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| Contractor Environmental, Health and Safety Evaluation Form Complete this form if employees of your company will perform work for Ingalls Shipbuilding  Mail this form to “Contractor Safety & Health Evaluation Program” | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/State/Zip: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chief Executive: | | | | |  | | | | | | | | | | | | SIC Code or NAICS Code: | | | | | | | | | | | | |  | | | | |
| Phone Number: | | | |  | | | | | | | | | | | | | E-mail: | |  | | | | | | | | | | | | | | | |
| Date Contractor EHS Evaluation Form (This Form) Received | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Type of work for Ingalls Shipbuilding: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **A. Environmental, Health and Safety Contact**  **List** the following information about the person who will oversee the environmental, health and safety aspects of your company’s operations. This person must be able to recognize environmental, health and safety hazards, have the authority to take corrective action, and will share this information with the necessary members of their organization. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | Position: | | |  | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | Cell No.: | |  | | | | | | | | | E-mail: | | | | |  | | | | | | | | | | |
| Ingalls Shipbuilding Manager/Contact Person | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Planned Scope of Work (in moderate detail, what will you be doing and to what systems/or equipment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of employees you will be using at Ingalls Shipbuilding site vessel or location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Which shifts will you be working? ( First,  Second, or  Third) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will you be working through weekends?  Yes/ No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What Ingalls Shipbuilding Locations, sites vessels or locations, will you be working? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| B. Workers’ Compensation   1. **List** your Experience Modification Rates (EMR) below for the last three policy years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 |  | | : |  | | | 20 | |  | : | |  | | | | | | | | 20 | | |  | | | : |  | | | | | | |  |
| 2. **Submit** documentation of these EMRs from your insurer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Injury Rates\*   1. **Submit** copies of your OSHA 300 log summaries for the last three complete calendar years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. **List** the total number of management/employee hours worked for the last three complete calendar years at any Ingalls Shipbuilding site, vessel, or location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 |  | | : |  | | | 20 | |  | : | |  | | | | | | | | 20 | | |  | | | : |  | | | | | | |  |
| **\*Provide** the above information for your entire firm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. **List** total number of employees and manhours worked previous 3 years at Ingalls Shipbuilding or on the behalf of Ingalls Shipbuilding: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location/Vessel/Site | | | | | |  | Year | | |  | No. of Employees Working There | | | | | | | | | | | | | | | | |  | Manhours | | | |  | |
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| D. Subcontractor Operations   1. **Submit** a list of all subcontractors that you use or plan to use at Ingalls Shipbuilding: 2. **Copy** this form for all your subcontractors. They are required to complete and submit this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Read carefully and answer the following statements about your safety and health programs.

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| **Arsenic** | | **Yes** | **No** | **N/A** |
| A. | Our operations at Ingalls Shipbuilding site vessel or location will include occupational exposure to arsenic. |  |  |  |
| B. | We have a written arsenic compliance program as required by 29 CFR 1910.1018. (Submit a copy this program for review). |  |  |  |
| **Asbestos** | | **Yes** | **No** | **N/A** |
| A. | Our operations at Ingalls Shipbuilding site vessel or location will include occupational exposure to asbestos. |  |  |  |
| B. | We have made our employees aware of the hazards of asbestos, and empowered them to stop work if they suspect an asbestos exposure is present. |  |  |  |
| C. | We have a written asbestos program detailing our procedures to develop an asbestos work plan. (Submit a copy for review). |  |  |  |
| D. | We will provide this and all future work plans to Ingalls Shipbuilding site vessel or location for evaluation and approval prior to the commencement of asbestos operations. |  |  |  |
| **Confined Spaces** | | **Yes** | **No** | **N/A** |
| A. | Our operations at Ingalls Shipbuilding site vessel or location will include our employees entering confined & enclosed spaces. |  |  |  |
| B. | We have a written confined space program to ensure full compliance with 29 CFR 1915 Subpart B. (Submit a copy for review). |  |  |  |
| C. | We have a written confined space program to ensure full compliance with 29 CFR 1910.146 or 1915 Subpart B. (Submit a copy for review). |  |  |  |
| **Hazard Communication** | | **Yes** | **No** | **N/A** |
| A. | We have a written hazard communication program in compliance with 29 CFR 1910.1200 or 1915.1200. (Submit a copy of this program for review). |  |  |  |
| B. | We shall provide to Ingalls Shipbuilding MSDSs/SDSs on all hazardous materials used at Ingalls Shipbuilding and the annual quantities, and Ingalls Shipbuilding will, in turn, provide us with information such as MSDSs/SDSs regarding any hazardous materials we may be exposed to. |  |  |  |
| **Hearing Conservation** | | **Yes** | **No** | **N/A** |
| A. | Our work for Ingalls Shipbuilding will include employees working at sound levels above 85dBA TWA. |  |  |  |
| B. | We have a hearing conservation program as required by 29 CFR 1910.95, which includes sound level monitoring, audiometric testing and employee training. (Submit a copy for review). |  |  |  |
| **Lead** | | **Yes** | **No** | **N/A** |
| A. | Our operation for Ingalls Shipbuilding site vessel or location will include occupational exposure to lead. |  |  |  |
| B. | We have a written lead program detailing our lead work plan for operations at Ingalls Shipbuilding. (Submit a copy for review). This program includes air and biological monitoring, training and engineering controls, and how we will maintain compliance with 29 CFR 1910.1025, 1915.1025 and/or 1926.62 as applicable. |  |  |  |
| **Lockout/Tags-Plus: Lockout/Tagout** | | **Yes** | **No** | **N/A** |
| A. | Our operations at Ingalls Shipbuilding site or location will include job tasks that require Lockout/Tags-Plus to be implemented. |  |  |  |

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| B. | We have a written hazardous energy control program for the shipyard industry that details how we comply with 29 CFR 1915.89 Control Of Hazardous Energy (Lockout-Tags-Plus). (Submit a copy of this program for review). | |  |  |  |
| C. | We have written hazardous energy program for the General Industry that details how we comply with 29 CFR 1910.147 Control of Hazardous Energy (Lockout/Tagout) (Submit a copy of this program for review). | |  |  |  |
| **New Employee Orientation** | | | **Yes** | **No** | **N/A** |
| A. | We have a written program for new employee orientation. (Submit a copy for review). | |  |  |  |
| B. | Orientation documentation is maintained. | |  |  |  |
| **Periodic Safety Meetings** | | | **Yes** | **No** | **N/A** |
| A. | We have a written program that provides procedures for periodic safety meetings. (Submit a copy for review). | |  |  |  |
| B. | We will include the Ingalls Shipbuilding Safety Briefing in these meetings when performing work at Ingalls Shipbuilding. | |  |  |  |
| C. | We document participation in these meetings. | |  |  |  |
| **Personal Protective Equipment** | | | **Yes** | **No** | **N/A** |
| A. | We have a written PPE program as required by 29 CFR 1910.132 and/or 29 CFR 1915.152. (Submit a copy of this program for review). | |  |  |  |
| B. | We have completed job hazard assessments as required by 29 CFR 1910.132(d) (1) and/or 29 CFR 1915.152(b). | |  |  |  |
| C. | We have selected PPE for our employees based on the hazard assessments. | |  |  |  |
| D. | We have provided documented training to each employee as required by 29 CFR 1910.132(f)(1) & (2) and/or 29 CFR 1915.152(e)(1) & (2). | |  |  |  |
| **Respiratory Protection** | | | **Yes** | **No** | **N/A** |
| A. | Our operations at Ingalls Shipbuilding site vessel or location will expose employees to areas where respirators are necessary. | |  |  |  |
| B. | We have a written respirator program that complies with requirements of 29 CFR 1910.134. (Submit a copy of this program for review). | |  |  |  |
| **Rigging and Crane Safety** | | | **Yes** | **No** | **N/A** |
| A. | Our operations at Ingalls Shipbuilding site vessel or location will include rigging and/or crane operations. | |  |  |  |
| B. | We have a written program which ensures that we comply with 29 CFR 1915 Subpart G (for all maritime operations) or 29 CFR 1910 Subpart N and 29 CFR 1926 Subpart N (for all other operations) and includes: | |  |  |  |
| 1. Rigging and crane operating procedures | |  |  |  |
| 2. Procedures to ensure safe operation | |  |  |  |
| 3. Methods to ensure operators are trained & qualified | |  |  |  |
| 4. A method to ensure all equipment is appropriately certified. | |  |  |  |
| (Submit a copy of this program for review & crane certifications) | |  |  |  |
| **Scaffolding and Fall Protection** | | | **Yes** | **No** | **N/A** |
| A. | Our operations for Ingalls Shipbuilding site vessel or location will include operations 5 feet above the floor, deck, or surface that an employee could fall to. | |  |  |  |
| B. | We have a written program which provides procedures to ensure our employees are protected when working at heights which complies with 29 CFR 1915 Subpart E (for maritime operations) or 29 CFR 1910 Subparts D and F and 29 CFR 1926 Subparts L, M and X (for all other operations). (Submit a copy for review). | |  |  |  |
| C. | Our employees will be trained on the requirements at Ingalls Shipbuilding to use fall protection equipment or be provided a fall protection system, etc., at heights of five (5) feet or more above a level to which they could fall. | |  |  |  |
| **Self-Inspections** | | | **Yes** | **No** | **N/A** |
| A. | We have a written program that details the workplace inspection program. (Submit a copy of this program for review). | |  |  |  |
| B. | Results of these inspections and corrective actions are documented. | |  |  |  |
| **Trenching and Excavation** | | | **Yes** | **No** | **N/A** |
| A. | Our operations for Ingalls Shipbuilding site vessel or location will include trenches or excavations. | |  |  |  |
| B. | We have a written program that complies with 29 CFR 1926 Subpart P. (Submit a copy for review). | |  |  |  |
| **Welding, Burning and Cutting** | | | **Yes** | **No** | **N/A** |
| A. | Our operations for Ingalls Shipbuilding site vessel or location will include welding, burning or cutting. | |  |  |  |
| B. | We have a written program that complies with 29 CFR 1915.14 and Subpart D (for all maritime operations) or 29 CFR 1910 Subpart Q and 29 CFR 1926 Subpart J (for all other operations). (Submit a copy for review). | |  |  |  |
| C. | Hot Work Permit required 24 hours prior to work from the Fire Department. | |  |  |  |
| **Powered Industrial Trucks** | | | **Yes** | **No** | **N/A** |
| A. | | Our operations for Ingalls Shipbuilding site vessel or location will include Powered Industrial Trucks (forklifts), Bucket Trucks, Aerial Platforms, etc. (Submit operators certifications) |  |  |  |
| B. | | We have a written program that complies with 29 CFR 1910.178 and 29 CFR 1926 Subpart O. (Submit a copy of this program for review). |  |  |  |
| **Safety Program Documentation** | | | **Yes** | **No** | **N/A** |
| A. | | All safety program documentation is available for review by Ingalls Shipbuilding. |  |  |  |
| **Environmental Program** | | | **Yes** | **No** | **N/A** |
| A. | | When instructed by Environmental to track specific products we maintain a monthly record of the quantity of each hazardous material used and report them to Environmental at the first of each month. |  |  |  |
| B. | | We manage materials and wastes at all times at work sites in accordance to management practices that prevent release of pollutants and minimize waste. |  |  |  |
| C. | | We inspect material and waste containers weekly, and correct any discrepancies such as leaks, improper storage, incorrect labeling and maintain a record of those inspections. |  |  |  |
| D. | | We clean up and containerize any hazardous material spills immediately. |  |  |  |
| E. | | We manage any hazardous waste, when generated, according to 40 CFR 262 and applicable State regulations. |  |  |  |
| F. | | We manage all universal waste according to 40 CFR 262 or 40 CFR 273 and applicable State regulations. |  |  |  |
| G. | | We manage all used oil according to 40 CFR 279 and applicable State regulations. |  |  |  |
| H. | | We manage all PCB waste according to 40 CFR 761 and applicable State regulations. |  |  |  |
| I. | | We will dispose of any waste generated at Ingalls Shipbuilding under the management of Ingalls Shipbuilding Environmental. |  |  |  |
| J. | | We provide employee RCRA training in accordance with 40 CFR 265.16, and will provide documentation to Ingalls Shipbuilding EH&S. |  |  |  |
| K. | | We provide employee Emergency Response Training IAW 40 CFR 112.21 and will provide documentation to Ingalls Shipbuilding EH&S. |  |  |  |
| L. | | We provide DOT HAZMAT training IAW 49 CFR 172.700 – 704 and will provide training documentation to Ingalls Shipbuilding EH&S. |  |  |  |
| M. | | We are aware of and comply with requirements for asbestos survey, pre-removal notification, and abatement procedures IAW 40 CFR 61 for all repair, overhaul, refurbishment, demolition, remodeling, etc. |  |  |  |
| N. | | We have read and will conform to all Environmental practices as outlined in Ingalls Shipbuilding Environmental Practices |  |  |  |
| O. | | We will maintain a Marine Coating Daily Coating Usage Form for paint usage and turn in to Environmental daily. |  |  |  |
| P. | | We will notify Environmental of any new equipment we may bring into the facility after the start of the job and inform Environmental when the equipment is removed. |  |  |  |
| Q. | | We will provide a list of all equipment that will be used during the job. |  |  |  |
| R. | | We will notify Ingalls Shipbuilding EH&S of any spills. |  |  |  |

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| As an officer of this company, I have evaluated the information provided on this form, and hereby certify that it is accurate and complete. Furthermore, I realize that:   1. This information is required by Ingalls Shipbuilding for the single purpose of Ingalls Shipbuilding appraisal of (potential) contractors’ safety and health programs, 2. Because this brief evaluation of contractor environmental, health and safety information is not exhaustive, details and potential non-compliance may go undetected by Ingalls Shipbuilding, and 3. Ingalls Shipbuilding will not be responsible if this evaluation indicates that contractor environmental, health and safety performance and programs are acceptable, and contractor performance or programs are later found to be deficient, whether by OSHA, by Ingalls Shipbuilding, or through accident or illness. 4. Contractors in violation of any Ingalls Shipbuilding Environmental, Health, and Safety rules and regulations or Local, State, and Federal regulations will result in immediate job stoppage at the contractor’s expense and in no way alleviate the contractor from contract responsibility. | | | | | | | |
| **Signature:** |  | | | **Date:** | |  |  |
| **Print Name:** | | |  |  | |  |  |
| **Company Name:** | | |  |  | |  |  |
| **Address:** | | |  |  | |  |  |
| **Phone No.:** | | |  |  | |  |  |
| **Fax No.** | | |  |  | |  |  |
| Ingalls Shipbuilding Review Sign Off: | | | | | | | |
| **Reviewed By:** | |  | | | **Date:** |  |  |
|  | | Ingalls Shipbuilding Safety Department / Coordinator | | |  |  |  |
| **Reviewed By:** | |  | | | **Date:** |  |  |
|  | | Ingalls Shipbuilding Environmental Engineering | | |  |  |  |