

Appendix C

Tailgate Safety Meeting Minutes

13.0 Employee Sign-Off Form

URS Group, Inc.

EMPLOYEE SIGNOFF FORM
 Site Safety and Health Plan

The URS project employees and URS subcontractors (and lower tier subcontractors) listed below have been provided with a copy of this SSHP, have read and understood it, and agree to abide by its provisions (including drug testing and discipline protocols).

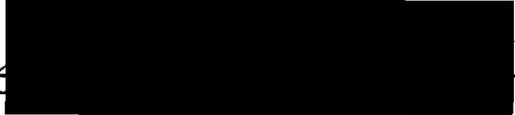
Project Name: Niagara Falls Storage Site Project **Project Number:**

EMPLOYEE NAME (Please print)	EMPLOYEE SIGNATURE	COMPANY	DATE
		URS	11-5-12
		URS	11-5-2012
		Hager-Richter	11-7-2012
		Hager-Richter	11/7/12
		URS	11/8/12
		URS	11/8/12
		Russo	11/12/12
Russo	11-12-12		

Meeting Conducted By: :



Date 11-5-12



TAILGATE SAFETY MEETING

Date: 11-6-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Hand Tools, Site Survey

Protective Clothing/Equipment: level D, Face shield, Gloves safety vest, HandHrt
Slips trips falls, Cold stress,

Chemical Hazards: NA

Physical Hazards: cut off wheel, Slips trips falls

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

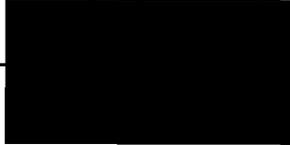
Name Printed:

Signature:

Meeting Conducted By: :



Date 11-6-12





Health, Safety and Environment
CONFINED SPACE ENTRY PERMIT

Attachment 010-1 NA

Issue Date: October 2000
Revision 7: December 2009

Space to be Entered: valve pit Permit No. 01
 Location/Description: _____ Purpose of Entry: Close valve and correct a ground case
 Authorized Duration of Permit: Date: 11-6-12 to: 11-6-12
 Time: 11:30 AM to: 3:30 PM

PERMIT SPACE HAZARDS (Indicate specific hazards with initials.)

- _____ Oxygen deficiency (less than 19.5%)
- _____ Oxygen enriched (greater than 23.5%)
- _____ Flammable gases or vapors (greater than 10% of LEL)
- _____ Airborne combustible dust (meets or exceeds LEL)
- _____ Toxic gases or vapors (greater than PEL or TLV)
- _____ Mechanical Hazards
- _____ Electrical Hazards
- _____ Chemical Hazards
- Engulfment
- _____ Other: _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK
Specify as required:

- Personal Protective Equipment: _____
- Respiratory Protection: _____
- Atmospheric Testing/Monitoring: _____
- Communication: _____
- Permits: _____
- Rescue: _____
- Hand/Power Tools: _____
- Blocking/Blanking: _____
- Other: _____

PREPARATION FOR ENTRY (Check after steps have been taken.)

- Notify affected groups of service interruption.
- Isolation Methods Lockout/Tagout Blank/Blind
- Purge/Clean Inert Ventilate
- Atmospheric Test Barriers Other: _____
- Personnel Awareness:
- Pre-entry briefing on specific hazards and control methods
- Notify contractors of permit and hazard conditions
- Other: _____
- Additional Notifications required: _____

AUTHORIZED ENTRANTS (List by name or attach roster):

RESCUE PERSONNEL / SERVICE RESCUE EQUIPMENT:

Phone Number: 911
 Contact Method: cell phone
 Phone Number: _____
 Contact Method: _____

AUTHORIZED ATTENDANTS (List by name or attach roster):

ATMOSPHERIC TESTING FREQUENCY: _____

Name of Atmosphere Tester: _____

PERMIT CANCELLED BY (if required):

Date: _____ Time: _____

Reason for Cancellation: _____

USACE ENTRY PERMIT

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

1. LOCATION OF SPACE

VALVE PIT

2. DESCRIPTION OF SPACE

3. EMPLOYEE AUTHORIZING ENTRY (Last, First MI)

4. DATE (YYYYMMDD)

11-6-12

5. PURPOSE OF AUTHORIZATION

SHUT WATER VALVE, CORRECT GROUND CABLE

6. ENTRY AUTHORIZED (0001-2400 hours) FROM

11:30

TO

15:30

7. DATE (YYYYMMDD)

11-6-12

8. AUTHORIZED ENTRANTS

9. AUTHORIZED ATTENDANT(S)

SECTION I - SPACE HAZARDS AND CONTROLS

1. ASPHYXIATING

a. OXYGEN DEFICIENCY

b. CHEMICAL

c. ENGULFMENT

2. FLAMMABLE / EXPLOSIVE

a. DUST

b. CHEMICAL (Specify)

3. TOXIC: CHEMICAL (Specify)

4. UNAUTHORIZED ACTIVATION

a. MECHANICAL

b. ELECTRICAL

5. THE CONFINED SPACE SHALL BE ISOLATED OR POTENTIAL HAZARDS CONTROLLED BY:

a. DEPRESSURIZATION

b. PURGING AND CLEANING PIPING

c. VENTILATION

d. LOCKOUT / TAGOUT

e. BLANKING / CAPPING PIPING

f. OTHER (Specify)

6. RESCUE SERVICES / EQUIPMENT ARE AVAILABLE

a. ON-SITE

b. OUTSIDE

7. COMMUNICATION EQUIPMENT PROCEDURES TO BE USED

VERBAL, VISUAL

8. THE FOLLOWING PERSONAL PROTECTIVE EQUIPMENT HAVE BEEN ASSIGNED TO, AND SHALL BE WORN BY ENTRANTS

Gloves, SAFETY SHIELD

9. HOT WORK

MAY

SHALL NOT BE CONDUCTED IN THIS SPACE. IF HOT WORK IS PERMITTED, THE FOLLOWING

CONTROLS SHALL BE UTILIZED

SECTION II - TESTING AND MONITORING

1. THE SPACE HAS AN OXYGEN CONTENT OF

20.9

AND IS

a. SAFE

b. UNSAFE

2. THE SPACE HAS BEEN MONITORED AND CONTAINS THE FOLLOWING CONCENTRATIONS OF TOXIC HAZARDS

a. CARBON MONOXIDE

b. HYDROGEN SULFIDE

c. OTHER (Specify)

NONE

3. THE SPACE HAS BEEN TESTED AND CONTAINS THE FOLLOWING PERCENTAGES OF LOWER FLAMMABLE LIMIT OF FLAMMABLE / EXPLOSIVE CHEMICALS (Specify)

0%

SECTION II - TESTING AND MONITORING (Continued)

4. MONITORING WILL BE CONDUCTED: CONTINUOUSLY OR AT _____ INTERVALS.

ADDITIONAL COMMENTS, PRECAUTIONS OR REMARKS NOT ADDRESSED ELSEWHERE

SECTION III - AUTHORIZATION AND CANCELLATION SIGNATURE CERTIFICATIONS

AUTHORIZATION: ALL ACTIONS AND CONDITIONS NECESSARY FOR SAFE ENTRY TO, WORK IN, AND EXIT FROM THE CONFINED SPACE HAVE BEEN PERFORMED. ENTRY IS PERMITTED ON THE DATE AND TIME, AND FOR DURATION, SPECIFIED ABOVE.

11:30
TIME (0001-2400 hours)

11-6-12
DATE (YYYYMMDD)


SIGNATURE OF INDIVIDUAL AUTHORIZING ENTRY

CANCELLATION: ALL ENTRANTS HAVE EXITED THE CONFINED SPACE AND THIS PERMIT IS CANCELLED.

TIME (0001-2400 hours)

DATE (YYYYMMDD)

SIGNATURE OF INDIVIDUAL AUTHORIZING ENTRY CANCELLATION

TAILGATE SAFETY MEETING

Date: 11-7-2012 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: HASP Review, Geo Survey

Protective Clothing/Equipment: Level D

Chemical Hazards: NA

Physical Hazards: slips, trips, falls

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: Poison ivy in wooded areas

Attendees:

Name Printed:

[Redacted Name Box]

Signature:

[Redacted Signature Box]

Meeting Conducted By: :

Date 11-7-12

Meeting Conducted By: :

Date 11-8-12

TAILGATE SAFETY MEETING

Date: 11-10-17 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: SLIPS TRIPS FALLS, WORKING WALKING SURFACES

Protective Clothing/Equipment: Level D Hand Hats Safety Glasses, Safety Vest

Chemical Hazards: _____

Physical Hazards: Hand tools

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

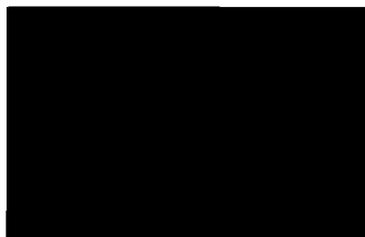
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

	_____

Signature:

	_____



Meeting Conducted By: :



Date 11/10/12



TAILGATE SAFETY MEETING

Date: 11-11-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Manual Lifting, Slips trips Falls, walking working surfaces

Protective Clothing/Equipment: Level D

Chemical Hazards: _____

Physical Hazards: Drill rig Hand tools

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

[Redacted Name]

Signature:

[Redacted Signature]

Meeting Conducted By: :

Date 11-11-12

TAILGATE SAFETY MEETING

Date: 11-12-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: working, walking surfaces, hand tools and portable equipment

Protective Clothing/Equipment: Level D, Hand HATS, Safety vests, steel toe boots, safety glasses

Chemical Hazards: slips, trips falls,

Physical Hazards: slips trips falls, over head equipment,

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

[Redacted Name]	_____

Signature:

[Redacted Signature]	_____

Meeting Conducted By: :

Date 11-12-13



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11/2/12

Project Name: NFSS

Weather Conditions: overcast, 41°

Excavation Location: PE PIPE EXCAVATION

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

Notes:

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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



COMPETENT PERSON

11-17-12

Date



Meeting Conducted By: :

 _____

Date: 11-13-12





Meeting Conducted By: :

Date 11-17-12



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: <i>Russo Development</i>	Responsible Person: <i>[Redacted]</i>	Date: <i>11-14-12</i>
Building:	Area Equipment:	Control No.
Special Work To Be Done: <i>Cutting water line with electric chop saw</i>		Time From: <i>11:00 AM</i> To: <i>5:00 PM</i>
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Is the work area clean and ready for work to begin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Name(s)		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Test results: Percent LEL <i>0</i> O ₂ <i>20.9</i>	Time Tester (Initials): <i>11:00 AM</i>
H ₂ S <i>0</i> CO <i>0</i> Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total Hydrocarbons <i>—</i> Others As Required <i>—</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <i>5:00 PM</i>	Permit Cancelled: (Time)

Endorsements as Required

	Name: <i>[Redacted]</i>	Signature: <i>[Redacted]</i>	Time:
Area Operations Technician:	<i>[Redacted]</i>	<i>[Redacted]</i>	
Person Doing The Work:	<i>[Redacted]</i>	<i>[Redacted]</i>	
Job Supervisor/Foreman:	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>9:50</i>
Project Supervisor:	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>10:57</i>
Safety Manager:	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>10:30</i>

Meeting Conducted By: :



11-15-12





Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-15-12

Project Name: MFSS

Weather Conditions: _____

Excavation Location: PE1

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

Notes:

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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



COMPETENT PERSON

11-15-12
Date



Health, Safety and Environment
EXCAVATION / TRENCHING PERMIT

Attachment 013-1 NA

Issue Date: July 2000
Revision 6: March 2012

Authorization No.:

Date and Time Permit Valid:

11-15-12

Competent Person:



Date and Time Permit Expires:

11-16-12

Project Name:

NFSS

Excavation/Trench Location:

PE1

Description or Job Special Procedures:

plugging pipes

ESTIMATED DIMENSIONS: DEPTH = <u>8'</u> TOP = W <u>4'</u> L <u>20'</u> BOTTOM = W _____ L _____		SOIL TYPE: <input type="checkbox"/> Stable Rock <input checked="" type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Avg. Compression Strength _____ tsf <input type="checkbox"/> Compressed Strength Data _____	
SOIL ANALYSIS METHOD(S) USED: <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Manual <input type="checkbox"/> Tabulated Data		MANUAL TEST USED: <input type="checkbox"/> Plasticity <input type="checkbox"/> Dry Strength <input type="checkbox"/> Ribbon <input type="checkbox"/> Thumb Penetration <input type="checkbox"/> Pocket Penetrometer <input type="checkbox"/> Dry Testing <input type="checkbox"/> Other	
SOIL CHARACTERISTICS: <input type="checkbox"/> Cemented <input checked="" type="checkbox"/> Cohesive <input type="checkbox"/> Layered <input type="checkbox"/> Fissured <input type="checkbox"/> Granular <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Saturated <input type="checkbox"/> Submerged		UTILITIES: <input type="checkbox"/> One Call Service Notified <input type="checkbox"/> Utilities Marked by Public Utilities <input type="checkbox"/> Property Owner Contacted <input checked="" type="checkbox"/> Utility Drawings Reviewed <input checked="" type="checkbox"/> Private Utility Locator Utilized	
PROTECTIVE SYSTEMS: Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.		LIST OF KNOWN OBSTRUCTIONS: <input type="checkbox"/> Electrical <input type="checkbox"/> Telephone <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Steam <input type="checkbox"/> Alarm <input type="checkbox"/> Drain <input type="checkbox"/> Process <input type="checkbox"/> Footings <input type="checkbox"/> Pilings <input type="checkbox"/> Concrete Encasement <input type="checkbox"/> Other	
SLOPING/BENCHING: <input checked="" type="checkbox"/> Vertical (90°) <input type="checkbox"/> 3/4 :1 (53°) <input type="checkbox"/> 1:1 (45°) <input type="checkbox"/> 1 1/2:1 (34°) <input type="checkbox"/> 2:1 (26°) <input type="checkbox"/> Other		SHORING: <input type="checkbox"/> Timber <input type="checkbox"/> Aluminum Hydraulic <input checked="" type="checkbox"/> Trench Shield/Trench Box	
OTHER: <input checked="" type="checkbox"/> Means of Egress Required <input type="checkbox"/> <input type="checkbox"/> Confined Space Permit Required <input type="checkbox"/>			
SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS			



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: <i>Russo</i>	Responsible Person: [Redacted]	Date: <i>11-15-12</i>
Building:	Area Equipment: <i>EXCAVATOR, CHIPSAW</i>	Control No. <i>002</i>
Special Work To Be Done: <i>Cut pipe to fill with concrete</i>		Time From: <i>8:30 AM</i> To: <i>5:00 PM</i>
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Name(s)		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <i>0</i> O ₂ <i>20.9</i> H ₂ S <i>0</i> CO <i>0</i> Other toxic Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): <i>SL</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time/Initials: <i>1150 SMC</i>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:	[Redacted]	[Redacted]	<i>10:00</i>
Person Doing The Work:	[Redacted]	[Redacted]	<i>10:00</i>
Job Supervisor/Foreman:	[Redacted]	[Redacted]	
Project Supervisor:	[Redacted]	[Redacted]	<i>0900</i>
Safety Manager:	[Redacted]	[Redacted]	<i>9:00</i>



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [Redacted]	Responsible Person: [Redacted]	Date: 11-15-12
Building: _____	Area Equipment: _____	Control No. 003
Special Work To Be Done: <i>using torch to heat up 2 Bolts on Drill Rig</i>		Time From: 2:00pm To: 5:00pm
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Name(s)		
8. Is GAS TEST required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test results: Percent LEL _____ O ₂ _____ H ₂ S _____ CO _____ Other toxic Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: 3:00pm [Redacted]	Permit Cancelled: (Time)

Endorsements as Required

Name:	Signature:	Time:
Area Operations Technician:	[Redacted]	2:16pm
Person Doing The Work:	[Redacted]	2:16pm
Job Supervisor/Foreman:	[Redacted]	2:16pm
Project Supervisor:	[Redacted]	2:16pm
Safety Manager:	[Redacted]	2:16pm



Meeting Conducted By: :

 _____

 _____

11-16-12





Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: _____

Date: 11-16-12

Project Name: MFS3

Weather Conditions: _____

Excavation Location: PE1

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

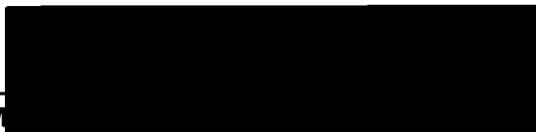
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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



11-16-12
Date



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: <i>RUSGO Development</i>	Responsible Person: [Redacted]	Date: <i>11-16-12</i>
Building:	Area Equipment: <i>PE1</i>	Control No. <i>004</i>
Special Work To Be Done: <i>PIPE INSPECTION, PIPE CAPING</i>		Time From: <i>8:00 AM</i> To: <i>5:00 PM</i>
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Name(s): [Redacted]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <i>0</i> O ₂ <i>20.9</i> H ₂ S <i>0</i> CO <i>0</i> Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____	Time Tester (Initials): <i>8:00 PM</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <i>3:00 PM / SC</i>	Permit Cancelled: (Time)

Endorsements as Required

Name:	Signature:	Time:
Area Operations Technician:	[Redacted]	
Person Doing The Work:	[Redacted]	
Job Supervisor/Foreman:	[Redacted]	
Project Supervisor:	[Redacted]	<i>0900</i>
Safety Manager:	[Redacted]	<i>9:00 AM</i>

TAILGATE SAFETY MEETING

Date: 11/17/12 Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented:

Protective Clothing/Equipment: LEVEL D

Chemical Hazards: _____

Physical Hazards: _____

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

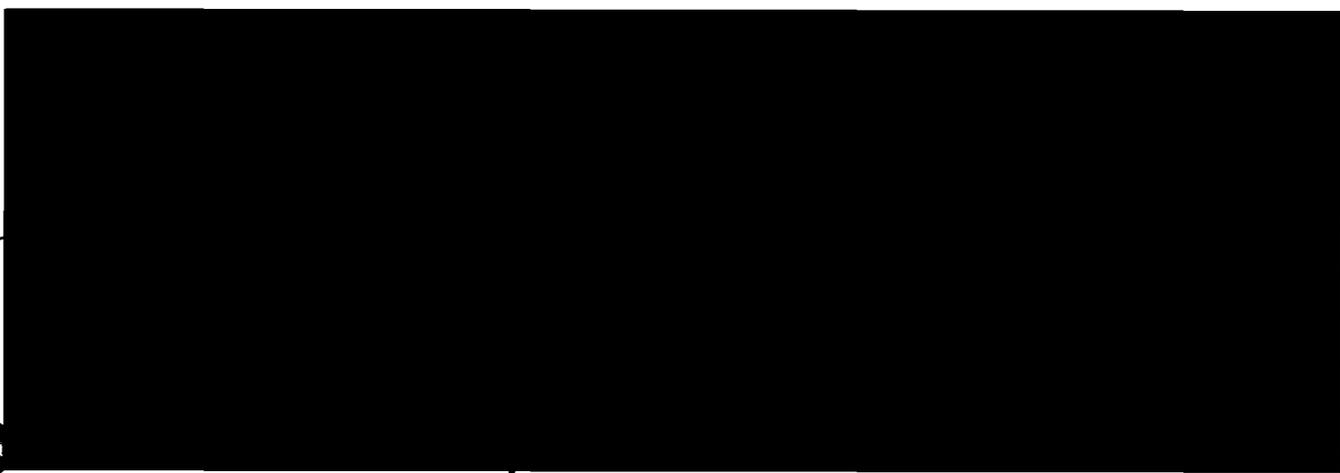
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: AWARENESS FIRST DAY SHOTGUN SEASON - KEEP VESTS ON @ ALL TIMES

Attendees:

Name Printed: _____ Signature: _____



TAILGATE SAFETY MEETING

Date: 11-18-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: slips trips falls, material handling, pinch points

Protective Clothing/Equipment: Level D, safety glasses, hand hats, steel toe boots
safety vest

Chemical Hazards: _____

Physical Hazards: noise, ice

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

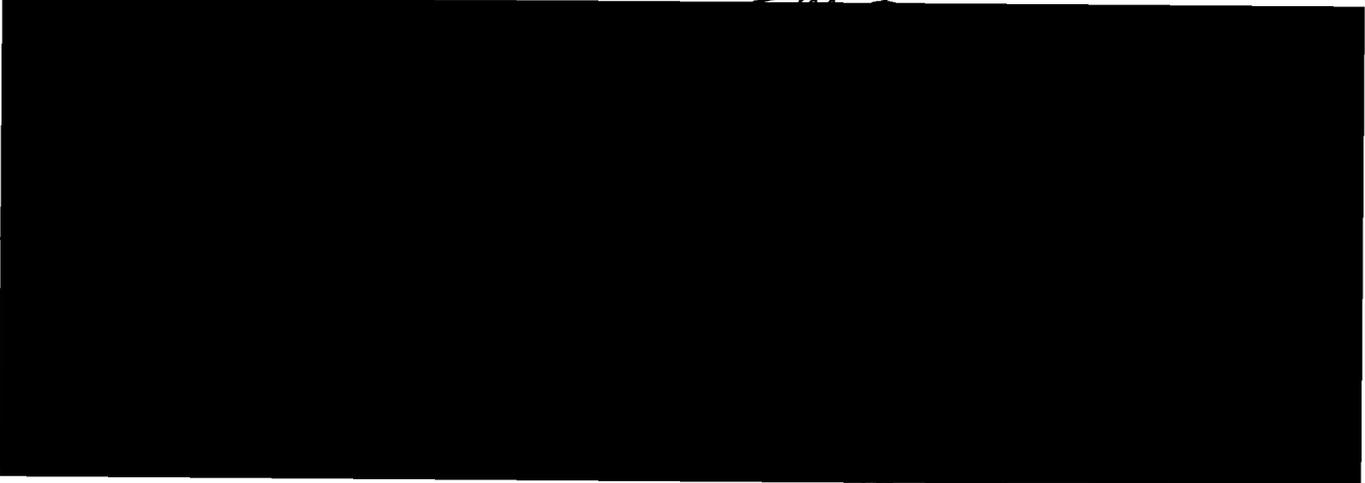
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:



TAILGATE SAFETY MEETING

Date: 11-19-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slips trip falls, working walking surfaces, Trench safety

Protective Clothing/Equipment: Level D, Hand Hats safety glasses, safety vest
Steel toe Boots, Ear Plugs

Chemical Hazards: _____

Physical Hazards: FCR, Over Head objects

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

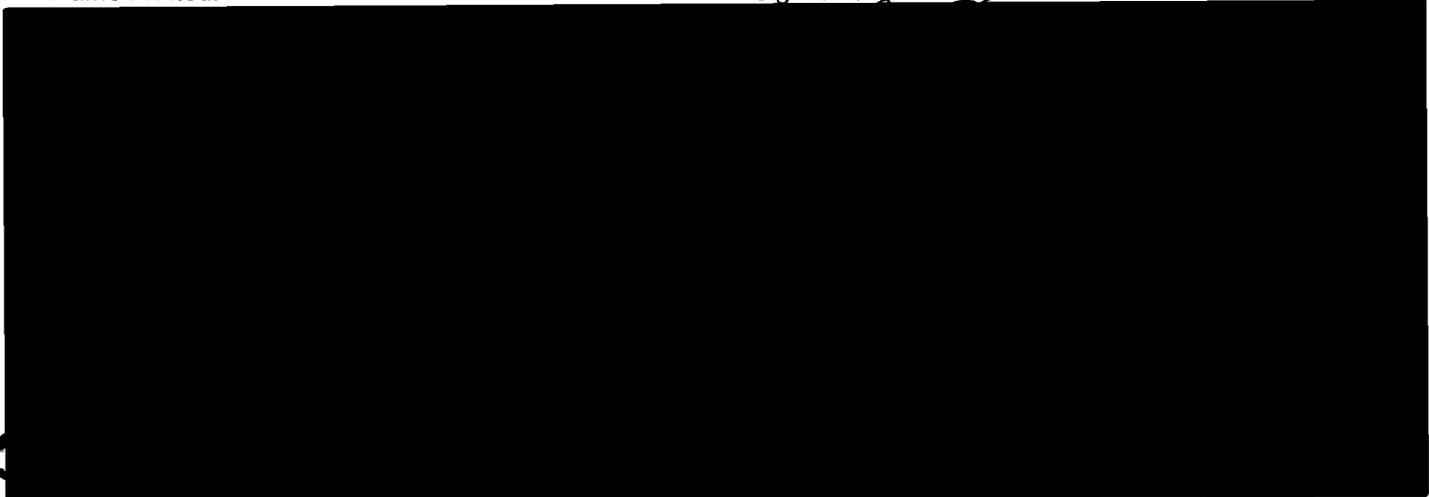
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:





Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-19-12

Project Name: NFSS

Weather Conditions: clear

Excavation Location: PEL

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

Notes:

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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



COMPETENT PERSON

11-19-12
Date



Health, Safety and Environment

Attachment 013-1 NA

EXCAVATION / TRENCHING PERMIT

Issue Date: July 2000
Revision 8: March 2012

Authorization No.:

Date and Time Permit Valid:

11-19-12

Competent Person:



Date and Time Permit Expires:

11-20-12

Project Name:

MFSS

Excavation/Trench Location:

PE 1

Description or Job Special Procedures:

Locate P.A.S and plug

ESTIMATED DIMENSIONS: DEPTH = <u>8</u> TOP = W <u>4</u> L <u>20</u> BOTTOM = W <u>4</u> L <u>20</u>		SOIL TYPE: <input type="checkbox"/> Stable Rock <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Avg. Compression Strength _____ tsf <input type="checkbox"/> Compressed Strength Data _____	
SOIL ANALYSIS METHOD(S) USED: <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Manual <input type="checkbox"/> Tabulated Data		MANUAL TEST USED: <input type="checkbox"/> Plasticity <input type="checkbox"/> Dry Strength <input type="checkbox"/> Ribbon <input type="checkbox"/> Thumb Penetration <input type="checkbox"/> Pocket Penetrometer <input type="checkbox"/> Dry Testing <input type="checkbox"/> Other	
SOIL CHARACTERISTICS: <input type="checkbox"/> Cemented <input checked="" type="checkbox"/> Cohesive <input type="checkbox"/> Layered <input type="checkbox"/> Fissured <input type="checkbox"/> Granular <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Saturated <input type="checkbox"/> Submerged		UTILITIES: <input type="checkbox"/> One Call Service Notified <input type="checkbox"/> Utilities Marked by Public Utilities <input type="checkbox"/> Property Owner Contacted <input type="checkbox"/> Utility Drawings Reviewed <input type="checkbox"/> Private Utility Locater Utilized	
PROTECTIVE SYSTEMS: Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.		LIST OF KNOWN OBSTRUCTIONS: <input type="checkbox"/> Electrical <input type="checkbox"/> Telephone <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Steam <input type="checkbox"/> Alarm <input type="checkbox"/> Drain <input type="checkbox"/> Process <input type="checkbox"/> Footings <input type="checkbox"/> Pilings <input type="checkbox"/> Concrete Encasement <input type="checkbox"/> Other	
SLOPING/BENCHING: <input checked="" type="checkbox"/> Vertical (90°) <input type="checkbox"/> 3/4 :1 (53°) <input type="checkbox"/> 1:1 (45°) <input type="checkbox"/> 1 1/2:1 (34°) <input type="checkbox"/> 2:1 (26°) <input type="checkbox"/> Other			
SHORING: <input type="checkbox"/> Timber <input type="checkbox"/> Aluminum Hydraulic <input checked="" type="checkbox"/> Trench Shield/Trench Box			
OTHER: <input checked="" type="checkbox"/> Means of Egress Required <input type="checkbox"/> <input type="checkbox"/> Confined Space Permit Required <input type="checkbox"/>			
SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS			



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: <i>Russo Development</i>	Responsible Person: _____	Date: <i>11-19-12</i>
Building: _____	Area Equipment: _____	Control No. <i>005</i>
Special Work To Be Done: <i>cut 36" pipe and fill with concrete</i>		Time From: <i>8:00am</i> To: <i>4:30pm</i>
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Name(s) _____		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u> H ₂ S <u>0</u> CO <u>0</u> Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time Tester (Initials): <u>smc</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Total Hydrocarbons _____ Others As Required _____		
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <i>3:30pm smc</i>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:			
Person Doing The Work:			
Job Supervisor/Foreman:			
Project Supervisor:		<i>[Signature]</i>	
Safety Manager:			

TAILGATE SAFETY MEETING

Date: 11-20-2012 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: material handling, slips trips falls, trench safety

Protective Clothing/Equipment: Level D Hard Hat, safety glasses, steel toe boots
safety vest Earplugs

Chemical Hazards: _____

Physical Hazards: over head objects, open excavation

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

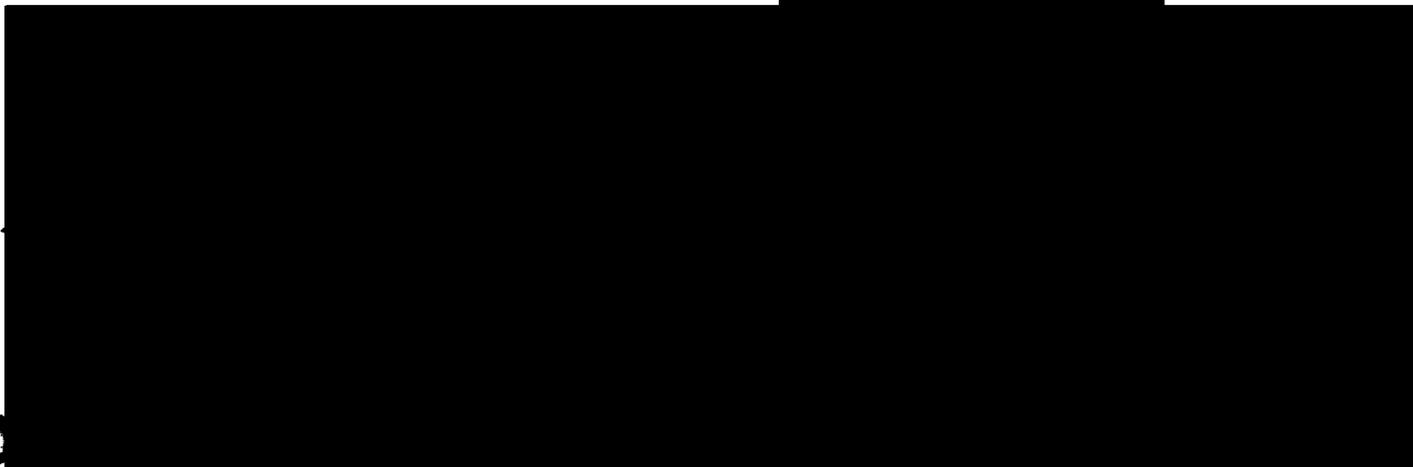
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:





Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA
 Issue Date: July 2000
 Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-20-12

Project Name: NFSS

Weather Conditions: Clear

Excavation Location: PE2

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

Notes:

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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:

COMPETENT PERSON

11.20.12

Date



Health, Safety and Environment

Attachment 013-1 NA

EXCAVATION / TRENCHING PERMIT

Issue Date: July 2000
Revision 8: March 2012

Authorization No.:

Date and Time Permit Valid:

11-20-12 9:00am

Competent Person:



Date and Time Permit Expires:

11-21-12 12:00pm

Project Name:

NFSS

Excavation/Trench Location:

PE2

Description or Job Special Procedures:

Cut and plug water lines

ESTIMATED DIMENSIONS: DEPTH = <u>9'</u> TOP = W <u>4'</u> L <u>20'</u> BOTTOM = W <u>4'</u> L <u>20'</u>		SOIL TYPE: <input type="checkbox"/> Stable Rock <input checked="" type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Avg. Compression Strength _____ tsf <input type="checkbox"/> Compressed Strength Data _____	
SOIL ANALYSIS METHOD(S) USED: <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Manual <input type="checkbox"/> Tabulated Data			
SOIL CHARACTERISTICS: <input type="checkbox"/> Cemented <input checked="" type="checkbox"/> Cohesive <input type="checkbox"/> Layered <input type="checkbox"/> Fissured <input type="checkbox"/> Granular <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Saturated <input type="checkbox"/> Submerged		MANUAL TEST USED: <input type="checkbox"/> Plasticity <input type="checkbox"/> Dry Strength <input type="checkbox"/> Ribbon <input type="checkbox"/> Thumb Penetration <input type="checkbox"/> Pocket Penetrometer <input type="checkbox"/> Dry Testing <input type="checkbox"/> Other	
PROTECTIVE SYSTEMS: Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.		UTILITIES: <input type="checkbox"/> One Call Service Notified <input type="checkbox"/> Utilities Marked by Public Utilities <input type="checkbox"/> Property Owner Contacted <input checked="" type="checkbox"/> Utility Drawings Reviewed <input checked="" type="checkbox"/> Private Utility Locater Utilized	
SLOPING/BENCHING: <input checked="" type="checkbox"/> Vertical (90°) <input type="checkbox"/> 3/4 :1 (53°) <input type="checkbox"/> 1:1 (45°) <input type="checkbox"/> 1 1/2:1 (34°) <input type="checkbox"/> 2:1 (26°) <input type="checkbox"/> Other			
SHORING: <input type="checkbox"/> Timber <input type="checkbox"/> Aluminum Hydraulic <input checked="" type="checkbox"/> Trench Shield/Trench Box		LIST OF KNOWN OBSTRUCTIONS: <input type="checkbox"/> Electrical <input type="checkbox"/> Telephone <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Steam <input type="checkbox"/> Alarm <input type="checkbox"/> Drain <input type="checkbox"/> Process <input type="checkbox"/> Footings <input type="checkbox"/> Pilings <input type="checkbox"/> Concrete Encasement <input type="checkbox"/> Other	
OTHER: <input checked="" type="checkbox"/> Means of Egress Required <u>ladder</u> <input type="checkbox"/> <input type="checkbox"/> Confined Space Permit Required <input type="checkbox"/>			
SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS			



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [Redacted]	Responsible Person: [Redacted]	Date: 11-20-12
Building: [Redacted]	Area Equipment: <i>✍</i>	Control No.
Special Work To Be Done: <i>cut and plug water lines</i>		Time From: <i>9:00am</i> To: <i>5:30pm</i>
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Name(s) [Redacted]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <i>0</i> O ₂ <i>20.9</i> H ₂ S <i>0</i> CO <i>0</i> Other toxic-Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): <i>SVC</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time/Initials: <i>5:30pm</i>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:	[Redacted]	[Redacted]	
Person Doing The Work:	[Redacted]	[Redacted]	
Job Supervisor/Foreman:	[Redacted]	[Redacted]	
Project Supervisor:	[Redacted]	[Redacted]	<i>0900</i>
Safety Manager:	[Redacted]	[Redacted]	<i>9:05 AM</i>

TAILGATE SAFETY MEETING

Date: 11-21-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: SLIPS trips falls, TRENCH SAFETY

Protective Clothing/Equipment: Level D, Safety Vest, steel toe Boots, SAFETY GLASSES
Hand Hats, Ear plugs

Chemical Hazards: _____

Physical Hazards: Icy Surfaces

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature: [Signature]





Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-21-12

Project Name: MFS5

Weather Conditions: Foggy

Excavation Location: PE 2

Rainfall Amounts 24 Hours Previous: 0

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

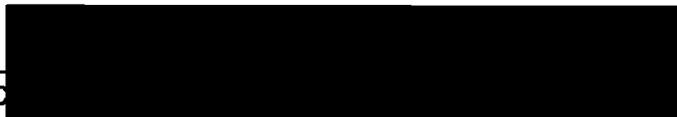
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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



11-21-12
Date



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [REDACTED]	Responsible Person: [REDACTED]	Date: 11-21-12
Building: —	Area Equipment:	Control No.
Special Work To Be Done: <i>cut and plug water lines</i>		Time From: 8:00 AM To: 11:00 AM
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Name(s): [REDACTED]		
8. Is GAS TEST required? <input type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL _____ O ₂ _____ H ₂ S _____ CO _____ Other toxic Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____	Time Tester (Initials): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials:	Permit Cancelled: (Time)

Endorsements as Required

Name:	Signature:	Time:
Area Operations Technician:		
Person Doing The Work:		
Job Supervisor/Foreman:		
Project Supervisor:		
Safety Manager:	[REDACTED]	8:00 AM

TAILGATE SAFETY MEETING

Date: 11-27-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: , Cold stress, SLIPS TRIPS FALLS

Protective Clothing/Equipment: Level D, Hand Hats, Safety Glasses, Safety vest
Steel toe Boots

Chemical Hazards: _____

Physical Hazards: SLIPS TRIPS FALLS, Water, ICE

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed: _____ Signature: _____

[Redacted Signature]

[Redacted Signature]



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-27-12

Project Name: NF55

Weather Conditions: Clear

Excavation Location: PE 1

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:

COMPETENT PERSON

11-27-12

Date

TAILGATE SAFETY MEETING

Date: 11-28-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Trench safety, working walking surfaces, Exclusion zone rules

Protective Clothing/Equipment: Level D, Hard Hats Safety Glasses, Safety vest
Steel toe boots, Ear Plugs

Chemical Hazards: _____

Physical Hazards: Trench safety, Slips trips falls, v

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

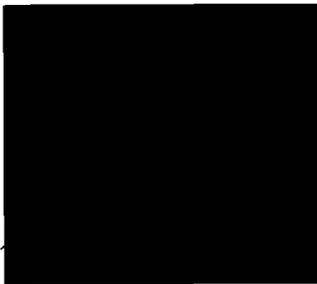
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

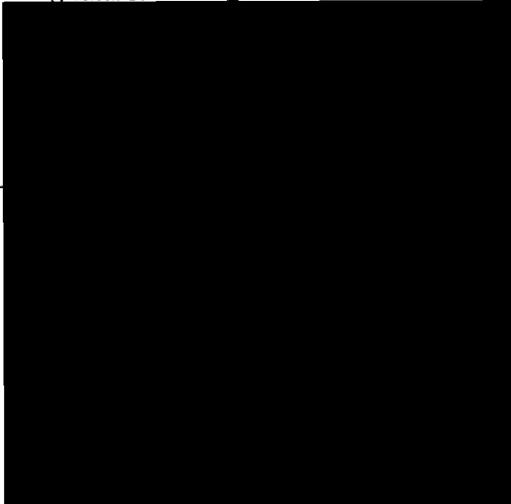
Other: _____

Attendees:

Name Printed: _____

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Signature: _____

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Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-28-12

Project Name: NFSS

Weather Conditions: Clear

Excavation Location: Pe 1

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



COMPETENT

11-28-12
Date



EXCAVATION / TRENCHING PERMIT

Issue Date: July 2000
Revision 6: March 2012

Authorization No.:

Date and Time Permit/Valid:

11-28-12 9:00 AM

Competent Person:



Date and Time Permit Expires:

11-29-12 4:30 PM

Project Name:

NFSS BOP

Excavation/Trench Location:

PE1

Description or Job Special Procedures:

cut and plug water line

ESTIMATED DIMENSIONS: DEPTH = 16' TOP = W 12' L 31' BOTTOM = W 4' L 23'		SOIL TYPE: <input type="checkbox"/> Stable Rock <input checked="" type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Avg. Compression Strength _____ tsf <input type="checkbox"/> Compressed Strength Data _____	
SOIL ANALYSIS METHOD(S) USED: <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Manual <input type="checkbox"/> Tabulated Data		MANUAL TEST USED: <input type="checkbox"/> Plasticity <input type="checkbox"/> Dry Strength <input type="checkbox"/> Ribbon <input type="checkbox"/> Thumb Penetration <input type="checkbox"/> Pocket Penetrometer <input type="checkbox"/> Dry Testing <input type="checkbox"/> Other	
SOIL CHARACTERISTICS: <input type="checkbox"/> Cemented <input checked="" type="checkbox"/> Cohesive <input type="checkbox"/> Layered <input type="checkbox"/> Fissured <input type="checkbox"/> Granular <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Saturated <input type="checkbox"/> Submerged		UTILITIES: <input type="checkbox"/> One Call Service Notified <input type="checkbox"/> Utilities Marked by Public Utilities <input type="checkbox"/> Property Owner Contacted <input checked="" type="checkbox"/> Utility Drawings Reviewed <input checked="" type="checkbox"/> Private Utility Locater Utilized	
PROTECTIVE SYSTEMS: Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.			
SLOPING/BENCHING: <input type="checkbox"/> Vertical (90°) <input type="checkbox"/> 3/4 :1 (53°) <input checked="" type="checkbox"/> 1:1 (45°) <input type="checkbox"/> 1 1/2:1 (34°) <input type="checkbox"/> 2:1 (26°) <input type="checkbox"/> Other			
SHORING: <input type="checkbox"/> Timber <input type="checkbox"/> Aluminum Hydraulic <input checked="" type="checkbox"/> Trench Shield/Trench Box		LIST OF KNOWN OBSTRUCTIONS: <input type="checkbox"/> Electrical <input type="checkbox"/> Telephone <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Steam <input type="checkbox"/> Alarm <input type="checkbox"/> Drain <input type="checkbox"/> Process <input type="checkbox"/> Footings <input type="checkbox"/> Pilings <input type="checkbox"/> Concrete Encasement <input type="checkbox"/> Other	
OTHER: <input checked="" type="checkbox"/> Means of Egress Required Ladder <input type="checkbox"/> <input type="checkbox"/> Confined Space Permit Required <input type="checkbox"/>			
SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS			



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [REDACTED]	Responsible Person: [REDACTED]	Date: 11-28-12
Building:	Area Equipment:	Control No.
Special Work To Be Done: <i>Cut and plug water line</i>		Time From: 8:00 AM To: 5:30 PM
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Name(s): [REDACTED]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u> H ₂ S <u>0</u> CO <u>0</u> Other toxic-Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____	Time Tester (Initials): <u>9:301</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <u>3:00 PM SC</u>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:			
Person Doing The Work:			
Job Supervisor/Foreman:			
Project Supervisor:	[REDACTED]	[REDACTED]	0800
Safety Manager:	[REDACTED]	[REDACTED]	8:00 AM

TAILGATE SAFETY MEETING

Date: 11-29-12 Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: LADDER SAFETY, TRENCH SAFETY,

Protective Clothing/Equipment: Level D Hand MAT, SAFETY GLASSES, SAFETY VEST
STEEL TOE BOOTS, EAR PLUGS

Chemical Hazards: _____

Physical Hazards: SLIPS TRIPS FALLS, POLY,

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed: _____ Signature: _____


Conducted by 



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Competent Person: [REDACTED]

Date: 11-29-12

Project Name: NF55

Weather Conditions: Cloudy

Excavation Location: PE1

Rainfall Amounts 24 Hours Previous: _____

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes No Not Applicable

If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes No Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes No Not Applicable

Are pumps in place, or available if needed? Yes No Not Applicable

Is there evidence of significant fracture planes in soil or rock? Yes No Not Applicable

Are there any zones of unusually weak soils or materials not anticipated? Yes No Not Applicable

Have tension cracks been observed along the top on any slopes? Yes No Not Applicable

Are there any noted dramatic dips or bedrock? Yes No Not Applicable

Is there any evidence of caving or sloughing of soil since the last inspection? Yes No Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes No Not Applicable

Is the shoring system installed in accordance with the design? Yes No Not Applicable

Is the shoring being used secure? Yes No Not Applicable

Does the design include an adequate safety factor for equipment being used? Yes No Not Applicable

Is traffic being adequately kept away from the excavation/trenching operation? Yes No Not Applicable

Are hydraulic shores pumped to design pressure? Yes No Not Applicable

Is vibration from equipment or traffic too close to the trenching operation? Yes No Not Applicable

Are trench box(s) certified? Yes No Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes No Not Applicable

Have rescue procedures been established, and is equipment immediately available? Yes No Not Applicable



Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Attachment 013-2 NA

Issue Date: July 2000
Revision 7: September 2012

Miscellaneous

- Are utility markings in place? Yes No Not Applicable
- Are trees, boulders, or other hazards located in the area? Yes No Not Applicable
- Are barricades or covers in place and in good condition? Yes No Not Applicable
- Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? Yes No Not Applicable
- Are all short-term trench(es) covered within 24 hours? Yes No Not Applicable
- Are GFCIs used on all temporary electrical cords? Yes No Not Applicable
- Is the excavation within the original scope of the excavation permit? Yes No Not Applicable
- Is a valid excavation permit executed for the excavation/trenching activity? Yes No Not Applicable

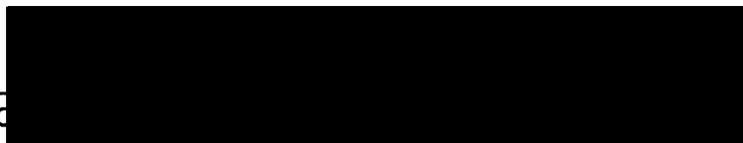
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"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."

All unsafe conditions must be corrected prior to excavation entry. If any hazardous conditions are observed, the excavation must be immediately evacuated, and no one is allowed to re-enter until corrective action has been taken.

Daily Excavation/Trenching Inspection Completed By:



11-29-12
Date



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [Redacted]	Responsible Person: [Redacted]	Date: 11-29-12
Building: —	Area Equipment: —	Control No. —
Special Work To Be Done: <i>Cut and plug water line</i>		Time From: 8:30 am To: 9:30 am
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Name(s) [Redacted]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u>
H ₂ S <u>0</u>	CO _____	Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Hydrocarbons _____	Others As Required _____	Time Tester (Initials): <u>SC</u>
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: 5:04 pm SC	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:			
Person Doing The Work:			
Job Supervisor/Foreman:			
Project Supervisor:	[Redacted]	[Redacted]	0830
Safety Manager:	[Redacted]	[Redacted]	8:30 pm

TAILGATE SAFETY MEETING

Date: 11-30-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: pinch points, working walking surfaces, SLIPS TRIPS FALLS

Protective Clothing/Equipment: Level D Hand Hats, Safety Glasses, Safety Vest, Stetson Boots

Chemical Hazards: _____

Physical Hazards: open Excavation, poly, icy snow

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:

[Redacted area for names and signatures]

Conducted By [Redacted]

TAILGATE SAFETY MEETING

Date: 12-3-2012 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: TRUCK SAFETY, SLIPS TRIPS FALLS, EXCAVATOR SAFETY

Protective Clothing/Equipment: Level D, SAFETY GLASSES, SAFETY VESTS, STEEL TOE BOOTS, HAND HATS,

Chemical Hazards: _____

Physical Hazards: HEAVY EQUIPMENT, HIGH PRESSURE WATER

Emergency Procedures: CALL 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed: _____ Signature: _____

[Redacted area for attendee names and signatures]

Conducted By: [Redacted]

TAILGATE SAFETY MEETING

Date: 12-4-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: open excavations, slips trips falls, weak/walking surfaces

Protective Clothing/Equipment: level D, Hand Hatz safety glasses, safety vests
Steel toe boots

Chemical Hazards: _____

Physical Hazards: open excavation, mud, HIGH pressure Blasting

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed: _____ Signature: _____

[Redacted Name and Signature]

Conducted By: [Redacted]

TAILGATE SAFETY MEETING

Date: 12-5-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: SLIPS TRIPS FALLS, COLD STRESS, WORKING WALKING SURFACES

Protective Clothing/Equipment: Level D

Chemical Hazards: _____

Physical Hazards: mud, SLIPS TRIPS FALLS

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

[Redacted Attendee List]

Conducted By [Redacted]

TAILGATE SAFETY MEETING

Date: 12-6-12 Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: TRENCH SAFETY, EXCAVATION SAFETY

Protective Clothing/Equipment: Level D

Chemical Hazards: _____

Physical Hazards: CAVINS, SLIPS TRIPS FALLS, COLD STRESS

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

[Redacted Name] _____

Signature:

[Redacted Signature] _____

Conducted By: [Redacted Name] _____

TAILGATE SAFETY MEETING

Date: 12-7-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: SLIPS TRIPS FALLS,

Protective Clothing/Equipment: Level D, Hard Hat, SAFETY GLASSES, SAFETY VEST
STEEL TOE BOOTS,

Chemical Hazards: _____

Physical Hazards: Mud and uneven ground

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:



TAILGATE SAFETY MEETING

Date: 12-10-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: SLIPS trips Falls, TRENCH SAFETY, walking working surfaces

Protective Clothing/Equipment: LEVEL D, SAFETY VEST, SAFETY GLASSES, steel toe boots
HAND HATS

Chemical Hazards: _____

Physical Hazards: open Excavation, wet surfaces

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

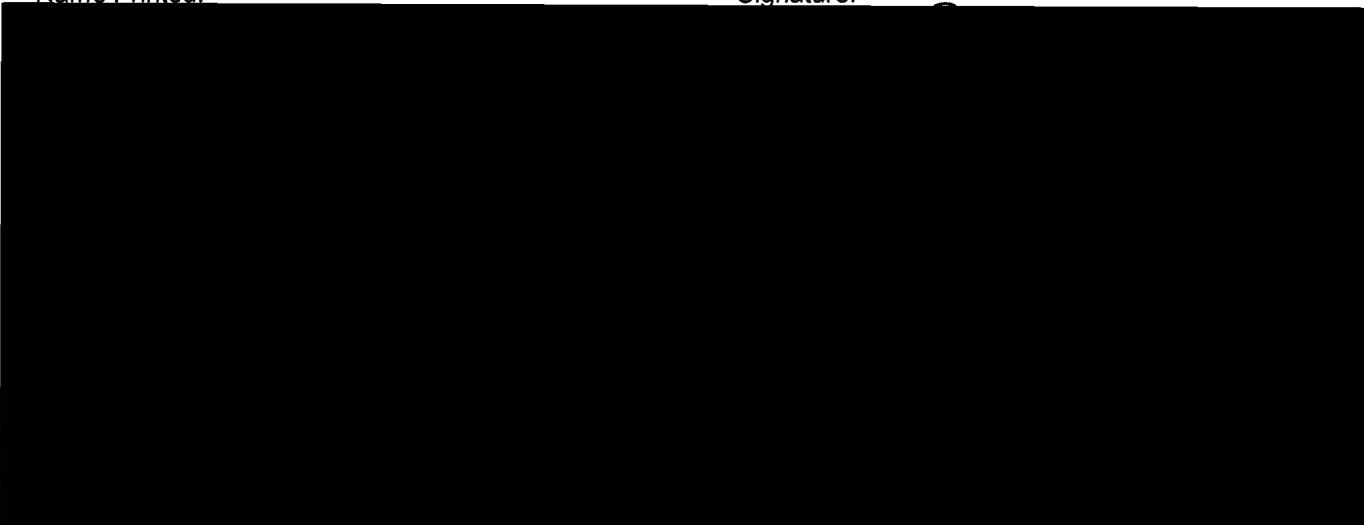
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:



TAILGATE SAFETY MEETING

Date: 12-11-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: TRENCH safety, ~~working~~ WALKING WORKING SURFACES

Protective Clothing/Equipment: Level D Hand Hat safety Glasses, safety vest
Steel toe boots

Chemical Hazards: _____

Physical Hazards: open Excavation, mud, snow

Emergency Procedures: Call 911

Hospital/Clinic: Mount St.Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

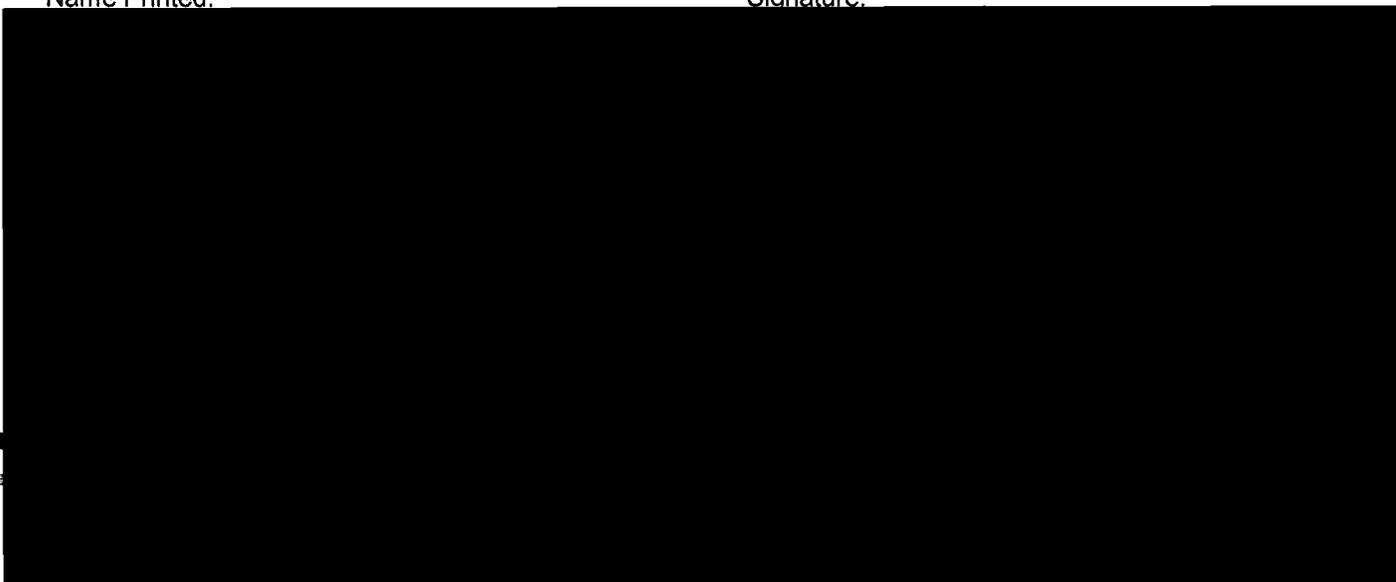
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:





Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [Redacted]	Responsible Person: [Redacted]	Date: 12-11-12
Building: [Redacted]	Area Equipment: [Redacted]	Control No. —
Special Work To Be Done: <i>cut and plug water lines</i>		Time From: 9:00am To: 5:30pm
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Name(s) [Redacted]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u> H ₂ S <u>0</u> CO <u>0</u> Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): <u>10.03</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <u>4:00pm SL</u>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:			
Person Doing The Work:			
Job Supervisor/Foreman:			
Project Supervisor:			
Safety Manager:	[Redacted]	[Redacted]	9:00pm

TAILGATE SAFETY MEETING

Date: 12-12-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Latter safety, SLIPS trips falls, ~~working~~ WALKING and WORKING ^{surfaces}

Protective Clothing/Equipment: level D, safety glasses, safety vest, steel toe boots, Hand HATS

Chemical Hazards: _____

Physical Hazards: open Excavation, mud, Ice

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

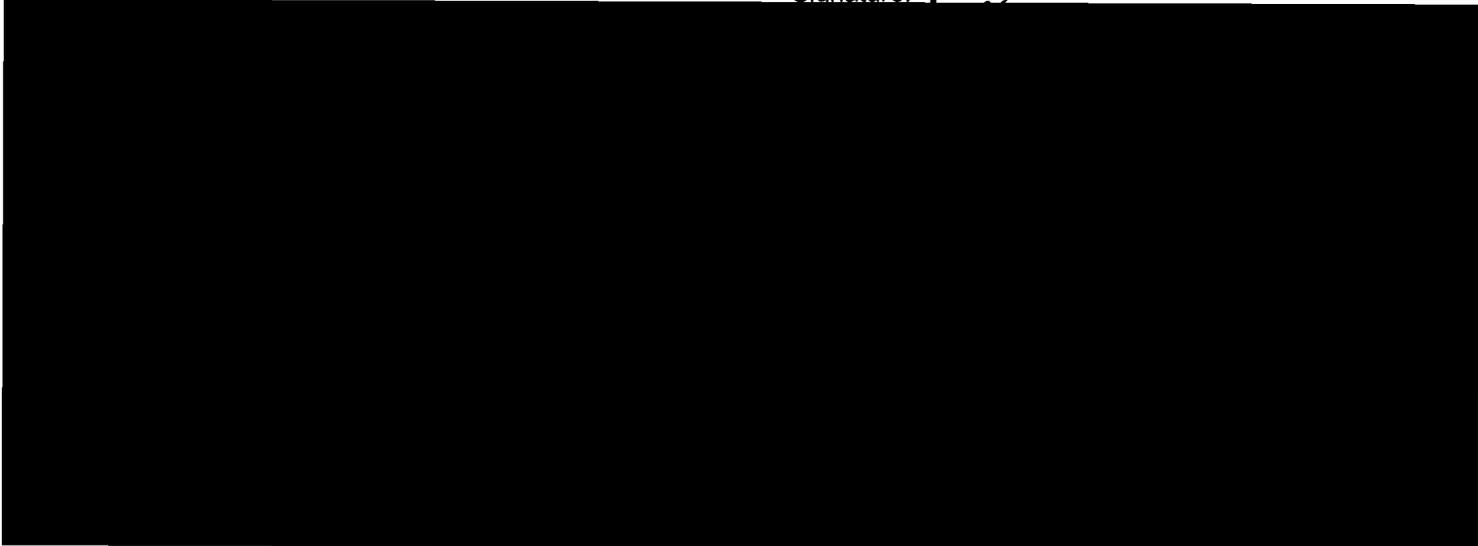
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature: _____





Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [Redacted]	Responsible Person: [Redacted]	Date: 12-12-12
Building: _____	Area Equipment: _____	Control No. _____
Special Work To Be Done: <i>Cut and plug water lines</i>		Time From: 8:30 To: 5:30
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Name(s) [Redacted]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u> H ₂ S <u>0</u> CO <u>0</u> Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): <u>9:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <u>4:00 pm SC</u>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:			
Person Doing The Work:			
Job Supervisor/Foreman:			
Project Supervisor:	[Redacted]	[Redacted]	
Safety Manager:	[Redacted]	[Redacted]	8:35

TAILGATE SAFETY MEETING

Date: 12-13-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: over Head OBJECTS, SLIPS TRIPS FALLS,

Protective Clothing/Equipment: Level D, Hand AAT, Safety Glasses, Safety Vest
Steel toe Boots,

Chemical Hazards: _____

Physical Hazards: mud, Heavy Heavy Equipment, over Head OBJECTS (Tree Branches)

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

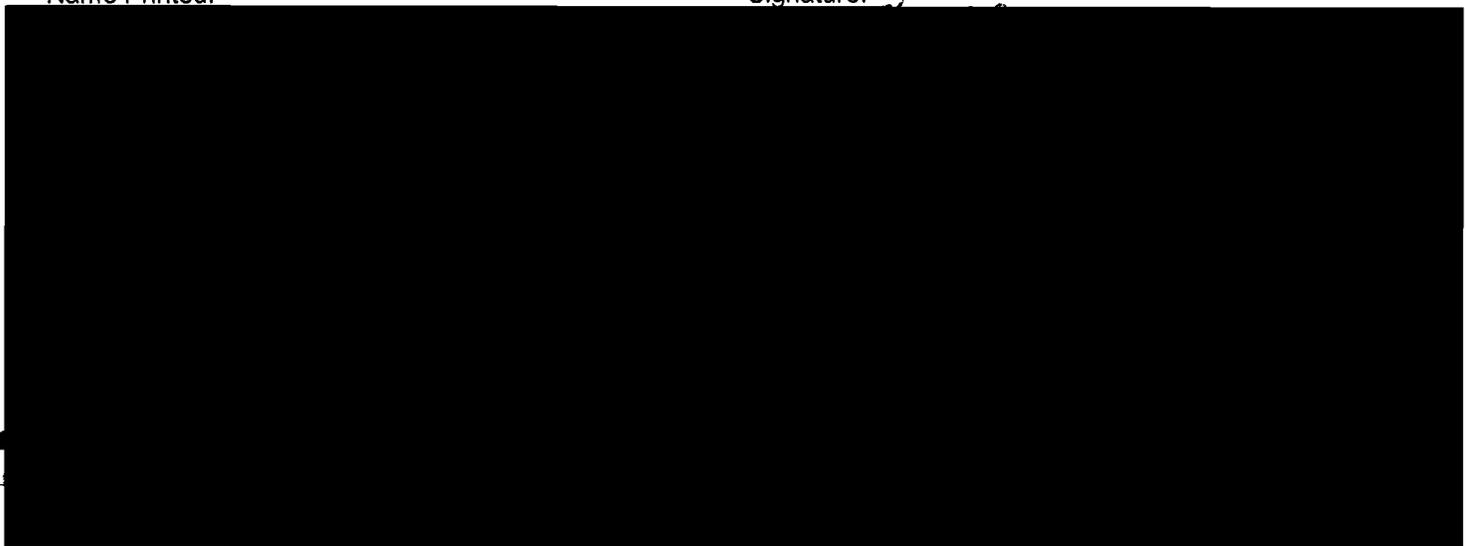
Special Equipment: _____

Other: _____

Attendees:

Name Printed:

Signature:





Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [REDACTED]	Responsible Person: _____	Date: <u>12-13-12</u>
Building: _____	Area-Equipment: _____	Control No. _____
Special Work To Be Done: <u>cut and plug water lines</u>		Time From: <u>8:00am</u> To: <u>5:00pm</u>
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Name(s) [REDACTED]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u> H ₂ S <u>0</u> CO <u>0</u> Other toxic Continuous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): <u>10195</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks: 		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials: <u>8:45 RC</u>	Permit Cancelled: (Time)

Endorsements as Required

	Name:	Signature:	Time:
Area Operations Technician:			
Person Doing The Work:			
Job Supervisor/Foreman:			
Project Supervisor:			
Safety Manager:			

TAILGATE SAFETY MEETING

Date: 12-14-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slips trips falls, working walking surfaces, OWH Head objects

Protective Clothing/Equipment: Level D, Hand Hats, Safety Glasses, Safety vest
steel toe Boots

Chemical Hazards: _____

Physical Hazards: mud Heavy equipment, Tree BRANCHES

Emergency Procedures: Call 911

Hospital/Clinic: Mount St.Mary's Hospital Phone: (716)297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed: _____ Signature: _____

[Redacted Attendee Information]

Conducted By: [Redacted]



Health, Safety and Environment

Attachment 020-1 NA

HOT WORK PERMIT

Issue Date: April 1999
Revision 6: December 2009

Issued to: [REDACTED]	Responsible Person: [REDACTED]	Date: 12-14-12
Building: _____	Area Equipment: _____	Control No. _____
Special Work To Be Done: <i>cut and plug pipes</i>		Time From: 8:00 AM To: 5:00 PM
Please check appropriate response:		
1. Has affected personnel been briefed on job safety and requirements?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Has equipment been properly prepared for this work?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. Does other work or processes affect this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
4. Has fire detection and/or gas systems been isolated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5. Is the work area clean and ready for work to begin?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
7. Has fire watch been assigned with appropriate equipment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Name(s) [REDACTED]		
8. Is GAS TEST required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Test results: Percent LEL <u>0</u> O ₂ <u>20.9</u> H ₂ S <u>0</u> CO <u>0</u> Other toxic-Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Hydrocarbons _____ Others As Required _____		Time Tester (Initials): <u>10:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Remarks:		
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lock Numbers	Tag Numbers
Job Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time/Initials:	Permit Cancelled: (Time)

Endorsements as Required

Name:	Signature:	Time:
Area Operations Technician:		
Person Doing The Work:		
Job Supervisor/Foreman:		
Project Supervisor:		
Safety Manager:		

kk

TAILGATE SAFETY MEETING

Date: 12-15-12 Customer: NFSS BOP FIELD INVESTIGATION

Specific Location: 1397 Pleleher Rd. Lewiston, ME

Safety Topics Presented: SLIPS (TRIPS) Falls, Melting Frost, Ice.

Protective Clothing/Equipment: Level D, HARDHATS, SAFETY GLASSES, SAFETY VEST
STEEL TOE BOOTS

Chemical Hazards: _____

Physical Hazards: MUD, TREE BRANCHES, ROOTS (TRIP HAZARD)
wet ice

Emergency Procedures: CALL 911

Hospital/Clinic: MOUNT ST. MARY'S HOSPITAL Phone: 716 297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston NY

Special Equipment: _____

Other: _____

Attendees:

Name Printed:	Signature:
	
_____	_____
_____	_____
_____	_____
_____	_____

Meeting Conducted By:



TAILGATE SAFETY MEETING

Date: 12-17-12 Customer: NFSS BOP Field Investigation

Specific Location: 1397 protection rd

Safety Topics Presented: Training Hazards,

Protective Clothing/Equipment: Level D, Hand HATS, safety Glasses, safety vests
steel toe Boots

Chemical Hazards: _____

Physical Hazards: High pressure water, mud

Emergency Procedures: _____

Hospital/Clinic: mount st. marys HOSPITAL Phone: 716-297-4800

Paramedic Phone: 911

Hospital Address: 5300 military RD, Lewiston NY

Special Equipment: _____

Other: _____

Attendees:

[REDACTED]

Meeting Conducted By:

[REDACTED]

TAILGATE SAFETY MEETING

Date: 12-18-12 Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd., Lewiston, N.Y.

Safety Topics Presented:

Protective Clothing/Equipment: Level D

Chemical Hazards: IDW sampling

Physical Hazards: slip/trip/fall

Emergency Procedures: _____

Hospital/Clinic: Mt. St. Mary's Hospital Phone: 716-297-4800

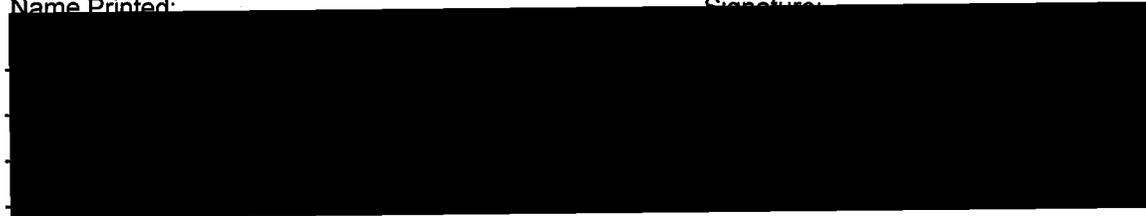
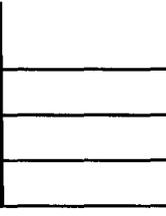
Paramedic Phone: 911

Hospital Address: 5300 Military Rd., Lewiston, N.Y.

Special Equipment: _____

Other: _____

Attendees:

Name Printed:	Signature:
	

Meeting Conducted By:

	Signature
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TAILGATE SAFETY MEETING

Date: 12-19-12 Customer: USACE

Specific Location: NFSS BOP Field Investigation

Safety Topics Presented:

Protective Clothing/Equipment: Level D PPE

Chemical Hazards: IDW Sampling

Physical Hazards: slip/trip/fall

Emergency Procedures: _____

Hospital/Clinic: Mt. St. Mary's Hospital Phone: 716-297-4800

Paramedic Phone: 911

Hospital Address: 5300 Military Rd., Lewiston, NY.

Special Equipment: _____

Other: _____

Attendees:

Name Printed:	Signature:
[Redacted]	[Redacted]
_____	_____
_____	_____
_____	_____

Meeting Conducted By:

[Redacted]	[Redacted]
Name Printed	Signature

TAILGATE SAFETY MEETING

Date: 12/20/12 Customer: NFSS - BOP FIELD INVESTIGATOR
Specific Location: _____

Safety Topics Presented:

Protective Clothing/Equipment: Level D

Chemical Hazards: None

Physical Hazards: Slips/Trips/Falls

Emergency Procedures: Call 911

Hospital/Clinic: Mt St. Mary's Phone: _____

Paramedic Phone: _____

Hospital Address: _____

Special Equipment: _____

Other: _____

Attendees:

Name Printed: _____
Signature: _____

Meeting Conducted By: _____