**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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