

SMALL BUSINESS INDUSTRY DAY USACE SOH REQUIREMENTS

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AGENDA



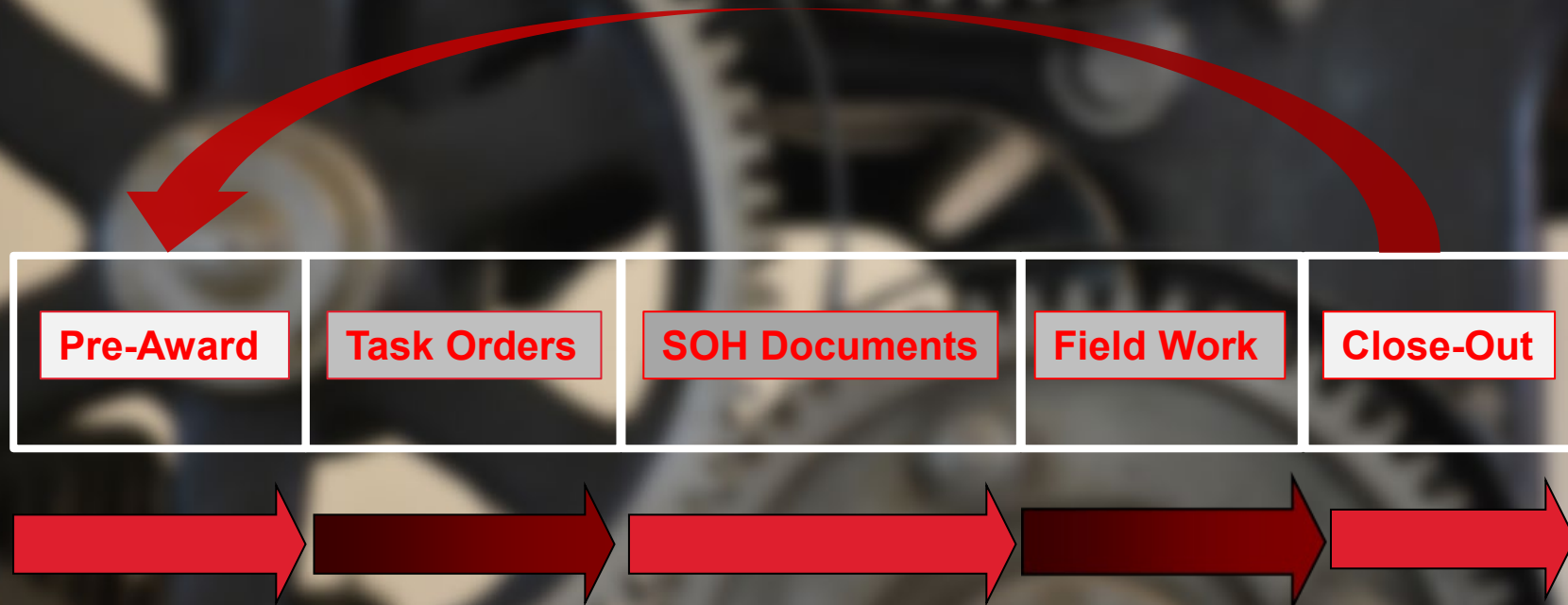
1. Overview
2. SOH Documents
3. Site Safety & Health Officer
4. Lessons Learned

OVERVIEW



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BOTTOM LINE



EXPECTATION: Safety is integrated into all aspects of the contract lifecycle



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USACE SAFETY & OCCUPATIONAL HEALTH REQUIREMENTS



COMPLIANCE WITH EM 385-1-1 IS REQUIRED:

- More **stringent** than OSHA
- It requires **site specific** SOH plans
- It requires a qualified Site Safety & Health Officer onsite at all times work is being performed.



Chapter 2, EM 385-1-1, Program Management requires:

- Documented inspections
- Requires specific training prior to start of work
- A robust bulletin board with deficiency log



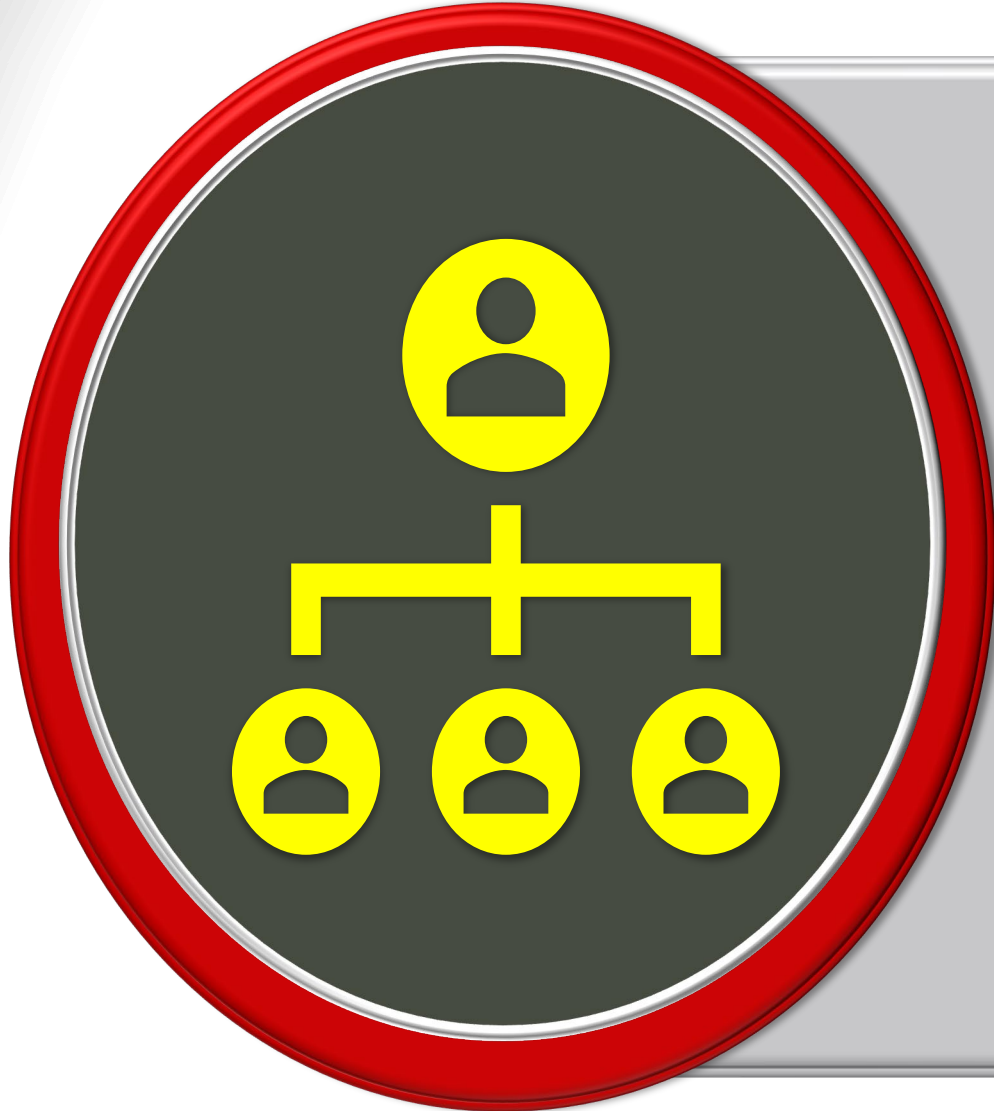
HNC has implemented a **Safety Management System**

- Safety is top down, reactive not proactive
- Leading indicators are tracked for trends
- Contractors **MUST** be proactive



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PRIME CONTRACTOR'S RESPONSIBILITY



On contractor site of work, the prime contractor's project management team, with the assistance of the SSHO, is responsible for managing, communicating, implementing, and enforcing compliance with the accepted APP and other accepted SOH submittals and requirements.

SOH DOCUMENTS



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ACCIDENT PREVENTION PLAN (APP)



WHAT IS AN APP

An APP is a written site-specific SOH plan that documents project, contract, and job-specific potential hazards in the workplace, and the company policies, controls, and work practices that will be used to minimize those hazards. They are an integral part of the planning and risk management process.

DEVELOPED + APPROVED

The APP must be developed by a CP and reviewed and approved by the prime contractor and corporate safety official.

ACCEPTANCE

Upon contractor approval, the plan must be submitted to the KO or COR for review and acceptance prior to the performance of any work. No contract work can begin without a KO or COR accepted APP.

MANDATORY FORM

Use mandatory ENG Form 6293 (Accident Prevention Plan Worksheet).



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- NOTE: Required appendices: map, subcontractors, personnel qualifications, AHA, site-specific plans)



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REQUIRED SITE-SPECIFIC PLANS

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		Print Form	Save As
Demolition Plan	17-7		
Emergency Plan for Marine Activities	19-7.a		
Severe Weather Plan for Marine Activities	19-7.b		
Float Plans	19-7.c		
Tow Plans	19-7.d		
Fall Protection and Prevention Plan	21-7.a		
Rescue Plan	21-7.b		
Scaffold Work Plan	21-7.b		
Rope Access Work Plan	23-7		
Excavation and Trenching Plan	25-7		
Fire Prevention and Protection Plan	26-7.a & f		
Compressed Air Work Plan	26-7.a & b		
Contingency Response Plan	26-7.a & c		
Emergency Rescue Plans and Equipment	26-7.a & d		
Ventilation and Dust Control Plan	26-7.a & e		
Formwork and Shoring Plan	27-7.a		
Masonry Bracing Plan	27-7.b		
Steel Erection Plan	28-7.a		
Site Layout Plan	28-7.b		
Explosive Site Safety Plan	29-7.a		
Master Blasting Plan	29-7.b		
Vibrations Monitoring Plan	29-7.c		
Dive Operations Plan	30-7.a & d		
Emergency Management Plan	30-7.a & e		
Safe Practices Manual	30-7.b		
Snorkeling Plan	30-7.f		
Tree Maintenance and Removal Plan	31-7		
Construction Safety and Phasing Plan	32-7.a		
Safety Plan Compliance Document	32-7.b		
Aviation Pre-Accident Plan	33-7		
Standard Lift Plan	34-7.b		
Confined Space Plan	34-7.b & c		
Standard Lift Plan - Floating Plan	34-7.c		
Critical Lift Plan	34-7.d		
Pile Driving	34-7.e		
Housekeeping Plan	35-7.a		
Extermination Plan	35-7.b		
Site Safety and Health Plan	36-7.a		
Comprehensive Work Plan	36-7.b		
Emergency Response Plan	36-7.c		

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MOST IMPORTANT SAFETY PLANS

- Fall Protection – evaluate how to ensure GOV is aware of how it will be executed.
- HECP – Are you familiar with the NFPA 70e requirements?
- Confined Space – How is this executed with PM's?
- Lift Plans – Review the sub's work
- Scaffolding – Please remember to turn these in
- Asbestos Abatement – If you have questions, please Reach out
- Lead Abatement – UFGS 02 83 00
- Excavation and Trenching – Is it a confined space?



APP TIPS

1

Review & Understand Chapter 2 requirements

2

Review sub-contractor's plans to ensure it is in the Right format with required information

3

Review sub-contractor's plans to ensure it is in right format with required information

4

It must contain site specific information that is **implemented** by workers in the field

5

Get to know the HNC program's SO POC – ask questions



Your Company Safety and Health Program does NOT satisfy the APP requirement



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ACTIVITY HAZARD ANALYSIS

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- Complete the entire form
- Approval authority is based on overall RAC score
- Make sure the AHA contains the names & credentials of competent or qualified person(s)

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ACTIVITY HAZARD ANALYSIS (AHA)
For use of this form, see EM 385-1-1; the proponent agency is CESO.

Purpose: The Activity Hazard Analysis Worksheet is a tool used in the Risk Management Process. Risk management is a business process that includes the identification, assessment, and prioritizing of risks, followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events to an acceptable level.

Residual RAC must be communicated and accepted by the proper approval authority before beginning the activity.

AHAs must be provided to, and reviewed by, all involved employees prior to starting the task. Each employee must document their review with a signature in the last section of form.

Activity: Date: Overall Risk Assessment Code (RAC)

Location:

Prepared By:

Reviewed By:

Notes:

Risk Assessment Code Matrix

S e r i o u s n e s s i t y	E - Extremely High Risk	Probability				
	H - High Risk	Frequent	Likely	Occasional	Seldom	Unlikely
	M - Moderate Risk	Catastrophic	E	H	H	M
	L - Low Risk	Critical	E	H	H	M
		Marginal	H	M	M	L
		Negligible	M	L	L	L

JOB STEPS	HAZARDS (Recognized/Anticipated)	CONTROLS (ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS)	RESIDUAL RAC
Add Row	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delete Row	<input type="text"/>	<input type="text"/>	<input type="text"/>

EQUIPMENT	TRAINING	INSPECTION
Add Row	<input type="text"/>	<input type="text"/>
Delete Row	<input type="text"/>	<input type="text"/>

Involved Personnel:

PPE Required:

Approval Authority (digital signature)

PRINTED NAME:	PRINTED TITLE:
<input type="text"/>	<input type="text"/>
DIGITAL SIGNATURE:	DATE:
<input type="text"/>	<input type="text"/>

Approval Authority Information is based on overall RAC according to EM 385-1-1, para 1-6 or 2-6, as applicable.

ENG FROM 6206, AUG 2023

Print Form Reset Form Page 1 of 2

SITE SAFETY AND HEALTH OFFICER (SSHO)



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SITE SAFETY & HEALTH OFFICER



What is a SSHO?

A contractor employee that is responsible for overseeing and ensuring implementation of the prime contractor's SOH program according to the contract, this manual, applicable federal, state, and local requirements.

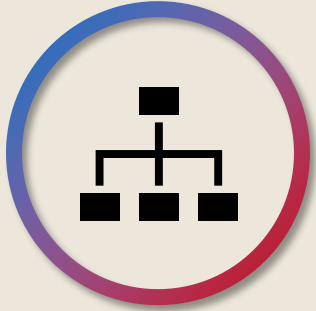
LEVEL	RESPONSIBILITY	TRAINING QUALIFICATION	EXPERIENCE REQUIREMENTS
1	Full-time SOH	<ul style="list-style-type: none"> ▪ <u>INITIAL</u>: OSHA 30-Hour (GI/CON) or combined training involving subjects of OSHA 30-Hour (accepted by KO/SOHO) ▪ <u>RECERT</u>: 24 hrs. documented formal classroom or online SOH-related training every three-year period of the USACE contract. Can be multiple classes combined. 	At least <u>five years of cumulative safety experience</u> , within the last ten years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
2	Collateral Duty	<ul style="list-style-type: none"> ▪ <u>INITIAL</u>: OSHA 30-Hour (GI/CON) or combined training involving subjects of OSHA 30-Hour (accepted by KO/SOHO) ▪ <u>RECERT</u>: 24 hrs. documented formal classroom or online SOH-related training every three-year period of the USACE contract. Can be multiple classes combined. 	At least <u>three years of cumulative safety experience</u> , within the last 10 years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
3	Designated QP/CP	<p>Training must consist of information for establish/maintain designated Qualified Person (QP) or Competent Person (CP).</p> <p>NOTE: Cannot be assigned to projects that have a residual RAC of high or extremely high.</p>	<u>No timeframe specifically identified</u> . Enables identification of hazards and implementation of controls for the work being performed



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WHAT DOES A SSHO DO?

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Report to corp. SOH official, senior PM, or corp. official



Maintain reference material at site of work (SDS, APP, EM 385-1-1, etc.)



Conduct daily SOH inspections + maintain deficiency tracking system



Report + investigate all accidents, near misses. Completes ENG Form 3394



Attend meetings (pre-construction, pre-work, prep, in-progress)



Evaluate APP + submit changes, revisions, and updates



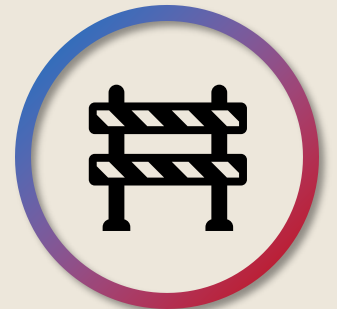
Ensure all project personnel comply with SOH requirements



Provide + keep records of SOH orientation training (incl. subcontractors)



Review + sign ENG Form 6282 (SSHO Designation Letter)



Ensure visitors are escorted, properly protected, + wearing appropriate PPE



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SSHO LETTER OF DESIGNATION

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U.S. Army Corps of Engineers (USACE)
SITE SAFETY & HEALTH OFFICER (SSHO) DESIGNATION LETTER
 For use of this form, see EM 385-1-1; the proponent agency is CESA.

Purpose: This document designates personnel responsible for overseeing and ensuring the implementation of the prime contractor's Safety & Occupational Health (SOH) program. This designation letter will be signed by the company's official responsible for the SOH program (e.g., Corporate Safety Manager).

Submit the following documentation to the Government Designated Authority (GDA) as part of the Accident Prevention Plan: 1) This signed SSHO Designation Letter (Eng Form 6282); 2) An instructor-signed OSHA 30-hour card (or course completion certificate if within 90 days of completing the OSHA 30-hour training); and 3) proof of 24 hours of competency of SOH training within the last 3 years.

PART I: COMPLETED BY COMPANY'S SOH PROGRAM OFFICIAL

1. Project Name _____ 2. Contract Number _____

3. Location _____

4. The designated SSHO on this form meets the minimum EM 385-1-1 training and experience requirements for the selected level below and is knowledgeable of the SOH requirements for this project and has the authority to stop work when required.

SSHO Level	OSHA 30-Hour	Competency Training	Experience
<input checked="" type="radio"/> Level 1	Construction or General Industry	24 hours of documented formal classroom or online SOH-related training within the past five years and must maintain competency by taking 24 hours every three-year period for the duration of the contract.	5 years of cumulative safety experience, within the last ten years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
<input type="radio"/> Level 2	Construction or General Industry	24 hours of documented formal classroom or online SOH-related training within the past five years and must maintain competency by taking 24 hours every three-year period for the duration of the contract.	3 years of cumulative safety experience, within the last 10 years, managing or implementing a SOH program on projects similar in industry type, size, and complexity as the project described in the contract scope of work.
<input type="radio"/> Level 3	Qualified or Competent Person		

5. Summary of required safety experience:

By my signature below, I certify that the information I provided on this form is true and correct to the best of my knowledge.

Company SOH Official Name _____ Company SOH Official Title _____

Company SOH Official Signature _____ Date _____

PART II: COMPLETED BY DESIGNATED SSHO

SSHO Name _____ Date _____ SSHO Signature _____

ENG FORM 6282, AUG 2023

1. Designated by Company SOH Official.
 Acknowledge
 SSHO is qualified

2. Signed by SSHO. Understand the
 associated
 responsibilities



Common Findings

- The SSHO doesn't know what is in the APP & doesn't understand that they are required to implement requirements.
- SSHO doesn't understand he is responsible for sub-contractor's SOH.
- Inspections, training and/or deficiencies are not documented.
- SSHO leave the project to run an errand or calls in sick – work continues without them.

LESSONS LEARNED



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LESSONS LEARNED

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COMMON ISSUES

- Format is not in accordance with EM 385-1-1
- Plan is generic; it is required to be SITE specific
- Corporate safety program is submitted
- Document is missing required certificates or supporting documents
- Assuming if it was approved before it will be approved again
- Recurring deficiencies from project to project
- Submitted last minute not allowing time for changes before mobilization

BEST PRACTICES

- Include a summary of revisions when resubmitting
- Footer at bottom of each page with document information e.g., version, creation date, location
- Maintain a master template without site specific information that is updated vs copying your last approved document and changing information
- Have a single point of submission for document quality control
- Standardize process with single point filter for comment reconciliation
- Maintain a central point for plans and programs
- Include site plan first and company plan after; reference company plan

QUESTIONS



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