

# SMALL BUSINESS INDUSTRY DAY USACE SOH REQUIREMENTS

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# AGENDA



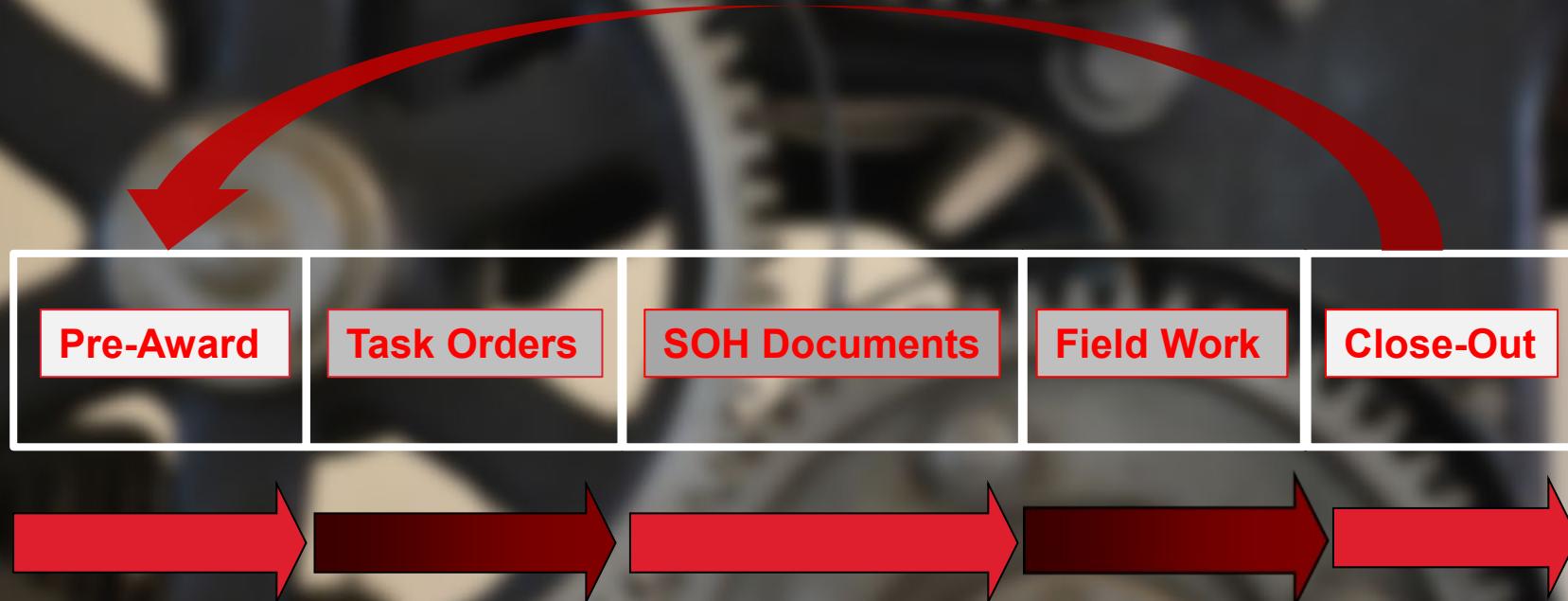
1. Overview
2. SOH Documents
3. Site Safety & Health Officer
4. Lessons Learned

# 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

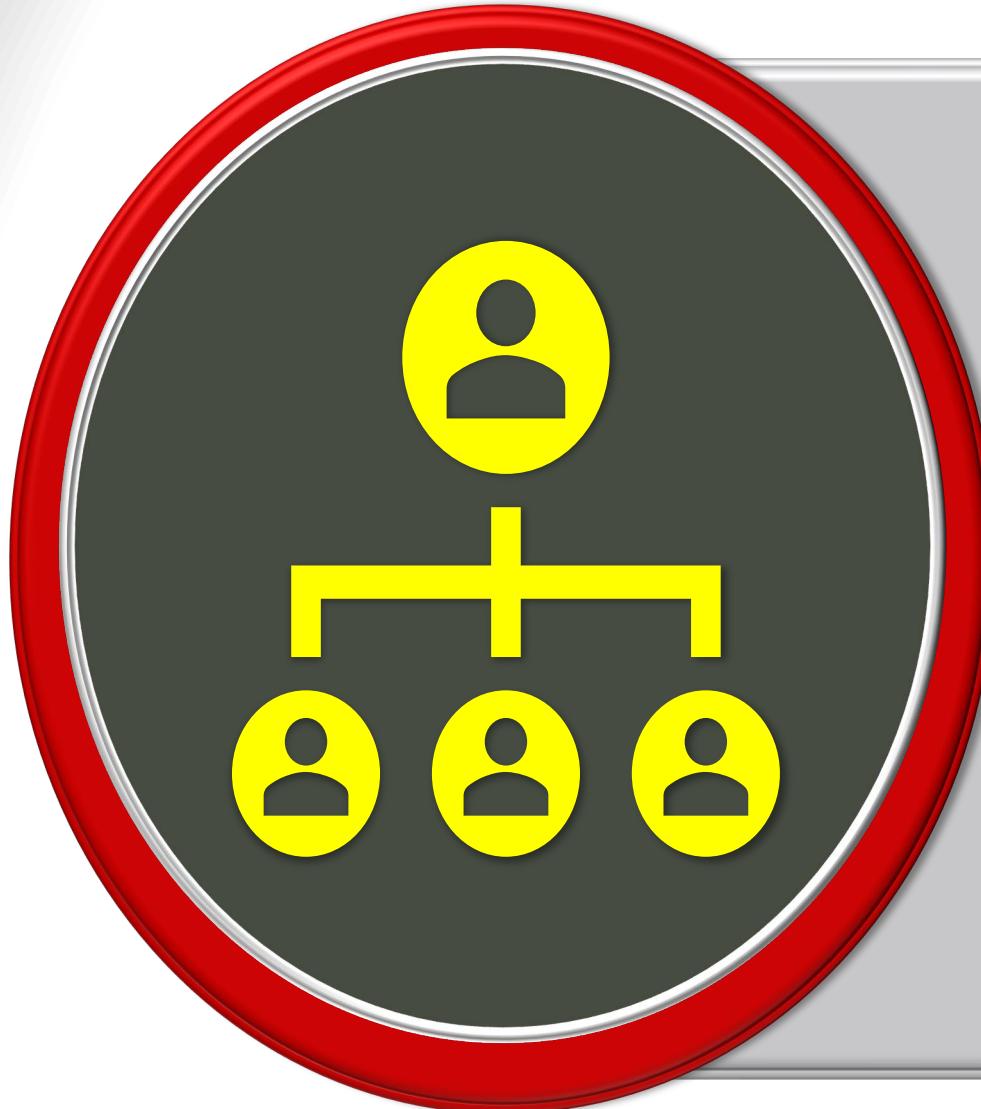


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# PRIME CONTRACTOR'S RESPONSIBILITY



6



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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# ENG 6293: MANDATORY APP FORM

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- Comprehensive review of USACE project
- Meant to be project-specific (vs. generic company SOH programs)
- Simplified format (drop-down menus, etc.)

**ENG 6293: ACCIDENT PREVENTION PLAN (APP) WORKSHEET**

For use of this form: see EM 385-1-1, the proponent agency is CESO.

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**PART 1 - SIGNATURES**

**Plan Preparer - For example: Qualified Person (QP), Competent Person (CP), or project Quality Control (QC).**

1. Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_  
3. Email Address: \_\_\_\_\_ 4. Phone Number: \_\_\_\_\_  
5. Signature: \_\_\_\_\_

**Plan Approver - Corporate Safety Official**

1. Name: \_\_\_\_\_ 2. Title: \_\_\_\_\_  
3. Email Address: \_\_\_\_\_ 4. Phone Number: \_\_\_\_\_  
5. Signature: \_\_\_\_\_

**PART 2: PROJECT INFORMATION**

1. Project Name: \_\_\_\_\_  
2. Project Address (attach map in Appendix 1): \_\_\_\_\_  
3. Estimated Project Start Date: \_\_\_\_\_ 4. Estimated Project Completion Date: \_\_\_\_\_  
5. Project Description / Description of work to be performed: \_\_\_\_\_

**PART 3: PRIME CONTRACTOR INFORMATION**

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**PART 4: ACCIDENT PREVENTION PLAN (APP) REQUIREMENTS**

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**PART 5: TRAINING**

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**PART 6: SOH OVERSIGHT**

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**PART 7: ACTIVITY HAZARD ANALYSIS (RISK MANAGEMENT)**

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**PART 8: APP REQUIREMENTS**

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**PART 9: APP APPROVAL**

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**PART 10: APP REVIEW**

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**PART 11: REQUIRED PROJECT SITE-SPECIFIC PLANS AND PROCEDURES**

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**PART 12: PROJECT SITE COORDINATION**

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

# REQUIRED SITE-SPECIFIC PLANS

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

ENG FORM 6293, AUG 2023

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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

U.S. Army Corps of Engineers (USACE) 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) (Use highest code)			
Location:	Risk Assessment Code Matrix				
Prepared By:	Probability				
Reviewed By:	E = Extremely High Risk H = High Risk M = Moderate Risk L = Low Risk	Frequent	Likely	Occasional	Seldom
Notes:	Catastrophic	E	E	H	H
	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					
Delete Row					
EQUIPMENT	TRAINING	INSPECTION			
Add Row					
Delete Row					
INVOLVED PERSONNEL:					
PPE REQUIRED:					
Approval Authority (digital signature)					
PRINTED NAME:	PRINTED TITLE:				
DIGITAL SIGNATURE:	DATE:				
Approval Authority information is based on overall RAC according to EM 385-1-1, para 1-6 or 2-6, as applicable.					
ENG FORM 6206, AUG 2023					
Print Form		Reset Form	Page 1 of 2		

- 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)

# SITE SAFETY AND HEALTH OFFICER (SSHO)



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# SITE SAFETY & HEALTH OFFICER



## What is a SSSHO?

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.

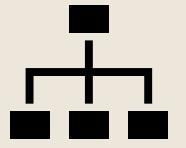
LEVEL	RESPONSIBILITY	TRAINING QUALIFICATION	EXPERIENCE REQUIREMENTS
1	Full-time SOH	<ul style="list-style-type: none"><li><u>INITIAL</u>: OSHA 30-Hour (GI/CON) or combined training involving subjects of OSHA 30-Hour (accepted by KO/SOHO)</li><li><u>RECERT</u>: 24 hrs. documented formal classroom or online SOH-related training every three-year period of the USACE contract. Can be multiple classes combined.</li></ul>	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"><li><u>INITIAL</u>: OSHA 30-Hour (GI/CON) or combined training involving subjects of OSHA 30-Hour (accepted by KO/SOHO)</li><li><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.</li></ul>	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	Training must consist of information for establish/maintain designated Qualified Person (QP) or Competent Person (CP).  NOTE: Cannot be assigned to projects that have a residual RAC of high or extremely high.	<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



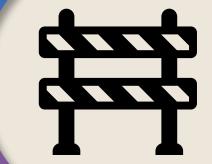
Ensure all project personnel comply with SOH requirements



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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Print Form    Save As

**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 CESO.

**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
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.
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.
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		
SSHO Name	Date	SSHO Signature	

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 subcontractor'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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