

Report Date:	Contracting Activity/ROICC Office
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1. Accident Classification:

Injury I Fatality Property Damage Federal Issues Environmental

Involving:

Hazardous Materials Electrical Equip/Motor Vehicle/ Material Handling Diving Falls
 Confined Space Cr igging Tr hg/Entrapment Fi Other
 Waterfront Operations Demolition/Renovation

2. Personal Data:

A. Name (Last, First, M.)	B. Age	C. Sex	D. Social Security Number
E. Job Description/Title	F. Employed By	G. Supervisor's Name	

3. Witness Data (Attach Witness Summary Statements to Report):

A. Name (Last, First, M.)	B. Age	C. Sex
D. Job Description/Title	E. Employed By	

4. General Information:

A. Date of Accident (Month/Day/Year)	B. Time of Accident	C. Exact Location of Accident	D. Type of Construction Equipment (Make, Model, Serial Number, Vin #)
E. Contract Number/Title	F. Construction Activity SIC		G. Hazardous Material Spill/Release
H. Type of Contract <input type="checkbox"/> Construction <input type="checkbox"/> A/E <input type="checkbox"/> Service <input type="checkbox"/> RAC <input type="checkbox"/> CLEAN <input type="checkbox"/> JOC <input type="checkbox"/> OTHER _____	I. Contractor's Name/Address/Phone Number (1) Prime: (2) Sub:		
J. Safety Manager's Name Phone #		K. Insurance Carrier	

L. Work Activity at Time of Accident	M. Personal Protective Equipment?
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Chemical & Physical Agent Factors - Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents such as noise, radiation, etc., contribute to the accident?

Office Factors - Did office setting such as lifting office furniture, carrying, stopping, etc., contribute to the accident?

Support Factors - Were inappropriate tools/resources provided to properly perform the activity task?

Personal Protective Equipment - Did the improper selection use, or maintenance of personal protective equipment contribute to the accident?

Drugs/Alcohol - In your opinion, were drugs or alcohol a factor?

Activity Hazard Analysis - Was the lack of an adequate (IAW EM 385-1-1 Sec 01.A.09) Activity Hazard Analysis a contributing factor?
- Was it site specific and address the type of work/operations performed when the mishap occurred?

Management - Did the lack of adequate supervision contribute to the accident?

- Was inadequate information provided at pre-con meeting?

8. Training:

A. Was/were person(s) trained to perform activity/task?

B. Type of training?

C. Date of most recent formal training? / /

D. List topics discussed

9. Fully Explain What Allowed or Caused The Accident, Include Direct and Indirect Causes:

A. Direct Cause

B. Indirect Cause

C. Action(s) taken to prevent re occurrences or provide on-going corrective actions.

D. Corrective Action Dates

(1) Beginning (Mo/Da/Yr) / /

(2) Anticipated Completion Date (Mo/Da/Yr) / /

10. OSHA

A. Date OSHA was notified / /

C. Date of OSHA Citation / /

B. Date OSHA Investigated / /

D. \$ Amount of Penalties:

11. Report Preparer

Print Name & Title of Supervisor Completing Report

Signature: _____

Date (Mo/Da/Yr) _____

12. Management Review (Contracting Officer)

A. Accepted

B. Amendments Required

C. Comments (include program improvements required for your Command. NAVFACHQ Construction Safety Program and EM 385-1-1)

D. Print Name & Title of Official Completing Report

Signature: _____

Date: (Mo/Da/Yr) _____

13. Safety And Occupational Health Officer Review

A. Concur

B. Non Concur

C. Additional Actions/Comments

D. Print Name & title of Safety Personnel Reviewing

Signature: _____

Date (Mo/Da/Yr) _____

CONTRACTOR HAZARDOUS MATERIAL INVENTORY LOG
(EPRCA 312 & 313 Worksheet)

COMPANY NAME: _____ CONTRACT NO: _____

PROJECT TITLE: _____

Material Name	Manufacturer	State (i.e. Liquid, Solid, Gas)	Storage Quantity		Quantity (lbs/gals) used in Calendar Year [].
			Average	Max.	

Contractor(s) certifies that the hazardous material(s) removed from the installation will be used/reused for its intended purpose.

Signature/Date Company (Prime) Signature/Date Company (Sub)

Signature/Date Company (Sub) Signature/Date Company (Sub)

Submitted By: _____ Phone: _____ Fax: _____ Date: _____

Contractor Administrator: _____ Phone: _____ Fax: _____

NAVFAC Washington

Historical Tonnage

Disposal Summary January - December 2015 - J-1503030-03

Month	WYN	Marine Barracks 8 & I	NRL	Cardorock	Arlington Service Center	Quantico	Dahlgren	Indian Head	Annapolis-USNA	Bethesda	JBAB
January	40.69	14.63	35.81	25.76	5.20	279.42	109.83	105.71	221.53	391.53	81.81
February	35.07	12.31	51.27	28.85	4.73	379.76	155.55	124.4	203.84	377.29	229.01
March	62.07	21.56	53.21	46.68	4.28	389.64	216.91	75.55	2750.08	423.16	311.82
April	78.57	16.16	64.44	95.96	4.64	406.59	218.61	228.06	306.98	477.92	360.96
May	71.99	18.76	67.45	98.27	4.75	414.27	201.37	198.0	521.88	565.32	407.95
June	93.42	36.16	80.23	64.88	4.77	508.3	207.01	98.54	469.54	484.42	475.58
July	95.13	32.65	42.78	53.37	4.71	547.25	149.55	143.46	503.46	499.54	212.52
August	127.76	22.68	120.46	59.26	4.72	544.78	172.32	99.02	492.59	474.38	387.45
September	78.63	19.71	96.61	86.37	5.01	547.25	185.94	185.94	556.1	481.29	280.95
October	142.86	19.97	104.54	77.9	4.99	478.17	207.05	217.4	616.71	467.45	400.2
November	124.72	21.08	101.26	57.26	4.74	382.93	203.88	77.42	424.91	419.79	402.48
December	80.01	20.60	136.44	36.87	4.99	343.35	188.58	135.18	475.13	455.2	429.15
Total Annual Tonnage	1030.92	256.27	954.5	731.43	57.53	5221.71	2216.6	1688.68	7542.75	5517.29	3979.88

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Oklahoma LP Gas Research,
Marketing and Safety Commission



NOTICE

DOT Commercial Motor Vehicle Inspection Requirements

In the past, the Department of Transportation Federal Highway Administration accepted Oklahoma's mandatory annual state vehicle inspection in lieu of a federal inspection. Since Oklahoma no longer requires a vehicle inspection, this obviously is no longer the case. The DOT has determined that it is the motor carrier who is responsible for ensuring that each vehicle has been inspected annually.

Today, a motor carrier has two options to meet DOT inspection requirements. First, the motor carrier may perform his or her own inspection. However, if a motor carrier self inspects, the motor carrier must have a qualified person in-house who is certified as per 49 CFR 396.19. Second, a motor carrier may choose to have a commercial garage, fleet leasing company, truck stop, or other similar commercial business perform the inspection as its agent, provided that business operates and maintains facilities appropriate for commercial vehicle inspections and it employs qualified inspectors, as required by 49 CFR 396.19.

Either way, the original or a copy of the inspection report must be retained by the motor carrier or other entity who is responsible for the inspection for a period of 14 months from the date of the inspection. The original or a copy of the inspection report must be retained where the vehicle is either housed or maintained. Finally, the original or a copy of the inspection report must be available for inspection upon demand by an authorized federal, state, or local official. In other words, a copy must also be retained in the vehicle. DOT does not require a specific inspection report form, but they do require that the inspector include particular information in the report, as required by 49 CFR 396.21.

Vehicle inspection forms are available from this agency without cost. To receive a form, contact this office by telephone, fax, or through e-mail. A copy of the vehicle inspection regulations will be included or you may receive them by logging onto the DOT website at www.fmcsa.dot.gov.

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Oklahoma LP Gas Research, Marketing and Safety Commission

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what is LP?