**CONTRACTOR EHS INSPECTION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Name:**  |  | **Date/Time:** |  |
| **Job Location:**  |  | **Type of Work:** |  |
| **Contractor Name:** |  |  |  |
| **Contract Coordinator:** |  |  |  |

|  |
| --- |
| Check all programs which apply to contractor’s operations |
| 1. Hazard Communications
 | [ ]  | 1. Rigging & Crane Safety/Material Handling
 | [ ]  |
| 1. Personal Protective Equipment
 | [ ]  | 1. Powered Industrial Trucks
 | [ ]  |
| 1. Respiratory Protection
 | [ ]  | 1. Confined Spaces
 | [ ]  |
| 1. Staging or Scaffolding
 | [ ]  | 1. Shipboard/Non-Shipboard Lockout/Tags-Plus
 | [ ]  |
| 1. Fall Protection
 | [ ]  | 1. Ergonomics
 | [ ]  |
| 1. Ladders
 | [ ]  | 1. Housekeeping
 | [ ]  |
| 1. Welding, Cutting and Heating
 | [ ]  | 1. Blasting
 | [ ]  |
| 1. Working/Walking Surfaces
 | [ ]  | 1. Painting
 | [ ]  |
| 1. Electrical
 | [ ]  | 1. Environmental
 | [ ]  |
| 1. Portable Tools & Machine Guarding
 | [ ]  |  |  |

**All “No” answers must be explained on the “Comments” sheet and include the section and numerical reference.**

**A. HAZARD COMMUNICATION**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are containers of hazardous materials labeled?
 | [ ]  | [ ]  | [ ]  |
| 1. Are flammables, corrosives, reactive & compressed gasses stored separately?
 | [ ]  | [ ]  | [ ]  |
| 1. Are materials stored or dispensed away from drains or drain accesses?
 | [ ]  | [ ]  | [ ]  |
| 1. Are hazardous materials properly disposed of?
 | [ ]  | [ ]  | [ ]  |
| 1. Are MSDSs/SDSs available?
 | [ ]  | [ ]  | [ ]  |

**B. PERSONAL PROTECTIVE EQUIPMENT**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are employees wearing ANSI approved hard hat, safety glasses and safety shoes?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees exposed to high noise operations wearing hearing protection?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees performing hot work wearing long sleeves, welding gloves and proper eye protection?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees wearing secondary eye protection when performing fragment generating jobs?
 | [ ]  | [ ]  | [ ]  |

**C. RESPIRATORY PROTECTION**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are employees using the proper respirator?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees’ clean shaven?
 | [ ]  | [ ]  | [ ]  |
| 1. Are respirators in good condition?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees exposed to the same hazards using respirators?
 | [ ]  | [ ]  | [ ]  |

**D. STAGING OR SCAFFOLDING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Does staging above 5 feet have handrails?
 | [ ]  | [ ]  | [ ]  |
| 1. Does staging above 5 feet over work areas or walkways have toe boards?
 | [ ]  | [ ]  | [ ]  |
| 1. Is staging used to support only workers, tools and materials for the job?
 | [ ]  | [ ]  | [ ]  |
| 1. Does staging have a minimum of 2-board width?
 | [ ]  | [ ]  | [ ]  |
| 1. Are stage boards in good condition with no gaps?
 | [ ]  | [ ]  | [ ]  |
| 1. Is proper access to staging provided?
 | [ ]  | [ ]  | [ ]  |

**E. FALL PROTECTION**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are employees using fall protection while working above 5 feet or operating aerial platform, scissors lift, etc.?
 | [ ]  | [ ]  | [ ]  |
| 1. Was the attachment point provided by a competent person?
 | [ ]  | [ ]  | [ ]  |
| 1. Are safety harness/retractable lanyards provided and in good repair?
 | [ ]  | [ ]  | [ ]  |

**F. LADDERS**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are ladders in good condition (no damaged rungs, etc.)?
 | [ ]  | [ ]  | [ ]  |
| 1. Are areas at the base of the ladder clear of debris?
 | [ ]  | [ ]  | [ ]  |
| 1. Do ladders extend 36 inches above the top level accessed?
 | [ ]  | [ ]  | [ ]  |
| 1. Are ladders secured to prevent displacement?
 | [ ]  | [ ]  | [ ]  |
| 1. Do ladder bases extend out at least ¼ inch of the ladder height?
 | [ ]  | [ ]  | [ ]  |

**G. WELDING, CUTTING AND HEATING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Has a Hot Work Chit Permit been issued by the Fire Marshall?
 | [ ]  | [ ]  | [ ]  |
| 1. Has a Hot Work Permit been obtained from the Fire Department prior to commencing hot work on a building or other facility structure?
 | [ ]  | [ ]  | [ ]  |
| 1. Are combustible materials moved away from the hot work area or protected?
 | [ ]  | [ ]  | [ ]  |
| 1. When required has a trained/certified fire watch been provided?
 | [ ]  | [ ]  | [ ]  |
| 1. Is fire extinguishing equipment immediately available in the work area?
 | [ ]  | [ ]  | [ ]  |
| 1. Is local exhaust ventilation used in enclosed or confined spaces?
 | [ ]  | [ ]  | [ ]  |
| 1. Are ventilation tubes positioned as close to work as feasible?
 | [ ]  | [ ]  | [ ]  |
| 1. Are fuel gases stored properly?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the same level of respiratory protection provided for all employees exposed to welding?
 | [ ]  | [ ]  | [ ]  |
| 1. Are welding operations screened?
 | [ ]  | [ ]  | [ ]  |
| 1. Are rods removed from electrode holders & leads de-energized when unattended?
 | [ ]  | [ ]  | [ ]  |

**H. WORKING/WALKING SURFACES**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are walking/working surfaces and exits clear of debris and tripping hazards?
 | [ ]  | [ ]  | [ ]  |
| 1. Are surface openings and holes properly guarded or covered?
 | [ ]  | [ ]  | [ ]  |
| 1. Are lines out of the walkways and hung up properly?
 | [ ]  | [ ]  | [ ]  |
| 1. Are exits and walkways clearly marked?
 | [ ]  | [ ]  | [ ]  |
| 1. Are exits unobstructed and unlocked?
 | [ ]  | [ ]  | [ ]  |
| 1. Is their proper and adequate lighting of exit routes?
 | [ ]  | [ ]  | [ ]  |
| 1. Are emergency evacuation route drawings posted in shops or buildings?
 | [ ]  | [ ]  | [ ]  |

**I. ELECTRICAL**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are cords, plugs and wiring in good condition (fixed and extension cords)
 | [ ]  | [ ]  | [ ]  |
| 1. Are circuit panels readily accessible (36” clearance)?
 | [ ]  | [ ]  | [ ]  |
| 1. Do electrical switches/breakers identify what they control and the voltage?
 | [ ]  | [ ]  | [ ]  |
| 1. Are cords & receptacles protected by GFCI?
 | [ ]  | [ ]  | [ ]  |
| 1. Are flammable liquids and gases kept at a safe distance from electrical ignition sources?
 | [ ]  | [ ]  | [ ]  |
| 1. Are live parts properly covered or guarded?
 | [ ]  | [ ]  | [ ]  |

**J. PORTABLE TOOLS AND MACHINE GUARDING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are guards in place on tools and machinery?
 | [ ]  | [ ]  | [ ]  |
| 1. Is compressed air used for manual cleaning regulated to less than 30 psi?
 | [ ]  | [ ]  | [ ]  |
| 1. Are pedestal grinder guards provided and adjusted properly (tool rest ⅛” & tongue guard ¼”)?
 | [ ]  | [ ]  | [ ]  |

**K. RIGGING AND CRANE SAFETY/MATERIAL HANDLING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are crane operators qualified?
 | [ ]  | [ ]  | [ ]  |
| 1. Has equipment DOCL (Daily Operators Checklist) been completed?
 | [ ]  | [ ]  | [ ]  |
| 1. Is rigging equipment (slings, chains, hooks) in good condition?
 | [ ]  | [ ]  | [ ]  |
| 1. Are inspections up to date?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the operator’s load radius chart on the cab of crane?
 | [ ]  | [ ]  | [ ]  |
| 1. Is rigging equipment capacity properly marked?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the load capacity marked on each crane hoist?
 | [ ]  | [ ]  | [ ]  |
| 1. Are the crane’s anti-two block system and boom angle indicator working as required?
 | [ ]  | [ ]  | [ ]  |
| 1. Does a warning device sound whenever a crane lifts, lowers, or carries a load?
 | [ ]  | [ ]  | [ ]  |
| 1. Is a tag line used when load could swing or requires guidance?
 | [ ]  | [ ]  | [ ]  |
| 1. Is there a lifting plan?
 | [ ]  | [ ]  | [ ]  |

**L. POWERED INDUSTRIAL TRUCKS**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are operators of equipment qualified?
 | [ ]  | [ ]  | [ ]  |
| 1. Has equipment DOCL (Daily Operators Checklist) been completed?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the load capacity marked on forklift?
 | [ ]  | [ ]  | [ ]  |
| 1. Does a warning device sound whenever PIT backs up?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees wearing a safety harness/retractable lanyard while working from aerial platform or scissor lift?
 | [ ]  | [ ]  | [ ]  |

**M. CONFINED SPACES**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Was a confined space permit completed & posted prior to entry where required?
 | [ ]  | [ ]  | [ ]  |
| 1. Is confined space monitoring provided?
 | [ ]  | [ ]  | [ ]  |
| 1. Is ventilation provided?
 | [ ]  | [ ]  | [ ]  |

**N. SHIPBOARD/NON-SHIPBOARD LOCKOUT/TAG-PLUS**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Have hazardous energy sources (electrical, mechanical, thermal, pneumatic, etc. been de-energized/isolated?
 | [ ]  | [ ]  | [ ]  |
| 1. Have contractors/subcontractors that conduct servicing or repairing been trained to “Tier 3” levels and provided training documentation?
 | [ ]  | [ ]  | [ ]  |
| 1. Are contractors/subcontractors following the provisions of Ingalls Shipbuilding LO/TP program?
 | [ ]  | [ ]  | [ ]  |

**O. ERGONOMICS**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Are workers lifting correctly, using their legs not their backs?
 | [ ]  | [ ]  | [ ]  |
| 1. Are heavy and awkward materials being handled by more than one person?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees using the correct tool(s) to do the job they’ve been assigned to do?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees using new ergonomics PPE kneepads, anti-vibration gloves, etc. properly and practically?
 | [ ]  | [ ]  | [ ]  |

**P. HOUSEKEEPING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Is trash and debris on worksite?
 | [ ]  | [ ]  | [ ]  |
| 1. Are trash receptacles overflowing?
 | [ ]  | [ ]  | [ ]  |
| 1. Are storage areas orderly?
 | [ ]  | [ ]  | [ ]  |

**Q. BLASTING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Has the blast grit been identified?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the Pot Tender wearing respiratory protection?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the blaster wearing a respirator and properly protected?
 | [ ]  | [ ]  | [ ]  |
| 1. Does the blast line have a “Deadman” control switch?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the breathing air Grade “D”?
 | [ ]  | [ ]  | [ ]  |
| 1. Is local exhaust ventilation sufficient to remove the blasting emissions from the worksite?
 | [ ]  | [ ]  | [ ]  |
| 1. Does the blast area have containment sufficient to protect personnel and the environment from the effects of blasting emissions and contaminated abrasive debris?
 | [ ]  | [ ]  | [ ]  |
| 1. Are signs posted in the immediate area to warn personnel on the blasting operations?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the area cleaned as soon as the blasting and primer coat application are completed?
 | [ ]  | [ ]  | [ ]  |

**R. PAINTING**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Paint mixing perimeter is barricaded with “No Hot Work” signs posted?
 | [ ]  | [ ]  | [ ]  |
| 1. Is an emergency eyewash station readily available?
 | [ ]  | [ ]  | [ ]  |
| 1. Are the paint areas properly posted with “No Hot Work” signs?
 | [ ]  | [ ]  | [ ]  |
| 1. Are employees wearing the proper PPE to prevent skin absorption and inhalation hazards?
 | [ ]  | [ ]  | [ ]  |
| 1. Is the Bullard® Air Filter in good operating condition?
 | [ ]  | [ ]  | [ ]  |
| 1. Have the space(s) been periodically atmospheric tested during spray painting operations?
 | [ ]  | [ ]  | [ ]  |
| 1. Is explosion proof or intrinsically safe lighting used during spray painting operations and have the lights been properly inspected?
 | [ ]  | [ ]  | [ ]  |
| 1. Is explosion proof exhaust ventilation used during spray painting operations?
 | [ ]  | [ ]  | [ ]  |

**S. ENVIRONMENTAL**

|  |  |  |
| --- | --- | --- |
| N/A | Yes | No |
| 1. Did they provide a list of all hazardous materials expected to be used on the job to Environmental Engineering?
 | [ ]  | [ ]  | [ ]  |
| 1. Did they identify any wastes they expected to generate during their work activity to Environmental Engineering and Resource Recovery?
 | [ ]  | [ ]  | [ ]  |
| 1. Did they provide the estimated quantity and ship-out schedule of waste to Resource Recovery?
 | [ ]  | [ ]  | [ ]  |
| 1. Did they contact Resource Recovery (Pascagoula 228-935-4408 and Avondale 504-428-7310) for assistance in determining waste categories, receiving instructions, waste segregation, and containerization requirements?
 | [ ]  | [ ]  | [ ]  |
| 1. Have they reported all spills and emergencies on Ingalls Shipbuilding properly to Ingalls Shipbuilding Fire Department at Ingalls 3832 and Avondale 5622?
 | [ ]  | [ ]  | [ ]  |
| 1. Have they discharged wastewater into storm drains or sewers without approval of Environmental Engineering?
 | [ ]  | [ ]  | [ ]  |
| 1. Are they containing, collecting and properly storing sweepings, or contaminated wash water?
 | [ ]  | [ ]  | [ ]  |
| 1. Have they reported all welding, painting, blasting and adhesive application to Environmental Engineering for approval?
 | [ ]  | [ ]  | [ ]  |
| 1. Have they provided Ingalls Shipbuilding Environmental and Safety Engineering with documentation of OSHA/EPA required training for employees who handle hazardous material?
 | [ ]  | [ ]  | [ ]  |

Contract Coordinator Contractor Safety Representative

**COMMENTS**

|  |  |  |
| --- | --- | --- |
| **Section** | **No.** | **EHS Deficiency/Follow-up** |
|       |       |       |
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