

WASTEWATER DIVISION

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
345 KĒKŪANĀO'A STREET, SUITE 41, HILO, HI 96720

Project Name: Hilo WWTP Rehab and Replacement – Phase 1

Project Number: WW-4705R

Submittal Number: 01330-001

- ☐ No Exceptions Taken
- ☐ Make Corrections Noted
- ☐ Amend and Resubmit
- ☐ Rejected – See Remarks
- ☒ Not Required for Review

The review of this submittal is only for general conformance with the design concept of the project and general compliance with the information given in the Contract Documents. Corrections or comments made on the shop drawings during this review do not relieve contractor from compliance with the requirements of the plans and specifications. Review of a specific item shall not include review of an assembly of which the item is a component. Contractor is responsible for dimensions to be confirmed and correlated at the jobsite; information that pertains solely to the fabrication processes or to the means, methods, techniques, sequences, and procedures of construction; coordination of his or her work with that of all other trades; and for performing all work in a safe and satisfactory manner. Review of this submittal does not include a review of any of the matters referenced in the previous sentence, all of which are the exclusive responsibility of the contractor.

Notes:

Date: 7/31/25

By: Mark Grant
Mark Grant

CONTRACTOR SUBMITTAL TRANSMITTAL FORM

Owner:	County of Hawaii	Date:	5/27/2025
Contractor:	Nan, Inc.	Project No.:	WW-4705R
Project Name:	Hilo WWTP Phase 1	Submittal Number:	1330-001.0
Submittal Title:	Site Safety and Health Plan		
To:	County, Design Engineer, CM		
From:	Nan Inc.		

Specification No. and Subject of Submittal / Equipment Supplier			
Spec #:	01330	Subject:	Site Safety and Health Plan
Authored By:	Rodney Ishimine	Date Submitted:	5/27/2025

Submittal Certification	
Check Either (A) or (B):	
<input checked="checked" type="checkbox"/>	(A) We have verified that the equipment or material contained in this submittal meets all the requirements specified in the project manual or shown on the contract drawings with no exceptions.
<input type="checkbox"/>	(B) We have verified that the equipment or material contained in this submittal meets all the requirements specified in the project manual or shown on the contract drawings except for the deviations listed.
Certification Statement: By this submittal, I hereby represent that I have determined and verified all field measurements, field construction criteria, materials, dimensions, catalog numbers and similar data, and I have checked and coordinated each item with other applicable approved shop drawings and all Contract requirements.	
General Contractor's Reviewer's Signature: <i>M. Chun</i>	
Printed Name and Title: M. Chun , QC	
In the event, Contractor believes the Submittal response does or will cause a change to the requirements of the Contract, Contractor shall immediately give written notice stating that Contractor considers the response to be a Change Order.	
Firm:	Signature: _____ Date Returned: _____

PM/CM Office Use
Date Received GC to PM/CM:
Date Received PM/CM to Reviewer:
Date Received Reviewer to PM/CM:
Date Sent PM/CM to GC:

Nan, Inc

PROJECT: HILO WWTP REHABILITATION
AND REPLACEMENT PROJECT - PHASE 1

JOB NO. WW-4705R

THIS SUBMITTAL HAS BEEN CHECKED BY
THIS CONTRACTOR. IT IS CERTIFIED
CORRECT, COMPLETE, AND IN
COMPLIANCE WITH CONTRACT
DRAWINGS AND SPECIFICATIONS. ALL
AFFECTED CONTRACTORS AND
SUPPLIERS ARE AWARE OF, AND WILL
INTEGRATE THIS SUBMITTAL (UPON
APPROVAL) INTO THEIR OWN WORK.

DATE RECEIVED 5/27/25
 SPECIFICATION SECTION # N/A
 SPECIFICATION N/A
 PARAGRAPH N/A
 DRAWING N/A
 SUBCONTRACTOR N/A
 SUPPLIER N/A
 MANUFACTURER N/A

CERTIFIED BY: M. Chun , QC

**Note: This is a for information
Submittal. Please Review. Nan Inc.
to schedule a project wide Safety
Meeting as we approach Mobilization
- TBD**

Site Specific Safety & Health Plan (Accident Prevention Plan)

Hilo WWTP Rehabilitation and Replacement Project
Phase 1
Hilo, HI
Job No. WW-4705R

Prepared and Submitted by:

Nan, Inc.

161 Silva Street
Hilo, HI 96720
(808) 842-4929
May 06, 2025

Such meetings shall be held as required by changes in the contract specifications for the purpose of reviewing the manual, to entertain revisions, additions or deletions of scope of work. Such revisions shall be incorporated in the manual as first revision, second revision, etc., and a revised index page shall be included.

[illegible]

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SITE SPECIFIC SAFETY & HEALTH PLAN

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Nan Inc.

I. BACKGROUND INFORMATION:

- a. **Hawaii County Job No.:** **WW-4705R**
- b. **Project Name:** **Hilo WWTP Rehabilitation and Replacement Project Phase 1**
- c. **Project Description/Description of Work to be Performed:**

The Hilo WWTP Rehabilitation and Replacement Phase 1 project involves upgrading and replacing process structures and systems at the existing wastewater treatment facility in Hilo, Hawai'i. Work includes demolition, construction of new reinforced concrete tanks and channels, installation of mechanical equipment including pumps, blowers, aeration systems, and piping, and upgrades to electrical systems including motor control centers, instrumentation, and SCADA controls. Sitework includes grading, utility relocations, drainage improvements, and paving. Construction will maintain continuous plant operations and comply with all environmental permitting requirements.

d. Phases of Work:

Each phase of work has a corresponding Activity Hazard Analysis (AHA) to establish safe practices and procedures. Nan Inc understands that it will not be allowed to proceed with a feature of work if it is not covered by this plan and if such information is not provided prior to the start of work. A general AHA for each phase of work will be provided at a later date.

II. SAFETY OBJECTIVES

It is Nan Inc's objective as well as the County of Hawaii's objective to complete this project accident-free.

Nan Inc's approach to safety and accident prevention demonstrates a commitment to provide and maintain a safe work environment and provide procedures that safeguard employees, subcontractors and the public, including property, material, supplies and equipment related to operations and activities. This approach avoids interruption of required operations and delays in project completion dates and assists in controlling costs in the performance of contracts. Nan Inc's commitment to operate safe projects is based on the common knowledge that mishaps are preventable and lives can be saved by well-directed, focused dedication to safety awareness and safe practices. Nan Inc stresses safety and continually strives to increase awareness by learning from experience and implementing new safety procedures.

Every person involved in this project shall conduct their operations in a manner that will provide safe working conditions for all employees and the protection of the public and all others who may be affected by construction activities.

Safety must be an integral part of each job. Full participations, cooperation and support are necessary to ensure the safety and health of all persons and property involved in this project.

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III. RESPONSIBILITIES AND LINES OF AUTHORITY

Nan Inc expects all employees, subcontractors, and other personnel within the project site to abide by all rules and regulations outlined in this Site Specific Health & Safety Plan. It is the responsibility of the Project Management team to ensure that all employees abide by all safety regulations as denoted in this plan. Without question, accident prevention is Nan Inc.'s number one responsibility, taking precedence over everything else. This policy receives the utmost attention at every level of command from the president downward.

a. Identification and Accountability of Personnel Responsible for Safety

Project Management assigned will be responsible for all aspects of implementation of the company Safety and Health Program on this project. He or she is also responsible for monitoring and enforcing the policies and procedures as outlined in this Safety & Health Plan. He or she shall have the authority to suspend work or remove any person from the project site who willfully or repeatedly refuses to comply with the safety procedures of this project, including subcontractors and their employees.

b. Requirements for Pre-Task Safety and Health Analysis

Each phase of work has a corresponding Activity Hazard Analysis (AHA) to establish safe work practices and procedures. Nan Inc will not permit any phase of work to commence without a submission of its applicable AHA. The employees involved in the corresponding phase of work are required to review the AHA and implement any safety procedure outlined.

c. Lines of Authority

Specified below are the project lines of authority, indicating the Nan Inc personnel that shall have the authority to intervene and suspend work in the interest of the safety policy compliance:

- Project Management of Nan Inc
- Rodney Ishimine – Safety Officer

d. Policies and Procedures Regarding Non-Compliance with Safety Regulations

The Nan Inc project team shall constantly monitor all subcontractors' construction activity for implementation of proper safety and practices. Nan Inc shall reserve the right to suspend, stop, or alter work procedures if safe working practices are not being performed, as recognized by the staff of Nan Inc. or any Construction Management Representative. Personnel who choose not to comply with Nan Inc.'s Safety and Health Policy shall receive a Safety Violation Notice, dependent upon the severity of the violation, and corrective action shall be taken to remind the employee of proper safety procedure(s). Continuous violations and general disregard for the same safety policies shall result in the immediate removal of the individual from the project site for that day. Should the individual continue with further non-compliance to safety procedures, this will result in a temporary or permanent suspension from the project site.

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e. Nan Inc's Policy on Personnel Accountability

Project management have the responsibility to enforce all safety and health rules, procedures and program. Failure to enforce site safety procedures shall result in the removal of any or all of the above mentioned personnel from the project. However, prior to this corrective action, investigations shall be performed by the Project Superintendent or Safety Officer to prove the lack of enforcement of the safety plan by the project team member. The project team member shall be given the opportunity to improve the project safety and the Project Superintendent or Safety Officer shall provide additional instruction/education. However, continued safety violations shall result in the suspension and/or the replacement of the team member. Project Management at a minimum should notify the Safety Officer two weeks notice of definable features of work.

IV. SUBCONTRACTORS AND SUPPLIERS

a. Means for Controlling and Coordinating Subcontractors and Suppliers

Prior to the commencement of work, subcontractors shall receive a copy of this Site Specific Safety & Health Plan and must provide a copy of their own company's Safety & Health plan and AHAs. All subcontractors will be required to comply with the applicable OSHA and HIOSH safety requirements and standards. Personnel of Nan Inc shall reserve the right to suspend, stop, or alter work procedures if safe working practices are not being performed, as recognized by the staff of Nan Inc or any Construction Management Representative.

b. Safety Responsibilities of Subcontractors and Suppliers

Subcontractors are required to comply with all safety policies and procedures on the job site at all times, with no exceptions. They will also be responsible for providing all necessary safety equipment and training for their personnel. Personnel who choose not to comply with Nan Inc.'s and their own company's Safety and Health Policies shall receive a Safety Violation Notice, of which **VIII. Safety and Health Expectations, Incentive Programs and Compliance** describes the procedure for non-compliance for all personnel on the job site in more detail.

All personnel shall be required to attend a weekly job site safety toolbox meeting and document their attendance, which is to be turned in with the daily production report to Nan Inc. Each subcontractor shall have two CPR/First Aid qualified personnel on-site, unless it is verified that the nearest medical facility is within five minutes of the site. Each subcontractor is also responsible for having a 16-unit first aid kit and two 10-lb fire extinguishers.

V. TRAINING

a. Mandatory Training and Certifications

Employees shall be trained in accident reporting and proper/safety practices when using personal protective equipment (PPE), fire extinguishers, ladders, GFCI outlets, etc. by an authorized person. All training

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involving power-actuated tools and any other mechanized equipment and machinery shall be conducted from the manufacturer's operations manual, of which a copy will be maintained at the project site. Only those employees who receive this training shall be qualified to operate power-actuated tools and any other mechanized equipment and machinery on the jobsite.

Employees involved in Confined Space, Scaffolding and Shoring, Working in Fall Hazard Area, and any HAZMAT/Removal or Abatement Work shall be trained and supervised by a competent person.

Safety training is an on-going effort. All workers shall be required to receive continuous training to further enhance their knowledge in safety practices. Nan Inc.'s goal is to strive for all the workers to develop an environment of safety thinking and practice in their work as well as in their daily lives.

b. Requirements for Supervisory and Employee Safety Meetings

All personnel shall be required to attend a weekly job site safety toolbox meeting. Weekly meetings shall cover all safety concerns for company employees, subcontractors, and the general public, and may be held to discuss safety issues associated with the project. These meetings shall be held on a set day, as well as held more frequently if necessary.

VI. SAFETY AND HEALTH INSPECTIONS

a. Inspection Process

Safety and Health Survey inspections of work sites, equipment, construction methods and materials shall be conducted on a daily basis. Noted deficiencies will be addressed for immediate corrective action. Documentation will be logged on Safety Action Form and submitted with the daily report. Follow-up inspections will be performed to verify that deficiencies have been corrected. However, this does not preclude the necessity of all employees' constant monitoring of construction activity for implementation of proper safety and practices. Regularly scheduled, as well as unscheduled, site visits will be made by the representatives of Nan Inc.'s main office. Nan Inc may also employ OSHA consultation services or safety/engineering consultants to further assure compliance with this Program, all codes, and safe work practices. Written reports of these inspections, when available, will be maintained in files both at the jobsite and the main office.

Personnel responsible for documenting safety inspections are: Project Superintendent and/or Safety Officer.

VII. ACCIDENT REPORTING

All accidents shall be reported via phone within 4 hours of any accident, other than first aid cases. For any accident that involves lost time or property damage of \$2,000 or more, the Accident Investigation Form must be completed within 24 hours of the incident and forwarded to the Construction Management Representative. Accidents resulting in fatality, permanent total or partial disability, serious injury requiring

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hospitalization of three or more employees, or property damage of \$200,000 or more shall be immediately reported to the Construction Management Representative by telephone and the Incident/Injury Investigation Form must be completed within 8 hours of the incident and forwarded to the Construction Management Representative.

All personnel mentioned under item **III. Responsibilities and Lines of Authorities** shall be responsible for the investigation of all such accidents and shall complete the respective forms when such accidents occur. A copy of the Incident/Injury Investigation Form is provided in **Appendix A**.

IX. RISK MANAGEMENT PROCESSES

Personnel protective equipment (PPE) is required in all operations where there is an exposure to hazardous conditions as stated in the OSHA or HIOSH standards. Employees shall be educated to know what proper PPE shall be used for each type of work environment they are exposed to. Should there be any question to the type of PPE to be used at the project site, the Safety Officer or competent person shall take the necessary steps to further educate the employees on-site.

Nan Inc.'s policy on PPE, at the minimum, is for each employee to wear a shirt with sleeves, long pants, steel toed boots, safety glasses, and a hard hat at all times, while performing any type of work. Nan Inc has also taken the opportunity to take safety to the next step by providing each worker with a highly visible company shirt and/or reflective Type II & III Safety Vest.

The construction site shall be barricaded with warning signs at all ingress and egress locations to the project site area. Nan Inc and its employees, including subcontractors, shall exercise extra care not to damage the surrounding areas such as trees, grass, and other structures. Dust shall be controlled by erecting a black felt barricade around the site, when necessary, and by spraying water in the surrounding areas, as well as, on the material and debris hauled in and out of the site daily. The Project Superintendent or his designated representative shall check that the proper measures ensuring dust control are followed daily. Detailed site specific hazards, controls and training requirements are provided in the Activity Hazard Analysis (AHA) for each upcoming activity or definable feature of work. Detailed project-specific hazards and controls for each phase of work are detailed in the respective Activity Hazard Analysis, which will be provided at a later time.

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APPENDIX A

Forms

Following forms shall be used for accident reporting, as well as for the overall enforcement and monitoring of the company safety program:

- Project Safety Indoctrination
- Acknowledgement of Company Safety and Health Program
- Safety Questionnaire
- Safety Violation Notice
- Incident/Injury Investigation Report
- Incident/Injury Report

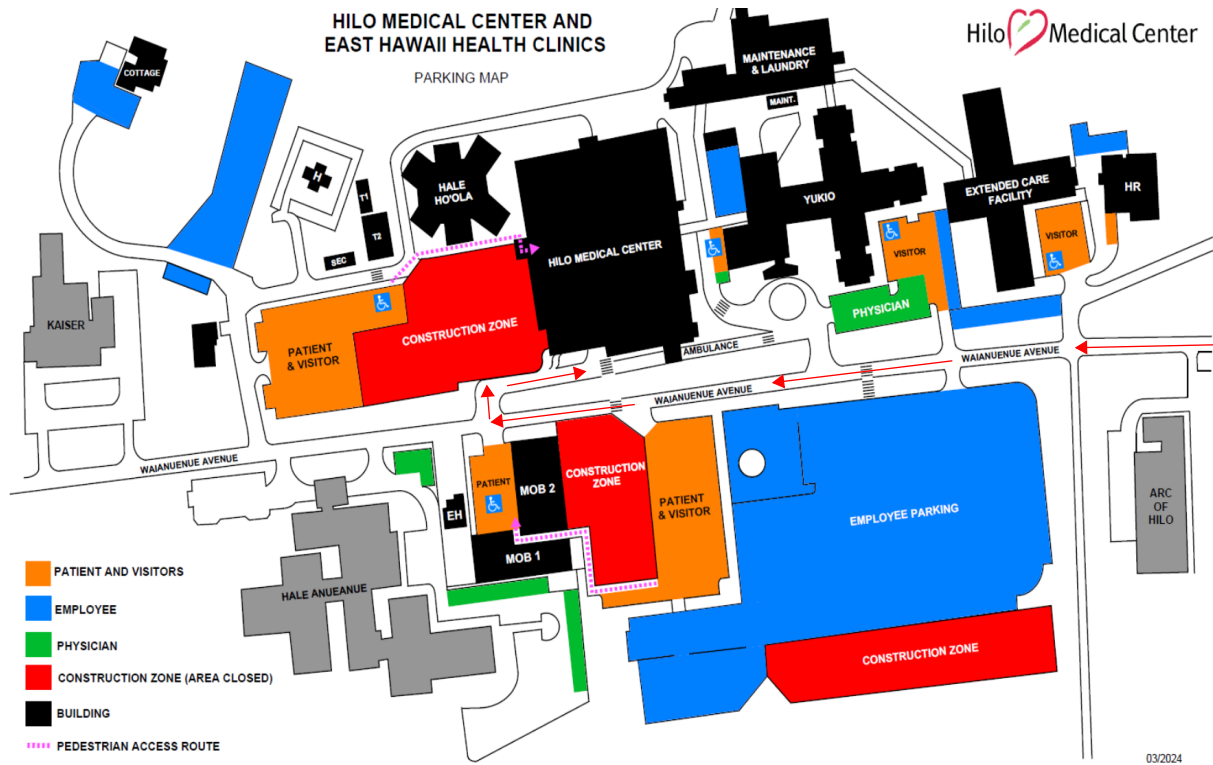


Figure 1. Hilo Medical Map

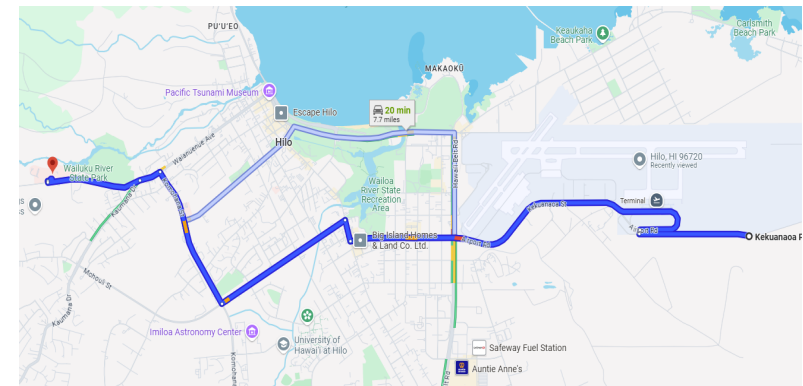


Figure 2. Transit Route/Map from Jobsite

Directions

Address:

1190 Waianuenue Ave, Hilo, HI 96720
Phone: 808-932-3000

Driving Directions:

Take the Kekuanaoa St. Exit and turn left onto Mohouli St. Turn right onto Komohana St., then left onto Waianuenue Ave. Continue up Waianuenue Ave., staying to the right at the fork. Turn right into the Patient and Visitor Center. This will bring you to Hilo Medical Center.

NAN INC.
Waste Water Treatment Plant
HILO, HI 96720

PROJECT SAFETY INDOCTRINATION

Employee's Name: _____

Employee's Company: _____

Date of Indoctrination: _____ Phone #: _____

Initialing on each line indicates you have read, understood, and agree to follow each rule.

_____ Closest Hospital: **HILO BENIOFF MEDICAL CENTER, 1190 WAINUENUE AVE, HILO, HAWAII 96720, Phone: (808) 932-3000.** May w/route to the hospital is located on the bulletin board.

_____ Emergency numbers located on the bulletin board. Call 911 and inform operator of your location.

_____ Davis Bacon Wage information, MSDS, Accident Prevention Plan, and Deficiency Log is located in the Jobsite Officer's trailer office.

_____ First Aid kit and fire extinguisher are located throughout the project job site, containers, and red boxes.

_____ Worker / Visitor Sign-In sheet each day.

_____ No one is allowed to ride in the back of any pickup truck or equipment.

_____ Weekly Safety Meetings are held on Monday morning at 7:00 a.m., Everyone is required to attend.

_____ Inspectors occasionally walk on the site. i.e. OWNER, C/C HAWAII, Etc.

_____ Portable toilets are located on the job site.

_____ Hot work operations consist of cutting and welding practices, and any other act that requires the use of portable heating equipment or flames. Burn permits must be provided. No smoking on the job site. Designated smoking area by gate only. Maintain a multi-purpose (ABC) fire extinguisher at close proximity of the work operations. Fire watch personnel remain on site for at least 60 minutes after the hot work is to ensure no smoldering fires are present.

_____ No music allowed including headset, I-pod, or radios.

_____ Emergency /Reporting Procedures: Report all injuries including near-misses, and incidents to your immediate supervisor or Safety Officer. If you are allergic to bees or have health conditions that require medication or medical attention in an emergency, inform your immediate supervisor or safety office.

_____ Substance Abuse: At no time while on duty shall any employees use or be under the influence of alcohol, intoxicants, or similar mind altering substances.
Employees found under the influence of or consuming such substances will be immediately removed from the jobsite.

_____ Competent/Qualified Person: The designated competent person and qualified person on the site shall be identified and known to all employees on the jobsite.

_____ Laser Safety: Employees must be trained and receive a card indicating they can use the laser safely.

_____ Site Controls: Read and obey all signs posted.

Housekeeping: No smoking on the site. Work areas and means of access shall be maintained safe and orderly. Ensure all materials including cylindrical items are stored properly.

Sanitation: Dispose of all garbage in garbage containers.

Minimum Requirements: Personal Protective Equipment (PPE)

Hard hat, safety glasses, reflective safety vest (Class II), and steel-toed safety leather shoes or boots, long pants(no torn or frayed pants) and sleeved Shirt are required to be worn on jobsite by construction and management personnel, subcontractors and site visitors.

Delivery Drivers must have long pants, shirt with sleeve and use the proper PPE. No shorts or tank top. Personnel keep distance from equipment; maintain communication and/or eye contact with operator. When removing bindings (i.e. straps) be aware that the load could suddenly shift and fall on you. Do not stand on the opposite side of the truck when material or equipment is being unloaded with a forklift or when straps are being removed. Take extra precautions on material that can roll off. Before leaving the job site check tires for lodged rock. As necessary, establish limited access zone area; only authorized personnel allowed. A spotter is required if reversing equipment.

General Safety Rules Philosophy of Program/Responsibility: "Safety Is Everyone's Responsibility". Employees are required to follow safety rules in accordance with the Accident Prevention Plan (APP), HIOSH, and OSHA.. The more stringent safety rule will apply. Everyone should be looking out for each other.

Respirator users must have a medical evaluation and fit test before he/she can use it. Documents must be provided before work can begin. **Voluntary use of dust mask must follow safety requirements.**

Other PPE may be required depending on the work being performed (i.e. gloves, hearing protection, harness)

Physical Qualifications of Employees: All persons shall be physically, medically, and emotionally qualified for performing the duties to which they are assigned.

- **Are you allergic to any substances or do you react to insect bites or stings?** _____
- **Do you have any medication to counteract the effects of whatever you may react to?** _____
- **Are there any other medical conditions that may affect your performance at work?** _____

Hazard Communication: The Hazard Communication Program and SDSs are located in the jobsite trailer office. All containers must be labeled with product name, physical and health hazards. All containers must be labeled; unlabeled containers will be removed from site.

Proper Lifting: Employees shall be trained in and shall use safe lifting techniques. Bend your knees, keep your back straight then lift. Use multiple persons when necessary. Use mechanical device as required. **A weight of 50 lbs. is considered heavy.**

Ladders: Check ladders before using for cracks or damages. Do not use the last two top rung of the ladder. Aluminum ladders are not allowed on jobsite.

Electrical GFCI mandatory Missing Ground Pin will be taken out of service from the site. Exposed wire, Patched, worn or frayed electrical cords or cable will be removed from the site. Turn in to supervisor.

Power tools, Generators, and Other Equipment: Check tools and equipment before each use. Do not remove guards. Personal tools must meet the require standards and subject to inspection.

Heavy Equipment: Equipment certification required. Operator must be trained & certified to operate equipment. No one is allowed to operate any equipment without proper authority or approval from jobsite management. Do daily inspection – forms available. Operator must use seat belt. Check fire extinguisher before using equipment -annually & monthly inspection checked during daily inspection. Listen for the warning of a back-up alarm. Stay clear of equipment swing radius. Whenever any machinery or equipment is found to be unsafe, the equipment shall be immediately taken out of service.

Cylinders: All cylinders must be separated & secured in an upright position at all times. When not in use regulators must be removed and capped. Separate & store compressed cylinder at least 20 feet apart.

Emergency and Fire Prevention Plan: Evacuation routes are posted on the bulletin board. Location of firefighting equipment (extinguishers) Specific procedures (medical, chemical, fire, etc.)

Fall Protection: Employees engaged in construction activities 6 feet or more above lower levels shall be protected by guardrail systems, safety net system, or personal fall restraint or fall arrest system.

Excavation/Trenching: Competent person must check excavation/Trenching daily before any personal enters. Employees in an excavation/Trenching work shall be protected from cave-ins by an adequate protective system.

A stairway, ladder, ramp or other safe means of egress shall be located in trench excavations that are 4 feet or more in depth so as to require no more than 25 feet of lateral travel for workers.

Scaffold: Competent person must check scaffold daily before use. Follow tagging system; red tag is incomplete and green tag indicates scaffold is completed and safe to use. Mobile scaffolds require operators to be certified for use. Occupants shall use a fall restraint system utilizing a fall harness and an adjustable lanyard set up to limit the distance an occupant can extend beyond the guardrails. Mobile lifts (scissors lifts, man lifts) are subject to the same fall protection and operator requirements as mobile scaffolds.

Confined Space: Confined Space is a space that (1) is large enough to enter (2) has limited means for entry or exit, and (3) is not designed for continuous worker occupancy. Examples: manholes, silos, storage tanks.

Safety Violators: Initial violations by employees shall warrant a verbal warning or a written up Safety Violation Notice, dependent upon the severity of the violation, and corrective action shall be taken to remind the employee of proper safety procedures. Continuous violations and general disregard for the same safety procedures shall result in the immediate removal of the individual from the project site for that day.

Any changes to the safety rules will be communicated or posted on the bulletin board.

My signature and initials in each section acknowledges that I have read and will follow the safety rules required on this project. I promise to do my part in keeping the job site safe so we can go home at the end of the day to be with our families.

EMPLOYEE SIGNATURE: _____

SIGNATURE OF TRAINER: _____

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Acknowledgement of Company Safety and Health Program

I have read and comprehend the Safety and Health Program, Accident Prevention Plan, Hazard Communication Program, and Substance Abuse Policy written by Nan, Inc. I agree to follow all rules and regulations stated by the various plans at all Nan, Inc. projects that I am involved with. I understand that violations by my company or its employees will result in consequences determined by the Government or Nan, Inc.

By my signature below, I shall comply with the above stated and all safety and health requirements stated in the OSHA, HIOSH, and all Federal, State, and City Safety and Health regulations.

Company Name:	
Printed Name:	
Signature:	
Date:	

<div style="text-align: center;"> Nan Inc Safety Questionnaire </div>		Employee Name: _____ Nan Job No.: _____
1. When can you take your hard hat off?		
2. What is the drug and alcohol policy for Nan Inc?		
3. What are the two required documents before wearing respirator?		
4. List the proper work attire.		
5. Which two places will you secure the extension ladder secure?		
Evaluator Information		
Evaluator's Name:		Remarks:
Evaluator's Signature:		
Date:		
Employee Acknowledgement of Evaluation		
Employee's Signature:		
Date:		

SAFETY VIOLATION NOTICE

Employee Name: _____ Date of Violation: _____

Violation Location: _____

Department: _____ Supervisor: _____

Date of Incident: _____ Time: _____

Type of Violation: (Circle)- **explain below

Not using Proper PPE

Careless Handling of Materials

Improper Lifting

Use of (PFAS, PFRS)

Careless Fire Prevention

Fail to follow Safety Rules

Unsafe Electrical Use

Improper use of Power Tools

Other: _____

Horseplay

Unsafe use of Equipment

Previous Warning	Oral	Written	Date	by Whom
1 st Warning	Yes / No	Yes / No	_____	_____
2 nd Warning	Yes / No	Yes / No	_____	_____
3 rd Warning	Yes / No	Yes / No	_____	_____

**Explain Violation: _____

Employee Statement: _____

Supervisor Statement: _____

Action to be Taken: ☐ Warning ☐ Probation ☐ Suspension
☐ Dismissal ☐ Other _____

Consequence should incident occur again: _____

I have read this Employee Notice and Understand it.

Employee Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

INCIDENT/INJURY INVESTIGATION REPORT

Date of Incident: Project and Job Site Location:

Employee's Name: Job Title:

What was the main cause of the incident?

Check all that apply

Job Factors

- ☐ Inadequate enforcement/supervision
- ☐ No training or insufficient training
- ☐ Inadequate tools or equipment provided
- ☐ Inadequate communication
- ☐ Inadequate management sys. (Standards or Procedure

Contributing Behaviors

- ☐ Abuse or misuse of equipment
- ☐ Unsafe operation or vehicle
- ☐ Bypassing safety devices
- ☐ Unsafe placing mixing or loading
- ☐ Unsafe position or use of body
- ☐ Unsafe Pushing or Pulling
- ☐ Unsafe Speed
- ☐ Horseplay distraction or teasing
- ☐ improper use of equipment tools etc
- ☐ Using defective equipment or tools
- ☐ Failure to wear required personal protective equipment

Personal Factors

- ☐ Inadequate knowledge or skill
- ☐ Inadequate physical ability
- ☐ Physical or mental stress
- ☐ Personal problems
- ☐ Distractions, teasing, horseplay

Contributing Conditions

- ☐ Defective equipment tools or items
- ☐ Environment (chemical, dust, vapors heat etc.)
- ☐ Housekeeping
- ☐ Illumination
- ☐ Improper or inadequate storage
- ☐ Inadequate equipment guards or barriers
- ☐ Noise exposures
- ☐ Ventilation
- ☐ Inadequate protective equipment
- ☐ Inadequate warning systems
- ☐ Fire and explosion hazards

☐ Other factor or conditions not listed above:

Witness Name: Phone #: (attach statement)

Witness Name: Phone #: (attach statement)

(COMPLETE BACK SHEET)

What changes will be made to prevent this incident from happening again?

- ☐ Stop this activity ☐ Guard the hazard ☐ Retrain employee(☐ Retrain supervisor(s)
- ☐ Redesign task ste ☐ Write a new policy/rule ☐ Enforce existing policy

Immediate Actions Taken and Changes Made:

Attach supporting documentation of changes made and actions taken (topic covered, sign-in log, photos etc.) with this report to Jocelyn Soriano and Emily Willing within 24 hours from date of injury or incident. Include a copy of the initial incident/injury report.

This form completed by:

Print Name: _____ Signature: _____ Dated: _____

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INCIDENT/INJURY REPORT

Injured Employee

Date of Injury: Time of Injury: AM PM Employee notified:

Project and Job Site Location:

Employee's Name: Job Title: Date of Birth:

Home Address Phone # Marital Status:

How did this Incident Occur?

Describe: The job task employee was doing when the injury occurred? Who was working with him/her when the injury occurred?

Describe: WHAT tool, equipment or substance used that caused the employee's injury?

Describe: WHAT part of the body was injured and nature of injury?

Was first aid treatment administered to the employee on the job site? ☐ Yes ☐ No If not, where was the employee taken for medical

treatment?

If incident/injury report was not submitted the same day provide reason for delay:

Project Team (Print):

Project Manager: Project Superintendent:

Safety Manager:

Submit completed INCIDENT/INJURY INVESTIGATION REPORT form within 24 Hours from the Date of Injury to JOCELYN SORIANO and EMILY WILLING.

This form completed by:

Print Name: _____ Signature: _____ Dated: _____

Office Use Only

Employee SS# _____ Date Hired: _____ Date of Birth: _____

Hourly Wage: _____ Average Weekly Wage: _____

Result of Injury:

☐ First Aid Only ☐ Medical Treatment ☐ Restrictive/ Light Duty ☐ Lost Time

APPENDIX B

Activity Hazard Analysis (AHA)

Note: Job Specific AHA's for Definable Features of Work to be submitted at a later date.

Figure 7-2
NAN, INC.-008, Activity Hazard Analysis

ACTIVITY HAZARDS ANALYSIS

Date prepared: _____

Project location: _____

Prepared by: _____

Job: NOAA Marine Science & Storage Facility

Reviewed by: _____

Overall Risk Assessment Code (RAC)
(Use highest code)

Risk Assessment Code Matrix

E = Extremely High Risk H = High Risk M = Moderate Risk L = Low Risk		Probability				
		Frequent	Likely	Occasional	Seldom	Unlikely
S e v e r i t y	Catastrophic	E	E	H	H	M
	Critical	E	H	H	M	L
	Marginal	H	M	M	L	L
	Negligible	M	L	L	L	L

JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	RAC
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
EQUIPMENT	TRAINING	INSPECTION	

Approval Authority: _____

Accepted By: _____

Form 385-1 (Revised) August 2007