventilation adequate to provide a safe work place?	YES _____	NO _____	
13	Have workers been instructed to leave the confined space if ventilation machine fails or conditions change which present a hazard?	YES _____	NO _____	
14	Have workers been trained for entry, operating and rescue procedures? (documented training)	YES _____	NO _____	
15	Is rescue equipment and trained rescue person on site?	YES _____	NO _____	
16	Personal Protective Equipment required for this shift:	Face Shield _____	Safety Glasses _____	
	Hard hat _____ Gloves _____ PVC Gloves _____ Rain suit _____ Respiratory protection _____ Rubber boots _____			
	Metatarsal protection _____ Other: _____			

☐
☐

CONFINED SPACE ENTRY PERMIT HAZARDOUS AREA ENTRY PERMIT

ALL COPIES OF PERMIT WILL
REMAIN AT JOBSITE UNTIL

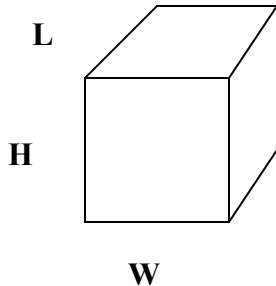
1	Location and Description Of Confined Space _____ Date _____ Purpose of Entry _____ Time _____ Contractor _____ Expiration _____ Person in Charge of Work _____												
2	Supervisor(s) in Charge of Crews				Type of Crew				Phone				
3	Special Requirements		Yes	No					Yes	No			
	Lock Out – De-Energize				Escape Harness								
	Lines Broken – Capped or Blanked				Tripod Emergency Escape Unit								
	Purge – Flush and Vent				Lifelines								
	Ventilation				Fire Extinguisher								
	Secure Area				Protective Clothing								
	Breathing Apparatus / Respirator				Other								
	Resuscitator – Inhalator				Other								
4	Test(s) to be Taken (valid for one 8-hour turn only)	PEL*	Yes	No	Date	Time	Time	Time	Time	Time	Time	Time	
	% of Oxygen	19.5 - 23.5%											
	% of LEL*	Any % over 5											
	Carbon Monoxide	35 ppm											
	Hydrogen Sulfide	10 ppm											
	Gas Tester Name _____ Note: Continuous/periodic test must be established before beginning job. Any questions pertaining to test requirements Should be directed to the certified division gas tester, plant gas coordinator, or the industrial hygienist.												
5	Entrant Name				Time In				Time Out				
	Instruments Used				Name				Type				Ident. No.
	Safety Standby Person(s)				Name								
	Supervisor authorizing all above conditions satisfied _____ * PEL Permissible Entry Level * LEL Lower Explosive Level Safety Manager												

Original to Contractor
Copy to Owner's

Ventilation Calculation Instructions

If the employee(s) will be entering a nonstandard manhole or structure, the ventilation calculations on the reverse side of this form must be completed. For all calculations, make all of your measurements in feet, not inches or yards.

RECTANGULAR SPACE:



1. Measure the Length, Height, and Width of the structure and write down the measurements in feet below.

Length (L) = _____ feet

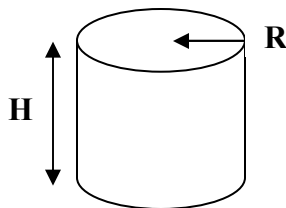
Height (H) = _____ feet

Width (W) = _____ feet

2. Multiply L x H x W to calculate the total cubic feet of the structure.

(L) _____ x (H) _____ x (W) _____ = _____ cubic feet of air

CIRCULAR SPACE:



1. Measure the Radius and Height of the structure and write down the measurements in feet below.

Radius (R) = _____ feet

Height (H) = _____ feet

2. Multiply R x R x H x 3.14 to calculate the total cubic feet of the structure.

(R) _____ x (R) _____ x (H) _____ x 3.14 = cubic feet of air

BLOWER CALCULATIONS:

1. The blower used in the confined space must have a minimum capacity of 892 cubic feet per minute (cfm). Some older blowers have only 750 cfm capacity. If you are using an older blower with a capacity of 750 cfm or less, you must use two blowers for a total of 1500 cfm or more.
2. Multiply blower capacity by 60.

Blower capacity (must be at least 892) _____ x 60 = _____ cubic feet of air per hour.

3. Divide the answer from step 2 above by the volume of air in the confined space as determined in the Circular Space or Rectangular Space calculations above.

(Cubic feet of air per hour (from step 2)) _____ ÷ (cubic feet of air (circular space or rectangle space calculation above)) _____ = _____ air exchanges per hour.

***Note beware of obstructions and or bends in your ducting or confined space that may restrict the airflow / CFM. This could reduce your air exchanges in your confined space.**

YOU MUST HAVE A MINIMUM OF 20 AIR EXCHANGES PER HOUR IN THE CONFINED SPACE



SAFETY TRAINING ATTENDANCE SHEET

Subject:
Date:
Time:

	Print Name	Company	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

DESIGNATED COMPETENT PERSON ACKNOWLEDGEMENT FORM

Definition

A competent person means one who is capable of identifying existing and predictable hazards in the surroundings or working conditions, which are unsanitary, hazardous, or dangerous to employees, and has authorization to take prompt corrective measures to eliminate them.
(29 CFR 1926.32(f))

Responsibility

The designated competent person is responsible for recognizing and correcting safety hazards. This person has the authority to stop work in the event of any safety concern on the jobsite.

The Contractor Project Manager and the Contractor Designated Person(s) must complete this form. Where a Contractor is responsible for multiple craft, it may be necessary to maintain additional designated competent persons and forms.

Acknowledgement

I, _____, representing, _____ ,
Contractor Project Manager Contractor Name

have assigned _____ to be the competent person in the area of _____
Competent Person Type of Work

I acknowledge that this individual has been thoroughly trained and is experienced in hazard Recognition and has the authority to stop work and correct hazards in the event of an imminent danger situation.

Contractor Project Manager

Date

I acknowledge that I have been thoroughly trained to perform as a competent person in the area of

_____ for _____
Type of Work Contractor Name

and I understand that I have the responsibility and authority to correct hazards and to stop work in the event of an imminent danger situation.

Competent Person

Date

HOT WORK PERMIT

This permit is to be completed whenever welding, cutting, grinding, heating, spark producing or open flame work is performed on any CIP project.

Area		Building		Contract	
Job Description					
Contractor					
Yes	No	N/A	Pre-work Inspection Checklist		
			Flammable liquids / solids removed		
			Combustibles removed or protected (within 35 feet)		
			Wall, floor, tank, storm sewer openings covered		
			Service piping, electrical protected		
			Flammable / combustible / toxic material removed from surface to be heated		
			Ventilation / exhaust adequate		
			Hoses, torches, welding equipment in good condition		
			Compressed gas / LPG bottles properly located / secured		
			Nearest Fire Alarm box located		
			Proximity to building exterior deluge system sensors accounted for?		
			Fire extinguisher provided. Inspection tag current		
			Is a Firewatch required / assigned?		
			Welding screens provided when necessary		
This permit is valid until (single shift only) _____ on _____ 20____					
Contractor Representative					
Date:					
SDCRAA Representative					
Date:					

This permit is not valid unless signed by a SDCRAA Representative

NOTIFICATION PROCEDURES:

- Send or fax a copy of the completed form to Airport Operations **400-2709**.
- Call Airport Operations **400-2710** prior to starting work.

Emergencies: Call Harbor Police at **686-8000** or call **911**.

J.16 Drilling and Coring Permits



Employee Warning Notice

Division/Company Name: _____
Employee Name: _____
Position/Title: _____
Project/Location: _____

Date: _____
Issued By: _____

Absenteeism	_____	Smoking in prohibited areas	_____
Tardiness	_____	insubordination	_____
Abuse to equipment, material	_____	Refusing to obey orders	_____
Leaving area work with out permission	_____	Violation of safety rules	_____
Poor work due to neglect	_____	Violation of company rules polices	_____
Alcohol or drug on premises	_____	Abusive Language	_____
Stealing Loafing	_____	Fighting or horseplay	_____
Stopping work with out permission	_____	Falsifying information to company	_____
Discrimination	_____	Reckless driving on premises	_____
Sexual Harassment	_____	General inability to meet work goals	_____

Other (Specify): _____

Verbal Warning ☐ Written Warning ☐ Suspension ☐ Dismissal ☐

Supervisor Statement:

Length of suspension period (if any): _____
(Typically (3) three days)

Employee signature

Date

Supervisor Signature

Date

Crane Move Plan

All crane moves will be in accordance with the manufacturer's specifications.

A "Crane Move Plan" must be filled out by the operator prior to every crane move. This plan must be reviewed and approved by the Superintendent/Foreman in charge of the operation prior to the crane move.

A crane move includes, but is not limited to: any move of Lattice Boom Crane (Truck or Crawler)

Any move of a Crawler or RT Hydraulic Crane. All crane moves must be ranked in risk level. A **level 2 risk** is a standard move of an RT crane only. The move must be at zero degrees site slope and follow all manufacturers' specifications. A **level 1 risk** has any of the following: Any move of a lattice boom truck crane. Any move of a crawler or RT hydraulic crane which involves unique conditions such as:

*Significant Ground Slopes

*Overhead or Underground Utilities

*Live Traffic/Congestion

*Long Distance of Travel

*Questionable Ground Conditions

*Cross Slope

*Move at Night

*Any Other Uncommon Circumstances

****ALL level 1 risks MUST be reviewed and signed off by the superintendent in charge of the operation.**

Risk Level _____ **Make** _____ **Model** _____ **Serial No.** _____ **Unit No.** _____

***AFTER STUDYING THE MANUFACTURER'S RECOMMENDED GUIDELINES, PLEASE ANSWER THE FOLLOWING:**

How far is the move? _____ Where from? _____ Where to? _____

How much boom is in crane? _____ What is the manufacturer's recommended Boom Angle? _____

What is the total weight of all load blocks? _____ Tied Back? _____ Do you have a trained flagger? **Y / N**

Has a thorough walk-around been conducted by the operator PRIOR to the outriggers coming off the ground? **Y / N**

Is there a competent spotter/pilot vehicle for the crane move? **Y / N / NA** Who? _____ Title: _____

Has the route been walked with the Operator, Foreman, and if necessary, the Superintendent listed below? **Y / N**

The type of travel surface? _____ General Condition of surface? _____

Overhead Utilities? **Y / N** Type: _____ Height above ground: _____ ft. KVA: _____

Underground Utilities? **Y / N** Type: _____ Known Depth: _____ ft. Date of Locates: ____/____/____

Cross slope was measured every _____ ft. Max cross slope is: _____ Max allowable is: _____%

Maximum longitudinal grade was measured at: _____% Max allowable is: _____%

The crane will travel with boom in line with car body and swing lock engaged? **Y/N** (if **No** explain below)

The boom will be: **UPHILL / DOWNHILL / NONE** (CIRCLE ONE) Drive chains/wheels will be: **UPHILL / DOWNHILL / NONE** (CIRCLE ONE)

The crane will travel: **UPHILL / DOWNHILL / NONE** (CIRCLE ONE) The boom angle will be set at: _____ degrees

Is the double tie back system engaged? **Y / N** (If **NO** explain below)

Additional Comments: _____

Operator Signature: _____

Foreman Signature: _____

Superintendent Signature: _____

Date: ____/____/____

(Required for level 1 pick) Date: ____/____/____

Crane Pre-Lift Check List

Type of Load Setup _____

All Outriggers fully extended? _____ Yes _____ No

Are ground Conditions stable or near any excavations? _____ Yes _____ No

Are there any overhead electrical lines or obstructions? _____ Yes _____ No

Are Certifications current? _____ Yes _____ No

Has Proper Rigging been checked? _____ Yes _____ No

What is capacity of weakest rigging _____ lbs.

If less than load, explain (i.e. multiple slings used, etc.) _____

Is the operator and signal person Qualified? _____ Yes _____ No

A. Weight of load to be hoisted _____ lbs.

B. Weight of rigging, including block, jib, and wire robe _____ lbs.

C. Total weight of lift (row A + B) _____ lbs.

D. Radius from Crane Center Point to furthest landing or lifting point _____ feet

E. Boom Angle _____ degrees _____ feet

F. Maximum weight (360 Capacity) at radius _____ lbs

If the weight in row "C" is greater than row "F", DO NOT MAKE LIFT!

G. If the weight in row "C" is less than row "F", then divide row "C" by row "F" and enter as percentage: _____ %

If the percentage in row "G" is 75% or greater, DO NOT MAKE LIFT YET!

THIS IS NOW A CRITICAL LIFT. Contact your safety representative or Superintendent for CRITICAL LIFT CHECKLIST FORM and procedure.

If the percentage in row "G" is less than 75%, have this form signed by the Area Safety Manager/Designee and proceed with lift.

Note: Special procedures must be established for "pic and carry" operations

Prepared By

Date

Area Safety Manager/Designee

Date



CRITICAL LIFT CHECKLIST

Company Name: _____

Definition: A critical lift is any lift that exceeds 75% of the crane's rated capacity, any lift involving more than one crane or any lift involving unusual or severe hazards

Project Name: _____ Project Number: _____

Contractor: _____

1. Name of the supervisor in charge of lift: _____

2. Name of crane operator: _____

3. Name of signal person(s): _____

The following items must be checked by the person in charge of the lift.

4. Pick Conditions

	OK	N/A
A. Is the crane-pad level, firm and stable	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the longest picking radius been measured	<input type="checkbox"/>	<input type="checkbox"/>
C. Have special hazards been identified	<input type="checkbox"/>	<input type="checkbox"/>
1. Powerlines	<input type="checkbox"/>	<input type="checkbox"/>
2. Obstructions in lift path	<input type="checkbox"/>	<input type="checkbox"/>
3. Location of underground utilities or structures	<input type="checkbox"/>	<input type="checkbox"/>
4. Weather conditions	<input type="checkbox"/>	<input type="checkbox"/>
D. Has a lift sequence been established and reviewed	<input type="checkbox"/>	<input type="checkbox"/>
E. Are unnecessary personnel clear of area	<input type="checkbox"/>	<input type="checkbox"/>

5. Load Conditions

A. Is exact load weight known	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the weight of rigging known	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the weight of the load block and line known	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the Center of Gravity of the load been established	<input type="checkbox"/>	<input type="checkbox"/>
E. Is rigging adequate and in good condition	<input type="checkbox"/>	<input type="checkbox"/>

6. Communication

- | | | |
|---|----------------------|----------------------|
| A. Have hand signals been reviewed | <input type="text"/> | <input type="text"/> |
| B. Has location of spotters been established | <input type="text"/> | <input type="text"/> |
| C. If radios are used: | | |
| 1. Have they been tested from location of use | <input type="text"/> | <input type="text"/> |
| 2. Is frequency clear of other radio traffic | <input type="text"/> | <input type="text"/> |

7. Condition of Crane (checked by Operator)

- | | | |
|---|----------------------|----------------------|
| A. Is pad blocking adequate and substantial | <input type="text"/> | <input type="text"/> |
| B. Is the crane level | <input type="text"/> | <input type="text"/> |
| C. Are ropes and pendants in good condition | <input type="text"/> | <input type="text"/> |
| D. Are adequate parts of line being used | <input type="text"/> | <input type="text"/> |
| E. Is line reeved properly | <input type="text"/> | <input type="text"/> |
| F. Will controls provide smooth operation | <input type="text"/> | <input type="text"/> |
| G. What is the boom length _____ feet | <input type="text"/> | <input type="text"/> |
| H. What is the maximum boom angle | <input type="text"/> | <input type="text"/> |
| I. What is the maximum load radius | <input type="text"/> | <input type="text"/> |
| J. Is the load within chart limits for the above conditions | <input type="text"/> | <input type="text"/> |

Operator Signature: _____ Date: _____

Has a pre-lift meeting been conducted with all persons involved to review this information? YES ____ NO ____

Signed: _____
Lift Supervisor

Project Manager

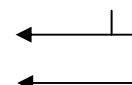
Suspended Personnel Platform Worksheet

J.18.3

Location:		Worksheet Completed Date _____ Date _____	
Crane Make:	Crane Model:	Date _____ Date _____	
Unit Number:	Operator:		
		Basket Number _____	

LOAD CALCULATION

_____ Basket weight	(Weight of Basket per Data Plate)	Maximum Intended Load
_____ + Intended Load	(# of Persons @ 250 lb/each(max 3 people))	
_____ + Tools & Equipment	(Only that to be used for the Job.)	
_____ + Rigging	(Slings, Block, etc.)	
_____ = Lifted Load*		



CRANE CAPACITY

_____ Boom Angle	Actual Working Boom Angle
_____ Load Radius	Maximum Working Load Radius
_____ Crane Capacity	Gross Capacity per lift charts
_____ Allowed Lifting Capacity**	Gross Capacity 2

*Lifted Load Must Be 1/2 of Allowed Capacity** If Not A Larger Crane Is Required*

PERSONNEL BASKET AND RIGGING PROOF TEST

Basket Weight _____ + Max Intended Load _____ = _____ +
 Test Weight (125 % of basket with intended load) _____ = Proof Load _____
 LOAD THE BASKET with the test weight, tools, and equipment: then suspend above the ground for five minutes. (Note: this test can be combined with the trial lift)

TRIAL LIFT

A trial lift of the unoccupied basket must be made before any personnel are hoisted. During the lift, the basket must be loaded at least to its anticipated lift weight. The lift must start at ground level or the location where personnel will enter the platform and proceed to each location: where it is to be hoisted and positioned. After the trial lift, check the following:

Controls are functioning properly	<input type="checkbox"/>	Basket is properly secured and balanced	<input type="checkbox"/>
There are no interference's	<input type="checkbox"/>	Entire lift is within 50% of Capacity	<input type="checkbox"/>
Hoist Ropes are free of kinks	<input type="checkbox"/>	Multiple part lines are not twisted	<input type="checkbox"/>
Ropes properly seated on drums/sheaves	<input type="checkbox"/>	Inspect crane/basket/rigging	<input type="checkbox"/>
ATB Kick out Functioning Properly	<input type="checkbox"/>		

Worksheet Completed on _____ by _____ Signature _____

PRE-LIFT MEETING

Prior to the lift a meeting must be held with all personnel involved in the lift. Review all procedures to be followed including, but not limited to:

- | | |
|--|---|
| 1. Use tag lines unless their use is unsafe | 4. Stay in View of or communication with operator |
| 2. Never leave crane controls when basket is occupied | 5. Keep all body parts inside when basket is moving |
| 3. No lift of any other material while basket is attached. | 6. Wear harness with a lanyard |

Compliance Endorsement: Per 29 CFR 1926.550 (g)(2) General Requirements

_____ In connection with the use of a personnel lifting platform
 Foreman or Operators Name understands and acknowledges that the use of a crane or derrick to hoist employees on a personnel platform is prohibited, except when the erection, use, and dismantling of conventional means of reaching the worksite, such as a personnel hoist, ladder, stairway, aerial lift, elevating work platform or scaffold, would be more hazardous, or is not possible because of structural design or worksite conditions.

Signature of Company Representative _____ Date _____
 Job Site Safety Representative _____ Date _____
 (Certifies that contents of worksheet have been met)

Safety Performance Incentive Award Spreadsheet

Safety Professional:
Business Group Manager:

[illegible]

Appendix 2

Appendix 2

San Diego County Regional Airport Authority

COMMUNICATION

Development Division

Date:

To: All Safety Representatives
From: **TBD**
Subject: Safety Audit, Vehicles & Equipment

The following procedures will be used to perform safety audits of contractor construction and construction support equipment/vehicles.

- All construction equipment/vehicles on or adjacent to construction sites, including the staging area, are subject to safety audit requirements.
 - During the safety audit, any construction equipment/vehicle will be subject to audit for tools, storage containers, fire extinguishers or other items in compliance with safety standards.
 - The Owner and/or Contractor Safety representatives will perform safety audits, either jointly or separately.
 - If the owner/operator is near the construction equipment/vehicle, they will be contacted and notified and encouraged to participate in the safety audit.
 - Accessing open spaces of equipment to verify compliance with safety requirements will be performed and may involve entry of the open space.
 - Audits will not include opening of closed compartments, however, visual inspections of passenger compartments shall be performed.
 - If safety related items are visually identified in a closed compartment, immediate contact will be made with a Contractor representative to resolve the issue.
 - Personal equipment and materials not intended for use on the project shall be separated and locked away so they are not readily available for use.
-

The intent of the safety audit is to provide a safe and incident-free work environment for all project personnel.

These procedures are subject to revision. Proper notification and updates will be provided for each revision.

Appendix 3

Appendix 3

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

LOCKOUT/TAGOUT PROGRAM GUIDELINES

I. GOAL OF THE PROGRAM

This SDCRAA program complies fully with CAL/OSHA Regulations 2320.2, 2320.4, 2320.5, 2320.6, 2320.7 and 3314.

The goal of the SDCRAA Lockout/Tagout Program is to safeguard the health of all SDCRAA employees, tenants, the public and contracted personnel from exposure to energy sources. Energy sources include, but are not limited to; all electrical power, including main and branch circuits; gasoline, diesel, propane and/or turbine engines; electric motors, hydraulic systems and pressure accumulators, water power or potential devices such as water mains, branch circuits, feeder lines, overhead sprinklers, cooling towers and pumps; pneumatic systems and pressure reservoir; and any source of energy providing power to machines or equipment.

SDCRAA equipment and machinery are provided with specific safeguards in normal operations. However, maintenance, construction and remodeling activities can pose significant potential exposure to employees from power sources. Procedures have been established to ensure that machines or equipment are isolated from all potentially hazardous energy, and lockedout/tagged-out before employees perform any servicing or maintenance activities where the unexpected energization, start-up, or release of stored energy could cause injury.

II. BASIC EQUIPMENT REQUIREMENTS

All SDCRAA employees who may be exposed to energy sources will be provided with individual locks, registered with their supervisor, and marked with a name tag affixed to the lock. Durable lockout tags and sturdy attachment straps (with a minimum unlocking or breaking strength of 50 lbs.) shall be provided to isolate the employees from power sources. Multiple lockout devices and/or special shields shall be available from supervisors. Lockout/Tagout logs shall be maintained that indicate; authorized person locking or tagging out the energy source, power source description (e.g. circuit breaker number and circuit designation), date and time locked/tagged out, reason for lockout/tagout, date and time locks/tags removed and the system restored to normal operation, authorized person removing the locks/tags.

III. COMPLIANCE WITH REGULATIONS

The SDCRAA Lockout/Tagout Program shall comply with applicable CAL/OSHA and OSHA regulations. All SDCRAA employees will comply with this program, special instructions from supervisory personnel and safety regulations.

IV. RESPONSIBILITY

All SDCRAA employees, supervisors, managers, department heads, and safety personnel shall ensure that the lockout/tagout program is adhered to. Only the person or persons who installed the locks and/or tags shall remove the locks or tags.

Supervisors shall annotate work orders that generally would require lockout and/or tagout procedures to be followed. Supervisors shall be notified by employees whenever the employee conducts lockout/tagout procedures. Maintenance supervisors and the Superintendent shall regularly review work orders and the lockout/ tagout log to ensure compliance with this program.

Only the Airport Duty Supervisor (Zebra 2) shall make contact with the FAA tower to energize or de-energize circuits. The airport Maintenance supervisor, Maintenance Duty Supervisor, and Airport Duty Supervisor shall be informed of all maintenance/repair/contract activities that require lockout and/or tagout procedures.

V. PREPARATION FOR LOCKOUT/TAGOUT

Conduct a survey to locate and identify all isolating devices to be certain which switch(s), valve(s), or other energy isolating device(s) apply to the equipment/machinery to be locked or tagged out. More than one energy source (electrical, mechanical, hydraulic, pneumatic, or others) may be involved. (Main breaker/fuse box, air shut off valve, etc.)

VI. SEQUENCE OF LOCKOUT/TAGOUT PROGRAM PROCEDURE

The following sequence provides general guidance in performing lockout/tagout operations. The procedure shall be followed by SDCRAA employees and SDCRAA contractors.

1. Notify all affected supervisors and employees that a lockout and/or tagout system is going to be initiated and the reason for the power isolation.
2. If the equipment or machinery is in operation, shut it down following the normal procedure(s).

3. Place the circuit breaker, switch(s), valve(s) or other energy isolating device (s) in the de-energized position, so that the equipment is isolated from its energy source(s). Stored energy (such as in springs, elevated machine members, rotating flywheels, hydraulic/pneumatic systems, gas, steam or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
4. Lockout/tagout the energy isolating device(s) with assigned individual lock(s) and/or tag(s). (Under no circumstances shall the remote switches in the airport FAA tower be considered energy isolating devices.) The lock(s) and/or tag(s) must prevent re-energization of the energy isolating device(s).
5. After ensuring that no personnel are exposed to hazard, and as a check of having disconnected the energy sources, perform normal start operations to make certain the equipment/machinery will not operate. Voltage measurements shall be taken on circuits when appropriate to ensure de-activation.

CAUTION: RETURN OPERATING CONTROL(S) TO "OFF" OR "NEUTRAL" POSITION AFTER THE TEST.

6. Fill out the lockout/tagout log indicating successful lockout/tagout. The machine / equipment is now considered locked/tagged out and maintenance activities can proceed.

VII. RESTORING MACHINES/EQUIPMENT TO NORMAL OPERATION

The following procedures are designed to provide guidance in restoring equipment / machinery to normal operation after maintenance activities have been completed.

1. After the servicing and/or maintenance is completed and the equipment/machinery is ready for normal operations, check the area around the equipment or machine to ensure that no one will be exposed on start-up.
2. After all tools have been removed from the machinery, guards have been reinstalled and employees are in the clear, remove all the lockout and/or tagout devices. Position the isolation devices to the normal operating position.
3. Inform supervisors and all affected employees that the lockout/tagout has been removed and that the power systems are operational. Complete lockout/tagout log entries indicating the return of systems to their normal operating condition.

VII. PROCEDURE INVOLVING MORE THAN ONE PERSON

In the preceding steps, if more than one individual is required to work on equipment / machinery that must be locked/tagged out, each person shall place his/her own personal lockout and/or tagout device on the energy isolating device (s). When an

energy isolating device cannot accept multiple locks and/or tags, a multiple lockout and/or tagout device shall be provided by the supervisor.

Alternately a single lock may be used to lockout the equipment or machine with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet. As each person no longer needs to maintain his/her lockout protection that person may remove his/her lock from the box or cabinet.

VIII. PROCEDURE INVOLVING MULTIPLE SHIFTS

It is reasonable to expect that some maintenance activities will take place over multiple shifts. The following guidelines shall be adhered to in the event that maintenance activities must be conducted over multiple shifts.

1. The off-going and on-coming shift personnel shall meet and discuss the status of the work-in-progress.
2. The off-going personnel will remove their personal lockout and/or tagout devices, ensuring that log entries are completed.
3. The on-coming shift personnel will affix their personal lockout and/or tagout devices to the energy isolation devices. The supervisor or lead person shall review the energy system to ensure that the lockout/tagout procedures are complete. A systems operation test shall be conducted to ensure the system is de-energized. All lockout/tagout log entries shall be made prior to commencing work. All affected personnel on the on-coming shift shall be informed about the lockout/tagout.

IX. TRAINING AND DOCUMENTATION

Training shall be conducted upon initial assignment and on an annual basis for all SDCRAA employees and supervisors who may need to utilize lockout/tagout procedures. Training shall be documented by completing the employee training form recording each employee's attendance and the topics covered by the instructor. Records shall be maintained by the department and the SDCRAA Safety Coordinator.

X. PROGRAM OVERSIGHT

The SDCRAA Safety and Loss Prevention Analyst or designee and the Director of Maintenance shall **review the employee training program and advise** the Senior Director, Administrative Services, on **training or retaining needs**.

At least monthly the Administrator of SDCRAA Maintenance, Safety and Loss Prevention Analyst or designee shall review the lockout/tagout logs to ensure program compliance.

Disciplinary action will be taken against employees who intentionally violate the lockout/tagout program provisions.

XI. INTERACTION WITH CONTRACTORS

Construction staff, SDCRAA Construction Safety Program Manager (Safety Manager), or designee shall meet with contractors to discuss SDCRAA lockout/tagout program requirements and interaction.

NOTE: THE FORM LOCATED IN APPENDIX A MAY BE USED TO DOCUMENT CONTRACTOR BRIEFINGS.

The contractor will be responsible for the health and safety of his/her employees. The contractor may request assistance from the SDCRAA in identifying and securing power sources that affect their work. The contractor remains responsible for affixing and removing lockout/tagout devices on the power isolation devices.

NOTE: Contractors shall use approved lockout/tagout devices which comply with CAL/OSHA requirements. Tape, string, light paper tags and similar items will not be used to lock/tag out power isolation devices.

SDCRAA construction inspectors / supervisors will be constantly apprised of the status of systems that the contractor has de-energized and locked out/tagged out.

Contractors shall maintain a lockout/tagout log that shall be immediately available, for inspection by the Construction Inspector, Safety Manager, or designee. The log shall indicate: authorized person locking or tagging out the energy source, power source description (e.g. circuit breaker number and circuit designation), date and time locked/tagged out, reason for lockout/tagout, date and time locks/tags removed and the system restored to normal operation, authorized person removing locks/tags. A copy of the log shall become part of documentation delivered to SDCRAA on completion of the contract.

NO SDCRAA EMPLOYEE MAY REMOVE A CONTRACTOR'S LOCKOUT OR TAGOUT DEVICE, OR OPERATE A LOCKED/TAGGED OUT POWER ISOLATING DEVICE