

Clearheart Construction Co., Inc.

SECTION IV

Job Site Forms

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Emergency Phone Numbers

Project Emergency Phone Numbers

Clearheart Construction Co., Inc.

PROJECT EMERGENCY PHONE NUMBERS

PROJECT NAME: _____

PROJECT ADDRESS: _____

Main Office: **203-825-6250**

Police: **911** [_____]
(If no 911 Service Available)

Fire: **911** [_____]
(If no 911 Service Available)

Ambulance: **911** [_____]
(If no 911 Service Available)

Hospital: _____

(Name/Position)

(Telephone Number)

(Name/Position)

(Telephone Number)

(Name/Position)

(Telephone Number)

(Name/Position)

(Telephone Number)

(Name/Position)

(Telephone Number)

(Name/Position)

(Telephone Number)

The telephone number of this facility is: _____

THE ADDRESS OF THIS FACILITY IS:

(To be given to emergency responders)

Designation of Competent Person(s)

Clearheart Construction Co., Inc.

DESIGNATION OF COMPETENT PERSON(S)

Each individual listed below, by virtue of training and/or experience, is designated a "Competent Person" as that designation relates to the area of expertise noted.

A competent person is one who is capable of identifying existing and predictable hazards in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

(Name)

(Area of Expertise)

Safety Director

Job Site Checklist

Excavating

Oil Drilling Items of Importance

Scaffolds

Standard

Clearheart Construction Co., Inc.

JOB SITE CHECKLIST [Excavating]

Job Site Identification: _____

Date: _____

(Signature of Competent Person)

Check appropriate box:

Yes No NA

Postings

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. OSHA Form 3165 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. OSHA Form 300A (February 1 to April 30) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Emergency Phone Numbers
(Hospital - Emergency Response - Main Office) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Excavating

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Designated competent person on site
(Must have authority to stop work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Underground utilities located, marked, utilities notified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Daily inspection by competent person for hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <u>Excavation: Depth less than 5 feet</u> | | | |
| 1. Inspection by competent person to ensure no indication
of potential cave-in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <u>Excavation: Depth greater than 5 feet</u> | | | |
| 1. Sloping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Benching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Working within a protective device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Excavation of earth material may be dug 2 feet
below the bottom of the shield if there are no
indications while the trench is open of possible
loss of soil from behind or below the shield. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. <u>Excavation: Depth greater than 20 feet</u> | | | |
| 1. Protective systems designed by professional engineer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Engineering documentation on-site; readily available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Egress (Depth 4 feet or greater) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Ladder accessible within 25' of lateral movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ladder extends 3' above edge of excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ladder inspected for defects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	<u>Yes</u>	<u>No</u>	<u>NA</u>
h. Spoil pile maintained a minimum of 2' from excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Water accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Loads are not suspended above employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Defective cables; chains; slings removed from service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Warning signs and barricades in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flagmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Equipment</u>			
a. Inspected before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Defective items tagged and removed from service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Powered Equipment</u>			
a. Inspected before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Protected from overhead electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>General Job Site</u>			
a. First aid kits available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate restrooms facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Potable water available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Temporary Electrical Wiring</u>			
a. Extension cords inspected & free of defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ground fault circuit interrupters (GFCI) in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All equipment properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Temporary wiring clear of employee & vehicular traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personal Protective Equipment (PPE) Required</u>			
(Note: Serviceable equipment available & training received)			
a. Hard Hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appropriate, approved, work shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Items specific to this job site</u>			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clearheart Construction Co., Inc.

JOB SITE CHECKLIST [Oil Drilling Items of Importance]

Job Site Identification: _____ Date: _____

(Signature of Competent Person)

Check appropriate box: Yes No

Areas Of Special Concern:

- | | | |
|---|--------------------------|--------------------------|
| 1. Ladders having defects are marked and taken out of service until repaired by either maintenance department of the manufacturer. [29 CFR 1910.26(c)(2)(vii)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A thorough inspection of all ropes in use is conducted at least once a month and a certification record which includes the date of inspection, the signature of the person who performed the inspection, and an identifier for the ropes which were inspected has been prepared and kept on file where readily available. Any deterioration, resulting in appreciable loss of original strength will be carefully observed and determination made as to whether further use of the rope would constitute a safety hazard. One of the conditions that could result in an appreciable loss of strength is the following: A number of broken outside wires and the degree of distribution or concentration of such broken wires. [29 CFR 1910.181(g)(1)(ii)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. One or more methods of machine guarding is provided to protect the operator and other employees in the machine area from hazards such as those created by point of operation, ingoing nip points, rotating parts, flying chips and sparks. Examples of guarding methods are-barrier guards, two-hand tripping devices, electronic safety devices, etc.. [29 CFR 1910.212(a)(1)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pulleys, any part of which are seven (7) feet or less from the floor or work platform are guarded in accordance with the requirements specified in 29 CFR 1910.219 (m) & (o). [29 CFR 1910.219(d)(1)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Vertical and inclined belts are enclosed by a guard conforming to requirements specified in 29 CFR 1910.219 (m) & (o). [29 CFR 1910.219(e)(3)(i)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Flexible cords and cables of temporary circuits are protected from accidental damage. [29 CFR 1910.305(a)(3)(iii)(G)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Flame-resistant clothing available and used when required. See Section II, Page 18 of this manual. [29 CFR 1910.132(a)] | <input type="checkbox"/> | <input type="checkbox"/> |

Check appropriate box:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 8. Defective or damaged portable electrical equipment that might expose an employee to injury is removed from service and will not be used until repairs and tests necessary the render the portable electric equipment safe has been made. [29 CFR 1910.334(a)(2)(ii)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. No derricks have been modified without prior approval from the manufacturer and/or professional engineer's certification that structural integrity and load capacity have not been compromised. [API RP 4G] | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. All employees working from the derrick "monkey" board of rigs are provided with an emergency escape (Geronimo Line) device in case of fire or well blow-out. [API RP 54] | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. High pressure hoses are hobbled with safety straps to prevent whipping in the event of failure. [IADC Accident Reference Guide Prevention] | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Covers and/or guardrails are provided to protect personnel from hazards of an open pit. [29 CFR 1910.22(c)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Open sided floor(s) or platform(s) 4 feet or more above adjacent floor or ground level are guarded by standard railings as specified in 29 CFR 1910.23(e)(3)(i). [29 CFR 1910.23(c)(1)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Fixed stairs are provided for access from one structure level to another where operations necessitate travel regularly, daily, or at each shift. [29 CFR 1910.24(b)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Employees who are expected to participate in emergency response as first responders at the awareness level have had sufficient training or experience to objectively demonstrate competency in an understanding of what hazardous substances are and the risk associated with them in an incident. [29 CFR 1910.120(q)(6)(i)(A)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. A written emergency plan for employees is available for potential release of hazardous materials including, but not limited to natural gas in accordance with 29 CFR 1910.38(a). [29 CFR 1910.120(q)(1)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Protective eye and face equipment is required where there is a reasonable probability of injury that could be prevented by this PPE. [29 CFR 1910.133(a)(1)] | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Danger signs are posted indicating the existence, location, and danger posed by permit spaces. [29 CFR 1910.146(c)(2)] | <input type="checkbox"/> | <input type="checkbox"/> |

Check appropriate box:

Yes No

19. Non-potable water is clearly posted or marked indicating it is unsafe for drinking. **[29 CFR 1910.141(b)(2)(i)]**
20. Facilities for quick drenching or flushing of the eyes and body are provided where employees have possible exposure to injurious corrosive materials. **[29 CFR 1910.151(c)]**
21. First aid supplies are readily available. **[29 CFR 1910.151(b)]**
22. Hot work is being performed only with a written permit. Precautions to be followed are on the permit. **[29 CFR 1910.152(a)(2)(iv)]**
23. Oxygen cylinders in storage are separated from fuelgas cylinders or combustible materials a minimum distance of 20 feet or by a noncombustible barrier at least 5 feet high having a fire resistance of at least one half hour. **[29 CFR 1910.153(b)(4)(iii)]**
24. Only properly instructed skilled mechanics are performing repair work on regulators or parts of regulators such as gages. **[29 CFR 1910.153(e)(6)(ii)]**
25. Electrical equipment (including flexible electrical cords and plugs] are been inspected before use and are free from defects. **[29 CFR 1910.303(b)(1)]**
26. MSDS are readily available for each hazardous chemical used. **[29 CFR 1910.1200(g)(1)]**
27. Containers of hazardous chemicals are labeled, tagged or marked with the identity of the chemical contained therein. **[29 CFR 1910.1200(f)(5)(i)]**
28. Containers of hazardous chemicals are labeled, tagged or marked with appropriate hazard warnings. **[29 CFR 1910.1200(f)(5)(ii)]**

Safety Enforcement

Unsafe work practices will be corrected immediately upon discovery and if total job site safety cannot be restored, job will be shut down until corrections are made. The below listed person was working in an unsafe manner & enforcement documentation is or will be prepared at the earliest opportunity consistent with safety.

(Name)

(Unsafe Act & Corrective Measure)

(Date)

(Signature of Supervisor/Competent Person)

Clearheart Construction Co., Inc.

JOB SITE CHECKLIST [Scaffolds]

Job Site Identification: _____

Date: _____

(Signature of Competent Person)

Check appropriate box:

Yes No NA

Erection & Dismantling

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Only trained, competent persons involved | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. *Daily assessment: need for & feasibility of fall protection
* During the complete time frame of scaffold erection and/or dismantling, this daily assessment must be made and this checklist signed and dated. | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. fall protection feasible | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Hard hats always worn | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Other PPE as appropriate, i.e., steel toed boots, gloves, eye protection | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Supported scaffold poles, legs, posts, frames, and uprights resting on base plates <u>and</u> mud sills or other adequate firm foundation | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Frames, legs, braces: plumb, level and secure | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Locking pins: in place and secure | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Cleated planks used or planks extend at least 6 inches and not more than 12 inches over support | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Planks over 10 feet in length will not extend more than 18 inches over support | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. No more than one (1) inch space between platforms units as well as uprights | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Supported scaffolds with height to base width greater than 4:1 restrained by guying, tying, bracing, or equivalent means | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Safe distance from power lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Insulated lines</u> | | | |
| a. Less than 300 Volts 3 feet | | | |
| b. 300 Volts to 50 kv: 10 feet | | | |
| c. More than 50 kv: 10 feet plus 0.4 inches for each 1 kv over 50 kv | | | |
| <u>Uninsulated lines</u> | | | |
| a. Less than 50 kv: 10 Feet | | | |
| b. More than 50 kv: 10 feet plus 0.4 inches for each 1 kv over 50 kv | | | |
| 13. Above ten (10) feet, installation of guard rails, mid rails toe boards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | Check appropriate box: | <u>Yes</u> | <u>No</u> | <u>NA</u> |
|--|--------------------------|--------------------------|-----------|
| 14. Guardrail systems [on all *open sides and ends] installed before scaffold released for employee use | <input type="checkbox"/> | <input type="checkbox"/> | |
| *An open side is greater than 14 inches from the face of the work except:
1) For plastering and lathing it is greater than 18 inches from the face of the work.
2) For outrigger scaffolding it is 3 inches from the face of the work. | | | |
| 15. Above two (2) feet, access provided (stairs, ladder, ramp) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. Components inspected; defective items removed from site | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. If appropriate, warning signs, barricade tape in place | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. Temporary wiring clear of employee & vehicular traffic | <input type="checkbox"/> | <input type="checkbox"/> | |

Scaffold Use

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Daily inspection by competent person | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Only trained employees allowed on scaffold | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Hard hats always worn | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Other PPE as appropriate, i.e., steel toed boots, gloves, eye protection | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Employees will not stand on guardrails or midrails or cross rails | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Employees will not stand on boxes or step ladders to gain height | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Potential falling objects, too large to be contained by toe-boards, mess, etc. will be placed away from edge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Scaffolds will not be loaded above their capacity. Under no circumstances will platforms deflect more than 1/60 the span when loaded. | <input type="checkbox"/> | <input type="checkbox"/> | |

Other

- | | | | |
|----------|--------------------------|--------------------------|--|
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

Safety Enforcement

Unsafe work practices will be corrected immediately upon discovery and if total job site safety cannot be restored, job will be shut down until corrections are made. The below listed person was working in an unsafe manner & enforcement documentation is or will be prepared at the earliest opportunity consistent with safety.

(Name)

(Unsafe Act & Corrective Measure)

(Date)

(Signature of Supervisor/Competent Person)

Clearheart Construction Co., Inc.

JOB SITE CHECKLIST [Standard]

Job Site Identification: _____

Date: _____

(Signature of Competent Person)

Check appropriate box:

Yes No NA

Postings

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. OSHA Form 3165 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. OSHA Form 300A (February 1 to April 30) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Emergency Phone Numbers
(Hospital - Emergency Response - Main Office) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Emergency Action Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Administrative

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Clear lines of authority
(Coordination between general and subcontractors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. MSDS readily accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hazard communication information "shared" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Underground utilities located, marked, utilities notified
(Excavating, trenching) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Fire extinguishers accessible and inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Employees appropriately trained
(Including subcontractors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General Job Site

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. First aid kits available and stocked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. General housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Adequate restrooms facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Potable water available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Equipment, materials, & chemicals storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Adequate lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Warning signs, tags, barricade tape in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No NA

Temporary Electrical Wiring

- a. Extension cords inspected & free of defects
- b. Ground fault circuit interrupters (GFCI) in use
- c. All equipment properly grounded
- d. Temporary wiring clear of employee & vehicular traffic

Personal Protective Equipment (PPE) Required

(Note: Serviceable equipment available & training received)

- a. Hard Hats
- b. Eye protection
- c. Appropriate, approved, work shoes
- d. Hearing protection
- e. Gloves
- f. Respirators

Equipment

- a. Inspected before use
- b. Defective items tagged and removed from service

Powered Equipment

- a. Operators trained and authorized
- b. Inspected before use

Items specific to this job site

- a. _____
- b. _____
- c. _____

Subcontractor safety deficiencies

Corrected

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Subcontractor)	(Deficiency)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Enforcement Documentation

Clearheart Construction Co., Inc.

ENFORCEMENT DOCUMENTATION

Date: _____ Check One: Minor Major Willful

Employee Name: _____

Supervisor: _____

Description of violation: _____

Possible Adverse Consequences: _____

Corrective Action: _____

Employee Acknowledgment:

(Employee Signature) (Date)

Employee statement/rebuttal (optional): _____

Witnesses: (if appropriate & available. An effort should be made to obtain witnesses for willful safety violations)

(Print name) (Signature)

(Print name) (Signature)

Note: With the exception of willful violations, this form will be destroyed after a 12 month period.

Hot Work Permit

Clearheart Construction Co., Inc.

Hot Work Permit

This form provides written authorization for the below listed individual(s) to perform operations capable of providing a source of ignition.

Object on which hot work is to be performed: _____

Date(s) hot work is to be performed: _____
(From) (To)

Hot work is applicable to the below listed type of operation:

(Check appropriate box)

- Burning
- Cutting
- Heating
- Riveting
- Welding
- Other: _____

Persons performing hot work operations:

_____ (Name)	_____ (SSN or Employee ID No.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above persons have been provided with a copy of **29 CFR 1910.252(a)** and will ensure that its provisions are complied with.

A copy of this Hot Work Permit will remain on file until the completion of the hot work operation listed above.

(Facility) (Date)

(Signature of Person Authorized to Issue Hot Work Permit) (Title)

Hand Signals for Cranes

**U.S. Department of Labor
 Mine Safety and Health Administration
 Hand Signals for Lifting Equipment.**

Know Your Hand Signals!

Basic Standard Hand Signals for Cranes and Hoisting Equipment



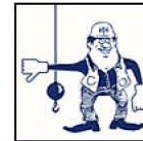
HOIST: With forearm vertical, and forefinger pointing up, move hand in small horizontal circle.



LOWER: With arm extended downward, forefinger pointing down, move hand in a small horizontal circle.



RAISE BOOM: Arm extended, fingers closed, thumb pointing upward.



LOWER BOOM: Arm extended, fingers closed, thumb pointing downward.



EXTEND BOOM: Both fists in front of body with thumbs pointing outward.



RETRACT BOOM: Both fists in front of body with thumbs pointing toward each other.



SWING: Arm extended, point with finger in direction of desired boom swing.



STOP DOG EVERYTHING: Clasp hands in front of body.



MOVE SLOWLY: Use one hand to give any motion signal and place the other hand motionless in front of the hand giving the signal.



TRAVEL: Arm extended forward, hand open and slightly raised, make pushing motion in direction of travel.



USE MAIN HOIST: Tap fist on head; then use regular signals.



USE WHIP LINE (AUXILIARY HOIST): Tap elbow with one hand; then use regular signals.



STOP: Arm extended, palm down, move arm back and forth horizontally.



RAISE THE BOOM AND LOWER THE LOAD: With arm extended, thumb pointing up, flex fingers in and out as long as load movement is desired.



LOWER THE BOOM AND RAISE THE LOAD: With arm extended, thumb pointing down, flex fingers in and out as long as load movement is desired.



EMERGENCY STOP: Both arms extended, palms down, move arms back and forth horizontally.

Issued:
 Tag # AP2003-M061

Certification of Crane Inspection & Checklist

Clearheart Construction Co., Inc.

Certification of Crane Inspection & Checklist

CRANE MODEL: _____

DATE: _____

CRANE SERIAL NUMBER: _____

FREQUENT	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Observation of defects as used Continual							
Functional Operating Mechanisms Daily							
Deterioration or leakage in:							
Lines Daily							
Tanks Daily							
Valves Daily							
Drain Pumps Daily							
Any Part of Air or Hydraulic System Daily							
Hooks							
Deformation Daily							
Cracks Daily							
Note: Repair or replace if more than 15 percent of normal throat opening or more than 10° twist from plane of unbent hook							
Hoists, Chains & End Connections							
Excessive Wear Daily							
Twisted Daily							
Distorted Daily							
Stretched Daily							
Rope reeving (See Mfg's Specifications) Daily							
All operating mechanisms for excessive wear Daily							
Rope reeving (See Mfg's Specifications) Daily							
Operator's Initials:							

Code: ✓ = OK X = Deficiency NA = Not Applicable

PERIODIC	
All THE ABOVE ITEMS	Certified Completion: _____
Deformed, Cracked or Corroded Members	
Loose Bolts or rivets	
Cracked or worn sheaves and drums	
Excessive Wear on:	
Brake System Parts	
Linings	
Pauls	
Ratchets	
Improper indicators	
Chains & Sprockets excessive wear	
Power Plant Safety Issues	
Distorted, worn, cracked pins, bearing, shafts, gears, rollers, locking and clamping devices	

All Items inspected in the Periodic Inspection must be certified as having been completed.
I certify the items noted in the Periodic Inspection have been inspected.

Safety Program Administrator

(Date)

Forklift Checklist

Clearheart Construction Co., Inc.

FORKLIFT CHECK LIST

VEHICLE TYPE: _____

DATE: _____

VEHICLE NUMBER: _____

OPERATOR NAME: _____

VISUAL INSPECTION	Mon	Tues	Wed	Thurs	Fri	Sat.	Sun
Overall vehicle condition							
Operators manual							
Fire extinguisher							
Head lights							
Tail lights							
Signal lights							
Warning lights							
Seat							
Seat belt							
Tires, wheels, rims							
Overhead cage protection							
Forks							
Mast							
Mast chains							
Mast tilt							
Hydraulic lines							
Wires							
Cosmetic Damage: Explain:							
FLUIDS (check leakage &)							
Brake fluid							
Engine oil							
Fuel							
Hydraulic fluid							
Coolant							
VEHICLE OPERATIONS							
Starter							
Gauges: Battery							
Oil pressure							
Temperature							
Hour meter							
Seat safety switch							
Backup warning device							
Warning light							
Parking brake							
Service brake							
Steering							
Transmission							
Mast lift up/down							
Mast tilt							
Mast side/squeeze							
Other:							
Other:							

Code: ✓ = OK X = Deficiency NA = Not Applicable

**Emergency Action Plan
&
Fire Prevention Plan**

Clearheart Construction Co., Inc.

EMERGENCY ACTION PLAN

Events may occur which dictate the evacuation of the facility such as fire, severe inclement weather, power failure, etc.. Additionally events may occur which dictate the need for emergency medical responders. These sets of events fall under our Emergency Action Plan and a multitude of objectives must be met.

The first and foremost objective is the safety of all our personnel. To achieve this level of safety, our plan is designed to get personnel away from danger, treat injury, and provide for a thorough and accurate accounting of all employees.

There may well be situations where certain employees, trained in first aid and/or fire fighting procedures, may prevent a small emergency situation from becoming a major disaster. In these types of situations, these employees, identified in this plan, will remain on the job site to perform the function for which they are trained provided they may perform these duties, in their judgment, in a safe manner. At no time will any employee put himself/herself at risk.

All personnel will receive training on our emergency action plan during initial safety training as well as when our plan changes or the employee's responsibilities change.

If appropriate, on a job site, this emergency action plan will be posted with our emergency escape route diagram and emergency telephone numbers.

When working at a client's facility, our personnel will fall under the provisions of their emergency action plan.

All exits will be identified with a sign having the word "EXIT" plainly legible. Exit signs will be suitably illuminated. Doors, passageways, stairs, etc., which appear to be an exit but are not shall be identified by a sign that reads, for example: "Not an Exit".

Aisles and passageways shall be kept clear to provide a direct, easy egress from our facility.

It is important that the actual implementation of this plan be simple, direct, and carried out without confusion. Each employee must know how to alert others, how to call for assistance, the location of fire extinguishers, the escape route, the rendezvous point (and being accounted for so that others do not put themselves at risk looking for a person who has already reached safety), and specific tasks that may be required of specific personnel during emergency procedures.

A copy of 29 CFR 1926.35, Employee Emergency Action Plans is readily available for review in our Safety Program.

The following are standard operating procedures:

EMERGENCY MEDICAL RESPONSE

Should an injury occur that requires an emergency medical responder, the below listed actions will be taken in order given:

1. Call the emergency response number posted adjacent to this plan.
2. Call the Administrative Office at: _____.
 - a. Help will immediately be sent and a person will be designated to direct the emergency responders to the injured person.
 - b. If appropriate, Material Safety Data Sheets will be provided the emergency responders.
3. Provide any medical assistance you are trained and certified to do. Do not provide any medical assistance you are not trained to do.

ASSIGNED FIRST AID PROVIDERS

NAME

[Note: If none, enter "None".]

FACILITY EVACUATION PLAN
(FIRE/EXPLOSION/SEVERE WEATHER/MECHANICAL FAILURE, ETC.)

THE ORDER TO EVACUATE IS GIVEN BY:

(Example: Fire Bell; Three (3) Blasts of an Air Horn; Public Announcement, etc.)

TO ALERT OTHERS:

(Example: Activate alarm; notify main office, Ext No., etc.)

LOCATION OF FIRE EXTINGUISHERS, NEAREST LISTED FIRST:

(Type) (Location)

(Type) (Location)

(Type) (Location)

RENDEZVOUS POINT:

(Example: Parking lot; by dumpster, etc.)

SPECIFIC HAZARDS TO BE AWARE OF:

(Example: List nearby hazardous chemicals. If none, enter "none")

**ROSTER OF PERSONNEL WITH SPECIFIC
DUTIES DURING AN EVACUATION**

<u>NAME</u>	<u>TITLE</u>	<u>DUTIES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Examples of specific duties: Deenergizing certain equipment or machinery; accounting for personnel at rendezvous point; manning fire extinguishers; directing emergency responders; on alert for First Aid delivery; rescue team member; etc. If none, enter: "None".

FIRE PREVENTION PLAN

Reference the Fire Protection and Fire Prevention portions of our Safety Program. This referenced sections deal with procedures to prevent a fire, and, in the event of a fire, the various limitations of fire extinguishers. Further reference our Emergency Action Plan which deals with actions to take in the event of a fire and/or evacuation. This Fire Prevention Plan deals not with handling a fire emergency, but rather preventing a fire in the first place.

HOUSEKEEPING

One of the first rules of fire prevention is good housekeeping. Good housekeeping can prevent a fire from starting (improper storage of combustibles, for example) and should there be a fire, good housekeeping can: 1) help prevent the spread of the fire, and 2) make fighting the fire an easier task. Some specific housekeeping rules that impact directly on fire prevention are:

- a. Combustible liquids must be stored and covered in approved containers.
- b. All chemical spills including, of course, combustible liquids, must be cleaned up immediately.

NOTE: Care must be taken when cleaning up chemical spills. Information on appropriate personal protective equipment; proper disposal; proper cleanup procedures; required ventilation, etc. is found on the products Material Safety Data Sheet.

- c. Cleanup materials and damaged containers must be properly disposed.
- d. Combustible liquids and trash must be segregated and stored away from ignition sources.
- e. Aisle ways will be kept free of clutter and trash.
- f. Fire exits will never be blocked.

FIRE FIGHTING EQUIPMENT

One often thinks of fire fighting equipment as it relates to the workplace as fire extinguishers. This is true, yet there are other, often more important, pieces of equipment such as sprinkler systems and outside hydrants. While portable fire extinguishers may prevent a small fire from becoming a major disaster, they are not designed to handle large fires. Below listed are items included in our Fire Prevention Plan:

- a. Approved fire extinguishers will be checked on at least an annual basis and they shall always be charged and ready for use.
- b. Portable fire extinguishers will be mounted, located, and identified for easy accessibility.
- c. Fire hydrants will be kept clear and, during the winter months, not be buried by snow.

ELIMINATION OF MAJOR WORKPLACE FIRE HAZARDS

1. Smoking is allowed only in designated areas and smoking materials will be totally extinguished and placed in the appropriate receptacles.
2. All chemical and chemical products will be handled and stored in accordance with the procedures noted on their individual MSDS.
3. Debris will not be allowed to accumulate on the Job Site.
4. Special precautions will be taken when working with an open flame (such as welding) and those areas will be made fire safe by removing or protecting combustibles from ignition.
5. Equipment installed on heat producing equipment will be regularly and properly maintained to prevent accidental ignition of combustible materials in accordance with manufactures instructions. These instructions are incorporated, by reference, in this Plan

TRAINING

Training in fire protection will be accomplished upon initial assignment and annually thereafter as part of our overall safety program. This training shall include items that deal with employee protection in the event of an emergency. All employees will be apprised of the fire hazards of the materials and processes to which they are exposed.

Accident Investigation Form

Clearheart Construction Co., Inc.

ACCIDENT INVESTIGATION FORM

Injured Employee: _____ Date: _____

Age: _____ Job Title: _____ Project/Job: _____

Date & Time of Accident/Injury: _____ Injury: _____
(Date) (Time) (Yes/No)

Nature of Injury or Property Damage: _____

Statement of employee involved in the injury or accident (what happened) : _____

Witness 1 statement: _____

Witness 1 Name & Job Title: _____

Witness 2 statement _____

Witness 2 Name & Job Title: _____

Supervisor/competent person statement _____

Was there an injury? ____ Was medical treatment required? ____ Possible lost time accident? ____

Signature of Supervisor/competent person: _____

Report Investigated by: _____ Date: _____

Report review by: _____ Date: _____

Findings:

Cause of incident: _____

Means of preventing a reoccurrence: _____

This record will be maintained in the Safety Program Administrator's office for a period of 2 years from the date of accident/injury unless a longer retention is required by law.

If more than 10 employees at any one time in the previous calendar year, this information will be used to complete OSHA Forms 300 and 301 which are used to record and classify occupational injuries and illnesses. Recordable injuries and illnesses must be entered on OSHA Forms 300 and 301 within seven (7) days of receiving information that a recordable injury or illness has occurred.

Certificate of Workplace Hazard Assessment

Clearheart Construction Co., Inc.

CERTIFICATE OF WORKPLACE HAZARD ASSESSMENT

In accordance with 29 CFR 1910.132(d)(2), I certify that, this date, I have performed a hazard assessment of our facility located at:

24 Stony Hill Rd
Bethel , CT 06801

This hazard assessment was accomplished to determine if hazards are present, or are likely to be present, which will necessitate the use of personal protective equipment (PPE).

Identified hazards which cannot be eliminated through engineering controls or changes in procedures will be addressed by the use of selected PPE.

All affected employees will receive initial training or retraining per 29 CFR 1910.132(f) before being allowed to perform work requiring PPE.

If conditions or procedures change, this facility will be reassessed.

(Date)

Personal Protective Equipment
Program Administrator