



REQUEST FOR TECHNICAL PROPOSALS FOR



COMPETITION TITLE:

CONTACT INFORMATION:





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Proposal Form/Service Contract 1

1 PROPOSAL FORM/SERVICE CONTRACT

READ THE INSTRUCTIONS TO PROPOSERS. THIS FORM TO BE SUBMITTED IN ONE COPY.

NAME OF PROJECT: Multiply Trades Contracts

DATE OF REQUEST FOR PROPOSAL: August 19, 2013

RFP NO.: RP1300005

REQUISITION NO.:

PROJECT NO.: N/A

PROPOSER'S NAME AND ADDRESS: (Type or Print, incl. "Zip Code)

DATE:

In compliance with the above referenced Request for Technical Proposal, the undersigned hereby proposes to furnish all necessary resources and other means to furnish the services required, or portion thereof, listed in this Proposal, and as presented by the undersigned.

RECEIPT OF PROPOSAL AMENDMENT
(Give number and date of each):

The undersigned acknowledges receipt of the below listed Amendment(s).

NAME OF PROPOSER (Type or Print)

FULL NAME OF PARTNERS (Type or Print)

BUSINESS ADDRESS (Type or Print, incl. "Zip Code")

BY (Sign in ink, type or print name under signature)

TITLE (Type or print)

DIRECTIONS FOR SUBMITTING PROPOSALS: Envelopes containing proposals, guarantee, and other proposal documents shall be sealed, marked and addressed as follows:

METROPOLITAN TRANSIT AUTHORITY
OFFICE OF PROCUREMENT PLAN ROOM
1900 Main St.
P.O. Box 61429
Houston, Texas 77208-1429

NOTE: Identify the envelope containing a proposal with the Project Title, Request for Proposal Number, proposal due date and Proposer's company name and address.

Technical Proposal 2

Technical Proposal

Background statement consisting of:

- A. Who the firm is:
- B. Discipline capabilities
- C. Principals
- D. Staff availability
- E. Location
- F. Financial stability
- G. Organizational structure under which the firm proposes to conduct business
- H. Qualifications and positions of those individuals that represents the knowledge base that the firm will bring to METRO
- I. Resumes
- J. Organization Chart
- K. Projects completed (Relevant to the job/trade your bidding)
- L. Concluding statement as to why your firm is best qualified to meet the needs of METRO and why your firm should be selected

SB/DBE Assurance Statement 3

3 SMALL BUSINESS/DISADVANTAGED BUSINESS ASSURANCE STATEMENT

The undersigned certifies that he/she has read, understands and agrees to be bound by the small business provisions set forth in this Solicitation. The undersigned further certifies that he/she is legally authorized by the Bidder/Contractor to make the statements and representations in this Solicitation and that said statements and representations are true and accurate to the best of his/her knowledge and belief. The undersigned agrees to attain the small business utilization percentages of the total offer amount as set forth below:

Small Business Contract Goal = TBD%

The undersigned will enter into formal agreement(s) for work to be identified on the "Contractor Utilization Plan Form" form conditioned upon execution of a contract with METRO and agrees to include the two assurance statements below in all subcontracts. . **Copies of the subcontract agreements will be submitted to the Contracting Officer within 30 days of contract award and within 30 days of the addition of new subcontractors to the Contractor Utilization Plan.**

The undersigned certifies that the firm shown below has not discriminated against any subcontractors because of race, color, religion, sex, age, disability or ethnic or national origin, but has provided full and equal opportunity to all potential subcontractors irrespective of race, color, religion, sex, age, disability, or ethnic or national origin.

The undersigned understands that if any of the statements and representations are made knowing them to be false or there is a failure to implement any of the stated intentions, objectives, goals, and commitments set forth herein without prior approval of METRO's President & Chief Executive Officer or duly authorized representative, the Bidder/Contractor will be subject to the loss of any contract or the termination thereof resulting from this bid and could be ineligible for future METRO contract awards.

Signature: _____

Title: _____ Date of Signing: _____

Firm or Corporation: _____

Address: _____

Telephone Number: _____

Certification of Restrictions on Lobbying 4

4 CERTIFICATION OF RESTRICTIONS ON LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1) No federal appropriated funds have been or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an office or employee of any agency, a member of Congress, an officer or employee of Congress in connection with the awarding of any federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this _____ day of _____, 2013

Company Name: _____

By: _____
(Signature of Company Official)

(Title of Company Official)

Disputes Resolution Process 5

5 DISPUTES RESOLUTION PROCESS

METRO hereby provides the proposer the opportunity to select a contract disputes process for resolving disputes by utilizing either a METRO Disputes Appeals Committee or non-binding third party arbitration.

Proposer shall designate on this form, by initialing the appropriate blank below, the type of disputes resolution process (Disputes Appeals Committee or non-binding third party arbitration) that it elects to apply to any contract resulting from this solicitation.

(initial your selection)

___ METRO DISPUTES APPEAL COMMITTEE

If the Proposer selects this process, the wording of the Contract Disputes Article will read as follows:

Any dispute concerning a question of fact arising under this Contract which is not disposed of by agreement will be decided by the Contracting Officer, who will reduce his decision to writing and mail or otherwise furnish a copy thereof to the Contractor. The decision of the Contracting Officer will be final unless, within ten (10) calendar days from the date of receipt of such copy, the Contractor mails or otherwise furnishes to the Contracting Officer a written appeal addressed to the METRO Contract Appeals Committee. The Contract Appeals Committee will be designated by the President & Chief Executive Officer and will hear the Contractor's appeal and make a recommendation to the President & Chief Executive Officer for the final decision. In connection with any appeal proceeding under this Article, the Contractor will be afforded an opportunity to be heard and to offer evidence in support of his appeal. The decision of the President & Chief Executive Officer will be final and conclusive with respect to the Contractor's administrative remedies under this Disputes Article. Pending final decision of a dispute hereunder, the Contractor shall proceed diligently with the performance of the Contract and in accordance with the Contracting Officer's decision. This Disputes Article does not preclude consideration of questions of law in connection with decisions provided for above. Nothing in this Contract, however, shall be construed as making final the decision of any administrative official, representative, or committee on a question of law.

___ NON-BINDING THIRD PARTY ARBITRATION

If the Proposer selects this process, the wording of the Contract Disputes Article will read as follows:

A. Any dispute concerning a question of fact arising under this Contract which is not disposed of by agreement will be decided by the Contracting Officer, who will reduce his decision to writing and mail or otherwise furnish a copy thereof to the Contractor. The decision of the Contracting Officer will be final unless, within ten (10) calendar days from the date of receipt of such copy, the Contractor mails or otherwise furnishes to the Contracting Officer a written appeal of the final decision.

B. Upon receipt of written appeal, an arbitrator mutually acceptable to METRO and the Contractor shall be selected. Unless otherwise agreed by the parties, arbitrators shall be selected through the American Arbitration Association. Unless otherwise agreed by the parties, the arbitrator shall schedule a hearing within ten (10) days of his/her selection. The hearing shall be informal but either party has the right to be represented by counsel if it so desires. No post hearing brief shall be filed or transcripts made. Either party may file a written statement of position at the hearing. There shall be no formal rules of evidence. The hearing shall normally be completed within one (1) day. The arbitrator shall render a written recommendation within three (3) working days after the conclusion of the hearing. By mutual agreement of the parties, the time for rendering a decision may be extended for an additional two (2) working days. The recommendation of the arbitrator shall be based on the record before the arbitrator and should include a brief written explanation of the basis for the recommendation. The written findings of the arbitrator shall be submitted to the President & Chief Executive Officer who shall make the final decision on the dispute. Costs of the arbitration, including transportation, travel, lodging and any other directly related charges by the arbitrator or the American Arbitration Association, shall be shared equally by METRO and the Contractor.

C. The decision of the President & Chief Executive Officer will be final and conclusive with respect to the Contractor's administrative remedies under this Disputes Article. Pending final decision of a dispute hereunder, the Contractor shall proceed diligently with the performance of the Contract and in accordance with the Contracting Officer's decision. This Disputes Article does not preclude consideration of questions of law in connection with decisions provided for above. Nothing in this Contract, however, shall be construed as making final the decision of any administrative official, representative, or committee on a question of law.

(In the event the successful proposer fails to select a method of disputes resolution, as provided for above, any subsequent contract will incorporate the "Disputes Appeal Committee" process for disputes resolution)

Debarment and Suspension Form 6

6 DEBARMENT AND SUSPENSION FORM

The undersigned certifies, by submission of this certification, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

If the Company is unable to certify to any of the statements in this certification, the Company shall attach an explanation to this certification.

I hereby certify that I am authorized to execute this certification on behalf of the Company and certify the truthfulness and accuracy of the contents herein or attached hereto to the best of my belief. The Company does/does not (strike one) have in-house legal counsel.

Company Name: _____

By: _____
signature of company official) Date

(title of company official)

The following shall also be completed if the Company has in-house legal counsel:

The undersigned legal counsel for _____ hereby certifies that _____ has authority under State and local law to comply with the subject assurances and that the certification above has been legally made.

Signature of Company's Attorney Date

Proposers Questionnaire 7

7 PROPOSER'S QUESTIONNAIRE

Name of Company: _____

Address of Company: _____

Location of office responsible for providing services if different from above:

Geographical Service Area: _____

NOTE: Each Contractor and/or subcontractor anticipated to be utilized in performance of these services should complete, where applicable, this questionnaire and submit along with the Prime Proposer's proposal.

A. Has your firm ever been audited by METRO? Yes ____/No ____

B. If yes, the date of the last audit was: _____

C. Have you attached a copy of your firm's last annual financial (profit/loss) statement?

Yes ____/No ____

D. All insurance to be furnished to METRO by a Contractor in performance of a contract, must be on policies written by insurance companies licensed to operate within the State of Texas and have a minimum A.M. Best rating of B+ or greater: VI or greater as shown in the latest publication of the Best's Key Rating Guide. Please identify below, the name of your intended insurance carrier and their rating under the latest Best's Key Guide Rating.

Insurer's Name: _____

Best Rating: _____

E. Will your firm be able to provide METRO with a certificate for the insurance coverage's and amounts specified by METRO in the RFTP?

Yes ____/No. ____

F. If insurance requirements are not specified in the proposal, does your firm agree (on an award of the Contract) to provide METRO with a certificate of insurance, which will identify METRO as an added insured, to their standard corporate policy of the coverages and amounts stated therein?

Yes ____/No ____

G. Is your firm aware of and will it comply with Government Code, Title 10, Chapter 2251, Vernon Texas Codes Annotated, when making payments to subcontractors?

Yes ____/No ____

H. Does your firm agree to (in the event of an award) make corporate data and records available to METRO (as they relate to the Contract) for audit during performance of and for a period of three (3) years after Contract completion?

Yes ____/No ____

I. Your firm maintains their accounts on (check one that is applicable):

(1) An Accrual Basis Accounting System? _____

(2) A Cash Basis Accounting System? _____

J. Are your firm's accounting records subjected to an annual independent audit?

Yes ____/No ____

(If yes, kindly furnish us a copy of CPA reports for the last two (2) years.)

K. Has your firm recently been audited by a cognizant Federal Government Audit Agency?

Yes ____/No ____

If yes:

(1) By which agency? _____

(2) Periods covered by the audit: _____

L. If previously audited by a Federal Auditing Agency, have you attached a copy of the latest audit performed by such agency?

Yes ____/No ____

M. Has your firm established project accounting records to record costs by individual projects?

Yes ____/No ____

N. Are the costs in these records used as the basis for your firm's financial status reports and billing purposes?

Yes ____/No ____

O. Is the building where the firm is located (check one that is applicable):

(1) Leased _____

(2) Corporately owned _____

(3) Individually owned _____

P. Does the firm post credits for rebates, returns and allowances as a reduction to expenditures?

Yes ____/No ____

Q. Does the firm have other branches operating in other places?

Yes ____/No ____

If yes:

(1) How many? _____

(2) Are separate accounting reports prepared for each branch?

Yes _____/No _____

R. What is the address and telephone number of your firm's headquarters?

S. What is the address of the office/location where your firm's financial records are kept/stored?

T. What is your firm's fiscal year ending date? _____

U. Who at your office would be the METRO Auditor's principal contact? Phone Number?

V. If your firm has FAX and e-mail capacity, what is the number and address?

W. What are your firm's office hours?

X. Does your firm currently employ or has it ever employed, at any time over the past twelve (12) months, any current or former METRO employees, associates, or representatives in any capacity whatsoever?

Yes _____/No _____

If answer is Yes, please provide on a separate sheet of paper the name of the individual, the purpose of employment, and the period employed.

Y. Does your firm currently employ or carry on it's payrolls any individual of a nationality other than United States citizen?

Yes _____/No _____

If yes, are they known to have entered and are working in the United States in accordance with the established laws of the United States Immigration and Naturalization Authority?

Yes _____/No _____

Z. List names, titles, and telephone numbers of individuals authorized to negotiate with METRO in connection with this Request for Proposal.

Name	Title	Telephone No.
------	-------	---------------

Name	Title	Telephone No.
------	-------	---------------

AA. How many years has your organization been in business as a Contractor under your present business name? _____ years

BB. How many people are currently employed by your firm?

1. In Harris County? _____

2. Outside Harris County? _____

CC. List the names of personnel who will be directly responsible for or in any way involved in providing the required services. Resumes must be included for named personnel. What is their average teunture?

Name	Position/Title

DD. Have you or your organization, or any officer or partner thereof, failed to complete a Contract? _____

If so, give details:

EE. Provide a list of references, including contact name and telephone number for any projects your firm was unable to complete (include projects from which your firm was removed, terminated, contract not extended, or lost due to new broker within the last five years, describing circumstances surrounding these events.

FF. Is any litigation pending against your organization that will affect your company's ability to perform the required services?

Yes _____ No _____

If so, give details:

GG. Name your principal financial institution for financial responsibility reference.

Name of Bank: _____

Street Address: _____

City and State: _____ Telephone: _____

Officer familiar with Proposer's account: _____

HH. State your firm's annual average receipts over the past 3 fiscal years

\$ _____

II. List names of clients (other than individuals), including public bodies, for whom you have furnished the same or similar type service. Referene which is your largest client for similar type of services.

Name of Client	Business Address	Type of Business	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

JJ. In case issues develop how accessible are you? Are you available after standard working hours?

KK. What is your complaint resolution process?

LL. What is your BBB rating? _____

MM. What types of temporary positions do you primary hire for?

NN. How large is your temporary employee pool?

OO. What percentage of your pool is multi-lingual? _____

What language? _____

PP. What benefits are provided to your employees?

QQ. What type of training do you provide your employees and how long?

RR. What are your primary recruiting sources/methods?

SS. What testing is administered to your employees?

TT What testing do you provide specific to Call Center Operations?

UU What are the minimum requirements an applicant for temporary employment must meet to be hired by you?

VV Of all applicants, what is your % selection?

WW What is your temp to perm%?

XX What was your average turnover in 2010 and 2011?

YY How do you resolve payroll issues for temps who don't turn in their timesheets on time?

ZZ At any given time how many contract personnel do you employ with your clients?

1. What is your average response turnaround time to request for candidates? _____

The undersigned certified that he/she is legally authorized by the proposer to make the statements and representations contained in this document, and represents and warrants that the foregoing information is true and accurate to the best of his/her knowledge, and intends that the Metropolitan Transit Authority, Harris County, Texas, rely thereon in evaluating the proposer.

Name of Company: _____

Signature: _____

Title: _____

Date: _____

Buy America Form 8

11 BUY AMERICA CERTIFICATE

The Bidder/Contractor hereby certifies that it will meet the requirements of 49 U.S.C. 5323 (j)(1), and the applicable regulations in 49 CFR Part 661.5.

Name of Bidder/Contractor: _____

Date of Signing: _____

Signature: _____

Title: _____

OR

The Bidder/Contractor hereby certifies that it cannot comply with the requirements of 49 U.S.C. 5323 (j)(1) and 49 C.F.R. 661.5, but it may qualify for an exception pursuant to 49 U.S.C. 5323(j)(2)(B) or (j)(2)(A), 5323(j)(2)(B), or 5323(j)(2)(D), and 49 C.F.R. 661.7.

Name of Bidder/Contractor: _____

Date of Signing: _____

Signature: _____

Title: _____

Payment and Performance Bonds 9

Financial Resources 10

Professional References 11

Safety Manual 12

NAME OF GENERAL CONTRACTOR

SITE -SPECIFIC SAFETY PLAN

NAME OF PROJECT

LOCATION ADDRESS

DATE:

INTRODUCTION

The Contractor shall have sole and complete responsibility for the implementation of a worksite safety plan and shall take necessary precautions for the health and safety of employees and fully comply with applicable provisions of all sections of 29 CFR 1926-OSHA Construction Industry Safety and Health Standards, 29 CFR 1910-OSHA General Industry Safety and Health Standards, National Fire Protection Association codes, and all standards or codes referred to in the listed document and any other applicable standards.

Due to the changing nature of health and safety regulations, and because new information is constantly becoming available, this plan is subject to change.

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Statement of Company Policy

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Section 2 Safety and Emergency Contact

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Section 6 Job Specific Elements (Based on Scope of Work)

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- Housekeeping- 29 CFR 1910.22 and/or 29 CFR 1926.25
- Hand and Power Tools- 29 CFR 1926 Subpart I
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- Lock-out/ Tag-out- 29 CFR 1910.147
- Hot Work- 29 CFR 1910 Subpart Q
- Environmental- 29 CFR 1910 Subpart J
- Occupational Health- 29 CFR 1910 Subpart K

NAME OF CONTRACTOR

SITE -SPECIFIC SAFETY PLAN (SSSP)

NAME OF PROJECT

LOCATION ADDRESS

NOTE: Text in italics is instructional in nature and should not be included in a contractor’s published SSSP. Highlighted sections are text that should be modified to meet specific needs.

STATEMENT OF COMPANY POLICY: WORKPLACE SAFETY AND HEALTH POLICY

(Insert Safety Policy Statement here.)

THE SITE-SPECIFIC SAFETY PLAN (SSSP)

Name of Contractor has the project goal of ZERO accidents and ZERO injuries, with work tasks designed to minimize or eliminate hazards to personnel, processes, equipment, and the general public. No worker should ever perform a task that may endanger their own safety and health or that of others.

This SSSP outlines the Environment, Safety, and Health (ES&H) requirements and guidelines developed for **Name of Project**. These requirements are written to help protect site personnel, visitors, and the general public from exposure to potential E S &H hazards on this job site. There are several plans and actions that are included to ensure that we act to protect the environment, the general public, as well as our workforce during the construction phase of this project. This plan shall be updated if there are major changes to project conditions, situations, or exposures, and those revisions shall be noted on the document. An employee acknowledgement form documents that each employee understands the SSSP and will implement these safety and health requirements on this job site.

SECTION 1: SCOPE OF WORK

Insert description of specific contract responsibilities. Briefly describe the scope of work; % remodel, % new construction; and duration of project.)

Describe the type of project/facility/# of sq. feet, # stories or max. height of construction; location/neighborhood description; residential, commercial, mixed use community, etc. Describe any unusual site conditions/exposures; include an overview of activities or tasks that subcontractors will perform.)

We are providing construction services for the scope of work as specified in. Construction services include the following:

Section 2: Safety and Emergency Contacts

See Appendix A for template

Section 3: Accident and Incident Investigation

All accidents/incidents are investigated by the Project Superintendent/ Safety Manager. Copies of these incident reports are provided to the METRO and are also reviewed by the METRO Safety during project visits.

See Appendix B & C for templates

Section 4: Training

Name of Contractor has a comprehensive safety and health training program tailored to the scope of work for this project. All employees receive a project safety orientation upon assignment to the project. Topics include but are not limited to:

- *Fall Protection*
- *Scaffold Safety*
- *Ladder Safety*
- *Hazard Communication*
- *Housekeeping*
- *Lock Out/ Tag Out*

Training records are maintained electronically and/or on site in the job site office. Should OSHA visit our job site, these training records are one indication of our implementation of an active safety program on this site.

“All hands” safety meetings are scheduled to review safety inspections, findings, and corrective actions taken; critical safety procedures, discuss recent workplace incidents, and to celebrate safety milestones. The Project Manager/Superintendent should schedule routine “all hands” meetings in advance or set a regular date/time to be sure that all workers can plan to attend this safety meeting. Records of these meetings are on file in the job site office with attached attendance sheets.

Contractor shall conduct a project specific safety orientation for all Subcontractor personnel who work on the project.

Contractor shall conduct a pre-mobilization safety meeting with each trade prior to the trade commencing work and keep minutes of the meeting.

Contractor shall hold daily “toolbox” safety meetings prior to the start of each work shift. The meeting shall have a duration of 10 to 15 minutes and must be documented

Section 5: Occupational Health

Medical Services

The following clinic and/or hospital provide emergency medical treatment to workers injured on this job.

Facility Name and Location Address + Telephone #.

Emergency Medical Response

The Contractor displays posters with emergency telephone numbers and locations of emergency facilities in visible locations and at selected phone locations throughout the project area (including subcontractor facilities). The following information is provided:

- *Hospital name, location, and number (consistent with selected medical treatment facilities)*
- *Physician name, location, and number (consistent with selected medical treatment facilities)*
- *Police department name, location, and number*
- *Fire department name, location, and number*

Medical Monitoring

Potential health hazards associated with this project require implementation of the following medical monitoring has been established (if necessary)

<u>Labor Classification</u>	<u>Monitor for</u>	<u>Comments</u>
All employees	Hearing	Pre-employment, annual, and exit exams
_____	_____	_____
_____	_____	_____

Section 6: Site Specific Safety Plan

These OSHA standards listed below should be included in your SSSP if they are applicable to your scope of work. Included in each element are questions that if applicable should be answered according to your company's safety policies.

- Section 6A: Hazard Communication Standard- [29 CFR 1910.1200](#)
 1. Is there a list of hazardous substances used in your workplace and an MSDS readily available for each hazardous substance used?
 2. Is there an employee training program for hazardous substances that includes:
 - a. an explanation of what an MSDS is and how to use and obtain one;
 - b. MSDS contents for each hazardous substance or class of substances;
 - c. explanation of "A Right to Know";
 - d. identification of where an employee can see the written hazard communication program;
 - e. location of physical and health hazards in particular work areas and the specific protective measures to be used; and
 - f. details of the hazard communication program, including how to use the labeling system and MSDSs.
 3. Are employees aware of the potential hazards and trained in safe handling practices for situations involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols, etc.?
 4. Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protection, respirators, etc.)?
 5. Have appropriate control procedures been instituted for hazardous materials, including safe handling practices and the use of respirators and ventilation systems?

- Section 6B: Housekeeping- [29 CFR 1910.22](#) and/or [29 CFR 1926.25](#)
 1. Are all worksites clean, sanitary and orderly?
 2. Are work surfaces kept dry and appropriate means taken to assure the surfaces are slip-resistant?
 3. Are all spilled hazardous materials or liquids, including blood and other potentially infectious materials, cleaned up immediately and according to proper procedures?
 4. Is combustible scrap, debris and waste stored safely and removed from the worksite promptly?

- Section 6C: Hand and Power Tools- [29 CFR 1926 Subpart I](#) or [29 CFR 1910 Subpart P](#)
 1. Are grinders, saws and similar equipment provided with appropriate safety guards?
 2. Are power tools used with proper shields, guards, or attachments, as recommended by the manufacturer?
 3. Are circular saw guards checked to ensure that they are not wedged up, leaving the lower portion of the blade unguarded?

4. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?
 5. Are all tools and equipment used at the workplace in good condition?
- Section 6D: Mechanized Equipment- [29 CFR 1926 Subpart O](#)
 1. Are employees properly trained in the use of the type of mechanized equipment they operate?
 2. Are only trained and/or licensed (if required) personnel allowed to mechanized equipment?
 3. Does the mechanized equipment have a warning horn, whistle, gong, or other device that can be clearly heard above normal noise in the areas where it is operated?
 4. If mechanized equipment is in need of repair removed from service immediately?
 - Section 6E: Trenching and Shoring- [29 CFR 1926 Subpart P](#)
 1. A “Competent Person” is on site to identify hazards at all times. Competent person name:
 2. Are Workers protected from cave-ins in all excavations by an adequately designed protective system?
 3. Is Work done only in areas protected by sloping and benching, a support system, a shield system, etc?
 4. Are material and equipment used for protective systems are the right size, in good condition, and free of defects?
 5. Does the Competent Person inspects (a) every day before work, (b) after every rainstorm, and (c) as needed, for evidence of possible cave-ins, failure of systems, hazardous atmospheres, etc?
 6. A lookout person is standing by at all times while employees are physically in the trench.
 - Section 6F: Traffic Control- [29 CFR 1926 Subpart G](#)
 1. Are aisles and passageways kept clear and marked as appropriate?
 2. Are holes in the floor, sidewalk, or other walking surface repaired properly, covered, or otherwise made safe?
 3. Are spilled materials cleaned up immediately?
 4. Are aisles or walkways that pass near moving or operating machinery, welding operations, or similar operations arranged so employees will not be subjected to potential hazards?
 - Section 6G: Fall Protection- [29 CFR 1926 Subpart M](#) and/or [29 CFR 1926 Subpart X](#)
 1. Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached, and moveable parts operating freely without binding or undue play?
 2. Are non-slip safety feet provided on each metal or rung ladder, and are ladder rungs and steps free of grease and oil?
 3. Are employees prohibited from using ladders that are broken, have missing steps, rungs, or cleats, broken side rails, or other faulty equipment?

4. Are metal ladders inspected for damage?
 5. Are floor openings guarded by a cover, a guardrail, or equivalent on all sides (except at stairways or ladder entrances)?
- Section 6H: PPE- [29 CFR 1910 Subpart I](#)
 1. Has the employer determined whether hazards that require the use of PPE (e.g., head, eye, face, hand, or foot protection) are present or are likely to be present?
 2. Have both the employer and the employees been trained on PPE procedures, i.e., what PPE is necessary for job tasks, when workers need it, and how to properly wear and adjust it?
 3. Are protective gloves, aprons, shields, or other means provided and required where employees could be cut or where there is reasonably anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials?
 4. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns?
 5. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, or poisonous substances, falling objects, crushing, or penetrating actions?
 6. Are hard hats required, provided and worn where danger of falling objects exists?
 7. A Class II safety vest required to be worn at all times?
 - Section 6I: Lock-out/ Tag-out- [29 CFR 1910.147](#)
 1. Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked out during cleaning, servicing, adjusting, or setting up operations?
 2. If the power disconnect for equipment does not also disconnect the electrical control circuit, are the appropriate electrical enclosures identified and is a means provided to ensure that the control circuit can also be disconnected and locked out?
 3. Does the lockout procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked out for repairs?
 4. Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?
 5. Is it required that only the employee exposed to the hazard can place or remove the safety lock?
 - Section 6J: Hot Work- [29 CFR 1910 Subpart Q](#)
 1. Are only authorized and trained personnel permitted to use welding, cutting, or brazing equipment?
 2. Are signs posted reading "DANGER, NO SMOKING, MATCHES, OR OPEN LIGHTS," or the equivalent?
 3. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns?
 4. Do eye protection, helmets, hand shields and goggles meet appropriate standards?
 5. Is a check made for adequate ventilation in and where welding or cutting is performed?

6. Is suitable fire extinguishing equipment available for immediate use?
- Section 6K: Environmental- [29 CFR 1910 Subpart J](#)
 1. Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and similar hazardous materials?
 2. Are exhaust stacks and air intakes located so that nearby contaminated air will not be recirculated within a building or other enclosed area?
 3. Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and similar hazardous materials?
 4. Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc.?
 - Section 6L: Occupational Health- [29 CFR 1910 Subpart K](#)
 1. Are employees prohibited from smoking or eating in any area where contaminants are present that could be injurious if ingested?
 2. Are medical personnel readily available for advice and consultation on matters of employees' health?
 3. Are emergency phone numbers posted?
 4. Are fully supplied first aid kits easily accessible to each work area, periodically inspected and replenished as needed?
 5. Is there an eye-wash station or sink available for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?

Appendix A

	Name	Office Phone	Pager	Mobile	Home Phone
Project Name:					
Project Location					
Project Start Date:					
Project Completion Date (estimated):					
VUMC Project Architect:					
VUMC Project Coordinator:					
General Contractor/Construction Manager					
Company Name:					
Project Manager:					
Project Superintendent					
Assistant Superintendent					
Safety Coordinator					
Mechanical Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Electrical Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Plumbing Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Sprinkler Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Fire Alarm Contractor					
Company Name:					
Primary Contact					
Secondary Contact					

Appendix B

Accident/Incident Investigation Form				
Check one: <input type="checkbox"/> Injury <input type="checkbox"/> Incident <input type="checkbox"/> Both injury and incident <input type="checkbox"/> Fatality <input type="checkbox"/> Vehicle <input type="checkbox"/> Close call / near hit				
1. SUPERVISOR CONTACT INFORMATION				
a. Supervisor / investigator / UTR / POC name:		b. Title:		c. Directorate/dept:
				d. Ext:
				e. M/S:
f. Place / location	g. Date of incident: (mm/dd/yy)	h. Time of incident: (military time)	i. Date and time of first knowledge of incident (if different than incident time):	j. Creation date of this report:
m. Subcontractor involved? If yes, name and contact information				
2. INJURED PARTY/DRIVER				
a. If no injury, check box and skip this section. <input type="checkbox"/> No injury	b. Injured party / driver name:		c. Injured party / driver contact information:	
Injury description:				
3. WITNESSES AND/OR WITNESS STATEMENT				
a. Witnesses (name and contact information)			b. Witness statement attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. PROPERTY DAMAGE				
a. List property / material damaged :			b. Nature of damage:	
c. Object / substance inflicting damage:			d. Approximate cost:	

5. THE INCIDENT

Causal analysis type: (to be determined by Incident Investigation program manager)

Root cause analysis

Apparent cause

a. Briefly describe what happened (*description of occurrence*) Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how. Attach photos if available.

b. Why did it happen? (*description of cause*) What actually caused the illness, injury, or incident?

c. What did you do in response? What were the results? List actions taken and results. (Do not enter corrective actions. See Section 6.)

d. What should be done to prevent a recurrence? Brief final evaluation and lessons learned

Use descriptive constructive statements (such as "worker should wear safety glasses"; "worker needs training in lifting techniques"; "a ladder should have been used"). Primary focus should be on engineering controls, where possible.

6. CORRECTIVE ACTIONS TRACKING SYSTEM ITEMS

List action(s) that have or will be taken to prevent a recurrence. There should be a corrective action for each item identified in 5.d. above. Add additional lines as needed.

	By whom	Target completion date	Actual completion date
1.			
2.			
3.			

7. WORK PLANNING AND CONTROL (WPC) AUTHORIZATION REVIEW

<p>a. Is there a JSA , or SOP that authorized the task being performed when the injury or incident occurred?</p> <ul style="list-style-type: none"> • <i>If yes, review the document(s), answer the following questions, and attach a copy to this report.</i> • <i>If no, please explain where hazards and controls were documented, and how the worker was authorized to perform work.</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Was person involved in incident in full compliance with new and refresher ESH training requirements? If not, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Were hazards sufficiently identified? If not, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. Were identified controls adequate? If not, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. Were the identified controls implemented? If not, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. AUTHORIZING SIGNATURES

<p>a .</p>	<p>Investigation completed by</p>	<p>Date</p>
<p>b .</p>	<p>Reviewed by Title</p>	<p>Date</p>
<p>c .</p>	<p>Investigation approved by Job Title</p>	<p>Date</p>
<p>d .</p>	<p>Investigation reviewed Job Title</p>	<p>Date</p>

Appendix C

<Accident Investigation Report Template>

<Title Page: include name, date of the incident, location, and jurisdictional unit of accident.>

Example:

**<Treetop Fire Burn Injury
Accident Investigation Report
<picture here>
Insert Date**

Investigation Team:

< Include name, job title, company name, and team role for each team member. Include a signature and date line for the Team Leader at a minimum.>

Example:

Investigative Team:

_____ <i>NAME</i> <i>Company</i> <i>Title</i>	_____ <i>Date</i>
--	----------------------

_____ <i>NAME</i> <i>Company</i> <i>Title</i>	_____ <i>Date</i>
--	----------------------

_____ <i>NAME</i> <i>Company</i> <i>Title</i>	<i>Date</i>	_____
--	-------------	-------

Executive Summary:

< A brief narrative of the facts involving the accident including dates, locations, times, name of incident, jurisdiction(s), number of individuals involved, etc. Names of injured personnel or personnel involved in the accident are not to be included in this report (reference them by position).>

Example:

At approximately 2000 hrs on September 16, 2008, an accident occurred on the Green Monster Fire, BLM Elko District, Nevada. While driving from the fire en route to Midas station, Engine

XXXX attempted to drive a narrow portion of a two-track road adjacent to a ditch, slid into the ditch and tipped-over onto its side. The four person crew (engine captain, engine operator, engine operator (T) and crewmember), were not injured during the accident and did not require first aid treatment. All personnel were picked up by vehicle at the scene and transported to Midas Station.

Narrative:

< A detailed chronological narrative of events leading up to and including the accident, as well as rescue and medical actions taken after the accident. This section will contain who, what, and where.>

Example:

9/16/08 2000 hrs- Engine XXXX tips over into a ditch adjacent to two-track heading south to Scraper Springs road.

9/16/08 2010- Engine XXXX contacts Engine XXXX and reports an engine accident, no injuries. Contact made on tactical channel due to inability to hit a repeater from that location.

9/16/08 2017- XXXX contacts Dispatch, states Engine XXXX has rolled over, no injuries, need Helitack chase vehicle to provide crew ground transport. Helitack informed.

9/16/08 2107- Helitack has the crew from Engine XXXX, en route Midas station.

9/16/08 2129- Helitack and crew from Engine XXXX back at Midas station.

Investigation Process:

< A brief narrative of actions taken by the investigation team. This narrative should include investigation team membership, Delegation of Authority information (from who and contents), investigative actions and timeline (when the team conducted interviews, inspections, site visits, etc.), and if other sources were consulted (i.e. professional accident reconstruction experts, equipment manufacturers, etc.). This section should also address if environmental, equipment, material, procedural, and human factors were present, and state how findings/recommendations were developed.>

Example:

A four person BLM Review Team conducted the review. The investigation included an analysis of human, material, and environmental factors. The process included interviews, verification of documentation, visit to the accident scene, site photography, tire track analysis, examination of Engine XXXX and timeline review. The investigation team consisted of the following individuals:

NAME (Team Lead), Title

NAME (Safety SME), Title

NAME (Operations SME), Title

Name (Equipment SME), Title

NAME (Team Lead) received Delegation of Authority from Acting State Fire Management Officer on 9/17/08 at 0800 hrs.

The team received an in-briefing at the River Field Office by the Red River District Manager and Red River Zone FMO on 9/17/08 at 1300 hrs.

The team arrived at the accident scene at 1530 hrs the same day, and concluded team activities on 9/19/08.

Findings and Recommendations:

< Appropriate format is to list the finding, its discussion below it, and then the recommendation to address the finding.>

- <Findings are developed from the factual information. Each finding is a single event or condition. Each finding is an essential step in the accident sequence, but each finding is not necessarily causal or contributing. Do not include any more information in each finding than is necessary to explain the event occurrence. Findings must be substantiated by the factual data and listed in chronological order within the report. Do not include opinion or speculation.>
- <Discussion - Provide a brief explanation of factual and other pertinent information that lead to the finding(s).>
- <Recommendations - Recommendations are the prevention measures that should be taken to prevent similar accidents. Provide recommendations that are consistent with the findings, do not contain opinion or speculation, and identify who is responsible for completing the recommended action. If no action is required, state as such.>

Example:

Finding: *Injured firefighter was not wearing gloves when burns to hand occurred.*

Discussion: *Firefighter was attempting to assist saw squad to remove tree that was flaring up adjacent to completed fireline. Firefighter had removed gloves earlier and not put them back on. While pulling on branch of tree limb on uneven ground, branch broke causing firefighter to lose balance and put hand down into hot ashes.*

Recommendation:

The Red River District Fire Management Officer should ensure all fire crew members are appropriately wearing all Personal Protective Equipment (PPE), including gloves during fire suppression activities.

Conclusions and Observations:

< Investigation team’s opinions and inferences, and “lessons learned” may be captured in the section.>

Example:

The XXXX Interagency Hotshot Crew was engaged in direct line construction operations on the XXXX Fire. The injured crewmember was extremely fortunate that his injuries were not worse. Only three days were lost due to the injury and at this time employee is back at work. Direct line construction remains one of the highest risk activities firefighters undertake in the accomplishment of their jobs. All employees of the Bureau of Land Management and the wildland fire service should be extremely mindful of what PPE they are using and when to have it on.

The wildland fire environment is constantly changing and so are the tasks that crews are asked to engage in. With that in mind, leaders need to be aware of what task their employees are engaged in at all times. Leaders should ensure their employees are following all agency policies and procedures related to the task they are performing. Employees are also to be mindful of the situation they are in and what task they are engaged in. Employees have a responsibility to themselves, their families, the agency and their leaders to follow all agency policies and procedures related to the operations they are involved in. These policies and procedures are in place for their safety and the welfare of the agency.

This incident should serve as an important lesson learned to all personnel engaged in fireline activities to utilize proper PPE. This was a minor injury but could have been much worse.

Even if the injured firefighter was wearing gloves, hot embers and material would have possibly got into his gloves and burned some portions of his hand. Wearing gloves may not have prevented all burns in this situation, but at least would have lessened the severity of the burns.

Maps/Photos/Illustrations

<Graphic information used to document and visually portray facts.>

Appendices:

<Reference materials (e.g. fire behavior analysis, equipment maintenance reports, agreements.) >

Records:

<Factual data and documents used to substantiate facts involving the accident.>

Example:

Time and attendance records- Crew 3

General Format/Structure Notes:

- *Use Times New Roman 12 point font.*
- *Single line space between paragraphs.*
- *Italicize publication names, and use full official title of the publication.*
- *Include page numbers in the lower right corner in the footer.*
- *Remember to spell out acronyms at tie first use, followed by the acronym in parentheses. The acronym only may be used in the rest of the document.*
- *Cover page should consist of “Accident Investigation”, “Name of Accident” information. A representative picture may be included on this page.*
- *“Investigation Team” information should be on the first page following the cover page.*
- *“Executive Summary”, “Narrative”, “Investigation Process”, “Findings and Recommendations”, and “Conclusions and Observations” do not need to be separated by page breaks.*
- *“Maps/Photos/Illustrations”, “Appendices”, and “Records” sections should be separated by page breaks. All photos and records should be numbered, and captioned. Remember to compress photos to reduce file size.*
- *Text in this template in italics or denoted by “<” and “>” should be deleted; this text is presented to assist the writer.*