



Solicitation No.
N40192-15-R-2830

8(a)
MULTIPLE AWARD CONSTRUCTION CONTRACT
(MACC)

VARIOUS LOCATIONS, GUAM

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PART 6
ATTACHMENTS

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF		
1. CONTRACT/PURCH ORDER/AGREEMENT NO.		2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY	
6. ISSUED BY CODE			7. ADMINISTERED BY (If other than 6) CODE		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>		
9. CONTRACTOR CODE			FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)	11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS				12. DISCOUNT TERMS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK	
14. SHIP TO CODE			15. PAYMENT WILL BE MADE BY CODE		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.		
16. TYPE OF ORDER	DELIVERY/ CALL	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	PURCHASE	Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
		NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)		
<input type="checkbox"/>	If this box is marked, supplier must sign Acceptance and return the following number of copies:						
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
							\$0.00
							\$0.00
							\$0.00
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA			25. TOTAL	\$0.00
			BY:			CONTRACTING/ORDERING OFFICER	
27a. QUANTITY IN COLUMN 20 HAS BEEN							
<input type="checkbox"/>	INSPECTED	<input type="checkbox"/>	RECEIVED	<input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:			
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			28. SHIP. NO.	29. D.O. VOUCHER NO.	30. INITIALS		
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS	<input type="checkbox"/>	PARTIAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
				<input type="checkbox"/>	FINAL		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.				<input type="checkbox"/>	COMPLETE	34. CHECK NUMBER	35. BILL OF LADING NO.
				<input type="checkbox"/>	PARTIAL		
				<input type="checkbox"/>	FINAL		
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY CODE		7. ADMINISTERED BY (If other than Item 6) CODE			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(X) 9A. AMENDMENT OF SOLICITATION NO.	
				<input type="checkbox"/> 9B. DATED (SEE ITEM 11)	
				<input type="checkbox"/> 10A. MODIFICATION OF CONTRACT/ORDER NO.	
				<input type="checkbox"/> 10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
 (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment your desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA
(Signature of person authorized to sign)			(Signature of Contracting Officer)
		16C. DATE SIGNED	

QC Manager Duties

- The QC Manager shall have no job-related responsibilities other than QC unless specifically permitted in the particular project's specification.
- He shall be on the site at all times during progress of the work, with complete authority to take any action necessary to ensure conformance with the contract requirements. In the event of his absence, the approved alternate shall be on the site. **NOTE: See Section 01 45 00.05 20 for further guidance*
- Authority to immediately stop any segments of work, which does not comply with the contract plans and specifications, and directs the removal and replacement of any defective work.
- Will conduct daily inspection of work performed for compliance with plans and specifications.
- Must certify daily that all materials and equipment delivered/installed in the work comply with contract plans and specifications. Certify daily that all work performed on the construction site and off the construction site conforms to plans and specifications. Report any deficiencies and remedial action planned and taken.
- Supervise and coordinate the inspection and tests made by the members of the Quality Control Organization, including subcontractors.
- Assure QC staff is adequate to meet its responsibilities.
- Maintain a copy of the ROICC approved QC Plan on file at the job site, complete with up-to-date approved revisions/filled-in log of submittals. Maintain at the job site an up-to-date QC Submittal Register (provided in the specification) showing the status of all submittals required by the contract.
- Maintain at the job site a testing plan showing status of all tests required by the contracts. Ensure that all tests required are performed and results are reported. Indicate whether test results show the item tested conforms to contract requirements or not.
- Authority to remove any individual from the site who fails to perform their work in a skillful, safe and workmanlike manner or whose work does not comply with the contract plans and specifications.
- QC manager does not have authority to deviate from plans and specifications without prior approval, in writing, from the ROICC.
- Ensure that the Contractor's Quality Control Organization is adequately staffed with qualified personnel to perform all the detailed inspections and testing specified in the plans and specifications.
- Maintain at the job site the up-to-date QC Rework Items List.

Items in Letters of Authority to QC Manager and Alternate.

The appointing letter to the QC Manager and the Alternate shall detail their authority and responsibility to act for the Contractor. It should also outline duties, responsibilities, and authority without any job-related responsibilities other than QC.

The QC Manager or approved Alternate must be on the site at all times during progress, with complete authority to take any action necessary to insure conformance with the contract requirements.

The QC Manager's Letter of Appointment will specifically address the following items:

- Authority to immediately stop any segment of work which does not comply with the contract plans and specifications, and direct the removal and replacement of any defective work.
- Conduct daily inspection of work performed each day for compliance with plans and specifications.
- Certify daily that all materials and equipment delivered/installed in the work comply with contract plans and specifications. Certify daily that all work performed on the construction site and off the construction site conforms to plans and specifications. Report any deficiencies and remedial action planned and taken.
- Supervise and coordinate the inspection and tests made by the members of the Quality Control Organization including subcontractors.
- Assure QC staff is adequate to meet its responsibilities.
- Insure that all tests required are performed and the results reported. Indicate whether test results show the item tested conforms to contract requirements or not. Ensure corrective work achieves acceptable test results.
- Maintain at the job site a testing plan showing status of all tests required by the contracts.
- Authority to remove any individual from the site who fails to perform work in a skillful, safe and workmanlike manner or whose work does not comply with the contract plans and specifications.
- QC Manager has no authority to deviate from plans and specifications without prior approval, in writing, from the Contracting Officer or designated representative.
- Ensure that the Contractor's Quality Control Organization is adequately staffed with qualified personnel to perform all the detailed inspections and testing specified in the plans and specifications.
- Maintain a copy of the approved QC Plan on file at the job site complete with up-to-date approved revisions/filled-in log of submittals.
- Maintain at the job site an up-to-date QC Submittal Status Log showing status of all submittals required by the contract.

- Maintain at the job site an up-to-date Noncompliance Check-off List (Log of deficiencies) on all nonconforming work.
- Assure that As-Built Drawings are kept current by showing all deviations made from the contract drawings on a daily basis.

Sample Letter

1 April 1999

Tom Stone

1000 State Street

San Diego, CA

SUBJECT: QC Manager, Appointment as

RE: Contract N62474-83-C-0000, Maintenance Hanger, NAS

Dear Sir:

You are hereby appointed as the Contractor Quality Control Manager (QC Manager) for Pacific Construction Co., Inc. during the term of this contract.

You are directed to follow the inspection procedures, instructions, and reports in strict compliance with the contract drawings and specifications and any authorized changes thereto. As a direct representative of the company, you are authorized and directed to perform the following duties:

1. Approve all Shop Drawings and submittals for conformance to the contract requirements. You are to keep a status log and Testing Plan up to date and record copies of your approved submittals are to be forwarded to the NAVY Contract Administrator. Submittals that require Government approval are to be forwarded to the designated party for appropriate action after your certification.

2. Inspect the work performed on a continual basis for compliance with current drawings and specifications. You have the authority to issue a stop work order on any item or work feature pending satisfactory correction of any deficiency in that work, particularly if the defective work is to be enclosed, is to support further construction, or will be inaccessible if further work proceeds. You have the authority to direct removal and replacement of any defective work.

3. Perform, supervise, or coordinate as required the reviews, inspections, and tests to be made by other members of your Quality Control Organization.

4. Inspect and certify that all material and equipment delivered to the job site complies with the approved submittals.

5. Ensure that all required test and/or inspections are performed, and report the results in the daily Contractor Quality Control Report.

6. File Certified Contractor Quality Control Reports, on the forms provided, with the NAVY Contract Administrator. These reports are to cover prime and subcontractor personnel and equipment on the site, idle

equipment and personnel, material deliveries, weather conditions, work accomplished, inspections, and tests conducted, results of inspections and tests, deficiencies found, and corrective action taken.

7. Maintain as-builts. At the job site, two sets of full-size contract drawings shall be marked to show any deviations that have been made from the contract drawings.

8. Recommend to Mr/Ms (indicate Name & Title) removal of any individual from the project who consistently fails to perform work properly.

9. Report to me any subcontractor who consistently does not conform to the contract drawings and specifications.

10. Keep a copy of the approved QC Plan, with up-to-date approved revisions, on file at the job site.

Very truly yours,

CONSTRUCTION CO., INC.

President

SAMPLE

Table 1. Contents of the QC Plan

Item	Description & Remarks	01450	SF-01450
Table of Contents	The Table of Contents should include Tabs for each required item in the Plan.	Required	Required
QC Organization Chart	The quality control organization depicted in chart form, showing the relationship of the quality control organization to other elements of the Prime Contractor's company as well as subs, suppliers, and other outside organizations.	Required	Not Required
Names & Qualifications	The qualifications for the QC Manager and staff are required. The acceptance of these personnel must be based on the stated qualifications and past experience in comparison to the requirements indicated in the specifications. A list of the proposed requirements must be provided to the EFD CQM Staff for approval prior to advertisement of the contract.	Required	Required
Duties and Responsibilities	Area of responsibility and authority of each individual in the quality control organization, outlined in detail. Some duties and responsibilities may overlap and require clarification as work progresses. NAVFAC policy does not preclude the Prime Contractor from using subcontractor personnel as part of the quality control staff. However, the Prime Contractor should understand that the QC organization acts on behalf of the prime and that the prime is held responsible for their actions.	Required	Required
Outside Organizations	Outside organizations include design agents, consultants, and subcontractors that will perform work or services for the prime under this contract. The list should also indicate the general scope of the work or services to be performed.	Required	Optional
Appointment Letter(s)	A copy of the letter appointing the QC Manager, signed by an officer of the firm, outlining the QC Manager's duties, responsibilities, and authority. This letter must include the authority to direct removal and replacement of any defective work. This letter provides the authority for the QC Manager to act as an agent of the Contractor. No QC plan can be accepted unless these requirements are satisfactorily addressed in the appointing letter. A sample of the appointing letter is provided in Appendix A.	Required	Optional
Submittal Procedures	Procedures for reviewing all shop drawings, samples, certificates, or other submittals for contract compliance, including the name of the person(s) authorized to sign the submittals for the Contractor as complying with the contract. Procedures for processing submittals and responsibility for approving each submittal must be included in the plan. A sample of the Contractor's proposed approval stamp(s) should be included for verification against the contract requirements. The Contractor shall also include a submittal status log listing all submittals required by the specifications and stating the action required by the Contractor and the Government. The Contractor shall complete columns (a) through (e) of this log and name the persons authorized to review the submittals.	Required	Required
Testing Lab Information	A listing of testing laboratories that will be employed by the Contractor and a description of the services these firms will provide, including statements of their accreditation as required by the contract. If there is any question regarding the capability of a particular testing organization, refer to Appendix B, Approval of Material Testing Laboratories for Construction Contracts.	Required	Optional
Testing Plan and Log	This plan includes the tests required, referenced by the specification paragraph number requiring the test, the frequency, and the person responsible for each test.	Required	Required
Rework Procedure	These include the Contractor's internal procedures to identify, document, track, and sign off completion of deficiencies in the construction.	Required	Required

Item	Description & Remarks	01450	SF-01450
Documentation Procedures	The procedures for documenting quality control operation, inspection, and testing must be addressed and a copy of all forms and reports to be used included. The Contractor's reporting requirement includes preparation of daily reports.	Required	Required
List of Definable Features of Work	The listing of Definable Features of Work is the fundamental breakdown of the project into distinct tasks. Special care should be taken to review this list and ensure that the activities not only meet the minimum requirements contained in the specifications, but are practicable for use throughout the project.	Required	Required
Performing The Three Phases of Control	The Preparatory and Initial Phase Checklists provided in Appendices G. and H. will be completed for each DFOW..	Required	Required
Personnel Matrix	Where required, this matrix assigns responsibility by name for documentation of the three phases of control and testing activities, as well as review and approval of submittals. This matrix should assign these responsibilities by Specification Section.	Optional	Optional
Completion Inspection Procedures	The Completion Inspection Procedures outline the turnover process including assignment of responsibility for various phases of turnover. The Punch-Out Inspection is to be completed by the Contractor QC Manager. The Pre-Final Inspection is done by the Government with the QC Manager. The Contracting Officer, based on the completion of the pre-final schedules, conducts the Final Inspection. The Contractor's QC Manager, the Contracting Officer or designated representative and the client representative should be present.	Required	Required

CONTRACTOR QUALITY CONTROL REPORT		DATE	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)		REPORT NO	
PHASE	CONTRACT NO	CONTRACT TITLE	
PREPARATORY	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #
INITIAL	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description
REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.			
Schedule Activity No.	Description		
On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.			
_____ AUTHORIZED QC MANAGER AT SITE			DATE
GOVERNMENT QUALITY ASSURANCE REPORT		DATE	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT			
_____ GOVERNMENT QUALITY ASSURANCE MANAGER			DATE

Table 2. Sample Approval Checklist

Item Description	Items to be checked	✓
General Items	<ul style="list-style-type: none"> • As-built drawing statement. The required full-size set of marked up contract drawings to be maintained on-site, updated monthly and submitted to AOIC after completion of construction. 	
Table of Contents	<ul style="list-style-type: none"> • TOC is included • Page numbers are indicated • Revision sheet is included to indicate any changes made to the plan during the course of construction. 	
QC Organization Chart	<ul style="list-style-type: none"> • Relationship of QC Manager to officer of firm to whom he reports. • Relationship of QC Manager to other members of QC staff. • Relationship of QC Manager to subcontractor QC Managers or foremen. • Relationship of QC Manager to consultants, testing firms, etc. • Relationship of QC Manager to Prime Contractor's superintendent 	
Names & Qualifications	<ul style="list-style-type: none"> • Names and qualifications of personnel in the QC organization. Multi-page resumes are not desired. Qualifications of an individual should be confined to one or two pages and should relate to person's function in the QC organization. Pertinent information would include education and training, construction experience, quality control experience and management experience. 	
Duties and Responsibilities	<ul style="list-style-type: none"> • The area of responsibility and authority of each individual in the QC organization is clearly stated. 	
Outside Organizations	<ul style="list-style-type: none"> • A list of outside organizations such as testing laboratories, architects, and consulting engineers that will be employed and a description of the services they will provide. 	
Appointment Letter(s)	<ul style="list-style-type: none"> • Letter appointing the QC Manager 	
Submittal Procedures	<ul style="list-style-type: none"> • Submittal Review Procedure including names of persons authorized to sign submittals for the Contractor. • Submittal Status Log. • Specification matrix indicating who the authorized submittal reviewer, inspector, and testing lab personnel (both on-site and factory) will be for each technical specification section. 	
Testing Lab Information	<p>The Contractor must provide the following information for each independent testing laboratory for Government approval:</p> <ol style="list-style-type: none"> 1. Functional description of lab's organizational structure. 2. List and resume of testing lab personnel. 3. Affidavit of compliance with applicable ASTM publications and certification that all lab work will be performed in accordance with contract technical specifications. 4. List of inspection equipment corresponding to each test noted in the testing log and equipment calibration certificate. 5. Certification from a nationally recognized agency. 6. Affidavits for special inspections must be submitted to the Contracting Officer before progress payments for the work are approved. 	
Testing Plan and Log	<ul style="list-style-type: none"> • Testing plan includes all formal tests and the specification reference • Responsible parties identified for each test 	
Rework Procedures	<ul style="list-style-type: none"> • Non-compliance check-off list (Log of Deficiencies Form) 	

Attachment 6-6

Documentation Procedures	<ul style="list-style-type: none"> • Specific statement in the QC reports indicating that a Professional Engineer inspected any designs and/or certifications for formwork, falsework, or erection procedures, if applicable. • QC/DRI Daily Report Form. 	
List of Definable Features of Work	As a minimum, this will include each section of the specification cross referenced to the production schedule. For projects requiring a progress chart (Bar or Gantt Chart), the list of DFW shall include but not be limited to all items of work on the schedule. For projects requiring a network analysis, the list of DFW shall include but not be limited to all critical path activities.	
Preparatory and Initial Phase Checklists	<ul style="list-style-type: none"> • Dependent on the editing of Specification Section 01450; include a copy of the forms provided in Section 01450 or copies of the forms with the heading partially filled in (Spec Section, Contract Number, DFW title and Schedule Activity Number) for each DFW. • No initial development of the checklists is required, beyond inclusion of the sample checklists contained in Appendices G. and H. 	
Personnel Matrix	<p>Personnel assignment for each specification section on who is responsible for:</p> <ul style="list-style-type: none"> • Review and approval of submittals • Perform and document the 3 Phases of Control • Perform and document the testing • Performing punch-out, pre-final, and final inspections 	
Completion Inspection Procedures	<p>Identify process and the responsible party(s) for documenting completion inspections for:</p> <ul style="list-style-type: none"> • Punch-Out Inspections • Pre-Final Inspections • Final Acceptance Inspection 	

Instructional Notes for Daily Production Report Form

Reports are required for each day that work is performed and shall accompany the submission of the Contractor QC Report prepared for the same day. This requirement shall commence at the beginning of the construction phase of work and continue through final completion of the Contract. Account for each calendar day throughout the life of the Contract. The reporting of work shall be identified by terminology consistent with the construction schedule. Contractor Production Reports are to be prepared, signed and dated by the Project Superintendent and shall contain the following information:

- a. Date of report, report number, name of Contractor, Contract number, title and location of Contract and Superintendent present.
- b. Weather conditions in the morning and in the afternoon including maximum and minimum temperatures.
- c. Identify work performed by corresponding Schedule Activity No., PC#, Modification No., etc.
- d. A list of Contractor and subcontractor personnel on the work site, their trades, employer, work location, description of work performed, hours worked by trade, daily total work hours on work site this date (incl. hours on continuation sheets), and total work hours from start of construction.
- e. A list of job safety actions taken and safety inspections conducted. Indicate that safety requirements have been met including the results on the following:
 - 1) Was a job safety meeting held this date? (If YES, attach a copy of the meeting minutes.)
 - 2) Were there any lost time accidents this date? (If YES, attach a copy of the completed OSHA report.)
 - 3) Was crane/man lift/trenching/scaffold/high voltage electrical/high work/hazmat work done? (If YES, attach a statement or checklist showing inspection performed.)
 - 4) Was hazardous material/waste released into the environment? (If YES, attach a description of incident and proposed action.)
- f. Identify Schedule Activity No. related to safety action and list safety actions taken today and safety inspections conducted.
- g. Identify Schedule Activity No., Submittal # and list equipment/material received each day that is incorporated into the job.
- h. Identify Schedule Activity No., Owner and list construction and plant equipment on the work site including the number of hours used.
- i. Include a "remarks" section in this report which will contain pertinent information including directions received, problems encountered during construction, work progress and delays, conflicts or errors in the Contract documents, field changes, safety hazards encountered, instructions given and corrective actions taken, delays encountered and a record of visitors to the work site. For each remark given, identify the Schedule Activity No. that is associated with the remark.

Contractor Production Report (Continuation Sheet)

Additional space required to contain daily information on the Contractor Production Report will be placed on its Continuation Sheet(s). An unlimited number of Continuation Sheets may be added as necessary and attached to the Production Report.

Instructional Notes for Preparatory Phase Checklist

Each DFW that is in the Preparatory Phase shall have this checklist filled out for it. The checklist shall be identified by terminology consistent with the construction schedule. This checklist shall accompany the submission of to the Contractor QC Report of the same date.

- a. Specification Section, date of report, and contract number shall be filled out. Duplicate this information in the header of the second page of the report.
- b. Definable Feature of Work, Schedule Activity No. and Index # entry and format will match entry in the Preparatory Phase section of the Contractor QC Report
- c. Personnel Present: Indicate the number of hours of advance notice that was given to the Government Representative and indicate (Yes/No checkboxes) whether or not the Government Rep was notified. Indicate the Names of Preparatory Phase Meeting attendees, their position and company/government they are with.
- d. Submittals: Indicate if submittals have been approved (Yes/No checkboxes), if no indicate what has not been submitted. Are materials on hand (Yes/No checkboxes) and if not, what items are missing. Check delivered material/equipment against approved submittals and comment as required.
- e. Material Storage: Indicate if materials/equipment is stored properly (Yes/No checkboxes) and if not, what action is/was taken.
- f. Specifications: Review and comment on Specification Paragraphs that describe the material/equipment, procedure for accomplishing the work and clarify any differences.
- g. Preliminary Work & Permits: Ensure preliminary work is in accordance with the Contract documents and necessary permits are on file, if not, describe the action taken.
- h. Testing: Identify who performs tests, the frequency, and where tests are to occur. Review the testing plan, report abnormalities, and if the test facilities have been approved.
- i. Safety: Indicate if the activity hazard analysis has been approved (Yes/No checkboxes) and comment on the review of the applicable portions of the EM 385-1-1.
- j. Meeting Comments: Note comments and remarks during the Preparatory Phase Meeting that was not addressed in previous sections of this checklist.
- k. Other Items or Remarks: Note any other remarks or items that were a result of the Preparatory Phase.
- l. QC Manager will sign and date the checklist.

PREPARATORY PHASE CHECKLIST		SPEC SECTION	DATE
(CONTINUED ON SECOND PAGE)			
CONTRACT NO	DEFINABLE FEATURE OF WORK	SCHEDULE ACT NO.	INDEX #
PERSONNEL PRESENT	GOVERNMENT REP NOTIFIED _____ HOURS IN ADVANCE:		YES <input type="checkbox"/> NO <input type="checkbox"/>
	NAME	POSITION	COMPANY/GOVERNMENT
SUBMITTALS	REVIEW SUBMITTALS AND/OR SUBMITTAL REGISTER. HAVE ALL SUBMITTALS BEEN APPROVED?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED? _____		
	ARE ALL MATERIALS ON HAND?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO, WHAT ITEMS ARE MISSING? _____		
MATERIAL STORAGE	ARE MATERIALS STORED PROPERLY?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO, WHAT ACTION IS TAKEN? _____		
SPECIFICATIONS	REVIEW EACH PARAGRAPH OF SPECIFICATIONS. _____		
	DISCUSS PROCEDURE FOR ACCOMPLISHING THE WORK. _____		
	CLARIFY ANY DIFFERENCES. _____		
PRELIMINARY WORK & PERMITS	ENSURE PRELIMINARY WORK IS CORRECT AND PERMITS ARE ON FILE.		
	IF NOT, WHAT ACTION IS TAKEN? _____		

PREPARATORY PHASE CHECKLIST		SPEC SECTION	DATE
(CONTINUED FROM FIRST PAGE)			
CONTRACT NO	DEFINABLE FEATURE OF WORK	SCHEDULE ACT NO.	INDEX #
TESTING	IDENTIFY TEST TO BE PERFORMED, FREQUENCY, AND BY WHOM. _____		

	WHEN REQUIRED? _____		

	WHERE REQUIRED? _____		

	REVIEW TESTING PLAN. _____		

	HAS TEST FACILITIES BEEN APPROVED? _____		
SAFETY	ACTIVITY HAZARD ANALYSIS APPROVED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	REVIEW APPLICABLE PORTION OF EM 385-1-1. _____		

MEETING COMMENTS	NAVY PWD/ROICC COMMENTS DURING MEETING.		

OTHER ITEMS OR REMARKS	OTHER ITEMS OR REMARKS:		

_____ QC MANAGER		_____ DATE	

Instructional Notes for Initial Phase Checklist

Each DFOW that is in the Initial Phase shall have this checklist filled out for it. The checklist shall be identified by terminology consistent with the construction schedule. This checklist shall accompany the submission of the Contractor Quality Control Report of the same date.

- a. Specification Section, date of report, and contract number shall be entered.
- b. Definable Feature of Work, Schedule Activity No. and Index # entry and format will match entry in the Initial Phase section of the Contractor QC Report.
- c. Personnel Present: Indicate the number of hours of advance notice that was given to the Government Representative and indicate (Yes/No checkboxes) whether or not the Government Rep was notified. Indicate the Names of Initial Phase Meeting attendees, their position and company/government they are with.
- d. Procedure Compliance: Comment on compliance with procedures identified at Preparatory Phase of Control and assurance that work is in accordance with contract documents.
- e. Preliminary Work: Ensure preliminary work being placed is in compliance and if not, what action is/was taken.
- f. Workmanship: Identify where initial work is located; if a sample panel is required (Yes/No checkboxes); is the initial work the sample (Yes/No checkboxes); and if Yes, describe the panel location and precautions taken to preserve the sample.
- g. Resolution: Comment on any differences and the resolutions reached.
- h. Check Safety: Comment on the safety review of the job conditions.
- i. Other: Note any other remarks or items that were a result of the Initial Phase.
- j. QC Manager will sign and date the checklist.

Instructional Notes for Testing Plan and Log

As tests are performed, the QC Manager shall record on the "Testing Plan and Log" the date the test was conducted, the date the test results were forwarded to the Contracting Officer, remarks and acknowledgement that an accredited or Contracting Officer approved testing laboratory was used. Attach a copy of the updated "Testing Plan and Log" to the last daily Contractor QC Report of each month.

Instructional Notes for Rework Item List

The QC Manager shall maintain a list of work that does not comply with the Contract, identifying what items need to be reworked, the date the item was originally discovered, the date the item will be corrected by, and the date the item was corrected. There is no requirement to report a rework item that is corrected the same day it is discovered. Attach a copy of the "Rework Items List" to the last daily Contractor QC Report of each month. The Contractor shall be responsible for including on this list items needing rework including those identified by the Contracting Officer.

CONSTRUCTION CONTRACT NON-COMPLIANCE NOTICE (CCN) NAVFAC 4330/36

A. DESCRIPTION/PURPOSE

This form is used to notify construction Contractors of deficiencies and to record corrective action taken. It is drafted by QA personnel, signed by the appropriate Government representatives and delivered to the appropriate representative of the Construction Contractor who signs to acknowledge receipt of it.

B. PREPARATION INSTRUCTION

Contractor/Responsible Individual: Enter Construction Contractor's company name.

Contract Number and Title: Enter the number of the construction Contract, the title of the Contract."

Notice Number: Number notices sequentially by construction contract.

Date: Enter date of notice using Navy dating system; e.g., 11 Dec 2004

Spec Paragraph and/or Drawing Number: Enter appropriate reference to construction contract documents.

Reference: Enter applicable reference, if any, to shop drawings, certifications, QC Reports.

Contractor Reply by Date: Enter a date that the PWD/ROICC expects a reply from the Contractor.

Deficiency in Workmanship and/or Material: Enter brief narrative description of item not in compliance. Be specific.

Corrective Action Accomplished: Completed by Construction Contractor indicating corrective action to correct deficiency noted.

QA Representative: Signed by QA Representative.

CM: Signed by the Designated Government Representative for the particular construction Contract.

Contractor's Acknowledgement: Signed by the responsible individual.

C. GENERAL INSTRUCTIONS.

When the QA Rep notes a construction deficiency, the form should be completed listing only one deficiency on each notice. The QA Rep fills out the form, then sign and date the notice. The QA Rep then obtains the signature of the appropriate Government representative. After the Government representative signs the form, the QA Rep presents it to the QC Manager. The QC Manager should acknowledge receipt of the notice by signing.

After the Construction Contractor's Representative signs the form, that person is given the original. When the item has been corrected, the Contractor should return the original with the corrective actions noted to the QA Rep. The form should be accepted only after the QA Rep is satisfied that the item is properly corrected.

If appropriate, the QA Rep shall take a photograph of the deficiency and attach a copy to the CCN.

E. CONTRACTOR REPLY DATE

Due with the daily QC Report for the day the deficiency was noted.

F. DISTRIBUTION

The original is given to the Contractor's QC Manager or Superintendent so the corrective action can be recorded. When the original is received back from the Contractor indicating that corrective action has been taken the original is filed with the appropriate QC Report.

The QA Rep retains a copy with their files. It is used to follow up correction. At the close of each contract the QA Rep shall transfer all uncorrected deficiencies still remaining to the final inspection punch list. Payment deductions or appropriate retention of progress payments should be taken until all corrective actions are acceptable to the QA Rep.

CONSTRUCTION CONTRACT NON-COMPLIANCE NOTICE
NAVFAC 4330/36 (Rev. 3/03)

CONTRACTOR/RESPONSIBLE INDIVIDUAL	NOTICE NUMBER
CONTRACT NUMBER AND TITLE	DATE
SPECIFICATION PARAGRAPH AND/OR DRAWING NUMBER	CONTRACTOR REPLY BY DATE
REFERENCE (Shop Drawing, Certification, CQC Report Number, etc.)	
DEFICIENCY IN WORKMANSHIP AND/OR MATERIAL	
CORRECTIVE ACTION ACCOMPLISHED (This block filled in by Contractor)	
QA REPRESENTATIVE NAME: _____ TITLE: _____ DATE NOTED: _____ SIGNATURE: _____	
CM NAME: _____ TITLE: _____ DATE ISSUED: _____ SIGNATURE: _____	
CONTRACTOR'S ACKNOWLEDGMENT NAME: _____ TITLE: _____ DATE RCV'D: _____ SIGNATURE: _____	
This Notice does NOT authorize any work not included in the Contract and shall not constitute a basis for additional payment or time. If you are in disagreement with this Notice, notify the Contracting Officer immediately in writing.	

DISTRIBUTION
 Original - QC Manager or Superintendent (Original)
 Copies to - Contractor's Home Office, QA Representative, Contract File

- Initial Report
- Follow-up Report
- Final Report

Contractor Significant Incident Report (CSIR)

1. General Information		
Contracting Activity/ROICC Office: 		
Accident Classification: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Environment <input type="checkbox"/> Procedural Issues <input type="checkbox"/> Lessons Learned <input type="checkbox"/> Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Other _____		
Involving: <input type="checkbox"/> Confined Space <input type="checkbox"/> Equip/Mrt Ver/Mat Handling (Heavy Construction Equip.) <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Crane and Rigging <input type="checkbox"/> Equip/Mrt Ver/Mat Handling (Material Handling) <input type="checkbox"/> Trenching/Excavation <input type="checkbox"/> Diving <input type="checkbox"/> Equip/Mrt Ver/Mat Handling (Man-Lift/Elevated Platform) <input type="checkbox"/> Waterfront/Marine <input type="checkbox"/> Demolition/Renovation <input type="checkbox"/> Fall from Ladder <input type="checkbox"/> Fall from Scaffold <input type="checkbox"/> Other _____ <input type="checkbox"/> Electrical <input type="checkbox"/> Fall from Roof <input type="checkbox"/> Fire		
2. Personal Information		
Name (Last, First, MI):		Age:
		Sex:
Job Title/Description:		Employed By:
Supervisor Name (Last, First, MI) & Title:		Was the person trained to perform this activity/task? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of training was received (OJT, classroom, etc)?		Date of the most recent formal training and topics discussed?
3. Witness Information		
Witness #1: Name (Last, First, MI):		Job Title/Description:
Employed By:		Supervisor Name (Last, First, MI):
Witness #2: Name (Last, First, MI):		Job Title/Description:
Employed By:		Supervisor Name (Last, First, MI):
Additional Witnesses: (List any additional witnesses on a separate sheet and attach.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Contract Information		
Type of Contract: <input type="checkbox"/> A/E <input type="checkbox"/> BOS <input type="checkbox"/> CLEAN <input type="checkbox"/> Construction <input type="checkbox"/> Design Build <input type="checkbox"/> FSCC <input type="checkbox"/> FSSC <input type="checkbox"/> JOC <input type="checkbox"/> RAC <input type="checkbox"/> Service <input type="checkbox"/> Other _____		
Contract Number & Title:		Industrial Group & Industrial Type:
Prime Contractor Name/Address/Phone & Fax No:		Sub Contractor Name/Address/Phone & FAX No:
Safety Manager (Last, First, MI):		Safety Manager (Last, First, MI):
Insurance Carrier:		Insurance Carrier:
5. Accident Description		
Date of Accident:	Time of Accident:	Exact Location of Accident:
Describe the accident in detail in your words: <i>(Use the back of page if you need additional space)</i>		
Direct Cause(s) of Accident:		

Indirect Cause(s) of Accident:	
Action(s) taken to prevent re-occurrence or provide on-going corrective actions:	
Corrective Action Beginning Date:	Anticipated Completion Date:
Personal Protective Equipment: <input type="checkbox"/> Available and used <input type="checkbox"/> Available and not used <input type="checkbox"/> Not Required <input type="checkbox"/> Not related to Mishap <input type="checkbox"/> Wrong PPE for job List PPE Used:	
Type of Construction Equipment (Make, Model, Serial #, VIN#) Involved:	
Was Hazardous Material Spilled/Released? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List Hazardous Material(s) Involved:	
Who provided first aid or cleanup of mishap site?	
Any blood-borne pathogen exposure, other than EMTs? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
List OSHA and WM-385-1-1 standards that were violated:	
Was site secured and witness statements taken immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?	

6. Injury Illness/Fatality Information		
Severity of Injury/Illness:		
<input type="checkbox"/> Fatality	<input type="checkbox"/> Lost Workday Case Involving Days Away From Work	
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Recordable Workday Case Involving Restricted Duty	
<input type="checkbox"/> Permanent Total Disability	<input type="checkbox"/> Other Recordable Case	<input type="checkbox"/> Recordable First Aid Case
<input type="checkbox"/> Permanent Partial Disability	<input type="checkbox"/> Non-Recordable Case	<input type="checkbox"/> No Injury
Estimated Days Lost:	Estimated Days Hospitalized:	Estimated Days Restricted Duty:
List Primary Body Part Affected:	List Other Body Part(s) Affected:	
Nature of Injury/Illness for Primary Body Part (Examples: Amputation, Burn, Hernia):		
Type of Accident (Examples: Fall same level, Lifting, Bitten, Exerted):		
Source of Accident (Examples: Crane, Carbon Monoxide, Ladder, Welding Equipment):		
7. Casual Factors (Explain answers on supplementary sheet)		
<input type="checkbox"/> Design – Design of facility, workplace, or equipment was a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Inspection/Maintenance – Inspection & Maintenance procedures were a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Persons Physical Condition – In your opinion, the physical condition of the person was a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Operation Procedures – Operating procedures were a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Job Practices – One or more job safety/health practices not being followed when the accident occurred contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Human Factors – One or more human factors, such as a person's size or strength contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Environmental Factors – Heat, cold, dust, sun, glare, etc., contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Chemical and Physical Agent Factors – Exposure to chemical agents, such as dust, fumes, mist, vapors, or physical agents such as noise, radiation, etc., contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Office Factors – Office setting such as lifting office furniture, carrying, stooping, contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Support Factors – Inappropriate tools/resources were provided to perform the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> PPE – Improper selection, use or maintenance of PPE contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Drugs/Alcohol – In your opinion, were drugs or alcohol a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Job Hazard Analysis – The lack of an adequate (IAW-EM-385-1-1 Sec 01.A) activity hazard analysis was a contributing factor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Job Hazard Analysis – JHA was not site specific and/or did not address the type of work/operations performed when the mishap occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Management – A lack of adequate supervision contributed to the accident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Management – Inadequate information was provided at pre con meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. OSHA Information			
Date OSHA was Notified:	Date(s) of Investigation:	Date of citation: <i>(Attach Copy)</i>	Dollar amount of Penalties:
9. Report Preparer			
Name (Last, First, MI):		Date of Report:	
Title:	Employer:		Signature:
Phone #:			

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR) INSTRUCTIONS

Complete Sections Appropriate to Incident (Rev. 06/02).

NOTE: THE ATTACHED CSIR FORM IS TO BE USED BY CONTRACTORS TO RECORD THE RESULTS OF THEIR ACCIDENT/INCIDENTS INVESTIGATIONS AND SHALL BE PROVIDED TO THE CONTRACTING OFFICER WITHIN THE REQUIRED TIMEFRAMES.

GENERAL. Complete a separate report for each person who was injured in the accident. A report needs to be completed for all OSHA recordable accidents, property damage in excess of \$2000.00 (This amount is for record purposes only. GOV is not required to enter property damage reports into FAIR database if it is less than \$10,000.00.), WHE accidents, or near miss/high visibility mishaps. Please type or print legibly. Appropriate items shall be marked with an "X" in box(es), non-applicable sections shall be marked "N/A". If additional space is needed, provide the information on a separate sheet of paper and attach to the completed form.

Mark the report:

INITIAL – If this form is being used as initial notification of a Fatality or High Visibility Mishap. The initial form is due within 4 hours of a serious accident. A form marked 'Follow-up' or 'Final' is required within 5 days.

FOLLOW-UP – If you are providing additional information on a report previously submitted.

FINAL – If you are providing a completed report and expect no changes.

SECTION 1 – GENERAL INFORMATION

CONTRACTING ACTIVITY/ROICC OFFICE - Enter the name and address of the Contracting Office administering the contract under which the mishap took place (e.g. ROICC MCBH, ROICC NORFOLK, PWC GUAM, etc.).

ACCIDENT CLASSIFICATION - INJURY/ILLNESS/FATALITY/PROPERTY DAMAGE/-PROCEDURAL ISSUES/-ENVIRONMENTAL/LESSONS LEARNED/OTHER – Mark the appropriate block(s) if the incident resulted in any of these conditions.

INVOLVING - If the mishap involved any of the conditions listed under "Involving" mark the appropriate box(es). Specific questions associated with each of these conditions are available from the Contracting Officer to assist you in your investigation. When these questions are used they shall be attached as part of this report.

SECTION 2 - PERSONAL INFORMATION

NAME - Enter last name, first name, middle initial of person involved.

AGE - Enter age.

SEX - Enter M for Male and F for Female.

JOB TITLE/DESCRIPTION - Enter the job title/description assigned to the injured person (e.g. carpenter, laborer, surveyor, etc.).

EMPLOYED BY - Enter employment company name of the person involved.

SUPERVISOR'S NAME & TITLE - Enter name and title of the immediate supervisor.

WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? - For the purpose of this section "trained" means the person has been provided the necessary information (either formal and/or on-the-job (OJT) training) to competently perform the activity/task in a safe and healthful manner.

TYPE OF TRAINING - Indicate the specific type of training (classroom or on-the-job) that the injured person received before the accident happened.

DATE OF MOST RECENT FORMAL TRAINING/TOPICS DISCUSSED - Enter the month, day, and year of the last *formal* training completed that covered the activity/task being performed at the time of the accident. List topics that were discussed at the training identified above.

SECTION 3 - WITNESS INFORMATION

The following applies to Witness #1 and Witness #2:

WITNESS NAME - Enter last name, first name, middle initial of the witness.

JOB DESCRIPTION/TITLE - Enter the job title/description assigned to the witness (e.g. carpenter, laborer, surveyor, etc.).

EMPLOYED BY - Enter the name of the employment company of the witness.

SUPERVISORS NAME - Enter name of immediate supervisor of the witness.

ADDITIONAL WITNESSES - Provide same information, as above, for each witnesses. Use additional pages if necessary.

SECTION 4 - CONTRACTOR INFORMATION

TYPE OF CONTRACT - Mark appropriate box. A/E means architect/engineer. If "OTHER" is marked, specify type of contract on line provided.

CONTRACT NUMBER/TITLE - Enter complete contract number and title of prime contract (e.g. N62477-85-C-0100, 184 Pearl City Hsg. Revitalization).

CONSTRUCTION INDUSTRIAL GROUP AND INDUSTRIAL TYPE – This is the type of construction that will be done at this project.

1. First, you must choose the Industrial Group. You have 4 choices to choose from: **(NOTE! Review of the Industrial Types below and knowing what the projects scope of work is will assist you in deciding what the Industrial Group should be.)**

- a. Buildings
- b. Heavy Industrial
- c. Infrastructure
- d. Light Industrial

2. Once you have chosen the Industrial Group, you now select the Industrial Type. You have multiple choices under each Group, chose the one you feel fits the project most closely because on most projects there won't be an exact match:

- a. Buildings:
 - (1) Communications Ctr.
 - (2) Dormitory/Hotel
 - (3) High-rise Office
 - (4) Hospital
 - (5) Housing
 - (6) Laboratory
 - (7) Low-rise Office
 - (8) Maintenance Facility
 - (9) Parking Garage
 - (10) Physical Fitness Ctr.
 - (11) Restaurant/Nightclub
 - (12) School
 - (13) Warehouse
- b. Heavy Industrial:
 - (1) Chemical Mfg.
 - (2) Electrical (Generating)
 - (3) Environmental
 - (4) Metals Refining/Processing
 - (5) Mining
 - (6) Natural Gas Processing
 - (7) Oil Exploration/Production
 - (8) Oil Refining
 - (9) Pulp and Paper
- c. Infrastructure:
 - (1) Airport
 - (2) Electrical Distribution
 - (3) Flood Control
 - (4) Highway
 - (5) Marine Facilities
 - (6) Navigation
 - (7) Rail
 - (8) Tunneling
 - (9) Water/Wastewater
- d. Light Industrial:
 - (1) Automotive Assembly/Mfg.
 - (2) Consumer Products Mfg.
 - (3) Foods
 - (4) Microelectronics Mfg.
 - (5) Office Products Mfg.
 - (6) Pharmaceuticals Mfg.

CONTRACTOR'S NAME/ADDRESS/PHONE NUMBER

- (1) PRIME - Enter the exact name (title of firm), address, phone and fax numbers of the prime contractor.
- (2) SUBCONTRACTOR - Enter the exact name, address, phone and fax numbers of any subcontractor involved in the accident.

SAFETY MANAGER'S NAME

- (1) PRIME - Enter the name of the prime contractor safety manager.
- (2) SUBCONTRACTOR - Enter the name of the subcontractors safety manager.

INSURANCE CARRIER

- (1) PRIME - Enter the exact name/title of the prime's insurance company. Policy number not required.
- (2) SUBCONTRACTOR - Enter the exact name of the subcontractor's insurance company. Policy number not required.

SECTION 5 - ACCIDENT DESCRIPTION

DATE OF ACCIDENT - Enter the month, day, and year of accident.

TIME OF ACCIDENT - Enter the local time of accident in military time. Example: 14:30 hrs (not 2:30 p.m.).

EXACT LOCATION OF ACCIDENT - Enter facts needed to locate the accident scene (installation/project name, building/room number, street, direction and distance from closest landmark, etc.).

DESCRIBE THE ACCIDENT IN DETAIL. Fully describe the accident in the space provided. If property damage involved, give estimated dollar amount of damage and/or repair costs involved. If additional space is needed continue on a separate sheet and attach to this report. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and

equipment are clearly specified. Ensure questions below regarding direct cause(s), indirect cause(s), and actions taken are answered. **NOTE!** Review questions in Section 7 below before completing.

DIRECT CAUSE(S) - The direct cause is that single factor which most directly lead to the accident. See examples below.

INDIRECT CAUSE(S) - Indirect cause are those factors, which contributed to, but did not directly initiate the occurrence of the accident.

Examples for Direct and Indirect Cause:

1. Employee was dismantling scaffold and fell 12 feet from unguarded opening.

Direct cause: Failure to provide fall protection at elevation

Indirect causes: Failure to enforce safety requirements: improper training/motivation of employee (possibility that employee was not knowledgeable of fall protection requirements or was lax in his attitude toward safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.

2. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by contractor vehicle. (note contractor vehicles was in proper safe working condition.)

Direct cause: Failure of contractor driver to maintain control of and stop contractor vehicle within safe distance.

Indirect cause: Failure of employee to pay attention to driving (defensive driving).

ACTION(S) TAKEN TO PREVENT RE-OCCURRENCE OR PROVIDE ON-GOING CORRECTIVE ACTIONS. Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue on back or additional sheets of paper if necessary to fully explain and attach to the complete report form.

CORRECTIVE ACTION DATES -

(1) Beginning - Enter the date when the corrective action(s) identified above will begin.

(2) Anticipated Completion - Enter the date when the corrective action(s) identified above will be completed.

PERSONAL PROTECTIVE EQUIPMENT (PPE) - Mark appropriate box(es) and list PPE which was being used by the injured person at the time of the accident (e.g. protective clothing, shoes, glasses, goggles, respirator, safety belt, harness, etc.)

TYPE OF CONTRACTOR EQUIPMENT - Enter the Serial Number, Model Number and specific type of equipment involved in the mishap (e.g. dump truck (off highway), crane (rubber tire), pump truck (concrete), etc.).

WAS HAZARDOUS MATERIAL SPILLED/RELEASED? - Mark appropriate block and list name(s) of any reportable quantities of hazardous materials spilled/released during the mishap.

WHO PROVIDED FIRST AID OR CLEAN-UP OF MISHAP SITE? - List name(s) of individual(s) and employer, if known.

ANY BLOOD-BORNE PATHOGEN EXPOSURE, OTHER THAN EMT? - Mark appropriate block and list name(s) of individual(s) and employer, if known.

LIST OSHA AND/OR EM 385-1-1 STANDARDS THAT WERE VIOLATED. - Self explanatory.

WAS SITE SECURED AND WITNESS STATEMENT TAKEN IMMEDIATELY? - Mark appropriate block and list by whom.

SECTION 6 - INJURY/ILLNESS/FATALITY INFORMATION

SERVERITY OF INJURY/ILLNESS – Mark appropriate box.

ESTIMATED DAYS LOST - Enter the estimated number of workdays the person will lose from work. Update when final data is known.

ESTIMATED DAYS HOSPITALIZED - Enter the estimated number of workdays the person will be hospitalized. Update when final data is known.

ESTIMATED DAYS RESTRICTED DUTY - Enter the estimated number of workdays the person, as a result of the accident, will not be able to perform all of their regular duties. Update when final data is known.

BODY PART(S) AFFECTED - Enter the most appropriate primary and when applicable, secondary, etc. body part(s) affected (e.g. arm: wrist: abdomen: single eye; jaw : both elbows: second finger: great toe: collar bone: kidney, etc.).

NATURE OF INJURY/ILLNESS FOR PRIMARY BODY PART - Enter the most appropriate nature of injury/illness (e.g. amputation, back strain, dislocation, laceration, strain, asbestosis, food poisoning, heart conditions, etc.).

TYPE AND SOURCE OF INJURY/ILLNESS - Type and Source Codes are used to describe what caused the incident.

(1) TYPE Code stands for an "Action" (Example: Worker, installing conduit, lost his balance and fell five feet from a ladder. Type Code: Fell different levels".) Select the most appropriate Type of injury from the list below:

TYPE OF INJURY/ILLNESS

STRUCK BY/AGAINST	CONTACTED CONTACTED WITH (INJURED PERSON MOVING) CONTACTED BY (OBJECT WAS MOVING)
FELL, SLIPPED, TRIPPED SAME LEVEL/DIFFERENT LEVEL/NO FALL	EXERTED LIFTED, STRAINED BY (SINGLE ACTION) STRESSED BY (REPEATED ACTION)
CAUGHT ON/IN/BETWEEN	EXPOSED INHALED/INGESTED/ABSORBED/EXPOSED TO
PUNCTURED, LACERATED PUNCTURED BY/CUT BY/STUNG BY/BITTEN BY	TRAVELING IN

(2) SOURCE Code stands for an "object or substance." (Example: Worker, installing conduit, lost his balance and fell five feet from a ladder. Source Code: "Ladder".) Select the most appropriate Source of injury from the list below:

SOURCE OF INJURY/ILLNESS

BUILDING OR WORKING AREA WALKING/WORKING AREA STAIRS/STEPS LADDER FURNITURE BOILER/PRESSURE VESSEL EQUIPMENT LAYOUT WINDOWS/DOORS ELECTRICITY	DUST, VAPOR, ETC. DUST (SILICA, COAT, ETC.) FIBERS ASBESTOS GASES CARBON MONOXIDE MIST, STEAM, VAPOR, FUME WELDING FUMES PARTICLES (UNIDENTIFIED)
ENVIRONMENT CONDITION TEMPERATURE EXTREME (INDOOR) WEATHER (ICE, RAIN, HEAT, ETC.) FIRE, FLAME, SMOTE (NOT TABACCO) NOISE RADIATION LIGHT VENTILATION TOBACCO SMOKE STRESS (EMOTIONAL) CONFINED SPACE	CHEMICAL, PLASTIC, ETC. DRY CHEMICAL - CORROSIVE DRY CHEMICAL - TOXIC DRY CHEMICAL - EXPLOSIVE DRY CHEMICAL - FLAMMABLE LIQUID CHEMICAL - CORROSIVE LIQUID CHEMICAL - TOXIC LIQUID CHEMICAL - EXPLOSIVE LIQUID CHEMICAL - FLAMMABLE PLASTIC WATER MEDICINE
MACHINE OR TOOL HAND TOOL (POWERED: SAW, GRINDER, ETC.) HAND TOOL (NON POWERED) MECHANICAL POWER TRANSMISSION APPARATUS GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK) VIDEO DISPLAY TERMINAL PUMP, COMPRESSOR, AIR PRESSURE TOOL HEATING EQUIPMENT WELDING EQUIPMENT	INANIMATE OBJECT BOX, BARREL, ETC. PAPER METAL ITEM, MINERAL NEEDLE GLASS SCRAP, TRASH, WOOD FOOD CLOTHING, APPAREL, SHOES
MACHINE OR TOOL HAND TOOL (POWERED: SAW, GRINDER, ETC.) HAND TOOL (NON POWERED) MECHANICAL POWER TRANSMISSION APPARATUS GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK) VIDEO DISPLAY TERMINAL PUMP, COMPRESSOR, AIR PRESSURE TOOL HEATING EQUIPMENT WELDING EQUIPMENT	INANIMATE OBJECT BOX, BARREL, ETC. PAPER METAL ITEM, MINERAL NEEDLE GLASS SCRAP, TRASH, WOOD FOOD CLOTHING, APPAREL, SHOES
VEHICLE AS DRIVER OF PRIVATELY OWNED, RENTAL VEH. AS PASSENGER OF PRIVATELY OWNED, RENTAL VEH. DRIVER OF GOVERNMENT VEHICLE PASSENGER OF GOVERNMENT VEHICLE COMMON CARRIER (AIRLINE, BUS, ETC.) AIRCRAFT (NOT COMMERCIAL) BOAT, SHIP, BARGE	ANIMATE OBJECT DOG OTHER ANIMAL PLANT INSECT HUMAN (VIOLENCE) HUMAN (COMMUNICABLE DISEASE) BACTERIA, VIRUS (NOT HUMAN CONTACT)
MATERIAL HANDLING EQUIPMENT EARTHMOVER (TRACTOR, BACKHOE, ETC.) CONVEYOR (FOR MATERIAL AND EQUIPMENT) ELEVATOR, ESCALATOR, PERSONNEL HOIST HOIST, SLING CHAIN, JACK CRANE FORKLIFT HANDTRUCK, DOLLY	PERSONAL PROTECTIVE EQUIPMENT PROTECTIVE CLOTHING, SHOES, GLASSES, GOGGLES RESPIRATOR, MASK DIVING EQUIPMENT SAFETY BELT, HARNESS PARACHUTE

SECTION 7 - CAUSAL FACTORS

Review thoroughly. Answer each question by marking the appropriate block. **NOTE!** If any answer is yes, explain in section 5 above.

(1) **DESIGN** - Did inadequacies associated with the building or work site play a role? Would an improved design or layout of the equipment or facilities reduce the likelihood of similar accidents? Were the tools or other equipment designed and intended for the task at hand?

- (2) **INSPECTION/MAINTENANCE** - Did inadequately or improperly maintained equipment, tools, workplace, etc., create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?
- (3) **PERSONS PHYSICAL CONDITION** - Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was overexertion a factor?
- (4) **OPERATION PROCEDURES** - Did lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?
- (5) **JOB PRACTICES** - Were any of the provision of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the task?
- (6) **HUMAN FACTORS** - Was the person under undue stress (either internal or external to the job)? Did the task tend toward overloading the capabilities of the person: i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach strengths, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?
- (7) **ENVIRONMENTAL FACTORS** - Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun temperature changes, wind, tides, floods, currents, terrain; dust, mud, glare, pressure changes, lighting, etc., play a part in the accident?
- (8) **CHEMICAL AND PHYSICAL AGENT FACTORS** - Did exposure to chemical agents (either single shift exposure or long-term exposure such as dusts, fibers, asbestos, etc.), silica, gases (carbon, monoxide, chlorine, etc.), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, by-products of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?
- (9) **OFFICE FACTORS** - Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?
- (10) **SUPPORT FACTORS** - Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized and adequate to provide proper tools, equipment, personnel, site preparation, etc.
- (11) **PERSONAL PROTECTIVE EQUIPMENT** - Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?
- (12) **DRUGS/ALCOHOL** - Is there any reason to believe the person's mental or physical capabilities, judgment, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".
- (13) **JOB/ACTIVITY HAZARD ANALYSIS** - Was a written Job/Activity Analysis completed for the task being performed at the time of the accident? If one was made, did it address the hazard adequately or does it need to be updated? If none made, will one be made? These may also need to be addressed in the Corrective Actions Taken section. Mark the appropriate box. If one was made, attach a copy of the analysis to the report.
- (14) **MANAGEMENT** - Did the lack of supervisor or management support play a part in the mishap? Mark the appropriate box.

SECTION - 8 OSHA INFORMATION - Complete this section if applicable

SECTION 9 - REPORT PREPARER

Providing a completed CSIR to the Contracting Officer is the **PRIME CONTRACTOR'S RESPONSIBILITY**. Enter the name, date of report, title, employer, phone number and signature of person completing the accident report and provide it to the Contracting Officer, or his representative, responsible for oversight of that contractor activity. **NOTE!** If prepared by other than the Prime Contractor, a person employed by the Prime Contractor must sign that they have reviewed and concur with the report and it's findings (e.g. company owner, project supervisor/foreman, Safety Officer, etc.).



CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: _____

DATE: _____

CONTRACTOR: _____

CONTRACT TITLE: _____

CONTRACT % COMPLETE: _____

CONTRACTOR SUPERINTENDENT: _____

CATEGORY:

PREPARATORY PHASE (Planning)	(Yes) (No) (N/A)	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?	
	(Yes) (No) (N/A)	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?	
Comments/Notes:	(Yes) (No) (N/A)	3) Is the submitted safety plan on site and in use?	
	(Yes) (No) (N/A)	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?	
	(Yes) (No) (N/A)	5) Hazardous materials program in place with MSDS sheets on site and maintained?	
	(Yes) (No) (N/A)	6) EM 385-1-1 available on the site?	
	(Yes) (No) (N/A)	7) Other? Extra Credit?	

OFFICE TRAILER GENERAL	(Yes) (No) (N/A)	8) Are office and storage trailers anchored?	
	(Yes) (No) (N/A)	9) Are emergency phone numbers posted?	
Comments/Notes:	(Yes) (No) (N/A)	10) Is a phone available?	
	(Yes) (No) (N/A)	11) First aid log maintained (contractors must use OSHA Form 300)?	
	(Yes) (No) (N/A)	12) Toilet facilities available?	
	(Yes) (No) (N/A)	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?	
	(Yes) (No) (N/A)	14) Garbage cans and dumpsters available?	
	(Yes) (No) (N/A)	15) Jobsite cleaned daily?	
	(Yes) (No) (N/A)	16) Is traffic control around site adequate?	
	(Yes) (No) (N/A)	17) Other? Extra Credit?	

FIRE PREVENTION	(Yes) (No) (N/A)	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?	
Comments/Notes:	(Yes) (No) (N/A)	19) Is fuel stored in proper containers?	
	(Yes) (No) (N/A)	20) Are hot work permits being obtained?	
	(Yes) (No) (N/A)	21) Are fire watches provided?	
	(Yes) (No) (N/A)	22) Are gas cylinders stored upright and secured with chain or rope?	
	(Yes) (No) (N/A)	23) Is Housekeeping acceptable?	
	(Yes) (No) (N/A)	24) Other? Extra Credit?	

SCAFFOLD SAFETY	(Yes) (No) (N/A)	25) Are daily scaffold inspections performed by designated competent person?	
	(Yes) (No) (N/A)	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?	
Comments/Notes:	(Yes) (No) (N/A)	27) Tubing pinned properly and all cross bracing in place?	
	(Yes) (No) (N/A)	28) If scaffold height is 4X smallest base dimension, is system secured to structure?	
	(Yes) (No) (N/A)	29) All guardrails are in place?	
	(Yes) (No) (N/A)	30) Full work platform at each working level with no cracks/splits?	
	(Yes) (No) (N/A)	31) Safe access provided to each working level?	
	(Yes) (No) (N/A)	32) Scaffold and components not overloaded?	
	(Yes) (No) (N/A)	33) Is scaffold system plumb and level?	
	(Yes) (No) (N/A)	34) Suspended scaffold systems using independent personal fall arrest system?	
	(Yes) (No) (N/A)	35) Other? Extra Credit?	

FALL PROTECTION	(Yes) (No) (N/A)	36) Is a full body harness used where required?	
	(Yes) (No) (N/A)	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?	
Comments/Notes:	(Yes) (No) (N/A)	38) Is protection provided for all personnel working in areas where they could fall 6' or more?	
	(Yes) (No) (N/A)	39) Are employees trained for fall protection systems in use?	
	(Yes) (No) (N/A)	40) Does the contractor have a certified competent person?	
	(Yes) (No) (N/A)	41) Have standard guardrails been provided where required?	
	(Yes) (No) (N/A)	42) Have horizontal life lines been designed and installed under supervision of a qualified person?	
	(Yes) (No) (N/A)	43) Other? Extra Credit?	

CATEGORY:

LADDER SAFETY

Comments/Notes:

(Yes) (No) (N/A) 44	Do ladders extend 3' above landing platform and tied to structure?	
(Yes) (No) (N/A) 45	Are ladders used with hand tools only?	
(Yes) (No) (N/A) 46	Are ladder base distances from structure 1/4 height?	
(Yes) (No) (N/A) 47	Are floor openings either covered or surrounded by a guardrail?	
(Yes) (No) (N/A) 48	Electricians not using portable "conductive" ladders?	
(Yes) (No) (N/A) 49	Stairways provided on all structures over 20' during construction and supplied with guardrail?	
(Yes) (No) (N/A) 50	Portable step ladders over 20' not used on the site?	
(Yes) (No) (N/A) 51	Are ladders properly used?	
(Yes) (No) (N/A) 52	Other? Extra Credit?	

EXCAVATIONS

Comments/Notes:

(Yes) (No) (N/A) 53	Does excavation over 4' deep have a ladder within 25' and two means of egress?	
(Yes) (No) (N/A) 54	Has proper slope or trench box/shoring been provided?	
(Yes) (No) (N/A) 55	Is water controlled/removed?	
(Yes) (No) (N/A) 56	Is excavated material at least 2' back from trench edge?	
(Yes) (No) (N/A) 57	Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
(Yes) (No) (N/A) 58	In locations of known or suspected contamination, is excavation atmosphere monitored?	
(Yes) (No) (N/A) 59	Does contractor have certified competent person on site?	
(Yes) (No) (N/A) 60	Other? Extra Credit?	

ELECTRICAL

Comments/Notes:

(Yes) (No) (N/A) 61	Are temporary power panels and receptacles protected from weather?	
(Yes) (No) (N/A) 62	Are GFCI's in use for site tools ?	
(Yes) (No) (N/A) 63	Are temporary lights rigged and secured to supports properly, and with covers?	
(Yes) (No) (N/A) 64	If overhead power lines are in area, are operations maintaining required distance or isolation?	
(Yes) (No) (N/A) 65	Is lockout/tagout program in effect?	
(Yes) (No) (N/A) 66	Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
(Yes) (No) (N/A) 67	Other? Extra Credit?	
(Yes) (No) (N/A) 68	Other? Extra Credit?	

CRANES

Comments/Notes:

(Yes) (No) (N/A) 69	Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
(Yes) (No) (N/A) 70	Are App. H daily start up inspections performed by operator and submitted with DRI?	
(Yes) (No) (N/A) 71	Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
(Yes) (No) (N/A) 72	Are workers protected from the crane swing radius and prevented from passing under the load?	
(Yes) (No) (N/A) 73	Are rigging cables and slings in good repair free of kinks and cracks?	
(Yes) (No) (N/A) 74	Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
(Yes) (No) (N/A) 75	Is crane side loading prohibited?	
(Yes) (No) (N/A) 76	Near electric power sources, are rules followed for clearance/isolation in operating zone?	
(Yes) (No) (N/A) 77	Is crane equipped with anti two-block device if required?	
(Yes) (No) (N/A) 78	Other? Extra Credit?	

CONFINED SPACES

Comments/Notes:

(Yes) (No) (N/A) 79	Has entry plan been submitted and accepted?	
(Yes) (No) (N/A) 80	Is atmosphere being monitored?	
(Yes) (No) (N/A) 81	Is space being ventilated?	
(Yes) (No) (N/A) 82	Are entrants, attendants and entry supervisor properly trained?	
(Yes) (No) (N/A) 83	Is rescue/retrieval system in place?	
(Yes) (No) (N/A) 84	Are daily entry permits posted at point of entry and signed by entry supervisor?	
(Yes) (No) (N/A) 85	Is point of entry posted "DANGER CONFINED SPACE"?	
(Yes) (No) (N/A) 86	Has blanking or locking out of systems taken place?	
(Yes) (No) (N/A) 87	Other? Extra Credit?	

ROOFING

Comments/Notes:

(Yes) (No) (N/A) 88	Are kettles at least 25 feet away from buildings?	
(Yes) (No) (N/A) 89	Has an employee fall protection system been implemented and in proper use?	
(Yes) (No) (N/A) 90	Are skylights and roof penetrations covered or barricaded appropriately?	
(Yes) (No) (N/A) 91	Has the roof been evaluated for its ability to support the intended construction loads?	
(Yes) (No) (N/A) 92	Has the roof been surveyed for deterioration?	
(Yes) (No) (N/A) 93	Are two fire extinguishers at the kettle?	
(Yes) (No) (N/A) 94	Fuel cylinder a minimum of 10' from open flame?	
(Yes) (No) (N/A) 95	Other? Extra Credit?	
(Yes) (No) (N/A) 96	Other? Extra Credit?	

CATEGORY:

Attachment 6-14

EQUIPMENT

Comments/Notes:

(Yes) (No) (N/A)	97	Are forklift operators qualified through training at the site (certificate included in Safety Plan)?
(Yes) (No) (N/A)	98	Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?
(Yes) (No) (N/A)	99	Are equipment operations maintaining safe clearance from electrical power lines?
(Yes) (No) (N/A)	100	Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?
(Yes) (No) (N/A)	101	Are safety lashings provided for high pressure hose connections, i.e., air compressors?
(Yes) (No) (N/A)	102	Are workers clear of blind spots associated with mobile construction equipment?
(Yes) (No) (N/A)	103	Do aerial lifts have basket/platform with guardrail?
(Yes) (No) (N/A)	104	Are workers not extending over guardrail of aerial lifts?
(Yes) (No) (N/A)	105	Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?
(Yes) (No) (N/A)	106	Other? Extra Credit?
(Yes) (No) (N/A)	107	Other? Extra Credit?

DEMOLITION

Comments/Notes:

(Yes) (No) (N/A)	108	Has demolition plan been submitted and accepted?
(Yes) (No) (N/A)	109	If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?
(Yes) (No) (N/A)	113	For building demolition, has notification been made to State having jurisdiction?
(Yes) (No) (N/A)	114	Are nails removed from scrap lumber/materials?
(Yes) (No) (N/A)	115	Other? Extra Credit?
(Yes) (No) (N/A)	116	Other? Extra Credit?

PPE

Comments/Notes:

(Yes) (No) (N/A)	117	Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?
(Yes) (No) (N/A)	118	Are hare hats being worn?
(Yes) (No) (N/A)	119	Are safety glasses where appropriate?
(Yes) (No) (N/A)	120	Hearing protection where appropriate? (if you need to yell to converse)
(Yes) (No) (N/A)	121	Respirators where appropriate?
(Yes) (No) (N/A)	122	Impalement protection provided where personnel could work above vertical impalement?
(Yes) (No) (N/A)	123	Is lighting adequate?
(Yes) (No) (N/A)	124	Other? Extra Credit?

ABATEMENT

Comments/Notes:

(Yes) (No) (N/A)	125	Has abatement plan been submitted and accepted?
(Yes) (No) (N/A)	126	Is independent air monitoring being performed as required inside and outside barriers?
(Yes) (No) (N/A)	127	Is containment in place without integrity compromise?
(Yes) (No) (N/A)	128	Are employees utilizing appropriate PPE?
(Yes) (No) (N/A)	129	If negative air is used, are fans used continuously and monitored for pressure differential?
(Yes) (No) (N/A)	130	Has baseline been performed and necessary final clearance readings taken?
(Yes) (No) (N/A)	131	Are inspections by independent PQP performed prior to barrier removal?
(Yes) (No) (N/A)	132	Is waste material properly containerized and stored?
(Yes) (No) (N/A)	133	Are air monitoring results provided to ROICC?
(Yes) (No) (N/A)	134	Are waste shipment records provided to ROICC?
(Yes) (No) (N/A)	135	Other? Extra Credit?

WATERFRONT

ACTIVITIES

Comments/Notes:

(Yes) (No) (N/A)	136	Are employees wearing appropriate flotation devices (PFDs)?
(Yes) (No) (N/A)	137	Is a rescue skiff available?
(Yes) (No) (N/A)	138	Are emergency life rings available?
(Yes) (No) (N/A)	139	If diving operations are taking place, has a dive plan been submitted and accepted?
(Yes) (No) (N/A)	140	Does dive team consist of proper number and qualifications for employees?
(Yes) (No) (N/A)	141	Other? Extra Credit?

SCORING: Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

SCORE FOR EACH CATEGORY:

SCORE RATE EQUATION = Y / X

- | | | |
|---------------------------------|---------------------------|---------------------------------|
| 1 PREPARATORY PHASE: _____ | 6 LADDER SAFETY: _____ | 11 ROOFING: _____ |
| 2 OFFICE TRAILER GENERAL: _____ | 7 EXCAVATIONS: _____ | 12 EQUIPMENT: _____ |
| 3 FIRE PREVENTION: _____ | 8 ELECTRICAL: _____ | 13 DEMOLITION: _____ |
| 4 SCAFFOLD SAFETY: _____ | 9 CRANES: _____ | 14 PPE: _____ |
| 5 FALL PROTECTION: _____ | 10 CONFINED SPACES: _____ | 15 ABATEMENT: _____ |
| | | 16 WATERFRONT ACTIVITIES: _____ |

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES: _____

	PROCEDURE	NUMBER: FME-P-0004
	ANNEX 1501 – Facilities Management Engineering OFFICE OF PRIMARY RESPONSIBILITY: FME	DATE: 11-08-2007

1.0 SUBJECT: **SCHEDULED UTILITY OUTAGE PROCEDURE**

2.0 PURPOSE:

To establish standard procedures for processing Utility Outage Requests (UOR).

3.0 SCOPE:

This procedure applies to all DZSP 21 organizations, including applicable subcontractors and to all Navy-owned utilities on Guam.

4.0 DEFINITIONS:

AAFB	Andersen Air Force Base
ACO	Administrative Contracting Officer for the Navy
CNM	Commander Naval Forces Marianas
COR	Contracting Officer's Representative – the government liaison for the Annex Manager
FACENG	Facilities Engineering Department
G-Net	The on line document manager https://www.icemakr.com/G-Net/
GPA	Guam Power Authority
GWA	Guam Waterworks Authority
JON	MAXIMO Job Order Number
MAXIMO	Trade name for the Computer Maintenance Management System provided by the Navy and utilized by DZSP 21
NFM	Naval Facilities Engineering Command Marianas
PCC	Production Control Clerk
POC	Point of Contact
Procedure	A document providing procedural information and requirements for work performed in compliance with contractual requirements of a cross - functional nature that includes more than one Annex.
Requester	Contractor, DZSP 21 Annex, or other entity requesting a Utility Outage/Connection/Disconnection.

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SSC	DZSP 21 Service Support Center
UT	Utilities Department; may refer to any or all of Annexes 1602 (electrical), 1605 (wastewater), 1606 (steam and demineralized water) or 1607 (water). 1600 refers to all four Annexes.
Utility Outage	Encompasses scheduled outage, connection, disconnection or service of water, sewer, electricity, steam, fire alarm or fire sprinkler system.

5.0 REFERENCE DOCUMENTS:

5.1 Base Operations Support Contract No. N62742-05-C-3501

5.2 FIN-P-0001 Payment Procedure for Credit Cards, Checks and Cash

6.0 RECORDS:

Record	Responsible Organization	Retention Period
Maximo Work Orders	Maximo Database	6 years & 3 mos after final payment
Project Files	Annex 1501	6 years & 3 mos after final payment
Project List	Annex 1501	Length of contract

7.0 PROCEDURE:

7.1 General:

- 7.1.1 DZSP 21 is responsible for processing and implementing all scheduled utility and facility outages on Naval Facilities Guam.
- 7.1.2 Utility Outage Requests (UORs) are generated by contractors hired by the Navy or AAFB. The contractors hired by DZSP 21, other utilities such as GWA, GPA, or by maintenance personnel within DZSP 21 and DZSP 21 subcontractors (including Annexes 1502 and 1600s) who require a utility outage in order to complete their work.

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7.2 Requirements:

7.2.1 UOR Submission:

- a. UORs are submitted to the SSC. UORs can be submitted by faxing the information to 339-5025, e-mail to DZSP21ssc@navfacmar.navy.mil or by hand delivery to the SSC located in Building 372.
- b. UORs are submitted by completing SSC-F-006 R1, Utility Outage / Connection / Service Request (Appendix A).
- c. UORs from external requesters shall follow the payment procedures as listed in FIN-P-0001, Payment Procedure for Credit Cards, Checks and Cash, and submit the appropriate forms with the UOR.
- d. All submittals must include a site location map and a map showing clearly where the work will be done that requires the outage.

7.2.2 UOR Processing:

- a. Upon receipt, the PCC responsible for coordinating UORs will:
 1. Add the UOR to the Tracking Log and assign it a UOR number.
 2. Forward the UOR to the annex manager for approval to process & obtain a project abbrev from Finance.
 3. Send the approval of the annex manager with a completed Request for Project Abbrev Form to Finance to obtain a project abbrev. Update Maximo with the project abbrev.
 4. Send out an e-mail Preliminary Notice of the outage to the DZSP 21 Utility Outage group with a cc: to the Building Manager(s) using the most recent Building Manager List provided by the Navy.
 5. If the outage has been requested by DZSP 21 and is for a fire alarm, fire sprinkler outage, or an existing JON under Annex 1502, e-mail the COR to obtain permission to complete the work. After completing the steps in paragraph d below.
 6. Create a JON for the UOR. The work subtype will be "UOR." The naming convention for the job orders is as follows:
 - i. For an electrical outage: DZSP21 – POWER – (Work Type POWER/Work Subtype - UOR)
 - ii. For a steam outage: DZSP21 – STEAM – (Work Type – SDMN/Work Subtype - UOR)
 - iii. For a water outage: DZSP 21 WATER – POTABLE WATER – (Work Type – WATER/Work Subtype - UOR)
 - iv. For a wastewater outage: DZSP 21 WASTEWATER – WASTEWATER – (Work Type – WASTEWATER/Work Subtype - UOR)
 - v. For a fire alarm or fire sprinkler outage or an existing JON under Annex 1502: DZSP 21 FACILITIES - FIRE ALARM/SPRINKLER – (Work Type – AAJO/Work Subtype - UOR)

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7. If the requester asks for an estimate, provide the UOR to the Annex Manager of the Annex that will perform the outage to obtain an estimate for the work. The Annex Manager may designate a POC for the PCC to contact and work with for all UORs.
 8. Provide a copy of the UOR to the Annex Manager or Annex POC for review.
- b. In accordance with Annex 1501 requirements, the Government must be notified of the outage at least 5 business days before the outage takes place. Should the requester desire the outage within 5 business days or less, the PCC will inform the requester that the Navy requires at least 5 business days notice and that the PCC does not have the authority to schedule any outage in less than 5 business days.
1. Should the requester insist on having the outage in less than 5 business days, the PCC will e-mail the Annex 1501 and/or ACO requesting permission to schedule the outage less than 5 working days of notification.
 2. If the COR and/ or ACO responds that the outage may be held on the scheduled date, the PCC will schedule the outage. IF THE ACO OR COR DOES NOT PROVIDE DIRECTION TO SCHEDULE THE OUTAGE IN LESS THAN 5 BUSINESS DAYS, THE OUTAGE MUST BE SCHEDULED FOR A LATER DATE. The requestor will be informed accordingly.
- c. Outages that impact certain customers have special scheduling requirements. For an outage that impacts Housing customers, the Housing Office requests at least 14 days notice to ensure that all customers can be properly notified.
1. The PCC will make every reasonable attempt to meet special scheduling requests, while keeping the requester informed.
 2. If Housing is impacted, the PCC will inform the requester of the special requirement for housing and schedule the outage accordingly.
 3. Should the customers and the requester not be able to agree on a date or if any other significant issues arise with the outage scheduling, the PCC will alert the FACENG Manager, who will resolve the issue with the NFM Operations and Acquisition Departments.
 4. When the issue has been resolved, the FACENG Manager will notify the PCC to continue scheduling the outage on the agreed upon date.

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- d. The respective Annex Manager who will perform the outage will assign the UOR to an engineer or estimator to review the requirements for completing the outage and provide an estimate if needed. The engineer/estimator (reviewer) will:
1. Review the UOR and its attachments to determine if there is adequate information to perform the outage and, if needed, develop an estimate.
 2. Coordinate with the PCC to obtain the information from the requester, if additional information is needed or the reviewer has questions. If the questions are complicated or technical the engineer / estimator may coordinate directly with the POC listed on the UOR.
 3. Request from the POC (either directly or via SSC) that they provide drawings / sketches of the modifications to take place. After completion of the outage the reviewer will provide those drawings to the DZSP 21 FACENG Drafting Group to update the facility or utility drawings as appropriate.
 4. Verify the customers impacted by the outage. If the reviewer determines that additional or fewer customers than noted will be impacted, he / she will inform SSC. The PCC will then notify the additional customers and an e-mail Preliminary Notice to the DZSP 21 Utility Outage group.
 5. Take note of any additional requirements that are needed such as the addition of a backflow preventer for a water line.
 6. In the case where the "outage" is a temporary or permanent utility service connection, verify that the requestor has provided a NFM billing account number (obtained from the NFM Comptroller) for billing of the service to be utilized.
 7. In the case where the outage will result in a facility or utility being permanently taken out of service, the reviewer shall verify that all components such as poles and secondary lines are also removed, and / or that water lines will be properly capped and sewer lines appropriately plugged. He / she will verify that the removal of power / capping of water lines / plugging of sewer lines will be done at the appropriate place and all defunct lines / auxiliary systems will be removed.
 8. Take note any other discrepancies to code, Navy instruction, or other requirements. All discrepancies / problems will be reported to the POC. If the POC declines to address the problem, the issues will be reported to the COR of the relevant Annex.
 9. When all issues have been resolved (or elevated to the COR), sign off on the UOR and return it to SSC with the estimate if required.

7.2.3 Payment will be processed in accordance with FIN-P-0001, Payment

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Procedure for Credit Cards, Checks and Cash.

7.2.4 Outage Scheduling:

- a. The PCC will then schedule the outage. The PCC will:
 1. Call the Building Manager(s) (BM) of the affected building(s) to inform them of the requested outage date noted on the UOR.
 2. If the BM has concerns regarding the date, he / she will recommend an alternate date.
 3. If the requester is DZSP 21 and the date requires overtime, the PCC will obtain Annex Manager or COR authorization for the overtime as required.

- b. For outage at AAFB, the contractor is responsible for notifying affected customers.
 1. At least five (5) business days before the outage, the contractor must provide written confirmation to the PCC that all affected customers have been notified.
 2. If the PCC does not receive such notice within five (5) business days, the PCC will notify the DZSP 21 Utility Outage group and AAFB personnel that the outage has been postponed.
 3. The outage will only be scheduled within five business days of such notice in accordance with paragraph 7.2.2.b above and with the concurrence of AAFB personnel.

- c. Once the date for the outage has been confirmed, the PCC will:
 1. Send out a Scheduled Outage notification to the DZSP 21 Utility Outage group with a cc: to the Building Manager(s) and the requester.
 2. For Housing, the PCC will notify the Housing Representative and the Housing Representative shall notify all tenants regarding outage schedules. Housing Tenants shall contact Housing representative for concerns and or questions regarding outages.
 3. For a power, water, fire alarm or sprinkler system outage, notify the fire department.
 4. Notify the requester via telephone.
 5. For a power or steam outage, notify DZSP21 Power dispatch via telephone.
 6. For a water or sewer outage, notify the Annex 1607 Supervisor via telephone.
 7. For a water outage, notify the Annex 1800 Supervisor via telephone.

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7.2.5 On the day of the outage:

- a. The personnel conducting the outage will provide SSC with updates as to the status of the outage including when the outage begins and at major milestones (e.g. partial power restoration or outage is taking longer than expected). They will also inform SSC once the outage is complete.
- b. The PCC will provide regular status updates to the DZSP 21 Utility Outage group with a cc: to the Building Manager(s) using the Notification Form in MS Excel.
- c. The PCC will provide a final notification when the outage is complete.

7.2.6 Once the outage has been completed, the PCC will:

- a. Cut and paste the Notification Form into the trade and SSC MAXIMO JONs.
- b. For all outages except those completed by Annexes 1602 and 1606, change the MAXIMO status to complete.
- c. Update the UOR log.
- d. File all documents.
- e. The MAXIMO JON will be closed out by:
 1. For outages completed by Annexes 1602 and 1606, the Annex will close out the MAXIMO JON.
 2. For all other outages, when the DZSP 21 utility or facility personnel turn in the completed chit SSC will close out the JON.

7.3 Roles and Responsibilities:

7.3.1 UOR Requestor(s) are responsible for ensuring that:

- a. All required documentation is submitted to SSC within the required time frame as stated in this procedure.
- b. Payments are disbursed on a timely manner.

7.3.2 Annex Managers are responsible for:

- a. Ensuring that provisions of this procedure are communicated to and understood by their respective Annex.
- b. Performing the outage on the scheduled date.
- c. Keeping SSC updated on outage progress.

7.3.3 FACENG Manager is responsible for:

- a. Overseeing the UOR program.

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- b. Forwarding UORs to the Government for approval, where outage is scheduled in less than 5 business days.
- c. Resolving scheduling issues that could not be settled between SSC, customers or affected areas.

7.3.4 SCC is responsible for:

- a. Receiving, reviewing, and processing UORs.
- b. Creating and closing Maximo Work Orders.
- c. Scheduling UORs.
- d. Monitoring progress of the project.
- e. Coordinating with Finance for payment processing.

7.3.5 Finance Department will follow guidelines of FIN-P-0001 when processing UOR payments.

8.0 EXHIBIT:

Appendix A: Utility Outage Request Form

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9.0 APPROVALS:

ORIGINATED BY:



George K. Joseph
Facilities Management
Manager

11/8/07

Date

CONCURRED BY:

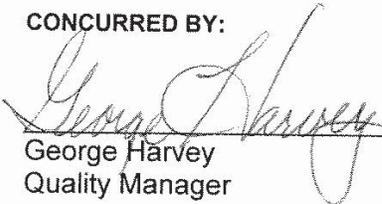


Mark Lopez
Public Works Director

11/8/07

Date

CONCURRED BY:



George Harvey
Quality Manager

11/8/07

Date

CONCURRED BY:

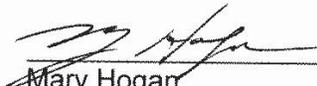


Grady Lynn Holt
Safety Manager

11/8/07

Date

CONCURRED BY:

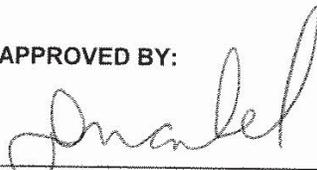


Mary Hogan
Environmental Manager

11/8/07

Date

APPROVED BY:



Douglas Markel
Deputy Project Director

11/8/07

Date

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Appendix A
Utility Outage Request Form (page 1 of 2)

DZSP 21	UTILITY OUTAGE/CONNECTION/SERVICE REQUEST NO
<input type="checkbox"/> STEAM AND DEMINERALIZED WATER <input type="checkbox"/> ELECTRICAL POWER <input type="checkbox"/> POTABLE WATER <input type="checkbox"/> WASTEWATER <input type="checkbox"/> OTHER (Describe) <input type="checkbox"/> OUTAGE <input type="checkbox"/> CONNECTION <input type="checkbox"/> DISCONNECTION <input type="checkbox"/> SERVICE	

FROM (Name)	PHONE/FAX NO.	DATE
(Organization)	PHONE/FAX NO.	WR/CONTRACT OR PROJECT NO
Navy Contracting POC (If Contractor Originated)	PHONE/FAX NO.	PROJECT ABBREV.
LOCATION/AREA	ROM \$	
LENGTH AND DATE OF OUTAGE (MUST BE SUBMITTED TO DZSP21 14 DAYS BEFORE REQUESTED DATE)		
FIRST CHOICE:	FROM DATE/TIME:	TO DATE/TIME:
SECOND CHOICE:	FROM DATE/TIME:	TO DATE/TIME:
JUSTIFICATION		
OTHER/SPECIAL INSTRUCTIONS (SPECIFY)		
AFFECTED LOCATIONS(S): HYDRANT NO., VALUE NO., STREET NAME, ETC.		
ATTACHMENTS <input type="checkbox"/> DRAWINGS <input type="checkbox"/> PERMITS <input type="checkbox"/> SCOPE OF WORK		
AFFECTED FACILITIES		
BLDG. NO.	BLDG. NAME	BLDG. NO.
<input type="checkbox"/>		<input type="checkbox"/>
SIGNATURE _____ DATE _____ COPY TO _____		

PWC COMPTROLLER		
DATE RECEIVED	ELECTRICAL SERVICE \$	CONNECTION JO# CONSUMPTION JO#
DATE RECEIVED	WATER SERVICE \$	CONNECTION JO# CONSUMPTION JO#
DATE RECEIVED	OTHER SERVICE/SPECIFY \$	CONNECTION JO# CONSUMPTION JO#
DATE RECEIVED	COMPTROLLER POC/SIGNATURE	

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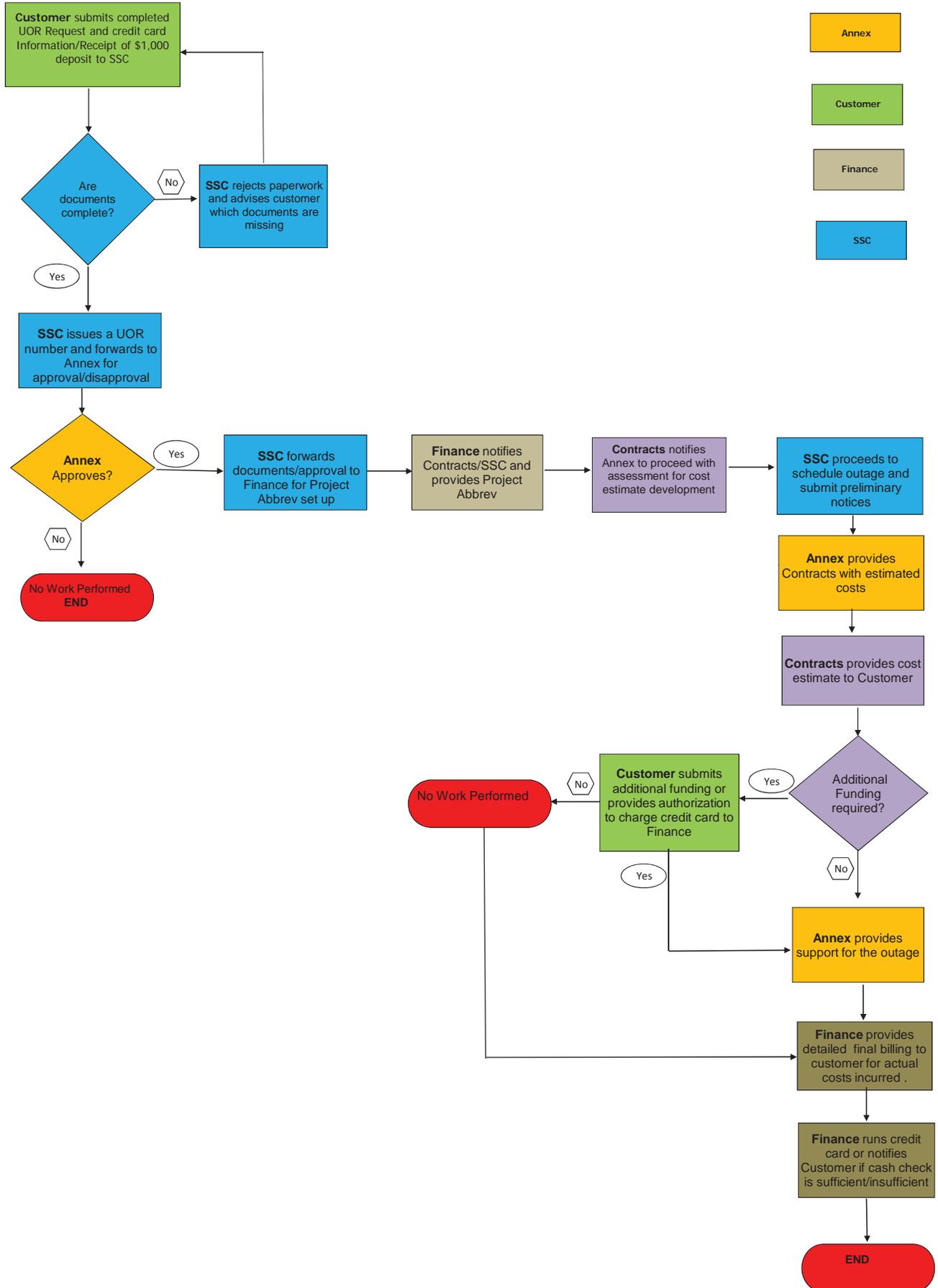
Appendix A
Utility Outage Request Form (page 2 of 2)

DZSP 21	UTILITY OUTAGE/CONNECTION/SERVICE REQUEST
	NO _____

OUTAGE COORDINATED BY DZSP 21			
ORG./DEPT NA	ME	DATE	NOTES
<input type="checkbox"/> SERVICE SUPPORT			
<input type="checkbox"/> FME (STEAM/ ELEC/ WATER/ WW)			
<input type="checkbox"/> SET			
<input type="checkbox"/> HOUSING			
<input type="checkbox"/> FIRE DEPT.			
<input type="checkbox"/> AAFB			
<input type="checkbox"/> NFM PWO/APWO			
<input type="checkbox"/> MWR			
<input type="checkbox"/> SECURITY			
<input type="checkbox"/> BLDG MANAGER			
<input type="checkbox"/> ENVIRONMENTAL			
<input type="checkbox"/> SAFETY			
<input type="checkbox"/> PAO			
<input type="checkbox"/> HOUSING			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			



Utility Outage Request



- Contracts
- Annex
- Customer
- Finance
- SSC



BOSC Utility Services

Requesting and Paying for Work Directly Through DZSP 21

The procedure for contractors to schedule and pay for utility services from the Navy Base Operations Support Contractor are as follows:

- **Contractors must submit the following required documents to Service Support Center (SSC):**

1. Completed Utility Outage/Connection/Service Request Form
2. Completed customer Payment Information Sheet.

Note: Payments made by check or credit card must be issued by the organization listed on the “Utility Outage/Connection/Service Request” form.

3. Drawings/sketches and other required documents for the appropriate Annexes.

Note: DZSP 21 will not accept any incomplete paperwork.

- **Contractors are encouraged to submit work requests via e-mail and appropriate forms will be provided upon request.**

- **Service Support Center (SSC) can be reached at (671) 333-2011 or in person in building 372 between the hours of 0730 and 1630, or via e-mail at dzsp21ssc@dzsp21.com.**

- Services including, but not limited to, water, sewer, electrical, steam or fire system outages, trailer hook-ups, and meter installations should be requested through SSC.
- DZSP 21 requires a minimum of 30 days advance notice for utility outages before the 1st requested date. NOTE: Requested dates are subject to change due to the extent of the outage requested.

- **Contractors must submit payment to DZSP 21 before any work will be scheduled.**

- DZSP 21 accepts credit cards, cash, or company checks made payable to DZSP 21 LLC.
- Credit cards – Credit card information must be submitted to DZSP 21 Finance.

- **Cash or check - A minimum deposit of \$1,000.00 is required for each Utility Outage Request. NOTE: The \$1,000.00 deposit is for DZSP 21 labor hours for the assessment of the outage. This amount does not include any costs associated with utilities consumption or meters.**

- **Upon receipt of deposit/credit card information, SSC will coordinate with the appropriate Annexes.**
 - The Annex performing the outage will assess the areas affected and provide an estimate to DZSP 21 Contracts who will then provide a cost estimate to the customer.
 - If the cost estimate is less than the \$1,000.00 deposit, the difference will be refunded to the customer once the outage is complete. However, if the estimate is greater than the \$1,000.00 deposit, the customer will need to fund the difference prior to commencement of scheduling the outage request.

- **Once the work is completed, DZSP 21 Finance will submit a detailed final invoice to the customer for the actual costs.**
 - Credit Card – DZSP 21 will charge the credit card for the actual costs of the outage if it exceeds the funded amount.
 - Cash, check or credit card – If actual costs are less than the funded amount, the refund for the difference will be issued by check to the organization listed on the “Utility Outage/Connection/Service Request” form. If actual costs are greater than the funded amount, customer will need to submit additional funding.



UTILITY OUTAGE/CONNECTION/SERVICE REQUEST NO

- STEAM AND DEMINERALIZED WATER
 ELECTRICAL POWER
 POTABLE WATER
 WASTEWATER
 OTHER (Describe)
 OUTAGE
 CONNECTION
 DISCONNECTION
 SERVICE

FROM (Name)		PHONE/FAX NO.	DATE
(Organization)		PHONE/FAX NO.	WR/CONTRACT OR PROJECT NO
Navy Contracting POC (If Contractor Originated)		PHONE/FAX NO.	PROJECT ABBREV.
LOCATION/AREA			ROM \$
LENGTH AND DATE OF OUTAGE (MUST BE SUBMITTED TO DZSP21 30 DAYS BEFORE REQUESTED DATE)			
FIRST CHOICE:	FROM DATE/TIME:	TO DATE/TIME:	
SECOND CHOICE:	FROM DATE/TIME:	TO DATE/TIME:	
JUSTIFICATION			
OTHER/SPECIAL INSTRUCTIONS (SPECIFY)			
AFFECTED LOCATIONS(S): HYDRANT NO., VALUE NO., STREET NAME, ETC.			
ATTACHMENTS <input type="checkbox"/> DRAWINGS <input type="checkbox"/> PERMITS <input type="checkbox"/> SCOPE OF WORK			
AFFECTED FACILITIES			
BLDG. NO.	BLDG. NAME	BLDG. NO.	BLDG. NAME
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
SIGNATURE		DATE	COPY TO

PWC COMPTROLLER		
DATE RECEIVED	ELECTRICAL SERVICE \$	CONNECTION JO# CONSUMPTION JO#
DATE RECEIVED	WATER SERVICE \$	CONNECTION JO# CONSUMPTION JO#
DATE RECEIVED	OTHER SERVICE/SPECIFY \$	CONNECTION JO# CONSUMPTION JO#
DATE RECEIVED	COMPTROLLER POC/SIGNATURE	

DZSP | 21**UTILITY OUTAGE/CONNECTION/SERVICE REQUEST
NO _____****OUTAGE COORDINATED BY DZSP 21**

ORG./DEPT	NAME	DATE	NOTES
<input type="checkbox"/> SERVICE SUPPORT			
<input type="checkbox"/> FME (STEAM/ ELEC/ WATER/ WW)			
<input type="checkbox"/> HOUSING			
<input type="checkbox"/> FIRE DEPT.			
<input type="checkbox"/> AAFB			
<input type="checkbox"/> NFM PWO/APWO			
<input type="checkbox"/> MWR			
<input type="checkbox"/> SECURITY			
<input type="checkbox"/> BLDG MANAGER			
<input type="checkbox"/> ENVIRONMENTAL			
<input type="checkbox"/> SAFETY			
<input type="checkbox"/> PAO			
<input type="checkbox"/> Does the project require future outages of this utility in addition to this one?			
<input type="checkbox"/> Can the work requiring this outage be incorporated into a future outage without significant negative impact on the project completion date?			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			



Customer Payment Information Sheet

Company or Command	Date
Point of Contact	Telephone & Fax No.
Address	E-mail Address

Brief Description of Work:

Payment Information Please indicate your method of payment:

Credit Card	Cash	Pre-paid/Purchase Order
--------------------	-------------	--------------------------------

If submitting payment via credit card, please fill in the following information:

Name on the Credit Card:	
Credit Card No.	Expiration Date:
Type of Credit Card: (DZSP does NOT accept AMERICAN EXPRESS) VISA or MASTERCARD	
Printed Name:	
Signature:	

(NOTE: Failure to provide this information will cause delay in processing payment).

COMPLETED BY DZSP 21

MAXIMO Work Order No.:

Project Abbreviation:

TRANSFER AND ACCEPTANCE OF MILITARY REAL PROPERTY									
Form Approved OMB No. 0704-0188									
					PAGE	OF	PAGES		
<p>The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.</p>									
<p>1. FROM (Installation/Activity/District and ZIP Code)</p>									
<p>2. DATE PREPARED (YYYYMMDD)</p>									
<p>3. PROJECT/JOB NUMBER</p>									
<p>4. SERIAL NUMBER</p>									
<p>5. TO (Installation/Activity/Service, ZIP Code & INSN0)</p>									
<p>6. SITE/INSNO/NAME</p>									
<p>7. CONTRACT NUMBER(S)</p>									
<p>8. DRAWING NUMBER(S)</p>									
<p>9. TRANSACTION DETAILS</p>									
<p>a. <input type="checkbox"/> NEW CONST. <input type="checkbox"/> EXISTING FAC. <input type="checkbox"/> CAPITAL IMP. <input type="checkbox"/> OTHER (Specify)</p>									
<p>b. <input type="checkbox"/> PHYS. COM. AVAIL. <input type="checkbox"/> BENF/O <input type="checkbox"/> PARTIAL BOD <input type="checkbox"/> FINANCIAL COM. <input type="checkbox"/> OTHER (Specify)</p>									
<p>c. <input type="checkbox"/> DRAFT <input type="checkbox"/> FINAL <input type="checkbox"/> INTERIM</p>									
<p>d. EFFECTIVE DATE (YYYYMMDD)</p>									
<p>10. ITEM NO.</p>									
<p>11. FACILITY NO.</p>									
<p>12. CATEGORY CODE</p>									
<p>13. CATCODE DESCRIPTION</p>									
<p>14. TYPE</p>									
<p>15. UNIT OF MEAS 1</p>									
<p>16. TOTAL QUANTITY UMI 1</p>									
<p>17. UNIT OF MEAS 2</p>									
<p>18. TOTAL QUANTITY UMI 2</p>									
<p>19. COST</p>									
<p>20. FUND SOURCE</p>									
<p>21. FUND ORG</p>									
<p>22. INTER-EST CODE</p>									
<p>23. ITEM REMARKS</p>									
<p>24. STATEMENT OF COMPLETION. The facilities listed hereon are in accordance with maps, drawings, and specifications and change orders approved by the authorized representative of the using agency except for the deficiencies listed on the reverse side.</p>									
<p>a. TRANSFERRED BY (Typed Name and Signature)</p>									
<p>b. DATE SIGNED (YYYYMMDD)</p>									
<p>c. TITLE (Area Engr./Base Engr./DPW)</p>									
<p>25.a. ACCEPTED BY (Typed Name and Signature)</p>									
<p>b. DATE SIGNED (YYYYMMDD)</p>									
<p>c. TITLE (DPW/RPAO)</p>									
<p>26. PROPERTY VOUCHER NUMBER</p>									

27. CONSTRUCTION DEFICIENCIES (attach blank sheet for continuations)

28. PROJECT REMARKS (attach blank sheet for continuations)

INSTRUCTIONS

GENERAL. This form has been designed and issued for use in connection with the transfer of military real property between the military departments and to or from other government agencies. It supersedes ENG Forms 290 and 290B (formerly used by the Army and Air Force) and NAVDOCKS Form 2317 (formerly used by the Navy).
Existing instructions issued by the military departments relative to the preparation of DD Form 1354 are applicable to this revised form to the extent that the various items and columns on the superseded forms have been retained. The military departments may promulgate additional instructions, as appropriate.

For detailed instructions on how to fill out this form, please refer to Unified Facilities Criteria (UFC) 1-300-08, dated 17 December 2003.

SPECIFIC DATA ITEMS.

1. **From.** Name and address of the transferring agency.
2. **Date Prepared.** Date of actual preparation. Enter all dates in YYYYMMDD format (Example: March 31, 2004 = 20040331).
3. **Project/Job Number.** Project number on a DD Form 1391 or Individual Job Order Number.
4. **Serial Number.** Sequential serial number assigned by the preparing organization (e.g., 2004-0001).
5. **To.** Name and address of the receiving installation, activity, and service of the Real Property Accountable Officer (RPAO).
6. **Site/INSNO and Name.** Site or installation number and site name where the constructed facility is located.
7. **Contract Number(s).** Contract number(s) for this project.
8. **Drawing Number(s).** Drawing number(s) or CAD identifier(s) for project components.
9. **Transaction Details.**
 - a. **Type of Transaction.** Mark (X) only one box.
 - b. **When/Event.** When or event causing preparation of DD Form 1354. X only one box.
 - c. **Version.** Draft, interim, or final DD Form 1354. X only one box.
 - d. **Effective Date.** Effective date for transaction; start date for depreciation.
10. **Item Number.** Use a separate item number for each facility, no item number for additional usages.

11. **Facility Number.** Unique facility number identified in Real Property Inventory.
12. **Category Code.** The category code describes the facility usage.
13. **Catcode Description.** The category code name which describes the facility usage.
14. **Type.** Type of construction: P for Permanent; S for Semipermanent; T for Temporary.
15. **Area: Unit of Meas 1.** Area unit of measure; use SF, SY, AC only.
16. **Total Quantity UM 1.** The total area for the measure identified in Item 15. Use negative numbers for demolition.
17. **Other: Unit of Meas 2.** Unit of Measure 2 is the capacity or other measurement unit (e.g., LF, MB, EA, etc.).
18. **Total Quantity UM 2.** The total capacity/other for the measure identified in Item 17.
19. **Cost.** Cost for each facility; for capital improvements to existing facilities, show amount of increase only.
20. **Fund Source.** Enter the Fund Source Code for this item, i.e., 01-MILCON, 02-BRAC, 03-O&M, etc.
21. **Funding Organization.** Enter the code for the organization responsible for replacing this facility at the end of its useful life, i.e., 00-Army Active, 01-Army Reserve, 02-Army National Guard, etc.
22. **Interest Code.** Enter the code that reflects government interest or ownership in the facility, i.e., 01-Owned by DoD, 02-Owned by Federal Government (non-DoD), etc.
23. **Item Remarks.** Remarks pertaining only to the item number identified in Item 10; show cost sharing.
24. **Statement of Completion.** Typed name, signature, title, and date of signature by the responsible transferring individual or agent.
25. **Accepted By.** Typed name, signature, title, and date of signature by the RPAO or accepting official.
26. **Property Voucher Number.** Next sequential number assigned by the RPAO in voucher register.
27. **Construction Deficiencies.** List construction deficiencies in project during contractor turnover inspection.
28. **Project Remarks.** Project level remarks, continuation of blocks, and used to explain "other" entries in Item 9.

	NUMBER: FME-P-0001
	EFFECTIVE DATE: 09-11-13
	REVISION: 8
DOCUMENT TYPE	
ANNEX 1501 – FACILITIES MANAGEMENT AND ENGINEERING SERVICES	
OFFICE of PRIMARY RESPONSIBILITY: ANNEX 1501	

1.0 SUBJECT: EXCAVATION PERMIT CLEARANCE PROCEDURE

2.0 PURPOSE:

The purpose of the excavation permit clearance procedure is to detail the process and requirement in receiving and issuing excavation permits for all proposed excavations within U.S. Navy property and easements.

3.0 SCOPE:

This procedure applies to DZSP 21 organizations, including requesters.

4.0 DEFINITIONS:

AAFB	Andersen Air Force Base
CAD	Computer-Aided Design
CE	Clearing Element
CEPOC	Clearing Element Point of Contact
Clearing Elements	Elements which require investigation and clearance prior to issuance of excavation permit clearance: <ul style="list-style-type: none"> - Electrical distribution - Water distribution - Communication line - Steam and hot water distribution - Sewerage - Petroleum/fuel oil lines - TV Cable - Environmental hazards and historical sites
Customer (Requester)	An entity requesting an excavation permit clearance under the following categories: <ul style="list-style-type: none"> - Funded Government - Non-Funded Government - Commercial - DZSP21 (Internal)
DZSP 21 A1501	Annex 1501 Facilities Management and Engineering Services



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DZSP 21 A1800	Annex 1800 Environmental
Easement	Strip of land used to construct and maintain underground utilities
Encroachment	Physical intrusion (location) of structure/utilities and part of structure/utilities, or land used in the area of the easement
MAXIMO	Contractor-owned Computerized Maintenance Management System (CMMS)
NAVFAC	Naval Facilities Engineering Command
NEPA	National Environmental Policy Act
POC	Point of Contact

5.0 REFERENCE DOCUMENTS:

- 5.1 PWD Guam Instruction 113310.2C *Utilities Excavation and Site Clearing Permit*
- 5.2 Base Operations Support Contract No. N40192-10-C-3000 PWS 3.5.2 *Dig Permit/Utility Underground Locating Services*
- 5.3 ENV-D-0101 *NEPA Coordinator Desk Guide*

6.0 RECORD:

Record	Responsible Organization	Retention Period
Excavation Permit Clearance Request	Facilities Management and Engineering Services	6 years and 3 months after final payment

7.0 PROCEDURE:

7.1 General

- 7.1.1 Excavation is defined as digging, grading, tunneling, trenching, vertical, and horizontal drilling below grade. Penetrations through concrete slab on grade, including asphalt and sidewalk are also treated as excavation.

Excavation permit clearance applies only for areas outside the building. This procedure requires that all required documentation to support the excavation permit clearance request shall be reviewed thoroughly for hazards.

The Excavation Permit Clearance Procedure has been established to:



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- a. Assure the safety of personnel
- b. Protect environmental and historical sensitive sites
- c. Ensure operational reliability
- d. Protect communication links
- e. Protect underground structures
- f. Ensure utilities system maps reflect existing conditions
- g. Locate and mark unknown or abandoned utilities

7.2 Pre-permit Initiation Requirement:

7.2.1 Customer shall complete and submit the following to DZSP 21 A1501 Excavation Permit POC:

- a. FME-F-0004 (a) (Current revision), *Excavation Permit Clearance Request*, (see Appendix A)
- b. Detailed scope of work
- c. Vicinity map showing location of project
- d. Site map showing boundaries of areas to excavate (preferably colored) including estimated excavation depth
- e. Outline perimeter of proposed excavation in white (whiskers, flags, or paint) at the construction site

NOTE: Excavation permit clearance request will be returned to the Customer if proposed area of excavation is not outlined at the construction site.

- f. NEPA documentation

NOTE: Excavation permit clearance will not be issued without NEPA documentation, refer to ENV-D-0101 NEPA Coordinator Desk Guide

- g. If payment is required, the following must be completed:
 - FME-F-0004 (b) (Current revision), *Excavation Payment Responsibility Form*, (see Appendix B)
 - FME-F-0004 (c) (Current revision), *Customer Payment Information Sheet*, (see Appendix C)

NOTE: All Customer payment information will be kept confidential

- h. For excavation permit clearance validity for more than 15 days, submit FME-F-0007 (Current revision), *Request for Excavation Long-Term Permit Extension*, (see Appendix E)
- i. Coordinate excavation permit clearance request with the following CEPOC, and submit cleared documents to DZSP 21 A1501 Excavation Permit POC.
 - Docomo Pacific
 - GTA Teleguam



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7.2.2 Maximum validity period of an initial excavation permit clearance is **15 calendar days from the issuance date**

7.2.3 Maximum validity period of a long-term excavation permit clearance is **six months from the issuance date**

NOTE: Customer may request for an extension of validity period. Extension of validity period shall be considered as new request following the same procedure, including payment responsibility while referencing original excavation permit number.

7.3 Requirements:

7.3.1 The following CEs must be cleared prior to excavation on:

a. U.S. Navy properties and within encroachment of easements:

- Electrical distribution
- Water distribution
- Communication line
- Steam/hot water distribution
- Sewerage
- Petroleum/oil fuel line
- TV cable line
- Environmental hazards and historical sites. Possible delay if there is no complete NEPA such as, State Historic Preservation Office (SHPO, Section 106 Consultation- as applicable), refer to ENV-D-0101 NEPA Coordinator Desk Guide

b. AAFB

- Primary electrical lines

7.3.2 When excavation permit clearance request is received, DZSP 21 A1501 Excavation Permit POC shall:

- a. Assign an excavation permit number
- b. Create a MAXIMO work order (WO)
- c. Coordinate and provide a copy of excavation permit clearance request to the following CEPOC:
 - Navy Base Communication for communication lines
 - Navy Fuel Division for petroleum/fuel oil lines
 - DZSP 21 A1800 for environmental and historical/cultural

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impact

- d. Coordinate excavation permit clearance request to CEPOC for the following clearing elements. Clearing elements are routinely cleared within five working days. Processing time begins next working day after clearance request is received.
- Electrical distribution
 - Water distribution
 - Steam/hot water distribution
 - Sewerage
 - Storm drains

7.3.3 If CEPOC returns the excavation permit clearance request with a remark or statement of pre-requisite that must be addressed prior to issuing the excavation permit, DZSP 21 A1501 Excavation Permit POC shall coordinate the requirement to the Customer. Excavation permit clearance request will be on-hold until Customer meets the pre-requisite.

7.3.4 If Customer has a comment or statement of concern, DZSP 21 A1501 Excavation Permit POC shall provide feedback to CEPOC.

7.3.5 When excavation permit clearance have been received from CEPOC, DZSP 21 A1501 Excavation Permit POC shall:

- a. Prepare final excavation permit by entering required information from original excavation permit clearance request (see Appendix A)
- b. Enter all data from clearing elements including job site POC, and CEPOC comment including verbal communication (if any). Final excavation permit clearance request becomes the excavation permit.
- c. Obtain approval signature of authorized person from DZSP21 A1501 once excavation permit is completed.
 - DZSP 21 A1501 Manager or Deputy Manager shall approve all long-term permit extension requests.
 - DZSP 21 A1501 Excavation Permit POC shall approve all excavation permits with validity dates of 15 calendar days.

7.3.6 Once the excavation permit has been signed, DZSP 21 A1501 Excavation Permit POC shall:

- a. Issue approved excavation permit to Customer through email or fax.
- b. Provide a copy of approved excavation permit to NAVFAC through email.
- c. Close MAXIMO work order (WO).



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7.4 Roles and Responsibilities:

7.4.1 CEPOC shall:

- a. Mark identified utilities per *Utility Location and Coordination Council of the American Public Works Association* (see Appendix D).
- b. Comply with applicable Federal and State Health and Safety Regulations.

7.4.2 DZSP 21 A1501 shall:

- a. Receive and process excavation permit clearance request. See Typical Permit Flow Chart (see Appendix F)
- b. Initiate and process emergency excavation permit clearance request. See Emergency Permit Flow Chart (see Appendix G)
- c. Assign personnel and resources to process excavation permit clearance
- d. Coordinate with CEPOC to clear excavation area as required by provisions of Ref. 5.3. NAVFACMAR Guam Instruction 11310.2C
- e. Mark identified and unknown utilities per Supplementary Marking (see Appendix D)
- f. Report discrepancies to DZSP 21 A1501 CAD Section to ensure utilities system maps reflect existing conditions
- g. Maintain a record of all excavation permits
- h. Update tracker to identify status of excavation permits, as required
- i. Notify Customer and NAVFAC representatives:
- j. When an excavation permit cannot be issued within five working days due to inclement weather or overload request; provide tentative issuing date.

7.4.3 The Customer shall:

- a. Maintain utility markings
- b. Comply with excavation permit clearance validity
- c. Report damage to underground utilities, structures, or historical sensitive sites as a result of permitted excavation



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8.0 EXHIBIT(S):

Appendix A : FME-F-0004 (a) (Current revision), *Excavation Permit Clearance Request*

Appendix B : FME-F-0004 (b) (Current revision), *Excavation Payment Responsibility Form*

Appendix C : FME-F-0004 (c) (Current revision), *Customer Payment Information Sheet*

Appendix D : Uniform Color Code

Appendix E : FME-F-0007 (Current revision), *Request for Excavation Long-Term Permit Extension*

Appendix F : Typical Permit Flow Chart

Appendix G : Emergency Permit Flow Chart



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9.0 APPROVAL:


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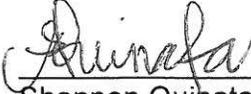
 Alain Pautard Date
 Facilities Management and
 Engineering Services Manager

CONCURRED BY:

 Concepcion.Shiela.R.ORB10
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 Shiela Concepcion Date
 Quality Manager

CONCURRED BY:


 Shannon Quinata 10/22/13

 Shannon Quinata Date
 Contracts Manager

CONCURRED BY:

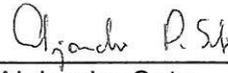

 O'Neal McAfee 10-22-13

 O'Neal McAfee Date
 Project Safety Manager

CONCURRED BY:

Suzuki.Joseph.W.ORB1000023229.ID
 1000023229.ID
Digitally signed by Suzuki.Joseph.W.ORB1000023229.ID
 DN: cn=US, o=U.S. Government, ou=ECA, ou=ORB, ou=DZSP
 21 LLC, c=Suzuki.Joseph.W.ORB1000023229.ID
 Date: 2013.10.07 11:44:26 +10'00'
 Joseph "Bill" Suzuki Date
 SRM Manager

CONCURRED BY:


 Alejandro Soto 10/8/13

 Alejandro Soto Date
 Environmental Manager

CONCURRED BY:


 Arnold Acojido 10-21-13

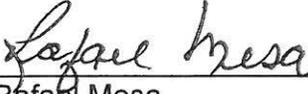
 Arnold Acojido Date
 Facilities Services Manager

CONCURRED BY:


 Anna Sanchez 10/22/13

 Anna Sanchez Date
 Power System Manager

CONCURRED BY:


 Rafael Mesa 10/23/13

 Rafael Mesa Date
 Water System Manager

CONCURRED BY:

WEAKLEY.DAVID.W.13
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 ou=CONTRACTORS, cn=WEAKLEY.DAVID.W.1398115585
 Date: 2013.10.07 14:59:11 +10'00'
 David Weakley Date
 Wastewater System Manager

APPROVED BY:


 Mark W. Lopez 10/24/13

 Mark W. Lopez Date
 Public Works Director (PWD)

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**APPENDIX A
EXCAVATION PERMIT CLEARANCE REQUEST**



ANNEX 1501 FACILITIES MANAGEMENT AND ENGINEERING SERVICES

EXCAVATION PERMIT CLEARANCE REQUEST PERMIT NO. _____			
To be completed by Requestor			
1 FROM (DEPT/ACTIVITY)	2 JOB NO	3 WORK REQUEST NO	4 DATE
5 TO DZSP 21 FACILITY MANAGEMENT AND ENGINEERING SERVICES		6 CONTRACT/ID/ID NO	7 DATE REQUIRED
8 AREA STAKED BY REQUESTOR (NOTE: REQUEST WILL BE RETURNED IF PROPOSED AREA OF EXCAVATION IS NOT OUTLINED/ MARKED AT THE CONSTRUCTION SITE)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
9 EXCAVATION DEPTH		10 LOCATION AREA	
11 METHOD OF EXCAVATION <input type="checkbox"/> HAND TOOLS <input type="checkbox"/> OTHER (INDICATE) _____ <input type="checkbox"/> DITCHER <input type="checkbox"/> POWER SHOVEL <input type="checkbox"/> POWER EXCAVATOR		12 SERVICES IDENTIFIED ON PLANS <input type="checkbox"/> A) ELECTRICAL DISTRIBUTION <input type="checkbox"/> E) SEWERAGE <input type="checkbox"/> B) WATER DISTRIBUTION <input type="checkbox"/> F) PETROLEUM/FUEL OIL LINES <input type="checkbox"/> C) COMMUNICATION LINE <input type="checkbox"/> G) TV CABLE <input type="checkbox"/> D) STEAM/HOT WATER DISTRIBUTION	
13 SCOPE OF WORK			
14 HAS NEPA DOCUMENTATION BEEN COMPLETED? NOTE: IF NEPA HAS NOT BEEN COMPLETED FOR THE PROJECT, EXCAVATION PERMIT WILL NOT BE PROCESSED. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT Required per Environmental (See attached exclusion)			
15 JOB SITE POINT OF CONTACT		16 TELEPHONE FAX NOS	17 SIGNATURE CODE

FME-F-0004 (a) Current Revision

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ANNEX 1601 FACILITIES MANAGEMENT AND ENGINEERING SERVICES

To be completed by DZSP 21 and approving officials

CLEARANCE REVIEW/APPROVAL		
CLEARING ELEMENTS	REMARKS	SIGNATURE/CODE
A) ELECTRICAL DISTRIBUTION		
B) WATER DISTRIBUTION		
C) COMMUNICATION LINE		
D) STEAM/HOT WATER DISTRIBUTION		
E) SEWERAGE		
F) PETROLEUM/FUEL OIL LINES		
G) TV CABLE <input type="checkbox"/> MARIANAS CABLE VISION (MCV) <input type="checkbox"/> GTA TELEGUAM		
ENVIRONMENTAL		
1C REMARKS		
<small>The excavation permit does not grant easement to the U.S. Navy land or right of way. The requester shall secure and provide proof of authority from the owner in writing of the land where the excavation is required prior to release of this permit. This requirement is for private parties only as defined in P.F.C.S. 11310.2C. Normal engineering diligence was used in determining the possible existence of underground utilities and other items in the area covered by this permit. However, research capabilities are limited by outdated maps and other historic equipment limitations. For this reason, the issuance of this permit provides no representation or guarantee of the underground conditions you may encounter and you assume total responsibility and risk associated with the work under this permit. If any damages occur due to improper marking or subcontractor negligence, the Subcontractor must contact DZSP 21 immediately. Prior to repair of any utility lines, an inspection and approval to proceed must be conducted by DZSP 21. Contact DZSP 21 Facility Management and Engineering Services, Dig Permit at 339-5206 or 339-4306 (Afterhours).</small>		
19 IS EXPLOSIVE SAFETY SUBMISSION COMPLIANCE REQUIRED? <small>NOTE: FOR DZSP21 INTERNAL REQUESTS AND DZSP21 CONTRACTED WORK, EXCAVATION PERMIT WILL NOT BE APPROVED WITHOUT A PROJECT SPECIFIC MEC/NO CLEARANCE WORK PLAN. FOR ALL OTHERS, EDC COMPLIANCE IS THE RESPONSIBILITY OF THE REQUESTING DEPARTMENT/ACTIVITY (SEE BLOCK NO. 1). CONTACT N8G PWD AT 339-1326 FOR COMPLIANCE REQUIREMENTS.</small> <input type="checkbox"/> YES (See Note) <input type="checkbox"/> NO <input type="checkbox"/> Work Plan Approved		
20 CLEARANCE VALID UNTIL	21 APPROVAL <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	22 DATE 23 SIGNATURE

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**APPENDIX B
EXCAVATION PAYMENT RESPONSIBILITY FORM**



ANNEX 1501 FACILITIES MANAGEMENT AND ENGINEERING SERVICES

EXCAVATION PAYMENT RESPONSIBILITY FORM

Determine what customer's ACRN will pay for the utilities excavation permit request

Contractor Name:	
Address:	
Phone No.	Fax No.
Email address:	
CME Name:	Contact No.
ET Name:	Contact No.
<input type="checkbox"/> MCAF Title: _____ MILCON (e.g. Arclight Realignment or Construct Gym Addition)	
<input type="checkbox"/> NAVY	
Request DZSP 21 LLC to perform construction clearance for Contract No. _____	
T.O No. _____	at _____ <small>(specify location)</small>

For Navy projects, the Annex 1501 COR or PAR must approve. For Housing projects, the appointed Ordering Officer must approve. Government Rep will ensure that funds are available under the appropriate Annex 1501 ACNR prior to work being requested

Routing: -- Contractor shall submit completed form/paperwork to the CME or ET
 -- CME or ET will submit form to
 -- A 1501 COR or PAR for submission to DZSP 21

Please indicate ACNR to be charged:

ACNR _____

Credit Card X X X X - X X X X - X X X X - _____ \$1,650 (contract amount \$1,000 or greater) \$525 (contract amount less than \$1,000)

Requests for non-Navy projects must have an established ACNR or pay by credit card

No ACNR - Contractor shall pay DZSP 21 directly

CONTRACTING OFFICER REPRESENTATIVE (COR)

Print Name, Government Rep assigned to contract (COR, PAR, or Ordering Officer)

Signature (COR, PAR or Ordering Officer)

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APPENDIX C CUSTOMER PAYMENT INFORMATION SHEET



ANNEX 1501-FACILITIES MANAGEMENT AND ENGINEERING SERVICES

CUSTOMER PAYMENT INFORMATION SHEET

Company or Command	Date
Point of Contact	Telephone and Fax No
Address	E-Mail Address

Brief Description of Work

Payment Information

Please indicate your method of payment:

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Pre-paid
--------------------------------------	-------------------------------	-----------------------------------

If submitting payment via credit card, please fill in the following information:

Name on the Credit Card	
Credit Card No	Expiration Date
Type of Credit Card (DZSP 21 does NOT accept AMERICAN EXPRESS)	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Printed Name:	
Signature	

**(NOTE: Failure to provide this information will cause delay in processing payment).
Please email this to: DZSP21CommercialProject@dzsp21.com or Fax it to 479-3987-Finance.**

TO BE COMPLETED BY DZSP 21

MAXIMO Work Order No	Project Abbreviation
----------------------	----------------------

FME-F-0004 (c) Current Revision

Printed document may be obsolete-validate before use.

Printed 9/19/2013



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EXCAVATION PERMIT CLEARANCE PROCEDURE	DOCUMENT NO. FME-P-0001	REV NO. 8	EFFECTIVE DATE 09-11-13	PAGE OF 13 16
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**APPENDIX D
UNIFORM CODE**

UNIFORM COLOR CODE

Utility Location and Coordination Council of the American Public Works Association

	RED	Electrical Power Lines (by DZSP21)
	YELLOW	Steam or Gaseous Materials (by NAVY)
	BLUE	Water Distribution Lines (by DZSP21)
	GREEN	Sewer and Storm Drains (by DZSP21)
	WHITE	Proposed Excavation (by requester)
	ORANGE	Comm. (by NAVY) and TV Cable Lines (by GTA, MCV)

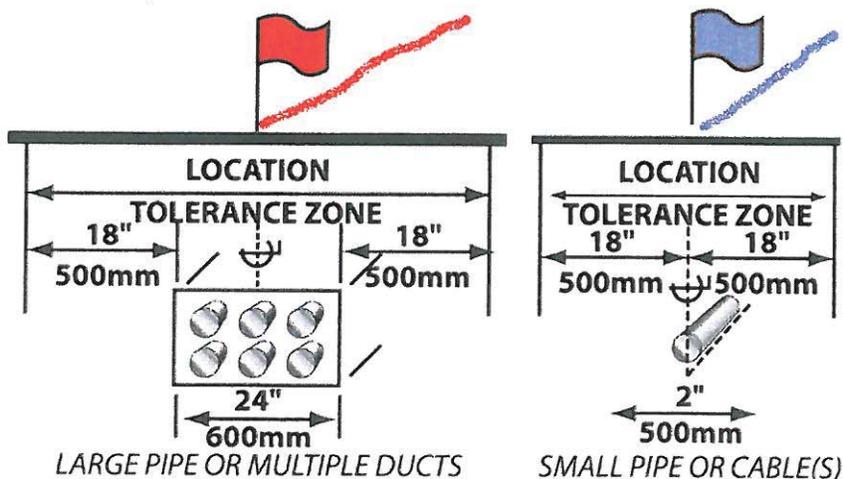
SUPPLEMENTARY MARKING

By DZSP21

	?	RED	Unknown or Abandoned Utilities (by DZSP21)
	E	RED	Electrical Power Lines (by DZSP21)

NOTES:

- Unknown or abandoned utilities are marked in red with a “?”.
- Initial survey by Ground Penetrating Radar (GPR) are marked with dots (Unspecified color)



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EXCAVATION PERMIT CLEARANCE PROCEDURE	DOCUMENT NO. FME-P-0001	REV NO. 8	EFFECTIVE DATE 09-11-13	PAGE OF 14 16
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**APPENDIX E
REQUEST FOR EXCAVATION LONG-TERM PERMIT EXTENSION**



**ANNEX 1501-FACILITY MANAGEMENT AND ENGINEERING SERVICES
REQUEST FOR EXCAVATION LONG-TERM PERMIT EXTENSION**

Contractor: _____
Project Number/Title: _____
Location: _____
Validity of Requested Permit: _____
Contractor's Signature: _____
Date: _____

The Contractor listed herein, by accepting this Dig Permit Extension, assumes all risk of damage and/or loss to any underground utilities, structures, and/or historically sensitive sites as a result of any excavation or other activity covered by this Dig Permit and agree to indemnify and hold DZSP 21 LLC harmless from and against any such liabilities. This assumption of risk extends final acceptance of the work by the Government or DZSP 21 LLC, or until DZSP 21 issues a renewed dig permit following the Utility Excavation Permit process. The Contractor receiving the permit is solely held responsible for all work under this permit, whether performed by the Contractor or others. The Contractor is responsible for maintaining the visibility of all paint markings for the duration of this permit extension. The Contractor is encouraged to stake or flag the paint markings in the event the paint markings become non-visible. The Contractor can request DZSP 21 re-mark the area if there are questions regarding the locations of the original paint markings. If any damages occur due to improper marking or Subcontractor negligence, the Subcontractor must contact DZSP 21 immediately. Prior to repair of any utility lines, an inspection and approval to proceed must be conducted by DZSP 21. Contact DZSP 21 Facility Management and Engineering Services, Dig Permit at 339-8296 or 339-4386 (Alternate). The Contractor shall have a copy of the permit on the job site at all times.

Official Use Only

Dig Permit No.: _____ **MAXIMO Number:** _____

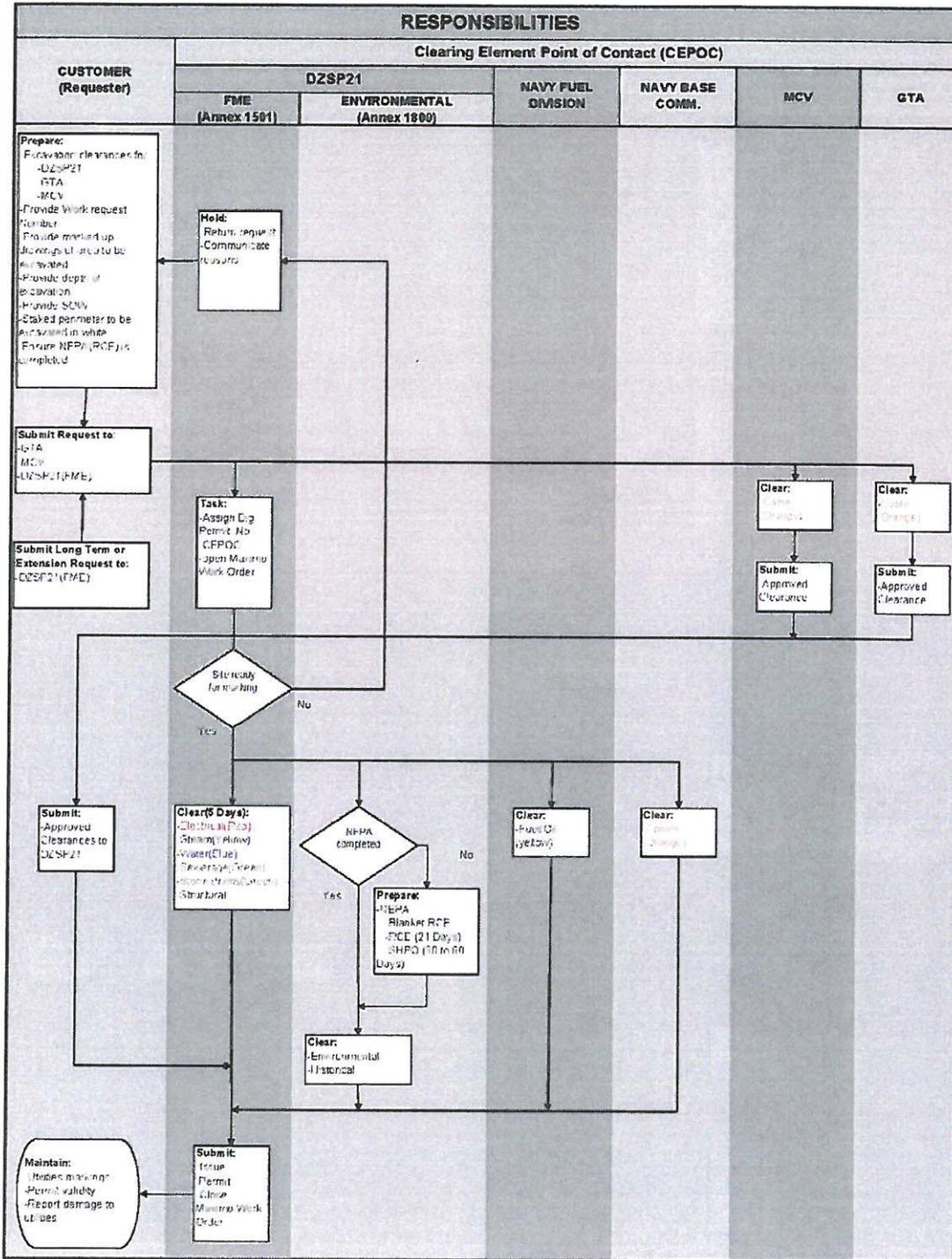
DZSP 21 Facilities Engineering Manager Approval:

Print Name: _____
Signature: _____
Date: _____



EXCAVATION PERMIT CLEARANCE PROCEDURE	DOCUMENT NO. FME-P-0001	REV NO. 8	EFFECTIVE DATE 09-11-13	PAGE OF 15 16
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APPENDIX F TYPICAL PERMIT FLOW CHART

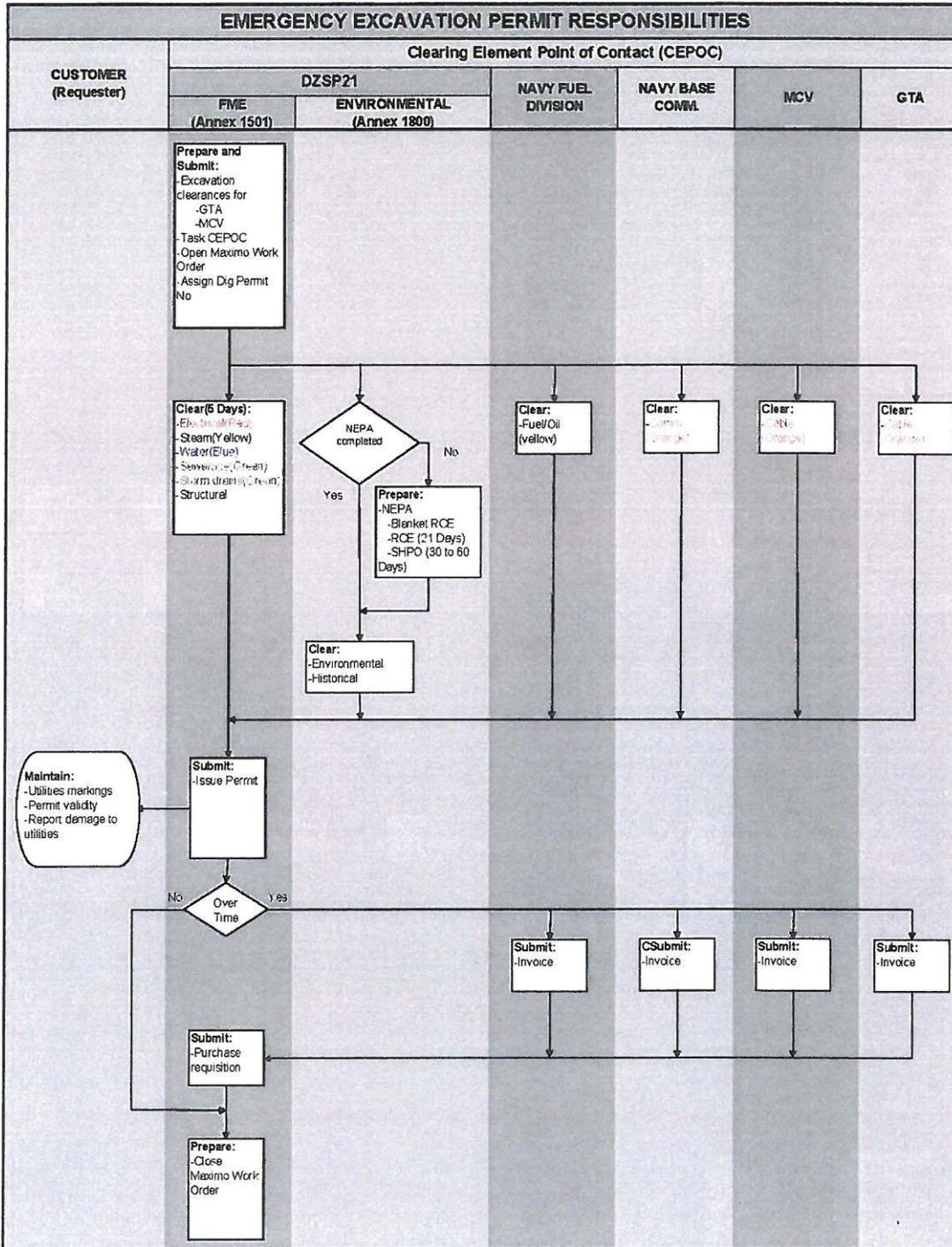


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EXCAVATION PERMIT CLEARANCE PROCEDURE	DOCUMENT NO. FME-P-0001	REV NO. 8	EFFECTIVE DATE 09-11-13	PAGE OF 16 16
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**APPENDIX G
EMERGENCY PERMIT FLOW CHART**



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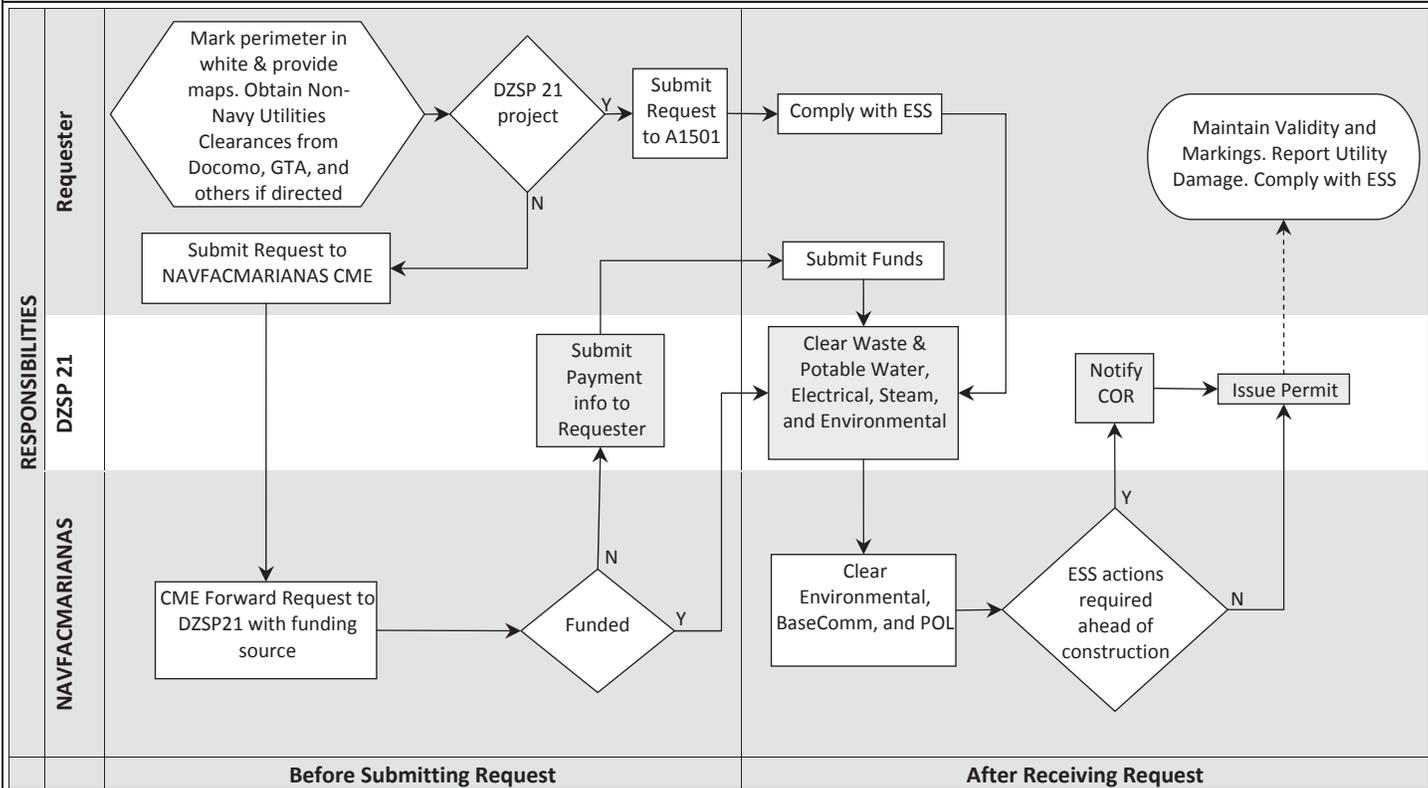
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ANNEX 1501 FACILITIES MANAGEMENT AND ENGINEERING SERVICES

U.S. NAVAL BASE GUAM
EXCAVATION PERMIT CLEARANCE REQUEST PERMIT NO. _____

SECTION A – EXCAVATION PERMIT PROCESS FLOWCHART AND COLOR CODE MARKINGS



UNIFORM COLOR CODE

Utility Location and Coordination Council of the American Public Works Association

COLOR		CLEARANCE RESPONSIBILITIES
	WHITE	Proposed Excavation by Requester
	PINK	Survey by Surveyor
	RED	Electrical by DZSP 21
	YELLOW	Petroleum, Oil, & Lubricant (POL) by Fuel Division Steam by DZSP 21
	ORANGE	Communication line by BaseComm Cable Television by GTA and Docomo Pacific
	BLUE	Potable Water by DZSP 21
	GREEN	Waste water by DZSP 21

NOTES:

- Initial survey by Ground Penetrating Radar (GPR) are marked with dots (Unspecified color)
- Unknown or abandoned utilities are marked in RED with a “?”
- “E” denotes electrical



ANNEX 1501 FACILITIES MANAGEMENT AND ENGINEERING SERVICES

SECTION B – EXCAVATION PERMIT/CLEARANCE REQUEST <i>(To be completed by Requester)</i>		
NOTE: Non-Navy utilities require clearances. Directly communicate with respective owner for excavation requests and clearances. Forward approved/signed documents to be attached with this request. This excavation permit will not be release without clearance documents from Docomo Pacific and GTA TeleGuam. Others may be required as applicable.		
1. FROM (ANNEX/DEPT/CONTRACTOR'S NAME)	2. WORK ORDER NO.	3. DATE (MM/DD/YYYY)
4. LOCATION OF EXCAVATION (Specify the Bldg. no./area) <input type="checkbox"/> Within DoD Property _____ <input type="checkbox"/> Outside DoD Property _____	5. CONTRACT/MEMO NO.	
6. HOW IS THE EXCAVATION AREA OUTLINED/MARKED? (NOTE: Request will be returned if area of excavation is not outline/marked at the construction site) <input type="checkbox"/> White paint <input type="checkbox"/> White flags (do not use flags with metal rods) <input type="checkbox"/> Other (Specify) _____		7. EXCAVATION DEPTH
8. METHOD OF EXCAVATION (Check all applicable) <input type="checkbox"/> Hand Tools <input type="checkbox"/> Ditcher <input type="checkbox"/> Power Shovel <input type="checkbox"/> Power Excavator <input type="checkbox"/> Other (Specify)	9. ACTIVITIES (Check all applicable, if any) <input type="checkbox"/> Vegetation Clearing <input type="checkbox"/> Requester in block no.1 is the MEC contractor <input type="checkbox"/> Collecting samples; installing erosion control materials, fence posts, sign posts, rods, anchors; vertical drilling, boring <input type="checkbox"/> Excavation limited to an existing trench foot print <input type="checkbox"/> Grading <input type="checkbox"/> Non DoD Project	<input type="checkbox"/> Routine/Preventive Maintenance <input type="checkbox"/> Modification/Demolition to a building or structure <input type="checkbox"/> Trenching new utilities <input type="checkbox"/> Penetrations through concrete slab on grade, including asphalt and sidewalk <input type="checkbox"/> Penetrations through existing building concrete slab <input type="checkbox"/> Excavation in the vicinity of wetland/navigable waters <input type="checkbox"/> Other (Specify) _____
10. PROJECT TITLE	11. REQUESTED PERMIT VALIDITY (MM/DD/YYYY)	
12. SCOPE OF WORK		
<p>This permit does not grant encroachment to DoD easement or right of way, unless Requester has permission from the land owner(s). Engineering diligence was used in determining the location of underground utilities and other items. However, research capabilities are limited by outdated maps and other intrinsic equipment limitations. For this reason, the issuance of this permit provides no representation or guarantee of the underground conditions you may encounter. The Contractor, by accepting this Dig Permit, assumes all risk of damage and/or loss to any underground utilities, structures, and/or historically sensitive sites as a result of any excavation or other activity and agrees to indemnify and hold DZSP 21 LLC harmless from and against any such liabilities. This assumption of risk extends until final acceptance of the work by the Government or DZSP 21 LLC. The Contractor receiving the permit is solely held responsible for all work under this permit, whether performed by a Sub-contractor or others. The Contractor is responsible for maintaining the visibility of all temporary paint markings for the duration of this permit. The Contractor is encouraged to stake or flag the markings. The Contractor can request DZSP 21 to re-mark the utilities based on funding availability. If any damages occur, contact DZSP 21 immediately. Prior to repair of any utility lines, an inspection and approval to proceed must be conducted by DZSP 21. Contact DZSP 21 Facility Management and Engineering Services, Dig Permit at 339-4386. The Contractor shall comply with ESS. The Contractor shall have a copy of the permit on the job site at all times. Submit all dig permit correspondence to DZSP21Annex1501DigPermitTeam@dzsp21.com</p>		
13. NAVFACMARIANAS CONSTRUCTION MANAGEMENT ENGINEER (CME)/CONTACT NO.		
14. JOB SITE POINT OF CONTACT/CONTACT NO.	15. REQUESTOR SIGNATURE	16. TELEPHONE/FAX NOS.
SECTION C – PAYMENT RESPONSIBILITY <i>(To be completed by NAVFACMARIANAS CME)</i>		
1. FUNDING SOURCE (ACRN or Flat rate) <input type="checkbox"/> ACRN: _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Flat rate (Contractor shall pay DZSP 21 directly) </div> <div style="width: 50%;"> <input type="checkbox"/> \$525 (Contract Amount less than \$750K) <input type="checkbox"/> \$1,650 (Contract Amount \$750K and greater) </div> </div>		
2. NAME OF APPROVING GOVERNMENT REPRESENTATIVE (COR/PAR)	3. SIGNATURE (COR/PAR)	



ANNEX 1501 FACILITIES MANAGEMENT AND ENGINEERING SERVICES

SECTION D – CLEARANCE APPROVAL (To be completed by DZSP 21)			
CLEARING ELEMENTS	REMARKS	SIGNATURE	
1. NAVY ELECTRICAL DISTRIBUTION			
2. NAVY POTABLE WATER DISTRIBUTION			
3. NAVY STEAM DISTRIBUTION			
4. NAVY WASTE WATER DISTRIBUTION			
5. ENVIRONMENTAL	(See attached Clearance, reference Form. no. ENV-F-0120/Annex 1800 document)		
SECTION E – CLEARANCE REVIEW/APPROVAL (To be completed by NAVFAC MARIANAS, coordinated by DZSP21)			
1. NAVY COMMUNICATION LINE (by BaseComm)			
2. NAVY POL (by Fuel Division)			
SECTION F – CLEARANCE REVIEW/APPROVAL (To be provided by Requester)			
1. OTHERS (Non NAVY Utilities) (by respective owner)	(See attached Clearance documents submitted by CME/Requester)		
<input checked="" type="checkbox"/> DOCOMO PACIFIC <input type="checkbox"/> GPA <input checked="" type="checkbox"/> GTA TELEGUAM <input type="checkbox"/> GWA <input type="checkbox"/> Others (Specify) _____			
SECTION G – ESS COMPLIANCE/UNEXPLODED ORDNANCE (MEC/MPPEH) (To be completed by DZSP 21)			
Per Explosives Safety Submission Munitions Response Sites GUAM CONSTRUCTION SUPPORT, Amendment series. <i>NOTE: For DZSP21 internal requests and DZSP21 contracted work, Excavation Permit will not be approved without ESS Compliance. For all others, ESS Compliance is the responsibility of the requesting Department/Activity (See section B1). Contact NBG PWD AT 333-1326 for compliance requirements.</i>			
LIKELIHOOD (See JRM ESS Figures 1-2 Series)	ACTION REQUIRED AHEAD OF CONSTRUCTION (For DZSP 21 INTERNAL ONLY)	TECHNIQUE (For DZSP 21 INTERNAL ONLY)	DIRECTION
<input type="checkbox"/> Not Applicable (Non DoD Project) <input type="checkbox"/> Low (Green)			<input type="checkbox"/> No action required ahead of construction. Construction site is managed as a low likelihood area.
<input type="checkbox"/> Moderate (Yellow) or High (Red). Site requires compliance for the construction foot-print to applicable depths	<input type="checkbox"/> Full Clearance <input type="checkbox"/> Mitigation Work plan	<input type="checkbox"/> Surface Clearance <input type="checkbox"/> Intrusive Investigations	<input type="checkbox"/> Actions required ahead of construction <input type="checkbox"/> Execute per attached documentation(s)
		<input type="checkbox"/> Execute Excavation per Anomaly Avoidance technique as per JRM ESS Sec 6.1.5.	
SECTION H – REMARKS/CAVEATS/VALIDITY/APPROVAL (To be completed by DZSP 21)			
<p>If unexploded ordnance is uncovered, STOP EXCAVATION, and call the following:</p> <ul style="list-style-type: none"> - 911 - JRM Region Operation Center (ROC) at 349-4004 - NBG Emergency Operation Center (EOC) at 339-7760/7338 <p>If any utility damages occur, contact DZSP 21 Service Support Center (SSC) at 339-4400.</p> <p>If any inadvertent archeological discovery, STOP WORK, and contact NAVFAC Environmental at 339-2093.</p> <p>Upon project completion, discard utility marking flags, if any.</p>			
1. CLEARANCE VALID UNTIL (MM/DD/YYYY)	2. SIGNATURE	3. DATE (MM/DD/YYYY)	

UTILITY OUTAGE COORDINATION
Andersen Air Force Base, Guam

DATE SUBMITTED: _____

-Areas 1-3 to be completed by requester
 -Areas 4-7 must be completed by requester & project inspector
 10 days prior to outage.

DATE OF UTILITY OUTAGE:

TIME:

1. REASON:

2. See Attachment

3. REQUESTER'S NAME, COMPANY, UNIT, AND CONTACT NUMBER

4. PUBLIC ANNOUNCEMENT USED: BASE BULLETIN PACIFIC EDGE CHANNEL 28

5. COORDINATED WITH: (BY VISIT / PHONE)

NAME AND DATE/TIME CONTACTED

A. ELECTRICAL SUPPORT SYSTEM	366-4275	24-hr notification rqrd
B. POWER PRODUCTION SUPPORT	366-5203	24-hr notification rqrd
C. INFRASTRUCTURE SUPPORT	366-5028	
D. FIRE DEPT ALARM CONTROL CENTER	366-5284	24-hr notification rqrd
E. COMMUNICATIONS	366-2626	
F. UTILITIES/WATER SUPPORT	366-4305	
G. CHIEF, ENGINEERING FLIGHT	366-1178	
H. 554 RED HORSE (1LT UNDERWOOD)	366-6115	
I. DZSP 21 ELECTRICAL SUPPORT	333-2011	24-hr notification rqrd

6. OUTAGE COMMAND NOTIFICATION

COMMANDER, 36TH CIVIL ENGINEER SQUADRON_____
DATE_____
TIME

7. OUTAGE AUTHORIZATION SIGNATURE

CHIEF, OPERATIONS FLIGHT_____
DATE_____
TIME

8. RETURN TO CES CUSTOMER SUPPORT

OPERATIONS MANAGEMENT REPRESENTATIVE_____
DATE_____
TIME

UTILITY OUTAGE COORDINATION
Andersen Air Force Base, Guam

DATE SUBMITTED: _____

-Areas 1-3 to be completed by requester
 -Areas 4-7 must be completed by requester & project inspector
 10 days prior to outage.

2. BLDG #	PRINT	SIGNATURE	PHONE	DATE/TIME
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				
M.				
N.				
O.				
P.				
Q.				
R.				
S.				
T.				
U.				
V.				
W.				
X.				
Y.				
Z.				
AA.				
BB.				
CC.				
DD.				
EE.				
FF.				
GG.				
HH.				
II.				
JJ.				
KK.				
LL.				
MM.				



Electrical Outage Notice
N40192-09-D-2706-0011 Replace
Outdated/Deteriorated/Switchgears - Outage Scheduled for
08 and 15 February, 2015



- Facilities Affected
 - B25009 – Kosrae Hall
 - B25045 – Gymnasium
 - B25014 - Chiller
 - B25010 – Magellan Inn
 - B25017 – Rota Hall
 - B27005 – Dormitory
 - B1088 – Cart Parking
 - B1098 – Lift Station
 - B1091 – Golf Course Clubhouse
 - B28140- Pump Station
- Facilities Affected BY A/C only;
 - B25016 –Palau Hall
 - B25007 - Saipan Hall
 - B25003 – Billeting
 - B27000 – Phonapie – Hall
 - B27001 – BEQ
 - B25005 – Hot Spot/Bowling Alley
- Projected Dates/Time
 - **08 and 15 February 2015, 0800-1800**
- Coordinating Agencies
 - 36 CES: Mr. Edwin Leonin, 366-5746
 - 36 CES: Roger Nafrada, 366-2558
 - AAFB DZSP
 - AAFB Power Shop
- Details
 - Removal of existing 250MCM cable from existing SW to MH's at SW 148 to SW 154
 - Install new 350MCM cable from MH's to SW.
 - Install Primary Switches at SW 148 to SW 154.

SAMPLE NOTICE