Modified AHA for Service Contracts

Project Name

Contractor Name

Contract Number

Date

Competent Person (Name, Title, Phone Number, & Signature):

EMERGENCY PHONE NUMBERS AND MEDICAL FACILITY MAP

1. Map with Highlighted Route, Address, and Directions:

2. Emergency Phone Numbers:

Contact	Phone Number

SIGNATURE SHEET

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Name	Signature	Date	<u>Company</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

3. First Aid/CPR certificates, meeting the requirments of EM 385-1-1 Section 03.A.02, have been submitted for two onsite employees:

a.

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b.

4. Deficiency Log/Corrective Actions:

Date Found Date Corrected

Mishap Reporting and Investigation:

- a. is responsible for reporting the exposure data (man-hours worked) to the GDA no later than close of business on the 5th calendar day of the following month.
- b. All accidents and near misses will be investigated by the Contractor. All work-related recordable injuries, illnesses and property damage accidents (excluding on-the-road vehicle accidents), in which the property damage exceeds \$5,000.00, will be verbally reported to the GDA within 4 hours of the incident. Serious accidents as described in EM 385-1-1 Section 01.D shall be immediately reported to the GDA. ENG Form 3394 shall be completed and submitted to the GDA within five working days of the incident.
- c. is responsible for completing the accident notifications, investigations, and reports.

ACTIVITY HAZARDS ANALYSIS

Print Form	
Date:	Project:
Activity:	
Activity Location:	
Prepared By:	
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Overall Risk Assessment Code (RAC) (Use highest code)



Risk Assessment Code Matrix

	E = Extremely High Risk H = High Risk	Probability							
	M = Moderate Risk L = Low Risk	Frequent	Likely	Occasional	Seldom	Unlikely			
s .	Catastrophic	E	E	н	н	м			
•	Critical	E	н	н	м	L			
í	Marginal	н	м	м	L	L			
y	Negligible	м	L	L	L	L			

	Add Identified Hazards			
	JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	RAC
X				•
x				•
х				•
х				•
X				•

	Add Items		
	EQUIPMENT	TRAINING	INSPECTION
х			
x			
x			
x			
x			
x			
x			
х			

USACE PRIME CONTRACTOR Monthly Record of Work-Related Injuries/IIInesses & Exposure

In accordance with the provisions of EM 385-1-1, Section 01 Program Management, Paragraph 01.D Accident Reporting and Recording, sub-paragraphs 01.D.05, you (the Prime Contractor) shall provide a monthly record of all exposure and accident experience incidental to the work (this includes exposure and accident experience of the Prime Contractor and its sub-contractor(s). As a minimum, these records shall include exposure work hours and a record of occupational injuries and illnesses that include the data elements listed below. Definitional criteria for each data element is found in 29 CFR Part 1904. If the maintenance of OSHA 300 Logs are required by OSHA, most of this information can be obtained from those logs. If data on log provided below is revised after it is submitted to USACE, Contractor shall provide a revised report to the GDA. You must complete the USACE ENG Form 3394, Report of Accident Investigation Report for all recordable accidents. If you're not sure whether a case is recordable, call your local Safety and Occupational Health Office for help.

,,, , , ,			-		dentify th	ne person	Describe The Case	-			Clas	ssify the ca	ase					
(A) Company Name	(B1)	(B2) Gender	(B3) Date Employee	(C) Job Title (e.g.,	(D)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on	Using these categories, check ONLY the most			Imber of Jred or ill							
		Gei	Began	Welder)	onset of		right forearm from acetylene torch)									(M)		
on Sut			Work on Job Covered		illness (mo./day)			Death	Days away from work		ed at work	On job transfer or restriction	Away from work (days)		ler	Respiratory Condition	_	ng Loss er es
D			by Contract								Other record- able cases	(days)	(ddys)	Injury	Skin Disorder	Respi Condi	Poiso	Hearing L All other Illnesses
								(G)	(H)	(I)	(J)	(K)	(L)		(2)		(4) (5) (6)
						nent Use Only		0	0	0	0	0	0	0	0	0	0	0 0
TYPE OF Construction			Environmen			Type of Contract (Choose One):			Ехр	osure Hour	s		Certific	ation	n of R	ecord		
Opn & Main.				Superfund		Civil Works		Ν	Ionth		_	Name	of Person		-			
Eng. Services				FUDS		Military Programs		Yea	r to Date				it. Record					
Dredging				IRP		Other							Signature					
Rsch. & Dev.		-		FUSRAP									Date					
Emerg. Opns. Other		Or	dinance/Ex Environm	pl. Cleanup ental Other											Pa	ae	of	
Other															га	95	0	

ENG FORM 3394-1-999 CAN BE FOUND AT THE FOLLOWING LINK: http://www.publications.usace.army.mil/Portals/76/Publications/EngineerForms/ ENG_FORM_3394_1999Mar.pdf?ver=2013-09-08-231303-357

Month Year

USACE Cor Contractor Contract Nu Project Title City



US Army Corps of Engineers

mmand
Name
umber

State

USACE Office Overseeing Work: