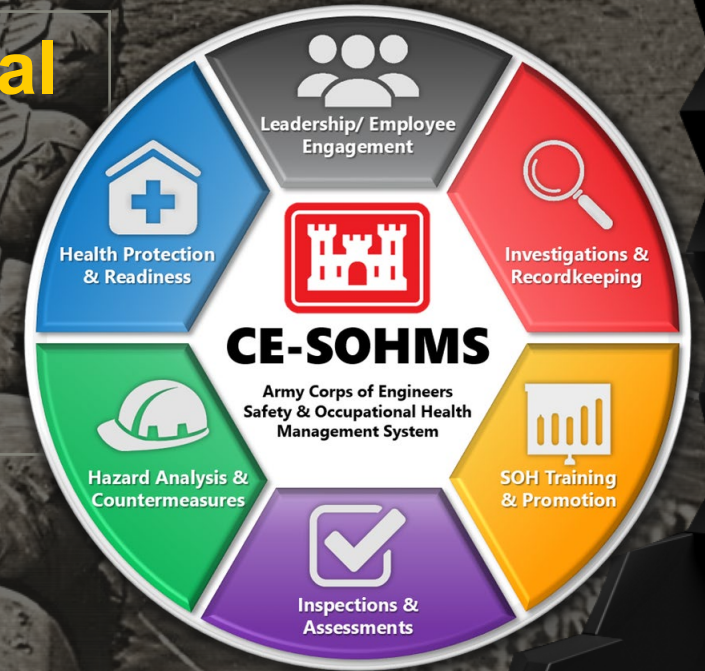




US ARMY CORPS OF ENGINEERS (USACE)

Managing Safety and Occupational Health on USACE Projects

April 2025



U.S. ARMY



US Army Corps
of Engineers

OBJECTIVES



- Provide an overview of the Corps of Engineers Safety and Occupational Health Program.
- Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - Accident Prevention Plans (APPs)
 - Activity Hazard Analysis (AHAs)
 - Site Safety & Health Officers (SSHOs)
 - Competent and Qualified Persons (CPs & QPs)
 - Accident Reporting and Investigation

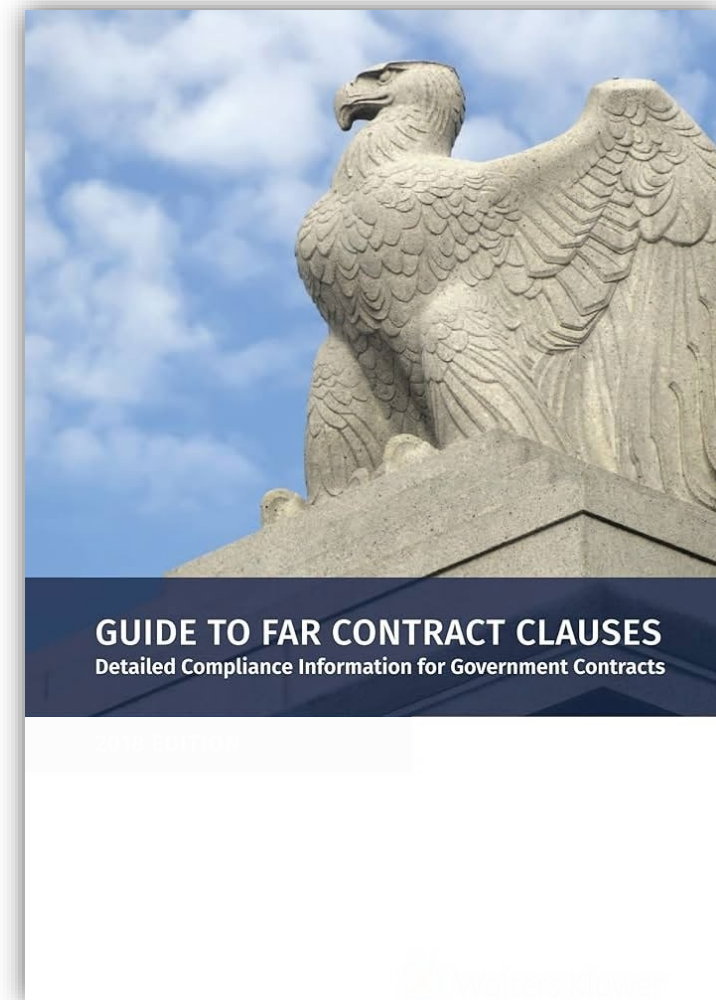


FAR CLAUSE 52.236-13 ACCIDENT PREVENTION

3



- Outlines contractor responsibility for safety.
- Requires the contractor to follow EM 385-1-1.
- Authorizes the Contracting Officer to issue stop work orders for unresolved safety issues.





USACE SAFETY & OCCUPATIONAL HEALTH



USACE requirement for safety are not just a bunch of safety rules!
(Compliance Based)

They are a systematic approach to safety that ensures success if executed properly
(Performance Based)

Safety = Quality





INTRODUCTION TO EM 385-1-1



- Purpose:
 - Prescribes the safety and health requirements for all Corps of Engineers activities and operations.
- Applicability:
 - Applies to HQUSACE elements, major subordinate commands, districts, centers, laboratories, field operating activities, ***as well as USACE contracts and those administered on behalf of USACE.***





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INTRODUCTION TO EM 385-1-1

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- Contractors shall comply with latest version (including interim changes) in effect on date of solicitation.

<https://www.publications.usace.army.mil/>

- No separate payment will be made for compliance with established SOH requirements.

15 March 2024





INTRODUCTION TO EM 385-1-1



- OCONUS Operations.
- Some of the technical requirements of this manual may not be applicable to overseas activities due to conflicting circumstances, practices, and laws or regulations of the locality or the unavailability of equipment.
- In such instances, means other than the ones specified in this manual may be used to achieve the required protection.
- In such instances. A hazard analysis must be developed to document that the required protection will be achieved by the alternate means.



OBJECTIVES



- Provide an overview of the Corps of Engineers Safety and Occupational Health Program.
- Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - **Accident Prevention Plans (APPs)**
 - Activity Hazard Analysis (AHAs)
 - Site Safety & Health Officers (SSHOs)
 - Competent and Qualified Persons (CPs & QPs)
 - Accident Reporting and Investigation



2-7 ACCIDENT PREVENTION PLAN (APP)

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WHAT IS AN APP

An APP is a written site-specific SOH plan that documents project, contract, and job-specific potential hazards in the workplace, and the company policies, controls, and work practices that will be used to minimize those hazards. They are an integral part of the planning and risk management process.

DEVELOPED + APPROVED

The APP must be developed by a CP and reviewed and approved by the prime contractor and corporate safety official.

ACCEPTANCE

Upon contractor approval, the plan must be submitted to the KO or COR for review and acceptance prior to the performance of any work. No contract work can begin without a KO or COR accepted APP.

NEW MANDATORY FORM

Use Mandatory ENG Form 6293 (Accident Prevention Plan Worksheet).





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ENG 6293: MANDATORY APP FORM



- Comprehensive review of USACE project
- Meant to be project-specific (vs. generic company SOH programs)
- Simplified format (drop-down menus, etc.)

U.S. Army Corps of Engineers (USACE)
ACCIDENT PREVENTION PLAN (APP) WORKSHEET
 For use of this form, see EM 385-1-1; the proponent agency is CESS.

This form serves as a guide. It does not replace or eliminate the need to comply with the requirements set forth in Engineering Manual 385-1-1, Safety and Occupational Health Requirements Manual. The references included in this form correspond to the applicable chapters of EM 385-1-1. No work will begin onsite until the accident prevention plan (APP) is developed according to the EM 385-1-1, reviewed to ensure minimum requirements are met, and approved by the appropriate personnel identified in "Part 1 - Signatures."

PART 1 - SIGNATURES

Plan Preparer - For example: Qualified Person (QP), Competent Person (CP), or project Quality Control (QC).

1. Name: _____ 2. Title: _____
 3. Email Address: _____ 4. Phone Number: _____
 5. Signature: _____

Plan Approver - Corporate Safety Official

1. Name: _____ 2. Title: _____
 3. Email Address: _____ 4. Phone Number: _____
 5. Signature: _____

Plan Concurrence - For example: Industrial hygienist, Project Manager, Superintendent, Site Safety & Health Officers, Quality Control, etc.

1. Name: _____ 2. Title: _____
 3. Email Address: _____ 4. Phone Number: _____
 5. Signature: _____

PART 2: PROJECT INFORMATION

1. Project Name: _____
 2. Project Address (attach map in Appendix 1): _____
 3. Estimated Project Start Date: _____ 4. Estimated Project Completion Date: _____
 5. Project Description / Description of work to be performed: _____

PART 3: PRIME CONTRACTOR INFORMATION

1. Name: _____ 2. Title: _____
 3. Email Address: _____ 4. Phone Number: _____
 5. Signature: _____

PART 4: POLICY

Safe and healthful workplace for all employees on this project.

1. Yes ☐ No ☐
 2. Yes ☐ No ☐
 3. Yes ☐ No ☐
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PART 5: TRAINING

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PART 6: SOH OVERSIGHT

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PART 7: ACTIVITY HAZARD ANALYSIS (RISK MANAGEMENT)

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PART 8: REQUIRED PROJECT SITE-SPECIFIC PLANS AND PROCEDURES

1. Yes ☐ No ☐
 2. Yes ☐ No ☐
 3. Yes ☐ No ☐
 4. Yes ☐ No ☐
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PART 9: PROJECT SITE COORDINATION

1. Yes ☐ No ☐
 2. Yes ☐ No ☐
 3. Yes ☐ No ☐
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U.S. ARMY

ENG 6293: MANDATORY APP FORM



U.S. Army Corps of Engineers (USACE) ACCIDENT PREVENTION PLAN (APP) WORKSHEET	
For use of this form, see EM 385-1-1; the proponent agency is CESO.	
This form serves as a guide. It does not replace or eliminate the need to comply with the requirements set forth in Engineering Manual 385-1-1, Safety and Occupational Health Requirements Manual. The references included in this form correspond to the applicable chapters of EM 385-1-1. No work will begin onsite until the accident prevention plan (APP) is developed according to the EM 385-1-1, reviewed to ensure minimum requirements are met, and approved by the appropriate personnel identified in "Part 1 -Signatures"	
PART 1 - SIGNATURES	
Plan Preparer - For example: Qualified Person (QP), Competent Person (CP), or project Quality Control (QC).	
1. Name:	2. Title:
3. Email Address:	4. Phone Number:
5. Signature	
Plan Approver - Corporate Safety Official	
1. Name:	2. Title:
3. Email Address:	4. Phone Number:
5. Signature	
Plan Concurrence - For example: Industrial hygienist, Project Manager, Superintendent, Site Safety & Health Officer, Quality Control, etc.	
1. Name:	2. Title:
3. Email Address:	4. Phone Number:
5. Signature:	
PART 2: PROJECT INFORMATION	
1. Project Name:	
2. Project Address (attach map in Appendix 1):	
3. Estimated Project Start Date:	4. Estimated Project Completion Date:
5. Project Description / Description of work to be performed:	

PRIME INFO

SIGNATURES

CORP. SAFETY

SOH POLICY

CONCURRENCE

PROJECT INFO

PART 3: PRIME CONTRACTOR INFORMATION	
1. Prime Contractor Name:	
2. Contract Number:	
3. Project Manager Name:	
4. Quality Control (QC) Manager Name:	
5. Contractor Corporate Safety Official Name:	
6. Primary Site Safety & Health Officer (SSHO) Name:	
7. Alternate Site Safety & Health Officer (SSHO) Name(s):	
PART 4: SOH COMMITMENT AND POLICY	
1. Provide a statement of safety and health policy detailing commitment to providing a safe and healthful workplace for all employees on this project.	
2. Provide a statement outlining the Contractor's safety program goals and objectives.	
3. Identify policies and procedure regarding non-compliance with safety requirements.	
4. Provide written procedures for holding managers and supervisors accountable for safety.	
5. Prime contractor is responsible for the implementation and enforcement of the SOH program for contractor employees, subcontractors, suppliers, and visitors at the site of work?	☐ Yes ☐ No
6. Prime contractor will require subcontractors, suppliers, and visitors to comply with the APP and EM 385-1-1?	☐ Yes ☐ No
7. No work will be performed unless a designated SSHO is present on the site of work.	☐ Yes ☐ No
8. A list of all known subcontractor(s) and supplier(s) are listed in Appendix 2.	☐ Yes ☐ No
9. If all subcontractor(s) and supplier(s) are not known at the time of initial APP submittal, Appendix 2 will be updated and resubmitted to the KO/COR for acceptance prior to the start of any work activities.	☐ Yes ☐ No
10. All subcontractors will have a copy of the APP, applicable AHAs and will be required to comply with them.	☐ Yes ☐ No
11. Subcontractors and suppliers at the site of work will abide by the EM 385-1-1, this APP, and all AHAs.	☐ Yes ☐ No
12. This APP and AHAs will be available to all workers at the site of work.	☐ Yes ☐ No



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ENG 6293: MANDATORY APP FORM

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PART 5: TRAINING

1. All employees will be trained according to applicable EM 385-1-1, federal, state, and local requirements prior to the commencement of work.

Yes

No

2. The following personnel are identified and designated as personnel responsible for SOH on this project. Add the following documentation to Appendix 3 of this worksheet: 1) SSOH designation letter (ENG Form 6282), 2) instructor signed OSHA 30-hour card (or course completion certificate if within 90 days of having completed the OSHA 30-hour training), and 3) proof of 24 hours of competency of SOH training within the last 3 years for the personnel identified below. (EM 385-1-1, Chapter 2, 2-3 Personnel Qualification/Training): (Check and list names of personnel being designated)

Primary SSOH Name:

Alternate SSOH Name(s):

3. OP(s) and CP(s) required by EM 385-1-1 (for example, excavation, confined space, scaffolding, fall protection, etc.) for this project will be included in Appendix 3. Include 1) List of names or designation letters and 2) proof of qualification/competency.

PART 6: SOH INSPECTIONS

1. All applicable inspections required by EM 385-1-1, contract, federal, state, and local requirements will be completed.

Yes

No

2. The following personnel are assigned to conduct inspections, the type of inspection and frequency for the worksite. At minimum the SSOH must conduct daily site inspections.

Who will conduct inspection?	Frequency?	What type of inspection?
+ -		

3. Employees that conduct inspections will have technical proficiency needed to perform inspections. Proof of inspector's training/qualification is included in Appendix 3.

Yes

No

4. Deficiencies will be documented and tracked as required by this EM 385-1-1?

Yes

No

6. Will any external inspections be required (for example, USCG, OSHA, etc.)? If yes, describe:

Yes

No

PART 7: ACCIDENT REPORTING AND INVESTIGATION

1. Exposure data (man-hours worked) will be reported to KO/COR as required by the contract?

Yes

No

2. All accidents will be reported as soon as possible according to EM 385-1-1?

Yes

No

3. All accidents occurring incidentally to an operation, project, or facility for which the EM 385-1-1 is applicable will be thoroughly investigated and analyzed. Corrective actions to prevent recurrence will be implemented as soon as reasonably possible. The KO/COR will be notified when corrective actions are completed.

Yes

No

4. Accident notification will be provided to the KO/COR as stated below:

Yes

No

ACCIDENT TYPE	KO/COR NOTIFICATION TIME
Fatality, permanent and partial disability, or property damage over \$600,000	Immediately, no later than (NLT) 8 hours
All other accidents and near misses	Immediately, NLT 24 hours

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TRAINING

SOH OVERSIGHT

SEVERE WEATHER

INSPECTIONS

ACCIDENT INFO

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PART 8: SOH OVERSIGHT

1. A risk management process that meets or exceeds the requirement of the EM 385-1-1 will be implemented on this project site?

Yes

No

2. Hazardous conditions and unsafe acts will be immediately corrected?

Yes

No

3. APP and AHAs will be prepared by a QP or CP according to the EM 385-1-1 prior to the start of any work activities on the site of work (as much as the information can be known at that point in time).

Yes

No

4. The plans and AHAs will be updated throughout the life of the project to include changes in personnel, equipment, conditions, etc. Additional revisions must be incorporated as necessary to reflect changing site conditions, construction methods, personnel roles and responsibilities and construction schedules.

Yes

No

5. No activity/work will be started at the site of work until the APP is reviewed and submitted to the KO/COR for acceptance, with the site-specific plans and procedures required by the EM 385-1-1 to complete the project?

Yes

No

6. APP and AHAs will be provided to and reviewed by all workers involved in the activity prior to work?

Yes

No

7. Workers will sign AHA(s) to concur with identified job steps and controls needed to mitigate hazards?

Yes

No

PART 9: SEVERE WEATHER PLAN

1. The SSOH or designated onsite personnel is responsible for checking the weather conditions at a minimum of twice a day?

Yes

No

2. What severe weather forecast will require the SSOH to monitor weather conditions continuously? Describe.

3. What are the training requirements for severe weather precautions and actions?

4. Identify area of retreat or other actions to be taken such as evacuation, shelter in place, etc.

5. Identify procedures to stop outdoor activities if extreme weather conditions to include thunderstorms are in the area.

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PART 10: ACTIVITY HAZARD ANALYSIS (RISK MANAGEMENT)

1. Major phases of work anticipated:

2. Definable Features of Work (DFOW)
Note: An activity-specific AHA will be submitted to the KO/COR for each DFOW prior to any work being performed.

3. List equipment to be used:

4. Anticipated High-Risk Activities: (See examples below, check all that apply):

☐ Electrical and/or Hazardous Energy	☐ Confined Space
☐ Working at Heights	☐ Excavations & Trenching
☐ Scaffolding	☐ Other: _____
☐ Diving	☐ Other: _____
☐ Load Handling Equipment	☐ Other: _____
☐ Occupational Exposure	☐ Other: _____

5. Detailed project-specific hazards and controls will be provided utilizing AHAs for each activity/DFOW. ☐ Yes ☐ No

6. No work will begin on an activity/DFOW until the initial AHA addressing the project-specific hazards has been developed, reviewed, and accepted by the KO/COR. (See EM 385-1-1 Chapter 2 section 2-6). ☐ Yes ☐ No

7. AHAs are living documents and are intended to be created, utilized in the field, and updated (by the workers) as necessary. ☐ Yes ☐ No

8. Workers/crews will have accepted AHA(s) that reflects current site conditions, personnel, equipment, control measures, etc. while the work is being performed? ☐ Yes ☐ No

9. AHA will be used by the contractor personnel to assure work is being performed consistent with the AHA? ☐ Yes ☐ No

10. Once the activity has been completed, the AHA will be available and kept onsite for the length of the contract. ☐ Yes ☐ No

11. AHAs for unknown work activities will be submitted to the KO/COR prior to work and attached to Appendix 4 of this document. ☐ Yes ☐ No

12. Who has the authority to accept residual risk on AHA(s)? (List below)

Category of Risk	Approval Authority (Name and Title)
Extremely High Risk	
High Risk	
Medium Risk	
Low Risk	

RISK MANAGEMENT

PROJECT-SPECIFIC SOH PLANS

ACCEPTANCE OF RISK

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PART 11: REQUIRED PROJECT SITE-SPECIFIC PLANS AND PROCEDURES

1. Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the contractor will ensure that all applicable SOH risks and associated compliance plans are in place. ☐ Yes ☐ No

2. Include all project-specific compliance plans, as applicable to the work being performed, and as identified below. The plans will incorporate project-wide procedures to control hazards to which the employees of all project employers may be exposed. ☐ Yes ☐ No

3. These plans and procedures will be coordinated with all project employers and be included in project-specific emergency response and evacuation procedures. ☐ Yes ☐ No

4. Address each of the plans in the outline below in the order that they are listed.
Option 1: If a plan is applicable, develop and attach it to Appendix 5. Submit to the KO/COR with this worksheet for acceptance prior to work.
Option 2: If a plan is applicable, but all of the minimum required information for the plan is not yet known, provide justification next to each plan title, and provide an expected date the plan will be created, reviewed, and attached to Appendix 5. Submit to the KO/COR with this worksheet for acceptance prior to work.
Option 3: If a plan is not applicable because of the nature of the work to be performed, provide justification next to each plan title.

Minimum plans required by EM 385-1-1	Reference EM 385-1-1 paragraph:	Select Option	Justification for Option 2 and Option 3
Exposure Control Plan	3-7.a	☐	
AED Program	3-7.b	☐	
Construction Site Plan	4-7.a	☐	
Access/Haul Road Plan	4-7.b	☐	
Hearing Conservation Program	5-7.a	☐	
Respiratory Protection Program	5-7.b	☐	
Hazard Communication (HazCom) Program	6-7.a	☐	
Process Safety Management (PSM) Program	6-7.b	☐	
Lead Compliance Plan	6-7.c	☐	
Asbestos Management Plan	6-7.d	☐	
Ionizing Radiation Safety Plan	6-7.e	☐	
Radiofrequency Plan	6-7.e	☐	
Abrasive Blasting Plan	6-7.g	☐	
Thermal Stress Management Plan	6-7.h	☐	
Mold Remediation Plan	6-7.i	☐	
Silica Compliance Plan	6-7.j	☐	
Fatigue Management Plan	6-7.k	☐	
Night Operations Lighting Plan	7-7	☐	
Traffic Control Plan	8-7	☐	
Fire Prevention Plan	9-7.a	☐	
Wildland Fire Management Plan	9-7.b	☐	
Housekeeping Plan	10-7	☐	
Electrical Safety Plan	11-7	☐	
Assured Equipment Grounding Conductor Program	11-7.b	☐	
Energy Control Plan	12-7.a	☐	
Hazard Isolation Procedures	12-7.b	☐	



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PROJECT-SPECIFIC PLANS (CONT.)

PROJECT SITE COORDINATOR

REQUIRED APPENDICES

Demolition Plan	17-7	
Emergency Plan for Marine Activities	19-7.a	
Severe Weather Plan for Marine Activities	19-7.b	
Floet Plans	19-7.c	
Tow Plans	19-7.d	
Fall Protection and Prevention Plan	21-7	
Rescue Plan	21-7	
Scaffold Work Plan	21-7	
Rope Access Work Plan	23-7	
Excavation and Trenching Plan	25-7	
Fire Prevention and Protection Plan	26-7 a & f	
Compressed Air Work Plan	26-7 a & b	
Contingency Response Plan	26-7 a & c	
Emergency Rescue Plans and Equipment	26-7 a & d	
Ventilation and Dust Control Plan	26-7 a & e	
Formwork and Shoring Plan	27-7.a	
Masonry Bracing Plan	27-7.b	
Steel Erection Plan	28-7.a	
Site Layout Plan	28-7.b	
Explosive Site Safety Plan	29-7.a	
Master Blasting Plan	29-7.b	
Vibrations Monitoring Plan	29-7.c	
Dive Operations Plan	30-7.a & d	
Emergency Management Plan	30-7.a & e	
Safe Practices Manual	30-7.b	
Snorkeling Plan	30-7.f	
Tree Maintenance and Removal Plan	31-7	
Construction Safety and Phasing Plan	32-7.a	
Safety Plan Compliance Document	32-7.b	
Aviation Pre-Accident Plan	33-7	
Standard Lift Plan	34-7.b	
Confined Space Plan	34-7.b & c	
Standard Lift Plan - Floating Plan	34-7.c	
Critical Lift Plan	34-7.d	
Pile Driving	34-7.e	
Housekeeping Plan	35-7.a	
Extermination Plan	35-7.b	
Site Safety and Health Plan	36-7.a	
Comprehensive Work Plan	36-7.b	
Emergency Response Plan	36-7.c	

PART 12: PROJECT SITE COORDINATION	
1. Provide procedures for coordinating SOH activities with other employers on the site of work:	
PART 13: REQUIRED APPENDICES	
Indicate if each of the following items are, or are not, attached to this plan.	
Appendix 1. Project Map	☐ Yes ☐ No
Appendix 2. Subcontractor/Suppliers	☐ Yes ☐ No
Appendix 3. Personal Qualifications and Designations	☐ Yes ☐ No
Appendix 4. Activity Hazard Analysis	☐ Yes ☐ No
Appendix 5. Site-specific plans and procedures	☐ Yes ☐ No
Appendix 6. Any additional plans, procedures, etc. can be added to this appendix and will be coordinated with the KO/COR.	☐ Yes ☐ No

OBJECTIVES



- Provide an overview of the Corps of Engineers Safety and Occupational Health Program.
- Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - Accident Prevention Plans (APPs)
 - **Activity Hazard Analysis (AHAs)**
 - Site Safety & Health Officers (SSHOs)
 - Competent and Qualified Persons (CPs & QPs)
 - Accident Reporting and Investigation





RISK MANAGEMENT



- Risk management (RM) is a business process that includes the identification, assessment, and prioritization of risks, followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events to an acceptable level.
- The USACE uses the Activity Hazard Analysis (AHA) as part of a total risk management process.





RISK MANAGEMENT (5-STEP PROCESS)



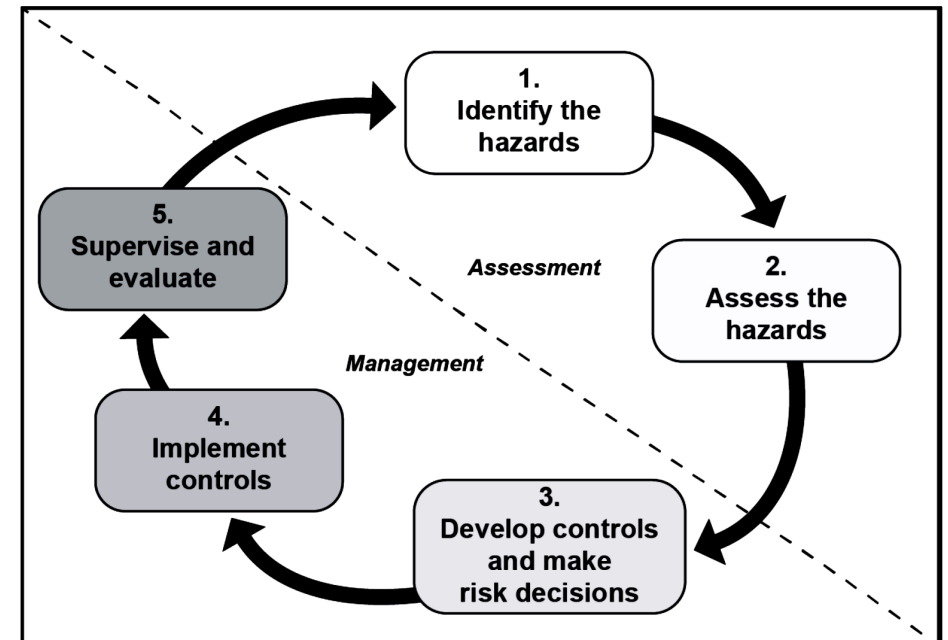
Step 1. Identify all potential hazards associated with the task prior to work.

Step 2. Assess identified hazards to determine probability and potential severity of occurrence (that is, risk).

Step 3. Develop adequate controls to mitigate hazard and reduce probability and risk.

Step 4. Implement controls to ensure all workers know, understand, and implement required controls to reduce risk.

Step 5. Continuously supervise and evaluate controls to ensure they are fully implemented, adequate, & effective at reducing risk. When needed, stop work to make corrections, modify, or add more controls, to ensure risk is managed.

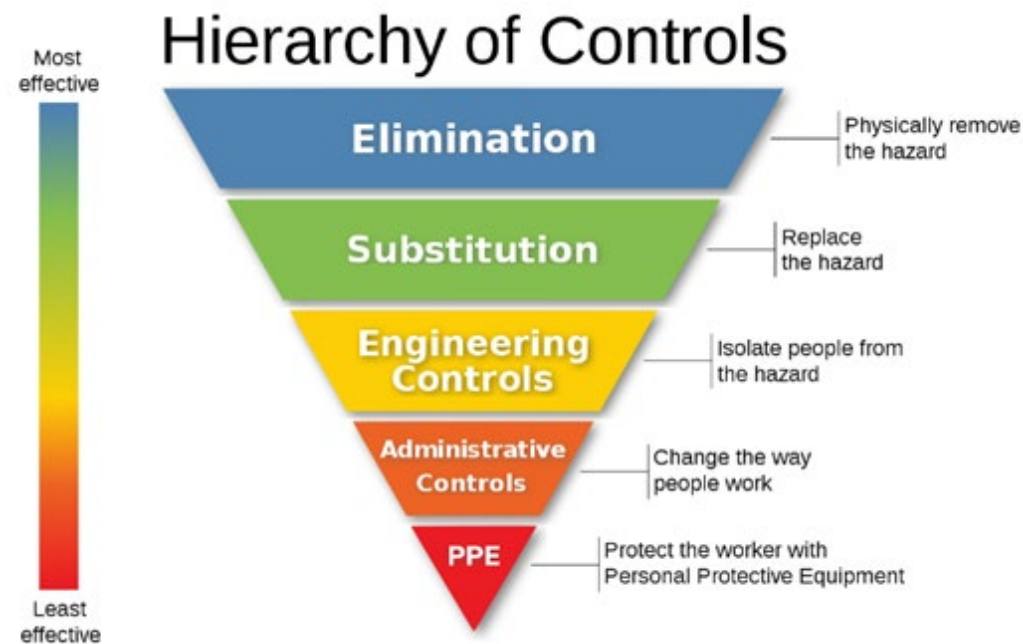




RISK MANAGEMENT (HAZARD MITIGATION)



- Elimination/substitution involves removing the hazard from the work area.
- Engineering controls isolate or separate the hazard(s) from the general work area and personnel exposure.
- Administrative controls involve work practices or procedures to govern/control the way persons work so that hazardous situations or conditions can be avoided.
- PPE is equipment worn or used by persons performing work with hazards to minimize the effects of exposure to the hazard(s).





2-6 ACTIVITY HAZARD ANALYSIS



- Basic program requirements
 - Required for each DFOV
 - Must be submitted to the COR/KO for acceptance prior to Prep
 - Intended to be developed and used by the crews in the field
 - Must be reviewed at the prep and initial meetings
 - SSHO must maintain a signature log for each employee
 - Must be updated to reflect changing conditions
 - AHAs must be available to the crews in the field
 - AHAS must be used by the contractor and USACE personnel to assure work is being performed consistent with the AHA.





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NEW

RISK MANAGEMENT (RISK ACCEPTANCE)

20



- Residual risk must be communicated and accepted by the proper authority before beginning work.
- Contractors must establish risk acceptance levels of authority as part of their risk management program.





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ACTIVITY HAZARD ANALYSIS

- USACE uses the Activity Hazard Analysis (AHA) as part of a total risk management process.
- Non-mandatory ENG Form 6206.
- AHA Elements:
 - Step 1: Identify Activity (DFOW)
 - Step 2: Outline Sequence of Steps
 - Step 3: Determine Potential Hazards
 - Step 4: Identify Control Measures
 - Step 5: Assign Risk Assessment Code (RAC) for each step
 - Step 6: Assign an overall RAC to the AHA.
 - Step 7: List Equipment, Training & Inspection
 - Step 8: Complete risk acceptance IAW APP

NEW

U.S. Army Corps of Engineers (USACE)
ACTIVITY HAZARD ANALYSIS (AHA)
For use of this form, see EM 385-1-1; the proponent agency is CESO.

Purpose: The Activity Hazard Analysis is a tool used in the Risk Management Process. Risk management is a business process that includes the assessment, and prioritizing of risks, followed by coordinated and economical application of resources to minimize, monitor, and control the probability impact of unfortunate events to an acceptable level.

The overall residual risk assessment code (RAC) must be communicated and accepted by the proper approval authority before beginning the activity.

AHAs must be provided to, and reviewed by, all involved employees prior to starting the task. Each employee must document their review with a signature in the last section of form.

Activity: _____ Date: _____ Overall RAC (Use highest code) _____

Location: _____

Prepared By: _____

Reviewed By: _____

Notes: _____

		Risk Assessment Code Matrix				
		Probability				
		Frequent	Likely	Occasional	Seldom	Unlikely
Severity Frequency	Catastrophic	E	E	H	H	M
	Critical	E	H	H	M	L
	Moderate	H	M	M	L	L
	Negligible	M	L	L	L	L

	JOB STEPS	HAZARDS (Recognized/Anticipated)	CONTROLS (ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS)	RESIDUAL RAC
Add Row				
Delete Row				
	EQUIPMENT	TRAINING	INSPECTION	
Add Row				
Delete Row				

Involved Personnel: _____

PPE Required: _____

Approval Authority (digital signature)

PRINTED NAME: _____	PRINTED TITLE: _____
DIGITAL SIGNATURE: _____	DATE: _____

Approval Authority information is based on overall RAC according to EM 385-1-1, para 1-6 or 2-6, as applicable.

Official Publications of the Headquarters,
U.S. Army Corps of Engineers

OBJECTIVES



- 
- Provide an overview of the Corps of Engineers Safety and Occupational Health Program.
 - Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - Accident Prevention Plans (APPs)
 - Activity Hazard Analysis (AHAs)
 - **Site Safety & Health Officers (SSHOs)**
 - Competent and Qualified Persons (CPs & QPs)
 - Accident Reporting and Investigation



U.S. ARMY

2-3 SITE SAFETY & HEALTH OFFICER



What is an SSHO?

A contractor employee that is responsible for overseeing and ensuring implementation of the prime contractor's SOH program according to the contract, this manual, applicable federal, state, and local requirements.

LEVEL	RESPONSIBILITY	TRAINING QUALIFICATION	EXPERIENCE REQUIREMENTS
1	Full-time SOH	▪ <u>INITIAL</u>: OSHA 30-Hour (GI/CON) or combined training involving subjects of OSHA 30-Hour (accepted by KO/SOHO) ▪ <u>RECERT</u>: 24 hrs. documented formal classroom or online SOH-related training every three-year period of the USACE contract. Can be multiple classes combined.	At least <u>five years of cumulative safety experience</u> , within the last ten years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
2	Collateral Duty	▪ <u>INITIAL</u>: OSHA 30-Hour (GI/CON) or combined training involving subjects of OSHA 30-Hour (accepted by KO/SOHO) ▪ <u>RECERT</u>: 24 hrs. documented formal classroom or online SOH-related training every three-year period of the USACE contract. Can be multiple classes combined.	At least <u>three years of cumulative safety experience</u> , within the last 10 years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
3	Designated QP/CP	Training must consist of information for establish/maintain designated Qualified Person (QP) or Competent Person (CP). NOTE: Cannot be assigned to projects that have a residual RAC of high or extremely high.	<u>No timeframe specifically identified</u> . Enables identification of hazards and implementation of controls for the work being performed



2-3 SITE SAFETY & HEALTH OFFICER

Alternate / Additional SSHOs.

Alternate SSHOs must meet all the same contract requirements as a level 1, level 2, or level 3 SSHO.

Alternate SSHOs
• If the primary SSHO is off site for up to 24 hours, A Level 1, 2, or 3 SSHO may be used in the interim and must be on the site of work at all times when work is being performed.
• If the Level 1 SSHO must be off-site for a period longer than 24 hours / one day, an additional/alternate Level 1 SSHO must be at the site of work to fulfill the same roles and responsibilities when work is performed.
• If an activity, task or DFOW contains multiple sites and has been assessed and given an activity residual RAC of low or medium, any Level SSHO may be appointed for each site where remote work locations are more than 45 minutes travel time from the primary Level 1 SSHO's site of work.



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WHEN A LEVEL 1 SSHO IS NEEDED



U.S. Army Corps of Engineers (USACE)
ACTIVITY HAZARD ANALYSIS (AHA)
For use of this form, see EM 385-1-1; the proponent agency is CESO.

Purpose: The Activity Hazard Analysis Worksheet is a tool used in the Risk Management Process. Risk management is a business process that includes the identification, assessment, and prioritizing of risks, followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events to an acceptable level.

Residual RAC must be communicated and accepted by the proper approval authority before beginning the activity.

AHAs must be provided to, and reviewed by, all involved employees prior to starting the task. Each employee must document their review with a signature in the last section of form.

Activity: _____ Date: _____ Overall Risk Assessment Code (RAC) (Use highest code) _____

Location: _____

Prepared By: _____

Reviewed By: _____

Notes: _____

JOB STEPS		HAZARDS (Recognized/Anticipated)	CONTROLS (ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS)	RESIDUAL RAC
Add Row				
Delete Row				

EQUIPMENT		TRAINING	INSPECTION
Add Row			
Delete Row			

Involved Personnel: _____

PPE Required: _____

Approval Authority (digital signature)

PRINTED NAME: _____ PRINTED TITLE: _____

DIGITAL SIGNATURE: _____ DATE: _____

Approval Authority information is based on overall RAC according to EM 385-1-1, para 1-6 or 2-6, as applicable.

ENG FROM 6206, AUG 2023

Print Form Reset Form Page 1 of 2

Risk Assessment Code Matrix

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

	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

Risk Assessment Code Matrix

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

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

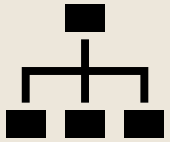
Level 1: Must be assigned and at the site of work at all projects that have a residual risk assessment code **(RAC) of high or extremely high** on an Activity Hazard Analysis (AHA).

Level 2 or 3: Cannot be assigned to projects that have a residual RAC of high or extremely high.



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2-4.B SSHO ROLES & RESPONSIBILITIES



Report to corp. SOH official, senior PM, or corp. official



Maintain reference material at site of work (SDS, APP, EM 385-1-1, etc.)



Conduct daily SOH inspections + maintain deficiency tracking system



Report + investigate all accidents, near misses. Completes ENG Form 3394



Attend meetings (pre-construction, pre-work, prep, in-progress)



Evaluate APP + submit changes, revisions, and updates



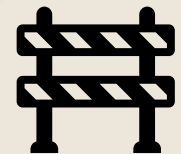
Ensure all project personnel comply with SOH requirements



Provide + keep records of SOH orientation training (incl. subcontractors)



Review + sign ENG Form 6282 (SSHO Designation Letter)

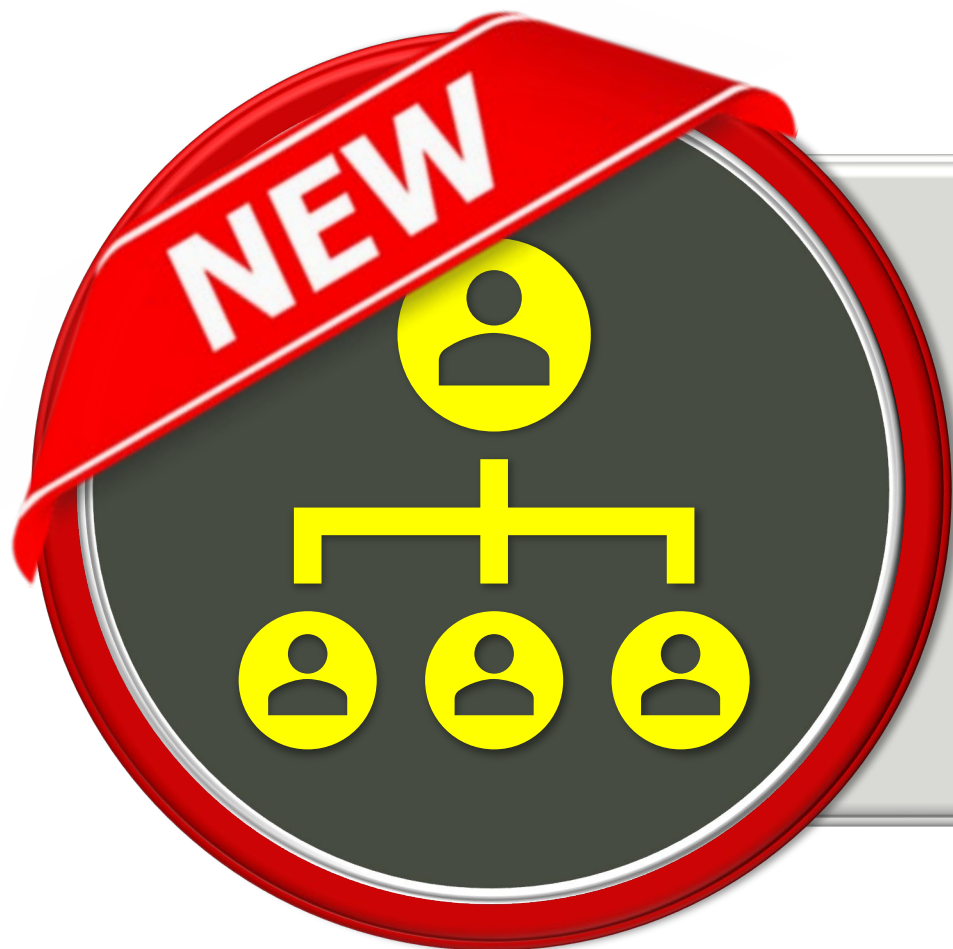


Ensure visitors are escorted, properly protected, + wearing appropriate PPE



2-4.G ROLES AND RESPONSIBILITY

ADDED: CLARIFICATION ON SOH RESPONSIBILITY



On contractor site of work, the **prime contractor's project management team**, with the **assistance of the SSHO**, is responsible for managing, communicating, implementing, and enforcing compliance with the accepted APP and other accepted SOH submittals and requirements.



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U.S. Army Corps of Engineers (USACE)

SITE SAFETY & HEALTH OFFICER (SSHO) DESIGNATION LETTER

For use of this form, see EM 385-1-1; the proponent agency is CESO.

Purpose: This document designates personnel responsible for overseeing and ensuring the implementation of the prime contractor's Safety & Occupational Health (SOH) program. This designation letter will be signed by the company's official responsible for the SOH program (e.g., *Corporate Safety Manager*).

Submit the following documentation to the Government Designated Authority (GDA) as part of the Accident Prevention Plan: 1) This signed SSHO Designation Letter (Eng Form 6282); 2) An instructor-signed OSHA 30-hour card (or course completion certificate if within 90 days of completing the OSHA 30-hour training); and 3) proof of 24 hours of competency of SOH training within the last 3 years.

PART I: COMPLETED BY COMPANY'S SOH PROGRAM OFFICIAL

1. Project Name	2. Contract Number

3. Location

4. The designated SSHO on this form meets the minimum EM 385-1-1 training and experience requirements for the selected level below and is knowledgeable of the SOH requirements for this project and has the authority to stop work when required.

SSHO Level	OSHA 30-Hour	Competency Training	Experience
☒ Level 1	Construction or General Industry	24 hours of documented formal classroom or online SOH-related training within the past five years and must maintain competency by taking 24 hours every three year period for the duration	5 years of cumulative safety experience, within the last ten years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the



SSHO Level	OSHA 30-Hour	Competency Training	Experience
 Level 1	Construction or General Industry	24 hours of documented formal classroom or online SOH-related training within the past five years and must maintain competency by taking 24 hours every three-year period for the duration of the contract.	5 years of cumulative safety experience, within the last ten years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
 Level 2	Construction or General Industry	24 hours of documented formal classroom or online SOH-related training within the past five years and must maintain competency by taking 24 hours every three-year period for the duration of the contract.	3 years of cumulative safety experience, within the last 10 years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
 Level 3	Qualified or Competent Person		

5. Summary of required safety experience:



5. Summary of required safety experience.

By my signature below, I certify that the information I provided on this form is true and correct to the best of my knowledge.

Company SOH Official Name	Company SOH Official Title
Company SOH Official Signature	Date

PART II: COMPLETED BY DESIGNATED SSHO

SSHO Name	Date	SSHO Signature



SITE SAFETY & HEALTH OFFICER (SSHO)



- *Should your SSHO be considered a member of your QC Team?*

Yes

- *Should the SSHO participate in project planning meetings?*

Yes

OBJECTIVES



- 
- Provide an overview of the Corps of Engineers Safety and Occupational Health Program.
 - Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - Accident Prevention Plans (APPs)
 - Activity Hazard Analysis (AHAs)
 - Site Safety & Health Officers (SSHOs)
 - **Competent and Qualified Persons (CPs & QPs)**
 - Accident Reporting and Investigation



2-2 COMPETENT PERSON



- 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.
- Must be onsite whenever work under there authority is ongoing.





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COMPETENT PERSON (EM 385-1-1)

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- Additional required Competent Persons:

- Lead Compliance
- Asbestos Abatement
- Cumulative Trauma Disorder Prevention
- Indoor Air Quality Management
- Debris Nets (falling debris)
- LHE (Cranes) and Rigging
- Machinery and Mechanized Equipment
- Confined Space
- **Fall Protection**
- **Scaffold**
- Excavation/Trenching
- Demolition
- Underground Construction
- Blasting Operations
- Portable and Temporary Ventilation Systems (IH or CP)



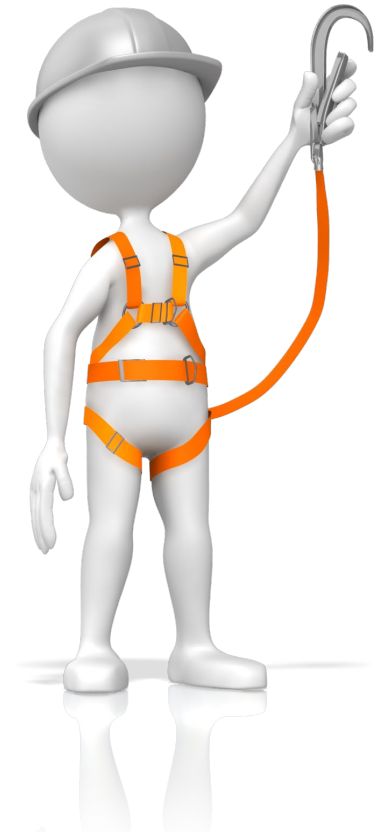
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COMPETENT PERSON, FALL PROTECTION

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- Responsible for the immediate supervision, implementation and monitoring of the fall protection program.
- Trained by a Competent Person Trainer or a Qualified Person Trainer:
 - Trained to the applicable level
 - ***MINIMUM of 24 hours training (classroom & practical)***
 - Train End Users





COMPETENT PERSON, SCAFFOLD

- Competent Person(s) for Scaffold:
 - Supervise:
 - ✓ Assembling
 - ✓ Dismantling
 - ✓ Altering
 - Must have the following qualifications:
 - ✓ ***MINIMUM of 8 hours training***
 - Experience:
 - ✓ Specific scaffolding systems/types
 - ✓ Assessing base material
 - ✓ Load calculations
 - ✓ Erection and Dismantling
 - ✓ Inspection





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2-2 QUALIFIED PERSON

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- 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.





QUALIFIED PERSON (EM 385-1-1)



- Additional required Qualified Persons:

- Electrical
- LHE (cranes) & Rigging
- Conveyor Systems
- Vehicles, Machinery and Equipment
- Floating Equipment
- Compressed Gas Cylinder Ops
- Fall Protection (HLL)
- Scaffolds
- Excavation
- Underground Construction (rock bolting)
- Masonry Construction (column anchorage)
- Structural Steel Assembly
- Blasting (Vibration/Damage Control)
- Tree Worker
- Confined Space



SITE SAFETY & HEALTH OFFICER (SSHO)



- *Can your SSHO be the Competent Person for fall protection?*

Yes

- *Can a subcontractor be a Competent Person on your project?*

Yes

OBJECTIVES



- 
- Provide an overview of the Corps of Engineers Safety and Occupational Health Program.
 - Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - Accident Prevention Plans (APPs)
 - Activity Hazard Analysis (AHAs)
 - Site Safety & Health Officers (SSHOs)
 - Competent and Qualified Persons (CPs & QPs)
 - **Accident Reporting and Investigation**



2-2 DEFINITIONS



Accident

Any unplanned event or series of events that results in death, injury, or illness to personnel, or damage to or loss of equipment or property. Within the context of this manual, accident is synonymous with mishap.

NEW

Near Miss

A potentially serious accident that could have resulted in personal injury, death, or property damage, damage to the environment, or illness but did not occur due to one or more factors.

NEW





2-8.D ACCIDENT INVESTIGATION & REPORTING

- Reporting **near misses and accidents is essential** since it raises our awareness about the things that can go wrong so that adequate corrective and preventative actions can be taken promptly.
- Often, seemingly **minor incidents can be symptoms of a much bigger problem**. Such reports provide valuable, real-life data to leadership who can use it to assess whether additional training, better equipment, and/or new strategies are needed for the organization to improve.
- Without the communication channel provided by mishap reporting protocols, a variety of **hazards/threats to safety could go unnoticed and unresolved**.



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ACCIDENT REPORTING AND INVESTIGATION

- All accidents shall be **investigated**, reported and analyzed.
- Employees are responsible for reporting all mishaps to their supervisor immediately.
- Prime Contractors must notify the COR/KO IAW table 2-1

Table 2-1
Accident Reporting Required Timeline

Accident Type	Notify <u>KO or COR</u>	Complete Final Accident Report on ENG 3394 and provide to <u>KO or COR</u>
Fatality, in-patient hospitalization, amputation, eye loss, or property damage over \$600,000.	Immediately, no later than (NLT) 8 Hours	Within 7 Days
All other accidents and near misses.	Immediately NLT 24 Hours	Within 7 Days



U.S. Army Corps of Engineers (USACE) MISHAP NOTIFICATION AND INVESTIGATION

U.S. Army Corps of Engineers (USACE)
MISHAP NOTIFICATION AND INVESTIGATION
For use of this form, see instructions in the attachments and USACE ER 385-1-1.

DATA REQUIRED BY THE PRIVACY ACT

Authority 10 U.S.C. 7013, Secretary of the Army; 5 U.S.C. 7902, Safety Programs; Public Law 91-596, Occupational Safety and Health Act of 1970; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055 .07, Mishap Notification, Investigation, Reporting, and Record Keeping; and E.O. 9397 (SSN), as amended.

Principal Purpose Information collected is to provide the USACE leaders, soldiers, families and civilians in injury, illness, and loss data to effectively manage its safety and occupational health program.

Routine Uses In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b) as follows: To the Department of Labor, the Federal Aviation Agency, the National Transportation Safety Board, and to Federal, State, and local agencies and applicable civilian organizations, such as the National Safety Council, for use in a combined effort of accident prevention. In some cases, data must also be disclosed to an employee's representative under the provisions of 29 CFR 1960.29. Records will be made available consistent with applicable laws and regulations. Information will be withheld from the public only if authorized by 5 U.S.C. Section 552 (Freedom of Information Act (FOIA), 5 U.S.C. 552a (Privacy Act)), or other statutory or regulatory authority.

Disclosure Failure to provide all the required information on the report may result in the rejection of report submission.

1. WHO IS REPORTING MISHAP

a. Name: _____ b. Phone number: _____

c. Email address: _____ d. Signature: _____

e. Report type: ☐ 1. Near Miss Report. (No injury/illness, or property damage. Complete all fields with underlined text.) Date: _____
☐ 2. Initial Accident Report. (For accident notification within 24 hrs, Complete all fields with underlined text.) Date: _____
☐ 3. Final Accident Report. (For reporting findings from accident investigation, complete full form.) Date: _____

f. Mishap Type. (Check all that apply)

☐ Fatality ☐ Injury/Illness ☐ Property Damage ☐ Near Miss

g. Were any of the following items associated with the mishap? ☐ Yes ☐ No (If yes, check all that apply)

☐ Electrical and/or Hazardous Energy ☐ Working at Heights ☐ Diving ☐ Load Handling Equipment or Rigging ☐ Occupational Health Exposure

2. WHO WAS INVOLVED IN THIS MISHAP?

a. Name: _____

b. Personnel Classification: _____ c. Time employee began work: _____

d. Gender: _____ e. Date of birth (for Government personnel only): _____ f. Age: _____

g. Date hired: _____ h. Primary language: _____

i. Is individual a supervisor? ☐ Yes ☐ No j. Duty status at time of mishap: _____ k. Years experience in job: _____

l. What was individual doing when mishap occurred? (Select activity from the drop downs below.)

1. General activities:	2. Vehicle/Equipment/Vessel:
3. Sports/Recreation:	4. Other not listed:

m. Did individual utilize all OSHA/EM 385-1-1 required Personal Protective Equipment (PPE) for activity? ☐ Yes ☐ No ☐ N/A
If no, identify missing PPE: _____

n. Was a Personal Flotation Device used? ☐ Yes ☐ No ☐ N/A o. Was a seat belt used? ☐ Yes ☐ No ☐ N/A

ENG FORM 3394, AUG 2021 PREVIOUS EDITIONS ARE OBSOLETE. Page 1 of 5

U.S. Army Corps of Engineers (USACE)
MISHAP NOTIFICATION AND INVESTIGATION

3. WHAT TYPE OF PROPERTY/MATERIAL WAS INVOLVED?

a. List all property/material involved in the mishap. (Include damaged and undamaged property.)

Item A	Item B	Item C
Type of item: Other not listed:		

4. WHAT TYPE OF INJURY/ILLNESS OCCURRED?

a. Severity of injury/illness? ☐ 1. Minor ☐ 2. Moderate ☐ 3. Severe ☐ 4. Critical

b. Type of injury/illness: _____

c. Identify body parts affected by injury/illness: _____

d. Identify cause and source of injury/illness: _____

e. Was employee treated by a physician or health care professional provider? ☐ Yes ☐ No
If yes, provide name of physician or health care professional provider: _____

f. Has treatment gone away from work site? ☐ Yes ☐ No g. Was employee treated in an emergency room? ☐ Yes ☐ No ☐ N/A

h. If treatment was given away from the work site, where was it given? (List location and the nearest Child.) _____

i. Treatment facility name: _____

j. Address: _____

k. City: _____ State: _____ Zip: _____ Country: _____

l. Was employee hospitalized as an inpatient? ☐ Yes ☐ No m. Yes if not many nights? ☐ Yes ☐ No
Note: OSHA requires reporting all work-related fatalities within 8 hours and inpatient hospitalizations, amputations and loss of an eye within 24 hours to OSHA.

n. Calculated days away from work: _____ o. Calculated days of restricted/restricted duty: _____

5. WHAT HAPPENED?

a. What was the primary activity occurring at the time of the mishap? _____

b. Other, if needed: _____

c. What happened? Provide a detailed description of the mishap. (Do not include any personnel's identification information, etc.) _____

Note: Provide supporting photos, charts, diagrams, etc. with this report.

c. What other organizations or agencies have been notified about this mishap? _____

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ENG 3394 covers the following:

- Who / where / when
- Type of injury / illness
- Summary → what happened
- Why → casual factors (performance, support, etc.)
- Corrective action plan



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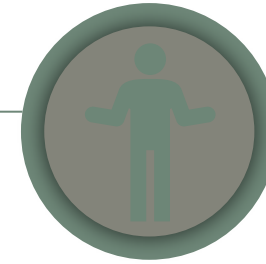
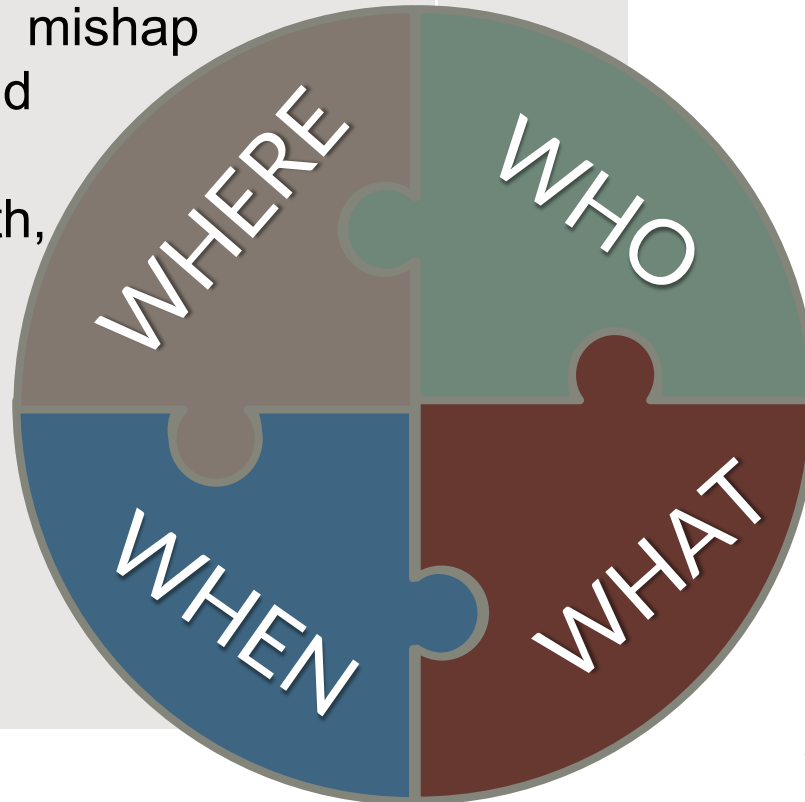
THREE REPORT TYPES ON ENG 3394

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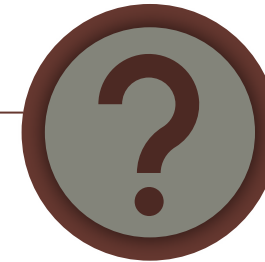
1. Near Miss:

Used for reporting and investigation of a potentially serious mishap or incident that could have resulted in personal injury, death, property damage, damage to the environment or illness but did not occur due to one or more factors.



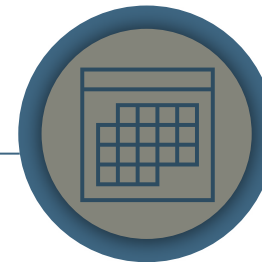
Who was involved?

Details of who was involved



What happened?

Detailed report of what happened



When did it happen?

Details of when the event occurred



Where did it happen?

Clear description of exact location where event occurred.

Note: Depending on potential seriousness of near miss a more in-depth investigation may be needed. The assessment of WHY the near miss occurred can be conducted.



THREE REPORT TYPES ON ENG 3394

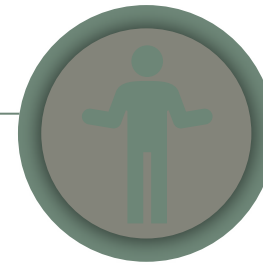
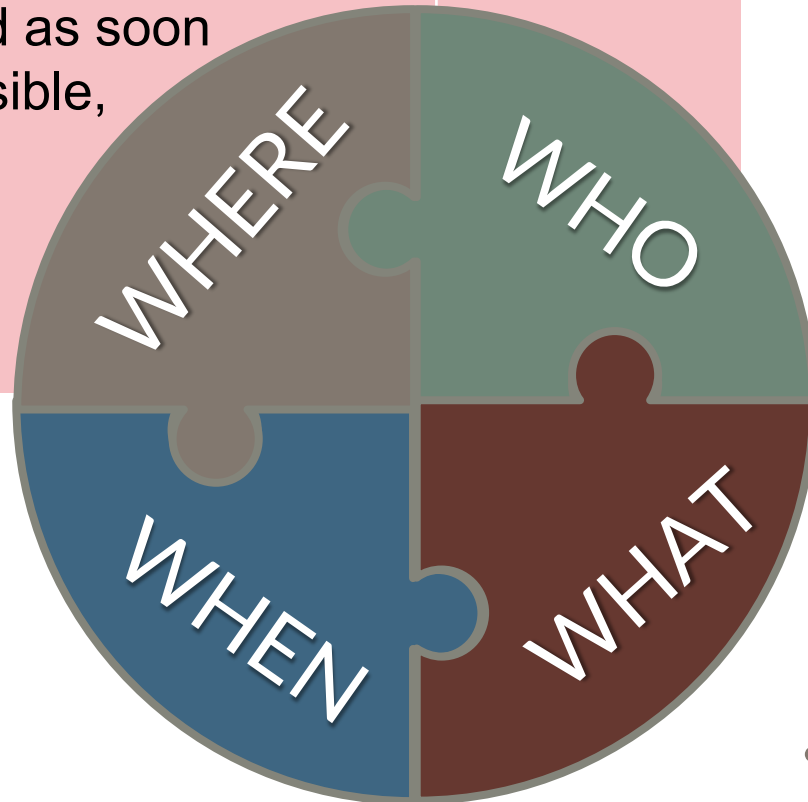
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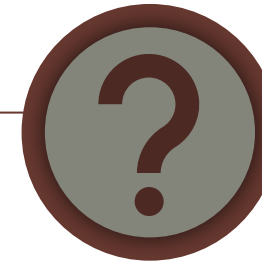
2. Initial Accident Report (IAR):

Used for reporting initial/ preliminary information. Should be provided as soon as reasonably possible, but no later than 24 hrs after the accident.



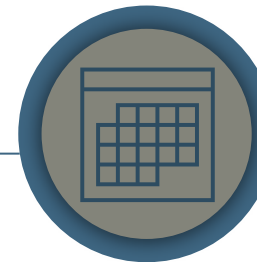
Who was involved?

Details of who was involved



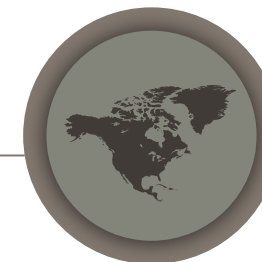
What happened?

Detailed report of what happened



When did it happen?

Details of when the event occurred



Where did it happen?

Clear description of exact location where event occurred.



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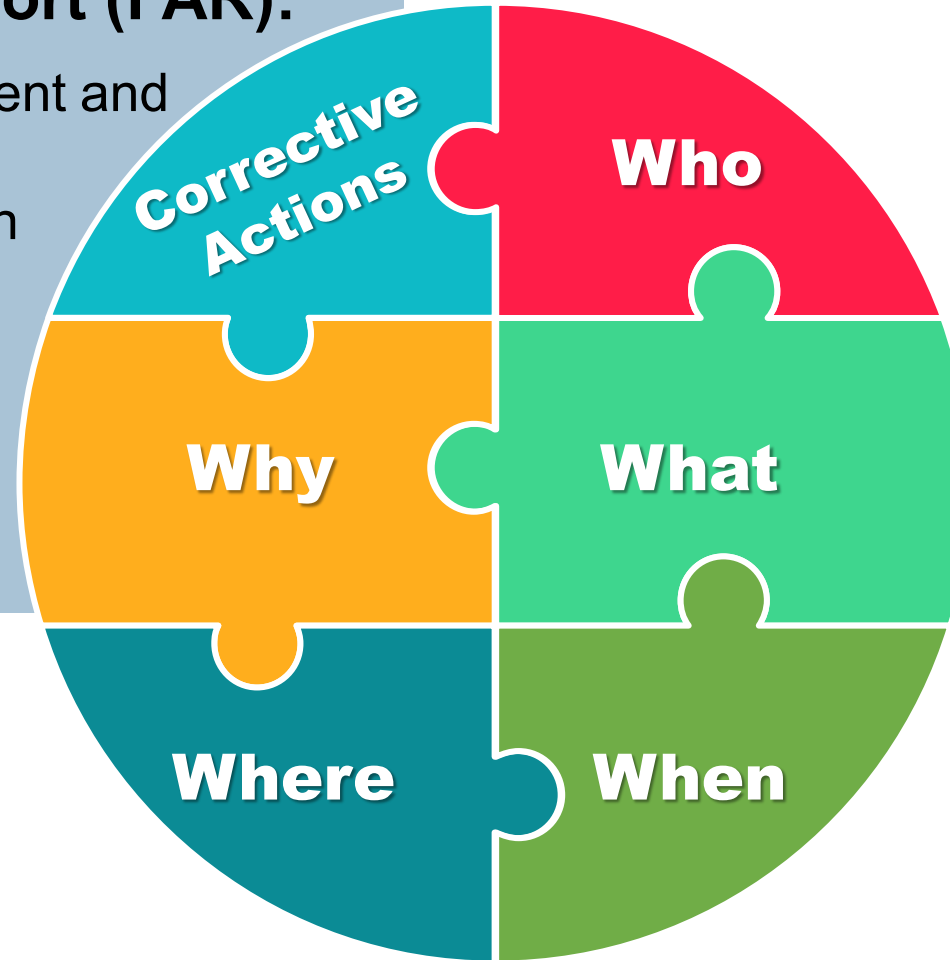
THREE REPORT TYPES ON ENG 3394

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3. Final Accident Report (FAR):

Used for reporting all accident and investigation information. Should be provided as soon as reasonably possible, but no later than 7 days after the accident.



- Who was involved?**
Details of who was involved
- What happened?**
Detailed report of what happened
- When did it happen?**
Details of when the event occurred
- Where did it happen?**
Clear description of exact location where event occurred.
- Why did it happen?**
Determine the causal factors that led to event occurring.
- What corrective actions are needed to prevent reoccurrence?**
Describe all steps taken or planned to prevent reoccurrence.

Note: If more time is needed to complete FAR the COR/KO and local SOHO may extend the seven days and permit more time as needed. The IAR must be completed within 24 hrs.



OBJECTIVES



- Provide an overview of the Corps of Engineers Safety and Occupational Health Program. 
- Know and understand the key requirements for a Contractor safety program IAW EM 385-1-1:
 - Accident Prevention Plans (APPs) 
 - Activity Hazard Analysis (AHAs) 
 - Site Safety & Health Officers (SSHOs) 
 - Competent and Qualified Persons (CPS & QPs) 
 - Accident Reporting and Investigation 





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US Army Corps
of Engineers

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