

# Modified AHA for Service Contracts

**Project Name**

**Contractor Name**

**Contract Number**

**Date**

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



SIGNATURE SHEET

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

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

a.

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 5<sup>th</sup> 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

Overall Risk Assessment Code (RAC)  
(Use highest code)

Date:  Project:

Activity:

Activity Location:

Prepared By:

## Risk Assessment Code Matrix

E = Extremely High Risk  
H = High Risk  
M = Moderate Risk  
L = Low Risk

	Probability				
	Frequent	Likely	Occasional	Seldom	Unlikely
Catastrophic	E	E	H	H	M
Critical	E	H	H	M	L
Marginal	H	M	M	L	L
Negligible	M	L	L	L	L

### Add Identified Hazards

	JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	RAC
X				
X				
X				
X				
X				

### Add Items

	EQUIPMENT	TRAINING	INSPECTION
X			
X			
X			
X			
X			
X			
X			

# USACE PRIME CONTRACTOR

## Monthly Record of Work-Related Injuries/Illnesses & Exposure

US Army Corps of Engineers



Month \_\_\_\_\_  
Year \_\_\_\_\_

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.

USACE Command	_____
Contractor Name	_____
Contract Number	_____
Project Title	_____
City	State _____
USACE Office Overseeing Work:	_____

Identify the person						Describe The Case	Classify the case													
(A)	(B1)	(B2)	(B3)	(C)	(D)	(E)	(F)	Using these 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:						
Company Name	Prime or Sub (P or S)	Age	Gender	Date Employee Began Work on Job Covered by Contract	Date of injury or onset of illness (mo./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)	Death	Days away from work	Remained at work		On job transfer or restriction (days)	Away from work (days)	(M)						
										Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses	
								(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)	

For Government Use Only			
TYPE OF WORK ACTIVITY (Choose One):		Type of Contract (Choose One):	
Construction	Environmental Remed.	<input type="checkbox"/> Civil Works <input type="checkbox"/> Military Programs <input type="checkbox"/> Other	
Opn & Main.	Superfund		
Eng. Services	FUDS		
Dredging	IRP		
Rsch. & Dev.	FUSRAP		
Emerg. Opns.	Ordinance/Expl. Cleanup		
Other	Environmental Other		

0	0	0	0	0	0	0	0	0	0	0	0
Exposure Hours				Certification of Record							
Month		Name of Person									
Year to Date		Submit. Record									
		Signature									
		Date									