

U.S. Army Corps of Engineers (USACE)  
**ACCIDENT PREVENTION PLAN (APP) WORKSHEET**

For use of this form, see EM 385-1-1; the proponent agency is CESO.

This form serves as a guide. It does not replace or eliminate the need to comply with the requirements set forth in Engineering Manual 385-1-1, Safety and Occupational Health Requirements Manual. The references included in this form correspond to the applicable chapters of EM 385-1-1. No work will begin onsite until the accident prevention plan (APP) is developed according to the EM 385-1-1, reviewed to ensure minimum requirements are met, and approved by the appropriate personnel identified in "Part 1 -Signatures"

**PART 1 - SIGNATURES**

**Plan Preparer - For example: Qualified Person (QP), Competent Person (CP), or project Quality Control (QC).**

1. Name:	2. Title:
3. Email Address:	4. Phone Number:
5. Signature	

**Plan Approver - Corporate Safety Official**

1. Name:	2. Title:
3. Email Address:	4. Phone Number:
5. Signature	

**Plan Concurrence - For example: Industrial hygienist, Project Manager, Superintendent, Site Safety & Health Officer, Quality Control, etc.**

1. Name:	2. Title:
3. Email Address:	4. Phone Number:
5. Signature:	

**PART 2: PROJECT INFORMATION**

1. Project Name:	
2. Project Address (attach map in Appendix 1):	
3. Estimated Project Start Date:	4. Estimated Project Completion Date:
5. Project Description / Description of work to be performed:	

**PART 3: PRIME CONTRACTOR INFORMATION**

1. Prime Contractor Name:
2. Contract Number:
3. Project Manager Name:
4. Quality Control (QC) Manager Name:
5. Contractor Corporate Safety Official Name:
6. Primary Site Safety & Health Officer (SSHO) Name:
7. Alternate Site Safety & Health Officer (SSHO) Name(s):

**PART 4: SOH COMMITMENT AND POLICY**

1. Provide a statement of safety and health policy detailing commitment to providing a safe and healthful workplace for all employees on this project.		
2. Provide a statement outlining the Contractor's safety program goals and objectives.		
3. Identify policies and procedure regarding non-compliance with safety requirements.		
4. Provide written procedures for holding managers and supervisors accountable for safety.		
5. Prime contractor is responsible for the implementation and enforcement of the SOH program for contractor employees, subcontractors, suppliers, and visitors at the site of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Prime contractor will require subcontractors, suppliers, and visitors to comply with the APP and EM 385-1-1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. No work will be performed unless a designated SSHO is present on the site of work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. A list of all known subcontractor(s) and supplier(s) are listed in Appendix 2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. If all subcontractor(s) and supplier(s) are not known at the time of initial APP submittal, Appendix 2 will be updated and resubmitted to the KO/COR for acceptance prior to the start of any work activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. All subcontractors will have a copy of the APP, applicable AHAs and will be required to comply with them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Subcontractors and suppliers at the site of work will abide by the EM 385-1-1, this APP, and all AHAs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. This APP and AHAs will be available to all workers at the site of work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PART 5: TRAINING**

1. All employees will be trained according to applicable EM 385-1-1, federal, state, and local requirements prior to the commencement of work.  Yes  No

2. The following personnel are identified and designated as personnel responsible for SOH on this project. Add the following documentation to Appendix 3 of this worksheet: 1) SSHO designation letter (ENG Form 6282), 2) instructor signed OSHA 30-hour card (or course completion certificate if within 90 days of having completed the OSHA 30-hour training), and 3) proof of 24 hours of competency of SOH training within the last 3 years for the personnel identified below. (EM 385-1-1, Chapter 2, 2-3 Personnel Qualification/Training):  
(Check and list names of personnel being designated)

Primary SSHO Name:

Alternate SSHO Name(s):

3. QP(s) and CP(s) required by EM 385-1-1 (for example, excavation, confined space, scaffolding, fall protection, etc.) for this project will be included in Appendix 3. Include 1) List of names or designation letters and 2) proof of qualification/competency.

**PART 6: SOH INSPECTIONS**

1. All applicable inspections required by EM 385-1-1, contract, federal, state, and local requirements will be completed.  Yes  No

2. The following personnel are assigned to conduct inspections, the type of inspection and frequency for the worksite. At minimum the SSHO must conduct daily site inspections.

Who will conduct inspection?	Frequency?	What type of inspection?

3. Employees that conduct inspections will have technical proficiency needed to perform inspections. Proof of inspector's training/qualification is included in Appendix 3.  Yes  No

4. Deficiencies will be documented and tracked as required by this EM 385-1-1?  Yes  No

6. Will any external inspections be required (for example, USCG, OSHA, etc.)?  Yes  No  
If yes, describe:

**PART 7: ACCIDENT REPORTING AND INVESTIGATION**

1. Exposure data (man-hours worked) will be reported to KO/COR as required by the contract?  Yes  No

2. All accidents will be reported as soon as possible according to EM 385-1-1?  Yes  No

3. All accidents occurring incidentally to an operation, project, or facility for which the EM 385-1-1 is applicable will be thoroughly investigated and analyzed. Corrective actions to prevent reoccurrence will be implemented as soon as reasonably possible. The KO/COR will be notified when corrective actions are completed.  Yes  No

4. Accident notification will be provided to the KO/COR as stated below:  Yes  No

ACCIDENT TYPE	KO/COR NOTIFICATION TIME
Fatality, permanent and partial disability, or property damage over \$600,000	Immediately, no later than (NLT) 8 hours
All other accidents and near misses	Immediately, NLT 24 hours

**PART 8: SOH OVERSIGHT**

1. A risk management process that meets or exceeds the requirement of the EM 385-1-1 will be implemented on this project site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Hazardous conditions and unsafe acts will be immediately corrected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. APP and AHAs will be prepared by a QP or CP according to the EM 385-1-1 prior to the start of any work activities on the site of work (as much as the information can be known at that point in time).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The plans and AHAs will be updated throughout the life of the project to include changes in personnel, equipment, conditions, etc. Additional revisions must be incorporated as necessary to reflect changing site conditions, construction methods, personnel roles and responsibilities and construction schedules.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. No activity/work will be started at the site of work until the APP is reviewed and submitted to the KO/COR for acceptance, with the site-specific plans and procedures required by the EM 385-1-1 to complete the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. APP and AHAs will be provided to and reviewed by all workers involved in the activity prior to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Workers will sign AHA(s) to concur with identified job steps and controls needed to mitigate hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PART 9: SEVERE WEATHER PLAN**

1. The SSHO or designated onsite personnel is responsible for checking the weather conditions at a minimum of twice a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What severe weather forecast will require the SSHO to monitor weather conditions continuously? Describe.		
3. What are the training requirements for severe weather precautions and actions?		
4. Identify area of retreat or other actions to be taken such as evacuation, shelter in place, etc.		
5. Identify procedures to stop outdoor activities if extreme weather conditions to include thunderstorms are in the area.		

**PART 10: ACTIVITY HAZARD ANALYSIS (RISK MANAGEMENT)**

1. Major phases of work anticipated:

2. Definable Features of Work (DFOW)

*Note.* An activity-specific AHA will be submitted to the KO/COR for each DFOW prior to any work being performed.

3. List equipment to be used:

4. Anticipated High-Risk Activities: (See examples below, check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Electrical and/or Hazardous Energy | <input type="checkbox"/> Confined Space          |
| <input type="checkbox"/> Working at Heights                 | <input type="checkbox"/> Excavations & Trenching |
| <input type="checkbox"/> Scaffolding                        | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Diving                             | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Load Handling Equipment            | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Occupational Exposure              | <input type="checkbox"/> Other: _____            |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 5. Detailed project-specific hazards and controls will be provided utilizing AHAs for each activity/DFOW.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. No work will begin on an activity/DFOW until the initial AHA addressing the project-specific hazards has been developed, reviewed, and accepted by the KO/COR. (See EM 385-1-1 Chapter 2 section 2-6). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. AHAs are living documents and are intended to be created, utilized in the field, and updated (by the workers) as necessary.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Workers/crews will have accepted AHA(s) that reflects current site conditions, personnel, equipment, control measures, etc. while the work is being performed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. AHA will be used by the contractor personnel to assure work is being performed consistent with the AHA?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Once the activity has been completed, the AHA will be available and kept onsite for the length of the contract.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. AHAs for unknown work activities will be submitted to the KO/COR prior to work and attached to Appendix 4 of this document.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Who has the authority to accept residual risk on AHA(s)? (List below)   |                              |                             |

Category of Risk	Approval Authority (Name and Title)
Extremely High Risk	
High Risk	
Medium Risk	
Low Risk	

**PART 11: REQUIRED PROJECT SITE-SPECIFIC PLANS AND PROCEDURES**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the contractor will ensure that all applicable SOH risks and associated compliance plans are in place.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Include all project-specific compliance plans, as applicable to the work being performed, and as identified below. The plans will incorporate project-wide procedures to control hazards to which the employees of all project employers may be exposed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. These plans and procedures will be coordinated with all project employers and be included in project-specific emergency response and evacuation procedures.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Address each of the plans in the outline below in the order that they are listed.

Option 1: If a plan is applicable, develop and attach it to Appendix 5. Submit to the KO/COR with this worksheet for acceptance prior to work.

Option 2: If a plan is applicable, but all of the minimum required information for the plan is not yet known, provide justification next to each plan title, and provide an expected date the plan will be created, reviewed, and attached to Appendix 5. Submit to the KO/COR with this worksheet for acceptance prior to work.

Option 3: If a plan is not applicable because of the nature of the work to be performed, provide justification next to each plan title.

Minimum plans required by EM 385-1-1	Reference EM 385-1-1 paragraph:	Select Option	Justification for Option 2 and Option 3
Exposure Control Plan	3-7.a		
AED Program	3-7.b		
Construction Site Plan	4-7.a		
Access/Haul Road Plan	4-7.b		
Hearing Conservation Program	5-7.a		
Respiratory Protection Program	5-7.b		
Hazard Communication (HazCom) Program	6-7.a		
Process Safety Management (PSM) Program	6-7.b		
Lead Compliance Plan	6-7.c		
Asbestos Management Plan	6-7.d		
Ionizing Radiation Safety Plan	6-7.e		
Radiofrequency Plan	6-7.e		
Abrasive Blasting Plan	6-7.g		
Thermal Stress Management Plan	6-7.h		
Mold Remediation Plan	6-7.i		
Silica Compliance Plan	6-7.j		
Fatigue Management Plan	6-7.k		
Night Operations Lighting Plan	7-7		
Traffic Control Plan	8-7		
Fire Prevention Plan	9-7.a		
Wildland Fire Management Plan	9-7.b		
Housekeeping Plan	10-7		
Electrical Safety Plan	11-7		
Assured Equipment Grounding Conductor Program	11-7.b		
Energy Control Plan	12-7.a		
Hazard Isolation Procedures	12-7.b		

Demolition Plan	17-7		
Emergency Plan for Marine Activities	19-7.a		
Severe Weather Plan for Marine Activities	19-7.b		
Float Plans	19-7.c		
Tow Plans	19-7.d		
Fall Protection and Prevention Plan	21-7.a		
Rescue Plan	21-7.b		
Scaffold Work Plan	21-7.b		
Rope Access Work Plan	23-7		
Excavation and Trenching Plan	25-7		
Fire Prevention and Protection Plan	26-7 a & f		
Compressed Air Work Plan	26-7 a & b		
Contingency Response Plan	26-7 a & c		
Emergency Rescue Plans and Equipment	26-7 a & d		
Ventilation and Dust Control Plan	26-7 a & e		
Formwork and Shoring Plan	27-7.a		
Masonry Bracing Plan	27-7.b		
Steel Erection Plan	28-7.a		
Site Layout Plan	28-7.b		
Explosive Site Safety Plan	29-7.a		
Master Blasting Plan	29-7.b		
Vibrations Monitoring Plan	29-7.c		
Dive Operations Plan	30-7.a & d		
Emergency Management Plan	30-7.a & e		
Safe Practices Manual	30-7.b		
Snorkeling Plan	30-7.f		
Tree Maintenance and Removal Plan	31-7		
Construction Safety and Phasing Plan	32-7.a		
Safety Plan Compliance Document	32-7.b		
Aviation Pre-Accident Plan	33-7		
Standard Lift Plan	34-7.b		
Confined Space Plan	34-7.b & c		
Standard Lift Plan - Floating Plan	34-7.c		
Critical Lift Plan	34-7.d		
Pile Driving	34-7.e		
Housekeeping Plan	35-7.a		
Extermination Plan	35-7.b		
Site Safety and Health Plan	36-7.a		
Comprehensive Work Plan	36-7.b		
Emergency Response Plan	36-7.c		

**PART 12: PROJECT SITE COORDINATION**

1. Provide procedures for coordinating SOH activities with other employers on the site of work:

**PART 13: REQUIRED APPENDICES**

Indicate if each of the following items are, or are not, attached to this plan.

Appendix 1. Project Map	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appendix 2. Subcontractor/Suppliers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appendix 3. Personal Qualifications and Designations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appendix 4. Activity Hazard Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appendix 5. Site-specific plans and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appendix 6. Any additional plans, procedures, etc. can be added to this appendix and will be coordinated with the KO/COR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No