

Section J  
Documents, Exhibits, and Other Attachments  
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Attachment J-0200000-01  
Definitions and Acronyms

Definition	Description
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. One who can identify existing and predictable hazards in the working environment or working conditions that are dangerous to personnel and who has authorization to take prompt corrective measures to eliminate them.
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.
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.
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,
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.
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.

<b>Definition</b>	<b>Description</b>
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 intervals 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 six to eight calendar days.
Load Handling Equipment	A term used to describe cranes, hoists and all other hoisting equipment (hoisting equipment means equipment, including crane, derricks, hoists and power operated equipment used WITH RIGGING to raise, lower and/or horizontally move a load.
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.
R. S. Means	A data collection and organization system developed by R. S. Means Company which can be used to prepare accurate, dependable construction estimates and budgets in a variety of ways. The Contractor shall use the latest edition. Material prices are based on a national average and computed labor costs are based on a 30-city national average. An estimate prepared using this data is called a "Means estimate"; data may simply be referred to as "Means".
Monthly On-Site Labor Report	A compilation of all Contractor and subcontractor employee-hours involved in delivering contract services on a Government property.
Electronic Operation and Maintenance and Support Information (eOMSI)	eOMSI is a set of consultant-prepared data manuals 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 prepared following completion of new construction facility or major facility upgrade. eOMSI's typically include 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.
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 Representative (PAR)	That individual designated by the KO to be responsible for the monitoring of Contractor performance.

<b>Definition</b>	<b>Description</b>
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.
Quality Control (QC)	A method used by the Contractor to control the quality of goods and services produced.
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.

<b>Acronym</b>	<b>Title</b>
ACO	Administrative Contracting Officer
BW	Biweekly
CDR	Contract Discrepancy Report
CIA	Controlled Industrial Area
CMMS	Computerized Maintenance Management System
COR	Condition of Readiness
DBH	Diameter at Breast Height
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
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
FSC	Facility Support Contract
GFE	Government-furnished Equipment
GFF	Government-furnished Facilities
GFM	Government-furnished Materials
GPWS	Guide Performance Work Statements
HCA	Head Contracting Agency
ICP	Integrated Contingency Plan
IPM	Integrated Pest Management
IPMIS	Integrated Pest Management Information System
IPMP	Integrated Pest Management Plan
KO	Contracting Officer
LAN	Local Area Network
M	Monthly
MSDS	Material Safety Data Sheets
NAVFAC	Naval Facilities Engineering Command
NMCI	Navy Marine Corps Intranet
NOSC	Navy-On-Scene Coordinator
PAP	Performance Assessment Plan
PAR	Performance Assessment Representative
PAW	Performance Assessment Worksheet
PEO	Program Executive Officer
PM	Project Manager
PRCSP	Permit Required Confined Space Program
PWS	Performance Work Statement
Q	Quarterly
QC	Quality Control
SC	Security Clearances
SM	Semimonthly
SPAR	Senior Performance Assessment Representative
TE	Technical Exhibit
VIQ	Variation in Quantity
WBS	Work Breakdown Structure

Attachment J-0200000-02  
Wage Determinations

Placeholder for Service Contract Act and Davis-Bacon Act Determinations.

Attachment J-0200000-03  
Required Conferences and Meetings

<b>Required Conferences and Meetings</b>	<b>Frequency</b>
Administrative and Coordination Meetings	As scheduled by the KO
Pre-Performance Conference	As scheduled by the KO
Performance Assessment Board Meetings	As scheduled by the KO
Partnering Sessions	Refer to Section C 0200000 Spec Item 2.3.2.1
Others	As scheduled by the KO

Attachment J-0200000-04  
Instructions, Directives and References

<b>Reference</b>	<b>Title</b>
EM 385-1-1	U.S. Army Corps of Engineers Safety and Health Requirements
P.L. 91-596	Occupational Safety and Health Act
UFGS 01 35 26	Unified Facilities Guide Specifications

Attachment J-020000-05  
Invoicing Procedures

Refer to clause 5252.232-9301 in the RFP for Invoicing Procedures Electronic (Feb 2009) and DFARS Clause 252.232-7003 titled "Electronic Submission of Payment Request."

**Contractor Significant Incident Report (CSIR)**

Initial Report       Follow-up Report       Final Report

Contractor Significant Incident Report (CSIR)

**1. General Information**

**Contracting Activity:**

**Accident Classification:**

Injury       Fatality       Environment       Procedural Issues  
 Lessons Learned  
 Illness       Property Damage  
 Other \_\_\_\_\_

**Involving:**

Confined Space       Equip/Mrt Ver/Mat Handling (Heavy Construction Equip.)  
 Hazardous Material  
 Crane and Rigging       Equip/Mrt Ver/Mat Handling (Material Handling)  
 Trenching/Excavation  
 Diving       Equip/Mrt Ver/Mat Handling (Man-Lift/Elevated Platform)  
 Waterfront/Marine Operations  
 Demolition/Renovation     Fall from Ladder       Fall from Scaffold  
 Other \_\_\_\_\_  
 Electrical       Fall from Roof       Fire

**2. Personal Information**

<b>Name (Last, First, MI):</b>	<b>Age:</b>	<b>Sex:</b>
<b>Job Title/Description:</b>	<b>Employed By:</b>	
<b>Supervisor Name (Last, First, MI) &amp; Title:</b>	<b>Was the person trained to perform this activity/task?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What type of training was received (OJT, classroom, etc)?</b>	<b>Date of the most recent formal training and topics discussed?</b>	

**3. Witness Information**

<b>Witness #1: Name (Last, First, MI):</b>	<b>Job Title/Description:</b>
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<b>Employed By:</b>		<b>Supervisor Name (Last, First, MI):</b>	
<b>Witness #2: Name (Last, First, MI):</b>		<b>Job Title/Description:</b>	
<b>Employed By:</b>		<b>Supervisor Name (Last, First, MI):</b>	
<b>Additional Witnesses:</b> <span style="float: right;"><input type="checkbox"/> Yes</span> <input type="checkbox"/> No  <i>(List any additional witnesses on a separate sheet and attach.)</i>			
<b>4. Contract Information</b>			
<b>Type of Contract:</b> <input type="checkbox"/> A/E <input type="checkbox"/> BOS <input type="checkbox"/> CLEAN <input type="checkbox"/> Construction <input type="checkbox"/> Design Build <input type="checkbox"/> FSCC <input type="checkbox"/> FSSC <input type="checkbox"/> JOC <input type="checkbox"/> RAC <input type="checkbox"/> Service <input type="checkbox"/> Other _____			
<b>Contract Number &amp; Title:</b>		<b>Industrial Group &amp; Industrial Type:</b>	
<b>Prime Contractor Name/Address/Phone &amp; Fax No:</b>		<b>Sub Contractor Name/Address/Phone &amp; FAX No:</b>	
<b>Safety Manager (Last, First, MI):</b>		<b>Safety Manager (Last, First, MI):</b>	
<b>Insurance Carrier:</b>		<b>Insurance Carrier:</b>	
<b>5. Accident Description</b>			
<b>Date of Accident:</b>	<b>Time of Accident:</b>	<b>Exact Location of Accident:</b>	
<b>Describe the accident in detail in your words: (Use the back of page if you need additional space)</b>			

<b>Direct Cause(s) of Accident:</b>	
<b>Indirect Cause(s) of Accident:</b>	
<b>Action(s) taken to prevent re-occurrence or provide on-going corrective actions:</b>	
<b>Corrective Action Beginning Date:</b>	<b>Anticipated Completion Date:</b>
<b>Personal Protective Equipment:</b>	
<input type="checkbox"/> Available and used <input type="checkbox"/> Available and not used <input type="checkbox"/> Not Required <input type="checkbox"/> Not related to Mishap <input type="checkbox"/> Wrong PPE for job	
<i>List PPE Used:</i>	
<b>Type of Construction Equipment (Make, Model, Serial #, VIN#) Involved:</b>	

<p><b>Was Hazardous Material Spilled/Released?</b> <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>Please List Hazardous Material(s) Involved:</i></p>	
<p><b>Who provided first aid or cleanup of mishap site?</b></p>	
<p><b>Any blood-borne pathogen exposure, other than EMTs?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><i>Who?</i></p>	
<p><b>List OSHA and EM-385-1-1 standards that were violated:</b></p>	
<p><b>Was site secured and witness statements taken immediately?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><i>By Whom?</i></p>	
<p><b>6. Injury Illness/Fatality Information</b></p>	
<p><b>Severity of Injury/Illness:</b></p> <p><input type="checkbox"/> Fatality</p> <p><input type="checkbox"/> Lost Workday Case Involving Days Away From Work</p> <p><input type="checkbox"/> Temporary Disabillity</p> <p><input type="checkbox"/> Recordable Workday Case Involving Restricted Duty</p> <p><input type="checkbox"/> Permanent Total Disability      <input type="checkbox"/> Other Recordable Case</p> <p><input type="checkbox"/> Recordable First Aid Case</p> <p><input type="checkbox"/> Permanent Partial Disability      <input type="checkbox"/> Non-Recordable Case</p> <p><input type="checkbox"/> No Injury</p>	

<b>Estimated Days Lost:</b>	<b>Estimated Days Hospitalized:</b>	<b>Estimated Days Restricted Duty:</b>
<b>List Primary Body Part Affected:</b>	<b>List Other Body Part(s) Affected:</b>	
<b>Nature of Injury/Illness for Primary Body Part (Examples: Amputation, Burn, Hernia):</b>		
<b>Type of Accident (Examples: Fall same level, Lifting, Bitten, Exerted):</b>		
<b>Source of Accident (Examples: Crane, Carbon Monoxide, Ladder, Welding Equipment):</b>		
<b>7. Causal Factors (Explain answers on supplementary sheet)</b>		
• <b>Design – Design of facility, workplace, or equipment was a factor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Inspection/Maintenance – Inspection &amp; Maintenance procedures were a factor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Persons Physical Condition – In your opinion, the physical condition of the person was a factor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Operation Procedures – Operating procedures were a factor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Job Practices – One or more job safety/health practices not being followed when the accident occurred contributed to the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Human Factors – One or more human factors, such as a person’s size or strength contributed to the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Environmental Factors – Heat, cold, dust, sun, glare, etc., contributed to the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Chemical and Physical Agent Factors – Exposure to chemical agents, such as dust, fumes, mist, vapors, or physical agents such as noise, radiation, etc., contributed to the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Office Factors – Office setting such as lifting office furniture, carrying, stooping, contributed to the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Support Factors – Inappropriate tools/resources were provided to perform the task?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>PPE – Improper selection, use or maintenance of PPE contributed to the accident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• <b>Drugs/Alcohol – In your opinion, were drugs or alcohol a</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>factor?</b>	
<ul style="list-style-type: none"> <li>• <b>Job Hazard Analysis – The lack of an adequate (IAW-EM-385-1-1 Sec 01.A) activity hazard analysis was a contributing factor.</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• <b>Job Hazard Analysis – JHA was not site specific and/or did not address the type of work/operations performed when the mishap occurred.</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• <b>Management – A lack of adequate supervision contributed to the accident.</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• <b>Management – Inadequate information was provided at pre con meeting.</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR) INSTRUCTIONS**  
 Complete Sections Appropriate to Incident (Rev. 06/02).

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

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

Mark the report:

- INITIAL – If this form is being used as initial notification of a Fatality or High Visibility Mishap. The initial form is due within 4 hours of a serious accident. A form marked ‘Follow-up’ or ‘Final’ is required within 5 days.
- FOLLOW-UP – If you are providing additional information on a report previously submitted.
- FINAL – If you are providing a completed report and expect no changes.

**SECTION 1 – GENERAL INFORMATION**

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

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

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

**SECTION 2 - PERSONAL INFORMATION**

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

SEX - Enter M for Male and F for Female.

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

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

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

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

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

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

### SECTION 3 - WITNESS INFORMATION

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

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

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

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

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

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

### SECTION 4 - CONTRACTOR INFORMATION

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

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

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

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

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

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

- a. Buildings:
  - (1) Communications Ctr.
  - (2) Dormitory/Hotel
  - (3) High-rise Office
  - (4) Hospital
  - (5) Housing
  - (6) Laboratory
  - (7) Low-rise Office
  - (8) Maintenance Facility
  - (9) Parking Garage
  - (10) Physical Fitness Ctr.
  - (11) Restaurant/Nightclub
  - (12) School

- (13) Warehouse
- b. Heavy Industrial:
  - (1) Chemical Mfg.
  - (2) Electrical (Generating)
  - (3) Environmental
  - (4) Metals Refining/Processing
  - (5) Mining
  - (6) Natural Gas Processing
  - (7) Oil Exploration/Production
  - (8) Oil Refining
  - (9) Pulp and Paper
- c. Infrastructure:
  - (1) Airport
  - (2) Electrical Distribution
  - (3) Flood Control
  - (4) Highway
  - (5) Marine Facilities
  - (6) Navigation
  - (7) Rail
  - (8) Tunneling
  - (9) Water/Wastewater
- d. Light Industrial:
  - (1) Automotive Assembly/Mfg.
  - (2) Consumer Products Mfg.
  - (3) Foods
  - (4) Microelectronics Mfg.
  - (5) Office Products Mfg.
  - (6) Pharmaceuticals Mfg.

**CONTRACTOR'S NAME/ADDRESS/PHONE NUMBER**

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

**SAFETY MANAGER'S NAME**

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

**INSURANCE CARRIER**

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

**SECTION 5 - ACCIDENT DESCRIPTION**

**DATE OF ACCIDENT** - Enter the month, day, and year of accident.  
**TIME OF ACCIDENT** - Enter the local time of accident in military time. Example: 14:30 hrs (not 2:30 p.m.).  
**EXACT LOCATION OF ACCIDENT** - Enter facts needed to locate the accident scene (installation/project name, building/room number, street, direction and distance from closest landmark, etc.).  
**DESCRIBE THE ACCIDENT IN DETAIL.** Fully describe the accident in the space provided. If property damage involved, give estimated dollar amount of damage and/or repair costs involved. If additional space is needed continue on a separate sheet and attach to this report. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Ensure questions below regarding direct cause(s), indirect cause(s), and actions taken are answered. **NOTE!** Review questions in Section 7 below before completing.  
**DIRECT CAUSE(S)** - The direct cause is that single factor which most directly leads to the accident. See

examples below.

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

Examples for Direct and Indirect Cause:

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

Direct cause: Failure to provide fall protection at elevation

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

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

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

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

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

**CORRECTIVE ACTION DATES** -

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

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

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

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

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

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

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

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

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

## SECTION 6 - INJURY/ILLNESS/FATALITY INFORMATION

**SEVERITY OF INJURY/ILLNESS** - Mark appropriate box.

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

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

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

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

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

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

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

TYPE OF INJURY/ILLNESS

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

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

SOURCE OF INJURY/ILLNESS

Building or Working Area Walking/Working Area Stairs/Steps Ladder Furniture Boiler/Pressure Vessel Equipment Layout Windows/Doors Electricity	Dust, Vapor, Etc. Dust (Silica, Coat, Etc.) Fibers Asbestos Gases Carbon Monoxide Mist, Steam, Vapor, Fume Welding Fumes Particles (Unidentified)
Environment Condition Temperature Extreme (Indoor) Weather (Ice, Rain, Heat, etc.) Fire, Flame, Smoke (Not Tobacco)  Noise Radiation Light Ventilation Tobacco Smoke Stress (Emotional) Confined Space	Chemical, Plastic, etc. Dry Chemical - Corrosive Dry Chemical - Toxic Dry Chemical - Explosive Dry Chemical - Flammable Liquid Chemical - Corrosive Liquid Chemical - Toxic Liquid Chemical - Explosive Liquid Chemical - Flammable Plastic Water Medicine
Machine or Tool Hand Tool (Powered: Saw, Grinder, etc.) Hand Tool (Non Powered) Mechanical Power Transmission Apparatus	Inanimate Object Box, Barrel, etc. Paper Metal Item, Mineral

Guard, Shield (Fixed, Moveable, Interlock) Video Display Terminal Pump, Compressor, Air Pressure Tool Heating Equipment Welding Equipment	Needle Glass Scrap, Trash, Wood Food Clothing, Apparel, Shoes
Machine or Tool Hand Tool (Powered: Saw, Grinder, etc.) Hand Tool (Non Powered) Mechanical Power Transmission Apparatus Guard, Shield (Fixed, Moveable, Interlock) Video Display Terminal Pump, Compressor, Air Pressure Tool Heating Equipment Welding Equipment	Inanimate Object Box, Barrel, etc. Paper Metal Item, Mineral Needle Glass Scrap, Trash, Wood Food Clothing, Apparel, Shoes
Vehicle As Driver of Privately Owned, Rental Vehicle. As Passenger of Privately Owned, Rental Vehicle. Driver of Government Vehicle Passenger of Government Vehicle Common Carrier (Airline, Bus, etc.) Aircraft (Not Commercial) Boat, Ship, Barge	Animate Object Dog Other Animal Plant Insect Human (Violence) Human (Communicable Disease) Bacteria, Virus (Not Human Contact)
Material Handling Equipment Earthmover (Tractor, Backhoe, etc.) Conveyor (For Material and Equipment) Elevator, Escalator, Personnel Hoist Hoist, Sling Chain, Jack Crane Forklift Hand truck , Dolly	Personal Protective Equipment Protective Clothing, Shoes, Glasses, Goggles Respirator, Mask Diving Equipment Safety Belt, Harness Parachute

**SECTION 7 - CAUSAL FACTORS**

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

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

(2) INSPECTION/MAINTENANCE - Did inadequately or improperly maintained equipment, tools, workplace, etc., create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?

(3) PERSONS PHYSICAL CONDITION - Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was overexertion a factor?

(4) OPERATION PROCEDURES - Did lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?

(5) JOB PRACTICES - Were any of the provision of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the task?

(6) HUMAN FACTORS - Was the person under undue stress (either internal or external to the job)?

Did the task tend toward overloading the capabilities of the person: i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach strengths, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?

(7) ENVIRONMENTAL FACTORS - Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun temperature changes, wind, tides, floods, currents, terrain; dust, mud, glare, pressure changes, lighting, etc., play a part in the accident?

(8) CHEMICAL AND PHYSICAL AGENT FACTORS - Did exposure to chemical agents (either single shift exposure or long-term exposure such as dusts, fibers, (asbestos, etc.), silica, gases (carbon, monoxide, chlorine, etc.), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, by-products of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?

(9) OFFICE FACTORS - Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?

(10) SUPPORT FACTORS - Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized and adequate to provide proper tools, equipment, personnel, site preparation, etc.

(11) PERSONAL PROTECTIVE EQUIPMENT - Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?

(12) DRUGS/ALCOHOL - Is there any reason to believe the person's mental or physical capabilities, judgment, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".

(13) JOB/ACTIVITY HAZARD ANALYSIS - Was a written Job/Activity Analysis completed for the task being performed at the time of the accident? If one was made, did it address the hazard adequately or does it need to be updated? If none made, will one be made? These may also need to be addressed in the Corrective Actions Taken section. Mark the appropriate box. If one was made, attach a copy of the analysis to the report.

(14) MANAGEMENT - Did the lack of supervisor or management support play a part in the mishap? Mark the appropriate box.

SECTION - 8 OSHA INFORMATION - Complete this section if applicable

SECTION 9 - REPORT PREPARER

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

Attachment J-0200000-07  
Exhibit Line Item Numbers

Attachment J-0200000-07 ELINs provided as a separate attachment (Provided as file name:  
AttachmentJ020000007ELINs.xlsx).

Documents, Exhibits, and Other Attachments  
Table of Contents

<b>Attachment Number</b>	<b>Attachment Title</b>
J-1503030-01	Definitions and Acronyms
J-1503030-02	References and Technical Documents
J-1503030-03	Description and Location of Waste Containers
J-1503030-04	Historical Location and Frequency of Solid Waste Collection

Attachment J-1503030-01  
Definitions and Acronyms

Definition	Description
Ashes	The residue from burned wood, coal, coke, and other combustible material.
Container	A receptacle designed for holding and transporting various types of solid waste.
CY	Cubic Yard
Debris	Grass cuttings, tree trimmings, leaves, pine straw, limbs, stumps, street sweepings, roofing and construction wastes, and similar waste material.
Foreign Port Origin Garbage	Garbage subject to special treatment and disposal requirements. <b>As defined under 7 CFR 330.400 –330.403 and 9 CFR 94.5, foreign port origin garbage includes all waste material derived in whole or in part from fruits, vegetables, meats, or other plant<sup>3</sup> or animal<sup>4</sup> (including poultry) material, and other refuse of any character whatsoever that has been associated with any material. For the purpose of this compliance agreement, “Regulated garbage” is garbage that was on, generated on board, or removed from any means of conveyance during international or interstate movements, and includes food scraps, table refuse, galley refuse, food wrappers or packaging materials and other waste material from stores, food preparation areas, passengers’ or crews’ quarters, dining rooms or any other areas on means of conveyance. Regulated garbage also means meals and other foods that were available for consumption by passengers or crew on an aircraft but were not consumed. Garbage that is commingled with regulated garbage becomes regulated garbage. For the purpose of this document regulated garbage will be known hereafter as garbage.</b>
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.
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.
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.
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.
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.

Attachment J-1503030-01  
Definitions and Acronyms

<b>Definition</b>	<b>Description</b>
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.

Attachment J-1503030-02  
References and Technical Documents

<b>References and Technical Documents</b>
BUMED Instruction 6280.1B
Federal Solid Waste Disposal Act PL 89-272, as amended by PL 94-580
HEW Publication No. (CDC) 76-8138 Sanitation in the Control of Insects and Rodents of Public Health Importance
Inert Landfill Usage Standard Operating Procedures
MIL-R-23954D Military Specification for Refuse Containers, Hoisting Unit, Tilt-Over, for Front Loading Compaction Type Trucks
NAVFAC MO-213 Solid Waste Management
NAVMED P-5010 Manual of Naval Preventive Medicine, Chapters 7 and 8
OPNAVINST 6260.1B
Resource Recovery Act of 1970
Resource Conservation and Recovery Act of 1976 and 91-512
Solid Waste Handling Permit

Attachment J-1503030-03  
Descriptions and Locations of Waste Containers

**Naval Air Station Corpus Christi:**

<b>Bureau of Medicine and Surgery (BUMED) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
H-100	Hospital	40	1	Compactor
H-109	Hospital	6	1	Front Load
	Hospital NAS Corpus Christi 3.1 Cubic Foot Cardboard Box	0.12	Approximately 300	Box

<b>Commander, Navy Region Southeast (CNRSE) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
1	CNATRA Headquarters	8	1	Front Load
2	Station Headquarters	6	1	Front Load
3	NLSO/USO	6	1	Front Load
7	Public Safety/Fire Dept Facility	8	1	Front Load
10	FISCJAXDET/CNATRA	6	5	Front Load
18	Ground Electronics	6	1	Front Load
39	MWR/NIS	8	1	Front Load
42	Navy Aircraft Maintenance Hanger	8	2	Front Load
51	Maintenance Hangar /AIMD	8	1	Front Load
60	STARBASE ATLANTIS Academy	8	2	Front Load
83	Simulator Training Building	8	1	Front Load
89	Instrument Training Building	8	1	Front Load
94	Com/Open/Pool (Open only from May thru November)	6	1	Front Load
102	Gymnasium	8	1	Front Load
104	FSC Security	8	1	Front Load
117	Protestant Chapel	6	1	Front Load
149	Flight Deck Sandwich Shop	8	1	Front Load
252	Detention Facility	8	1	Front Load
344	Air-Ops Flight Support	8	1	Front Load
1218	Aviation Warehouse	6	1	Front Load
1218	Aviation Warehouse	6	1	Front Load
1218	Aviation Warehouse	40	1	Roll Off
1272	Golf Clubhouse	8	1	Front Load
1281	Gateway Inn and Suites	8	2	Front Load
1707	Bowling Alley	6	1	Front Load
1731	Navy College	6	1	Front Load
1736	Navy BEQ UNIT H	6	1	Front Load
1737	Auto Maintenance Body shop	6	1	Front Load
1738	Navy Relief /Ceramic shop	6	1	Front Load
1740	Recreation Center	8	1	Front Load
1742	Fire and Crash Station	8	1	Front Load
1743	Golf Club Storage (Near Golf Course Skyray and Yorktown)	40	1	Roll Off
1756	Youth Center	8	1	Front Load
1757	Boating Supply Issue	8	1	Front Load
1784	Sun Fish Beach Marina(Open only from	6	1	Front Load

<b>Commander, Navy Region Southeast (CNRSE) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
	May thru November)			
1794	Pass and Tag	6	1	Front Load
1824	Training Building	8	1	Front Load
1863	Armory /ORD OPS	6	1	Front Load
	Cabaniss Field Fire Station	8	1	Front Load
1775	Fire Training Facility	12	1	Roll Off
3324	Trailer Park – Community Office	8	1	Front Load
	Shields Park (Close to Facility Numbers 1759, 1788, and the Fire Ext. Box DAS J100)	6	3	Front Load
	Shields Park (Close to Facility Number 101)	8	1	Front Load
	Waldron Field Fire Station	8	1	Front Load

<b>Corpus Christi Army Depot (CCAD) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
8	CCAD - Crecy Street	4	1	Front Load
8	CCAD- 4 <sup>th</sup> Street	6	2	Front Load
8	CCAD Carpenter Shop –(saw dust)	6	1	Front Load
8	CCAD – 4 <sup>th</sup> Street, B1700 Parking F-2, Crecy-1	8	9	Front Load
8	CCAD	8	2	Front Load
8	CCAD	8	3	Front Load
8	CCAD- Carpenter Shop	12	1	Roll Off
8	CCAD	40	1	Roll Off
22	Warehouse	40	2	Roll Off
43	Hanger	8	4	Front Load
43	Hanger	40	1	Roll Off
44	Hanger	8	2	Front Load
45	Hanger	4	1	Front Load
45	Hanger	8	2	Front Load
46	Hanger	8	2	Front Load
47	Hanger	8	3	Front Load
47	Hanger	40	1	Roll Off
129	CCAD Administration	8	2	Front Load
131	CCAD Engineering Analysis Facility	8	1	Front Load
250	CCAD Administration	8	1	Front Load
339	CCAD Mobile Equipment	8	1	Front Load
1217	CCAD Warehouse	6	1	Front Load
1217	CCAD Warehouse	8	1	Front Load
1217	CCAD Warehouse	40	1	Roll Off
1260	CCAD Learning Center	8	1	Front Load
1700	CCAD	20	1	Roll Off
1714	CCAD-Army Reserve Warehouse	8	1	Front Load
1727	CCAD BEQ/CIV PERS Office	8	1	Front Load
1746	CCAD Facilities	8	1	Front Load
1770	CCAD Post Office	8	1	Front Load
1808	CCAD Aircraft Paint Shop	8	1	Front Load
1880	CCAD ACFT Instrument Shop	8	2	Front Load
	Transfer Station	6	1	Front Load

<b>Corpus Christi Army Depot (CCAD) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
	Transfer Station	8	2	Front Load
	Transfer Station	40	3	Compactor
	Transfer Station	40	3	Roll Off

<b>Customs at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
50	Customs Facility	8	1	Front Load
50	3 or 4 mil, 40 gallon bags of Foreign Port Origin Waste. The Government will provide all bags.	The Government will provide 120 bags of Foreign Port Origin Waste.		

<b>Defense Automated Printing Services (DAPS)</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
34	DAPS/PHOTO STUDIO/STORAGE	6	1	Front Load

<b>Defense Commissary Agency (DECA) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
337	Commissary	40	1	Compactor

<b>Defense Logistics Agency (DLA) Distribution at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
11	DLA Warehouse	40	1	Roll Off
210	DLA	40	1	Roll Off
1716	ACFT Ready Fuels Storage Tank	6	1	Front Load
1818	DLA Warehouse	6	1	Front Load
1818	DLA	40	1	Roll Off
1821	DLA	40	1	Roll Off
1845	DLA Warehouse	8	1	Front Load
1846	DLA Supply / Administration	8	1	Front Load
1857	DLA Warehouse (saw-dust)	8	1	Front Load
1857	DLA Warehouse	40	1	Roll Off

<b>Defense Logistics Agency (DLA) Disposition Service at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
1748	Disposal Storage Building	40	1	Roll Off
1748	Disposal Storage Building	40	1	Front Load Roll Off

<b>Housing at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
SQ-1	96 Gallon Plastic Container	0.55	2	Can

<b>Navy Exchange (NEX) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
1291	Navy Exchange Car Wash	8	1	Front Load

<b>Navy Exchange (NEX) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
1744	Navy Exchange	6	1	Front Load
1744	Navy Exchange	8	2	Front Load

<b>Navy Lodge at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
99	Navy Lodge	8	1	Front Load

<b>Navy Working Capital Fund (NWCF) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
15	Public Works Warehouse	6	1	Front Load
19	Public Works	40	1	Roll Off
19	Public Works	8	1	Front Load
19	Public Works (Close to Facility Number 40)	8	1	Front Load
19	Public Work	6	1	Front Load
20	Public Works Shop / BSVE	6	1	Front Load
27	Flammable Storehouse	6	1	Front Load
28	Fuel Truck Maintenance Shop	6	1	Front Load
170	Sewage Control House	6	1	Front Load

<b>Reserves at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
1722	Vehicle Maintenance Training	8	2	Front Load

**Naval Air Station Kingsville:**

<b>Armed Forces Reserve Center (AFRC) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
5736	Reserve Center	8	1	Front Load

<b>Bureau of Medicine and Surgery (BUMED) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
3775	Medical Clinic	8	2	Front Load
	Hospital Kingsville 3.1 Cubic Foot Cardboard Box	0.12	Approximately 100	Box

<b>Commander, Navy Region Southeast (CNRSE) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
760	Aircraft Maintenance Hanger	8	1	Front Load
1770	Control Tower	8	2	Front Load
2701	Supply General Warehouse	8	2	Front Load
2712	Parachute Shop	8	1	Front Load
2713	Jet Engine Maintenance Shop/AIMD	8	1	Front Load
2740	Head Quarters Administration	8	1	Front Load
2742	Library/NFCU/Youth Center	8	1	Front Load
2767	Academic Instruction Building	8	1	Front Load
3728	Fire Station	8	1	Front Load
3729	Married Officers Quarters	8	1	Front Load
3741	Aircraft Maintenance Hanger	8	2	Front Load
3743	Contractor Administration	8	2	Front Load
3755	Navy Gateway Inn & Suites	8	2	Front Load
3757	Aircraft Maintenance Hanger	8	3	Front Load
3765	Boat Barn (MWR)	8	1	Front Load
3766	Club (MWR)/Bowling Center	8	2	Front Load
3783	Hobby Shop (MWR)	8	1	Front Load
3788	Operational Training Building	8	1	Front Load
4706	Child Development Center (MWR)	8	1	Front Load
4719	Canopy Repair Shop/Flammable Storage	8	1	Front Load
4766	Corrosion Control Hanger	8	1	Front Load
4772	Car Wash (MWR)	8	1	Front Load
4788	Armory	8	1	Front Load
5739	Fitness Center (MWR)	8	1	Front Load
	Orange Grove Landing Field	8	2	Front Load

<b>Defense Commissary Agency (DECA) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
4764	Commissary	8	1	Front Load

<b>Fleet Logistic Center (FLC) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
4777	Fuel Farm Office	8	1	Front Load

<b>Housing at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
SOQ A	Housing Office	8	1	Front Load

<b>Navy Exchange (NEX) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
4734	Navy Exchange	8	1	Front Load

<b>Navy Working Capital Fund (NWCF) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Type</b>
2714	Public Works Transportation	8	1	Front Load
2715	Public Works Gas Station	8	1	Front Load
2715	Public Works Gas Station	40	1	Roll Off
4722	Public Works Maintenance Shops	8	3	Front Load

Attachment J-1503030-04  
Historical Location and Frequency of Solid Waste Collection

**Naval Air Station Corpus Christi:**

<b>Bureau of Medicine and Surgery (BUMED) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
H-100	Hospital	40	1	156
H-109	Hospital	6	1	26
	Hospital NAS Corpus Christi 3.1 Cubic Foot Cardboard Box	0.12	Approximately 300 boxes are collected and properly disposed of each year.	

<b>Commander, Navy Region Southeast (CNRSE) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
1	CNATRA Headquarters	8	1	156
2	Station Headquarters	6	1	104
3	NLSO/USO	6	1	104
7	Public Safety/Fire Dept Facility	8	1	156
10	FISCJAXDET/CNATRA	6	5	104
18	Ground Electronics	6	1	156
39	MWR/NIS	8	1	52
42	Navy Aircraft Maintenance Hanger	8	2	156
51	Maintenance Hangar /AIMD	8	1	104
60	STARBASE ATLANTIS Academy	8	2	156
83	Simulator Training Building	8	1	156
89	Instrument Training Building	8	1	52
94	COM/OPEN/POOL	6	1	28
102	Gymnasium	8	1	104
104	FSC Security	8	1	52
117	Protestant Chapel	6	1	26
149	Flight Deck Sandwich Shop	8	1	52
252	Detention Facility	8	1	26
344	Air-Ops Flight Support	8	1	104
1218	Aviation Warehouse	6	1	104
1218	Aviation Warehouse	6	1	52
1218	Aviation Warehouse	40	1	24
1272	Golf Clubhouse	8	1	156
1281	Gateway Inn and Suites	8	2	156
1707	Bowling Alley	6	1	156
1731	Navy College	6	1	104
1736	Navy BEQ UNIT H	6	1	104
1737	Auto Maintenance Body shop	6	1	52
1738	Navy Relief /Ceramic shop	6	1	52
1742	Fire and Crash Station	8	1	104
1743	Golf Club Storage (Near Golf Course Skyray and Yorktown)	40	1	52
1756	Youth Center	8	1	156
1757	Boating Supply Issue	8	1	104
1784	Sun Fish Beach Marina(Open only from May thru November)	6	1	28
1794	Pass and Tag	8	1	52

<b>Commander, Navy Region Southeast (CNRSE) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
1824	Training Building	8	1	156
1863	Armory /ORD OPS	6	1	52
	Cabaniss Field Fire Station	8	1	52
1775	Fire Training Facility	12	1	12
3324	Trailer Park – Community Office	8	1	52
	Shields Park (Close to Facility Numbers 1759, 1788, and the Fire Ext. Box DAS J100)	6	3	52
	Shields Park (Close to Facility Number 101)	8	1	52
	Waldron Field Fire Station	8	1	52

<b>Corpus Christi Army Depot (CCAD) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
8	CCAD - Crecy Street	4	1	52
8	CCAD- 4 <sup>th</sup> Street	6	2	156
8	CCAD Carpenter Shop –saw dust	6	1	52
8	CCAD – 4 <sup>th</sup> Street, B1700 Parking F-2, Crecy-1	8	9	156
8	CCAD- Ocean Drive by smoke shack	8	2	104
8	CCAD – Crecy St- 2 AZRS 1@PSA	8	3	156
8	CCAD	12	1	52
8	CCAD	40	1	52
22	Warehouse	40	2	104
43	Hanger	8	4	156
43	Hanger	40	1	104
44	Hanger	8	2	156
45	Hanger	4	1	156
45	Hanger	8	2	156
46	Hanger	8	2	156
47	Hanger	8	3	156
47	Hanger	40	1	104
129	CCAD ADMIN	8	2	156
131	CCAD Engineering Analysis Facility	8	1	104
250	CCAD ADMIN	8	1	104
339	CCAD Mobile Equipment	8	1	104
1217	CCAD Warehouse	6	1	52
1217	CCAD Warehouse	8	1	52
1217	CCAD Warehouse	40	1	52
1260	CCAD Learning Center	8	1	104
1700	CCAD	20	1	52
1714	CCAD-Army Reserve Warehouse	8	1	52
1727	CCAD BEQ/CIV PERS Office	8	1	52
1740	Recreation Center	8	1	52
1746	CCAD Facilities	8	1	104
1770	CCAD Post Office	8	1	156
1808	CCAD Aircraft Paint Shop	8	1	156
1880	CCAD ACFT INSTRUMENT Shop	8	2	104
	Transfer Station	6	1	104
	Transfer Station	8	2	104

<b>Corpus Christi Army Depot (CCAD) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
	Transfer Station W/Compactors	40	3	104
	Transfer Station	40	3	104

<b>Customs at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
50	Customs Facility	8	1	156
50	3 or 4 mil, 40 gallon bags of Foreign Port Origin Waste. The Government will provide all bags.		Approximately 120 bags of Foreign Port Origin Waste are collected and properly incinerated each year. Bags are collected once every two weeks.	

<b>Defense Automated Printing Services (DAPS)</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
34	DAPS/PHOTO STUDIO/STORAGE	6	1	52

<b>Defense Commissary Agency (DECA) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
337	Commissary	40	1	156

<b>Defense Logistics Agency (DLA) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
11	DLA Warehouse	40	1	156
210	DLA	40	1	52
1716	ACFT Ready Fuels Storage Tank	6	1	26
1818	DLA Warehouse	6	1	156
1818	DLA	40	1	52
1821	DLA	40	1	156
1845	DLA Warehouse	8	1	52
1846	DLA Supply / Admin	8	1	156
1857	DLA Warehouse	8	1	52
1857	DLA Warehouse	40	1	52

<b>Defense Reutilization and Marketing Offices (DRMO) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
1748	Disposal Storage Building	40	1	104
1748	Disposal Storage Building	40	1	52

<b>Housing at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
SQ-1	96 Gallon Plastic Container	0.55	2	104

<b>Navy Exchange (NEX) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
1291	Navy Exchange Car Wash	8	1	156

<b>Navy Exchange (NEX) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
1744	Navy Exchange	6	1	156
1744	Navy Exchange	8	2	156

<b>Navy Lodge at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
99	Navy Lodge	8	1	156

<b>Navy Working Capital Fund (NWCF) at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
15	Public Works Warehouse	6	1	52
19	Public Works	40	1	156
19	Public Works	8	1	52
19	Public Works (Close to Facility Number 40)	8	1	52
19	Public Work	6	1	52
20	Public Works Shop / BSVE	6	1	52
27	Flammable Storehouse	6	1	52
28	Fuel Truck Maintenance Shop	6	1	52
170	Sewage Control House	6	1	52

<b>Reserves at Naval Air Station Corpus Christi</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
1722	Vehicle Maintenance Training	8	2	156

**Naval Air Station Kingsville:**

<b>Armed Forces Reserve Center (AFRC) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
5736	Reserve Center	8	1	104

<b>Bureau of Medicine and Surgery (BUMED) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
3775	Medical Clinic	8	2	104
	Hospital Kingsville 3.1 Cubic Foot Cardboard Box	0.12	Approximately 100 boxes are collected and properly disposed of each year.	

<b>Commander, Navy Region Southeast (CNRSE) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
760	Aircraft Maintenance Hanger	8	1	104
1770	Control Tower	8	2	104
2701	Supply General Warehouse	8	2	104
2712	Parachute Shop	8	1	104
2713	Jet Engine Maintenance Shop/AIMD	8	1	104
2740	Head Quarters Administration	8	1	104
2742	Library/NFCU/Youth Center	8	1	104
2767	Academic Instruction Building	8	1	104
3728	Fire Station	8	1	104
3729	Married Officers Quarters	8	1	104
3741	Aircraft Maintenance Hanger	8	2	104
3743	Contractor Administration	8	2	104
3755	Navy Gateway Inn & Suites	8	2	104
3757	Aircraft Maintenance Hanger	8	3	104
3765	Boat Barn (MWR)	8	1	104
3766	Club (MWR)/Bowling Center	8	2	104
3783	Hobby Shop (MWR)	8	1	104
3788	Operational Training Building	8	1	104
4706	Child Development Center (MWR)	8	1	104
4719	Canopy Repair Shop/Flammable Storage	8	1	104
4766	Corrosion Control Hanger	8	1	104
4772	Car Wash (MWR)	8	1	104
4788	Armory	8	1	104
5739	Fitness Center (MWR)	8	1	104
	Orange Grove Landing Field	8	2	52

<b>Defense Commissary Agency (DECA) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
4764	Commissary	8	1	104

<b>Fleet Logistic Center (FLC) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
4777	Fuel Farm Office	8	1	104

<b>Housing at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
SOQ A	Housing Office	8	1	52

<b>Navy Exchange (NEX) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
4734	Navy Exchange	8	1	104

<b>Navy Working Capital Fund (NWCF) at Naval Air Station Kingsville</b>				
<b>Facility Number</b>	<b>Description</b>	<b>Size Cubic Yard</b>	<b>Quantity</b>	<b>Historical Collections Annually (Per Container)</b>
2714	Public Works Transportation	8	1	104
2715	Public Works Gas Station	8	1	104
2715	Public Works Gas Station	40	1	52
4722	Public Works Maintenance Shops	8	3	104