U.S. ARMY ENGINEERING AND SUPPORT CENTER, HUNTSVILLE (USAESCH)
ABBREVIATED ACCIDENT PREVENTION PLAN (AAPP)
NOTE: For Site Visits only. (Please type or print)

Date of Site Visit: _____

Project Site Location: _____

Contract Number: _____ Task Order Number: _____

Contractor's Name: _____

Contractor's Address: _____

Prepared by: _____ Signature: _____ Date: _____

Telephone Number: _____ E-mail Address: _____
(Include area code)

USAESCH, Huntsville Project Manager (PM):

Name: _____ Telephone: _____
(Include area code)

Accepted by: USAESCH CEHNC Safety Office:

Name: _____ Office: _____ Date: _____

Notice: USAESCH personnel, contractors and all subcontractors must comply with all Occupational Safety and Health Administration (OSHA) laws, state and local mandates and adhere to the requirements of EM 385-1-1, Corps of Engineers Safety and Health Requirements Manual. **This AAPP is not intended to define full compliance with OSHA or other safety laws, codes or regulations.** Compliance with OSHA and other safety laws, codes or regulations, and maintaining a safe work environment for contractor or subcontractor employees remains the Contractor's responsibility.

NOTE: This AAPP is to be used for site visits <u>only</u> and must be accepted by the USAESCH Safety Office <u>prior</u> to the site visit. All members of the site visit team must comply with the provisions within this AAPP and attend a tailgate safety briefing just prior to the start of the visit and complete the Site Visit Team Statement on Page 8.

SPECIAL INSTRUCTIONS: Coordination must be made with the installation prior to conducting the site visit. Contact the USAESCH PM to assist in making arrangements. **Photographs** and **Video Recording** must also be coordinated with the USAESCH PM, if it is determined to be a necessary requirement.

1. PURPOSE OF THE SITE VISIT. (Examples: Field survey, gather data, records search/review, site investigation, inspection)

_____

_____

2. PRESENT USAGE. (Check ALL that apply)

( ) Military Installation	( ) Residential/Housing	( ) Recreational	( ) Nature Area
( ) Hospital	( ) Facility Support	( ) Commercial	( ) Agricultural
( ) Medical Clinic	( ) Child Care	( ) Industrial	( ) Active
( ) Dental Clinic	( ) Dining Facility	( ) Landfill	( ) Inactive

( ) Other – specify _____

3. PERSONNEL RESPONSIBILITIES.

Contractor or USAESCH Team Leader (TL):

Name: _____ Office: _____

Address: _____ Telephone: _____
(Include area code)

TL Responsibilities: The TL is responsible for communicating the requirements contained in this AAPP to all team members. The TL and/or SSHO shall hold a tailgate meeting to discuss the information contained in this AAPP and any other site-specific topics before the site visit activities begin. **The SSHO responsibilities may be performed by the TL.**

Site Safety and Health Officer (SSHO):

Name: _____ Office: _____

Address: _____ Telephone: _____
(Include area code)

SSHO Responsibilities: The SSHO will assist the TL in the instruction/briefing and oversight of the requirements of this AAPP during site/field visit.

Team Members (Other than those listed above)

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Name: _____ Company: _____ Phone: _____

Team Member Responsibilities: All Team Members are required to read or be briefed on the requirements contained in this AAPP during the tailgate meeting held by the TL or SSHO. Team members will sign the TL's Site Visit Team Statement on Page 8 signifying they understand and will comply with the requirements. This statement is to be maintained in the Contractor's on-site files through the entire life of the task order or project. The statement should only be completed prior to the actual visit taking place. It does not have to accompany the AAPP submitted for review. All team members shall identify any allergies and required medication at the initial team meeting.

4. GENERAL DESCRIPTION OF SITE ACTIVITIES.

( ) Walk-through	( ) Off road	( ) Over/on water	( ) Fence line
( ) Drive-through	( ) Off paths/trails	( ) Fly over	( ) Crawlspace
( ) On/Near roadway	( ) On paths/trails	( ) Basement	( ) Attic
( ) Roof	( ) Warehouse	( ) Hospital	( ) Clinic
( ) Office Building	( ) Equip Room	( ) Control Tower	

5. HAZARD EVALUATION.

Check ALL hazards that could be present or encountered during the site/field visit. ALL potential hazards checked must include a brief mitigation measure or measures and document each with the corresponding topic listed on Pages 6 and 7. After hazards and mitigation measures have been identified and addressed, continue completing paragraphs 6 thru 13.

( ) Electrical	( ) Climbing	( ) Biological
( ) Mechanical	( ) Work from Elevation	( ) Chemical
( ) Slip/Trips/Falls	( ) Material Handling	( ) Lifting
( ) Squatting/Bending	( ) Water Hazards	( ) Wildlife
( ) Eye Hazard	( ) Head Hazard	( ) Foot hazard
( ) Environment	( ) Weather	( ) Heat Stress
( ) Cold Stress	( ) Insects	( ) Overhead Hazard
( ) Traffic Hazard	( ) Flammable Materials	( ) Tools
( ) Confined Space	( ) Toxic Materials	( ) Terrain
( ) Excavations	( ) Noise	( ) Motor Vehicle
( ) Flora	( ) Fauna	

Other Hazards not listed:

( ) _____ ( ) _____ ( ) _____

( ) _____ ( ) _____ ( ) _____

6. HAZARD EVALUATION RISK ASSESSMENT.

( ) HIGH RISK ( ) MEDIUM RISK ( ) LOW RISK

Risk Assessment Levels:

High Risk – Those activities or tasks that present significant risk to personnel, equipment, or property, even after precautionary measures have been taken. High Risk activities are **not** to be conducted during site visits. Contact the USAESCH PM for further direction.

Medium Risk – Those activities or tasks that present greater risk to personnel, equipment, or property than normal site visit tasks, and require more than routine supervision.

Low Risk – Those activities or tests that present no greater risk than normal site visit tasks. Routine supervision is appropriate.

7. COMMUNICATION. Means of communication shall be provided and identified below.

( ) Cell phone ( ) Two-way radio ( ) Desk Telephone ( ) Other _____

NOTE: Test communication devices at start of each shift to verify proper operation.

8. FIRST AID/CPR REQUIREMENTS. When a medical facility or physician is not accessible within five minutes of an injury to a group of two or more employees for the treatment of injuries, at least two contractor and/or USAESCH employees conducting the site visit shall be qualified to administer First Aid and CPR (one person trained in first aid/CPR is required). In addition, the first aid/CPR trained person will provide and make readily available a properly equipped First Aid Kit to treat their team members, if needed.
Special Note: Provide a map with directions on how to get to the hospital.

First Aid/CPR Certified Person(s) on Team:

Name: _____ Telephone: _____
(Include area code)

Name: _____ Telephone: _____
(Include area code)

9. EMERGENCY RESPONSE.

Prior to the site visit, arrangements shall be made for medical treatment. When an Installation/Government Facility is to provide any emergency response or medical treatment those arrangements must be made prior to the visit. A means of transporting injured or ill persons shall also be readily available, e.g., POV, Company Vehicle, etc. as identified below:

( ) POV ( ) Company Vehicle ( ) Other _____

Emergency numbers, call letters, etc., and the method(s), e.g., cell phone, two-way radio, etc., to summons emergency response organizations shall be identified below:

MEDICAL FACILITY _____ SUMMONS METHOD _____ TELEPHONE (not 911)

FIRE DEPARTMENT _____ SUMMONS METHOD _____ TELEPHONE (not 911)

MILITARY POLICE _____ SUMMONS METHOD _____ TELEPHONE (not 911)

LOCAL POLICE _____ SUMMONS METHOD _____ TELEPHONE (not 911)

USAESCH PM _____

FACILITY CONTACT _____

OTHERS (List) _____

10. TRAINING. The Contractor is responsible for briefing their employees as well as all subcontractors, and shall meet the required training requirements determined by the contractor to be applicable in this AAPP. See Paragraphs 5 and 8.

11. MINIMUM SAFETY REQUIREMENTS.

a. If conditions change or hazards arise not previously anticipated or not covered by this AAPP, the Team Members are to stop the activities, leave the area if it is hazardous, and notify the TL and/or SSHO.

b. Restricted or POSTED areas. DO NOT enter without permission of the Installation or Proponent. Smoke in designated areas only.

c. If task involves access to a remote or restricted area, the Two-Person or BUDDY System will be used. The two persons must maintain contact by line of sight and orally at all times. Emergency communication (Two-Way Radio, Cell phone or similar device) must be readily available at all times under these conditions.

d. Avoid overgrown vegetation, tall grass, and similar areas if possible. In seasons of insects and reptiles, protective measures such as boots, chaps, and repellants should be used when needed. The Buddy System will always be used in these areas. Emergency communication (Two-Way Radio, Cell phone or similar device) must be maintained at all times under these conditions.

e. Always walk facing traffic, in a single file, and each person must wear a reflective vest when walking along roadways. Flashlights are required during periods of poor visibility e.g., dawn, dusk, after dark, fog, etc.

f. Electrical energized equipment. Do not enter switchgear room or switchyards without an escort who is familiar with the area and/or the associated hazards.

g. Excavated Area. Do not enter trenches and holes without an escort who is familiar with the area and/or the associated hazards.

12. PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT (PPE).

a. Appropriate clothing shall be worn to abate the hazards identified in Paragraph 5 above. Employees shall wear clothing suitable for the weather and work conditions. As a minimum, long trousers, a sleeved shirt, and leather or other protective footwear are required. Footwear will be commensurate with hazards anticipated or identified.

b. USAESCH employees and contractor personnel will, as a minimum, wear:

(1) A hard hat on all construction and renovation jobs <u>or</u> where overhead hazards exist.

(2) Safety glasses with side shields are required when eye hazards exist.

c. Hearing protection is required when sound levels reach or exceed allowable limits.

13. ACCIDENT REPORTING. In the event of an accident, the contractor will notify the USAESCH PM immediately. The contractor is responsible for conducting accident investigations for their personnel. Accidents involving USAESCH personnel will be investigated, as a minimum, by USAESCH personnel in accordance with using the latest versions of CEHNCR 385-1-1 and the Standing Operating Procedure SOH-385-001. The USAESCH PM will advise the contractor as to the forms that must be completed and submitted to the USAESCH Safety Office.

U.S. ARMY ENGINEERING AND SUPPORT CENTER, HUNTSVILLE (USAESCH)
ABBREVIATED ACCIDENT PREVENTION PLAN (AAPP)
MITIGATION MEASURES FROM PARAGRAPH 5

Hazard	Mitigation
Electrical	
Mechanical	
Slip/Trips/Falls	
Squatting/Bending	
Eye Hazard	
Environment	
Cold Stress	
Traffic Hazard	
Confined Space	
Excavations	
Climbing	
Work from Elevation	
Material Handling	
Water Hazards	
Head Hazard	
Weather	
Insects	

Flammable Materials _____

_____

Toxic Materials _____

_____

Noise _____

_____

Biological _____

_____

Chemical _____

_____

Lifting _____

_____

Wildlife _____

_____

Foot hazard _____

_____

Heat Stress _____

_____

Overhead Hazard _____

_____

Tools _____

_____

Terrain _____

_____

Motor Vehicle _____

_____

Flora _____

_____

Fauna _____

_____

Other Hazard(s) _____

_____

Other Hazard(s) _____

_____

Other Hazard(s) _____

_____

U.S. ARMY ENGINEERING AND SUPPORT CENTER, HUNTSVILLE (USAESCH)
ABBREVIATED ACCIDENT PREVENTION PLAN (AAPP)
SITE VISIT TEAM STATEMENT
FOR

_____
(Site Name and Location)

NOTE: This statement is the record to be maintained in the government/Contractor's on-site files through the entire life of the task order or project. The statement should only be completed just prior to the actual visit taking place. It does not have to accompany this AAPP submitted for review.

1. Team members will sign this statement:

   a. Prior to the start of the site visit.

   b. When a change is made to this AAPP.

2. I have read, or have had read to me, and understand the general and specific safety and environmental requirements, and will abide by the contents contained in the AAPP. I have been briefed and trained in, and am familiar with, my requirements to conduct the site visit.

NAME (Print)	Office	Signature	Date (MM/DD/YR)

Team Leader or Site Safety Officer presenting Briefing:

_____	_____	_____
(Name)	(Signature)	(Date) (MM/DD/YR)