# JAPAN ENGINEER DISTRICT DIVE SUBMITTAL REVIEW CHECKLIST

## SAFE PRACTICES MANUAL REVIEW

JED DDC 01 VERSION 01

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| PROJECT NAME: | SPM SUBMITTAL NO.: |
| CONTRACT NO.: | SPM SUBMITTAL DATE: |
| DIVE CONTRACTOR NAME: | |
| DIVE CONTRACTOR ADDRESS: | |
| DIVE CONTRACTOR PHONE: | |
| PRIME CONTRACTOR NAME: | |
| PRIME CONTRACTOR ADDRESS: | |
| PRIME CONTRACTOR PHONE: | |

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|---|---|
| USACE REVIEWER: | REVIEW DATE: |

| ITEM | EM 385-1-1 Chapter 30-7.b | Description | Pg. | USACE REVIEW |
|---|---|---|---|---|
| 1 | 1 | Dive safety procedures and checklists. | | Not Accepted |
| 2 | 2 | Assignments and responsibilities of dive team members. | | Not Accepted |
| 3 | 3 | Equipment certifications, procedures, and inspection checklists. | | Not Accepted |
| 4 | 4 | Emergency procedures for fire, equipment failure, adverse weather conditions, and medical illness or injury specific for the following. | | Not Accepted |
| 5 | 4(a) | Entrapped or fouled dive including fouled umbilical (suction and entanglement / debris). | | Not Accepted |
| 6 | 4(b) | Actions upon loss of vital support equipment. | | Not Accepted |
| 7 | 4(c) | Actions upon loss of gas supply. | | Not Accepted |
| 8 | 4(d) | Action upon loss of communication. | | Not Accepted |
| 9 | 4(e) | Lost diver plan (SCUBA operations only). | | Not Accepted |
| 10 | 4(f) | Injured diver plan. | | Not Accepted |
| 11 | 4(g) | Actions upon discovery of fire. | | Not Accepted |
| 12 | 4(h) | Diver blow up or rapid ascent. | | Not Accepted |
| 13 | 4(i) | Diver loss of consciousness. | | Not Accepted |
| 14 | 4(j) | Injury or illness of surface crew with a diver in the water. | | Not Accepted |
| 15 | 5 | Procedures for internal safety inspections (for example, frequency, checklists, etc.). | | Not Accepted |
| 16 | 6 | A complete copy of OSHA 29 CFR 1910 Subpart T, and a statement of employer's policy for ensuring compliance with the standard. | | Not Accepted |
| 17 | 7 | Appropriate U.S. Navy Diving Manual, SS512-AG-PRO-010 table(s), including as a minimum. | | Not Accepted |
| 18 | 7(a) | No-Decompression Limits and Repetitive Group Designation for No-Decompression Air Dive Tables. | | Not Accepted |
| 19 | 7(b) | Residual Nitrogen Timetables for Repetitive Air Dives. | | Not Accepted |
| 20 | 7(c) | Standard Air Decompression Table. | | Not Accepted |
| 21 | 8 | A sample of the diving log sheets to be used. | | Not Accepted |

**If the checklist is not completely filled in by the Contractor, USACE may reject the dive package submittal and/or the review may be delayed.**

# SAFE PRACTICES MANUAL REVIEW CHECKLIST (CONTINUED)

| | | | | |
|---|---|---|---|---|
| 22 | 9 | Sample of repetitive dive worksheets or equivalent (dive profile method) to be used. | | Not Accepted |
| 23 | 10 | Outline of the fitness for duty, including medical, requirements for dive team members. | | Not Accepted |
| 24 | 11 | Outline of administrative and record-keeping procedures. | | Not Accepted |

Commets:

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# JAPAN ENGINEER DISTRICT DIVE SUBMITTAL REVIEW CHECKLIST

## DIVE OPERATIONS PLAN REVIEW

| | |
|---|---|
| PROJECT NAME: | DOP SUBMITTAL NO.: |
| CONTRACT NO.: | DOP SUBMITTAL DATE: |
| DIVE CONTRACTOR NAME: | |
| DIVE CONTRACTOR ADDRESS: | |
| DIVE CONTRACTOR PHONE: | |
| PRIME CONTRACTOR NAME: | |
| PRIME CONTRACTOR ADDRESS: | |
| PRIME CONTRACTOR PHONE: | |

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| USACE REVIEWER: | REVIEW DATE: |

| ITEM | EM 385-1-1 Chapter 30-7.c | Description | Pg. | USACE REVIEW |
|---|---|---|---|---|
| 1 | 1 | Date of dive plan submission. | | Not Accepted |
| 2 | 2 | Name and contact information for diving supervisor (DS) preparing the dive plan. | | Not Accepted |
| 3 | 3 | Names and duties of on-site dive team members, including dive supervisors. | | Not Accepted |
| 4 | 4 | List of diving equipment to be used. | | Not Accepted |
| 5 | 5 | Type of diving platform to be used. | | Not Accepted |
| 6 | 6 | Detailed description of the mission. Identify if and how work will be divided into separate tasks of phases. | | Not Accepted |
| 7 | 7 | Date(s), Time(s), Duration, and Location of Operation. | | Not Accepted |
| 8 | 8 | Diving mode used (SCUBA, SSA, ect.) including a description of back-up air supply as required. | | Not Accepted |
| 9 | 9 | Diving methodology (for example, mixed-gas, surface decompression using oxygen(SUR-D-O2)). | | Not Accepted |
| 10 | 10 | Nature of work to be performed by the divers, including tools used and materials to be handled or installed. | | Not Accepted |
| 11 | 11 | Anticipated surface and underwater conditions, to include visibility, temperature, currents, etc., and as appropriate, thermal protection. | | Not Accepted |
| 12 | 12 | Maximun single dive bottom time for the planned depth of dive for each diver. Calculated altitude adjustments to dive tables for dives made at altitudes of 1000 feet (308 meters) or more above sea level. | | Not Accepted |
| 13 | 13 | Identification of topside assistance of support to the dive team ( for example, crane operator, lock operator, etc.). | | Not Accepted |
| 14 | 14 | Means of direct communication between the dive site and the DDC, Project Office, Lockmaster of USACE PM, and the COR (if applicable). | | Not Accepted |
| 15 | 15 | Description of the anticipated hazards of concerns and the control measures that will be implemented to control to an acceptable leave to include but not limited to the following: | | Not Accepted |

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# DIVE OPERATIONS PLAN REVIEW CHECKLIST (CONTINUED)

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| 16 | 15(a) | For diving operation conducted in areas where pressure differentials may exist, the plan must be developed in coordination with the facility operator and address the following. | | Not Accepted |
| 17 | 15(a-1) | Identification of all potential exposure points (for example, gate sills, valve openings, holes). | | Not Accepted |
| 18 | 15(a-2) | Means for identifying whether control structures and mechanisms are fully in place (for example, measurements of stop gates and openings, valve indicators). | | Not Accepted |
| 19 | 15(a-3) | Methods for checking pressure differential opening (for example, observing current/flow, remote testing of opening area with objects such as rope, sandbags, cinders). | | Not Accepted |
| 20 | 15(a-4) | Route the dive will take from staging area to work area. Include specific mitigations designed to prevent diver and umbilical from running into uncontrolled pressure differential openings. | | Not Accepted |
| 21 | 15(a-5) | Procedures for immediate emergency pressure equalization or reduction, if possible. | | Not Accepted |
| 22 | 15(a-6) | Procedures for emergency diver extraction or rescue due to pressure differential exposure, including standby diver deployment precautions. | | Not Accepted |
| 23 | 15(b) | For diving operations conducted in contaminated water, the plan must specifically address the areas below according to SS521-AJ-PRO-010: | | Not Accepted |
| 24 | 15(b-1) | Types of contaminants and contaminated water categories (CAT 1, 2, 3, 4). | | Not Accepted |
| 25 | 15(b-2) | Levels of protection and protective equipment required. | | Not Accepted |
| 26 | 15(b-3) | Contaminated water diver and topside personnel training and qualifications. | | Not Accepted |
| 27 | 15(b-4) | Sources of information used to determine water quality. | | Not Accepted |
| 28 | 15(b-5) | Dive Station Decontamination Procedures for Divers and Topside Personnel. | | Not Accepted |
| 29 | 15(b-6) | Medical evaluation support and post dive monitoring. | | Not Accepted |
| 30 | 15(b-7) | Hazardous water minimization and disposal. | | Not Accepted |
| 31 | 15(c) | For diving operations involving surface decompressions with oxygen (SUR-D-O2) and/or 100% oxygen, the plan must include oxygen-specific decompression procedures and schedule. | | Not Accepted |
| 32 | 16 | Plans submitted for Contractor operations must also include the name of contractor (and diving subcontractor if applicable), contract number, and names and contact information for key personnel. | | Not Accepted |
| 33 | Note | Include the following statement in the Dive Operations Plan: "If for any reason the dive plan is altered in mission, depth, personnel, or equipment, the DDC must be contacted in order to review and accept the alteration prior to actual opertion." | | Not Accepted |

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# JAPAN ENGINEER DISTRICT DIVE SUBMITTAL REVIEW CHECKLIST

## EMERGENCY MANAGEMENT PLAN REVIEW

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|---|---|
| PROJECT NAME: | EMP SUBMITTAL NO.: |
| CONTRACT NO.: | EMP SUBMITTAL DATE: |
| DIVE CONTRACTOR NAME: | |
| DIVE CONTRACTOR ADDRESS: | |
| DIVE CONTRACTOR PHONE: | |
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| ITEM | EM 385-1-1 Chapter 30-7.d | Description | Pg. | USACE REVIEW |
|---|---|---|---|---|
| 1 | 1 | Location and phone number of nearest operational recompression chamber, if not located at the dive site, and the Divers Alert Network (DAN) emergency hotline number (919-684-9111). | | Not Accepted |
| 2 | 2 | Location, directions to, and phone number(s) of nearest hospital(s) or available physicians capable of treating dive injuries. | | Not Accepted |
| 3 | 3 | Location and phone number of nearest USCG Rescue Coordination Center, where appropriate. | | Not Accepted |
| 4 | 4 | Emergency victim transport procedures including phone numbers of appropriate emergency transport services. | | Not Accepted |
| 5 | 5 | Procedures and phone numbers of other means of communications to activate emergency services at the facility where the work is being performed. | | Not Accepted |
| 6 | 6 | Diver rescue procedures conducted by dive team, including responsibilites of team members, best location(s) where injured divers may be removed from the water, and best location(s) for performing first aid and stabilization prior to emergency medical support arrival. | | Not Accepted |

Comments:

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# JAPAN ENGINEER DISTRICT DIVE SUBMITTAL REVIEW CHECKLIST

## ACTIVITY HAZARDS ANALYSIS (AHA) REVIEW

| | |
|---|---|
| PROJECT NAME: | SUBMITTAL NO.: |
| CONTRACT NO.: | SUBMITTAL DATE: |
| DIVE CONTRACTOR NAME: | |
| DIVE CONTRACTOR ADDRESS: | |
| DIVE CONTRACTOR PHONE: | |
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| USACE REVIEWER: | REVIEW DATE: |

| ITEM | EM 385-1-1 | Description | Pg. | USACE REVIEW |
|---|---|---|---|---|
| 1 | Chapter 30-6 | Develop AHAs according to paragraphs 1-6 or 2-6 as applicable. When diving opertions require the control of hazardous energy see paragraph 12-6. | | Not Accepted |
| 2 | Chapter 2-6 | The requirements of this chapter apply to all AHAs required by this manual. Specific AHA requirements are identified in paragraph 6 of each chapter in this manual. | | Not Accepted |
| 3 | d. | AHA Minimum Requirements. | | Not Accepted |
| 4 | d.(1) | AHA s must be prepared and documented for all field, laboratory, industrial, and maintencance activities performed. Before beginning each work activity, task, or DFOW, an initial AHA must be prepared to ensure minimum safety requirements are adequately addressed. | | Not Accepted |
| 5 | d.(2) | 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 on the AHA or an additional signature sheet. Provide coopies of signed AHAs to the KO or COR upon request. | | Not Accepted |
| 6 | d.(3) | AHAs must be readily available onsite (for example, office trailer) and accessible onsite by all employees for a period of 12 months, or for contracted work, the length of the contract. Workers/crews must have in their possession the current AHA that reflects current onsite conditions, personnel, equipment, control measures, etc. while the work is being performed. | | Not Accepted |
| 7 | d.(4) | AHAs must include the following: | | Not Accepted |
| 8 | d.(4)(a) | Identify the activity/task/DFOW name, contractor name contact number, project location, date of AHA development, name and title of AHA preparer, and name and title of AHA acceptance authority. | | Not Accepted |

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# ACTIVITY HAZARDS ANALYSIS (AHA) REVIEW (CONTINUED)

| | | | | |
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| 9 | d.(4)(b) | Define the steps to be performed for the activity/task/DFOW and the work sequences (for example, how the part will be installed or removed, anticipated voltages, quanties of chemical utilized, equipment utilized to accomplish the task, heights being accessded or trenched). | | Not Accepted |
| 10 | d.(4)(c) | List all potential hazards associated with each specific job step. | | Not Accepted |
| 11 | d.(4)(d) | List all controls required to mitigate hazards according to paragraph 2-6.a. If one layer of control cannot fully eliminate or reduce hazards to an acceptable level, put additional controls in place to reduce risk to an acceptable level (that is, low or medium where possible). | | Not Accepted |
| 12 | d.(4)(e) | Assign a RAC to each job step to identify the residual risk that remains after controls have been applied. | | Not Accepted |
| 13 | d.(4)(f) | Assign an overall RAC to the AHA. The overall RAC must not be lower than the highest job step RAC on the AHA. | | Not Accepted |
| 14 | d.(4)(g) | Identify the equipment needed, traininmg requirements needed of involved personnel, and any inpsection requirements necessary for the activity/task/DFOW. Employer will designate, in writing (for example, certification, company letter) any required CP(s) and QP(s) by name for a particular activity (for example, excavation, confined space, scaffolding, fall protection, lead removal, asbestos abatement, other activities as specified by OSHA and this manual), and provided proof of competency/qualification. | | Not Accepted |
| 15 | d.(4)(h) | Risk acceptance according to paragraph 2-6.b. Activities that require an AHA must not begin until the AHA with RAC has been reviewed and accepted by the proper acceptance authority. | | Not Accepted |
| 16 | Chapter 12-6.a | When the activity requires the control of hazardous energy, a HIP for the activity being performed must be attached to and referenced in the AHA. An AHA by itself will not be considered a HIP. For AHAs that have been previously accepted by the KO or COR, the HIP alone must be submitted for review. | | Not Accepted |
| 17 | b. | When preparing the AHA, the HIP must also be reviewed by an Authorized Individual to ensure it is still valid and that there have been no changes in the configuration that would require a change to the HIP. | | Not Accepted |
| 18 | c. | The AHA and the HIP must be provided to and accepted by the KO or COR prior ro performing these activities. | | Not Accepted |
| 19 | Chapter 12-7.a. | When a contractor SSECP is required for work on or near any system that produces, uses, or stores hazardous energy, the SSECP must be site-specific and developed according to figure 12-1 and ANSI Z244.4, and when electricty is a potential energy source, the plan must also include the required elements of NFPA 70E. The plan must clearly and specifically outline the scope, purpose, authorization, role and responsibilities, and techniques to be used. | | Not Accepted |

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# JAPAN ENGINEERING DISTRICT DIVE SUBMITTAL REVIEW CHECKLIST

## DIVE PERSONNEL QUALIFICATIONS REVIEW

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|---|---|
| PROJECT NAME: | SUBMITTAL NO.: |
| CONTRACT NO.: | SUBMITTAL DATE: |
| DIVE CONTRACTOR NAME: | |
| DIVE CONTRACTOR ADDRESS: | |
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| 385-1-1 References | | | 30-3 with parts a, b, c | | | | 30-3-d. and special note - Little Rock District Requirement - $O_2$ certifications will be refreshed every 2 yrs even if no expiration date is listed. | | | | 30-3-e.(3) | | 30-8-a.(23)(d) | | 16-3-i | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Dive Training and Experience | | | | Emergency Treatment Certifications | | | | Dive Physical Date signed and signature stamped by D or DO) | | Rigger cert. exp. meets requirements in Chapter 15-3") | | Signal Person Qualifications | |
| Item | Name | Role | Commercial Dive School Diploma or Cert<br>Page # | Diving Exp.(=<12 months in position)<br>Page # | 4 Similar Dives, 1 in last months, Dive Logs<br>Page # | USACE Review | CPR<br>Comp. Date | First Aid<br>Comp. Date | Emer. $O_2$<br>Comp. Date | USACE Review | Date | USACE Review | Page# | USACE Review | Page # | USACE Review |
| 1 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 2 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 3 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 4 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 5 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 6 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |

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# DIVE PERSONNEL QUALIFICATIONS REVIEW (CONTINUED)

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 8 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 9 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 10 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 11 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 12 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 13 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 14 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |
| 15 | | | | | | Not Accepted | | | | Not Accepted | | Not Accepted | | Not Accepted | | Not Accepted |

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