SECTION J TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS TABLE OF CONTENTS	
ATTACHMENT NUMBER	**ATTACHMENT TITLE**
J-0200000-01	Definitions and Acronyms
J-0200000-02	References, Instructions, Directives and Technical Documents
J-0200000-03	Wage Determinations
J-0200000-04	Forms
J-0200000-05	Government-Furnished Property, Materials, and Services
J-0200000-06	Exhibit Line-Item Numbers
J-0200000-07	Invoicing Procedures
J-0200000-08	Deliverables
J-0200000-09	Work Breakdown Structure

SECTION J TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS TABLE OF CONTENTS	
ATTACHMENT NUMBER	**ATTACHMENT TITLE**
J-1503030-01	Definitions and Acronyms
J-1503030-02	References, Instructions, Directives and Technical Documents
J-1503030-03	Common Output Level Standards (COLS)
J-1503030-04	Site Maps and Locations
J-1503030-05	Location and Frequency Historical Data
J-1503030-06	Tire and Wood Material Collection Points
J-1503030-07	Deliverables

ATTACHMENT J-0200000-01 DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES	
Title	**Description**
Accident Prevention Plan (APP)	A written plan created by the Contractor that states the safety training, prevention of hazards, corrective measures, safety policy, etc. in accordance with work requirements.
Activity Hazard Analysis (AHA)	A written plan created by the Contractor that states elimination or prevention methods for recognized hazards.
Alternate Contracting Officer's Representative (ACOR)	That individual specifically appointed by the Contracting Officer, either orally or in writing, who has been assigned responsibility for executing the requirements of this contract who acts as an alternate when the COR is not available.
Assessment	A general term referring to either a survey or inspection of a facility to determine condition.
Asset	A general term used to refer to an item, such as a component, system, building or facility, which is managed by an automated data management program.
Business Management System (BMS)	A web-based tool that provides a systematic method for the management of business processes, common practices, and process quality improvements that produce and support the most efficient and effective delivery of NAVFAC's products and services.
Competent Person	A person who has the professional experience and training necessary to identify existing and predictable hazards at a work or service environment, and who has the authority to take prompt and corrective action to eliminate or remove dangers from the environment.
Component Inventory Management Unit (CIMU)	An organization of like-kind real property into manageable maintenance units. CIMU is a building component, group of components or component assemblies, serving a specific purpose in a facility that can be expected to follow a common and predictable lifecycle behavior. This class of non-equipment will include items such as exterior walls, exterior windows, interior finish, and roofs. This class of equipment will include items such as fan coil units, air handling units, lighting, and water closets. CIMUs can include one or more items of installed equipment typically subject to routine scheduled maintenance.
Confined Work Space	A space that is large enough and so configured that a person may bodily enter a space (such as in tanks, vessels, silos, storage bins, hoppers, vaults, pits, and like spaces where there is limited means of entry) and is hindered or restricted from escaping during an emergency.
Contract Discrepancy Report (CDR)	A report issued by the Performance Assessment Representative (PAR) to the Contractor when performance is unsatisfactory. The CDR requires the Contractor to explain, in writing, why performance is unsatisfactory, how performance will be returned to satisfactory levels and how re-occurrence of the problem will be presented or corrected in the future. The CDR shall be responded to within one (1) business day.
Contracting Officer (KO)	That individual with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings. The term includes certain authorized representatives of the Contracting Officer acting within the limits of their authority as delegated by the Contracting Officer.
Contracting Officer Representative (COR)	That individual specifically appointed by the Contracting Officer, either orally or in writing who has been assigned responsibility for executing the requirements of this contract.
Contractor	That entity or its representative responsible for the delivery of the services or materials specified in this contract, as designated by contract award. The term Contractor as used herein refers to both the prime Contractor and any subcontractors. The prime Contractor shall insure that subcontractors comply with the provision of this contract.
Contractor Representative	That individual appointed by the Contractor, either orally or in writing, who has been assigned responsibility for executing the requirements of this contract.

ATTACHMENT J-0200000-01

DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
Contractor Quality Control (CQC)	A competent and qualified Contractor employee responsible for ensuring that services and goods are provided in a timely manner and are in compliance with the specifications of this contract. A qualified CQC shall be responsible for managing and implementing the QMS program for this contract and possess experience and knowledge in quality control. The CQC shall be deemed qualified by the NAVFAC Marianas Technical Branch Manager.
Contractor QM Component of QMS	The QM component evaluates whether the service or product meets the contract performance objectives and standards. QA is based on a written plan describing the evaluation approach and techniques that will be applied.
Contractor QC Component of QMS	The QC component evaluates the production process based on a written plan. The plan contains the Contractor production procedures and work processes, quality checks conducted during production, and a methodology to adjust processes as indicated by the quality checks. The Contractor shall establish and maintain a QC inspection system in accordance with the FAR Clause 52.246-4, INSPECTION OF SERVICES – FIXED PRICE, to ensure that the work performed conforms to the contract requirements. The Contractor shall maintain a file of all scheduled and performed QC inspections, inspection results, and dates and details of corrective and preventive actions. The file shall be the property of the Government and made available during the Government's regular working hours. The file shall be turned over to the ACO within five (5) calendar days of completion/termination of the contract. This inspection system also applies to Indefinite Quantity items.
Direct Material Costs	The actual vendor invoice charges for materials used for performance of work under this contract. Direct material costs shall include transportation charges when such charges are included on the invoice by the vendor, as well as any discounts allowed for prompt payment and discounts or rebates for core value or salvage value that accrue to the Contractor. When questions arise concerning the cost of materials, material costs will be based on the lowest of quotes provided by the Contractor from at least three different commercial vendors for the direct material cost. The Government retains the right to obtain additional quotes in questionable situations. The lowest price will be used.
Electronic Operation And Maintenance And Support Information (eOMSI)	A set of consultant-prepared data and document files that contain detailed, as-built technical information that describes the efficient, economical and safe operation, maintenance and repair of a facility, plant, equipment or system throughout its life cycle. Generally it is prepared during construction and submitted upon completion of a new facility or major facility upgrade. eOMSI's typically include asset information, staffing and budgeting information, supply support including critical spare parts, operating procedures, troubleshooting and diagnostic guides, extended warranty data, maintenance task frequencies and documentation, technical data, repair procedures and manufacturer's product data. eOMSI data and document files are provided in electronic formats.
Equipment	Tangible asset that is functionally complete for its intended purpose, durable, and non-expendable.
Facility	A building or structure designed and created to serve a particular function.
Facility Structures	Buildings, sheds, utility lines, and drainage pipes on the facility.
Fixed Burden Rate (FBR)	The additional costs (expressed in percent of direct material cost) for ordering, handling, and stockpiling materials and repair parts. For example, if the offeror's Fixed Burden Rate for materials in the Base Period is 10% then: $100,000.00 + ($100,000.00 x 10%) = $110,000.00 The Government will compensate the Contractor for the required parts and materials and not the total amount shown in Schedule of Indefinite Delivery Indefinite Quantity Work.

ATTACHMENT J-0200000-01 **DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES**	
Title	**Description**
Frequency Of Service	▪ Annual (A). Services performed once during each 12-month period of the contract at intervals of 335 to 395 days. ▪ Biennial (B). Services performed once during each 24-month period of the contract at internals of 670 to 790 days. ▪ Daily (D5). Services performed once each calendar day, Monday through Friday, including holidays unless otherwise noted. ▪ Daily (D7). Services performed once each calendar day, seven days per week, including weekends and holidays. ▪ Monthly (M). Services performed 12 times during each 12-month period of the contract at intervals of 28 to 31 calendar days. ▪ Quarterly (Q). Services performed four times during each 12-month period of the contract at intervals of 80 to 100 calendar days. ▪ Semiannual (SA). Services performed twice during each 12-month period of the contract at intervals of 160 to 200 calendar days. ▪ Semimonthly (SM). Services performed 24 times during each 12-month period of the contract at intervals of 14 to 16 calendar days. ▪ Three times weekly (3W). Services performed three times a week, such as Monday, Wednesday, and Friday. ▪ Twice weekly (2W). Services performed twice a week, such as Monday and Thursday or Tuesday and Friday. ▪ Weekly (W). Services performed 52 times during each 12-month period of the contract at intervals of 6 to 8 calendar days.
Functional Assessment Plan (FAP)	The matrix plan for assessing KTR's work against measurable performance standards.
Government Furnished Property (GFP)	Property in the possession of, or directly acquired by, the Government and subsequently furnished to the contractor for performance of a contract. Government furnished property includes, but is not limited to, spares and property furnished for repairs, maintenance, overhaul, or modification. Government furnished property also includes contractor acquired property if the contractor acquired property is a deliverable under a cost contract when accepted by the Government for continued use under the contract.
Government Performance Assessment	The Government shall conduct performance assessments (PA) of Contractor performance to ensure services and products comply with contract requirements and payment is proper. The Government may use several methods and frequencies based on Contractor performance. The Government's Performance Assessment Plan (PAP) may be provided to the Contractor after contract award for information and constructive interaction. The Government may alter its plan at anytime at its discretion.
Hazard Communication (HazCom)	A written program created by the Contractor that lists hazardous materials used to provide services within this contract, container labeling, inventory, etc.
Indefinite Delivery/Indefinite Quantity (IDIQ)	IDIQ work consists of Unit Price Task which may be ordered by the Government as separate items or in combinations of items from the Schedule of Indefinite Quantity Work (Bid Schedule) in Section J on an as-needed basis. This work is required with an irregular frequency and will be ordered on a form DD 1155, Order for Supplies or Services.
Infrastructure Condition Assessment Program (ICAP)	A Navy automated data management program that utilizes historical asset lifecycle data and a structured assessment process to evaluate the condition facilities and their components.
Inspection	A rigorous, detailed assessment of the condition of a facility performed to generate a fundable scope and cost estimate for prioritization and funding of maintenance and repair.
Job or Work Order	An authorization for work that requires planning and estimating and has an individual line of accounting for financial and performance evaluation.
Liquidated Damages (LD)	An amount paid by the Contractor to the Government to compensate for damages incurred as a result of late or incomplete performance.

ATTACHMENT J-0200000-01

DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
Maintenance And Repair	The preservation or restoration of a piece of equipment, system, or facility to such condition that it may be effectively used for its designated purposes. Maintenance/repair may be adjustment, overhaul, reprocessing, or replacement of constituent parts or materials that are missing or have deteriorated by action of the elements or usage, or replacement of the entire unit or system if beyond economical repair.
Material Safety Data Sheet (MSDS)	A sheet for hazardous materials containing advise and information from the manufacturer on the product's intended use, the chemicals it contains, what to do if a person is exposed, etc.
Monthly On-Site Labor Report	A compilation of all Contractor and subcontractor employee-hours involved in delivering contract services on a Government property.
NAVFAC MAXIMO	A specially configured software version of MAXIMO®, a commercially available computerized maintenance management system (CMMS), adopted by NAVFAC for enterprise facility asset data management. The terms "MAXIMO", "NAVFAC MAXIMO" or "Government's MAXIMO" shall be used interchangeably in the document.
OSD COLS	Office of the Secretary of Defense Common Output Level Standards
Objectionable	Provoking disapproval or opposition; offensive.
Performance Assessment	A method used by the Government to provide some measure of control over the quality of purchased goods and services received.
Performance Assessment Board (PAB)	Comprise of key technical and administrative installation personnel appointed by the KO; periodically reviews performance documentation for the evaluation period (normally, per quarter); prepares and forward summary report of findings/recommendations to KO.
Performance Assessment Plan (PAP)	Provides common framework for performance assessment. Contains an administrative and procedural section that describes procedure for how to adjust sample size, validate customer complaints, summarize monthly performance assessment, and withhold payment for non-performance or unsatisfactory work; also includes PARC, FAP, and PAW.
Performance Assessment Rating Criteria (PARC)	An adjectival description used to assess contractor performance.
Performance Assessment Representative (PAR)	That individual designated by the KO to be responsible for the monitoring of Contractor performance.
Performance Assessment Worksheets (PAW)	Worksheets used to document and report Government observations of KTR performance.
Performance Based Service Acquisition (PBSA)	Focuses on acquisition strategies, methods, and techniques that describe and communicate measurable outcome rather than direct performance processes. It is structured around defining a service requirement in terms of performance objectives and provides contractors the latitude to determine how to meet those objectives.
Performance Objective (PO)	An "end state" the contractor is to achieve. Objectives are often expressed in terms of specific accomplishments by an organization, levels of service provided to customer, or improvements in performance of some activity when measured against an established baseline.
Performance Standard	The measurable targeted level or range of performance that the Government will monitor. Achievement of a performance standard will either demonstrate directly that the Contractor has met the contract performance objective or will enable the Government to infer with a high degree of confidence that the Contractor has met the contract performance objective.

ATTACHMENT J-0200000-01

DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
Pre-Expended Bin Materials And Supplies	The minor materials and supplies that are incidental to the job, for which the total direct cost of any one material line item shown on the material estimate is $10.00 or less. Examples of pre-expended bin materials and supplies include, but are not limited to, solder, lead, flux, electrical connectors, electrical tape, fuses, nails, screws, bolts, nuts, washers, spacers, masking tape, sand paper, solvent, cleaners, lubricants, grease, oil, rags, mops, glue, epoxy, spackling compound, joint tape, plumbers tape and compound, clips, welding rods, and touch up paint.
Property Administrator	An authorized representative of the Contracting Officer who is responsible for administering contract property requirements, terms and conditions of the contract.
Property Management Program	A Government program established for the purpose of reviewing and approving the Contractor's Property Management Plan and System through performance of a system analysis whenever government property is in the possession of the Contractor.
Qualified Person	One who, by possession of a recognized degree, certificate, or professional standing, or extensive knowledge, training, and experience, has successfully demonstrated his/her ability to solve or resolve problems related to the subject matter, the work, or the project.
Quality Assurance (QA)	The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.
Quality Control (QC)	The observation techniques and activities used to fulfill requirements for quality.
Quality Management System (QMS)	The Contractor shall establish and maintain a complete QMS program that consists of Quality Control (QC) and Quality Assurance (QA) in accordance with the provisions specified herein. The Contractor's QMS Program shall provide an effective and efficient means of identifying and correcting problems throughout the entire scope of operations. The Contractor's QMS Program shall address the following: ▪ Accurate documentation of work processes, procedures, and output measures. ▪ A systematic procedure for assessing compliance with performance objectives and standards. ▪ Accurate documentation of quality inspections conducted throughout the execution of work. ▪ Assessment-driven corrective actions and process adjustments as appropriate in a timely manner.
Real Property Inventory Equipment (RPIE)	A Government owned or leased individual pieces of equipment, apparatus, or fixture that are essential to the function of the real property (i.e. plumbing, electrical, heating, cooling and elevators). It is physically attached to, integrated into, and built in or on the property. Individual RPIE's can be combined to make a CIMU to facilitate facilities management. An individual RPIE can also be a CIMU if the equipment is complex enough to require its own management planning.
Response Time	The time allowed the Contractor after initial notification of a work requirement to be physically on the premises at the work site with appropriate personnel, tools, equipment, and materials, ready to perform the work required.
Safety Officer	A person responsible for the safety, management, surveillance, inspection and enforcement of safety issues and programs. A qualified Safety Officer shall possess experience and knowledge in safety and health and shall be deemed qualified by the NAVFAC Marianas Technical Branch Manager.
Senior Performance Assessment Representative (SPAR)	That individual designated by the KO to be ultimately responsible for the monitoring of Contractor performance.
Submittal	Product data, samples and administrative submittal presented by the Contractor for review and approval by the Government. Contract clause "Material and Workmanship" and "Contract Drawings, Maps and Specifications" apply to all submittals. Submittals shall be provided to the Government in a timely manner.

ATTACHMENT J-0200000-01 **DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES**	
Title	**Description**
Task Order (T.O.)	A task order (DD Form 1155) is a document issued to the Contractor by the Contracting Officer to order work from the Indefinite Quantity (IQ) portion of the contract. Also known as a Delivery Order.
Unit Priced Labor (UPL) Hour	The unit price bid by the Contractor to perform one (1) hour of work-in-place. With the exception of direct material and construction equipment costs, the unit price includes all indirect and direct costs associated with performing work. The price includes the Contractor's hourly composite trade wage, adjusted to allow for workforce productivity; costs for pre-expended bin materials, union agreements, crew sizes, hand tools, payroll burdens and fringes, overtime, job (field) overhead (including clerical support, supervision, inspection, fees, taxes, licenses, permits, and insurance), general and administrative (home office) overhead, and profit. Additionally, time for job preparation, safety standby personnel, and similar indirect labor elements are included.
Violation - Class 1	Notice of Violation (NOV), Notice of Noncompliance (NON) or Field Citation as defined by OPNAVINST5090.1or regulator, issued by a Federal or local regulatory agency. Includes written notices issued by a regulatory agency.
Violation - Class 2	Written notice of administrative or procedural violation issued by a Federal or local regulatory agency. Also includes a Class 3 violation for which there is no approved Corrective Action Plan within ninety (90) calendar days of discovery.
Violation - Class 3	Policy or Audit "violation:" Navy Policy violation cited by external audit organizations or valid findings by regulators or COR. Also includes a Class 4 violation for which there is no approved Corrective Action Plan within sixty (60) calendar days of discovery.
Violation - Class 4	Policy and Audit "violations" cited as a failure to comply with guidance and policy objectives or environmental standards or regulations that are formally identified as the Contractor's responsibility.

ATTACHMENT J-0200000-01
TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES
DEFINITIONS AND ACRONYMS

Acronym	Title
ACO	Administrative Contracting Officer
BW	Biweekly
CDR	Contract Discrepancy Report
CIA	Controlled Industrial Area
CIMU	Component Inventory Management Unit
CMMS	Computerized Maintenance Management System
COR	Contracting Officer Representative
COR	Condition of Readiness
DBH	Diameter at Breast Height
DCR	Direct Condition Rating
DLA, DS	Defense Logistics Agency, Disposition Services
DoD	Department of Defense
DoN	Department of Navy
DRMO	Defense Reutilization Management Office
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know Act
FAR	Federal Acquisition Regulation
FFP	Firm Fixed Price
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
FSC	Facility Support Contract
GEPA	Guam Environmental Protection Agency
GIS	Geospatial Information System
GFE	Government-furnished Equipment
GFF	Government-furnished Facilities
GFM	Government-furnished Materials
GPWS	Guide Performance Work Statements
GSWDRR	Guam Solid Waste Disposal Rules and Regulations
HACCP	Hazard Analysis Critical Care Point
HCA	Head Contracting Agency
ICAP	Infrastructure Condition Assessment Program
ICP	Integrated Contingency Plan
IDIQ	Indefinite Delivery Indefinite Quantity
iNFADS	Internet Navy Facilities Asst Data Store
IPM	Integrated Pest Management
IPMIS	Integrated Pest Management Information System
IPMP	Integrated Pest Management Plan
KO	Contracting Officer
LAN	Local Area Network
M	Monthly
MAP	Maintenance Action Plan
MDI	Mission Dependency Index
MEP	Mechanical, Electrical and Plumbing
MRI	Mission Readiness Index
MSDS	Material Safety Data Sheets
NAVFAC	Naval Facilities Engineering Command
NAVHOSP	Naval Hospital
NAVMED	Navy Medical
NAVSUP	Naval Supply
NMCI	Navy Marine Corps Intranet
NOSC	Navy-On-Scene Coordinator

ATTACHMENT J-0200000-01
TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES
DEFINITIONS AND ACRONYMS

Acronym	Title
PAP	Performance Assessment Plan
PAR	Performance Assessment Representative
PAW	Performance Assessment Worksheet
PEO	Program Executive Officer
PM	Project Manager
PM	Planned Maintenance or Preventative Maintenance
PRCSP	Permit Required Confined Space Program
PWS	Performance Work Statement
PWO	Public Works Officer
Q	Quarterly
QC	Quality Control
RPIE	Real Property Inventory Equipment
RSL	Remaining Service Life
SC	Security Clearances
SM	Semimonthly
SPAR	Senior Performance Assessment Representative
TE	Technical Exhibit
USCINCPACREP	United States Commander in Chief Pacific Representative
USDA	United States Department of Agriculture
USNH	United States Naval Hospital
USNHGUAMINST	United States Naval Hospital Guam Instruction
VIQ	Variation in Quantity
WBS	Work Breakdown Structure

ATTACHMENT J-0200000-02 **TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES** **REFERENCES, INSTRUCTIONS, DIRECTIVES AND TECHNICAL DOCUMENTS**	
Title	**Reference**
Accident and Damage Reporting	29CFR1904 for OSHA/HIOSH record keeping and reporting requirements and EM 385-1-1 requirements
Chapter 51	Solid Waste Management and Litter Control of Guam Public Law 23-64
Drug-Free Work Force	DFARS Clause 252.223-7004 and include elements addressed in paragraph 01.C.02 of EM 385-1-1
Emergency Response Plans	To include elements addressed in paragraphs 01.E, 03.A, 03.D, and 19.A.04 of EM 385-1-1
EM 385-1-1	U.S. Army Corps of Engineers Safety and Health Requirements
GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES	NAVFAC Clause 5252.245-9300
GOVERNMENT PROPERTY	FAR 52.245
Guam EPA Solid Waste Disposal	Title 22, Division 4 Chapter 23
Health Hazard Control Program and Hazard Communication Program	To include elements addressed in paragraphs 06.A and 06.B of EM 385-1-1 and 29 Code of Federal Regulations (CFR) 1910.120 or 1926.59 requirements
INSPECTION OF SERVICES – FIXED PRICE	FAR Clause 52.246-4
Installation Support Memorandum of Agreement (MOA) for Joint Region Marianas	Annex W ICC-Approved Common Output Level Standard, 23 January 2009
INSURANCE – WORK ON A GOVERNMENT INSTALLATION	FAR Clause 52.228-05
Invoicing and Receiving Payment Reference "payment by third party" clause	FAR 52.232-36
JTREGMARIANASINST 3440.17	Joint Region Marianas Emergency Management Plan
10 GCA 45106	Water Resource Development/Operating Regs
Material and Equipment Requirements Accepted industry and Government material and equipment costs	R. S. Means cost data, national material supplier catalogues, U.S. Army Corps of Engineers Construction Equipment Ownership and Operating Expense Schedule (EP 1110-1-8), equipment rental catalogues, and similar estimating sources shall be used for determining customary and reasonable costs for the material and equipment estimate
Occupational Safety and Health Act	Public Law 91-596
OICCMAR/PWCGUAMINST, 5100.3A	Safety and Occupational Health Manual
OICCMAR/PWCGUAMINST, 53701.H	Standards of Conduct
OICCMAR/PWCGUAMINST, 5560.1	Vehicle Traffic and Parking Control Regulations for NBG
OPNAVINST 5090.1	Environmental and Natural Resources Protection Manual
OPNAVINST 5090.1C	Navy Environmental and Natural Resources Program Manual
P.L. 91-596	Occupational Safety and Health Act
Partnering	NAVFACINST 11013.40
PWCGUAMINST 4100.6B	Energy Management Plan
PWCGUAMINST 5530.14A	Physical Security and Loss Prevention Plan
PWCGUAMINST 11320.1B	Fire Protection and Fire
PWCGUAMINST 12792.1A	Equal Employment Opportunity(EEO) Program, Policy, Organization and Responsibilities
Regulation of Certain Garbage	7 CFR 330.400, 9 CFR 94.5
Respiratory Protection Program	To include elements addressed in paragraph 05.G of EM 385-1-1 and the OSHA's respiratory protection standard specified in 29 CFR

ATTACHMENT J-0200000-02 **TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES** **REFERENCES, INSTRUCTIONS, DIRECTIVES AND TECHNICAL DOCUMENTS**	
Title	**Reference**
Safety Apparel on Jobsites As a minimum	Contractor personnel shall wear ANSI/ISEA 107-2004 Class II compliant apparel and EM 385-1-1 minimum requirements
Service Contract Act of 1965, As Amended	Incorporated under Section I, Federal Acquisition Regulation (FAR) Clause 52.222-41
Environmental Readiness Program	OPNAVINST 5090.1D

ATTACHMENT J-0200000-03
WAGE DETERMINATIONS

See Attachment J-0200000-03 for Wage Determinations.

N40192-15-R-9018

J-0200000-03

WAGE DETERMINATIONS

CBA-2014-6933 Rev No. 0

Date: 8/22/2014

REGISTER OF WAGE DETERMINATION UNDER
THE SERVICE CONTRACT ACT
By direction of the Secretary
of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Diane Koplewski
Director

Division of
Wage Determinations

Wage Determination No.: CBA-2014-6933
Revision No.: 0
Date Of Last Revision: 8/22/2014

State: Guam

Area: Statewide

Employed on NAVFAC Marianas contract for Tire and Wood Material Collection and Disposal Services for all military installations and DoD tenants Guam M.I.

Collective Bargaining Agreement between contractor: DZSP 21 LLC, and union: International Brotherhood of Electrical Workers, effective 1/1/2013 through 12/31/2016.

In accordance with Section 2(a) and 4(c) of the Service Contract Act, as amended, employees employed by the contractor (s) in performing services covered by the Collective Bargaining Agreement(s) are to be paid wage rates and fringe benefits set forth in the current collective bargaining agreement and modified extension agreement(s).

AGREEMENT

BETWEEN

DZSP 21 LLC

AND

LOCAL UNION 1260

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

JANUARY 1, 2013 – December 31, 2016

TABLE OF CONTENTS

	Agreement Preamble	3
	Agreement Term	3
Article I	Recognition	3
Article II	Non-Discrimination	4
Article III	Management Rights	4
Article IV	Union Access to Operations	4
Article V	Grievance Procedure	5
Article VI	Arbitration Procedure	6
Article VII	No Strike/No Lockout	7
Article VIII	Bulletin Boards	7
Article IX	Bargaining Unit Work	8
Article X	Seniority	8
Article XI	Temporary Assignments and Business Travel	9
Article XII	Filling of Vacancies	10
Article XIII	Hours of Work	11
Article XIV	Overtime	12
Article XV	Leave of Absence	12
Article XVI	Union Security	13
Article XVII	Check Off	14
Article XVIII	Shop Stewards	14
Article XIX	Successors and Assigns	14
Article XX	Company Policies	14
Article XXI	Wages	15
Article XXII	Holidays	16
Article XXIII	Paid Time Off (PTO)	17
Article XXIV	Jury Duty	18
Article XXV	Bereavement Leave	18
Article XXVI	Illness	19
Article XXVII	Overclassification	20
Article XXVIII	Apprenticeship Program and Voluntary Educational Program	20
Article XXIX	Insurance	20
Article XXX	Savings/Retirement Plan	21
Article XXXI	Substantive CBA Contract Changes	21
Article XXXII	Term and Notice of Change or Termination	22

AGREEMENT PREAMBLE

This Agreement made and entered into this January 1, 2013, to be effective through December 31, 2016 by and between DZSP 21 LLC (hereinafter referred to as the Company) and Local Union 1260 of the International Brotherhood of Electrical Workers (hereinafter jointly and severally referred to as the Union).

The Parties have entered into this Agreement for the purpose of setting forth in writing the understandings they have reached with respect to wages, work hours, and working conditions of the employees covered hereby, as well as to the rights of the Company and the Union, and to provide a peaceful means for the settlement of any disputes which may arise with respect to the interpretation or application of their understandings and agreements as set forth herein.

For purposes of simplicity, the masculine gender is used throughout this agreement although it is understood that all references to gender include both sexes. When referenced, the Company Representative or Labor Relations Representative or Human Resources Manager shall be the same person – the Company Human Resources/ Labor Relations Manager.

AGREEMENT TERM

This agreement shall remain in effect until 11:59 pm on December 31, 2016 without reopening rights for any purpose by either party. This agreement shall automatically renew itself from year to year unless written notice of desire to terminate (or modify) the Agreement is given by either party at least sixty (60) calendar days prior to any annual anniversary date (December 31). If such written notice of desire to terminate (or modify) is given, the parties may nevertheless mutually agree in writing to extend this Agreement for a specified length of time beyond the expiration date.

ARTICLE I - RECOGNITION

Section 1. The Company hereby recognizes the Union as the sole and exclusive bargaining representative for all hourly (non-exempt) personnel excluding confidential employees, guards, temporary employees (less than 90 days), managers, professional employees, and supervisors located at Naval facilities Guam. It is agreed and understood in the application of Article I, section I, the jurisdiction of the Union will cover all non-exempt DZSP 21 employees assigned as part of the Base Operating Support Contract previously represented by I.B.E.W. Local 1260 under the Company or other previous contractors or subcontractors.

Section 2. Nothing in this agreement shall be construed as waiving any rights or protection granted to the employees, the Company or the Union under any applicable federal or territory law. It is understood and agreed that if any part of this Agreement shall be construed by any court or tribunal of competent jurisdiction or as a result of arbitration pursuant to the grievance procedure hereunder, to be in conflict with any law or executive order, then such part shall, to that extent, be deemed to be null and void from the date hereof without, however, affecting the

balance of this Agreement. At the request of either the Company or the Union the parties will meet within thirty days of such change to discuss any issues arising from said legal requirement.

ARTICLE II - NON-DISCRIMINATION

This Agreement shall be applied fairly and shall not in any way be used to discriminate against employees on account of race, color, religious affiliation, sex, age, national origin, veteran or disability status. It is understood that wherever in this Agreement employees or jobs are referred to in the masculine gender, they shall be recognized as referring to both genders.

The Company agrees not to interfere with the rights of its employees to become members of the Union, and there shall be no discrimination, interference, restraint, or coercion by the Company or any of its agents against any employee because of Union membership or because of acting as an officer of or in any other bona fide activity on behalf of the Union.

ARTICLE III - MANAGEMENT RIGHTS

Section 1. The Company retains, solely and exclusively, all the rights, powers and authority exercised or possessed by it prior to the execution of this Agreement and shall have the exclusive right to exercise all said rights, powers and authority in the management of the facility and the direction of the work force, except as otherwise specifically provided in this Agreement. Said rights include, but are not limited to, the right to employ, assign, transfer, promote, reclassify, layoff, discipline, and discharge employees for just cause; to determine staffing levels, employees' duties, and the number of hours to be worked; including the quality and quantity of output and the work methods for achieving same; to establish standards of performance and to maintain the efficiency of employees; to create, modify, combine or abolish job classifications, departments and facilities in whole or in part; to determine work schedules, starting and stopping times, and overtime; to promulgate and enforce reasonable work rules, policies and standards; to close or relocate its operations and facilities in whole or in part; to make technological changes as it deems appropriate; to contract out services as necessary; and to take such other methods as management may determine to be necessary for the orderly, efficient and economical operation of the business.

Section 2. The Union shall be promptly and formally (in writing) notified at least two weeks prior to the enforcement of new work rules or changes in existing work rules unless there is an exigent requirement.

Section 3. The foregoing enumeration of the Company's rights shall not be deemed to exclude other preexisting rights which do not conflict with the provisions of this Agreement, and nothing in this article shall be deemed to limit the Company in the exercise of customary and recognized functions and prerogatives of management.

ARTICLE IV - UNION ACCESS TO OPERATIONS

Section 1. The Company agrees that the Union Business Representative (hereinafter referred to as the business representative) will be allowed to visit employees while they are on the job in

the Company's operations, on a not-to-interfere basis, for the sole purpose of investigating specific grievances or complaints related to the provisions of this Agreement, subject to the customer's rules and regulations regarding Base access. Prior approval and appointment must be obtained from the DZSP 21 LLC Human Resources/ Labor Relations Manager or his designee to minimize or avoid interference with any work being performed. The business representative shall notify the DZSP 21 LLC Human Resources/ Labor Relations or his designee when he is leaving the Company's operations.

Section 2. The Company, if it desires, may have a Company representative accompany the business representative or his designee while he is visiting its operations.

ARTICLE V - GRIEVANCE PROCEDURE

Section 1. "Grievances" shall mean, and be limited to, disputes or differences between the Company and the Union (or represented employees) with respect to the interpretation or application of any specific provision of this agreement. Both parties agree to use their best efforts, including informal meetings involving management, supervision, Shop Steward(s), and the grievant, to resolve matters without resorting to the grievance procedure except that any such meetings shall not extend the time limits set forth in this Article. In the event such informal methods do not resolve the grievance, all grievances shall be reduced to writing and processed in accordance with the following steps (See Attachment 1, Grievance Procedure Timetable):

Section 2. All grievances beyond Step 1 involving employee claims shall be in writing on grievance forms and shall be signed by all employees claiming rights thereunder. Such grievances must state the facts, identify the appropriate article and state the remedy requested. In an effort to adjust employee grievances by mutual agreement, they shall be presented in the following order and within the following time limits:

Step 1: The employee(s), with or without their steward, shall promptly bring a grievance to their supervisor within seven (7) working days following the event or discovery of the event giving rise to the grievance. Should an employee be unavoidably absent due to illness or injury, or unavailable due to vacation or other approved reason(s), the employee's shop steward may bring the grievance to the supervisor. If such grievance is not settled within five (5) working days, then proceed to Step 2.

Step 2: Within the next five (5) working days, a written grievance citing the article or section claimed to be violated and the requested remedy must be signed by the employee and submitted by the Shop Steward to the Annex Manager or his designee. A meeting will be scheduled within five (5) subsequent working days. If no agreement has been reached within ten (10) working days following the meeting, the Company will reply with its formal position in writing. If the written reply is not satisfactory to the Union or its represented employee, the grievance may proceed to Step 3.

Step 3: Within five (5) working days of the Step 2 reply, the grievance may be moved to Step 3 by written appeal to the DZSP 21 LLC Human Resources/ Labor Relations Manager. The DZSP 21 LLC Human Resources/ Labor Relations Manager or designee

and the business representative of the Union shall meet either in person or by telephone within fifteen (15) working days after receipt of the written appeal. A written reply from the DZSP 21 LLC Human Resources/ Labor Relations Manager will be given to the Union within fifteen (15) working days after the meeting. If no agreement has been reached within thirty (30) working days from the Step 3 meeting, either party may submit the grievance or dispute to arbitration as covered in the "Arbitration Procedure" article.

Section 3. Any aggrieved employee and his Union representative shall have the right to be present at any stage of the grievance procedure in which the grievance is being considered. No employee may leave the job, take up, or settle a grievance without requesting permission from his immediate supervisor. Such permission will usually be granted provided it does not retard or interfere with operations, customer commitments or create a hazardous condition. If permission cannot be granted, time limits will be waived until permission is granted. Witnesses called by either party may attend the grievance meeting at any step, subject to the same provisions outlined above.

Section 4. The company will grant the Union reasonable and relevant requests to examine time sheets and other records pertaining to the computation of compensation of any individual or individuals whose pay is in dispute or other relevant records pertaining to a specific grievance. Compensation will be paid for reasonable time spent discussing or investigating grievances during normal work schedules, barring special circumstances in no event will the cumulative time paid by the Company for Union Business for all employees involved exceed 40 hours per week per grievance case. Under ***exceptional*** circumstances, additional time may be granted by the Company.

Section 5. It is understood that the time limits specified herein may be extended by mutual agreement of the parties hereto.

Section 6. Nothing in this Agreement precludes the Union Shop Steward or Business Representative from filing a grievance on behalf of an employee in the event of unusual or unforeseen circumstances.

Section 7. A final decision made with respect to any grievances in Step 1 or Step 2 of the Grievance Procedure shall apply to that grievance only and shall neither become a binding precedent in the case of other grievances nor a precedent which shall bind the parties as an interpretation of the agreement.

Section 8. All settlements must be consistent with the terms and conditions of this Agreement.

ARTICLE VI - ARBITRATION PROCEDURE

Section 1. The party choosing to arbitrate shall give written notice to the other party setting forth the matter to be arbitrated. If said notice is not served within the thirty (30) working day period specified in Step 3 of the Grievance Procedure (Article V), it shall be deemed that the grievance has been satisfactorily adjusted and/ or the right to arbitrate waived.

Section 2. In the event the Union or the Company submits a grievance to arbitration, a representative selected by the Union shall meet with DZSP 21 LLC Human Resources/ Labor Relations Manager within five (5) days of receipt of the above notice and attempt to agree on an arbitrator. In the event the parties cannot agree on an arbitrator within (5) working days, the parties will petition with the Federal Mediation and Conciliation Service for a panel of seven (7) arbitrators. In the latter case, the petitioner has the first right to strike a name; the other party shall then strike a name. This procedure shall continue alternately until one (1) name remains.

Section 3. The decision of the arbitrator shall be final and binding on all parties. However, the arbitrator shall not have jurisdiction or authority to add to, subtract from, modify or in any way change the provisions of this agreement, the Company's contract with the U.S. Navy, Federal regulations, or law. The expense and fees of the arbitrator will be shared equally by the parties.

Section 4. An arbitrator may not review any matter which is not a grievance alleging violation of a specific provision as written and expressed in this Agreement. Further, an arbitrator shall not review more than one grievance on the same hearing date or series of hearing dates except by mutual agreement between the parties.

Section 5. The employer or union shall be free to seek appropriate relief for any alleged violation of the No Strike/No Lockout provisions in a court of competent jurisdiction and shall not avail themselves of the grievance and arbitration provisions of this Agreement.

ARTICLE VII - NO STRIKE / NO LOCKOUT

Section 1. The Union agrees that neither it nor any of the employees in the bargaining unit covered by this Agreement will collectively, concertedly, or individually engage in or participate directly or indirectly in any strike, slowdown or stoppage of work during the term of the Agreement and the Company agrees that during the term of this Agreement it will not lock out any of the employees covered by the Agreement.

Section 2. In the event of any violation of Section 1 of this Article, it shall be the duty and obligation of the Union, its officers, agents, or representatives (employee or non-employee) to immediately take all reasonable steps required to bring an end to such misconduct.

ARTICLE VIII - BULLETIN BOARDS

The Company agrees to provide a reasonable number of bulletin boards for the posting of legitimate Union notices pertinent to the Union at the facility. Only notices concerning Union meetings, Union elections, results of Union elections, etc., will be posted. The business representative or his designee shall sign all such notices. The DZSP 21 LLC Human Resources/ Labor Relations Manager shall receive a copy of all Union postings.

ARTICLE IX - BARGAINING UNIT WORK

Company employees in job classifications not covered by this Agreement shall not perform work normally performed by employees in the bargaining unit, except in cases of emergency, research work, audit, experimental, or work of a special mechanical nature, (e.g. installation of modifications, when necessary), special training of employees from other locations, or to instruct employees properly. The term "Emergency" is defined to mean an unforeseen combination of circumstances. This Article shall not be construed to prevent employees outside the bargaining unit from performing work normally within their regular duties.

ARTICLE X - SENIORITY

Section 1. Probationary Period: Any employee who has been in the employment of the Company for ninety (90) consecutive calendar days shall be considered a Seniority Employee of the Company. During the 90-day probationary period the employee shall be subject to layoff, discipline, or discharge at the sole discretion of the Company, and such action shall not be subject to the grievance procedure.

Section 2. Definitions:

a) Seniority is defined as including the whole span of continuous service with successor contractors, in the performance of all work performed by the Company at military facilities on the island of Guam.

b) Seniority will not be broken for: (1) short periods of approved absence with leave, (2) periods of layoff due to lack of work, (3) periods of absence due to injury or illness. Periods of absence set forth in (2) and (3) shall not exceed 18 months. In the case of occupational injuries, continuous employment will be for the length of the disability or 24 months whichever is less.

c) Part-time employees are not eligible for any contractual seniority rights as specified.

d) When two or more employees are hired on the same day, the Company and Union will determine their order for purposes of layoff, recall and promotion based upon dependability, qualifications and performance. It is understood that the Company and Union shall not act arbitrarily, whimsically, capriciously or otherwise abuse the rights entailed in this paragraph.

Section 3. Loss of Seniority: All seniority of any employee shall terminate if the employee:

a) Voluntarily resigns

b) Is discharged

c) Is on layoff status in excess of 18 months

d) Exceeds 18 months absence for sickness or injury; or exceeds 24 months in the case of occupational injury

e) Fails to respond to or refuses recall rights or fails to report on deadline established for reporting

Section 4. Seniority List: A seniority list will be maintained by the Company and will be made available to the Union upon request but no more frequently than monthly, reflecting not only seniority but also new-hires or rehires, their classification, their date of hire, and termination or layoff dates.

Section 5. Layoff: It is recognized that applying straight seniority in a layoff situation is not always practical; it may be necessary for the Company to deviate in order to retain or recall employees of exceptional qualifications or who may be considered essential because of the nature of the operations involved. It is understood that the Company shall not act arbitrarily, whimsically, capriciously or otherwise abuse the rights entailed in this paragraph.

The company shall notify affected employees of upcoming layoffs as soon as practicable with a minimum of two (2) week's notice. Notification(s) of less than two weeks shall be subject to the grievance procedure.

Section 6. Recall: Employees will be recalled in reverse order of layoff. In the application of this article, it is understood that within each annex the least senior employee in the same labor category shall be the first affected. The Company will call the employee, or if there is no answer after two (2) calls on consecutive days, the Company shall send a recall notice to the employee's last official address and copy the local Union office. The employee has five (5) working days to respond. Failure to do so shall be considered a refusal of recall. It shall be the responsibility of the employee to keep the company notified of their correct address and telephone number.

ARTICLE XI – TEMPORARY ASSIGNMENTS AND BUSINESS TRAVEL

Section 1. Management will select candidates for temporary assignments based on the qualifications required to perform the tasks. The most senior qualified employee will be asked to volunteer for temporary assignments. If no volunteers are available, management may require the least senior qualified employee to take the temporary assignment.

Section 2. Employees who travel more than 25 miles from the work site to perform work for the Company will be furnished transportation designated by the Company. Air travel will be on the carrier designated by the Company. All air travel will be coach/economy/tourist class. Employees may be authorized to use their personal cars (POV) and will be reimbursed for travel as specified below.

Section 3. Employees who are required to travel on days other than their regularly scheduled work days or on the same day after working their regularly scheduled workday will be paid up to a maximum of eight hours of pay in accordance with the Company Travel Policy.

Section 4. Travel expenses will be reimbursed in accordance with the Company's standard operating procedure for Expense Reporting.

ARTICLE XII - FILLING OF VACANCIES

Section 1. Vacancies. When the Company determines that it needs to fill a new or existing job within the bargaining unit, the Company will post a notice of vacancy or job opening for a period of not less than five (5) working days. Subject to the provisions of Section 3, any employee may submit a bid for the job to the Human Resource Office, in writing, during the posting period. The notice posted declaring that such vacancy or job opening is to be filled shall contain at least the following information:

a) The date the notice is posted and the date and time the notice will be removed;
b) The job to be filled and the classification;
c) Job Specifications;
d) Rate of Pay;
e) Effective date the job is expected to be filled.

Shop Stewards will be furnished a copy of any bid upon request.

Section 2. Hiring.

a) Internal Hires. The Company will award the job to the most qualified candidate, as determined by management. Consideration will be given to:

   i. Internal candidates who meet minimum position qualifications.
   ii. Seniority and length of service.
   iii. Lateral and downward job applicants will be considered for position after applicants seeking promotions.

b) External Hires. The Company retains the discretion to utilize external sources to staff unit positions when qualified individuals do not respond to the job posting during the posting period or are found to be absent from the bargaining unit employees that respond to the job posting.

c) Annex Preference. Employees presently employed in the specific Annex in which an opening exists shall have first consideration. After all bids within the same annex have been considered, all other bids submitted by bargaining unit employees shall be considered in accordance with the terms and conditions of the collective bargaining agreement.

Section 3. Restrictions on Bidding. An employee who is awarded a job for which he bid must accept it providing the award is made within fifteen (15) workdays of the effective date that the job is scheduled to be filled as provided in Section 1.e of this Article, otherwise the employee shall have the option of withdrawing his bid. An employee accepting a job transfer under this article may not bid for another job for a period of ninety (90) days after being awarded the job.

Section 4. Disqualification of Bidder. An employee who is unable to perform the job to which he bid, to the satisfaction of the Company, within thirty (30) calendar days after being awarded the job, shall be returned to the job classification and labor grade he held at the time of submitting the bid, provided an opening exists in that classification, otherwise the employee will be put on recall status to that classification. The employee will be told the reasons for such disqualification.

Section 5. It is further agreed that an employee may have only one bid application on file at any one time. In the event an employee submits a second bid application then the one received by the company last shall be considered as the only valid application.

Section 6. An internal candidate who was not selected after applying for a posted position shall be informed in writing of his non-selection and, if requested, the reason therefore within a reasonable period of time.

Section 7. The Company shall provide to each employee, every pay period, a break-down of information on his individual leave accounts and hours worked in applicable pay categories.

ARTICLE XIII - HOURS OF WORK

Section 1. The purpose for this article is to define the normal hours of a regular full time CBA employee as an employee who has successfully completed a ninety (90) day probationary period, works at least eight (8) hours a day or forty (40) hours a week, and maintains regular continuous employment status.

Section 2. The workday shall consist of twenty-four (24) consecutive hours beginning with the time the employee is normally scheduled to start work except for unpaid meal periods. The workweek shall consist of seven (7) consecutive twenty-four (24) periods beginning with the start of the employee's weekly work schedule.

Section 3. Determination of starting time and hours of work shall be made by the Company and such schedules may be changed from time to time to suit varying conditions of business. The Company shall provide as much notice as possible for adjustments to an employee's schedule. Employees shall be given a minimum of 72 hours written notice in advance of a change in SHIFT.

Section 4. Employees will be allowed one (1) scheduled fifteen (15) minute rest period before lunch (nominally two hours after shift start) and one (1) fifteen (15) minute rest period after lunch (nominally two hours before shift end) in each workday. Said rest periods are to be taken when work permits. Employees scheduled to work four (4) or more hours of overtime shall be entitled to a fifteen (15) minute rest period as the regularly scheduled rest period on the shift the overtime is worked, nominally two hours after shift start. **Employees shall work up to the start of the rest period and be at their place of work at the end of the rest period.**

Section 5. An employee who is scheduled and reports for work at the scheduled time without an attempt by the Company to notify them not to so report, shall be given two (2) hours work of any type which is available, or if no such work is available, he shall be given two (2) hours pay at the applicable rate; provided, however, that if work is not available as a result of circumstances beyond the control of management, the Company shall not be so obligated.

Section 6. An employee who is called and reports back for work after he has completed his regularly assigned shift and departed from the premises shall receive a minimum of two (2) hours work or two (2) hours pay at the applicable rate.

Section 7. When an employee is not scheduled and is called and reports for work outside his scheduled workweek, he shall receive a minimum of two (2) hours work or two (2) hours pay at the applicable rate. If the employee opts to leave immediately after the work is completed, he will be only compensated for hours worked.

Section 8. It is the intent of the company and supervisors to notify affected employees of any type of schedule change with as much notice as possible.

Section 9. The purpose of this Article is to define the normal hours of work but nothing in this Agreement shall be construed as a guarantee of hours of work or pay for any period.

ARTICLE XIV - OVERTIME

When the Company determines that an employee must perform work on an overtime basis, the following shall apply:

Overtime will be paid at one and one-half (1 1/2) times his regular rate of pay for all authorized hours worked in excess of forty (40) hours in his normal workweek. For the purposes of this computation, authorized holidays (see Article XXII) in the normal workweek count as eight (8) of the forty (40) hours.

ARTICLE XV - LEAVE OF ABSENCE

Section 1. Personal Leave. The Company may approve a leave of absence without pay (LWOP) or benefits for up to ninety (90) calendar days for special circumstances (personal reasons). LWOP must be requested in writing and approved by the Project Director, or his designee, via the employee's supervisor and Annex Manager. Since a prolonged absence would tend to contradict the need for the "vacated" position, long term LWOP will normally not be approved. LWOP requests must be adequately justified, clearly stating the reason for the unpaid leave. Employees must request such leave at least ten (10) calendar days prior to the date the leave would commence, except in cases of emergency.

Section 2. Benefit Date Adjustment. An employee whose leave(s) of absence exceed(s) ninety (90) calendar days in a benefit year or whose leave of absence continues from one benefit year to another shall have their benefit date adjusted to the number of work days he was absent in

excess of the ninety (90) calendar days, except for leaves resulting from occupational illness or injury, and leaves for union activities.

Section 3. Failure to Return to Work from Leave of Absence. Failure to return from a leave of absence on the first scheduled workday following the expiration date of said leave, will result in termination of the employee, except in rare extenuating circumstances involving reasons acceptable to the Company.

Section 4. Leave for Union Activities.

a) Union Employment - An employee elected or selected to a full time job in the Local Union, which takes him from his employment with the Company, shall upon written request to the Company, receive LWOP for a period up to three (3) years. Upon completion of his LWOP during the existence of this Agreement, he shall be reemployed, according to his seniority, in work generally similar to that which he did prior to his leaving, at the wage rates existing at the time of his return, provided such work is available for him according to his seniority, qualifications and ability to perform such work. Seniority shall accumulate during such leave of absence.

b) Other Union Leave – Permission for occasional additional Union Business LWOP shall not be unreasonably withheld by the Company for Union shop stewards, unit officers, Executive Board members, and negotiating committee representatives for the negotiation and administration of this Agreement. Union representatives may use paid time off for union activities. A minimum of seven days notice to the Company is required for other union leave.

Section 5. The Union and the Company will follow DZSP 21 LLC General Policy and Procedures with regard to military leave of absence.

ARTICLE XVI - UNION SECURITY

Section 1. Each current employee covered by this Agreement, and who is not a member of the Collective Bargaining Unit, immediately following thirty (30) days after execution of this Agreement, as a condition of continued employment, shall become a member of the Union. *See* ARTICLE I, Section 1.

Section 2. All other employees hired after the execution of the Agreement shall, immediately following thirty (30) days after their date of hire, or effective date of this Agreement, whichever is later, become members of the Union as a condition of employment, provided that nothing herein shall be interpreted to cause a violation of the Labor Management Relations Act (LMRA), as amended, or any other applicable law, regulation, Executive Order or Federal court ruling.

Section 3. The Union agrees to consider for membership all present and future employees who apply for membership. If an applicant is denied membership by the Union, that applicant shall not be required to comply with the provisions of this section.

Section 4. All new employees covered by this agreement will be provided a copy of this agreement on their date of hire.

Section 5. The Union agrees to indemnify and hold the Company harmless for any and all claims for damages made by employees or former employees relating to enforcement of this Article.

ARTICLE XVII - CHECK OFF

During the existence of the Agreement, the Company, in so far as permitted by Territory and Federal law, shall deduct out of the current net earnings payable biweekly to an employee covered by the Agreement, applicable service fees or Union dues, initiation fees and reinstatement fees, upon receipt of and in accordance with a deduction authorization, duly executed by the employee, on a card as agreed upon between the Company and the Union and shall continue deductions until such authorization is duly revoked by the employee. Such deductions shall be transmitted electronically in a timely manner with a deduction listing.

ARTICLE XVIII - SHOP STEWARDS

Section 1. The Union will submit to the Company upon request, but no more frequently than monthly, a list of accredited shop stewards who will be recognized by the Company as the people who represent employees and present grievances to supervisors. Shop stewards may speak with an employee on Company time. The Union agrees that the time will be held to a minimum to avoid interference with Company operations. The ratio of stewards to employees shall not exceed 1:25, unless mutually agreed upon by the business representative and the DZSP 21 LLC Human Resources/ Labor Relations Manager.

Section 2. The Union and Company agree to hold monthly shop steward meetings for up to one hour per month. A local union representative and the DZSP 21 LLC Human Resources/ Labor Relations Manager will attend and facilitate these meetings. The Company and Union agree that meetings may be held during normal work hours at the end of the workday. If there is a requirement for more than one hour in a month, the meeting(s) will be held after hours. Advance notice of meetings will be provided to the Company's Human Resources/ Labor Relations Manager.

ARTICLE XIX - SUCCESSORS AND ASSIGNS

This Agreement shall be binding upon and shall inure to the parties hereto, their successors and assigns; but in the event and at such time as the Company's contract with the U.S. Navy ends, the Company shall be released from all obligations under this Agreement.

ARTICLE XX - COMPANY POLICIES

Union members will abide by the company polices as set forth in DZSP 21 LLC General Policies and Procedures. If policy interpretation should conflict with the CBA, the CBA will be the determining factor.

ARTICLE XXI - WAGES

Section 1. General Wage Increase: There will be an annual wage increase of up to 3% every January 1 for every year covered by this agreement (or as may be extended) based on budgetary controls established by the Secretary of Defense, Naval Installations Command, Joint Region Marianas, and/ or the Contracting Officer. If budgetary controls are restrictive, the Company will notify the Union as soon as practicable. See Exhibit A.

Section 2. All positions in Exhibit A will have an established Lead pay rate of $1 over the "journeyman" rate when employees are performing in an assigned Lead capacity and/or engaged in assigned roles when they are providing train-the-trainer instruction. Lead rates must be pre-approved by the Business Manager.

Section 3. Heavy Equipment Mechanics will be expected to be able to work on all heavy equipment, including cranes. Crane Mechanics and Crane Inspectors must maintain qualifications in accordance with the NAVFAC P-307.

Section 4. High voltage electricians will be paid at a rate of $2.00/hour over the maintenance electrician rate. High voltage electricians are required to remain technologically current; the Union will provide continuing educational information to meet this requirement at no cost to the Company.

Section 5. Employees who work a regularly scheduled night shift that begins between the hours of 6:00 PM. and midnight (12:00 AM) will receive a night shift differential of $0.50/hour over the standard wage rate for their position. Employees who work a regularly scheduled night shift that begins between the hours of midnight (12:00 AM) and 6:00 AM will receive a night shift differential of $1.00/hour over the standard wage rate for their position.

Section 6. In order to provide services effectively, the Company often needs work to be done outside of regular working hours. When an employee is designated by letter or by list to be immediately available to return to work during a period in which he is not on regular duty, he shall be on standby duty and subject to recall. While on standby duty, an employee cannot consume alcohol, must be available at a known telephone number and be physically able to return to work within 30 minutes. Employees who are designated by the Annex Manager or his designee to serve in standby duty shall receive special compensation. An employee on standby is entitled to compensation as follows:

(a) During off-duty hours following a day of work, an employee shall be entitled to a standby pay of one hour's pay at the employee's hourly wage.

(b) During a day of rest or a designated paid holiday, an employee shall be entitled to a standby pay of two hour's pay at the employee's hourly wage.

(c) When an employee, while on standby, is unavailable or unable to report to work when required, no compensation shall be granted for the total standby period and the employee shall be subject to discipline.

(d) An employee who is on standby duty shall receive the applicable standby duty pay in addition to pay for all hours worked when recalled.

Section 7. The Company may grant Hazardous Pay Differential to employees who are temporarily exposed to hazardous duty or duty involving physical hardship. Hazardous duty pay shall not be used as an incentive to encourage employees to work in an unsafe place or under unsafe conditions. Hazardous Pay Differential is calculated at the rate of the employee's regular wage plus four or eight percent depending on the degree of hazard. Implementation of pay differential will be applicable if and only if a Determination of Hazardous Duty has been made in accordance with the Company's Temporary Hazard Pay procedure. Employees will only be compensated for the period of their exposure in half-hour increments.

(a) An eight percent (8%) differential is applicable when employees are exposed to a high-risk hazard such as mandatory work on an energized high voltage circuit.

(b) A four percent (4%) differential is applicable when employees are exposed to a medium-risk hazard such as mandatory work handling ordnance.

ARTICLE XXII - HOLIDAYS

Section 1. The Company will observe the following holidays with pay:

New Year's Day	Labor Day
Martin Luther King's Birthday	Columbus Day
President's Day	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

NOTE: If contractually feasible, the Company will observe Guam's Liberation Day (July 21) in lieu of Columbus Day.

Section 2. When a holiday falls on an employee's first designated day off in the workweek, the preceding scheduled workday shall be observed as the holiday.

Section 3. When a holiday falls on an employee's second designated day off in the workweek, the following scheduled workday shall be observed as the holiday.

Section 4. All employees whose work schedules permit will be entitled to have the day off and shall receive their regularly scheduled straight time pay as holiday pay.

Section 5. In case the Company requires an employee to work on a designated holiday, the employee will receive the applicable holiday pay and, in addition, the work performed by such employee shall be paid for at one and one-half (1 1/2) their regular rate.

Section 6. An employee, who has been notified at least twenty-four hours in advance to work on a holiday and who does not work without a valid excuse, shall receive no holiday pay for that day. Advance notice may be less than twenty-four hours in case of an emergency.

Section 7. An employee must be in a Company paid status on the scheduled workday before and the scheduled workday after his designated holiday in order to receive holiday pay. Regularly scheduled work, scheduled/approved paid time off, etc. qualify as "paid status." An employee not on a paid leave status, such as Leave Without Pay, Short Term Disability, Family Medical Leave or Military Leave, will receive no holiday pay.

ARTICLE XXIII – PAID TIME OFF (PTO)

Section 1. Allowances. Eligibility and service credit shall be from employee's benefit date to Company benefit date. Paid time off (PTO) will be awarded as follows:

a) An employee with one (1) year of service, but less than three (3) years of service will be awarded up to 15 days (3 weeks) PTO annually.

b) An employee with three (3) years of service, but less than eight (8) years of service will be awarded up to 25 days (5 weeks) of PTO annually.

c) An employee with eight (8) years of service will be awarded up to 30 days (6 weeks) of PTO annually.

d) PTO hours shall be earned, accrued, calculated, and awarded in accordance with Company Policy every pay period.

e) PTO benefits will not be computed on overtime hours.

f) PTO is an employee benefit, which may be used for vacations, sick leave, time off for personal chores, respite from the rigors of work, etc. Employees will be encouraged to use their earned benefit during the year. Employees will be expected to plan their time off with their supervisor to minimize impacts to the BOSC except for illness (see Article XXVI).

g) Pay in advance will not be provided for PTO.

h) Employees leaving the Company will be paid for all fully earned unused PTO upon termination.

i) Employees who are laid off by the company will receive their earned/accrued PTO.

Section 2. Scheduling. PTO requests must be made in writing to the employee's supervisor at least fourteen (14) calendar days prior to start date. The Company reserves the right to

approve or deny requests based on business operational requirements. PTO requests will be approved based on seniority. PTO may be used in increments of no less than one (1) hour.

Section 3. Conversion. PTO accruals will begin 1 January 2013. PTO will be implemented in a way that employees will not lose vacation time already "proportionally earned."

Section 4. Leave Sharing. The Company intends to establish a leave sharing bank for the purpose of providing leave for those employees in need and who are eligible for leave sharing. If allowed by the Government and the contract, an HRO policy will be written detailing donation and eligibility procedures.

ARTICLE XXIV - JURY DUTY

Section 1. Employees summoned to serve on jury duty will be granted time off not to exceed the limits of the prevailing territory law or up to 10 days of service, whichever is greater.

Section 2. Notice of jury duty must be given to the Company upon receipt of a jury summons, and proof of such service must be submitted to the satisfaction of the Company before this Article shall apply. Employee shall have total hours served on jury duty noted on the proof of service. Employees summoned to jury duty that are released by the Court with less than four (4) hours of service shall return to work.

Section 3. The Company shall compensate the employee for each regular workday spent on jury duty as specified by the applicable governing statute. If no compensation provision is specified by statute, the employee will receive the difference between gross fees received and the employee's regular earnings that would have been paid for each day of service.

Section 4. Any employee scheduled to work third shift when he is summoned for jury duty shall not be required to work the night before he is to report for jury duty. He shall receive payment as outlined above.

Section 5. Part-time employees working 20 hours per week or more will receive jury duty benefits on a pro rata basis.

ARTICLE XXV - BEREAVEMENT LEAVE

Section 1. Immediate Family. An employee with the Company shall be given up to three (3) paid workdays off to attend the funeral of his immediate family. "Immediate family" shall be considered as follows:

> Spouse, parent, parent of spouse, legal guardian, child, brother, sister, stepparent, stepparent of spouse, stepchild, stepbrother, stepsister, grandchild, grandparent, and grandparent of spouse.

Under special circumstances, an employee may be granted up to five (5) paid workdays off to attend to the funeral and other affairs related the death of an immediate family member. Those

special circumstances are: (1) Executor of the decedent's will, (2) Only child of the decedent, (3) Primary caretaker of the decedent, or (4) Off-island travel (other than Saipan) required to attend the funeral. Proof documentation will be required.

Section 2. Extended Family. An employee shall be given one (1) paid workday off to attend the funeral of the following extended family members:

Brother/sister of spouse, stepbrother/sister of spouse, half-brother/sister of spouse, son/daughter-in-law, and spouse of employee's brother/sister.

Section 3. Employees may be required to provide proof of claim.

Section 4. Part-time employees working 20 hours per week or more will receive bereavement benefits on a prorated basis.

ARTICLE XXVI - ILLNESS

Section 1. Paid Time Off (PTO) is provided to cover paid time away from work in the event that an employee is ill or injured and unable to work in accordance with the employee's terms and conditions of employment.

a) Absences of more than two (2) consecutive scheduled working days shall require a written statement from the employee's physician documenting medical treatment, if requested. Absences of more than fourteen (14) consecutive calendar days require a physician's Release to Work Statement detailing any work related limitations. Hospitalization of any duration requires a physician's Release to Work Statement.

b) Employees who become ill or injured during working hours must report to their supervisor before departing, except during a medical emergency.

c) All employees who are unable to report for work because of illness or injury must notify their immediate supervisor prior to the scheduled start of the employee's shift. When reporting absences, the employee is to report the nature of the illness or injury, anticipated duration of home or hospital confinement, and a telephone number for follow-up, if needed. Absences must be reported daily unless otherwise instructed by the employee's supervisor.

d) In the event that the nature of the illness or injury prevents the employee from providing the required notification, a family member or friend of the employee should report the employee's absence to the employee's immediate supervisor.

e) For absences exceeding fourteen (14) consecutive days, the employee is responsible for maintaining weekly contact with his immediate supervisor to keep him informed as to their status. The supervisor is then responsible for reporting employee status for employee's absences of over fourteen (14) consecutive working days to the Human Resources Office.

f) Days spent in the hospital and in recuperation may be charged to PTO with supporting documentation from the hospital or physician.

g) Should the employee's supervisor believe that an absence is due to an occupational related illness or injury, the supervisor is responsible for reporting this information to the Annex or Department Manager, the Human Resources Department and the Health & Safety Department.

ARTICLE XXVII - OVERCLASSIFICATION

Section 1. All employees directed/approved by competent authority (Annex or Department Manager) to perform work in a higher classification will receive the applicable rate of pay for such classification while engaged in such work.

Section 2. Employees in a lower classification requesting on-the-job training (OJT) shall be given the opportunity to perform limited work at the higher classification, on a training basis, without an increase in compensation. Such training will be recorded (Employee, Trainer, job tasks performed, hours performed on each task, Supervisor's signature, Annex Manager's signature) and filed in employee's personnel file.

ARTICLE XXIII - APPRENTICESHIP PROGRAM AND VOLUNTARY EDUCATIONAL PROGRAM

Section 1. The company will jointly work with the Union to develop and maintain a viable Apprenticeship Program. The program will be a joint partnership with DZSP 21 LLC; I.B.E.W., Local 1260; Guam Community College; and the General Contractors Association.

Section 2. All employees indentured into the Apprenticeship Program will be compensated according to the standards set in the DZSP 21 LLC guidelines, with the help of the Guam Contractors Association and Guam Community College.

Section 3. Should there be substantial changes or elimination of referenced program, beyond the control of the Company, the parties will meet in a good faith effort to seek alternate solutions. However, the Company is under no obligation to incur liability from discontinuance of said program under the above described circumstances.

ARTICLE XXIX - INSURANCE

Section 1. DZSP 21 LLC will pay into the DZSP 21 LLC health and welfare plan for all regular compensated hours up to a maximum 40 hours a week at the rate published in the most recent Service Contract Wage Determination as and when incorporated in the Contract. The rate will become effective on January 1 of each year covered by this agreement. Monies in excess of those necessary to provide the coverage as set forth in this Article will be placed in the employee's 401(K) plan.

Section 2. The health plan will provide health benefits via a Guam insurance carrier, competitively chosen to provide optimum benefits at lowest cost (best value). "Level A" and "Level B" plans will be offered. The benefit plan year will be on a calendar year basis, with any changes to become effective on January 1, 2013 and each January 1 thereafter.

Section 3. The health plan administrator will administer the plan. It is anticipated that the health plan will provide for 100% paid coverage for "employee only" for the "Level A" Plan and 50% paid coverage for dependent care. Employees that select dependent care will pay the balance of the cost of the plan via payroll deduction. Employees that select the "Level B" Plan will pay the full difference in cost between the "Level A" and the "Level B" plan.

ARTICLE XXX – SAVINGS/RETIREMENT PLAN

DZSP 21 LLC offers a 401(K) Savings/Retirement Plan to hourly employees and will contribute 2% of the employee's earnings (holidays, PTO, other leave, LWOP, and overtime are not eligible) every pay period to the employee's plan. The Savings Plan also allows for employee contributions in accordance with IRS regulations and is accomplished through payroll deduction(s). It is understood and agreed that the plan will be effective for the duration of this Collective Bargaining Agreement unless terminated by mutual agreement of the parties. However, the Company, at its sole discretion during the term of our Agreement, may determine that it is necessary or advisable to change, amend, modify, change administrators, or terminate the Plan. If the Company plans such actions, it will promptly notify the Union of such actions and meet with the Union to discuss changes.

ARTICLE XXXI – SUBSTANTIVE CBA CONTRACT CHANGES

Section 1. The Table of Contents and the following articles/sections were modified or added:

Agreement Preamble
Agreement Term
ARTICLE I, RECOGNITION, Section 1
ARTICLE VI, ARBITRATION PROCEDURE, Section 1
ARTICLE IX, BARGAINING UNIT WORK
ARTICLE X, SENIORITY, Sections 2, 3, 4, and 5
ARTICLE XII, FILLING OF VACANCIES, Sections 1, 2 and 3
ARTICLE XIII, HOURS OF WORK, Sections 1and 9
ARTICLE XV, LEAVE OF ABSENCE, Section 4
ARTICLE XVIII, SHOP STEWARDS, Sections 1 and 2
ARTICLE XX, COMPANY POLICIES
ARTICLE XXI, WAGES, Sections 1 and 5
ARTICLE XXII, HOLIDAYS, Sections 1 and 7
ARTICLE XXIII, title changed to PAID TIME OFF and content reworded
ARTICLE XXV, BEREAVEMENT LEAVE, Sections 1, 2 and 4
ARTICLE XXVI, title changed to ILLNESS and wording slightly modified to accommodate
ARTICLE XXIX, INSURANCE, Sections 1 and 2
ARTICLE XXX, SAVINGS/RETIREMENT PLAN
ARTICLE XXXI – SUBSTANTIVE CBA CONTRACT CHANGES
ARTICLE XXXII, TERM and NOTICE of CHANGE or TERMINATION

ARTICLE XXXII - TERM AND NOTICE OF CHANGE OR TERMINATION

This Agreement shall be effective January 1, 2013 and shall continue in full force and effect through 11:59 pm on December 31, 2016 unless the party desiring termination or modification of the agreement serves written notice, by certified mail, upon the other party at least sixty (60) days prior to the anniversary date (January 1) of the agreement.

In witness whereof, the parties have caused this agreement to be executed by their authorized representatives on the 29th day of June 2012.

DZSP 21 LLC

Wayne L. Cornell
President & CEO

Charles G. Geer
Business Manager

Gloria J. Harris
Human Resources / Labor Relations Manager

International Brotherhood of Electrical Workers, Local 1260

Loren Taguchi
President

VACANT
Recording Secretary

Brian Ahakuelo
Business Manager / Financial Secretary

Kenneth Laguana
Organizer

Russell Yamanoha
Assistant Business Manager

Brandon Ahakuelo
Organizer

Jose Salas
Executive Board / Negotiations Committee

Pastor Ranoco
Negotiations Committee

Daniel Bass
Negotiations Committee

AMENDMENT / MEMORANDUM OF AGREEMENT #2

Reference: COLLECTIVE BARGAININ AGREEMENT BETWEEN DZSP 21 LLC and LOCAL 1260, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, negotiated and signed 10 October 2013

As per Section 1 of ARTICLE XXI (Wages), the wage increase for calendar year 2014 will be 1.5% beginning 1 January 2014 through 31 December 2014.

It is mutually agreed and understood that the Company and the Union will open negotiations annually to determine wage increases, if any, for the following year in accordance with Section 1 of ARTICLE XXI (Wages).

Exhibit A to referenced CBA will be modified accordingly.

All other previously negotiated and agreed upon Articles and contractual elements remain in effect.

In witness whereof, the parties have caused this agreement to be executed by their authorized representatives on the 10th day of October 2013.

Wayne L. Cornell
President & CEO / Project Director
DZSP 21 LLC

Brian F. Ahakuelo
Business Manager / Financial Secretary
International Brotherhood of Electrical Workers
Local 1260

Exhibit A-3

Notes	POSITION/TITLE	Current Rates As of 1/1/2012	AMENDMENT MOA # 1 As of 1/1/2013	AMENDMENT MOA # 2 As of 1/1/2014
ART XXI, Sect 1		3%	1.5%	1.5%
	ACCOUNTING CLERK I	$14.18	$14.39	$14.61
	ACCOUNTING CLERK II	$14.94	$15.16	$15.39
	ACCOUNTING CLERK III	$16.21	$16.45	$16.70
	ACCOUNTING CLERK IV	$19.11	$19.40	$19.69
	ADMINISTRATIVE ASSISTANT	$20.18	$20.48	$20.79
	AIR TRAF CONT SPEC TERM (MTC)	$28.57	$29.00	$29.43
	AUTOMOTIVE WORKER	$16.09	$16.33	$16.58
	BUILDING INSPECTOR	$23.20	$23.55	$23.90
	BUS DRIVER	$12.23	$12.41	$12.60
	CARPENTER MAINTENANCE	$17.64	$17.90	$18.17
	CASHIER	$9.58	$9.72	$9.87
	CLEANER, VEHICLES	$9.11	$9.25	$9.39
	COLLECTION SYSTEM OPERATOR LEVEL I	$17.06	$17.32	$17.58
	COLLECTION SYSTEM OPERATOR LEVEL II	$17.75	$18.02	$18.29
	COLLECTION SYSTEM OPERATOR LEVEL III	$18.18	$18.45	$18.73
	COLLECTION SYSTEM OPERATOR LEVEL IV	$19.21	$19.50	$19.79
	COMPUTER OPERATOR II	$17.22	$17.48	$17.74
	COMPUTER OPERATOR III	$18.99	$19.27	$19.56
	COMPUTER OPERATOR IV	$21.05	$21.37	$21.69
	COMPUTER OPERATOR V	$23.58	$23.93	$24.29
	COMPUTER PROGRAMMER II	$21.24	$21.56	$21.88
	COMPUTER PROGRAMMER III	$26.01	$26.40	$26.80
	COMPUTER PROGRAMMER IV	$31.81	$32.29	$32.77
	COMPUTER SYS ANALYST II (QA SPC)	$31.84	$32.32	$32.80
	COOK I	$10.35	$10.51	$10.66
	COOK II	$14.23	$14.44	$14.66
	CRANE OPERATOR	$21.22	$21.54	$21.86
ART XXI, Sect 3	CRANE INSPECTOR	$21.22	$21.54	$21.86
	DECKHAND	$12.31	$12.49	$12.68
	DESK CLERK	$11.31	$11.48	$11.65
Note 1	DIET CLERK	$10.35	$10.51	$10.66
	DISPATCHER, ELECTRICAL UTILITIES	$21.58	$21.90	$22.23
	DISPATCHER, MOTOR VEHICLE	$15.94	$16.18	$16.42
	DISTRIBUTION SYSTEM OPERATOR LEVEL I	$17.06	$17.32	$17.58
	DISTRIBUTION SYSTEM OPERATOR LEVEL II	$17.75	$18.02	$18.29
	DISTRIBUTION SYSTEM OPERATOR LEVEL III	$18.18	$18.45	$18.73
	DISTRIBUTION SYSTEM OPERATOR LEVEL IV	$19.21	$19.50	$19.79
	DRAFTER III	$23.35	$23.70	$24.06
	DRAFTER IV	$28.91	$29.34	$29.78

Exhibit A-3

Notes	POSITION/TITLE	As of 1/1/2012	As of 1/1/2013	As of 1/1/2014
	ELEC. TECH II, MAINTENANCE	$18.62	$18.90	$19.18
	ELEC. TECH III, MAINTENANCE	$22.66	$23.00	$23.34
ART XXI, Sect 4	ELECTRICIAN, HIGH VOLTAGE (HV)	$20.96	$21.27	$21.59
	ELECTRICIAN, MAINTENANCE	$18.96	$19.24	$19.53
	ENGINEERING TECHNICIAN III	$19.92	$20.22	$20.52
	ENGINEERING TECHNICIAN IV	$24.66	$25.03	$25.41
	ENVIRONMENTAL TECHNICIAN	$22.90	$23.24	$23.59
	ESTIMATOR	$22.30	$22.63	$22.97
	FIELD MAINTENANCE TECHNICIAN	$19.40	$19.69	$19.99
	FIRE ALARM SYSTEM MECHANIC	$18.64	$18.92	$19.20
	FOOD SERVICE WORKER	$9.15	$9.29	$9.43
	FORKLIFT OPERATOR	$16.60	$16.85	$17.10
	FUELS DISTR.SYSTEMS OPERATOR	$17.59	$17.85	$18.12
	GENERAL CLERK I	$10.95	$11.11	$11.28
	GENERAL CLERK II (GATE GUARD)	$12.29	$12.47	$12.66
	GENERAL CLERK III	$13.47	$13.67	$13.88
	GENERAL CLERK IV	$14.71	$14.93	$15.15
	GENERAL MAINTENANCE WORKER	$14.63	$14.85	$15.07
	HAZMAT STORAGE SPECIALIST	$22.32	$22.65	$22.99
ART XXI, Sect 3	HEAVY EQUIPMENT MECHANIC	$20.09	$20.39	$20.70
	HEAVY EQUIPMENT OPERATOR	$18.64	$18.92	$19.20
	HRAC MECHANIC	$19.31	$19.60	$19.89
	INSTRUMENT MECHANIC	$18.64	$18.92	$19.20
	JANITOR	$10.70	$10.86	$11.02
	LABORATORY TECHNICIAN	$22.09	$22.42	$22.76
	LABORER	$9.58	$9.72	$9.87
	LIBRARIAN	$20.78	$21.09	$21.41
	LIBRARY TECHNICIAN	$15.19	$15.42	$15.65
	LINE HANDLER	$19.02	$19.31	$19.59
	LOCKSMITH	$17.64	$17.90	$18.17
	MACHINERY MAINT. MECHANIC	$19.21	$19.50	$19.79
	MACHINIST, MAINTENANCE	$18.64	$18.92	$19.20
	MAINTENANCE TRADES HELPER	$11.85	$12.03	$12.21
	MARINE TRAFFIC CONTROLLER	$28.57	$29.00	$29.43
	MATERIAL COORDINATOR	$18.45	$18.73	$19.01
	MATERIAL EXPEDITOR	$21.23	$21.55	$21.87
	MATERIAL HANDLING LABORER	$11.87	$12.05	$12.23
	MILLWRIGHT	$18.64	$18.92	$19.20
	MOBILE EQUIPMENT SERVICER	$10.60	$10.76	$10.92
ART XXI, Sect 2	MOBILE EQUIPMENT SERVICER, LEAD	$11.60	$11.78	$11.95
	MOTOR VEHICLE MECHANIC	$17.37	$17.63	$17.90
	MOTOR VEHICLE MECHANIC HELPER	$11.85	$12.03	$12.21

Exhibit A-3

Notes	POSITION/TITLE	As of 1/1/2012	As of 1/1/2013	As of 1/1/2014
	ORDER CLERK I	$12.82	$13.01	$13.21
	ORDER CLERK II	$13.99	$14.20	$14.41
	ORDNANCE EXPLOSIVE HANDLER	$16.60	$16.85	$17.10
	PAINTER, AUTOMOTIVE	$16.47	$16.72	$16.97
	PAINTER, MAINTENANCE	$17.64	$17.90	$18.17
	PEST CONTROLLER I	$14.46	$14.68	$14.90
	PEST CONTROLLER II	$17.37	$17.63	$17.90
	PHOTOGRAPHER IV	$19.48	$19.77	$20.07
	PIPEFITTER MAINTENANCE	$19.09	$19.38	$19.67
	PLUMBER, MAINTENANCE	$18.08	$18.35	$18.63
	PNEUDRAULIC SYSTEMS MECHANIC	$18.64	$18.92	$19.20
	PRODUCTION CONTROL CLERK	$19.65	$19.94	$20.24
	REFUSE COLLECTOR	$9.68	$9.83	$9.97
	RENTAL CLERK	$15.07	$15.30	$15.53
	REPORTER/WRITER	$17.29	$17.55	$17.81
	RIGGER	$18.64	$18.92	$19.20
	SAFETY INSPECTOR	$23.22	$23.57	$23.92
	SECRETARY II	$17.07	$17.33	$17.59
	SECRETARY III	$17.41	$17.67	$17.94
	SHEET-METAL WORKER, MAINT.	$19.29	$19.58	$19.87
	SHIPPING PACKER	$16.17	$16.41	$16.66
	SHIPPING/RECEIVING CLERK	$16.17	$16.41	$16.66
	STATIONARY ENGINEER	$18.96	$19.24	$19.53
	STEVEDORE I	$18.10	$18.37	$18.65
	STEVEDORE II	$19.92	$20.22	$20.52
	STOCK CLERK	$16.88	$17.13	$17.39
	SUPPLY TECHNICIAN	$19.34	$19.63	$19.92
	TECHNICAL WRITER II	$28.27	$28.69	$29.12
	TECHNICAL WRITER III	$34.20	$34.71	$35.23
	TEST EXAMINER	$17.07	$17.33	$17.59

Exhibit A-3

Notes	POSITION/TITLE	As of 1/1/2012	As of 1/1/2013	As of 1/1/2014
	TOOL AND PARTS ATTENDANT	$16.60	$16.85	$17.10
	TRUCK DRIVER, LIGHT (SML CFT OPR)	$13.70	$13.91	$14.11
	TRUCK DRIVER, HEAVY TRUCK	$14.62	$14.84	$15.06
	TRUCK DRIVER, MEDIUM TRUCK	$13.88	$14.09	$14.30
	TRUCK DRIVER, LIGHT TRUCK	$11.80	$11.98	$12.16
	VENTILATION EQUIPMENT TENDER	$12.29	$12.47	$12.66
	WAITER/WAITRESS	$8.90	$9.03	$9.17
	WAREHOUSE SPECIALIST	$16.60	$16.85	$17.10
	WASTE WATER PLANT OPERATOR LEVEL I	$17.06	$17.32	$17.58
	WASTE WATER PLANT OPERATOR LEVEL II	$17.75	$18.02	$18.29
	WASTE WATER PLANT OPERATOR LEVEL III	$18.35	$18.63	$18.90
	WASTE WATER PLANT OPERATOR LEVEL IV	$19.90	$20.20	$20.50
	WASTE WATER SYSTEM SPECIALIST	$17.74	$18.01	$18.28
	WATER PLANT OPERATOR LEVEL I	$17.06	$17.32	$17.58
	WATER PLANT OPERATOR LEVEL II	$17.75	$18.02	$18.29
	WATER PLANT OPERATOR LEVEL III	$18.35	$18.63	$18.90
	WATER PLANT OPERATOR LEVEL IV	$19.90	$20.20	$20.50
	WATER SYSTEM SPECIALIST	$17.74	$18.01	$18.28
	WELDER, COMBINATION, MAINT.	$17.82	$18.09	$18.36
	WORD PROCESSOR II	$15.02	$15.25	$15.47
	WORD PROCESSOR III	$18.08	$18.35	$18.63

Note 1: Annex 1300: employees performing diet clerk duties were previously paid as General Accounting Clerks IV; incumbent wages will be frozen until the market wage or annual raises surpass $14.71; new hires will be paid the Diet Clerk wage.

Note 2: All journeyman positions will have an established Lead pay rate of $1 over the "journeyman" rate when employees are performing in an assigned Lead capacity and/or engaged in assigned roles when they are providing train-the-trainer instruction. Lead rates must be pre-approved by the Business Manager.

Note 3: There will be an annual wage increase of up to3% every January 1 for every year covered by this agreement (or as may be extended) based on budgetary controls established by the Secretary of Defense, Naval Installations Command, Joint Region Marianas, and/ or the Contracting Officer. For 2013, the annual wage increase is 1.5%.

Note 4: Employees who work a regularly scheduled night shift that begins between the hours of 6:00 PM. and midnight (12:00 AM) will receive a night shift differential of $0.50/hour over the standard wage rate for their position. Employees who work a regularly scheduled night shift that begins between the hours of midnight (12:00 AM) and 6:00 AM will receive a night shift differential of $1.00/hour over the standard wage rate for their position.

ATTACHMENT J-0200000-04
FORMS

See Attachment J-0200000-04 for forms.

N40192-15-R-9018

J-0200000-04

CONTRACT FORMS

1. Transmittal Form
2. Invoice Form
3. Contractor Production Report
4. Rework Items List
5. Quality Control Plan Components
6. Activity Hazard Analysis (AHA)
7. Accident Prevention Plan Checklist
8. Deficiency Tracking System
9. Machinery and Mechanized Equipment Certification
10. Certificate of Compliance
11. Contractor Incident Report system (CIRS)
12. OSHA Forms for Recording Work-Related Injuries and Illnesses
13. Contractor Site Safety Assessment
14. WHE Accident Reporting Form

TRANSMITTAL FORM

CONTRACT NO._____

CONTRACT TITLE _____

FROM: _____ _____
(CONTRACTOR) *(DATE)*

TO: **NAVFAC MARIANAS** SUBMITTAL NUMBER _____ RESUBMITTAL OF SUBMITTAL NUMBER _____

SUBJ: SUBMITTAL FOR PROJECT _____ _____ LINE ITEM _____

IN ACCORDANCE WITH SPECIFICATIONS PARAGRAPH _____.

TRANSMITTED HEREWITH ARE:

FOR: ( ) ACCEPTANCE OR APPROVAL ( ) CLARIFICATION ( ) SELECTION ( ) _____

IT IS HEREBY CERTIFIED THAT THE MATERIAL SUBMITTED HEREIN CONFORMS TO CONTRACT REQUIREMENTS AND CAN BE INSTALLED IN THE ALLOCATED SPACES.

CONTRACTOR'S SIGNATURE _____

FROM: _____ _____
(SIGNATURE) *(DATE)*

TO: _____ FOR REVIEW AND COMMENT NO LATER

THAN _____. (MAXIMUM 5 WORKING DAYS)
(DATE)

FROM: _____ _____

TO: _____ ( ) APPROVED: ( ) RETURNED FOR CORRECTION: ( ) SOURCE INSPECTION REQUIRED:

( ) APPROVED, AS NOTED: ( ) DISAPPROVED

( ) _____

REMARKS:

FROM: NAVFAC MARIANAS CODE _____ _____
(SIGNATURE) *(DATE)*

TO: _____

SUBMITTAL IS: ( ) APPROVED: ( ) RETURNED FOR CORRECTION: ( ) APPROVED, AS NOTED: ( ) DISAPPROVED:

( ) _____

REMARKS:

NAVFAC 7300/30 (rev 01/02)

NAVAL FACILITIES ENGINEERING COMMAND

1. CONTRACTOR'S INVOICE

From _____ Invoice Date _____

_____ Invoice Number _____

POC/Telephone/email for this invoice: _____

To: Contract Specialist: _____

Below is a Statement of Performance under Contract _____ **Task Order #** _____

for _____ **at** _____

The enclosure provides breakdown of this statement of performance.

A. Total value of contract/task order through change _____ $ _____

B. Percentage of performance complete _____ %

C. Value of completed performance $ _____

D. Less total of prior payments $ _____

E. Amount of this invoice $ _____

Signature and Title: _____

Date: Signature of Authorized Representative

2. FIRST ENDORSEMENT **Receipt and Acceptance Certification**

From: _____

To: DFAS

1. Payment is recommended as follows:

A. Amount of work completed to (date) _____ $ _____

B. Less:

Retention $ _____

Other Deductions $ _____ $ _____

C. Subtotal $ _____

D. Less previous payments $ _____

E. Certified amount for payment # _____ on TO # _____ $ _____

F. Elapsed cc (if applicable) _____

G. Responsible Certifying UIC _____

H. Invoice Receipt Date _____

I. Material/Services Receipt Date _____

J. Material/Services Acceptance Date _____

K. Date forwarded to paying office _____

L. I certify this amount is correct and payment is recommended.

Signature: _____ Date: _____

Signature of Authorized Representative

Name and Title (typed): _____

Phone and address: _____

3. PROMPT PAYMENT CERTIFICATION

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: _____ Date: _____

Signature of Authorized Representative

Name and Title (typed): _____

Phone and address: _____

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, or ACRN, etc)

_____

_____

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO	TITLE AND LOCATION	DATE
		REPORT NO
CONTRACTOR	SUPERINTENDENT	

AM WEATHER	PM WEATHER	MAX TEMP (F)	MIN TEMP (F)

WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS

JOB SAFETY

WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	☐ YES	☐ NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS
WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	☐ YES	☐ NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT
WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	☐ YES	☐ NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION
WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)	☐ YES	☐ NO	

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	☐ SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used

Schedule Activity No.	REMARKS

CONTRACTOR/SUPERINTENDENT DATE

CONTRACTOR PRODUCTION REPORT

(CONTINUATION SHEET)

CONTRACT NO	TITLE AND LOCATION	DATE
		REPORT NO

WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	☐ SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used

Schedule Activity No.	REMARKS

INCLUDE ALL PERSONNEL WORK HOURS IN THE WORK PERFORMEDSECTIONON THIS SHEET
INTO THE FRONT CONTRACTOR PRODUCTION REPORT

REWORK ITEMS LIST

CONTRACT NUMBER AND TITLE:

CONTRACTOR:

NUMBER	DATE IDENTIFIED	DESCRIPTION	CONTRACT REQUIREMENT (Spec. Section and Par. No., Drawing No. and Detail No., etc.)	ACTION TAKEN BY QC MANAGER	RESOLUTION	DATE COMPLETED

QUALITY CONTROL PLAN COMPONENTS

MINIMUM PLAN REQUIREMENTS	
Table of Contents	List major sections identified with tabs in the order of the bulletized items following hereafter.
QC Organization	Organization chart showing organization structure and lines of authority.
Names and Qualifications	The names, qualifications, and classification of each member of the Contractor's Quality Control Team. The QC Manager and Alternate QC Manager must be employees of the Prime Contractor.
Duties, Responsibilities and Authorities of QC Personnel	A listing of assigned Quality Control activities for performance by the Prime Contractor, subcontractors, offsite fabricators, and suppliers.
Outside Organizations	A list of outside organizations such as Architectural and Consulting Engineering Firms that will be employed by the Contractor and a description of their services.
Appointment Letters	Letters signed by an officer of the firm appointing the QC Manager and Alternate QC Manager and stating that they are responsible for implementing and managing the QC Program as QC Manager and Alternate QC Manager to implement and manage the three phases of control and their authority to stop work which is not in compliance with the contract.
Submittal Procedures	A listing of procedures for scheduling and managing submittals.
Testing Laboratory Information	Performance of control testing is to be included in the QC Program. If a commercial testing laboratory is to be used, the plan must indicate both the laboratory to be used and the test methods to be employed. If technicians employed by the contractor will be performing the tests, the plan must indicate who will perform specific tests and their qualifications.
Testing Plan and Log	A testing plan and log that includes the tests required, referenced by the specification number requiring the test, the frequency, and the person responsible for each test.
Procedures to Complete Construction	A listing of the procedures to identify, record and track construction deficiencies/rework items from identification through corrective action.
Documentation Procedures	Documentation procedures including proposed report formats.
List Of Definable Features of Work	A list of the definable features of work (DFOW). A DFOW is a task which is separate and distinct from other tasks and has a separate control measure.
Procedures for Performing the Three Phases of Control	Preparatory Phase, Initial Phase, and Follow-up Phase
Personnel Matrix	A personnel matrix showing, for each section of the specification, who review and approve submittals, who will perform and document the three phases of control, and who will perform and document the testing.
Procedures for Completion Inspection	Provisions for the QC Manager to conduct completion inspections of the work and develop a "punch List" of items which do not conform to the contract requirements. Perform a second completion inspection to ascertain that all "punch list" items have been corrected and so notify the gov't.
Turn Over Procedures	To include but not limited to: Warranty information, O & M manuals, system operation and sequence verification, instruction and training procedures, pre-final inspection to include the Government, final inspection to include client/customer "punch list", "punch list" correction and verification, turnover of extra materials and spare parts, turnover of keys, and turnover of completed as-built drawings.

Activity Hazard Analysis (AHA)

Activity/Work Task:	Overall Risk Assessment Code (RAC) (Use highest code)
Project Location:	**Risk Assessment Code (RAC) Matrix**
Contract Number:	
Date Prepared:	
Prepared by (Name/Title):	
Reviewed by (Name/Title):	

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

Notes: (Field Notes, Review Comments, etc.)

Step 1: Review each **"Hazard"** with identified safety **"Controls"** and determine RAC (See above)

"Probability" is the likelihood to cause an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely.

"Severity" is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible

Step 2: Identify the RAC (Probability/Severity) as E, H, M, or L for each "Hazard" on AHA. Annotate the overall highest RAC at the top of AHA.

RAC Chart

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

Job Steps	Hazards	Controls	RAC

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

Accident Prevention Plans (APP)
Appendix A EM 385-1-1
(15 SEPTEMBER 2008 edition)

FEAD/ROICC/FSC/OICC offices with the new safety requirements of EM 385 dated 15 SEPTEMBER 2008 assist our Contractors in learning how to properly develop an Accident Prevention Plan which will meet the US Army Corps of Engineers Safety and Health Requirements Manual EM 385-1-1 15 September 2008 Appendix A requirements as a minimum plan. Many of the Accident Prevention Plans (APP) that have been submitted/accepted are not in the correct format or do not address all the requirements of Appendix A.
Special new note **For LIMITED-SCOPE SERVICE, SUPPLY AND R&D CONTRACTS, for example, mowing (only), park attendant, rest room cleaning, the Contracting Officer and SOHO may allow an ABBREVIATED APP (customized APP requirements and waive the more stringent elements of this section*). See 01.A.11 and Appendix A, paragraph 11.***

An Accident Prevention Plan (APP) is a safety and health policy and program document. APP shall be job-specific and shall also address any unusual or unique aspects of the project or activity for which it is written. The APP shall interface with the employer's overall safety and health program, and a copy shall be available on the work site. Any portions of the overall safety and health program that are referenced in the APP shall be included as appropriate.
ANSI/ASSE A10.38 should be referenced for Programmatic Issues.

Most contracts awarded within NAVFAC are under the guidelines of the EM 385-1-1 concerning contract safety requirements. All NAVFAC FEAD/ROICC/OICC/FSC contractors will adhere to the EM 385-1-1 requirements for Accident Prevention Plans. The APP shall be developed by qualified personnel and then signed in accordance with Appendix A, paragraph 1. The Contractor shall be responsible for documenting the **Qualified person's** credentials.
*"**Qualified person**: one who, by possession of a recognized degree, certificate, or professional standing, or extensive knowledge, training, and experience, has successfully demonstrated his/her ability to solve or resolve problems related to the subject matter, the work, or the project."*

The Contractor shall address each of the elements/sub-elements in the outline contained in Appendix A in the order that they are provided in the manual. If an item is not applicable because of the nature of the work to be performed, the Contractor shall state this exception and provide a justification. ***> See Appendix A.***

Accident Prevention Plans that are submitted shall follow the guidelines of Appendix A of the EM 385-1-1 or they will found not **acceptable** and sent back to the contractor for re-submittal. The contractor can not start work on a contract until the Accident Prevention Plan has been submitted and found acceptable. *A copy shall be available on the work site.* The APP shall be written in English by the Prime Contractor and shall articulate the specific work and hazards pertaining to the contract.

The APP shall contain appropriate appendices (for example, a SSHP for hazardous waste site cleanup operations, a Lead Compliance Plan when working with lead, or an Asbestos Hazard Abatement Plan when working with asbestos). The APP shall also implement in detail the pertinent requirements of this manual. Before initiation of work at the job site, an APP shall be reviewed and found acceptable by the GDA.

"Accepted/Acceptable*: a term denoting when a written procedure, practice, method, program, engineering design, or employee qualification criteria submittal, which, after a cursory review by a GDA, is determined to generally conform to safety and health or contractual requirements. Acceptance or acceptability of such submittals in no way relieves the submitting entity from \ensuring employees a safe and healthful work environment or complying with all contractual requirements and good engineering practices."*

For contract operations, the Contractor's APP shall be job specific and should include work to be performed by subcontractors.

In addition, the APP should state measures to be taken by the Contractor to control hazards associated with materials, services, or equipment provided by suppliers.

Updates to the APP shall be reviewed and **approved** by the GDA

"Approved*: a method, equipment, procedure, practice, tool, etc., that is sanctioned, confirmed, as acceptable for a particular use or purpose by a person or organization authorized to render such approval or judgment*."

Steps for putting the Accident Prevention Plan Together.

1. You will need a three ring binder that will contain your Accident Prevention Plan.
2. You will need tab sheets numbered 1 through 10. The tab sheets will be used to separate the 10 sections shown in Appendix A.
3. You will need to have an index page installed as the first page of your plan.
4. Next insert tab sheet number one.
5. Next comply with section #1 a. b. and c. When you have completed these items insert them into your tab # 1 section.
6. Next insert tab sheet number two.
7. Next comply with section #2 a. b. c. d. When you have completed these items insert them into your tab #2 section
8. By now as you can see each tab section has sub statements within them that will be inserted into each section. Follow this procedure until all 10 sections are completed. Upon completion put together the correct number of Accident Prevention Plans required by your contract to be submitted to the and forward the copies to the Office in Charge of Construction.

By complying with Appendix A of the EM 385-1-1 you will have an Accident Prevention Plan which will meet the requirements of your contract and the Accident Prevention Plan can be modified for reuse with other NAVFAC contracts which may be awarded to your company

	YES	NO	N/A
1. SIGNATURE SHEET. Title, signature, and phone number of the following:			
a. Plan preparer (Qualified Person, Competent Person, such as corporate safety staff person, QC);	☐	☐	☐
b. Plan must be approved, by company/corporate officers authorized to obligate the company;	☐	☐	☐
c. Plan concurrence (e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC). Provide concurrence of other applicable corporate and project personnel (Contractor).	☐	☐	☐
2. BACKGROUND INFORMATION. List the following:			
a. Contractor;	☐	☐	☐
b. Contract number;	☐	☐	☐
c. Project name;	☐	☐	☐
d. Brief project description, description of work to be performed, and location; phases of work anticipated (these will require an AHA).	☐	☐	☐
3. STATEMENT OF SAFETY AND HEALTH POLICY.			
Provide a copy of current corporate/company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. The Contractor's written safety program goals, objectives, and accident experience goals for this contract should be provided.	☐	☐	☐
4. RESPONSIBILITIES AND LINES OF AUTHORITIES. Provide the following:			
a. A statement of the employer's ultimate responsibility for the implementation of his SOH program;	☐	☐	☐
b. Identification and accountability of personnel responsible for safety at both corporate and project level. Contracts specifically requiring safety or industrial hygiene personnel shall include a copy of their resumes.	☐	☐	☐

Qualifications shall include the OSHA 30-hour course or equivalent course areas as listed here:			
(1) OSH Act/General Duty Clause;	☐	☐	☐
(2) 29 CFR 1904, Recordkeeping;	☐	☐	☐
(3) Subpart C: General Safety and Health Provisions, Competent Person;	☐	☐	☐
(4) Subpart D: Occupational Health and Environmental Controls, Citations and Safety Programs;	☐	☐	☐
(5) Subpart E: PPE, types and requirements for use;	☐	☐	☐
(6) Subpart F: understanding fire protection in the workplace;	☐	☐	☐
(7) Subpart K: Electrical;	☐	☐	☐
(8 Subpart M: Fall Protection;	☐	☐	☐
(9) Rigging, welding and cutting, ☐ scaffolding, ☐	☐	☐	☐
excavations, ☐ concrete and masonry, ☐ demolition; ☐			
health hazards in construction,☐ materials handling, ☐			
storage and disposal, ☐ hand and power tools, ☐			
motor vehicles, ☐ mechanized equipment, ☐			
marine operations, ☐ steel erection, ☐			
stairways and ladders, ☐			
confined spaces or any others that are applicable to the work being performed. ☐			
c. The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements must be attached. The District SOHO will review the qualifications for acceptance;	☐	☐	☐

d. Requirements that no work shall be performed unless a designated competent person is present on the job site;	☐	☐	☐
e. Requirements for pre-task safety and health analysis;	☐	☐	☐
f. Lines of authority;	☐	☐	☐
g. Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified;	☐	☐	☐
h. Provide written company procedures for holding managers and supervisors accountable for safety.	☐	☐	☐
5. SUBCONTRACTORS AND SUPPLIERS. If applicable, provide procedures for coordinating SOH activities with other employers on the job site:			
a. Identification of subcontractors and suppliers (if known);	☐	☐	☐
b. Safety responsibilities of subcontractors and suppliers.	☐	☐	☐
6. TRAINING.			
a. Requirements for new hire SOH orientation training at the time of initial hire of each new employee.	☐	☐	☐
b. Requirements for mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, HAZWOPER training and certification, PPE) and any requirements for periodic retraining/recertification.	☐	☐	☐
c. Procedures for periodic safety and health training for supervisors and employees.	☐	☐	☐
d. Requirements for emergency response training. **> See paragraph 9.b. below for a list of requirements that may require emergency response training.**	☐	☐	☐

7. SAFETY AND HEALTH INSPECTIONS.			
a. Specific assignment of responsibilities for a minimum daily job site safety and health inspection during periods of work activity:	☐	☐	☐
Who will conduct (e.g., SSHO, PM, safety professional, QC, supervisors, employees – depends on level of technical proficiency needed to perform said inspections),	☐	☐	☐
Proof of inspector's training/qualifications,	☐	☐	☐
When inspections will be conducted,	☐	☐	☐
Procedures for documentation, deficiency tracking system, and	☐	☐	☐
Follow-up procedures;	☐	☐	☐
b. Any external inspections/certifications that may be required (e.g., USCG).	☐	☐	☐
8. ACCIDENT REPORTING. The Contractor shall identify person(s) responsible to provide the following:			
a. Exposure data (man-hours worked);	☐	☐	☐
b. Accident investigations, reports, and logs: Report all accidents as soon as possible but not more than 24 hours afterwards to the Contracting Officer/Representative (CO/COR). The contractor shall thoroughly investigate the accident and submit the findings of the investigation along with appropriate corrective actions to the CO/COR in the prescribed format as soon as possible but no later than five (5) working days following the accident. Implement corrective actions as soon as reasonably possible;	☐	☐	☐
c. The following require immediate accident notification:	☐	☐	☐
(1) A fatal injury;			
(2) A permanent total disability;			
(3) A permanent partial disability;			
(4) The hospitalization of three or more people resulting from a single occurrence;			
(5) Property damage of $200,000 or more.			

9. PLANS (PROGRAMS, PROCEDURES) REQUIRED BY THE SAFETY MANUAL. Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks and compliance plans. Using the EM 385-1-1 as a guide, plans may include but not be limited to:			
a. Layout plans (04.A.01);	☐	☐	☐
b. Emergency response plans:	☐	☐	☐
(1) Procedures and tests (01.E.01);	☐	☐	☐
(2) Spill plans (01.E.01, 06.A.02);	☐	☐	☐
(3) Firefighting plan (01.E.01, Section 19);	☐	☐	☐
(4) Posting of emergency telephone numbers (01.E.05);	☐	☐	☐
(5) Man overboard/abandon ship (Section19.A.04);	☐	☐	☐
(6) Medical Support. Outline on-site medical support and off-site medical arrangements including rescue and medical duties for those employees who are to perform them, and the name(s) of on-site Contractor personnel trained in first aid and CPR. A minimum of two employees shall be certified in CPR and first-aid per shift/site (Section 03.A.02; 03.D);	☐	☐	☐
c. Plan for prevention of alcohol and drug abuse (01.C.02);	☐	☐	☐
d. Site sanitation plan (Section 02);	☐	☐	☐
e. Access and haul road plan (4.B);	☐	☐	☐
f. Respiratory protection plan (05.G);	☐	☐	☐
g. Health hazard control program (06.A);	☐	☐	☐
h. Hazard communication program (06.B.01);	☐	☐	☐
i. Process Safety Management Plan (06.B.04);	☐	☐	☐
j. Lead abatement plan (06.B.05 & specifications);	☐	☐	☐

k. Asbestos abatement plan (06.B.05 & specifications);	☐	☐	☐
l. Radiation Safety Program (06.E.03.a);	☐	☐	☐
m. Abrasive blasting (06.H.01);	☐	☐	☐
n. Heat/Cold Stress Monitoring Plan (06.I.02)	☐	☐	☐
o. Crystalline Silica Monitoring Plan (Assessment) (06.M) ;	☐	☐	☐
p. Night operations lighting plan (07.A.08);	☐	☐	☐
q. Fire Prevention Plan (09.A);	☐	☐	☐
r. Wild Land Fire Management Plan (09.K);	☐	☐	☐
s. Hazardous energy control plan (12.A.01);	☐	☐	☐
t. Critical lift Plan (16.H);	☐	☐	☐
u. Contingency plan for severe weather (19.A.03);	☐	☐	☐
v. Float Plan (19.F.04);	☐	☐	☐
w. Site-Specific Fall Protection & Prevention Plan (21.C);	☐	☐	☐
x. Demolition plan (to include engineering survey) (23.A.01);	☐	☐	☐
y. Excavation/trenching plan (25.A.01);	☐	☐	☐
z. Emergency rescue (tunneling) (26.A.);	☐	☐	☐
aa. Underground construction fire prevention and protection plan (26.D.01);	☐	☐	☐
bb. Compressed air plan (26.I.01);	☐	☐	☐
cc. Formwork and shoring erection and removal plans (27.C);	☐	☐	☐
dd. Pre-Cast Concrete Plan (27.D);	☐	☐	☐
ee. Lift slab plans (27.E);	☐	☐	☐
ff. Steel erection plan (27.F.01);	☐	☐	☐

gg. Site Safety and Health Plan for HTRW work (28.B);	☐	☐	☐
hh. Blasting Safety Plan (29.A.01);	☐	☐	☐
ii. Diving plan (30.A.13);	☐	☐	☐
jj. Confined space Program (34.A);	☐	☐	☐
9. **RISK MANAGEMENT PROCESSES.** Detailed project-specific hazards and controls shall be provided by an Activity Hazard Analysis (0I.A.13) for each major phase/activity of work.	☐	☐	☐
REMARKS;			

Deficiency Tracking System

Date Identified	Description of deficiency	Name Responsible for correcting	Projected Resolution Date	Date Actually Resolved

Deficiency Tracking System Continued

MACHINERY & MECHANIZED EQUIPMENT CERTIFICATION FORM

From (Prime Contractor): _____

Contract No.: _____

Contract Title: _____

To: Contracting Officer

Subj: **SAFETY CERTIFICATION OF MACHINERY AND MECHANIZED EQUIPMENT**

Reference: (a) U.S. Army Corps of Engineers, EM 385-1-1 (15 Sep 2008), Safety & Health Requirements Manual, (b) NAVFAC P-307 (Dec 2009)

Per EM 385-1-1, paragraph 18.A.03.b, "Before initial use, vehicles not otherwise inspected by State or local authorities, shall be inspected by a qualified mechanic and found in safe operating condition and in compliance with all required published vehicle safety standards. ***This safety certification form shall be available for inspection on the work site.*** > **Subsequent re-inspections will be conducted at least annually thereafter**.

Inspection and certification of machinery and mechanized equipment, as required by EM 385-1-1 and NAVFAC P-307, has been made for the following equipment:

a. Identification of equipment:

(1) Make: _____ Model: _____

License/Serial Number: _____ Year: _____

(2) Make: _____ Model: _____

License/Serial Number: _____ Year: _____

2. The above listed equipment is **CERTIFIED TO BE IN SAFE OPERATING CONDITION BY A QUALIFIED PERSON IN ACCORDANCE WITH THE MANUFACTURE'S RECOMMENDATIONS**.

Every person operating a motor vehicle shall possess, at all times while operating such vehicle, a license/permit valid for the equipment being operated. All machinery and mechanized equipment will be operated ***only by designated qualified personnel***.

I certify that all machinery and mechanized equipment listed above is certified to be in safe operating condition in accordance with the manufacture's recommendations.

Name, Title, and signature of Qualified Person making the inspection

Name: _____ Title: _____

Signature (Qualified Person) _____ Date: _____

Copy to: Contract File

APPENDIX P – CONTRACTOR CRANE (OR ALTERNATE MACHINE USED TO LIFT SUSPENDED LOAD) AND RIGGING GEAR REQUIREMENTS

CERTIFICATE OF COMPLIANCE

This certificate shall be signed by an official of the company that provides cranes (or multi-purpose machines, material handling equipment, or construction equipment used to lift loads suspended by rigging gear) or rigging gear for any application under this contract. Post a completed certificate on each crane or alternate machine (or in the contractor's on-site office for rigging operations) brought onto Navy property.

CONTRACTING OFFICER'S POINT OF CONTACT (Government Representative)	PHONE
PRIME CONTRACTOR/PHONE	CONTRACT NUMBER
CRANE OR ALTERNATE MACHINE SUPPLIER/PHONE (if different from prime contractor)	CRANE OR ALTERNATE MACHINE NUMBER (i.e., ID number)
CRANE OR ALTERNATE MACHINE MANUFACTURER/TYPE/CAPACITY	
CRANE OR ALTERNATE MACHINE OPERATOR'S NAME(S)	

I certify that

1. The above noted crane or alternate machine and all rigging gear conform to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and applicable ASME B30 standards. The following OSHA regulations and ASME standards apply:_____
2. The operators noted above have been trained and are qualified for the operation of the above noted crane(s) or alternate machine(s).
3. The operators noted above have been trained not to bypass safety devices during lifting operations.
4. The operators, riggers and company officials are aware of the actions required in the event of an accident as specified in the contract.

COMPANY OFFICIAL SIGNATURE	DATE
COMPANY OFFICIAL NAME/TITLE	

POST ON CRANE (OR ALTERNATE MACHINE)

(IN CAB OR VEHICLE)

(or in the contractor's on-site office for rigging operations)

FIGURE P-1

Initial Report
Follow-up Report
Final Report
Date _____/_____/_____

Contractor Incident Report System (CIRS)

1. Contract Information	Incident Information
Prime Contractor:	**Cage Code**:
Contract Number:	**Installation of Incident:**
Task Order #:	**Contracting Activity/ROICC Office:**

Contractor Contact Information	
Name (Last, First):	**Phone #:**
Email Address:	**Date Notified:**

2. Incident Type (Please Check/Bold All That Apply)

Assault/Violent Act	Extreme Environmental Exposure	Man over the side (No water entry)
Diving	Falls, slip, trip, or bodily exertion	Man Overboard - Water Entry
Electrical Shock/Burns	Fires - All Types	Material Handling Equipment
Equipment Installation/Repair	Hazardous Material (any type)	Ordnance-Related (Explosive)
Explosion, Non-Ordnance	**Industrial (Select Additional Below)**	Vehicle (Government or Private)

Industrial Incident Additional Information (Please Check/Bold All That Apply)

Confined Space	Hand and Power Tools	Work Platforms and Scaffolding
Demolition/Renovation	Rigging	Underground Construction, Shafts, and Caissons
Trenching/Entrapment	Cranes and Hoisting Equipment	Concrete, Masonry, Steel Erection and Residential Construction
Traffic Control	Floating Plant and Marine Activities	Tree Maintenance and Removal
Welding and Cutting	Pressurized Equipment and System	Airfield and Aircraft Operations
Control of Hazardous Energy	Fall Protection	

3. General Information — Incident Information

Date of Accident:	Time of Accident:

Describe the accident in detail in your words: *(Use the back of page if you need additional space)*

Exact Location of Accident:

Were Hazardous Material(s) Involved ☐ Yes ☐ No

If Yes, Explain What Hazardous Materials Were Involved and Why:

Who Provided Clean-up? ☐ Onsite ☐ Base ☐ Public

Activity of the injured person at the time of incident:

Personal Protective Equipment: (Check/Bold Response)

☐ Available and used ☐ Available and not used ☐ Not Required

☐ Not related to Mishap ☐ Wrong PPE for job

List PPE Used:

4. Fully Explain What Allowed or Caused the Incident: Incident Information

Direct Cause:

Indirect Cause:

Additional Action Taken: (Please Include a Begin Date and Est. End Date in Description)

Additional Action Taken: (Please Include a Begin Date and Est. End Date in Description) *(Use the back of page if you need additional space)*

5. Contributing Factors:

Was Visibility Restricted? ☐ Yes ☐ No

Distance Visibility was restricted:

Unit of Measure (Check/Bold): ☐ Feet ☐ Yards ☐ Meters ☐ Miles ☐ Nautical Miles

Visibility Restricted By: (Check/Bold all that apply)

☐ Fog ☐ Smoke ☐ Rain ☐ Sleet ☐ Snow

☐ Mist ☐ Dust ☐ Sandstorm ☐ Unknown Object ☐ Other:

Lighting Conditions at Site of Mishap:

(Please Check)

☐ Adequate ☐ Inadequate ☐ Unknown

Was Noise Level a Factor:

(Please Check)

☐ Yes ☐ No ☐ Unknown

Was Carbon Monoxide (CO) a Factor:(Please Check)

☐ Yes ☐ No

If Yes CO Alarm Manufacturer:

5. Contributing Factors: Continued

Incident Information

Other Contributing Factors:

6. Attached Documents

Attached Documents/Files Name/Description:	Date Added:	Uploaded By:

1. Injured Data (if applicable) Person

Age:	Gender: (Check/Bold) Male Female	Prime Contractor Company Name:	Subcontractor Company Name:

2. General Information

Drug or Alcohol Involved: (Check/Bold all that apply)

None Unknown Alcohol Drugs Alcohol and Drugs

Who Provided First Aid? Onsite Base Public

Was Ergonomics a Factor: (Check/Bold) Yes No

Type of Ergonomic Injury: (Check/Bold All That Apply)

Lifting Positioning Bending Equipment Placement Office

Equipment Placement Industrial Repetitive Motion Impact Strain

3. Injury Illness/Fatality Information

Severity of Injury/Illness: (Check/Bold)

Fatality
Lost Workday Case Involving Days Away From Work
Temporary Disability
Recordable Workday Case Involving Restricted Duty
Permanent Total Disability
Other Recordable Case
Recordable First Aid Case
Permanent Partial Disability
Non-Recordable Case
No Injury

Where There Days Lost: (Check/Bold)	Where There Days Hospitalized: (Check/Bold)	Where There Days Restricted Duty: (Check/Bold)
Yes No	Yes No	Yes No

Part of Body Affected:

Nature of Injury or Illness:

Event or Exposure:

Source of Injury or Illness:

General Location Description:

Injury Activity Code:

4. License (if applicable) **Person #**

Are Appropriate License and Certification/Medical Current: (Check/Bold) Yes No

Describe or Explain:

Attach Image of License or Certification Name/Description:	Date Added:	Uploaded By:

5. Training

Was all the contract-required training provided to the employee: (Check/Bold) Yes No

Explain:

6. Attached Documents

Attached Documents Name/Description:	Date Added:	Uploaded By:

1. Involved Person Data			(if applicable) **Property Damage**
Age:	**Gender:** ☐ Male ☐ Female	**Contractor:**	**Contractor:**

2. Attached Documents

Attached Documents Name/Description:	Date Added:	Uploaded By:

3. Property Damaged

Was Anyone Injured: ☐ Yes ☐ No **Was A Government Motor Vehicle Involved:** ☐ Yes ☐ No

Property Type	Property ID #	Detailed Description	Property Owned By	Estimated Cost USD	Lost Use Days

4. License (if applicable) **Property Damage**

Are Appropriate License and Certification/Medical Current: (Check/Bold) Yes No

Describe or Explain:

Attach Image of License or Certification Name/Description:	Date Added:	Uploaded By:

5. Training

Was all the contract-required training provided to the employee? (Check/Bold) Yes No

Explain:

CONTRACTOR INCIDENT REPORT SYSTEM (CIRS) INSTRUCTIONS
Complete Only Sections Appropriate to Incident (Rev. 03/11).

NOTE: THE ATTACHED CIRS 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 pages 5-6. A report needs to be completed for all OSHA recordable accidents and property damage cases. Please type or print legibly. Appropriate items shall be Checkd/Bolded, 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: (Check/Bold)
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.

Incident Information

Section 1 Contract Information – Incident Information
Prime Contractor: Name as it appears on contract documents.

Cage Code: If known.

Contract Number: Number as it appears on the contract documents.

Installation: Name of installation where incident occurred.

Task Order #: Insert number if applicable.

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.).
Contractor Contact Information: (Contractor point of contact information for the individual responsible for completing the form) Self Explanatory

Section 2 Incident Type: Check/Bold most applicable category, if you select Industrial you must Check/Bold at least one additional category from the **Industrial Incident Additional Information Section**.

Section 3 General Information Incident Information
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.).

Describe the Accident in Detail in your words: 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 4 (Fully Explain What Allowed or Caused the Incident - Incident Information) below before completing.

Exact Location of Accident: Enter facts needed to locate the accident scene (e.g. installation/project name, building/room number, street, direction and distance from closest landmark, etc.).

Were Hazardous Material(s) Involved Yes No

If Yes, Explain What Hazardous Materials Were Involved and Why: Check or Bold appropriate block and list name(s) and quantities of hazardous materials spilled/released during the mishap. List why the hazardous chemicals were being used.

Activity at the time of incident: What type of work/task was being performed by the injured when the injury took place or property damage occurred.

Personal Protective Equipment– Check/Bold appropriate items 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.)

Section 4 Fully Explain What Allowed or Caused the Incident - Incident Information
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).

Additional Action Taken: Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue in the additional box and or on additional sheets of paper if necessary to fully explain and attach to the completed report form.

Please Include a Begin Date and Estimated Completion Date in Description
(1) Begin: Enter the date when the corrective action(s) identified above will begin.
(2) Est. End Date - Enter the date when the corrective action(s) identified above will be completed.

Section 5 Contributing Factors Incident Information: Check/Bold appropriate items fill in information where required
Other Contributing Factors: Describe in detail any additional contributing factors not listed in previous information provided.

Section 6 Attached Documents: Provide the appropriate information for each document/file attached or uploaded.

Injured Data Person

Complete Pages 5 and 6 for each injured person At the upper right hand corner of page 5 and 6 differentiate between each person by using a numerical value (e.g. Person #1, Person #, Person #3, etc.)
Section 1 Injured Data: Fill in all applicable information, Check/bold appropriate responses.

Section 2 General Information:
Check/bold appropriate responses

Section 3 Injury/Illness Fatality Information: Check/bold appropriate responses
Part of Body 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: Describes the manner in which the injury or illness was inflicted or produced. It attempts to answer the broad question of "how" work injuries and illnesses occurred. (e.g. Fall, Struck By, Caught By, Repetitive Motion, Rubbed or Abraded By, etc.)

Event or Exposure: Describes what was produced by the injury or illness was produced or inflicted. (e.g. Infectious Parasitic Diseases, Traumatic Injuries and Disorders, Open Wounds, Burns, Intracranial Injuries, etc.)

Source of Injury Illness: Identifies the object, substance, bodily motion, or exposure, which directly produced or inflicted the previously identified injury or illness. (e.g. Acids, Chemical Products, Furniture and Fixtures, Machinery, Structures and Surfaces, Tools Instruments and Equipment, etc.)

General Location Description: Describes where the injury occurred (e.g. Industrial Facilities, Operational Industrial Building Plant , Roadway, etc.)

Injury Activity Code: Describes what the injured person was doing when the injury occurred. (e.g. Operating Type of Equipment, Construction Activity Being Performed, Industrial Operation Being Conducted, etc.)

Section 4 License:
Are Appropriate License and Certification/Medical Current: Did the injured employee have the appropriate license/certification or medical evaluations completed to conduct the work/task being performed.

Describe/Explain: Describe the required (licensing/certification/medical evaluation) for job/task being performed, date when license was issued, and expiration date. (e.g. "Powdered Actuated Tools, Hilti DX-350, License issued 11/29/2011, expires 3-years from issue date." "Respirator Semi Annual Medical Evaluation, conducted 12/30/2011, expires on 12/30/2013", etc.)

Attach Image of License or Certification: Self-Explanatory

Section 5 Training:
Was all the contract-required training provided to the employee: Self-Explanatory

Explain: If no, to the previous questions explain why the employee was not trained.

Section 6 Attached Documents:
Self-Explanatory use this for photos, drawings, diagrams, or other relevant documents.

Property Damage

Section 1 Involved Person Data: Fill in all applicable information, Check/bold appropriate responses.

Section 2 Attached Documents:
Self-Explanatory use this for photos, drawings, diagrams, or other relevant documents.

Section 3 Property Damaged:
Check/bold appropriate responses. Other Headings Self-Explanatory.

Section 4 License:
Are Appropriate License and Certification/Medical Current: Did the equipment operator have the appropriate license/certification or medical evaluations completed to conduct the work/task being performed.

Describe/Explain: Describe the required (licensing/certification/medical evaluation) for job/task being performed, date when license was issued, and expiration date. (e.g. "State Issued Driver, License issued 11/29/2011, expires on MM/DD/YYY)" "Scissor Lift, JLG Model 260MRT conducted 12/30/2011, does not expire.")

Attach Image of License or Certification: Self-Explanatory

Section 5 Training:
Was all the contract-required training provided to the employee: Self-Explanatory

N40192-15-R-9018
J-0200000-04

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA
Forms for Recording
Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and illness recordkeeping forms on an ongoing basis. Employers in State Plan States should check with their State Plan to see if the exemptions below apply.

Employers with 10 or fewer employees throughout the previous calendar year do not need to complete these forms. Said another way, if there are more than 10 employees at any time during that calendar year, the employer may come under the requirement. When counting employees, you must include full-time, part-time, temporary, and seasonal workers. This exemption is based on the employment of the entire company rather than the establishment. For example, if a company has two establishments, one with 5 employees and one with 7 employees, the company must fill out the forms for each establishment because the company employment is greater than 10.

In addition to the small employer exemption, there is an exemption for establishments classified in certain industries. For example, the forms do not need to be completed for restaurants, banks, and medical offices. A complete list of exempt industries can be found on the OSHA web page at www.osha.gov.

Establishments normally exempt from keeping the OSHA forms must complete the forms if they are informed in writing to do so by the Bureau of Labor Statistics or OSHA. Also, exempt establishments must report to the local OSHA office within 8 hours any fatality or incident involving three or more in-patient hospitalizations.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

Occupational Safety and Health Administration
U.S. Department of Labor

What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ▼ *An Overview: Recording Work-Related Injuries and Illnesses* — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ *How to Fill Out the Log* — An example to guide you in filling out the *Log* properly.
- ▼ *Log of Work-Related Injuries and Illnesses* — Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.

- ▼ *Summary of Work-Related Injuries and Illnesses* — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.

- ▼ *Worksheet to Help You Fill Out the Summary* — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ *OSHA's 301: Injury and Illness Incident Report* — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.

Take a few minutes to review this package. If you have any questions, visit us online at www.osha.gov or call your local OSHA office. We'll be happy to help you.

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement.*

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- death,
- loss of consciousness,
- days away from work,
- restricted work activity or job transfer, or
- medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;
- an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

   You may use *OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

U.S. Department of Labor
Occupational Safety and Health Administration

- diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- any procedure that can be labeled first aid. (*See below for more information about first aid.)*

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- using non-prescription medications at non-prescription strength;
- administering tetanus immunizations;
- cleaning, flushing, or soaking wounds on the skin surface;
- using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- using hot or cold therapy;
- using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- using eye patches;
- using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;
- using finger guards;
- using massages;
- drinking fluids to relieve heat stress.

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- an injury or illness to an intimate body part or to the reproductive system,
- an injury or illness resulting from a sexual assault,
- a mental illness,
- a case of HIV infection, hepatitis, or tuberculosis,
- a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

U.S. Department of Labor
Occupational Safety and Health Administration

Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

No. You do not have to send the completed forms to OSHA unless specifically asked to do so.

How can we help you?

If you have a question about how to fill out the *Log*,

- ▼ visit us online at www.osha.gov or
- ▼ call your local OSHA office.

Optional

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year*, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work*, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses X 200,000 ÷ Number of hours worked by all employees = Total recordable case rate

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) X 200,000 ÷ Number of hours worked by all employees = DART incidence rate

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses			Number of hours worked by all employees		Total recordable case rate
_____	X 200,000	÷	_____	=	_____

Number of entries in Column H + Column I			Number of hours worked by all employees		DART incidence rate
_____	X 200,000	÷	_____	=	_____

U.S. Department of Labor
Occupational Safety and Health Administration

How to Fill Out the Log

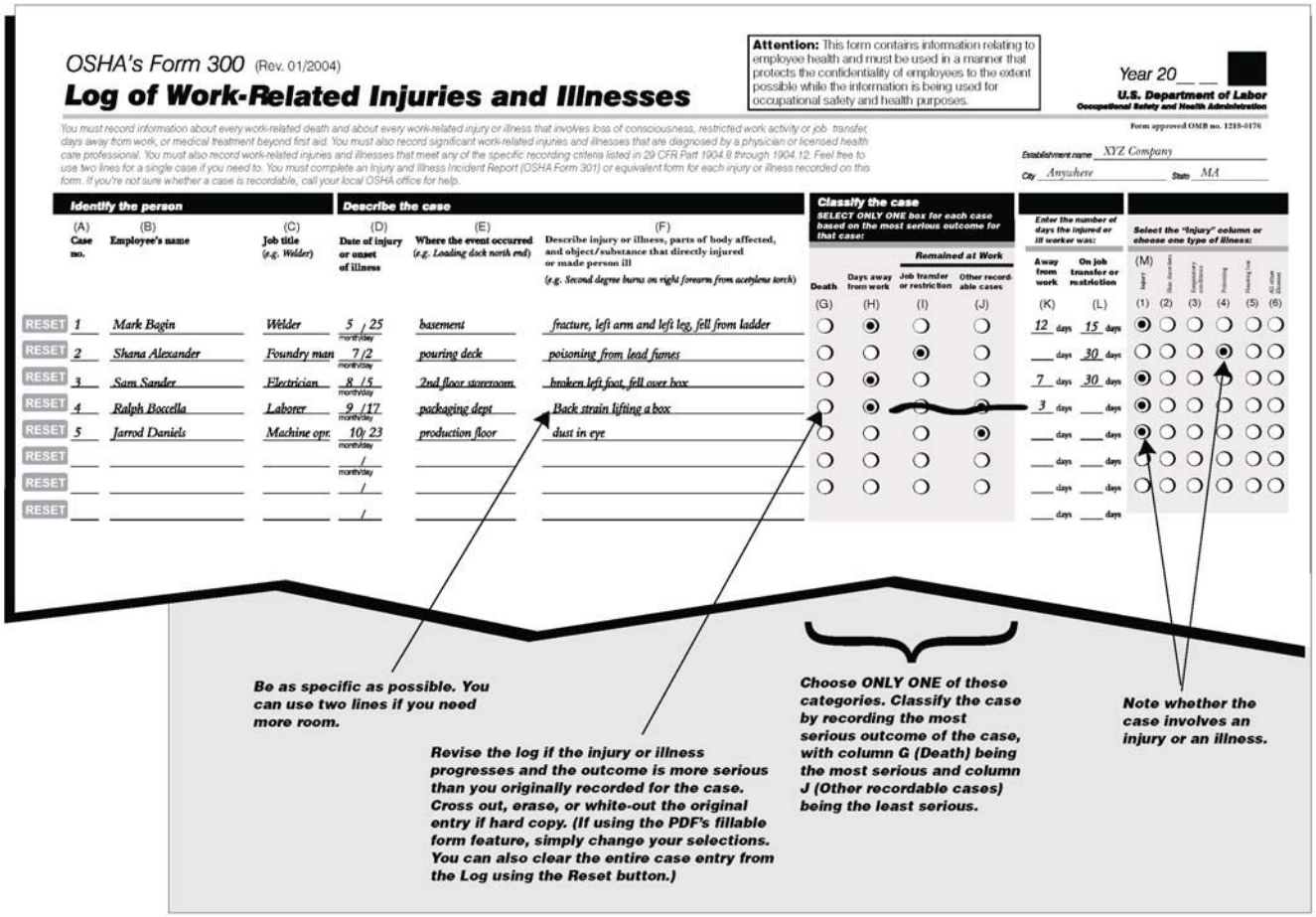
The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

If you need additional copies of the *Log*, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the Log. You post only the Summary at the end of the year.



U.S. Department of Labor
Occupational Safety and Health Administration

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 ___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person			Describe the case			Classify the case (SELECT ONLY ONE box for each case based on the most serious outcome for that case:)				Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness: (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Reset			___/___ month / day							___days	___days						
Page totals ▶						___	___	___	___	___	___	___ Injury (1)	___ Skin disorder (2)	___ Respiratory condition (3)	___ Poisoning (4)	___ Hearing loss (5)	___ All other illnesses (6)

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20 ___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

_____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

_____

Employment information *(If you don't have these figures, see the Worksheet on the next page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____
Company executive Title

Phone _____ - _____ - _____ Date _____ / _____ / _____

U.S. Department of Labor
Occupational Safety and Health Administration

Optional

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

1. *Add* the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

   The number of employees paid in all pay periods = 1 _____

2. *Count* the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

   The number of pay periods during the year = 2 _____

3. *Divide* the number of employees by the number of pay periods.

   1 _____ / 2 _____ = 3 _____

4. *Round the answer* to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees.*

   The number rounded = 4 _____

For example, Acme Construction figured its average employment this way:

In this pay period . . .	Acme paid this many employees . . .
1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 (1)

Number of pay periods = 26 (2)

$\frac{830}{26} = 31.92$ (3)

31.92 rounds to 32 (4)

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____ *Find* the number of full-time employees in your establishment for the year.

X _____ *Multiply* by the number of work hours for a full-time employee in a year.

_____ This is the number of full-time hours worked.

+ _____ *Add* the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

_____ *Round* the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year.*

OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by _____

Title _____

Phone ____ - ____ - ____ **Date** ____ ____ ____
Month Day Year

Information about the employee

1) Full name _____

2) Street _____

3) City _____ **State** _____ **ZIP** _____

4) Date of birth ____ ____ ____
Month Day Year

5) Date hired ____ ____ ____
Month Day Year

○ **Male**
○ **Female**

Information about the physician or other health care professional

6) Name of physician or other health care professional

_____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ **State** _____ **ZIP** _____

8) Was employee treated in an emergency room?
○ **Yes**
○ **No**

9) Was employee hospitalized overnight as an in-patient?
○ **Yes**
○ **No**

Information about the case

10) Case number from the *Log* _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness ____ ____ ____
Month Day Year

12) Time employee began work _____ ○ **AM** ○ **PM**

13) Time of event _____ ○ **AM** ○ **PM** ○ **Check if time cannot be determined**

14) *What was the employee doing just before the incident occurred?* **Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."**

15) *What Happened?* **Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."**

16) *What was the injury or illness?* **Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."**

17) *What object or substance directly harmed the employee?* ***Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.***

18) *If the employee died, when did death occur?* **Date of death** ____ ____ ____
Month Day Year

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

- ▼ Visit us online at www.osha.gov
- ▼ Call your OSHA Regional office and ask for the recordkeeping coordinator

or

- ▼ Call your State Plan office

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 678 / 237-0400
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 972 / 850-4145
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 283-8745
Kansas; Missouri; Nebraska

Region 8 - 720 / 264-6550
Colorado; Montana; North Dakota; South Dakota

Region 9 - 415 / 625-2547

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

*Illinois - 217 / 782-6206

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 527-4465

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

*Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5554

Wyoming - 307 / 777-7786

*Public Sector only

U.S. Department of Labor
Occupational Safety and Health Administration

U.S. Department of Labor

Occupational Safety and Health Administration

Have questions?

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- Visit us online at: www.osha.gov
- Call your regional or state plan office. You'll find the phone number listed on the previous page.

NAVFAC
Naval Facilities Engineering Command
NAVFAC MARIANAS

CONTRACTOR SITE SAFETY ASSESSMENT

FMFS OFFICE: _____ **DATE:** _____

CONTRACTOR: _____

CONTRACT TITLE: _____ **CONTRACT % COMPLETE:**

CONTRACTOR SUPERINTENDENT: _____

CATEGORY:

	(Yes)	(No)	(N/A)		
PREPARATORY PHASE (Planning)	☐	☐	☐	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?	
	☐	☐	☐	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?	
Comments/Notes:	☐	☐	☐	3) Is the submitted safety plan on site and in use?	
	☐	☐	☐	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?	
	☐	☐	☐	5) Hazardous materials program in place with MSDS sheets on site and maintained?	
	☐	☐	☐	6) EM 385-1-1 available on the site?	
	☐	☐	☐	7) Other? Extra Credit?	
OFFICE TRAILER GENERAL	☐	☐	☐	8) Are office and storage trailers anchored?	
	☐	☐	☐	9) Are emergency phone numbers posted?	
Comments/Notes:	☐	☐	☐	10) Is a phone available?	
	☐	☐	☐	11) First aid log maintained (contractors must use OSHA Form 300)?	
	☐	☐	☐	12) Toilet facilities available?	
	☐	☐	☐	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?	
	☐	☐	☐	14) Garbage cans and dumpsters available?	
	☐	☐	☐	15) Jobsite cleaned daily?	
	☐	☐	☐	16) Is traffic control around site adequate?	
	☐	☐	☐	17) Other? Extra Credit?	
FIRE PREVENTION	☐	☐	☐	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?	
Comments/Notes:	☐	☐	☐	19) Is fuel stored in proper containers?	
	☐	☐	☐	20) Are hot work permits being obtained?	
	☐	☐	☐	21) Are fire watches provided?	
	☐	☐	☐	22) Are gas cylinders stored upright and secured with chain or rope?	
	☐	☐	☐	23) Is Housekeeping acceptable?	
	☐	☐	☐	24) Other? Extra Credit?	
SCAFFOLD SAFETY	☐	☐	☐	25) Are daily scaffold inspections performed by designated competent person?	
	☐	☐	☐	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?	
Comments/Notes:	☐	☐	☐	27) Tubing pinned properly and all cross bracing in place?	
	☐	☐	☐	28) If scaffold height is 4X smallest base dimension, is system secured to structure?	
	☐	☐	☐	29) All guardrails are in place?	
	☐	☐	☐	30) Full work platform at each working level with no cracks/splits?	
	☐	☐	☐	31) Safe access provided to each working level?	
	☐	☐	☐	32) Scaffold and components not overloaded?	
	☐	☐	☐	33) Is scaffold system plumb and level?	
	☐	☐	☐	34) Suspended scaffold systems using independent personal fall arrest system?	
	☐	☐	☐	35) Other? Extra Credit?	
FALL PROTECTION	☐	☐	☐	36) Is a full body harness used where required?	
	☐	☐	☐	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?	
Comments/Notes:	☐	☐	☐	38) Is protection provided for all personnel working in areas where they could fall 6' or more?	
	☐	☐	☐	39) Are employees trained for fall protection systems in use?	
	☐	☐	☐	40) Does the contractor have a certified competent person?	
	☐	☐	☐	41) Have standard guardrails been provided where required?	
	☐	☐	☐	42) Have horizontal life lines been designed and installed under supervision of a qualified person?	
	☐	☐	☐	43) Other? Extra Credit?	

Naval Facilities Engineering Command
NAVFAC MARIANAS

CONTRACTOR SITE SAFETY ASSESSMENT

CATEGORY:

LADDER SAFETY	☐	☐	☐	44) Do ladders extend 3' above landing platform and tied to structure?	
Comments/Notes:	☐	☐	☐	45) Are ladders used with hand tools only?	
	☐	☐	☐	46) Are ladder base distances from structure 1/4 height?	
	☐	☐	☐	47) Are floor openings either covered or surrounded by a guardrail?	
	☐	☐	☐	48) Electricians not using portable "conductive" ladders?	
	☐	☐	☐	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
	☐	☐	☐	50) Portable step ladders over 20' not used on the site?	
	☐	☐	☐	51) Are ladders properly used?	
	☐	☐	☐	52) Other? Extra Credit?	
EXCAVATIONS	☐	☐	☐	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
Comments/Notes:	☐	☐	☐	54) Has proper slope or trench box/shoring been provided?	
	☐	☐	☐	55) Is water controlled/removed?	
	☐	☐	☐	56) Is excavated material at least 2' back from trench edge?	
	☐	☐	☐	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
	☐	☐	☐	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
	☐	☐	☐	59) Does contractor have certified competent person on site?	
	☐	☐	☐	60) Other? Extra Credit?	
ELECTRICAL	☐	☐	☐	61) Are temporary power panels and receptacles protected from weather?	
Comments/Notes:	☐	☐	☐	62) Are GFCI's in use for site tools ?	
	☐	☐	☐	63) Are temporary lights rigged and secured to supports properly, and with covers?	
	☐	☐	☐	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
	☐	☐	☐	65) Is lockout/tagout program in effect?	
	☐	☐	☐	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
	☐	☐	☐	67) Other? Extra Credit?	
	☐	☐	☐	68) Other? Extra Credit?	
CRANES	☐	☐	☐	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
Comments/Notes:	☐	☐	☐	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
	☐	☐	☐	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
	☐	☐	☐	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
	☐	☐	☐	73) Are rigging cables and slings in good repair free of kinks and cracks?	
	☐	☐	☐	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
	☐	☐	☐	75) Is crane side loading prohibited?	
	☐	☐	☐	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
	☐	☐	☐	77) Is crane equipped with anti two-block device if required?	
	☐	☐	☐	78) Other? Extra Credit?	
CONFINED SPACES	☐	☐	☐	79) Has entry plan been submitted and accepted?	
	☐	☐	☐	80) Is atmosphere being monitored?	
Comments/Notes:	☐	☐	☐	81) Is space being ventilated?	
	☐	☐	☐	82) Are entrants, attendants and entry supervisor properly trained?	
	☐	☐	☐	83) Is rescue/retrieval system in place?	
	☐	☐	☐	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
	☐	☐	☐	85) Is point of entry posted "**DANGER CONFINED SPACE**"?	
	☐	☐	☐	86) Has blanking or locking out of systems taken place?	
	☐	☐	☐	87) Other? Extra Credit?	
ROOFING	☐	☐	☐	88) Are kettles at least 25 feet away from buildings?	
Comments/Notes:	☐	☐	☐	89) Has an employee fall protection system been implemented and in proper use?	
	☐	☐	☐	90) Are skylights and roof penetrations covered or barricaded appropriately?	
	☐	☐	☐	91) Has the roof been evaluated for its ability to support the intended construction loads?	
	☐	☐	☐	92) Has the roof been surveyed for deterioration?	
	☐	☐	☐	93) Are two fire extinguishers at the kettle?	
	☐	☐	☐	94) Fuel cylinder a minimum of 10' from open flame?	
	☐	☐	☐	95) Other? Extra Credit?	
	☐	☐	☐	96) Other? Extra Credit?	

NAVFAC Naval Facilities Engineering Command
NAVFAC MARIANAS

CONTRACTOR SITE SAFETY ASSESSMENT

CATEGORY:

EQUIPMENT	☐	☐	☐	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
Comments/Notes:	☐	☑	☐	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	
	☐	☐	☐	99) Are equipment operations maintaining safe clearance from electrical power lines?	
	☐	☐	☐	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	
	☐	☐	☐	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
	☐	☐	☐	102) Are workers clear of blind spots associated with mobile construction equipment?	
	☐	☐	☐	103) Do aerial lifts have basket/platform with guardrail?	
	☐	☐	☐	104) Are workers not extending over guardrail of aerial lifts?	
	☐	☐	☐	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	
	☐	☐	☐	106) Other? Extra Credit?	
	☐	☐	☐	107) Other? Extra Credit?	
DEMOLITION	☐	☐	☐	108) Has demolition plan been submitted and accepted?	
Comments/Notes:	☐	☐	☐	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
	☐	☐	☐	113) For building demolition, has notification been made to State having jurisdiction?	
	☐	☐	☐	114) Are nails removed from scrap lumber/materials?	
	☐	☐	☐	115) Other? Extra Credit?	
	☐	☐	☐	116) Other? Extra Credit?	
PPE	☐	☐	☐	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:	☐	☐	☐	118) Are hare hats being worn?	
	☐	☐	☐	119) Are safety glasses where appropriate?	
	☐	☐	☐	120) Hearing protection where appropriate? (if you need to yell to converse)	
	☐	☐	☐	121) Respirators where appropriate?	
	☐	☐	☐	122) Impalement protection provided where personnel could work above vertical impalement?	
	☐	☐	☐	123) Is lighting adequate?	
	☐	☐	☐	124) Other? Extra Credit?	
ABATEMENT	☐	☐	☐	125) Has abatement plan been submitted and accepted?	
	☐	☐	☐	126) Is independent air monitoring being performed as required inside and outside barriers?	
Comments/Notes:	☐	☐	☐	127) Is containment in place without integrity compromise?	
	☐	☐	☐	128) Are employees utilizing appropriate PPE?	
	☐	☐	☐	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
	☐	☐	☐	130) Has baseline been performed and necessary final clearance readings taken?	
	☐	☐	☐	131) Are inspections by independent PQP performed prior to barrier removal?	
	☐	☐	☐	132) Is waste material properly containerized and stored?	
	☐	☐	☐	133) Are air monitoring results provided to ROICC?	
	☐	☐	☐	134) Are waste shipment records provided to ROICC?	
	☐	☐	☐	135) Other? Extra Credit?	
WATERFRONT	☐	☐	☐	136) Are employees wearing appropriate flotation devices (PFDs)? 0	
ACTIVITIES	☐	☐	☐	137) Is a rescue skiff available?	
Comments/Notes:	☐	☐	☐	138) Are emergency life rings available?	
	☐	☐	☐	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
	☐	☐	☐	140) Does dive team consist of proper number and qualifications for employees?	
	☐	☐	☐	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:	0%	**6 LADDER SAFETY:**	0%	**11 ROOFING:**	0%
2 OFFICE TRAILER GENERAL:	0%	**7 EXCAVATIONS:**	0%	**12 EQUIPMENT:**	0%
3 FIRE PREVENTION:	0%	**8 ELECTRICAL:**	0%	**13 DEMOLITION:**	0%
4 SCAFFOLD SAFETY:	0%	**9 CRANES:**	0%	**14 PPE:**	0%
5 FALL PROTECTION:	0%	**10 CONFINED SPACES:**	0%	**15 ABATEMENT:**	0%
				16 WATERFRONT ACTIVITIES:	0%

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES: 0%

FOR OFFICIAL USE ONLY

CRANE AND RIGGING GEAR ACCIDENT REPORT

Accident Category: ☐ Crane Accident ☐ Rigging Gear Accident

From: **UIC:**	**To: Navy Crane Center** **Bldg 491 NNSY** **Portsmouth, VA 23709** **Fax (757) 967-3808**

Activity:	**Report No:**

Crane No:	**Category:**	**Accident Date:**	**Time: hrs**

Category of Service: ☐ SPS ☐ GPS		**Crane Type:**	**Crane Manufacturer:**

Was Crane/Rigging Gear Being Used in SPS? **Yes _____ No_____**	**Was Crane/Rigging Gear Being Used in a Complex Lift/Critical non-crane rigging operation?** **Yes_____ No_____**
Location:	**Weather:**

Crane Capacity:	**Hook Capacity:**	**Weight of Load on Hook:**

Fatality or Permanent Disability? ☐ Yes ☐ No **Material/Property Cost Estimate:**

Reported to NAVSAFECEN? ☐ Yes ☐ No

Accident Type:

☐ Personal Injury ☐ Overload ☐ Derail ☐ Damaged Rigging Gear

☐ Load Collision ☐ Two Blocked ☐ Dropped Load ☐ Damaged Crane

☐ Crane Collision ☐ Damaged Load ☐ Other Specify _____

Cause of Accident:

☐ Improper Operation ☐ Equipment Failure ☐ Inadequate Visibility

☐ Improper Rigging ☐ Switch Alignment ☐ Inadequate Communication

☐ Track Condition ☐ Procedural Failure ☐ Other Specify _____

Chargeable to:

☐ Crane Walker ☐ Rigger ☐ Operator

☐ Maintenance ☐ Management/Supervision ☐ Other Specify _____

Crane Function:

☐ Travel ☐ Hoist ☐ Rotate ☐ Luffing ☐ Telescoping ☐ Other ☐ N/A

Is this accident indicative of a recurring problem? ☐ Yes ☐ No

If yes, list Accident Report Nos.: _____

ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure, include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List immediate and long term corrective/preventive actions assigned and respective codes.

Preparer:	**Phone and email**	**Code**	**Date**

Concurrences:

	Code	**Date**
	Code	**Date**
Certifying Official (Crane Accidents Only):	**Code**	**Date**

FOR OFFICIAL USE ONLY

FIGURE 12-1 (1 of 2)

CRANE AND RIGGING GEAR ACCIDENT REPORT INSTRUCTIONS

This form is designed for fax transmission without a cover page or by e-mail and, with enclosures and signatures, shall be the official document. Electronic submission will be accepted without signatures but the names of the preparer, concurring personnel, and certifying official (for crane accidents only) shall be filled in. The e-mail address is m_nfsh_ncc_accident@navy.mil. The fax number is (757) 967-3808.

1. Accident Category: Indicate either crane accident or rigging gear accident.
2. From: The naval activity that is responsible for reporting the accident and UIC number.
3. Activity: The naval activity where the accident took place.
4. Report No.: The activity assigned accident number (e.g., 95-001).
5. Crane No.: The activity assigned crane number (e.g., PC-5), if applicable.
6. Category: Identify category of crane (i.e., 1, 2, 3, or 4), if applicable.
7. Accident Date: The date the accident occurred.
8. Time: The time (24 hour clock) the accident occurred (e.g., 1300).
9. Category of Service: Check the applicable service (SPS as defined by NAVSEA 0989-030-7000).
10. Crane Type: The type of crane involved in the accident (e.g., mobile, bridge), if applicable.
11. Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H), if applicable.
12. SPS: Was the crane or rigging gear being used in an SPS lift?
13. Complex lift: Was the crane or rigging gear being used in a complex lift?
14. Location: The detailed location where the accident took place (e.g., building 213, dry dock 5).
15. Weather: The weather conditions at time of accident (e.g., wind, rain, cold).
16. Crane Capacity: The certified capacity of the crane (e.g., 120,000 pounds), if applicable.
17. Hook Capacity: The capacity of the hook involved in the accident at the max radius of the operation, if applicable.
18. Weight of Load on Hook: If applicable, the weight of the load on the hook.
19. Fatality or Permanent Disability?: Check yes or no.
20. Material/Property Cost Estimate: Estimate total cost of damage resulting from the accident.
21. Reported to NAVSAFECEN?: Self-explanatory.
22. Accident Type: Check all that apply.
23. Cause of Accident: Check all that apply.
24. Chargeable to: Check all that apply.
25. Crane Function: Check all functions in operation at time of accident. Check N/A if a rigging gear accident.
26. Is this a recurring problem?: Check yes or no. Identify any other similar accidents.
27. Situation Description/Corrective Actions: Self-explanatory.
28. Preparer: Self-explanatory.
29. Concurrences: Self-explanatory.
30. Certifying Official (Crane Accidents Only): Self-explanatory.

FIGURE 12-1 (2 of 2)

ATTACHMENT J-0200000-05
GOVERNMENT-FURNISHED PROPERTY, MATERIALS, AND SERVICES

N/A

ATTACHMENT J-0200000-06
EXHIBIT LINE ITEM NUMBERS

See Attachment J-0200000-06 for Exhibit Line-Item Numbers.

ATTACHMENT J-0200000-07
INVOICING PROCEDURES

See Attachment J-0200000-07 for Invoicing Procedures.

ATTACHMENT J-0200000-07
INVOICING PROCEDURES
N40192-15-R-9018

5252.232-9301 INVOICING PROCEDURES ELECTRONIC (NAVFAC November 2009)

(a) In accordance with DFARS Clause 252.232-7003 titled "Electronic Submission of Payment Requests", this contract/order requires use of the DoD Wide Area Workflow (WAWF) system for the submission of invoices. This web-based system, located at https://wawf.eb.mil, provides the technology for Government contractors and authorized Department of Defense (DoD) personnel to generate, capture and process receipt and payment-related documentation in a paperless environment. Invoices rendered under this contract shall be submitted electronically through WAWF. Submission of hard copy DD250/invoices will no longer be accepted for payment.

(b) It is recommended that the person in your company designated as the Central Contractor Registration (CCR) Electronic Business Point of Contact (EBPOC), and anyone responsible for the submission of invoices, use the online training system for WAWF at http://wawftraining.com. The Vendor, Group Administrator (GAM), and sections marked with an asterisk in the training system should be reviewed. Vendor Quick Reference Guides also are available at http://acquisition.navy.mil/navyaos/content/view/full/3521/. The most useful guides are "Getting Started for Vendors" and "WAWF Vendor Guide".

(c) Within ten (10) days after award, the designated CCR EBPOC is responsible for activating the company's CAGE code in WAWF by calling 1-866-618-5988 for the DISA WAWF Helpdesk or email cscassig@csd.disa.mil. Once the company's CAGE code is activated, the CCR EBPOC must self-register under the company's CAGE code on WAWF and follow the instructions for a group administrator. After the company is set-up on WAWF, any additional persons responsible for submitting invoices must self-register under the company's CAGE code at https://wawf.eb.mil.

(d) The contractor shall use the following document type, DODAAC codes with corresponding extensions, and inspection and acceptance locations when submitting invoices in WAWF:

Initial Document Creation requires the following:	
Contract Number	N40192-12-D-9008
Delivery Order Number	Fill In
Cage Code/Ext	3UXH4
Pay DoDAAC	N68732
Document Type	Navy Construction / Facilities Management Invoice Contact your WAWF Group Administrator for assistance if required.
On the WAWF "Header Tab" the following is required:	
Issue Date	Fill In
Issue By DoDAAC	N40192
Admin By DoDAAC	N40192
Inspect By DoDAAC/Ext	N40192/FSC
Ship To Code/Ext or Service Acceptor or Accept By DoDAAC/Ext	N40192/FSC
Ship From Code/Ext	"LEAVE BLANK"
LPO DoDAAC/Ext	N40192/FSC
Once Submitted, select "Send More Email Notifications"	
Inspector Email Address	"LEAVE BLANK"
Accountable Official Email Address	"LEAVE BLANK"
Operations Assistant (OA) Email Address	"LEAVE BLANK"
Activity Fund Administrator email Address	"LEAVE BLANK"

The NAVFAC WAWF point of contact for this contract is Eugene V. Diaz and can be reached at Eugene.Diaz@fe.navy.mil. or 671-349-2059.

Note: Supporting documentation must be attached. File names cannot contain spaces or special characters, except underscore "_" which is an acceptable character. Maximum limit for size of each file is UNDER 2 megabytes. There is NO Maximum limit for size of files per invoice.

(e) Before closing out of an invoice session in WAWF, but after submitting the document(s), you will be prompted to "Send More Email Notifications." Select "Send More Email Notification" and add additional email addresses noted above in the first email address blocks. This additional notification to the Government is important to ensure that the specific acceptor/receiver is aware the invoice documents have been submitted into WAWF.

(f) If you have any questions regarding WAWF, please contact the WAWF DFAS Helpdesk at 877-251-WAWF (9293), ccl-ec-navy-wawf-helpdesk@dfas.mil or the NAVFAC WAWF point of contact identified above in section (d). (End of clause)

ATTACHMENT J-0200000-08
DELIVERABLES

See Attachment J-0200000-08 for Deliverables

0200000 DELIVERABLES						
				Distribution		
Annex/ Spec Item	**Form Attachment Number**	**Deliverable Title**	**Date (s) of Submission**	**Original / Copies**	**Number of Copies (including original)**	**Frequency**
0200000 / 2.2.1.2	N/A	Restriction to Contractor Working Hours (Request to work outside Government's regular working hours and Saturday)	At least seven (7) days prior to requested day	NFM Acquisitions Department	1	As Requested
0200000 / 2.3.4	N/A	Permits and Licenses	Fifteen (15) calendar days prior to start of work and as requested by the KO	NFM Acquisitions Department / N/A	1	Before work commences and at other times as requested by the Contracting Officer or Government Representative
0200000 / 2.3.4	N/A	Disposal Permits and Licenses	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / N/A	1	As Specified
0200000 / 2.3.5	N/A	Insurance	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / NFM FMFS Technical Branch	2	As required and as specified in Annex 2, Section 2.3.4
0200000 / 2.6.3	N/A	Work Schedule	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / N/A	1	One month prior to the beginning of the period covered by the schedule
0200000 / 2.6.4	J-1503030-06	Deliverables (Contractor Production Report)	No later than 0800 a.m. each day	FMFS Technical Branch / N/A	1	Daily
0200000 / 2.6.7.1	N/A	Quality Management (QM) Plan	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / N/A	1	As Required

0200000 DELIVERABLES						
				Distribution		
Annex/ Spec Item	Form Attachment Number	Deliverable Title	Date (s) of Submission	Original / Copies	Number of Copies (including original)	Frequency
0200000 / 2.6.7.3	N/A	Quality Inspection and Surveillance Report	No later than 0800 a.m. each day	FMFS Technical Branch / N/A	1	Daily
0200000 / 2.6.8	N/A	Property Management Plan	Within fifteen (15) calendar days after contract award	FMFS Technical Branch / N/A	1	As Required
0200000 / 2.7.1	N/A	Key Personnel	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / N/A	1	As Required
0200000 / 2.7.3	N/A	Enterprise-wide Contractor Manpower Reporting Application (eCMRA)	No later than October 31 of each Calendar Year	NFM Acquisitions Department / N/A	1	Once a Year
0200000 / 2.8.1	N/A	Employee Listing	As Requested	NFM Acquisitions Department / NBG Security	2	As Requested
0200000 / 2.9.1	N/A	Accident Prevention Plan (APP)	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / N/A	1	As Required
0200000 / 2.9.2	J-1503030-06	Activity Hazard Analysis (AHA)	Within fifteen (15) calendar days after contract award	NFM Acquisitions Department / N/A	1	As Required
0200000 / 2.9.4	J-1503030-06	Accident and Damage Reporting	As soon as practical, but not later than four (4) hours	NFM Acquisitions Department / Safety office	2	As Required

0200000 DELIVERABLES						
				Distribution		
Annex/ Spec Item	**Form Attachment Number**	**Deliverable Title**	**Date (s) of Submission**	**Original / Copies**	**Number of Copies (including original)**	**Frequency**
0200000 / 2.9.6	N/A	Monthly On-Site Labor Report	With the Contractor's monthly invoice	NFM Acquisitions Department / Safety office	2	Once a Month
0200000 / 2.9.8	N/A	Safety Inspections and Monitoring	Daily no later than 0800 a.m. with Contractor's Daily Production Report	FMFS Technical Branch / N/A	1	Daily
0200000 / 2.9.9	N/A	Safety Certifications	Within Fifteen (15) calendar days prior to expiration of certification	NFM Acquisitions Department / NFM Safety Office	2	Prior to expiration of certification
0200000 / 2.10.1.1	N/A	Water Conservation Plan	Within fifteen (15) calendar days after contract award	FMFS Technical Branch / N/A	1	As Required
0200000 / 2.10.2.4	N/A	Hazardous Material Management	A minimum of fifteen (15) working days for processing the request	FMFS Technical Branch / N/A	1	As Required
2.10.2.6	N/A	Asbestos Containing Material (ACM)	Verbally notify the KO within one (1) hour, written ACM Notification within twenty-four (24) hours	NFM Acquisitions Department / N/A	1	As Required
2.10.3	N/A	Sustainable Procurement and Practices	Within fifteen (15) calendar days after contract award	FMFS Technical Branch / N/A	1	As Required

0200000 Deliverables
Deliverable Title: Restriction to Contractor Working Hours (Request to Work Outside Government's Regular Working Hours)
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The request shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and comment Seven (7) days prior to start of work. 1. If the KO accepts the request, the Government shall notify the Contractor of Government acceptance. 2. If the KO responds to the request with review comments, then incorporate the Government's comments and resubmit the request via email to recipients on the distribution list. Continue this cycle until the Government notifies the Contractor of Government acceptance.

0200000 Deliverables
Deliverable Title: Permits and Licenses
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government acceptance. 1. The Contractor shall obtain all required permits, licenses, clearances, and authorizations to perform work under this contract and comply with applicable Federal, State and local activity laws. 2. The contractor shall provide evidence of such permits and licenses to the Contracting Officer before work commences and at other times as requested by the Contracting Officer or Government Representative.

0200000 Deliverables
Deliverable Title: Disposal Permits and Licenses
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government acceptance. 1. The Contractor shall submit copies of disposal permits or other written documentation of approval and suitability of landfill or other final disposal methods. 2. The Contractor shall obtain all required permits, licenses, and authorizations to perform work under this contract and comply with all the applicable Federal and local laws and regulations. 3. The Contractor shall submit copies of permits and licenses.

0200000 Deliverables
Deliverable Title: Insurance
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government acceptance. 1. The Contractor shall submit a Certificate of Insurance as evidence of the existence of the following insurance coverage in amounts not less than the amounts specified in accordance with the FAR Clause 52.228-05, INSURANCE – WORK ON A GOVERNMENT INSTALLATION. 2. This insurance must be maintained during the performance period.

0200000 Deliverables
Deliverable Title: Work Schedule
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input

Instructions:

The schedule shall be prepared using Microsoft Office Excel® software.

Submit a copy via email to recipients on the distribution list for Government review and comment.

1. The Contractor's work shall not interfere with normal Government business and mission. In those cases where some interference is unavoidable, the Contractor shall minimize the impact and effects of the interference.
2. The Contractor shall prepare and maintain employee schedules for all Contractor employees to ensure that facility's internal security is maintained.
3. Changes to employee schedules shall be provided to the Contracting Officer or designated representative as they occur. The Contractor shall notify the KO of any difficulty in scheduling work due to Government controls.
4. The schedule shall reflect services to be performed, the day and time areas will be serviced, building numbers, and shall be separated by customers.
5. If the KO accepts the schedule, the Government shall notify the Contractor of Government acceptance.
6. If the KO responds to the schedule with review comments, then incorporate the Government's comments and resubmit the schedule via email to recipients on the distribution list. Continue this cycle until the Government notifies the Contractor of Government acceptance.

0200000 Deliverables
Deliverable Title: Contractor Production Report
Form Attachment No.: J-1503030-06 (Contractor Production Report)
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record daily no later than 0800 a.m. the following workday.

0200000 Deliverables
Deliverable Title: Quality Management (QM) Plan
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The plan shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and comment. 1. The Quality Management (QM) Plan shall describe the QMS methodology and approaches used under this contract. 2. Within seven (7) calendar days of any change during period of performance, submit to the KO a revised QC Plan for acceptance. 3. If the KO accepts the Quality Management Plan, the Government shall notify the Contractor of Government acceptance. 4. If the KO responds to the Quality Management Plan with review comments, then incorporate the Government's comments and resubmit the Plan via email to recipients on the distribution list. Continue this cycle until the Government notifies the Contractor of Government acceptance.

0200000 Deliverables s
Deliverable Title: Quality Inspection and Surveillance Report
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® and/or Microsoft Office Excel® software. Submit a copy via email to recipients on the distribution list for Government review and record daily no later than 0800 a.m. The Contractor Quality Inspection and Surveillance Report shall include a summary and results of the quality inspection and surveillance events performed and assessment-driven corrective actions and process adjustments during the previous day.

0200000 Deliverables
Deliverable Title: Property Management Plan
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The plan shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and comment. This plan shall be in accordance with FAR 52.245, GOVERNMENT PROPERTY and NAVFAC Clause 5252.245-9300, GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES and shall identify the Contractor's policies, procedures, and practices in receiving and performing physical inventories, repairing and maintaining, preserving and protecting, and reporting the disposition of accepted government property in its possession.

0200000 Deliverables
Deliverable Title: Key Personnel
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions:

The list of Key Personnel and their qualifications shall be prepared using Microsoft Office Word® software.

Submit a copy via email to recipients on the distribution list for Government review and comment.

1. The Contractor shall submit to the Contracting Officer a List of Key Personnel and their qualifications and any additional information requested by the Contracting Officer to certify their qualifications.
2. The Contractor shall submit to the Contracting Officer an Organizational Chart showing lines of authority of the Key Personnel and on-site Supervisor(s) for this contract. The chart shall include names of personnel and their position title in this contract. As a minimum, include the PM, Quality Manager, SSHO, and on-site Supervisor(s) and who they will report directly to for this contract.
3. The key personnel shall be revised as applicable for the contract.
4. If the KO accepts the Key Personnel, the Government shall notify the Contractor of Government acceptance.
5. If the KO responds to the list of Key Personnel and their qualifications with review comments, then incorporate the Government's comments and resubmit via email to recipients on the distribution list. Continue this cycle until the Government notifies the Contractor of Government acceptance.

0200000 Deliverables
Deliverable Title: Enterprise-wide Contractor Manpower Reporting Application (eCMRA)
Form Attachment No.: N/A
Government Approval Required: ____ Yes ***X*** No
Media: ___ Hard Copy ____ Electronic ***X*** Direct System Input
Instructions: The contractor is required to completely fill in all required data fields using the following web address: https://doncmra.nmci.navy.mil. Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year.

0200000 Deliverables
Deliverable Title: Employee Listing
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The Employee Listing shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and record. 1. The Contractor shall maintain a current Employee Listing. 2. The list shall include employee's name, social security number, and level of security clearance.

0200000 Deliverables
Deliverable Title: Accident Prevention Plan (APP)
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions:

The Plan shall be prepared using Microsoft Office Word® software.

Submit a copy via email to recipients on the distribution list for Government review and acceptance.

1. The APP shall be prepared by the Contractor's SSHO and shall be followed by all Contractor employees, subcontractors, suppliers, and vendors at each service site.
2. The APP shall follow the format and include all elements addressed in Appendix A of the EM 385-1-1. The APP shall incorporate Activity Hazard Analysis (AHAs) and Occupational Risk and Compliance Plans and Programs that are relevant to the site specific hazards and controls for each activity and type of work that may be encountered in the performance of this contract.
3. The Contractor shall review, update, and submit revisions to the APP whenever a change in work conditions, hazards, or activities occur.
4. Submittal of the APP shall include Activity Hazard Analysis (AHAs)
5. If the KO accepts the Accident Prevention Plan, the Government shall notify the Contractor of Government acceptance.
6. If the KO responds to the Accident Prevention Plan with review comments, then incorporate the Government's comments and resubmit the Plan via email to recipients on the distribution list. Continue this cycle until the Government notifies the Contractor of Government acceptance.

0200000 Deliverables
Deliverable Title: Activity Hazard Analysis (AHAs)
Form Attachment No.: J-1503030-06 (Activity Hazard Analysis)
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input

Instructions:

The Plan shall be prepared using Microsoft Office Excel® software.

Submit a copy via email to recipients on the distribution list for Government review and acceptance.

1. The Contractor shall prepare Activity Hazard Analysis (AHAs) for all applicable common recurring work activities performed under this contract. AHAs for recurring work shall be submitted with the APP and shall be updated as work activities or conditions change and additional AHAs prepared as new work activities are required. AHAs for non-recurring and one-time (e.g., IDIQ task orders) work occurrences shall be submitted at least two working days prior to start of work
2. AHAs shall follow format of Figure 1-2 of the EM 385-1-1 and shall explain the following as detailed in the EM 385-1-1.
3. If changes to the AHAs are required, such changes shall be submitted to the KO for review and acceptance.
4. If the KO accepts the Activity Hazard Analysis, the Government shall notify the Contractor of Government acceptance.
5. If the KO responds to the Activity Hazard Analysis with review comments, then incorporate the Government's comments and resubmit the Activity Hazard Analysis via email to recipients on the distribution list. Continue this cycle until the Government notifies the Contractor of Government acceptance.

0200000 Deliverables
Deliverable Title: Accident and Damage Reporting
Form Attachment No.: J-1503030-06 (Contractor Incident Report System)
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record. 1. The Contractor shall notify the KO of all damages, accidents, mishaps, and near misses that occur on or related to Government property as soon as practical, but not later than four (4) hours. 2. For recordable injuries and illnesses, property damage accidents resulting in at least $2,000 in damages, and Weight Handling Equipment (WHE) accidents, the Prime Contractor shall conduct an accident investigation to establish the root cause(s) of the accident. Complete the Navy Contractor Significant Incident Report (CSIR) form and provide the report to the KO within one (1) calendar day of the accident.

0200000 Deliverables
Deliverable Title: Monthly On-Site Labor Report
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record.

0200000 Deliverables
Deliverable Title: Safety Inspections and Monitoring
Form Attachment No.: J-1503030-06 (Contractor Production Report)
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record daily no later than 0800 a.m.

0200000 Deliverables
Deliverable Title: Safety Certifications
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record.

0200000 Deliverables
Deliverable Title: Water Conservation Plan
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The plan shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and comment. The Plan will identify how the Contractor will comply with the Installation Water Conservation Program.

0200000 Deliverables
Deliverable Title: Hazardous Material Management
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The plan shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and comment. The Contractor shall ensure that procedures are in place to deal with hazardous materials, pursuant to the FAR Clause 52.223-3, HAZARDOUS MATERIAL IDENTIFICATION AND MATERIAL SAFETY DATA.

0200000 Deliverables
Deliverable Title: Asbestos Containing Material (ACM)
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy via email to recipients on the distribution list for Government review and record.

0200000 Deliverables
Deliverable Title: Sustainable Procurement and Practices
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions:

The plan shall be prepared using Microsoft Office Word® software.

Submit a copy via email to recipients on the distribution list for Government review and comment.

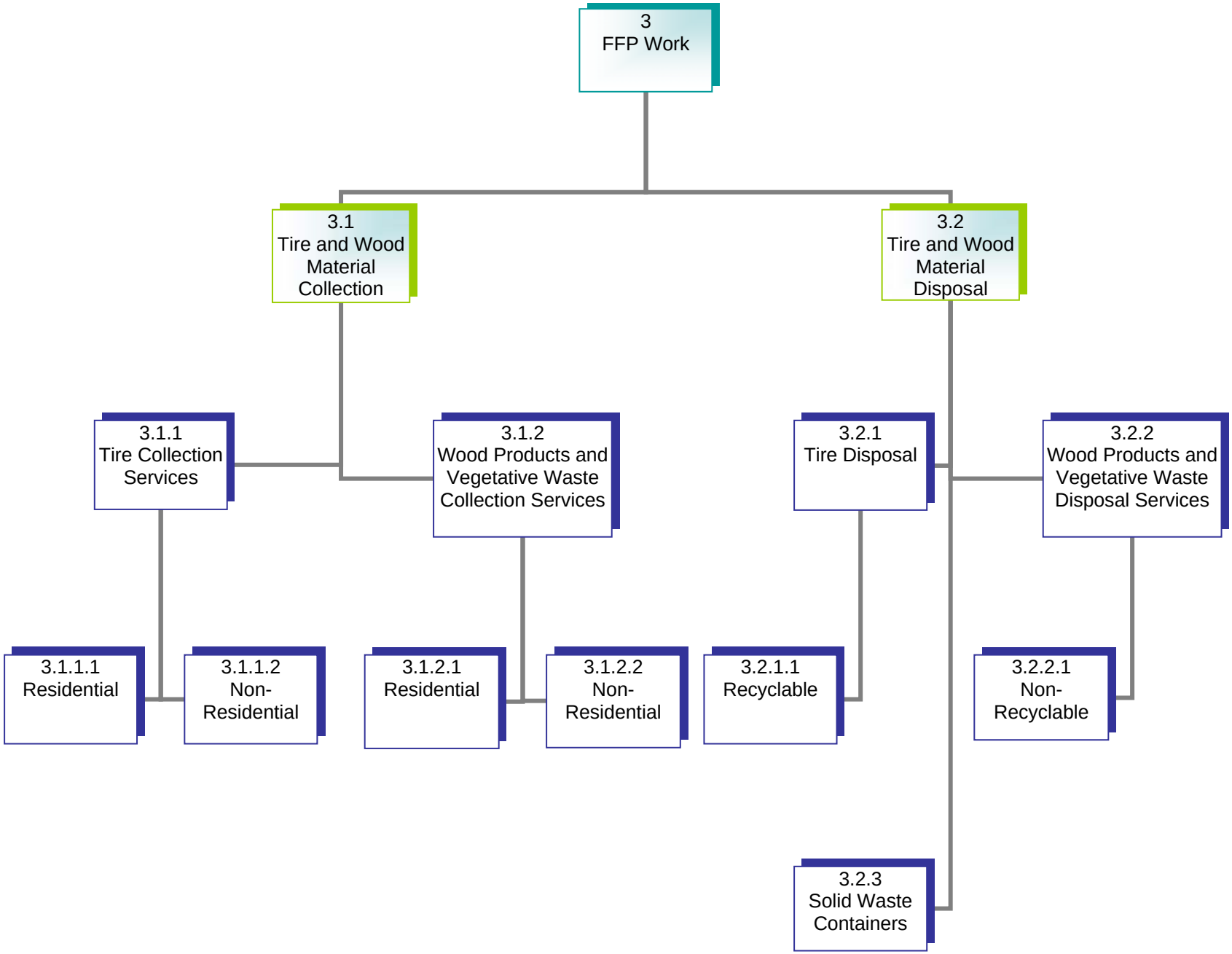
The Plan will identify how the Contractor will comply with all applicable Federal, State and local laws and regulations, including Executive Order 13423, Installation Water Conservation Programs and energy reduction requirements. The plan shall specifically address the following components:

1. Recycled contents products
2. Energy/Water efficiency
3. Alternate Fuels and Alternate Fuel Vehicles
4. Bio-Based Products
5. Non-Ozone Depleting Products
6. Environmental Preferred Products and Services
7. Low/Non-Toxic and Hazardous Materials

ATTACHMENT J-0200000-09
WORK BREAKDOWN STRUCTURE

See Attachment J-0200000-09 for Work Breakdown Structure

WBS
40192-15-R-9018



SECTION J **TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES** **DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS** **TABLE OF CONTENTS**	
ATTACHMENT NUMBER	**ATTACHMENT TITLE**
J-1503030-01	Definitions and Acronyms
J-1503030-02	References and Technical Documents
J-1503030-03	Common Output Level Standards
J-1503030-04	Site Maps and Locations
J-1503030-05	Location and Frequency Historical Data
J-1503030-06	Tire and Wood Materials Collection Points
J-1503030-07	Deliverables

ATTACHMENT J-1503030-01
DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
BW	Biweekly
Container	A receptacle designed for holding and transporting various types of solid waste.
Contracting Officer (KO)	That individual with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings. The term includes certain authorized representatives of the Contracting Officer acting within the limits of their authority as delegated by the Contracting Officer.
Contracting Officer Representative (COR)	That individual specifically appointed by the Contracting Officer, either orally or in writing who has been assigned responsibility for executing the requirements of this contract.
Contractor	That entity or its representative responsible for the delivery of the services or materials specified in this contract, as designated by contract award. The term Contractor as used herein refers to both the prime Contractor and any subcontractors. The prime Contractor shall insure that subcontractors comply with the provisions of this contract.
Contractor Representative	That individual appointed by the Contractor, either orally or in writing, who has been assigned responsibility for executing the requirements of this contract.
COR	Condition of Readiness or Contract Officer Representative
Cubic Yards to Tonnage Conversion	Cubic yards to tonnage conversion is 8.33 cy to 1 ton.
CY	Cubic Yard
Debris	Grass cuttings, tree trimmings, leaves, pine straw, limbs, stumps, street sweepings, roofing and construction waste, and similar waste material.
DLA, DS	Defense Logistics Agency, Disposition Services
DoD	Department of Defense
DoN	Department of Navy
DRMO	Defense Reutilization Management Office
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know Act
Equipment	Tangible asset that is functionally complete for its intended purpose, durable, and non-expendable.
Facility	A building or structure designed and created to serve a particular function.
Facility Structures	Buildings, sheds, utility lines, and drainage pipes on the facility.
FAR	Federal Acquisition Regulation
FFP	Firm Fixed Price
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
Foreign Port Origin Garbage	Garbage subject to special treatment and disposal requirements.

ATTACHMENT J-1503030-01
DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
Frequency Of Service	▪ Annual (A). Services performed once during each 12-month period of the contract at intervals of 335 to 395 days. ▪ Biennial (B). Services performed once during each 24-month period of the contract at internals of 670 to 790 days. ▪ Daily (D5). Services performed once each calendar day, Monday through Friday, including holidays unless otherwise noted. ▪ Daily (D7). Services performed once each calendar day, seven days per week, including weekends and holidays. ▪ Monthly (M). Services performed 12 times during each 12-month period of the contract at intervals of 28 to 31 calendar days. ▪ Quarterly (Q). Services performed four times during each 12-month period of the contract at intervals of 80 to 100 calendar days. ▪ Semiannual (SA). Services performed twice during each 12-month period of the contract at intervals of 160 to 200 calendar days. ▪ Semimonthly (SM). Services performed 24 times during each 12-month period of the contract at intervals of 14 to 16 calendar days. ▪ Three times weekly (3W). Services performed three times a week, such as Monday, Wednesday, and Friday. ▪ Twice weekly (2W). Services performed twice a week, such as Monday and Thursday or Tuesday and Friday. ▪ Weekly (W). Services performed 52 times during each 12-month period of the contract at intervals of 6 to 8 calendar days.
Garbage	Animal and vegetable waste (and containers thereof) resulting from the handling, preparation, cooking, and consumption of foods. Edible or hog food garbage is that portion of waste food which has been segregated for salvage.
GDA	Government Designated Authority
GEPA	Guam Environmental Protection Agency
GFE	Government-furnished Equipment
GFF	Government-furnished Facilities
GFM	Government-furnished Materials
GSWDRR	Guam Solid Waste Disposal Rules and Regulations
Hazardous Waste	A solid waste or combination of solid wastes, which because of its quantity, concentration, or physical, chemical, or infectious characteristics may: 1. cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible, or incapacitating reversible, illness; or 2. pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed.
Indefinite Delivery/Indefinite Quantity (IDIQ)	IDIQ work consists of Unit Price Task which may be ordered by the Government as separate items or in combinations of items from the Schedule of Indefinite Quantity Work (Bid Schedule) in Section J on an as-needed basis. This work is required with an irregular frequency and will be ordered on a form DD 1155, Order for Supplies or Services.
ISWM	Integrated Solid Waste Management
KO	Contracting Officer
Maintenance And Repair	The preservation or restoration of a piece of equipment, system, or facility to such condition that it may be effectively used for its designated purposes. Maintenance/repair may be; adjustment, overhaul, reprocessing, or replacement of constituent parts or materials that are missing or have deteriorated by action of the elements or usage, or replacement of the entire unit or system if beyond economical repair.

ATTACHMENT J-1503030-01
DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
Material Safety Data Sheet (MSDS)	A sheet for hazardous materials containing advise and information from the manufacturer on the product's intended use, the chemicals it contains, what to do if a person is exposed, etc.
NAVFAC	Naval Facilities Engineering Command
NAVHOSP	Naval Hospital
NAVMED	Navy Medical
NAVSUP	Naval Supply
Open Burning	The combustion of solid waste without: a) control of combustion air to maintain adequate temperature for efficient combustion, b) containment of the combustion reaction in an enclosed device to provide sufficient residence time and mixing for complete combustion, or c) control of the emission of the combustion products.
OSD COLS	Office of the Secretary of Defense Common Output Level Standards
Performance Assessment Representative (PAR)	That individual designated by the KO to be responsible for the monitoring of Contractor performance.
Performance Objective (PO)	An "end state" the contractor is to achieve. Objectives are often expressed in terms of specific accomplishments by an organization, levels of service provided to customer, or improvements in performance of some activity when measured against an established baseline.
Performance Standard	The measurable targeted level or range of performance that the Government will monitor. Achievement of a performance standard will either demonstrate directly that the Contractor has met the contract performance objective or will enable the Government to infer with a high degree of confidence that the Contractor has met the contract performance objective.
PM	Project Manager, Preventative Maintenance
Pre-Expended Bin Materials And Supplies	The minor materials and supplies that are incidental to the job, for which the total direct cost of any one material line item shown on the material estimate is $10.00 or less. Examples of pre-expended bin materials and supplies include, but are not limited to; solder, lead, flux, electrical connectors, electrical tape, fuses, nails, screws, bolts, nuts, washers, spacers, masking tape, sand paper, solvent, cleaners, lubricants, grease, oil, rags, mops, glue, epoxy, spackling compound, joint tape, plumbers tape and compound, clips, welding rods, and touch up paint.
PWS	Performance Work Statement
Recyclable Waste	Waste material which can be transformed into new products in such a manner that the original product may lose its identity.
Refuse	All garbage, ashes, debris, rubbish, and other similar waste materials. Not included are explosive and incendiary waste and contaminated waste from medical and radiological processes.
Rubbish	A variety of unsalvageable waste materials such as metal, glass, crockery, floor sweepings, paper, wrapping, containers, cartons, and similar articles not used in preparing or dispensing food.
Sanitary	Free of microorganisms.

ATTACHMENT J-1503030-01
DEFINITIONS AND ACRONYMS – TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

Title	Description
Senior Performance Assessment Representative (SPAR)	That individual designated by the KO to be ultimately responsible for the monitoring of Contractor performance.
Solid Waste	Refuse and other discarded solid materials resulting from commercial, industrial, residential, and community activities. It does not include hazardous wastes, infectious/medical wastes, solids or dissolved materials in domestic sewage, or other significant pollutants in water resources such as silt, dissolved or suspended solids in industrial waste, water effluents, dissolved materials in irrigation return flow, or other common water pollutants.
Spillage	Any refuse dislodged from containers and/or solid waste collecting equipment in the course of collection and disposal.
Square Yard (SY)	A unit of U.S. measure equal to three feet by three feet, for a total of nine square feet.
Task Order (T.O.)	A task order (DD Form 1155) is a document issued to the Contractor by the Contracting Officer to order work from the Indefinite Quantity (IQ) portion of the contract. Also known as a Delivery Order.
USCINCPACREP	United States Commander in Chief Pacific Representative
USDA	United States Department of Agriculture
USNH	United States Naval Hospital
USNHGUAMINST	United States Naval Hospital Guam Instruction
Vegetative waste	Organic waste that includes trees, tree trunks, branches, hedge clippings, and jungle growth.
Violation - Class 1	Notice of Violation (NOV), Notice of Noncompliance (NON) or Field Citation as defined by OPNAVINST5090.1or regulator, issued by a Federal or local regulatory agency. Includes written notices issued by a regulatory agency.
Violation - Class 2	Written notice of administrative or procedural violation issued by a Federal or local regulatory agency. Also includes a Class 3 violation for which there is no approved Corrective Action Plan within ninety (90) calendar days of discovery.
Violation - Class 3	Policy or Audit “violation:” Navy Policy violation cited by external audit organizations or valid findings by regulators or COR. Also includes a Class 4 violation for which there is no approved Corrective Action Plan within sixty (60) calendar days of discovery.
Violation - Class 4	Policy and Audit “violations” cited as a failure to comply with guidance and policy objectives or environmental standards or regulations that are formally identified as the Contractor’s responsibility.
VIQ	Variation in Quantity
Waste Deposit Area	Designated points where solid wastes will be placed for collection by the Contractor. May also be referred to as collection station, collection point, pick-up stations, or collection site.
WBS	Work Breakdown Structure

ATTACHMENT J-1503030-02
TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES
REFERENCES, INSTRUCTIONS, DIRECTIVES AND TECHNICAL DOCUMENTS

Title	**Reference**
AFFIRMATIVE PROCUREMENT OF BIOBASED PRODUCTS UNDER SERVICE AND CONSTRUCTION CONTRACTS	FAR Clause 52.223-2
GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES	NAVFAC Clause 5252.245-9300
GOVERNMENT PROPERTY	FAR 52.245
Guam EPA Solid Waste Disposal	Title 22, Division 4 Chapter 23
HAZARDOUS MATERIAL IDENTIFICATION AND MATERIAL SAFETY DATA	FAR Clause 52.223-3
OPNAVINST 5090.1	Environmental and Natural Resources Protection Manual
OPNAVINST 5090.1C	Navy Environmental and Natural Resources Program Manual
Regulation of Certain Garbage	7 CFR 330.400, 9 CFR 94.5
Solid Waste Management	40 CFR parts 243, 260 through 267, 270, 271 and 280
Solid Waste Management Receiver Policy	See attachment J-1503030-02
Spill Prevention, Containment, and Clean-up and the installation spill control plan	As specified in 29 CFR Part 1926 and 29 CFR Part 1910 at no cost to Government
UFGS 01 35 26	Unified Facilities Guide Specifications
U.S. Navy Public Work Center Guam, Solid Waste Steaming Operation Plan and the Compliance Agreement for the Handling and Disposal of Foreign Garbage.	OPNAVINST 5090.1C
40 CFR 258, Subtitle D	Criteria for Municipal Solid Waste Landfills

ATTACHMENT J-1503030-03
COMMON OUTPUT LEVEL STANDARDS
TIRE AND WOOD MATERIAL COLLECTION AND DISPOSAL SERVICES

(COLS) CHART				
SPEC ITEM	**TASK**	**COL3**		**COL4**
		Additional Measures Level 3	**Base Measures**	**Base Measures**
All requirements for Tire and Wood Material Collection and Disposal		Standards are the same for all COLS: – Tires and commercial and industrial Wood products and Vegetative Wastes are collected per the Contractor's schedule. – Tire and wood collection areas are free of waste following collection operations.		
3.1, 3.1.1, 3.1.2	Tire and Wood Material Collection	Increased recycling to support compliance with Executive Order 13514[3]	Recycle products as mandated by Federal, State and local law[1]	Recycle products as mandated by Federal, State and local law[1]

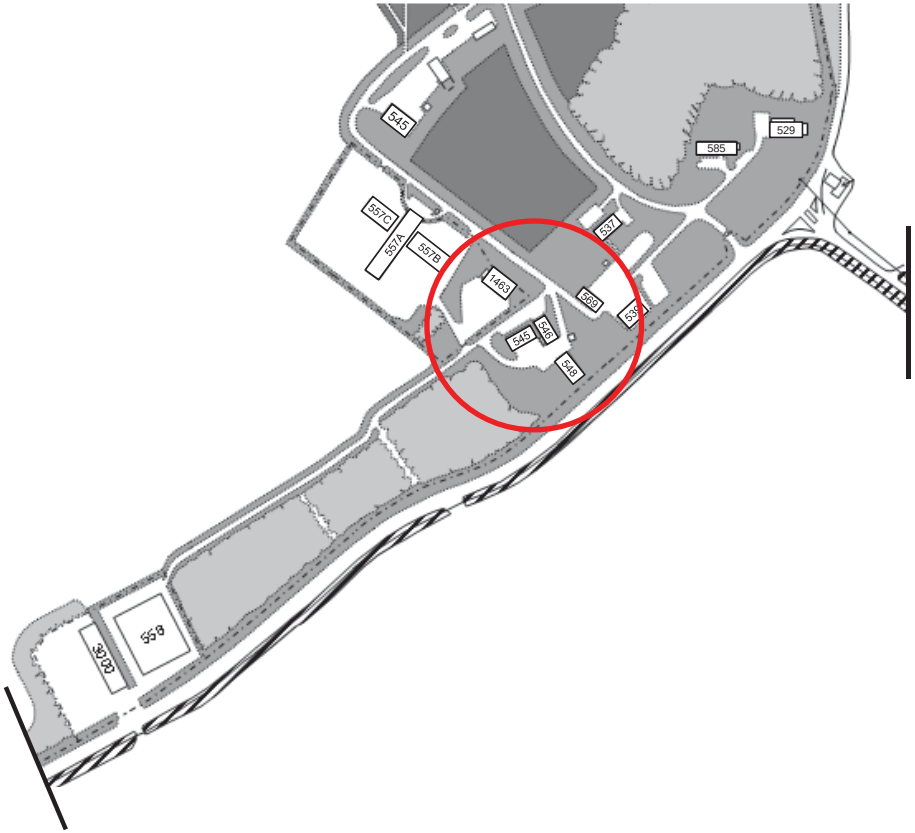
ATTACHMENT J-1503030-04
SITE MAPS AND LOCATIONS

See Attachment J-1503030-04 for Site Maps and Locations.

1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

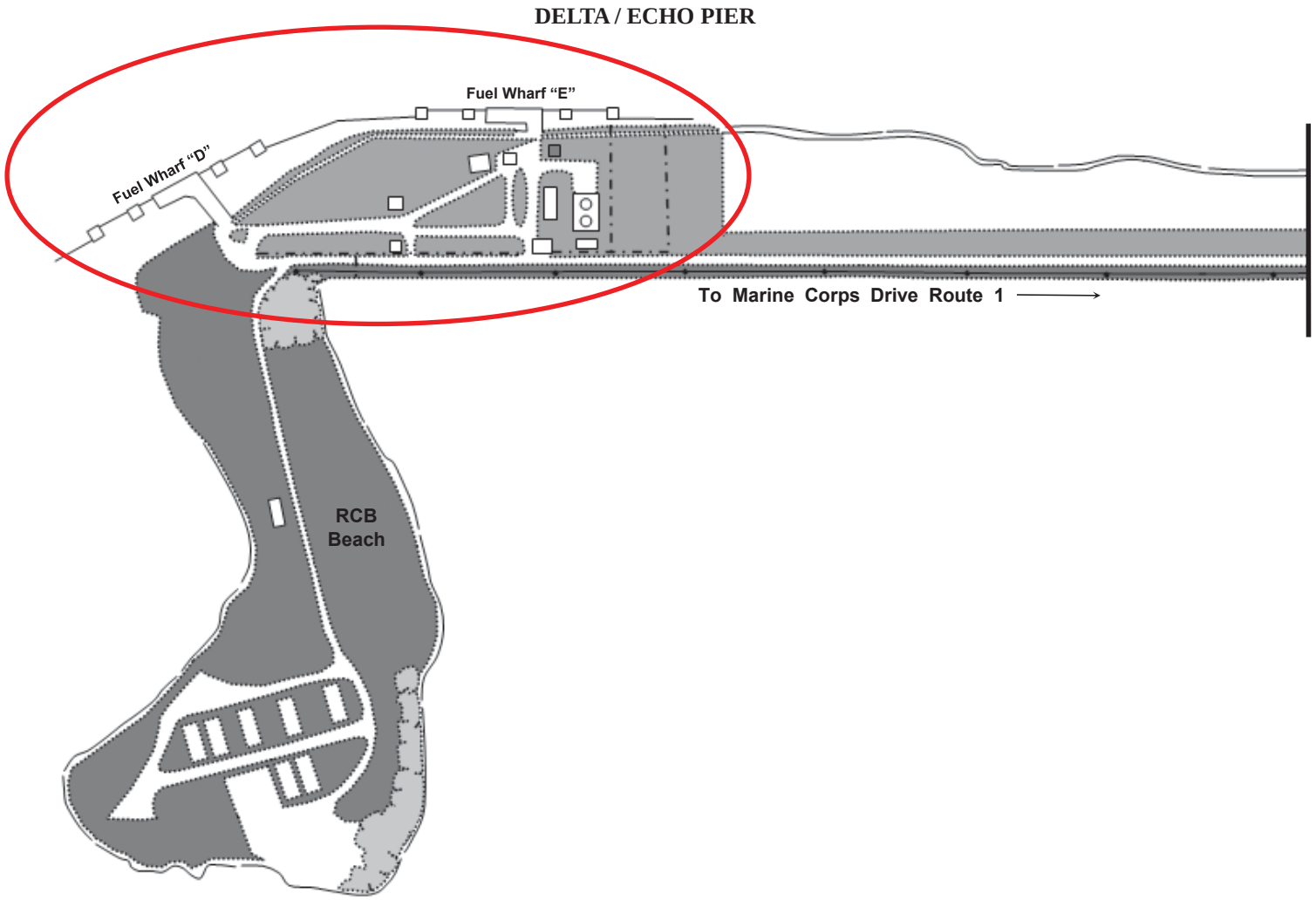
N40192-15-R-9018

CAMP COVINGTON



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

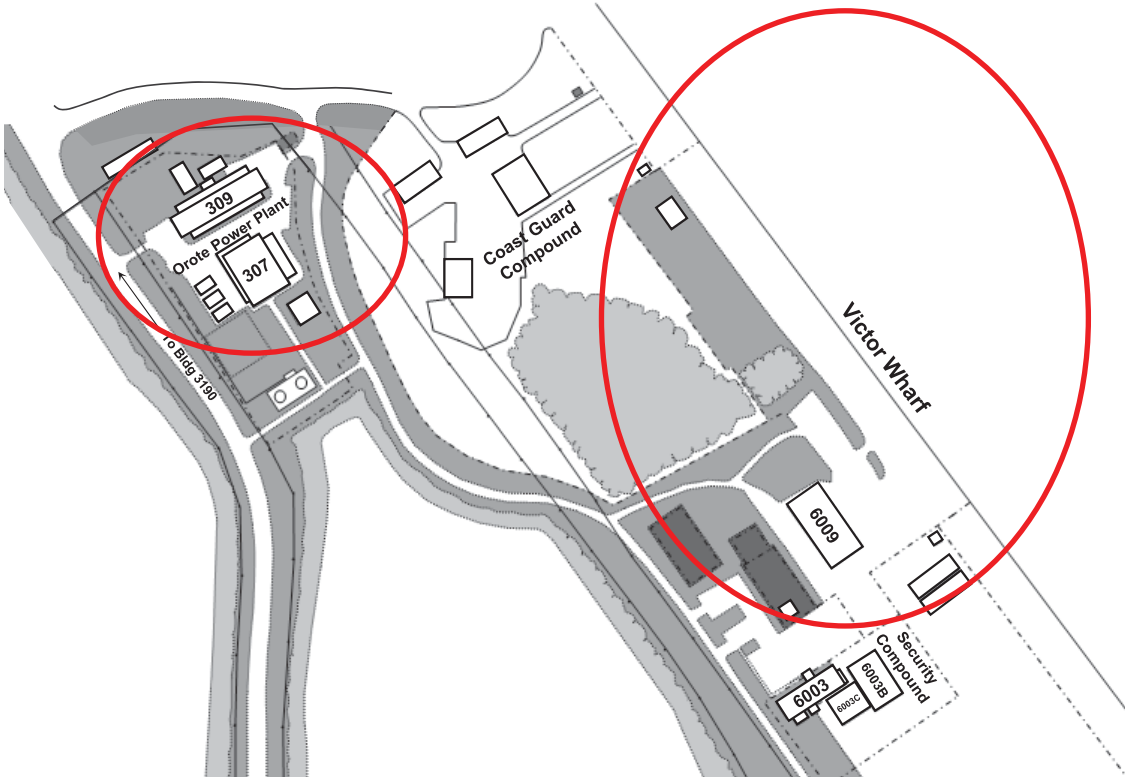
N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

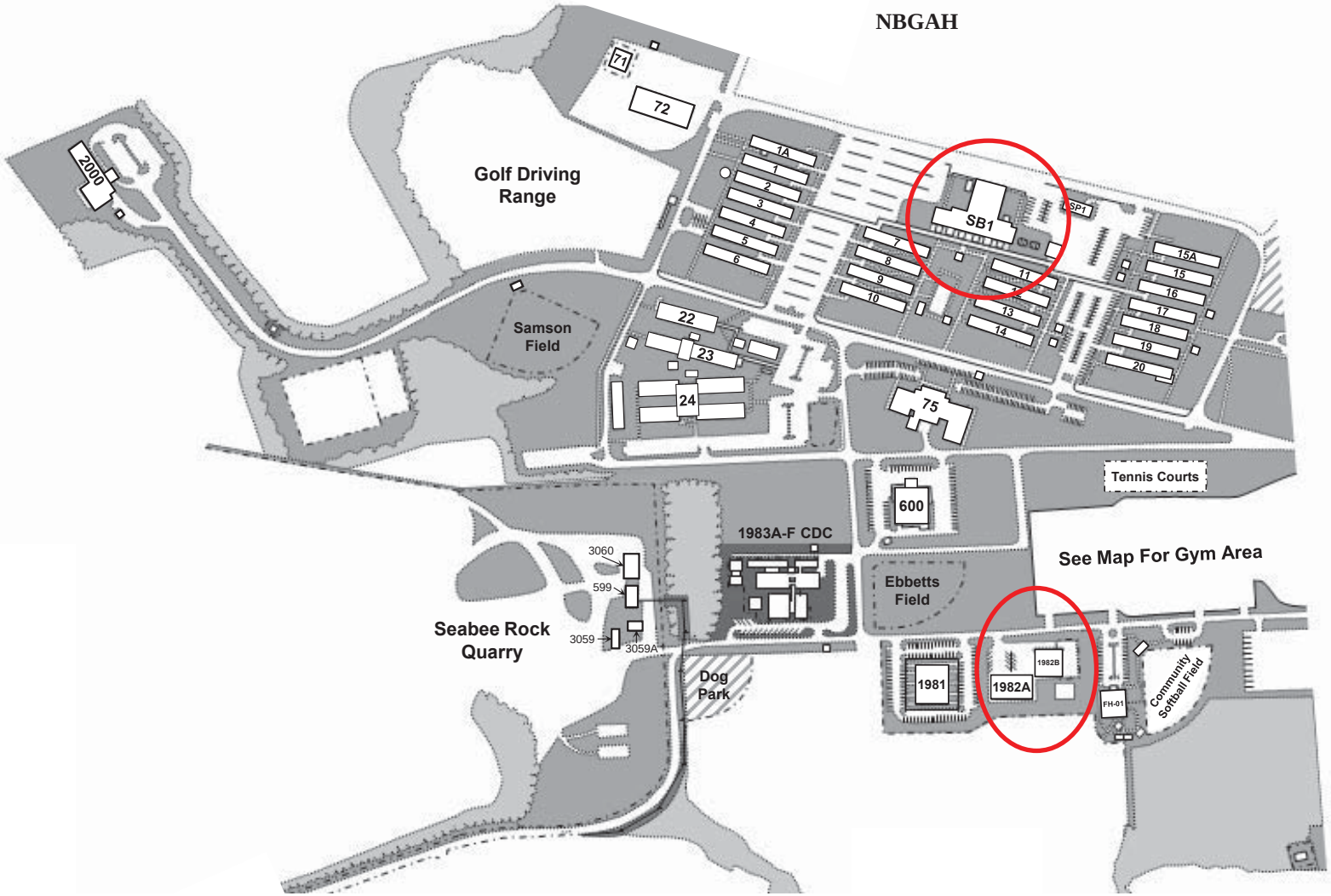
N40192-15-R-9018

NBGAH



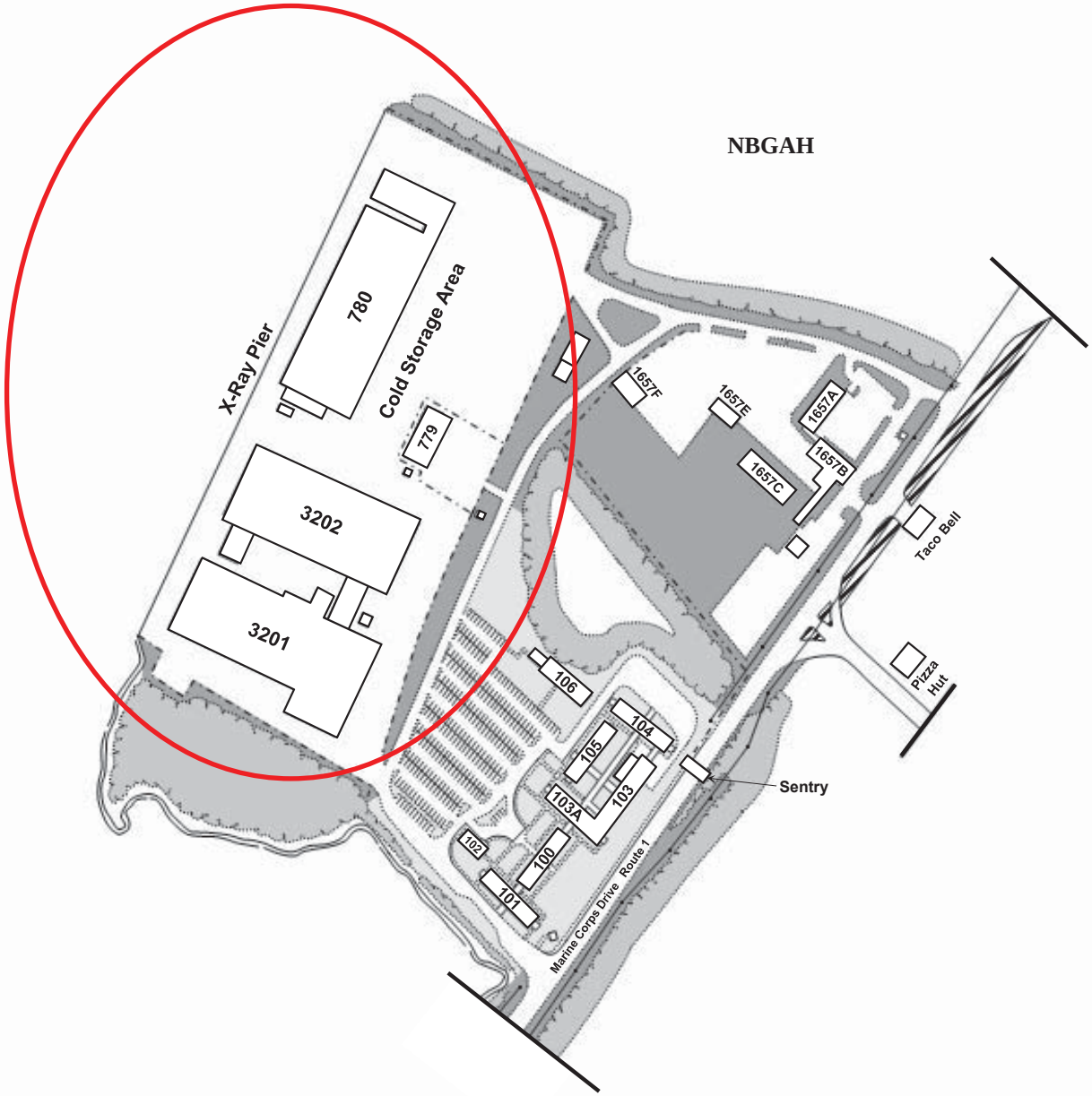
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

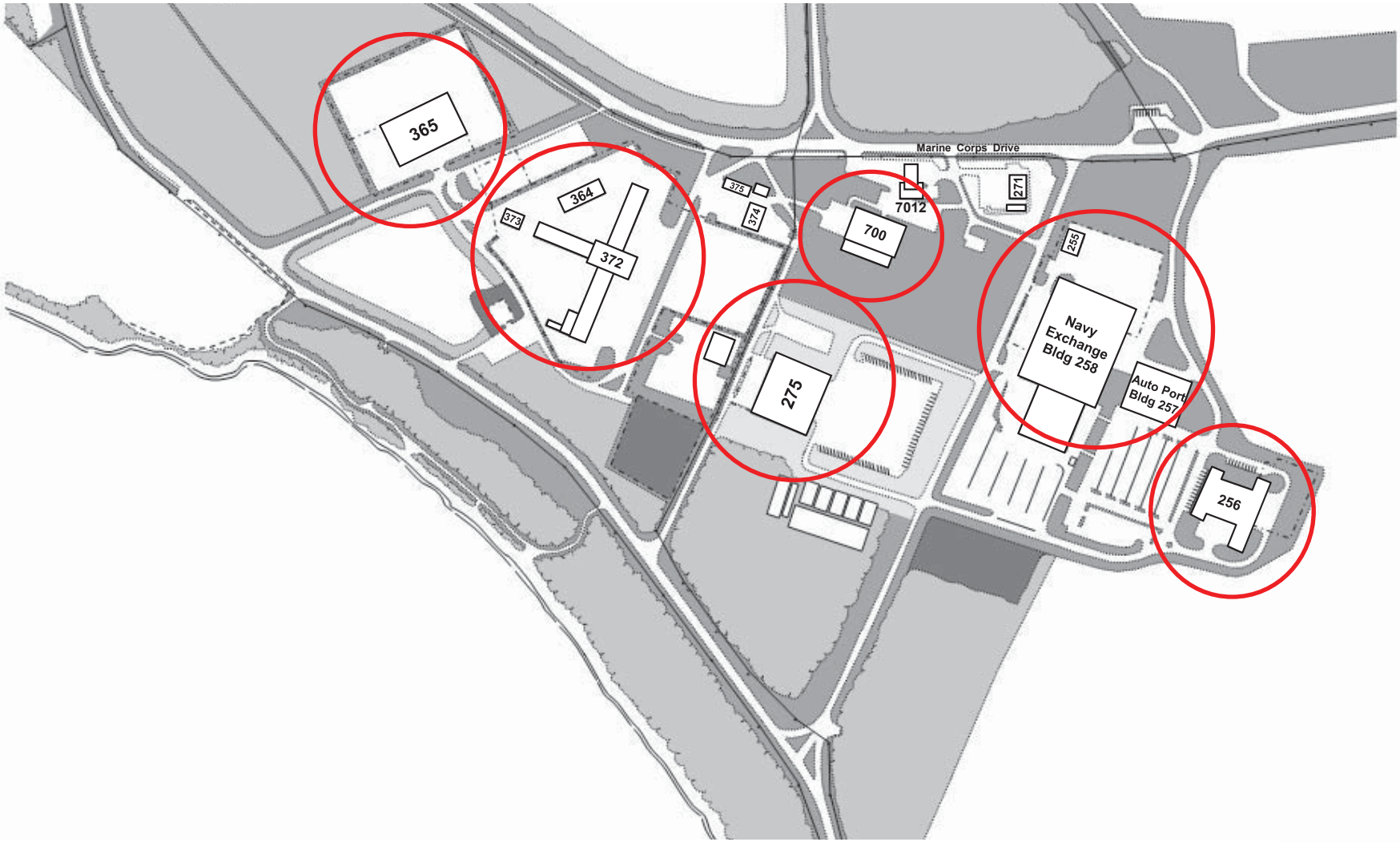
N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

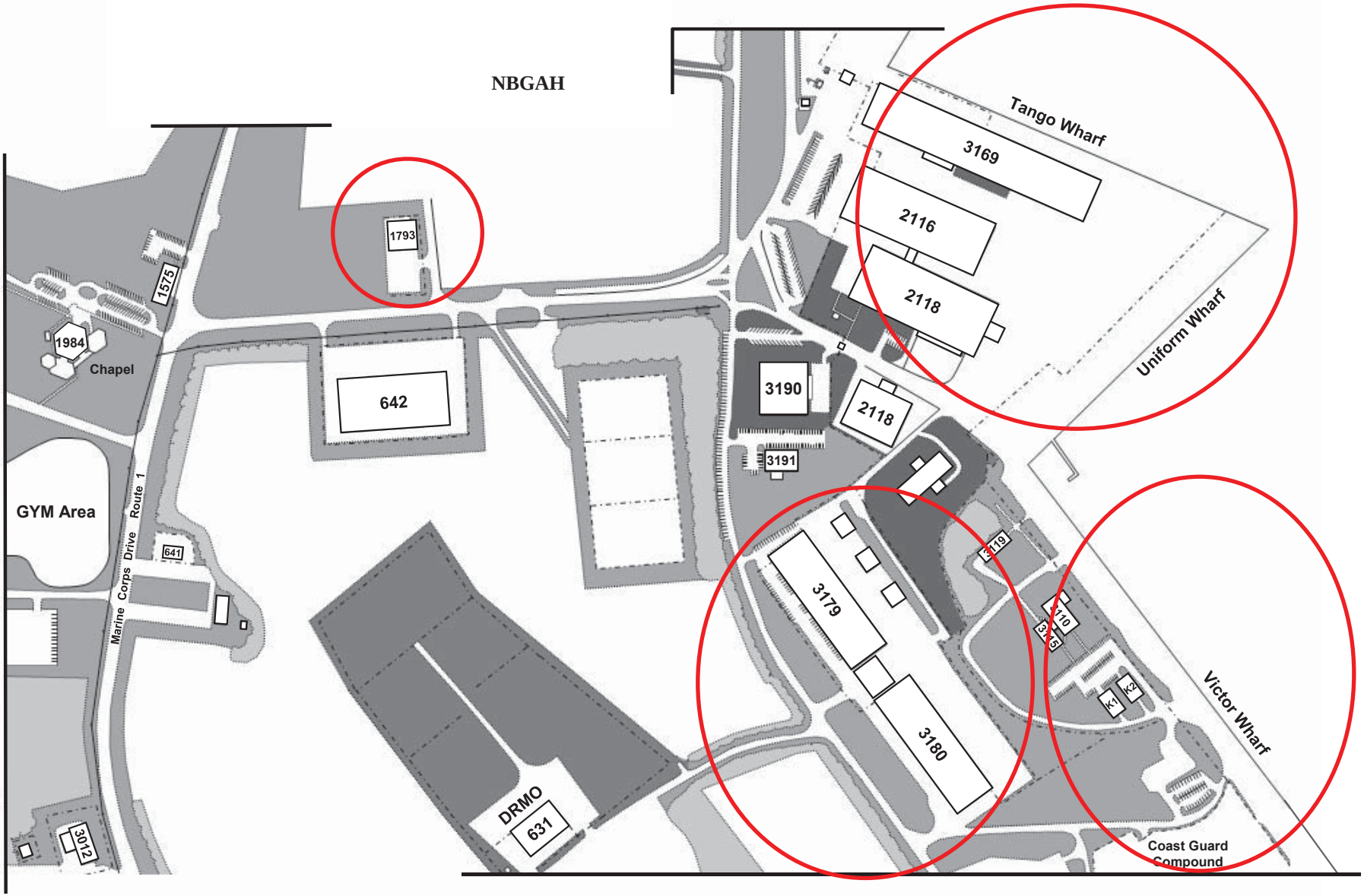
N40192-15-R-9018

NBGAH



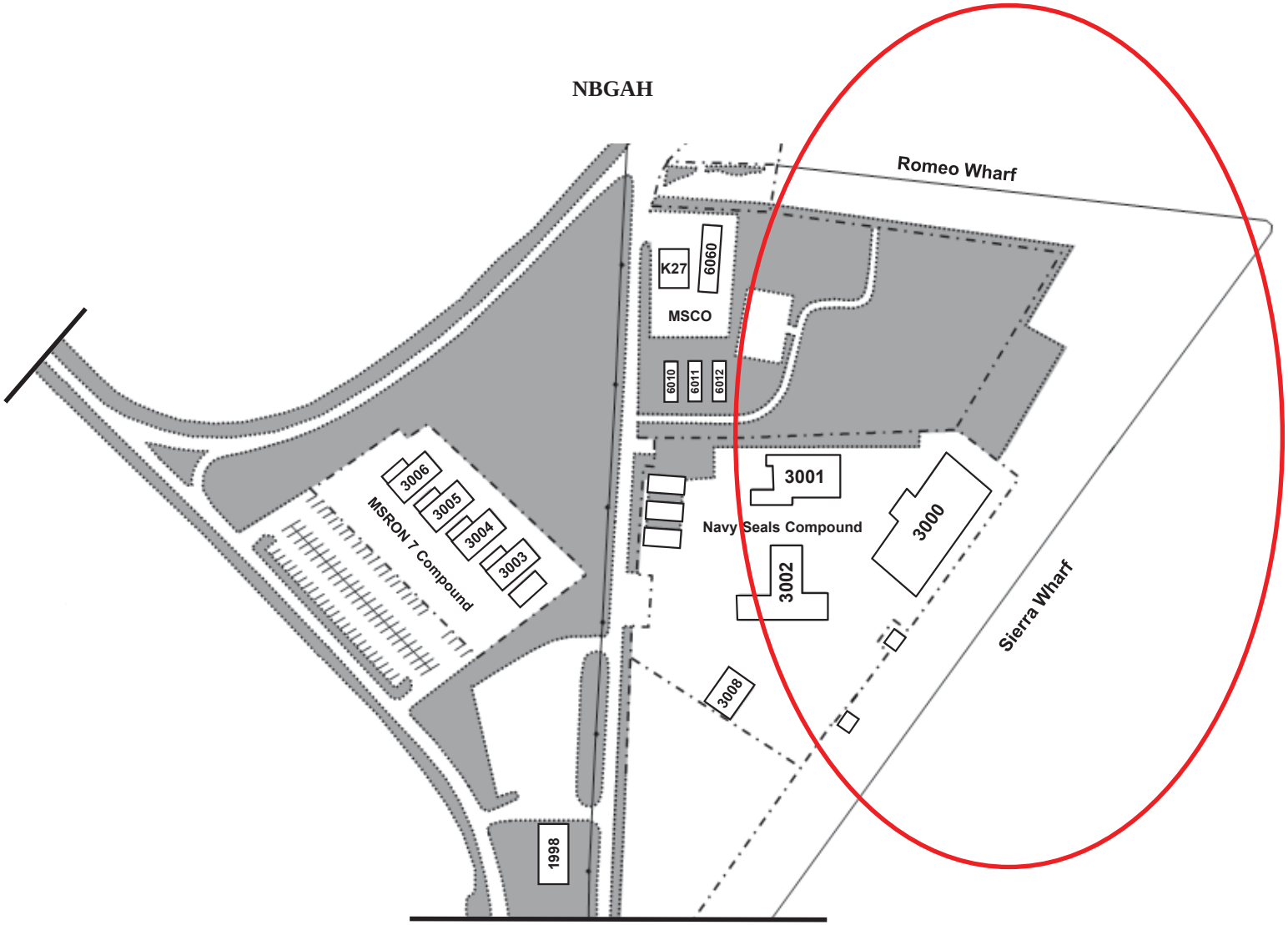
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018



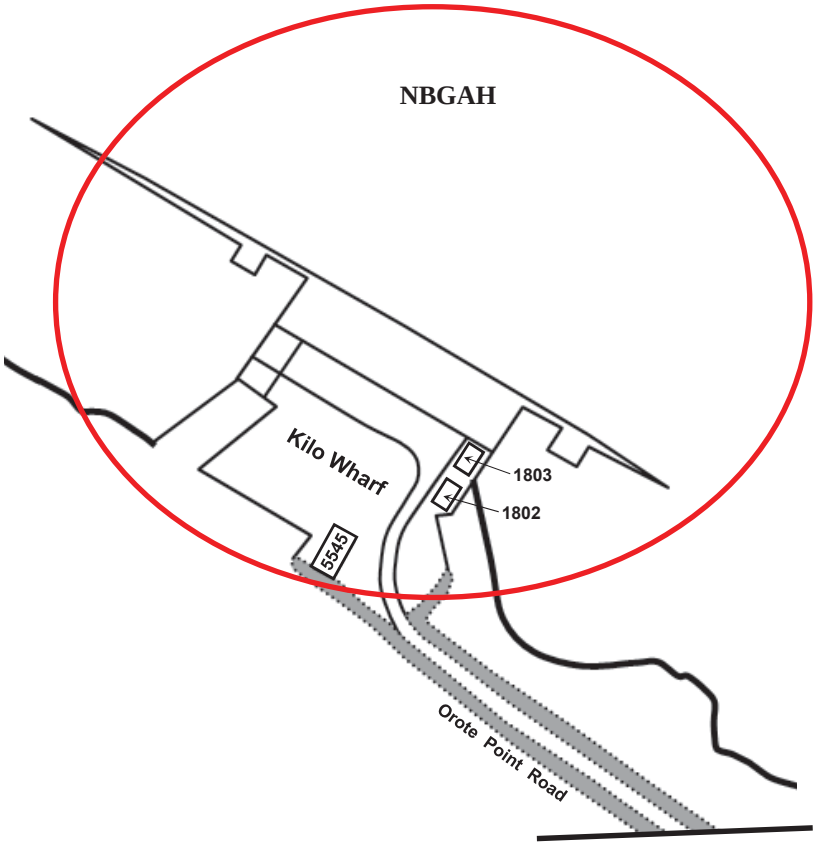
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018



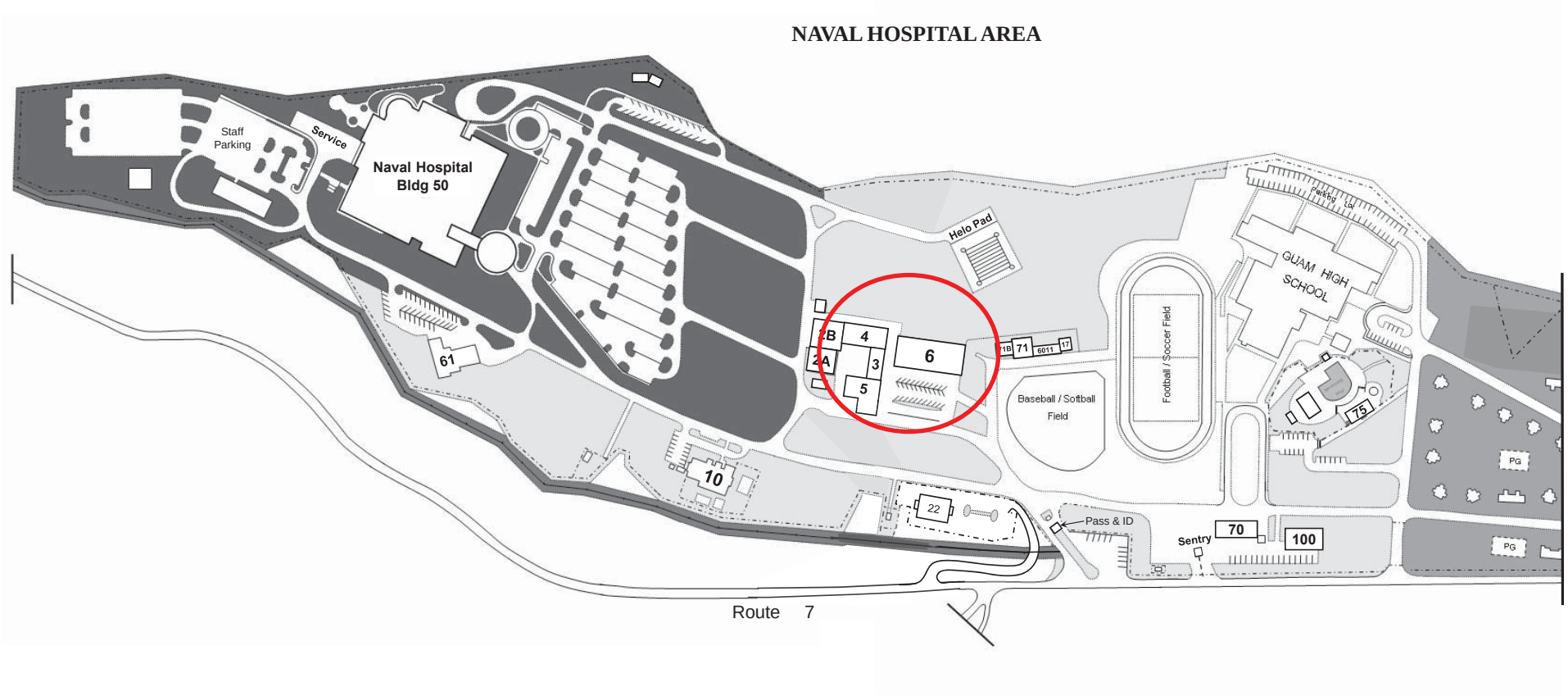
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

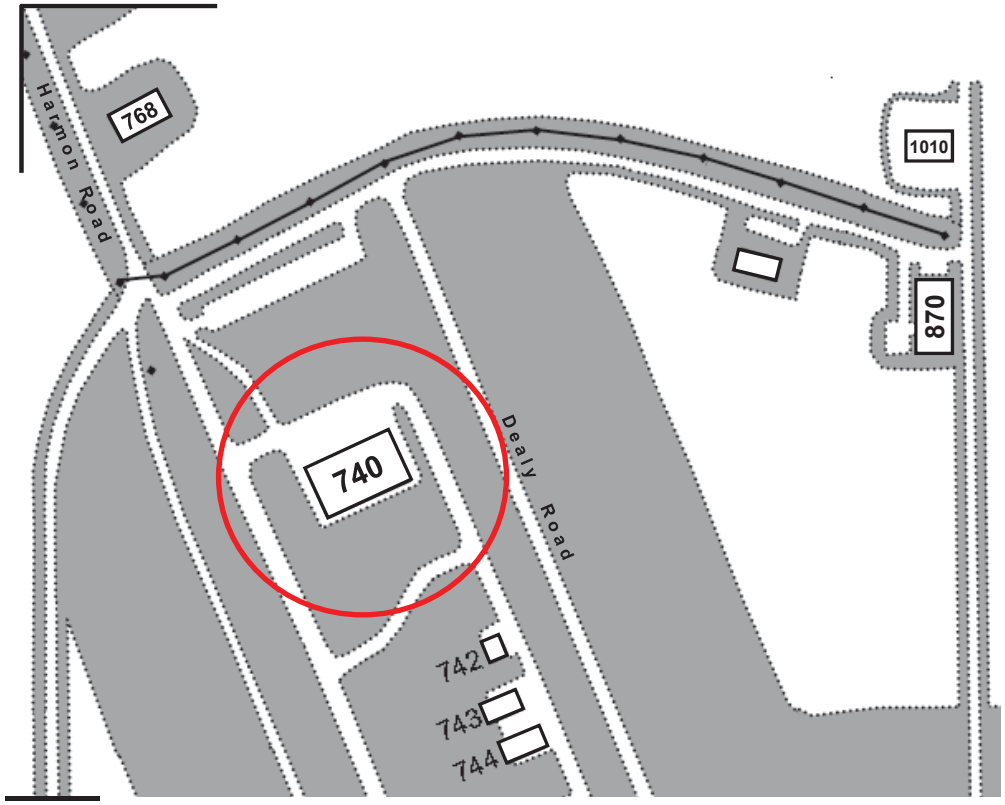
N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018

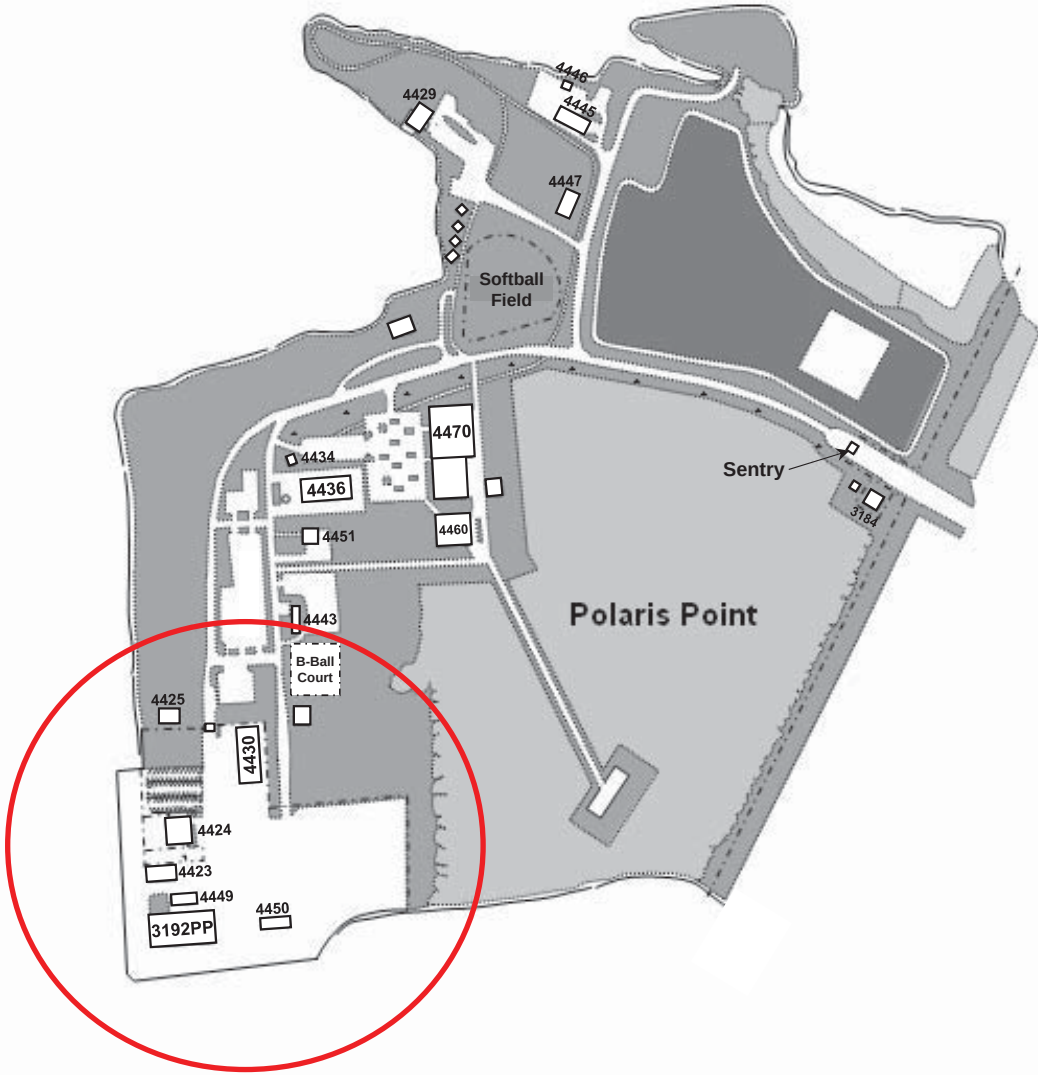
NBGMS



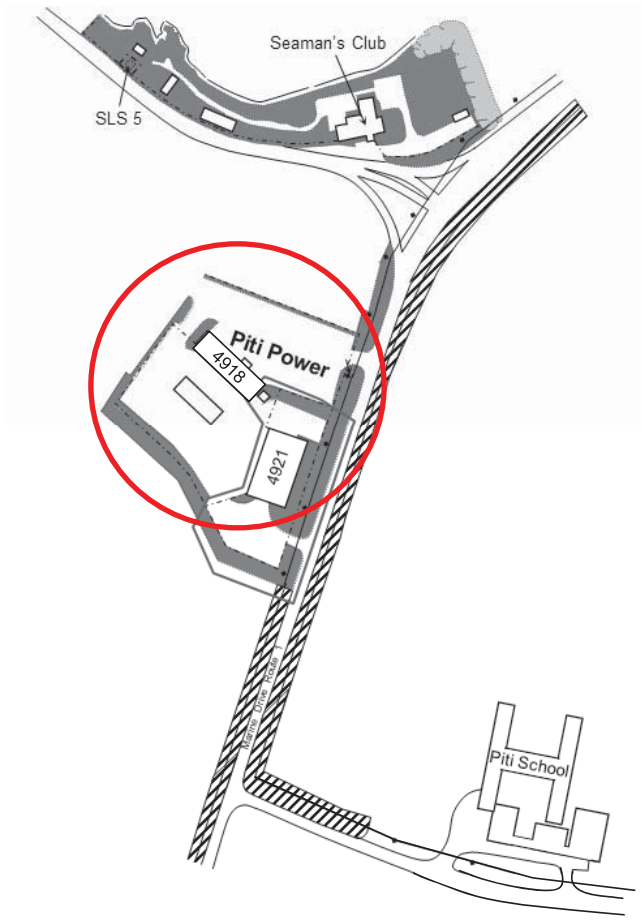
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018

POLARIS POINT

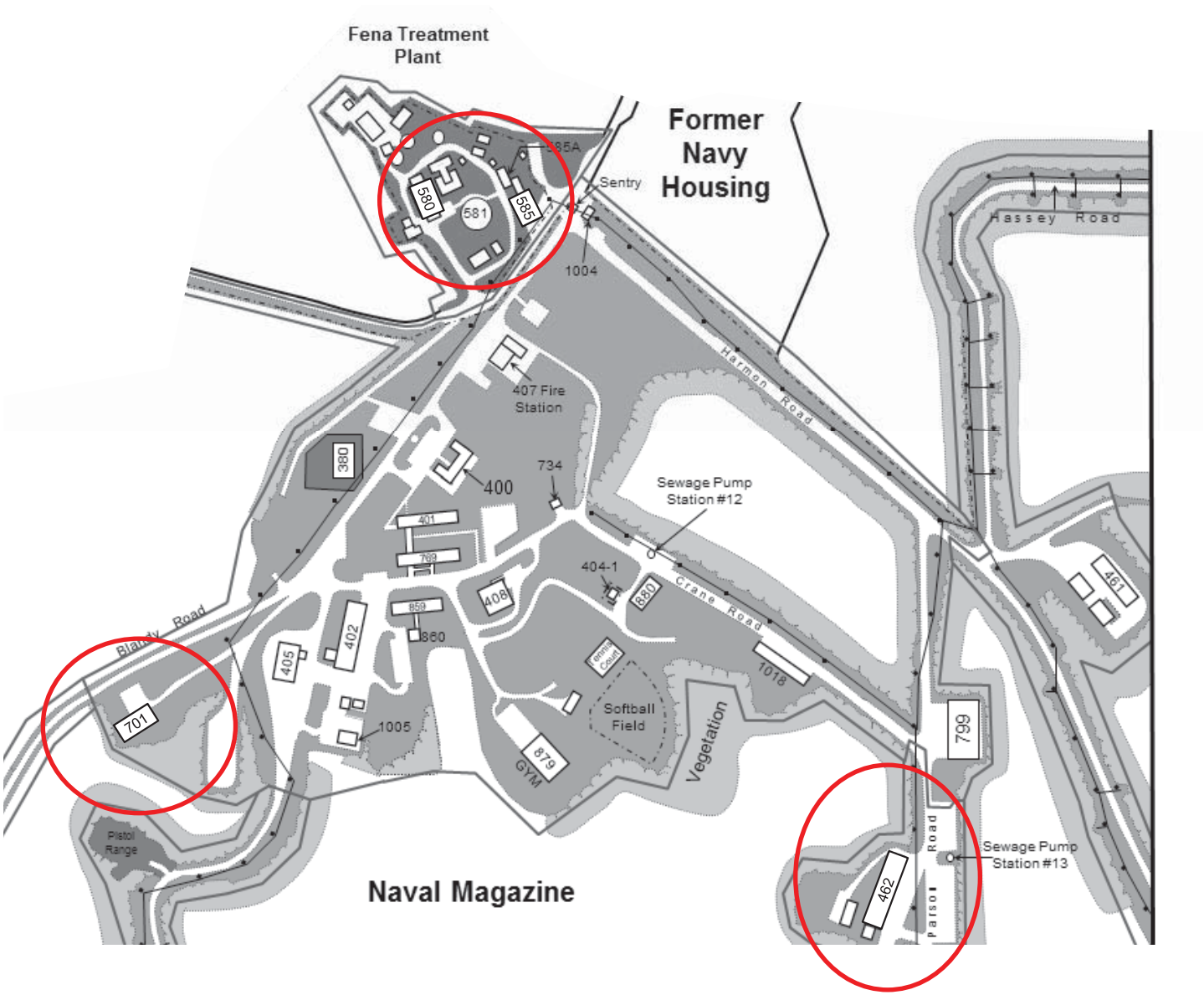


PITI



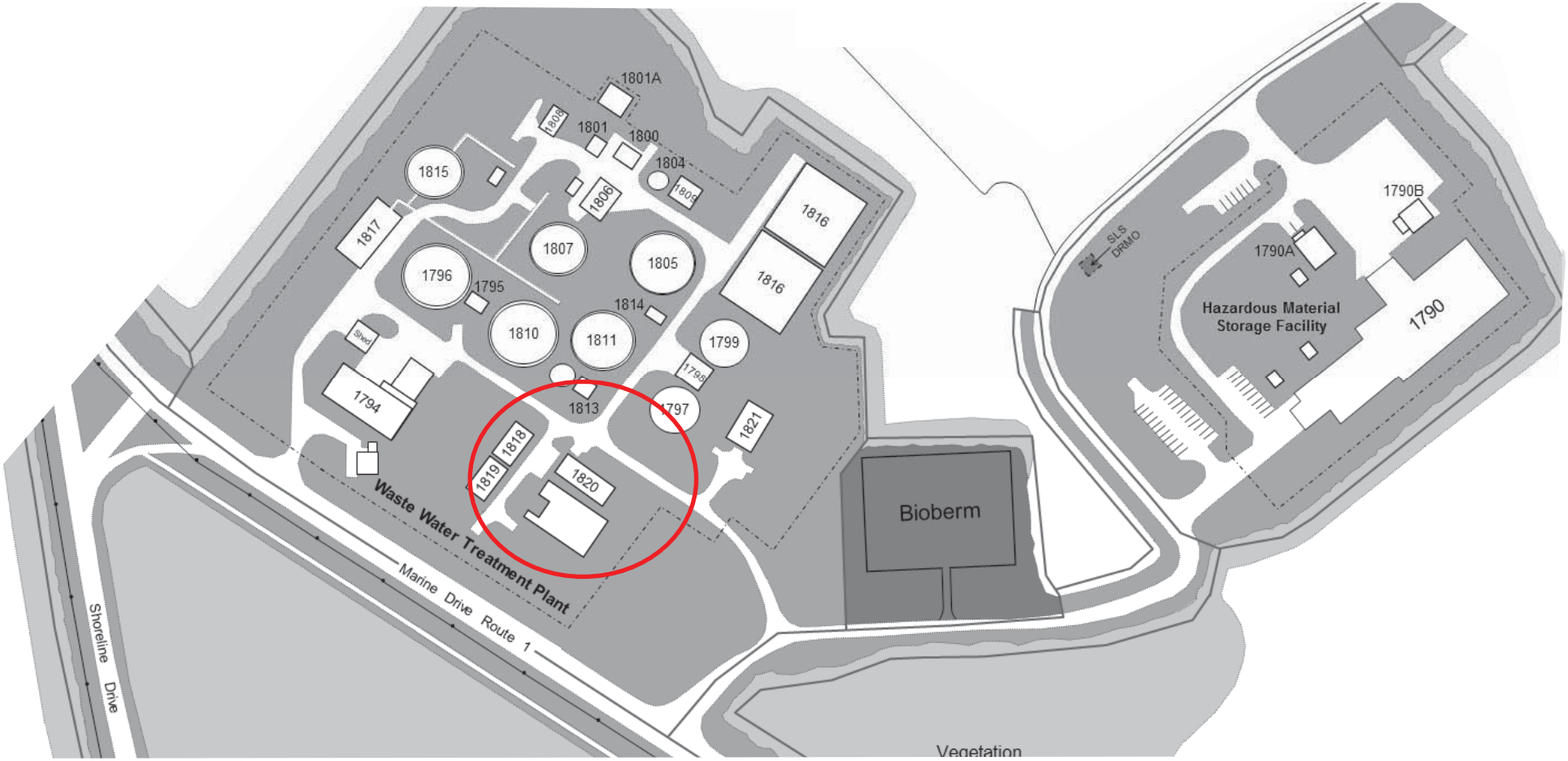
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

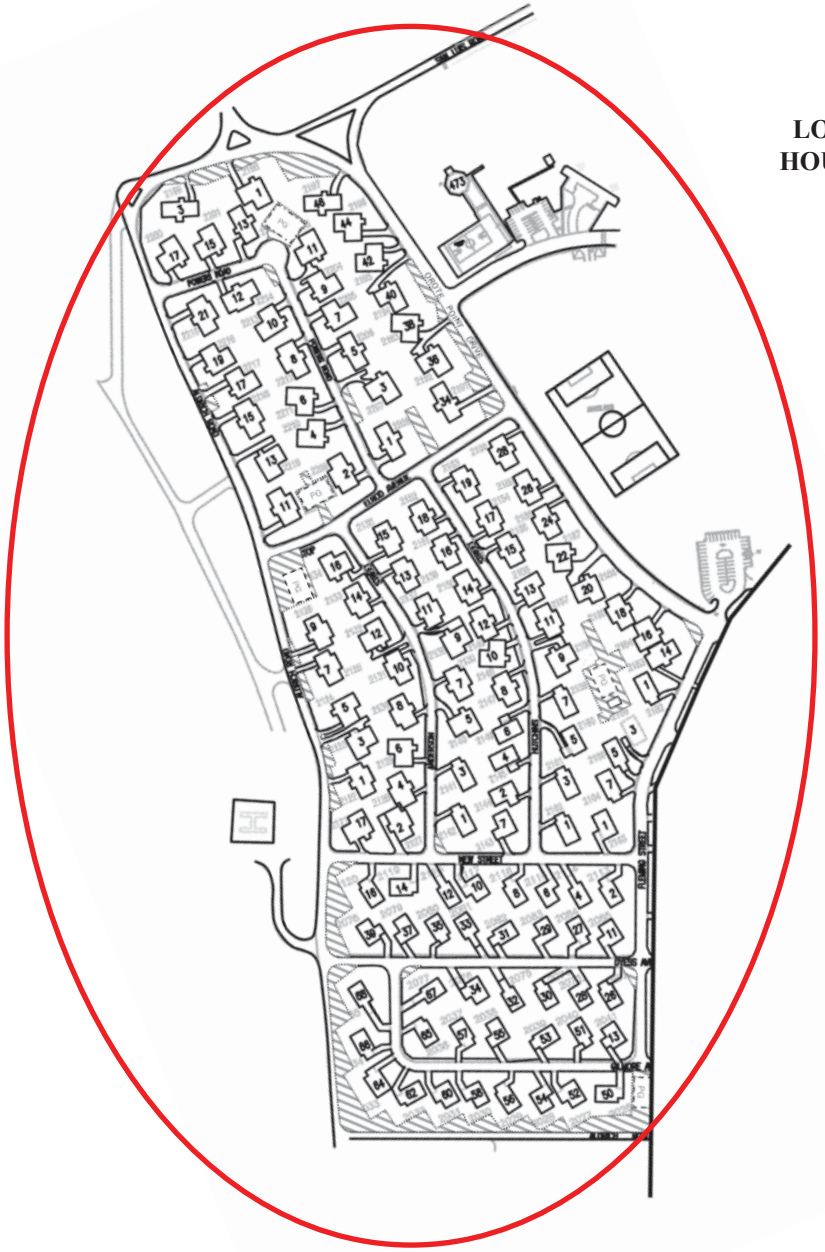
N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-15-R-9018

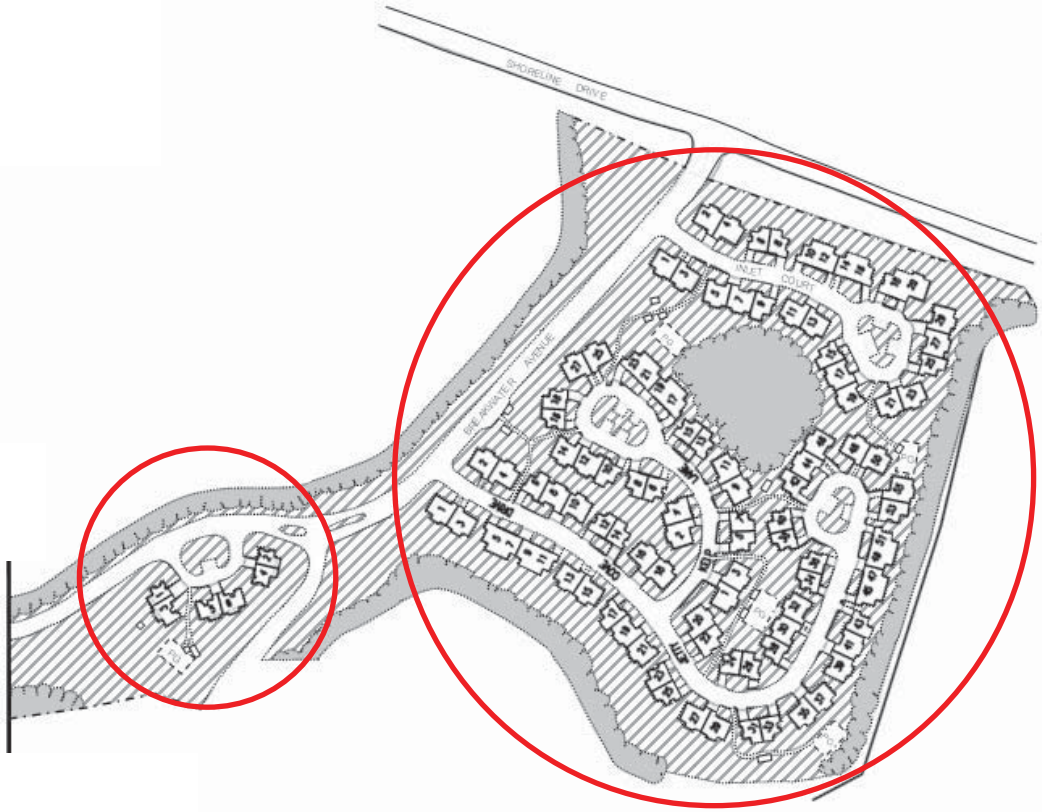
LOCKWOOD TERRACE
HOUSING AREA (NBGAH)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-15-R-9018

HARBOR VIEW
HOUSING AREA (NBGAH)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-15-R-9018

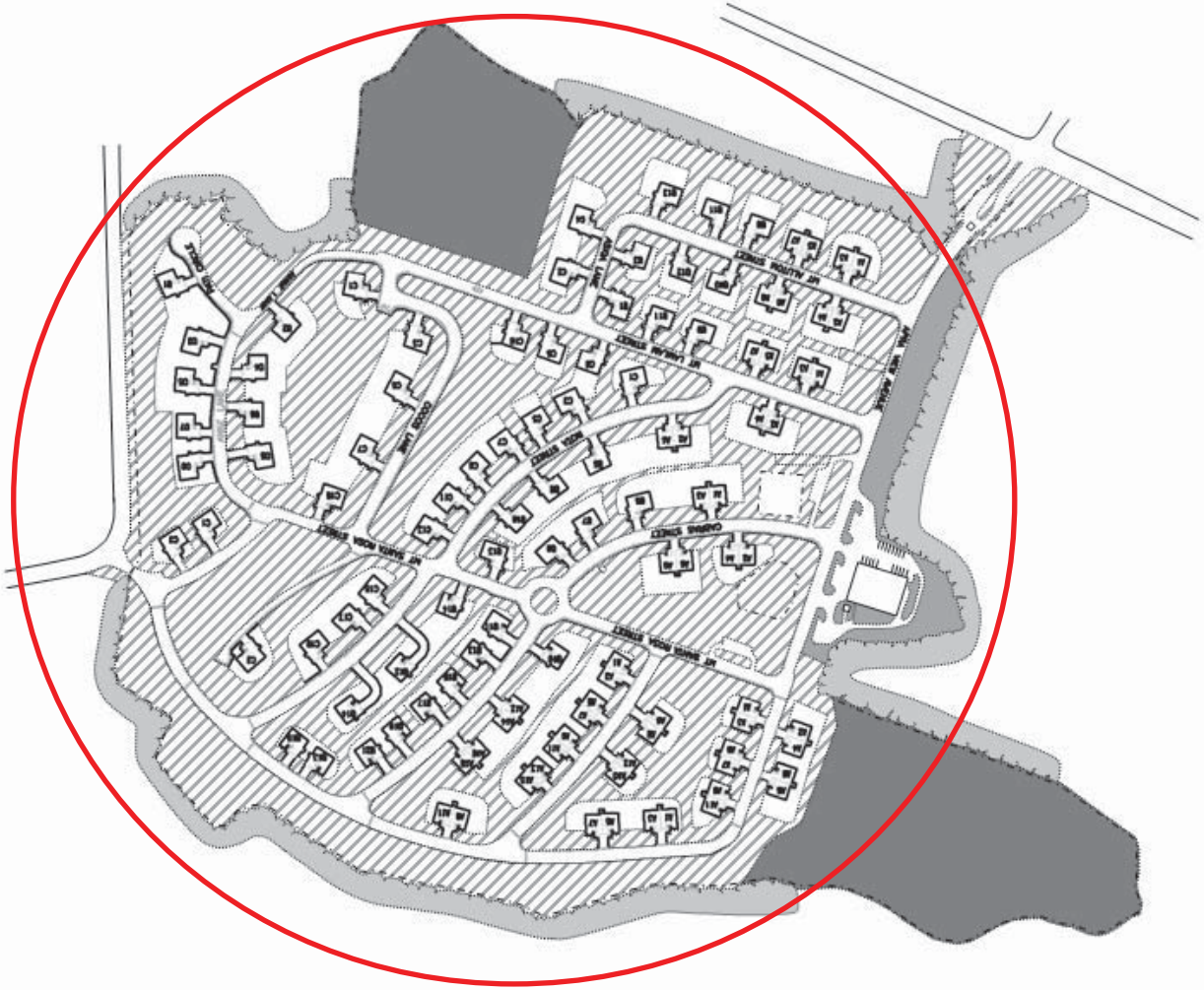
1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-15-R-9018

1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

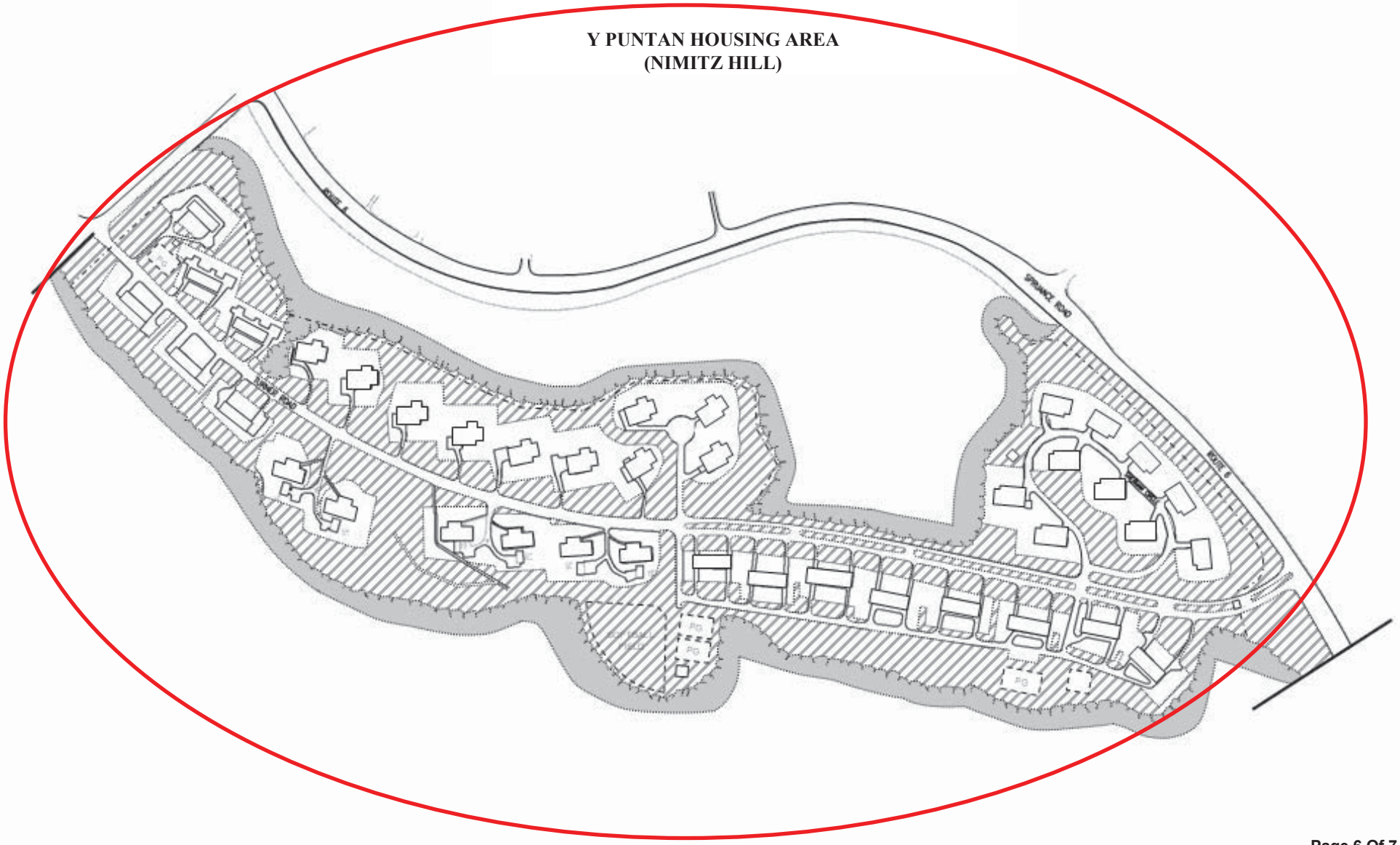
N40192-15-R-9018

APRA VIEW HOUSING AREA
(APRA HEIGHTS)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

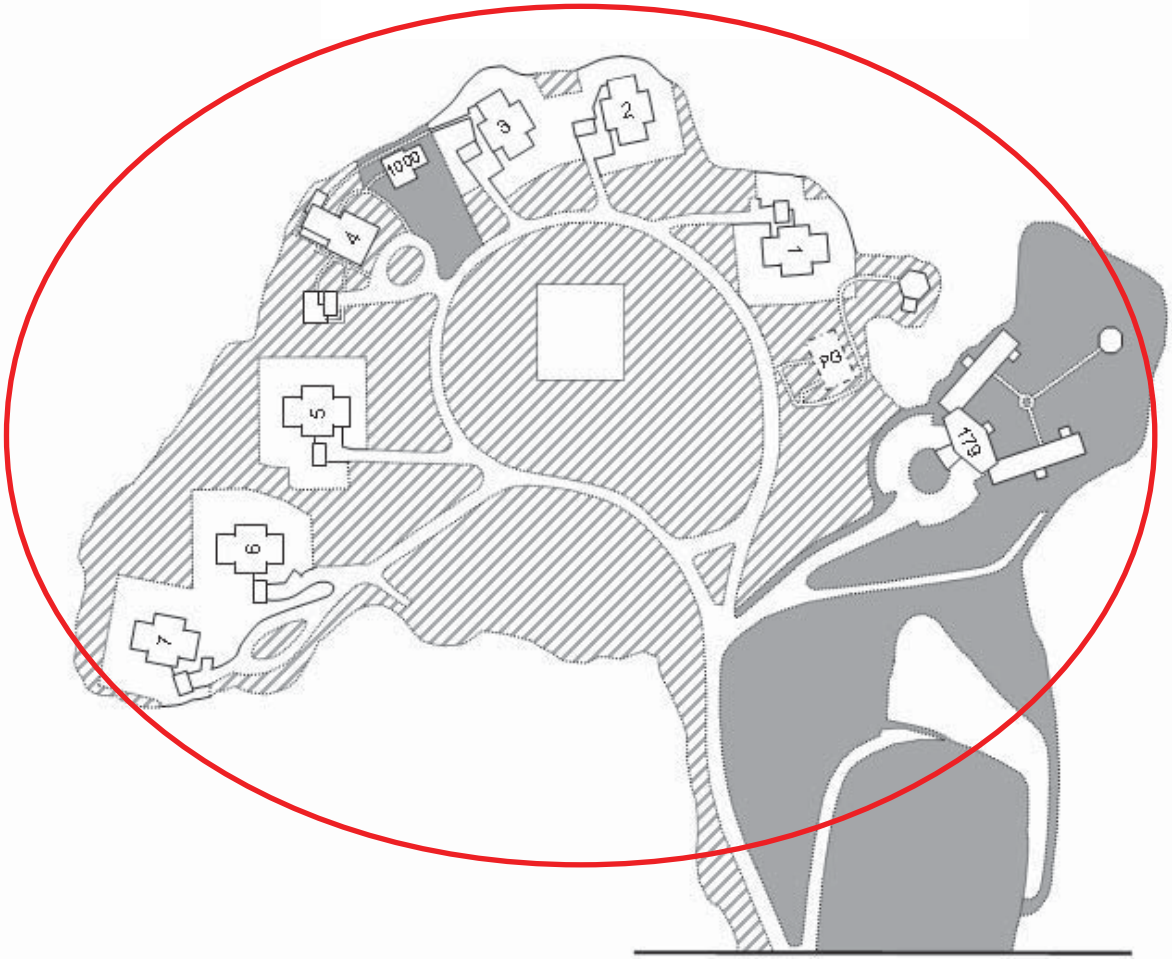
N40192-15-R-9018



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-15-R-9018

FLAG CIRCLE HOUSING AREA (NIMITZ HILL)



ATTACHMENT J-1503030-05
LOCATION AND FREQUENCY HISTORICAL DATA

See Attachment J-1503030-05 for Location and Frequency Data.

N40192-15-R-9018

Attachment J-1503030-05

Tire and Wood Materials Collection Points Historical (Non-Housing)

LOCATION	TYPE OF MATERIAL	DUMPSTER SIZE	NO. OF DUMPSTER	FREQUENCY	CUSTOMER
Alpha Pier, Polaris Point	Wood	20cy	1 Each	As Needed	JRM
Frank Cable, Polaris Point	Wood	20cy	1 Each	Weekly (W)	Frank Cable
Delta/Echo Pier, Piti	Wood	20cy	1 Each	As Needed	JRM
Kilo Wharf, NBGAH	Wood	20cy	1 Each	As Needed	JRM
Romeo Wharf, NBGAH	Wood	20cy	1 Each	As Needed	JRM
Sierra Wharf, NBGAH	Wood	20cy	1 Each	As Needed	JRM
Tango Wharf, NBGAH	Wood	20cy	1 Each	As Needed	JRM
Uniform Wharf, NBGAH	Wood	20cy	1 Each	As Needed	JRM
Victor Wharf, NBGAH	Wood	20cy	1 Each	As Needed	JRM
X Ray Pier, NBGAH	Wood	20cy	1 Each	As Needed	JRM
Bldg 548, Camp Covington	Wood	20cy	1 Each	Semimonthly (SM)	JRM
Bldg 1463, Camp Covington	Wood	20cy	1 Each	Semimonthly (SM)	JRM
Bldg 700 NEX, NBGAH	Wood	20cy	1 Each	Monthly	JRM
Bldg 307/309 Orote Power Plant, NBGAH	Wood	N/A	N/A	Semimonthly (SM)	NAVFAC Power
Bldg SB-1, NBGAH	Wood	8cy	1 Each	Semimonthly (SM)	JRM
Bldg 3201, NBGAH	Wood	40cy	2 Each	Twice Weekly (2W)	DECA CDC
Bldg 275 Commissary, NBGAH	Wood	40cy	3 Each	Three Times Weekly (3W)	DECA Orote
Bldg 256 NEX, NBGAH	Wood	40cy	2 Each	Weekly (W)	JRM
Bldg 258 NEX, NBGAH	Wood	20cy	3 Each	Weekly (W)	JRM
Bldg 700 NEX, NBGAH	Wood	20cy	1 Each	Semimonthly (SM)	JRM
Bldg 3169, NBGAH	Wood	N/A	N/A	Semimonthly (SM)	JRM
Bldg 3179, NBGAH	Wood	N/A	N/A	Semimonthly (SM)	JRM
Bldg 3180, NBGAH	Wood	N/A	N/A	Semimonthly (SM)	JRM
Bldg 580/585 NBGMS	Wood	N/A	N/A	Semimonthly (SM)	NAVFAC Water
Bldg 701 NBGMS	Wood	8cy	1 Each	As Needed	JRM
Bldg 740 NBGMS	Wood	20cy	1 Each	Weekly (W)	JRM
Bldg 1790 HAZMAT, NBGAH	Wood	N/A	N/A	Semimonthly (SM)	NAVFAC Environmental
Bldg 1793, NBGAH	Wood	20cy	1 Each	Semimonthly (SM)	JRM
Bldg 1820, NBGAH	Wood	N/A	N/A	Semimonthly (SM)	NAVFAC Waste Water
Bldg 4918, Piti	Wood	N/A	N/A	Semimonthly (SM)	NAVFAC Power
Bldg 1982B Hobby Shop, NBGAH	Tire	20cy	1 Each	As Needed	JRM
Bldg 372 Transportation, NBGAH	Wood	N/A	N/A	Weekly (W)	NAVFAC BSVE
Bldg 372 Transportation, NBGAH	Tire	20cy	1 Each	As Needed	NAVFAC BSVE

Attachment J-1503030-05

Tire and Wood Materials Collection Points Historical (Housing)

HOUSING AREA	TYPE OF MATERIAL	DUMPSTER SIZE	NO. OF DUMPSTER	FREQUENCY	CUSTOMER
Lockwood Terrace	Wood	N/A	N/A	Weekly (W)	Housing
Harbor View	Wood	N/A	N/A	Weekly (W)	Housing
Bay View	Wood	N/A	N/A	Weekly (W)	Housing
Ocean Ridge	Wood	N/A	N/A	Weekly (W)	Housing
Apra View	Wood	N/A	N/A	Weekly (W)	Housing
Y Puntan	Wood	N/A	N/A	Weekly (W)	Housing
Flag Circle	Wood	N/A	N/A	Weekly (W)	Housing

ATTACHMENT J-1503030-06
TIRE AND WOOD MATERIAL COLLECTION POINTS

See Attachment J-1503030-06 for Tire and Wood Material Collection Points.

N40192-15-R-9018

Attachment J-1503030-06

Tire and Wood Materials Collection Points (Non-Housing)

1503030-04 SITE MAP PAGE	LOCATION	TYPE OF MATERIAL	FREQUENCY	CUSTOMER
12	Alpha Pier, Polaris Point	Wood	As Needed	JRM
12	Frank Cable, Polaris Point	Wood	Weekly (W)	Frank Cable
2	Delta/Echo Pier, Piti	Wood	As Needed	JRM
9	Kilo Wharf, NBGAH	Wood	As Needed	JRM
8	Romeo Wharf, NBGAH	Wood	As Needed	JRM
8	Sierra Wharf, NBGAH	Wood	As Needed	JRM
7	Tango Wharf, NBGAH	Wood	As Needed	JRM
7	Uniform Wharf, NBGAH	Wood	As Needed	JRM
3, 7	Victor Wharf, NBGAH	Wood	As Needed	JRM
5	X Ray Pier, NBGAH	Wood	As Needed	JRM
1	Bldg 548, Camp Covington	Wood	Semimonthly (SM)	JRM
1	Bldg 1463, Camp Covington	Wood	Semimonthly (SM)	JRM
6	Bldg 700 NEX, NBGAH	Wood	Monthly	JRM
3	Bldg 307/309 Orote Power Plant, NBGAH	Wood	Semimonthly (SM)	NAVFAC Power
4	Bldg SB-1, NBGAH	Wood	Semimonthly (SM)	JRM
5	Bldg 3201, NBGAH	Wood	Twice Weekly (2W)	DECA CDC
6	Bldg 275 Commissary, NBGAH	Wood	Three Times Weekly (3W)	DECA Orote
6	Bldg 256 NEX, NBGAH	Wood	Weekly (W)	JRM
6	Bldg 258 NEX, NBGAH	Wood	Weekly (W)	JRM
6	Bldg 365 Housing Self Help, NBGAH	Wood	Monthly	Housing
6	Bldg 700 NEX, NBGAH	Wood	Semimonthly (SM)	JRM
7	Bldg 3169, NBGAH	Wood	Semimonthly (SM)	JRM
7	Bldg 3179, NBGAH	Wood	Semimonthly (SM)	JRM
7	Bldg 3180, NBGAH	Wood	Semimonthly (SM)	JRM
10	Bldg 6, Naval Hospital	Wood	Semimonthly (SM)	JRM
13	Bldg 462 NBGMS	Wood	Weekly (W)	JRM
13	Bldg 580/585 NBGMS	Wood	Semimonthly (SM)	NAVFAC Water
13	Bldg 701 NBGMS	Wood	As Needed	JRM
11	Bldg 740 NBGMS	Wood	Weekly (W)	JRM
7	Bldg 1793, NBGAH	Wood	Semimonthly (SM)	JRM
14	Bldg 1820, NBGAH	Wood	Semimonthly (SM)	NAVFAC Waste Water
12	Bldg 4918, Piti	Wood	Semimonthly (SM)	NAVFAC Power
4	Bldg 1982B Hobby Shop, NBGAH	Tire	As Needed	JRM
6	Bldg 372 Transportation, NBGAH	Wood	Weekly (W)	NAVFAC BSVE
6	Bldg 372 Transportation, NBGAH	Tire	As Needed	NAVFAC BSVE

Attachment J-1503030-06

Tire and Wood Materials Collection Points (Housing)

1503030-04 SITE MAP PAGE	HOUSING AREA	TYPE OF MATERIAL	FREQUENCY	CUSTOMER
1	Lockwood Terrace, NBGAH	Wood	Weekly (W)	Housing
2	Harbor View, NBGAH	Wood	Weekly (W)	Housing
3	Bay View, NBGAH	Wood	Weekly (W)	Housing
4	Ocean Ridge, NBGAH	Wood	Weekly (W)	Housing
5	Apra View, Apra Heights	Wood	Weekly (W)	Housing
6	Y Puntan, Nimitz Hill	Wood	Weekly (W)	Housing
7	Flag Circle, Nimitz Hill	Wood	Weekly (W)	Housing

ATTACHMENT J-1503030-07
DELIVERABLES

See Attachment J-1503030-07 for Deliverables

1503030 DELIVERABLES						
				Distribution		
Annex/ Spec Item	**Form Attachment Number**	**Deliverable Title**	**Date (s) of Submission**	**Original / Copies**	**Number of Copies (including original)**	**Frequency**
1503030 / 2.2.1	N/A	Certification, Licensing, and Training for Maintenance and Operation of New and Replacement Systems and Equipment	As Requested	NFM Acquisitions Department / NFM FMFS Technical Branch	2	As Requested
1503030 / 2.3.1	N/A	Recyclable Accounting	With the Contractor's monthly invoice and as Requested	NFM FMFS Technical Branch / N/A	1	With the Contractor's monthly invoice and as Requested
1503030 / 2.3.2	N/A	Weight Tickets (Non-Recyclable)	With the Contractor's monthly invoice	NFM Acquisitions Department / PWD	2	Once a Month
1503030 / 2.3.3	N/A	Permits and Licenses	Fifteen (15) calendar days prior to start of work	NFM Acquisitions Department / N/A	1	Before work commences and at other times as requested by the Contracting Officer or Government representative
1503030 / 3.1.1	N/A	Tire Collection Services (Monthly Collection Log)	With the Contractor's monthly invoice	NFM FMFS Technical Branch / N/A	1	With the Contractor's monthly invoice
1503030 / 3.1.2	N/A	Wood Products and Vegetative Waste Collection Services (Monthly Collection Log)	With the Contractor's monthly invoice	NFM FMFS Technical Branch / N/A	1	With the Contractor's monthly invoice
1503030 / 3.2	N/A	Tire and Wood Material Disposal (Monthly Disposal Log)	With the Contractor's monthly invoice	NFM FMFS Technical Branch / N/A	1	With the Contractor's monthly invoice
1503030 / 3.2.1.1	N/A	Tire Disposal, Recyclable (Monthly Disposal Log)	With the Contractor's monthly invoice	NFM FMFS Technical Branch / N/A	1	With the Contractor's monthly invoice

1503030 DELIVERABLES						
				Distribution		
Annex/ Spec Item	**Form Attachment Number**	**Deliverable Title**	**Date (s) of Submission**	**Original / Copies**	**Number of Copies (including original)**	**Frequency**
1503030 / 3.2.2.1	N/A	Wood Products and Vegetative Waste Disposal, Non-Recyclable (Monthly Disposal Log)	With the Contractor's monthly invoice	NFM FMFS Technical Branch / N/A	1	With the Contractor's monthly invoice

0200000 Deliverables
Deliverable Title: Certification, Licensing, and Training for Maintenance and Operation of New and Replacement Systems and Equipment
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record.

1503030 Deliverables
Deliverable Title: Recyclable Accounting
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy of the summary report via email to the NFM FMFS Technical Branch for Government review and record. The Contractor shall summarize the Recyclable Accounting on a monthly basis to account for the following: a. Receipts denoting the customer, location of pick up, date, type (i.e.: pallets, vegetative waste) and quantity of material recycled. b. Receipts of revenue generated by sale of recyclable materials. c. Defense Reutilization management Office (DRMO) receipts.

1503030 Deliverables
Deliverable Title: Weight Tickets (Non-Recyclable)
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government review and record. 1. The contractor shall submit Individual weight tickets denoting customer, location of pick up, date, type (i.e.: pallets, vegetative waste) and quantity of material, type of truck or container, and tonnage disposed with the Contractor's monthly invoice. 2. The Contractor shall also provide the total tabulated tonnage disposed during the month.

1503030 Deliverables
Deliverable Title: Permits and Licenses
Form Attachment No.: N/A
Government Approval Required: ***X*** Yes ___ No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: Submit a copy via email to recipients on the distribution list for Government acceptance. 1. The Contractor shall obtain all required permits, licenses, clearances, and authorizations to perform work under this contract and comply with applicable Federal, State and local activity laws. 2. The contractor shall provide evidence of such permits and licenses to the Contracting Officer before work commences and at other times as requested by the Contracting Officer or Government Representative.

1503030 Deliverables
Deliverable Title: Tire Collection Services (Monthly Collection Log)
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy of the summary report via email to the NFM FMFS Technical Branch for Government review and record. The Contractor shall summarize the daily collection logs on a monthly basis to include each customer, location of pick up and the number of tons received per customer.

1503030 Deliverables
Deliverable Title: Wood Products and Vegetative Waste Collection Services (Monthly Collection Log)
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy of the summary report via email to the NFM FMFS Technical Branch for Government review and record. The Contractor shall summarize the daily collection logs on a monthly basis to include each customer, location of pick up and the number of tons received per customer.

1503030 Deliverables
Deliverable Title: Tire and Wood Material Disposal (Monthly Disposal Log)
Form Attachment No.: N/A
Government Approval Required: ___ Yes ***X*** No
Media: ___ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy of the summary report via email to the NFM FMFS Technical Branch for Government review and record. The Contractor shall summarize the daily disposal logs on a monthly basis to account for the following: a. Name and location of disposal facility b. Number of tons disposed by customer and pick up location c. Number of disposals by type of vehicle d. Types of waste materials disposed

1503030 Deliverables
Deliverable Title: Tire Disposal, Recyclable (Monthly Disposal Log)
Form Attachment No.: N/A
Government Approval Required: ____ Yes ***X*** No
Media: ____ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy of the summary report via email to the NFM FMFS Technical Branch for Government review and record. The Contractor shall summarize the daily disposal logs on a monthly basis to account for the following: a. Name and location of disposal facility b. Number of tons disposed by customer and pick up location c. Number of disposals by type of vehicle d. Types of waste materials disposed

1503030 Deliverables
Deliverable Title: Wood products and Vegetative Waste Disposal, Non-Recyclable (Monthly Disposal Log)
Form Attachment No.: N/A
Government Approval Required: ____ Yes ***X*** No
Media: ____ Hard Copy ***X*** Electronic ___ Direct System Input
Instructions: The report shall be prepared using Microsoft Office Word® software. Submit a copy of the summary report via email to the NFM FMFS Technical Branch for Government review and record. The Contractor shall summarize the daily disposal logs on a monthly basis to account for the following: e. Name and location of disposal facility f. Number of tons disposed by customer and pick up location g. Number of disposals by type of vehicle h. Types of waste materials disposed