

Task Order Addendum Requirement Checklist

Requirement	What is Required?	Performed When?	Who is Involved?	How is it documented?		
				Form #	Logbook	Other
Plan Acceptance Form	Employees acknowledge understanding and acceptance of PSP rules and guidelines.	Prior to employee participation on project	SHSO, Proj Safety Manager, employees & subcontractors	Appendix A	no	NA
On-line Incident Reporting	Report injury, damage to property, or near miss incident per Section 4 of PSP	Immediately after incident	SHSO contacts PM & Safety Manager, & others per guidance.	On-line	no	NA
On-line Monthly Reporting	Input hours for task order projects that qualify based on Safety Approval.	1st 5 days of each reporting period.	Project Manager or designee	On-line	no	NA
Safety Committee Member Task Force	Semi-annual meetings to review results of program and make recommendations for improvements.	Twice per year. Check on timing of last meeting for all new TOs.	Project Safety Committee	no	no	Agenda one week in advance. Meeting minutes posted on Bulletin Board.
Project Orientation for all new employees on project or task order	All new Visitors to job site, plus Parsons and subcontractor employees must receive orientation before initiating work.	During Pre-mobilization meeting, or as new personnel arrive on-post.	SHSO, Proj Safety Manager, Field Supervisor with all new employees	Figure 5.4 (pre-mobilization), Figure 7.1, and Figure 6.2 (AHAs)	Acceptable for orientation of visitors and new personnel after project has started.	NA

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Implement Safety Awareness Campaign	Update Bulletin Boards with Safety information specific to CSSA environmental program	Weekly, or as needed.	SHSO, Proj. Safety Manager	no	no	Information Material, safety performance metrics, OSHA 300 logs, Safety Committee Meeting minutes
Stakeholder PSP Alignment Meeting	Meeting held to present PSP to CSSA and AFCEE COR to ensure concurrence with approach outlined in the plan.	After major updates or TO addenda with activities not covered in PSP	AFCEE COR, CSSA Safety and Environmental personnel, Parson project team.	no	no	Meeting minutes posted on Bulletin Board
Audits and Inspections	Daily and Weekly site walk internal inspections. Scheduled audits are Task Order Specific.	Internal inspections performed during field tasks. Audits scheduled with PM	Field Supervisor, SHSO, PM, Project Safety Manager, and GBU Safety Manager	Figure 6.3 in PSP	Acceptable to record observations in field logbook	Safety Audit Checklist and Audit Report
Tool-box Safety Meetings	Review current site conditions, incidents, near misses, safe or at-risk observations, activities planned, anticipated hazards, and other safety topics.	Performed daily at the beginning of work shift.	All site personnel, led by SHSO, Field Supervisor, or volunteer from work crew	Figure 7.3 in PSP	Acceptable to document in field logbook. Include topics covered and attendee list.	NA

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Pre-construction Safety Meeting	To ensure bidders understand parsons expectations for Safety performance. Reinforces project safety principles.	At pre-bid meeting with prospective vendors	Vendors interested in bidding on specific scope of work at CSSA.	Figure 5.1	no	NA
Project Technical and General Conditions Specification Review	Provide overview to prospective bidders of the high risk activities that are involved in the scoped tasks.	At pre-bid meeting	Vendors interested in bidding on specific scope of work at CSSA	Figure 5.2	no	NA
Pre-mobilization Safety Meeting	Review specific safety , PSP requirements, and points of contact.	Prior to beginning construction or remediation task.	PM, Proj Safety Manager, Field Supervisor, Technical Leads, and/or Subcontractor Representatives.	Figure 5.4 (combine with Project Orientation Meeting, if appropriate)	no	NA
Subcontractor Competent Person Form	Identify OSHA-regulated and certified competent persons for work	If determined to be relevant to planned tasks.	Supervisor of subcontractor competent person	Figure 5.5	no	NA
Site Specific Risk Review Checklist	Completion of checklist and review with Parsons and subcontractor personnel	During Pre-mobilization Meeting	All individuals attending the Pre-mobilization meeting	Figure 5.7 (combine with Project Orientation Meeting)	no	NA

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Subcontractor Safety Plan Review Checklist	Review Subcontractor PSP to ensure it meets project safety requirements	Prior to beginning work (preferably at least 10 days prior)	PM and Project Safety Manager	Figure 5.6	no	NA
Activity Hazard Analysis	Identify project activities that present potential hazards to personnel or equipment.	Prior to beginning work (preferably at least 10 days prior)	Project Safety Manager, SHSO, Field Supervisor, and field team.	Figure 6.1	Acceptable if hazard identified in field and addressed by field team.	NA
Activity Hazard Analysis Training Record	Document participation in Activity Hazard Analysis Training	Pre-mobilization meeting, daily tool-box, or as appropriate.	Project Safety Manager, SHSO, Field Supervisor, and field team.	Figure 6.2	no	NA
Notice of Subcontractor Violation	Issue notification to Subcontractors in situations where they repeatedly fail to comply with PSP requirements.	When subcontractor has violations that are deemed immediately dangerous to life and health.	PM, Project Safety Manager, and Contracts Manager	Figure 6.4	no	NA

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CPR & First Aid Requirement What Training is required for this Task Order?	At least one person on field team must be trained in CPR and First Aid since nearest infirmary or clinic is more than 15 minutes from work site. <p style="text-align: center;"><u>Training</u></p> 40-hour HAZWOPER 8-hour refresher First Aid/CPR Respiratory Protection Signaling Power Operated Hand Tools Confined Space Entry Lock-out/tag-out Asbestos Awareness Scaffold Use Excavation/Trenching Other	Prior to start-up, and requires updating to remain current. <p style="text-align: center;"><u>YES</u></p>	Parsons and Subcontractor personnel working at the site. <p style="text-align: center;"><u>NO</u></p>	no	no	Copy of CPR and First Aid Training Certificate maintained in task order files and Parsons HR Safety Records.
				Specify:		

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Preconstruction Safety Meeting

Date: _____	Project/ Location _____
Subcontractor _____	Parsons Project _____
Representative: _____	Manager: _____
Phone: _____	Phone: _____
Subcontractor _____	Parsons Safety _____
Safety _____	Manager _____
Rep. _____	_____
Phone: _____	Phone: _____

The following items were identified and reviewed with the subcontractor.

Health & Safety	Medical
Site-Specific Safety Plans/Model Program _____	Substance Abuse Screening _____
Competent/Qualified Person Documentation _____	Emergency Procedures _____
Safety Audits/Inspections _____	Site Security _____
Subcontractor Responsibilities _____	Smoking Policy _____
Site Orientation Requirements _____	Medical Services Requirement _____
Premobilization Safety Meeting/Date _____	Treatment Locations/Addresses/Phone List _____
Crane Inspection Certification _____	Other _____
Personal Protective Equipment (PPE) _____	
Environmental Hazards _____	
Other _____	

Additional Notes/Comments:

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Premobilization Safety Meeting

Date: _____ Project/Location: _____

Parsons Representative: _____ Subcontractor Representative: _____

The following project site safety, health and security requirements, procedures, and hazards have been identified and reviewed with the Subcontractor.

SSP/Emergency Planning/Response Plan			Demolition	
Competent/Qualified Person			Personal Protective Equipment	
Hazardous Materials/Waste			Cranes/Hoists/Annual Inspection Certificate	
Vehicle/Heavy Equipment			Overhead Power Lines	
Lockout/Tagout			Confined Spaces (Permit/Non-Permit)	
Electrical			Excavations/Trenching	
Fire Protection			Site Security/Visitor Control/Public Exposure	
Hot Work/Welding/Cutting			Process Safety Management (PSM)	
Fall Protection/Guardrails/ Scaffolding/Ladders			Permits (Excavation/Scaffolding/Demolition/Traffic/ Confined Space/etc.)	

Additional Project Concerns:

Other Attendees:

Name	Title	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Site-Specific Risk Review Checklist

Date: _____ Project or Task Order No.: _____

Risk/Hazard	Detail		Risk/Hazard	Detail			
Employee Exposure	Present		Caissons and Cofferdams	Caisson or cofferdam work is required			
	Hazardous chemicals	_____					
	Lead	_____	Marine or Over Water Work	Work on or over water is required			
	Asbestos	_____					
	UXO	_____					
	PCB	_____					
	Airborne contaminants (dust, mists, fumes)	_____					
Other (specify)	_____						
Confined Space	Confined space entry is required	_____	Process Safety Management	Work is on or adjacent to operations involving listed highly hazardous chemicals	_____		

Control of Energy	Lockout, blocking, other controls required	_____	Steel Erection	Steel erection work is required	_____		
Hazardous Waste	Handling, removal or storage of hazardous is required	_____			Traffic Control	Work is on or near highways, road, or mass transit	_____

Crane Work	Mobile cranes	_____	Personal Protective Equipment	Work activities or work site requires hearing protection	_____		
	Tandem lifts	_____					
	Bridge cranes	_____					
	Derricks	_____					
Trenching and Excavations	Trenching and excavations required	_____	Public Exposure	Work activities or location requires using respirators	_____		
Welding and Cutting	Acetylene/gas cutting	_____			Other Exposures	Work activities or location requires special protective clothing	_____
	Arc welding	_____					
Soldering and brazing	_____						
Powered Industrial Trucks	Forklift training is required	_____	Public Exposure	Work activities or location requires special precautions to protect the public	_____		
Aerial Lifts	Hydraulic booms	_____					
	Scissor lifts	_____					
	Mobile scaffolding	_____					
Scaffolding Ladders	Scaffolding is required	_____	Other Exposures	Other exposure or high-risk activities (list)	_____		
	Portable ladder use is required	_____					

Notes: _____

Reviewed by: _____
 Date: _____

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Supervisor, Resident Engineer, Inspector Daily Checklist

Project: _____ Date: _____
Name: _____ Time: _____

Any items that have been found deficient must be corrected before work or use.
This checklist includes, but is not limited to, the following:

<i>Safe Access and Workspace</i>	Yes	No
Are safe access and adequate space for movement available for: Emergencies	_____	_____
Work area	_____	_____
Walkways and passageways	_____	_____
Are ladders, stairways, and elevators properly located and functioning?	_____	_____
Is protection provided for floor and roof openings?	_____	_____
Is overhead protection provided for all areas of exposure?	_____	_____
Is lighting adequate?	_____	_____
<i>Planning Work for Safety</i>	_____	_____
Are employees provide with all required protective equipment?	_____	_____
Have other contractors and trades been coordinated with to prevent congestion and avoid hazards?	_____	_____
Is all temporary flooring, safety nets, and scaffolding provided where required?	_____	_____
<i>Utilities and Services Identification</i>	_____	_____
High voltage lines	_____	_____
Have all been identified by signs?	_____	_____
Have high voltage lines been moved or de-energized, or barriers erected to prevent employee contact?	_____	_____
<i>Sanitary Facilities</i>	_____	_____
Drinking water	_____	_____
Are toilet facilities adequate?	_____	_____
<i>Work Procedures – Materials Handling</i>	_____	_____
Is material handling space adequate?	_____	_____
Is material handing equipment adequate and proper?	_____	_____
Is material handling equipment in good condition?	_____	_____
<i>Other (e.g., tunnels, excavations, shafts)</i>	_____	_____

Comments:

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Supervisor, Resident Engineer, Inspector Daily Checklist

Project Name & Number:		AHA No.		Date:		New:	
Location:		Contractor:				Revised:	
Required Equipment		Personal Protective		Analysis by:		Date:	
		Field Supervisor		Reviewed by:		Date:	
Work Activity	Potential Hazards		Preventive or Corrective Measures		Inspection Requirements		

Training Requirements:

All assigned employees are required to familiarize themselves with the contents of this AHA before starting a work activity and review it with their Supervisor during their Daily Safety Huddle.

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Safety Meeting Agenda/Minutes

Date & Location:
Meeting Start Time:
Meeting End Time:

Agenda:

Review of minutes of last safety meeting: Approved? Yes No
Corrections:

Unfinished business from last meeting:

Any hazards or safety concerns reported since the last meeting? Describe identification of the cause and corrective action(s).

Any accident investigations conducted since the last meeting? Describe identification of the cause and corrective action(s).

Is your accident and illness prevention program working? Yes No
If no, describe any recommendations to improve it.

What other safety-related topics were covered in this meeting?

Safety related concerns for the next period?

Who attended this meeting?

Minutes prepared by:

Next meeting date and location: