

Activity Hazard Analysis (AHA)

ACTIVITY/WORK TASK:		Overall Risk Assessment Code (RAC) (Use highest code)					
DATE:	SIGNATURES	Activity #		AHA #			
PWD/OICC/ROICC OFFICE		Risk Assessment Code (RAC) Matrix					
NAME & DATE ACCEPTED BY GDA:							
CONTRACT NUMBER:		Severity	Probability				
TASK ORDER/DELIVERY #:			Frequent	Likely	Occasional	Seldom	Unlikely
PRIME CONTRACTOR:			E	E	H	H	M
SUBCONTRACTOR:			E	H	H	M	L
DATE OF PREPARATORY MEETING:			H	M	M	L	L
DATE OF INITIAL INSPECTION:		Marginal	M	M	L	L	
CONTRACTOR COMPETENT PERSON:		Negligible	M	L	L	L	
SITE SAFETY and HEALTH OFFICER							
ACCEPTANCE BY GOVERNMENT DESIGNATED AUTHORITY (GDA)		Review each "Hazard" with identified safety "Controls" and determine (RAC)					
E = EXTREMELY HIGH (PWO/OICC/ROICC)		Identify the RAC (Probability/Severity) as E, H, M, or L for each "Hazard" .Place the highest RAC at the top of AHA. This is the overall risk assessment code for this activity					
H = HIGH RISK (FEAD DIRECTOR)		"Severity" is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible after controls are in place					
M = MODERATE RISK (CM or ET or PAR)							
L = LOW RISK (ET or PAR)		"Probability" is the likelihood to cause an incident, near miss, or accident did occur and identified as: Frequent, Likely, Occasional, Seldom, or Unlikely after controls are put in place.					
Job Steps	Hazards	Controls				RAC	
		<u>Minimum Personal Protective Equipment Dress:</u>					

**IAW EM 385 01.A.13 Contractor-Required AHA "Work will not begin until the AHA for the work activity has been accepted by the GDA"
The AHA shall be reviewed and modified as necessary to address changing site condition, operations or change of competent/qualified person's**

Job Steps	Hazards	Controls	RAC

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Equipment to be Used	Training Requirements and Competent or Qualified Personnel name(s)	Inspection Requirements	RAC

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Instructions for completing Contractor Activity Hazard Analysis

1. **Activity/Work Task** – Insert work/task this AHA is written for i.e. excavation, scaffold building, foundation preparation.
2. **PWO/OICC/ROICC** – Insert name of Public Works Office, Officer In Charge of Construction Office or Resident Officer in Charge of Construction (PWD/OICC/ROICC)
3. **Enter name & date AHA accepted by Government Designated Authority (GDA)**
4. **Enter contract number**
5. **Enter Task order or Delivery order number**
6. **Enter Prime Contractors name**
7. **Enter Subcontractors name**
8. **Enter date preparatory meeting was held**
9. **Enter date initial inspection was performed**
10. **Enter name of contractor competent person on site for this activity**
11. **Enter name of Prime Contractor Site Safety and Health Officer**
12. **Level of government person responsible for accepting the AHA, progressive signatures as level of risk increases.**
13. **Overall Risk Assessment code is highest code assigned to any Job step after Hazards are assessed and Controls have been assigned**
14. **Schedule number is activity number from production daily reports**
15. **AHA number is the sequential number of all AHA's for this contract.**
16. **Job steps is the complete sequence of work, not general statements to complete the entire activity**
17. **Hazards is the known safety risks associated with completing the task**
18. **Controls is the safety measures in place to reduce the hazard to the lowest level possible**
19. **Risk Assessment code is where Severity and Probability intersect, place that letter E, H, M, or L in the RAC column**
20. **List all equipment to be used to complete this activity i.e. crane, backhoe, vehicle, all heavy equipment**
21. **List the training requirements required by EM 385, Safety Spec 01356 or OSHA that apply to this task.**
 - List competent person(s) required for specific tasks in EM 385
 - List qualified person(s) required for specific tasks in EM 385
 - List CPR/First Aid training and qualification dates
22. **List all inspection requirements of EM 385, Governmental Safety Requirements Specifications or OSHA 29 CFR 1926**

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**MACHINERY AND MOBILE EQUIPMENT
(BACKHOES, DOZERS, SCRAPERS, EXCAVATORS, LIFT TRUCKS, etc.)**

Contract Name and Number:		Contractor/Subcontractor:				
Government QA:		Location:				
Contractor Inspector:		Date:				
Equipment name and number:						
Complete one checklist for each piece of equipment.				Yes	No	N/A
1. Is the slow moving emblem used on all vehicles which by design move at 25 mph or less on public roads? (08.A.05m)						
2. Are initial and daily/shift inspection records available? (16.A.01 and .02)						
3. When machinery or equipment is found to be unsafe or when a deficiency which affects the safe operation of equipment is observed, is the equipment immediately taken out of service and its use prohibited until unsafe conditions have been corrected? (16.A.03)						
4. Is machinery or equipment operated only by designated qualified personnel? (16.A.04)						
5. Have inspections or determinations of road conditions and structures been made in advance to assure that clearances and load capacities are safe for the passage or placing any machinery or equipment? (16.A.06)						
6. Are seats or equal protection provided for each person required to ride on the equipment? (16.A.07a)						
7. Is equipment operating on streets and highways equipped with headlights, taillights, brake lights, back light, and turn signals (visible from front and rear)? (16.A.07b)						
8. Is all equipment equipped with operable windshield wipers, and defrosting or defogging equipment? (16.A.07c)						
9. Does the unit have an emergency brake which will automatically stop the equipment upon brake failure? Is this system manually operable from the driver's position? (16.A.07d)						
10. Is all maintenance (including preventive maintenance) and repairs done in accordance with the manufacturer's recommendations and is it documented? (16.A.08a)						
11. Has bulldozer and scraper blades, end-loader buckets, dump bodies, and similar equipment been fully lowered or blocked when being repair or when not in use? (16.A.09)						
12. Has adequate ventilation been provided when equipment powered by internal combustion engines is operating in enclosed areas? (16.A.12)						
13. Are all vehicles which will be parked or moving slower than normal traffic on haul roads equipped with a yellow flashing light or flasher visible from all directions? (16.A.13)						
14. Is all mechanized equipment shut down before and during refueling? (16.A.15)						
15. Are all towing devices used on any combination of equipment structurally adequate for the weight drawn and securely mounted? (16.A.16)						
16. Have the wheels been chocked or track mechanisms blocked and the parking brake set when equipment is parked on an incline? (16.A.18)						
17. Are only trained and authorized operators permitted to operate a powered-industrial truck? (16.A.24)						
18. Is training documented, certified and provided in accordance with OSHA 29 CFR 1910.178						
19. Are personnel prohibited from working in, or passing under or ride in the buckets or booms of loaders in operation? (16.A.24)						
20. Does the unit have a dry chemical or carbon-dioxide fire extinguisher with a minimum rating of 5-B:C? (16.A.34)						
21. Is there an effective, working reverse alarm? (16.B.01)						
22. Is there a signalperson or warning device when there is a danger to persons from moving equipment, swinging loads, buckets, booms, etc.? (16.B.02)						
23. Are all belts, gears, shafts, pulleys, sprockets, spindles, drums, flywheels, chains, or other reciprocating, rotating, or moving parts guarded? (16.B.03a)						

MACHINERY AND MOBILE EQUIPMENT (con.)	Yes	No	N/A
24. Is protection against hot surfaces, exhausts, etc., provided? (16.B.03b)			
25. Are platforms, footwalks, steps, handholds, guardrails, and toeboards designed, constructed, and installed on machinery and equipment to provide safe footing and accessways? (16.B.03d)			
26. Are fuel tanks located in a manner to prevent spills or overflows from running onto engine exhaust or electrical equipment? (16.B.04)			
27. Are exhaust or discharges from equipment directed so they do not endanger persons or obstruct operator vision? (16.B.05)			
28. Are seatbelts installed and worn in all motor vehicles? (16.B.08)			
29. Is protection (grills, canopies, screens) provided to shield operator from falling or flying objects? (16.B.10 and .11)			
30. Is roll over protection provided? (16.B.12)			
31. Has machinery or mechanized equipment been inspected and tested in accordance with manufacturer's recommendations and requirements of EM-385? (16.A 01)			
32. Does the Prime Contractor have record of tests and inspection?			
Comments:			
Competent Person Signature _____		DATE OF INSPECTION _____	

This checklist is based on EM 385-1-1, dated 3 November 2003. Use of this checklist is optional. JMH

CONTRACTOR PRODUCTION REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>				DATE	
CONTRACT NO		TITLE AND LOCATION		REPORT NO	
CONTRACTOR			SUPERINTENDENT		
AM WEATHER		PM WEATHER		MAX TEMP (F)	MIN TEMP (F)
WORK PERFORMED TODAY					
Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
JOB SAFETY	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? <small>(If YES attach statement or checklist showing inspection performed.)</small>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action.)</small>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED			<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.	
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)					
Schedule Activity No.	Submittal #	Description of Equipment/Material Received			
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.					
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)			Hours Used
Schedule Activity No.	REMARKS				
_____ CONTRACTOR/SUPERINTENDENT			_____ DATE		

NAVFAC INITIAL MISHAP NOTIFICATION

NAVY CIVILIAN CONTRACTOR MILITARY

1) Name of activity and exact location where mishap occurred:

2) Type of work being performed (If contract, type of contract):

3) Date and Time of Mishap:

4) Brief description of mishap, extent of injuries and summary of initial lessons learned:

5) Initial corrective actions and indication if and when follow up information will be provided:

6) Extent of property damage if applicable:

7) Safety investigator assigned if known at this time:

8) Employee immediate supervisor or responsible person:

9) Mishap Review Board anticipated date: