PREPARATORY INSPECTION CHECKLIST

CONTRACT NO._____ DATE:_____

TITLE:_____ SPECS. SECTION:_____

MAJOR DEFINABLE SEGMENT OF WORK:_____

A. PERSONNEL PRESENT:

	NAME	POSITION	COMPANY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

B. REVIEW OF PLANS AND SPECIFICATIONS

B-I. IDENTIFY EACH SPECIFICATION SECTION THAT WAS REVIEWED AT THIS PREPARATORY INSPECTION.

1. _____
2. _____
3. _____
4. _____
5. _____

B-II. IDENTIFY EACH CONSTRUCTION PLAN DETAIL OR SHEET THAT WAS REVIEWED AT THIS PREPARATORY INSPECTION.

1. _____
2. _____
3. _____
4. _____
5. _____

C. TRANSMITTAL INVOLVED

	NUMBER & ITEM	CODE	CONTRACTOR OR GOVERNMENT APPROVAL
1.			
2.			
3.			
4.			
5.			
6.			

C-I. HAVE ALL ITEMS INVOLVED BEEN APPROVED? YES_____ NO_____

C-II. WHAT ITEMS HAVE NOT BEEN APPROVED?

	ITEM	STATUS
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

D. ARE ALL MATERIALS ON HAND? YES_____ NO_____

D-I. ARE ALL MATERIALS ON HAND IN ACCORDANCE WITH APPROVALS? YES____ NO____

D-II. ITEMS NOT ON HAND OR NOT IN ACCORDANCE WITH TRANSMITTALS:

1. _____
2. _____
3. _____
4. _____

D. TESTS REQUIRED IN ACCORDANCE WITH CONTRACT REQUIREMENTS:

	TEST	PARAGRAPH
1.	_____	_____
2.	_____	_____
3.	_____	_____

E. ACCIDENT PREVENTION PREPLANNING – HAZARD CONTROL MEASURES:

E-I. APPLICABLE OUTLINES (ATTACH COMPLETED COPIES):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

E-II. OPERATIONAL EQUIPMENT CHECKLISTS

ATTACHED FOR

1. _____
2. _____
3. _____

ON FILE FOR

1. _____
2. _____
3. _____

_____

QUALITY CONTROL – PRIME CONTRACTOR

INITIAL INSPECTION CHECKLIST

CONTRACT NO:_____ DATE:_____

DESCRIPTION AND LOCATION OF WORK INSPECTED:_____

_____

SPECS SECTION:_____ REFERENCE CONTRACT DRAWINGS:_____

A. PERSONNEL PRESENT:

	NAME	POSITION	COMPANY
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

B. MATERIALS BEING USED ARE IN STRICT COMPLIANCE WITH THE CONTRACT PLANS AND SPECIFICATIONS:

YES_____ NO_____

IF NOT, EXPLAIN: _____

_____

_____

C. PROCEDURES AND/OR WORK METHODS WITNESSED ARE IN STRICT COMPLIANCE WITH THE REQUIREMENTS OF THE CONTRACT SPECIFICATIONS: YES_____ NO_____

IF NOT, EXPLAIN: _____

_____

_____

D. WORKMANSHIP IS ACCEPTABLE: YES_____ NO_____

STATE AREAS WHERE IMPROVEMENT IS NEEDED: _____

_____

_____

E. SAFETY VIOLATIONS AND CORRECTIVE ACTION TAKEN: _____

_____

_____

_____

QUALITY CONTROL REPRESENTATIVE

PROPOSED CONTRACTOR-FURNISHED DISPOSAL AREA
(SOLICITATION No. _____)

Location of Disposal Area:

_____

_____

_____

_____

Quantity of Material: Material to be disposed of in the Contractor-Furnished Disposal Area is _____CY (cubic yards) of material.

Name of Owner:

_____

_____

_____

_____

Note:

1. Attached is a drawing of the disposal area showing dimensions, appurtenant property lines, etc.
2. Attached is a document containing written permission by the owner for use of the disposal area by:

   _____

   (Name of Bidder)
3. Attached are documents containing written approval of the agencies listed in Section 02481, "MAINTENANCE DREDGING", paragraph 3.3.3.3 of this specification.

_____

(Signature of Bidder)

CONTRACTOR QUALITY CONTROL REPORT

Contract No.	
Name of Project	
Prime Contractor	

Report No.	
Date	

Today's Weather

General Description	
Temperature Range	
Precipitation	

Were there any delays in work progress today? __Yes __No
If Yes, Explain

Describe any verbal instructions given by Government personnel
(include name of person giving instruction)

Has anything developed which might lead to a change order or claim?
__Yes __No If Yes, Explain

Contractor/Subcontractors On Site

Name of Contractor	**Hours on Site**	**Area of Responsibility**

Prime Contract/Subcontractor Workforce

Employer	**Trade**	**No.**	**Hours**

Major Items of Equipment

Type/Capacity	**Contractor**	**No.**	**Oper. Hours**	**Standby Hours**	**Repair Hours**

Work Performed this date (enter all activities started but not previously reported as completed)

Act. No.	**Actual Start Date**	**Actual Finish Date**	**Description of work performed this date and major material deliveries today. Identify contractor performing the work.**

Off-site Surveillance Activities, including actions taken

Definable Features of Work - History

Definable Features of Work (List all) ***Attach checklist for each Preparatory or Initial Phase Inspection held this date.***	**Preparatory Inspection Date**	**Initial Inspection Date**

Unit Price Work Completed This Date

CLIN	**Description**	**Unit**	**Contract Quantity**	**Quantity Completed This Date**	**Total To Date**

Deficiencies Noted or Corrected This Date

Act. No.	**Description of Deficiency**	**Noted**	**Corrected**

CQC Testing

Act. No.	**Description** ***Include reference to contract specification.***	**Test Results**	**Pass/Fail**

The following Equipment Safety Checklists are attached to this report.

Were there any Lost Time Accidents this date? __Yes __No
If Yes, attach accident report.

Safety Inspections: Identify results of all safety inspections and meetings this date. State what was checked and instructions given and corrective actions taken.

User Schooling Conducted

Act. No.	**Description of Schooling and Names of Participants**

Materials Received (note quantity of materials received, inspection results and storage provided)

Other General Comments

The following items are attached to this CQC Report

Contractor Certification
On behalf of the contractor, I certify that this report is complete and correct and all equipment and material used and work performed during this reporting period are in compliance with the contract plans and specifications, to the best of my knowledge, except as noted above.

Contract Quality Control Manager:_____

Signature: _____

Date: _____

BID BOND

(See instructions on reverse)

DATE BOND EXECUTED (Must not be later than bid opening date)

FORM APPROVED OMB NO. 9000-0045

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0045), Washington, D.C. 20503.

PRINCIPAL (Legal name and business address)

TYPE OF ORGANIZATION ("X" one)

☐ INDIVIDUAL ☐ PARTNERSHIP
☐ JOINT VENTURE ☐ CORPORATION

STATE OF INCORPORATION

SURETY(IES) (Name and business address)

PENAL SUM OF BOND					BID IDENTIFICATION	
PERCENT OF BID PRICE	AMOUNT NOT TO EXCEED				BID DATE	INVITATION NO.
	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS	FOR (Construction, Supplies or Services)	

OBLIGATION:

We, the Principal and Surety(ies) are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The Principal has submitted the bid identified above.

THEREFORE:

The above obligation is void if the Principal - (a) upon acceptance by the Government of the bid identified above, within the period specified therein for acceptance (sixty (60) days if no period is specified), executes the further contractual documents and gives the bond(s) required by the terms of the bid as accepted within the time specified (ten (10) days if no period is specified) after receipt of the forms by the principal; or (b) in the event of failure to execute such further contractual documents and give such bonds, pays the Government for any cost of procuring the work which exceeds the amount of the bid.

Each Surety executing this instrument agrees that its obligation is not impaired by any extension(s) of the time for acceptance of the bid that the Principal may grant to the Government. Notice to the surety(ies) of extension(s) are waived. However, waiver of the notice applies only to extensions aggregating not more than sixty (60) calendar days in addition to the period originally allowed for acceptance of the bid.

WITNESS:

The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.

SAMPLE

PRINCIPAL				
SIGNATURE(S)	1. (Seal)	2. (Seal)	3. (Seal)	Corporate Seal
NAME(S) & TITLE(S) (Typed)	1.	2.	3.	

INDIVIDUAL SURETY(IES)		
SIGNATURE(S)	1. (Seal)	2. (Seal)
NAME(S) (Typed)	1.	2.

CORPORATE SURETY(IES)					
SURETY A	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		

CORPORATE SURETY(IES) (Continued)

SURETY B	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY C	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY D	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY E	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY F	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY G	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) (Typed)	1.	2.		

INSTRUCTIONS

1. This form is authorized for use when a bid guaranty is required. Any deviation from this form will require the written approval o the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. A authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidenc of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. The bond may express penal sum as a percentage of the bid price. In these cases, the bond may state a maximum dollar limitatio (e.g., 20% of the bid price but the amount not to exceed _____ dollars).

4. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and mus act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in th spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form insert only the letter identification of the sureties.

(b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28), for each individual suret shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financi capability.

5. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporat Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

6. Type the name and title of each person signing this bond in the space provided.

7. In its application to negotiated contracts, the terms "bid" and "bidder" shall include "proposal" and "offeror."

PERFORMANCE BOND (See Instructions on reverse)	DATE BOND EXECUTED (Must be same or later than date of contract)
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one) ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ CORPORATION STATE OF INCORPORATION
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND MILLION(S) / THOUSAND(S) / HUNDRED(S) / CENTS CONTRACT DATE / CONTRACT NO.

OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any one of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The Principal has entered into the contract identified above.

THEREFORE:

The above obligation is void if the Principal —

(a)(1) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice to the Surety(ies), and during the life of any guaranty required under the contract, and performs and fulfills all the undertakings, covenants, terms conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.

(b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to the Miller Act, (40 U.S.C. 270a-270e), which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

WITNESS

The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.

PRINCIPAL			
Signature(s)	1. (Seal)	2. (Seal)	Corporate Seal
Name(s) & Title(s) (Typed)	1.	2.	

INDIVIDUAL SURETY(IES)		
Signature(s)	1. (Seal)	2. (Seal)
Name(s) (Typed)	1.	2.

CORPORATE SURETY(IES)					
SURETY A	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) (Typed)	1.	2.		

NSN 7540-01-152-8060
PREVIOUS EDITION USABLE

25-106

STANDARD FORM 25 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR 53.228 (b))

SAMPLE

ATTACHMENT # 8

CORPORATE SURETY(IES) *(Continued)*

SURETY B	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY C	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY D	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY E	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY F	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY G	Name & Address		STATE OF INC.	LIABILITY LIMIT $	Corporate Seal
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		

BOND PREMIUM ▶	RATE PER THOUSAND $	TOTAL $

INSTRUCTIONS

1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorization person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

PAYMENT BOND
(See Instructions on reverse)

DATE BOND EXECUTED *(Must be same or later than date of contract)*

PRINCIPAL *(Legal name and business address)*

TYPE OF ORGANIZATION *("X" one)*

☐ INDIVIDUAL ☐ PARTNERSHIP

☐ JOINT VENTURE ☐ CORPORATION

STATE OF INCORPORATION

SURETY(IES) *(Name(s) and business address(es))*

PENAL SUM OF BOND			
MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS

CONTRACT DATE	CONTRACT NO.

OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

PRINCIPAL

Signature(s)	1. *(Seal)*	2. *(Seal)*	*Corporate Seal*
Name(s) & Title(s) *(Typed)*	1.	2.	

INDIVIDUAL SURETY(IES)

Signature(s)	1. *(Seal)*	2. *(Seal)*
Name(s) *(Typed)*	1.	2.

CORPORATE SURETY(IES)

SURETY A	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		

SAMPLE

CORPORATE SURETY(IES) *(Continued)*

SURETY B	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY C	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY D	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY E	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY F	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		
SURETY G	Name & Address		STATE OF INC.	LIABILITY LIMIT $	*Corporate Seal*
	Signature(s)	1.	2.		
	Name(s) & Title(s) *(Typed)*	1.	2.		

INSTRUCTIONS

1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under the Act of August 24, 1935, 49 Stat. 793 (40 U.S.C. 270 a–270e). Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)". In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, two or more responsible persons shall execute the bond. A completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require these sureties to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction regarding adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

☆GPO : 1983 O – 381-526 (9058)

REPORT OF OPERATIONS -- HOPPER DREDGES

RCS: ENGCW-O-13

TO: COMMANDER/DIRECTOR
U.S. ARMY WATER RESOURCES SUPPORT CENTER
ATTN: WRSC-D, FORT BELVOIR, VA 22060

DISTRICT

DREDGE

EXACT LOCATION OF WORK

☐ MAINTENANCE
☐ NEW WORK
☐ CONSOLIDATED
☐ JOB REPORT

DATE

AV. NUMBER OF PERSONS IN CREW

AV. LENGTH OF CUT FT.	CHARACTER OF MATERIAL		
AV. WIDTH OF CUT FT.	ABSOLUTE DENSITY GMS/LITER	IN PLACE DENSITY GMS/LITER	WATER DENSITY GMS/LITER
AV. DIST. TO DUMP MILES	VOIDS RATIO	GRAIN SIZES: D_{20-} MM. D_{50-} MM. D_{80-} MM.	
HOPPER CAPACITY CU. YDS.	AV. VOLUME OF WATER CU. YDS.	AV. UNFILLED CAPACITY CU. YDS.	

NAVIGATION AND OTHER AIDS, INCLUDING STATEMENT AS TO ADEQUACY

WORK PERFORMED

CUBIC YARDS	THIS PERIOD	PREVIOUSLY	TO DATE
A. HAULED			
B. AGITATED			
C. PAY PLACE *(Credited)*			
D. EXCESS			
E. NATURAL SHOALING OR SCOURING			
F. TOTAL (C&E)			

NUMBER OF LOADS HAULED	NUMBER OF TEST LOADS
AV. LOAD CU. YDS.	AV. ECONOMIC LOAD CU. YDS.
AV. PUMPING TIME	AV. ECONOMIC PUMPING TIME MINS.

ATTENDANT PLANT

NAME OF PLANT	TYPE	HOURS

OPERATING SUPPLIES

COMMODITIES	CONSUMED		INVENTORY	
	UNIT	QUANTITY	QUANTITY	VALUE
FUEL (Oil)	BBLS.			
LUBRICANTS (Oil)	GALS.			
LUBRICANTS (Greased)	LBS.			
WATER	GALS.			
SUBSISTENCE SUPPLIES				
MISCELLANEOUS SUPPLIES				
			TOTAL	

DISTRIBUTION OF TIME

EFFECTIVE WORKING TIME *(Chargeable to Cost of Work)*	HOURS	MINUTES
DREDGING AND HAULING PUMPING		
TURNING		
TO AND FROM DUMP		
DUMPING		
TOTAL		
AGITATION PUMPING AND TURNING		
TOTAL EFFECTIVE WORKING TIME		
PERCENTAGE OF RENTAL TIME		
NONEFFECTIVE WORKING TIME *(Chargeable to Cost of Work)*		
TAKING ON FUEL AND SUPPLIES		
TO AND FROM WHARF OR ANCHORAGE		
LOSS DUE TO OPPOSING NATURAL ELEMENTS		
LOSS DUE TO TRAFFIC AND BRIDGES		
MINOR OPERATING REPAIRS		
TRANSFERRING BETWEEN WORKS		
LAY TIME		
FIRE AND BOAT DRILLS		
MISCELLANEOUS		
TOTAL NONEFFECTIVE WORKING TIME		
PERCENTAGE OF RENTAL TIME		
TOTAL RENTAL TIME		
PERCENTAGE OF TOTAL TIME		
LOST TIME *(Not Chargeable to Cost of Work)*		
MAJOR REPAIRS AND ALTERATIONS		
CESSATION		
COLLISIONS		
TOTAL LOST TIME		
PERCENTAGE OF TOTAL TIME		
TOTAL TIME IN PERIOD		

MISCELLANEOUS DATA

NUMBER OF INSPECTIONS BY FIELD SUPERVISORY PERSONNEL	PERCENT OF TOTAL PUMPING TIME GAS EJECTION IN USE
NUMBER OF INSPECTIONS BY OFFICE SUPERVISORY PERSONNEL	HOURS DURING PERIOD RADAR IN USE

COST DATA

ITEMS		COST
PAYROLLS *(gross)*	$	
LESS SUBSISTENCE AND QUARTERS		$
SUBSISTENCE		
FUEL ____ BBLS. AT $		
WATER		
LUBRICANTS		
PLANT RENTAL		
INSURANCE		
ATTENDANT PLANT		
MISCELLANEOUS		
TOTAL PLANT OPERATING COST		
$____ HAULED $ ____ AGITATED		
SURVEYS	$	
INSPECTION AND SUPERVISION		
OVERHEAD		
OTHER INDIRECT COSTS		
	SUBTOTAL	
TOTAL COST		

TOTAL COST PER CUBIC YARD:	CREDITED	+ SHOALING CREDITED - SCOURING	TOTAL COST TO REMOVE EXCESS
JOB EST	$	$	$
THIS PERIOD	$	$	$
JOB TO DATE	$	$	$

FORMULA:

$$\frac{\text{EXCESS YARDAGE}}{\text{EXCESS + CREDIT}} \times \text{TOTAL COST}$$

X SHOALING
- SCOURING

OPERATING COST PER MINUTE AT WORK ____ $ ____

(Based on effective plus noneffective time)

DATA FROM PLANT COST AND RENTAL LEDGERS

BOOK VALUE	19	$
BALANCE IN PLANT RENTAL ACCOUNT		
ADDITIONS AND BETERMENTS TO VESSELS		
ANNUAL COSTS CHARGED TO PLANT RENTAL:		
DEPRECIATION		
CESSATION OF WORK		
REPAIRS TO HULL		
REPAIRS TO MACHINERY		
SMALL TOOLS, ROPE, ETC.		
TOTAL COST		

CHIEF BUDGET AND ACCOUNTS BRANCH

REMARKS

SUBMITTED BY	RECOMMENDED	APPROVED
TITLE	TITLE	TITLE CORPS OF DISTRICT ENGINEER

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE *(Read instructions on the reverse side prior to initiating this form)*	DATE	TRANSMITTAL NO.

SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS *(This section will be initiated by the contractor)*

TO:	FROM:	CONTRACT NO.	CHECK ONE: ☐ THIS IS A NEW TRANSMITTAL ☐ THIS IS A RESUBMITTAL OF TRANSMITTAL _____
SPECIFICATION SEC. NO. *(Cover only one section with each transmittal)*	PROJECT TITLE AND LOCATION		CHECK ONE: THIS TRANSMITTAL IS FOR ☐ FIO ☐ GOV'T. APPROVAL

ITEM NO. *a.*	DESCRIPTION OF ITEM SUBMITTED *(Type size, model number/etc.)* *b.*	MFG OR CONTR. CAT., CURVE DRAWING OR BROCHURE NO. *(See instruction no. 8)* *c.*	NO. OF COPIES *d.*	CONTRACT REFERENCE DOCUMENT		FOR CONTRACTOR USE CODE *g.*	VARIATION *(See instruction No. 6)* *h.*	FOR CE USE CODE *i.*
				SPEC. PARA. NO. *e.*	DRAWING SHEET NO. *f.*			

REMARKS

I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as other wise stated.

_____

NAME AND SIGNATURE OF CONTRACTOR

SECTION II - APPROVAL ACTION

ENCLOSURES RETURNED *(List by Item No.)*	NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY	DATE

INSTRUCTIONS

1. Section I will be initiated by the Contractor in the required number of copies.

2. Each transmittal shall be numbered consecutively in the space provided for "Transmittal No.". This number, in addition to the contract number, will form a serial number for identifying each submittal. For new submittals or resubmittals mark the appropriate box; on resubmittals, insert transmittal number of last submission as well as the new submittal number.

3. The "Item No." will be the same "Item No." as indicated on ENG FORM 4288-R for each entry on this form.

4. Submittals requiring expeditious handling will be submitted on a separate form.

5. Separate transmittal form will be used for submittals under separate sections of the specifications.

6. A check shall be placed in the "Variation" column when a submittal is not in accordance with the plans and specifications--also, a written statement to that effect shall be included in the space provided for "Remarks".

7. Form is self-transmittal, letter of transmittal is not required.

8. When a sample of material or Manufacturer's Certificate of Compliance is transmitted, indicate "Sample" or "Certificate" in column c, Section I.

9. U.S. Army Corps of Engineers approving authority will assign action codes as indicated below in space provided in Section I, column i to each item submitted. In addition they will ensure enclosures are indicated and attached to the form prior to return to the contractor. The Contractor will assign action codes as indicated below in Section I, column g, to each item submitted.

THE FOLLOWING ACTION CODES ARE GIVEN TO ITEMS SUBMITTED

A -- Approved as submitted.

B -- Approved, except as noted on drawings.

C -- Approved, except as noted on drawings. Refer to attached sheet resubmission required.

D -- Will be returned by separate correspondence.

E -- Disapproved (See attached).

F -- Receipt acknowledged.

FX -- Receipt acknowledged, does not comply as noted with contract requirements.

G -- Other *(Specify)*

10. Approval of items does not relieve the contractor from complying with all the requirements of the contract plans and specifications.

REPORT OF OPERATIONS—PIPELINE, DIPPER OR BUCKET DREDGES

REPORTS CONTROL SYMBOL ENGCW-0-13

THRU:	TO:	FROM:	REPORT NO

CHARACTER OF REPORT: ☐ MAINTENANCE ☐ NEW WORK ☐ DAILY ☐ STATUS ☐ COMPLETION ☐ ANNUAL — DATE OR PERIOD

DREDGE

NAME AND TYPE	SIZE →	PIPELINE in. dia. disch.	DIPPER OR BUCKET cu. yds. cap.

HORSEPOWER OF →	DREDGE PUMP	SUCTION PIPE JET	CUTTER OR BUCKET	PROPULSION

NUMBER OF CREW MEMBERS →	DREDGE	SHORE	OTHER PLANT	TOTAL	WORK SCHEDULE →	SHIFTS PER DAY	DAYS PER WEEK

PROJECT AND BAR

NAME	AUTH DIMENSIONS →	WIDTH	DEPTH	OVERDEPTH

LOCATION *(include station numbers)*

CHARACTER OF MATERIAL

ABSOLUTE DENSITY G.M.S/liter	IN PLACE DENSITY G.M.S/liter	VOIDS RATIO

GRAIN SIZE D_{10} MM D_{50} MM D_{90} MM — GEOLOGICAL CLASSIFICATION

CONTRACT OR DREDGING ORDER: NUMBER — ☐ CONTRACTOR ☐ HIRED LABOR — TOTAL NO. OF DAYS ON WHICH WORK WAS DONE

CHANNEL CONDITION

AVERAGE DEPTH →	BEFORE DREDGING	AFTER DREDGING	MINIMUM SOUNDING →	BEFORE DREDGING	AFTER DREDGING

RIVER STAGE

MINIMUM	TIME	MAXIMUM	TIME	GAGE LOCATION

WEATHER CONDITION: *(clear, cloudy, rain, snow, and fog)* — VISIBILITY *miles* — WIND *(maximum velocity & direction)*

WORK PERFORMED

ITEM	UNIT	QUANTITY
AVERAGE WIDTH OF CUT	FEET	
TOTAL ADVANCE THIS PERIOD	FEET	
TOTAL ADV. PREVIOUS TO THIS PERIOD	FEET	
TOTAL ADVANCE TO DATE	FEET	
FLOATING PIPE: SHORE PIPE:		
TOTAL LENGTH OF DISCHARGE PIPE	FEET	
AVERAGE LIFT	FEET	
AVERAGE PUMP SPEED	R.P.M.	
AVG. DREDGED PER PUMP. HR, GROSS	CU.YDS.	
SCOWS LOADED	NUMBER	
AVERAGE LOAD PER SCOW	CU.YDS.	

CUBIC YARDS REMOVED

AMOUNT DREDGED THIS PERIOD:
(1) GROSS *(computed amount)*
(2) CREDITED *(pay place)*

AMOUNT PREVIOUSLY REPORTED:
(1) GROSS *(computed amount)*
(2) CREDITED *(pay place)*

TOTAL AMOUNT DREDGED TO DATE:
(1) GROSS *(computed amount)*
(2) CREDITED *(pay place)*

ATTENDANT PLANT

ITEM	NAME OR NUMBER	HOURS

NUMBER OF INSPECTIONS: BY DISTRICT PERSONNEL — BY DIV & OCE PERSONNEL

CONTRACT USE ONLY: HAS ANYTHING DEVELOPED WHICH MIGHT LEAD TO A CHANGE ORDER OR CLAIM? ☐ NO ☐ YES *(If "YES", explain under remarks on back)*

DISTRIBUTION OF TIME

EFFECTIVE WORKING TIME *(chargeable to cost of work)*		HOURS	MIN.
PUMPING OR DREDGING			
PCT. OF EFFECTIVE RENTAL TIME	%		
BOOSTER *(in line)* Hrs. Min.			
NON-EFFECTIVE WORKING TIME *(chargeable to cost of work)*			
HANDLING PIPE LINES			
HANDLING ANCHOR LINES			
CLEARING PUMP AND PIPE LINE			
CLEARING CUTTER OR SUCTION HEAD			
WAITING FOR SCOWS			
TO AND FROM WHARF OR ANCHORAGE			
CHANGING LOCATION OF PLANT ON JOB			
LOSS DUE TO OPPOSING NATURAL ELEMENTS			
LOSS DUE TO PASSING VESSELS			
SHORE LINE AND SHORE WORK			
WAITING FOR BOOSTER			
MINOR OPER. REPAIRS *(explain in remarks)*			
WAITING FOR ATTENDANT PLANT			
PREPARATION AND MAKING UP TOW			
TRANSFERRING PLANT BETWEEN WORKS			
LAY TIME OFF SHIFT AND SATURDAYS			
SUNDAYS AND HOLIDAYS			
FIRE DRILL			
MISCELLANEOUS *(explain in remarks)*			
TOTAL NON-EFFECTIVE WORKING TIME			
PCT. OF NON-EFFECTIVE RENTAL TIME	%		
TOTAL EFFECTIVE AND NON-EFFECTIVE TIME *(chargeable to cost of work)*			
PCT. OF TOTAL TIME IN PERIOD	%		
LOST TIME *(not chargeable to cost of work)*			
MAJOR REPAIRS AND ALTERATIONS			
CESSATION			
COLLISIONS			
MISCELLANEOUS *(explain in remarks)*			
TOTAL LOST TIME			
PERCENTAGE OF TOTAL TIME	%		
TOTAL TIME IN PERIOD			

(Signature and Remarks required on reverse side.)

SUMMARY OF COSTS

ITEMS	COST
DIRECT PLANT OPERATING COSTS	
UNIFORM DAILY RATE BASIS *(To be completed when submitting Status and Completion reports.)*	
CHARGES: _____ DAYS AT $ _____ PER DAY *(Item 19, ENG Form 22 (Costs)—adjusted to exclude plant increment cost.)*	
►OR◄	
ACTUAL PLANT COSTS *(To be completed when submitting Annual report.)*	
PAYROLLS *(gross)* ..... $	
SUBSISTENCE & QUARTERS OR PER DIEM & MILEAGE ..... $	
FUEL _____ BARRELS AT $ _____ PER BARREL ..... $	
WATER ..... $	
LUBRICANTS ..... $	
PLANT OWNERSHIP COSTS *(as computed below)* ..... $	
INSURANCE ..... $	
ATTENDANT PLANT ..... $	
MISCELLANEOUS ..... $	
SUBTOTAL—UNIFORM DAILY RATE OR ACTUAL COSTS	$
SUBTOTAL—PLANT UNIT COST $ PER CUBIC YARD.	
SHORE WORK	
SUBTOTAL—SHORE WORK COSTS	$
SUBTOTAL—SHORE WORK UNIT COSTS $ PER CUBIC YARD.	
OTHER COSTS	
SURVEYS ..... $	
INSPECTION AND SUPERVISION ..... $	
OVERHEAD ..... $	
OTHER INDIRECT COSTS ..... $	
SUBTOTAL—OTHER COSTS	$
SUBTOTAL—OTHER UNIT COST $ PER CUBIC YARD.	
GRAND TOTAL—ALL COSTS	$
GRAND TOTAL—ALL UNIT COSTS $ PER CUBIC YARD.	

OPERATING SUPPLIES

COMMODITIES	CONSUMED		INVENTORY	
	UNIT	QUANTITY	QUANTITY	VALUE
FUEL *(oil)*	BBLS			
LUBRICANT *(oil)*	GAL			
LUBRICANT *(grease)*	LBS			
WATER	GAL			
SUBSISTENCE SUPPLIES				
MISCELLANEOUS SUPPLIES				
TOTAL				$

ANNUAL REPORT DATA

(complete when submitting Annual report)

COST PER RENTAL MINUTE *(Based on total operating cost)*	$ _____ per min.
TOTAL COST OF PLANT *(End of F.Y. reporting period)*	$
BOOK VALUE *(End of F.Y. reporting period)*	$
BALANCE IN PLANT ACCOUNT *(End of F.Y. reporting period)*	$
PLANT OWNERSHIP COSTS *(Actual for F.Y. reporting period):*	
DEPRECIATION	$
REPAIRS *(Adjusted)*	$
CESSATION OF WORK	$
SMALL TOOLS, ETC.	$
TOTAL	$

REMARKS

SUBMITTED BY *(Name, title, and signature)*	RECOMMENDED BY *(Name, title, and signature)*	APPROVED BY *(Name, title, and signature)*

☆U.S. G.P.O. 1980-620-649/512

SUBMITTAL REGISTER

CONTRACT NO.

TITLE AND LOCATION
VERMILION HARBOR & ROCKY RIVER DREDGING, OHIO

CONTRACTOR

ACTIVITY NO	TRANSMITTAL NO	SPEC SECT	DESCRIPTION ITEM SUBMITTED	PARAGRAPH #	CLASSIFICATION	GOVT OR A/E REVWR	CONTRACTOR: SCHEDULE DATES			CONTRACTOR ACTION			APPROVING AUTHORITY					MAILED TO CONTR/ DATE RCD FRM APPR AUTH	REMARKS
							SUBMIT	APPROVAL NEEDED BY	MATERIAL NEEDED BY	ACTION CODE	DATE OF ACTION	DATE FWD TO APPR AUTH/ DATE RCD FROM CONTR	DATE FWD TO OTHER REVIEWER	DATE RCD FROM OTH REVIEWER	ACTION CODE	DATE OF ACTION			
(a)	(b)	(c)	(d)	(e)	(f)		(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	
		00700	SD-01 Preconstruction Submittals																
			Progress Chart	[ ]	G AOF														
		00800	SD-01 Preconstruction Submittals																
			Contractor Schedule of Work	1	G AOF														
			Submittal Register	13	G AOF														
			Accident Prevention Plan (APP)	19	G AOF														
			and APP Checklist																

SUBMITTAL REGISTER

CONTRACT NO.

TITLE AND LOCATION
VERMILION HARBOR & ROCKY RIVER DREDGING, OHIO

CONTRACTOR

ACTIVITY NO	TRANSMITTAL NO	SPEC SECT	DESCRIPTION ITEM SUBMITTED	PARAGRAPH #	CLASSIFICATION	GOVT OR A/E REVWR	CONTRACTOR: SCHEDULE DATES			CONTRACTOR ACTION			APPROVING AUTHORITY					
							SUBMIT	APPROVAL NEEDED BY	MATERIAL NEEDED BY	ACTION CODE	DATE OF ACTION	DATE FWD TO APPR AUTH/ DATE RCD FROM CONTR	DATE FWD TO OTHER REVIEWER	DATE RCD FROM OTH REVIEWER	ACTION CODE	DATE OF ACTION	MAILED TO CONTR/ DATE RCD FRM APPR AUTH	REMARKS
(a)	(b)	(c)	(d)	(e)	(f)		(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)
		01355	SD-01 Preconstruction Submittals															
			Environmental Protection Plan	1.7	G TSD													
			Preconstruction Inspection	1.8	FIO													
		01451	SD-01 Preconstruction Submittals															
			Contractor Quality Control Plan	3.2	G AOF													
			Contractor Quality Control Plan	3.2	G AOF													
			Checklist															
		02481	SD-01 Preconstruction Submittals															
			Conveyance Method	3.3.2.1	G AOF													
			Contractor-Furnished Disposal	3.3.3	G TSD													
			Area															
			Contractor-Furnished Disposal	3.3.4	G TSD													
			Area															
			SD-11 Closeout Submittals															
			Material Disposal Records	3.3.2.2	FIO													
			Material Disposal Records	3.3.2.3	FIO													

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General Decision Number: IL030018 02/27/2004

General Decision Number: IL030018 02/27/2004
Superseded General Decision Number: IL020018
State: **Illinois**
Construction Types: Heavy (**Dredging**, and Marine)
Counties: **Illinois** Statewide.
MECHANICAL **DREDGING** (CLAMSHELL, DRAGLINE, AND BACKHOE) AND
MARINE CONSTRUCTION):
ILLINOIS, INDIANA, MICHIGAN, MINNESOTA, NEW YORK, OHIO,
PENNSYLVANIA AND WISCONSIN **DREDGING** AND MARINE CONSTRUCTION
Dredging and Marine Construction Projects: floating/land
equipment engaged in clamshell, backhoe and dragline **dredging**,
marine construction, bridges,salvage operations and cranes,
loaders, dozers, or other equipment used for disposal of dredge
spoils or marine construction materials on land at the slip or
dock, at the project site, where the above material/spoils is
being handled, and all equipment utilized on
breakwall/breakwater structures on the Great Lakes, Islands
therein, their connecting and tributary waters, including the
Illinois Waterway to the Lock at Lockport, **Illinois**, the New
York State Barge Canal System between Tonawanda, New York and
Waterford, New York and Oswego, New York, the Duluth-Superior
area to the Fond du Lac Bridge Crossing (Minnesota State
Highway 23) on the St. Louis River and on the St. Lawrence
River eastward to the International Boundary near St. Regis,
New York.

Modification Number	Publication Date
0	06/13/2003
1	02/27/2004

* SUIL2003-001 01/01/2004
MECHANICAL **DREDGING** (CLAMSHELL, DRAGLINE, AND BACKHOE) AND
MARINE CONSTRUCTION):

	Rates	Fringes
Dredging:		
Fireman, Oiler, Deckhand, & Scowman (with dipper, hydraulic or other floating		

equipment engaged in
hydraulic and dipper
dredging operations)
Pipeline men (both
afloat & ashore
including loading,
unloading, maintaining,
and handling pipelines
for hydraulic dredges
and sandboats Rangeman,
Tankerman, Sweepman and
service Truck Driver.....$ 22.51 7.61+a+b
Lead Deckhand.....$ 29.68 7.61+a+b
Hydraulic **Dredging**
LAUNCH OPERATOR -
Vessel 800 Horse- Power
Or Less.....$ 25.15 7.61+a+b
TUG ENGINEER.....$ 26.49 7.61+a+b
TUG OPERATOR - Vessel
Over 800 Horse-Power.....$ 26.49 7.61+a+b
TUG WORKERS: Fireman,
Lineman, Oiler,
Deckhand, Tankerman.
Scowman, (on/or with
tugboats, launches, or
other self-propelled
boats).....$ 22.51 7.61+a+b
Mechanic
FLOATING EQUIPMENT:
Illinois
Class I.....$ 40.50 12.00+b&c
Class II.....$ 39.00 12.00+b&c
Class III.....$ 34.70 12.00+b&c
Class IV.....$ 28.85 12.00+b+c
FLOATING EQUIPMENT:
Indiana
Class I.....$ 35.75 11.95+b&c
Class II.....$ 34.25 11.95+b&c
Class III.....$ 30.45 11.95+b&c
Class IV.....$ 25.35 11.95+b&c
FLOATING EQUIPMENT:
Michigan
Class I.....$ 27.50 15.23+b&c
Class II.....$ 26.00 15.23+b&c

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  Class III.................$ 23.15        15.23+b&c
  Class IV..................$ 19.25        15.23+b&c
FLOATING EQUIPMENT:
Minnesota
  Class I...................$ 32.55         9.10+b&c
  Class II..................$ 31.05         9.10+b&c
  Class III.................$ 27.65         9.10+b&c
  Class IV..................$ 23.00         9.10+b&c
FLOATING EQUIPMENT:
New York:(Cattaraugus,
Chautauga, Erie and
Orleans Counties)
  Class I...................$ 35.00        15.96+b&c
  Class II..................$ 33.50        15.96+b&c
  Class III.................$ 29.80        15.96+b&c
  Class IV..................$ 24.80        15.96+b&c
FLOATING EQUIPMENT:
New York:(Cayuga,
Jefferson, Oswego, and
St. Lawrence Counties)
  Class I...................$ 29.50        13.10+b&c
  Class II..................$ 28.00        13.10+b&c
  Class III.................$ 24.92        13.10+b&c
  Class IV..................$ 20.72        13.10+b&c
FLOATING EQUIPMENT:
New York:(Monroe and
Wayne Counties and the
City of Rochester)
  Class I...................$ 27.50         9.00+b&c
  Class II..................$ 26.00         9.00+b&c
  Class III.................$ 23.15         9.00+b&c
  Class IV..................$ 19.25         9.00+b&c
FLOATING EQUIPMENT:
New York:(Niagara)
  Class I...................$ 32.08        14.50+b&c
  Class II..................$ 30.58        14.50+b&c
  Class III.................$ 30.84        14.50+b&c
  Class IV..................$ 22.90        14.50+b&c
FLOATING EQUIPMENT:
Ohio:(Ashtabula,
Cuyahoga, Erie,Lake,
and Lorain Counties)
  Class I...................$ 32.99         7.60+b&c
  Class II..................$ 31.49         7.60+b&c
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    Class III.................$ 28.02         7.60+b&c
    Class IV..................$ 23.30         7.60+b&c
  FLOATING EQUIPMENT:
  Ohio:(Lucas, Henry,
  Ottawa, Wood and
  Sandusky Counties)
    Class I...................$ 31.27         7.60+b&c
    Class II..................$ 29.77         7.60+b&c
    Class III.................$ 26.50         7.60+b+c
    Class IV..................$ 22.30         7.60+b&c
  FLOATING EQUIPMENT:
  Pennsylvania:(Erie
  County):
    Class I...................$ 24.80        10.23+b&c
    Class II..................$ 23.30        10.23+b&c
    Class III.................$ 20.74        10.23+b&c
    Class IV..................$ 17.24        10.23+b&c
  FLOATING EQUIPMENT:
  Wisconsin:Includes all
  marine/floating type
  work on projects in the
  Superior/Duluth Harbor,
  Lake Superior.
    Class I...................$ 32.00        12.90+b&c
    Class II..................$ 30.50        12.90+b&c
    Class III.................$ 27.15        12.90+b&c
    Class IV..................$ 22.57        12.90+b&c
PAID HOLIDAYS (WHERE APPLICABLE):
A- NEW YEAR'S DAY
B- MEMORIAL DAY
C- INDEPENDENCE DAY
D- LABOR DAY
E- THANKSGIVING DAY
F- CHRISTMAS DAY
G- PRESIDENT'S  DAY
H- VETERANS' DAY
FOOTNOTES:
a.  $30.10 per day per employee for medical
b.  Eight paid holidays: A thru H
c.  Hazardous/Toxic Waste Material:
*Level A $2.50 per hour
*Level B  2.00 per hour
*Level C  1.00 per hour
*Level D  0.50 per hour
```

Such wages shall be above the classifications of work listed under mechanical **dredging** and Marine construction of this general wage decision. *Working with Hazardous Waste at this level as defined by the U. S. Enviromental Protection Agency.
CLASSIFICATION DESCRIPTIONS
Class I - Master Mechanic - assist and direct
Class II, Class III, and Class IV, diver/wet tender, engineer (hydraulic dredge)
Class II - Crane/Backhoe Operator and Mechanic/Welder, assistant engineer(hydraulic dredge), leverman (hydraulic dredge), diver/tender
Class III - Deck Equipment Operator (Machineryman) Maintenance of Crane (over 50 ton capacity) or Backhoe (115,000 pounds or more), ug/launch operator, Loader/dozer and like equipment on Barge, breakwater wall, slip/dock, Scow, Deck Machinery, etc.
Class IV - Deck Equipment Operator(Machineryman/Fireman) (Four equipment units or more) and Crane Maintenance 50 ton capacity and under or Backhoe weighing 115,000 pounds or less, assistant tug operator.

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

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Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

In the listing above, the "SU" designation means that rates listed under the identifier do not reflect collectively bargained wage and fringe benefit rates. Other designations indicate unions whose rates have been determined to be prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

* an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests

for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION

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General Decision Number: MI030018 06/13/2003

General Decision Number: **MI030018** 06/13/2003
Superseded General Decision No. MI020018
State: Michigan
Construction Type:
HOPPER DREDGE WORK
County(ies):

ALCONA	EMMET	MENOMINEE
ALGER	GOGEBIC	MONROE
ALLEGAN	GRAND TRAVERSE	MUSKEGON
ALPENA	HOUGHTON	OCEANA
ANTRIM	HURON	ONTONAGON
ARENAC	IOSCO	OTTAWA
BARAGA	KEWEENAW	PRESQUE ISLE
BAY	LEELANAU	SANILAC
BENZIE	LUCE	SCHOOLCRAFT
BERRIEN	MACKINAC	ST CLAIR
CHARLEVOIX	MACOMB	TUSCOLA
CHEBOYGAN	MANISTEE	VAN BUREN
CHIPPEWA	MARQUETTE	WAYNE
DELTA	MASON	

HOPPER DREDGE CONSTRUCTION PROJECTS

Modification Number	Publication Date
0	06/13/2003

COUNTY(ies):

ALCONA	EMMET	MENOMINEE
ALGER	GOGEBIC	MONROE
ALLEGAN	GRAND TRAVERSE	MUSKEGON
ALPENA	HOUGHTON	OCEANA
ANTRIM	HURON	ONTONAGON
ARENAC	IOSCO	OTTAWA
BARAGA	KEWEENAW	PRESQUE ISLE
BAY	LEELANAU	SANILAC
BENZIE	LUCE	SCHOOLCRAFT
BERRIEN	MACKINAC	ST CLAIR
CHARLEVOIX	MACOMB	TUSCOLA
CHEBOYGAN	MANISTEE	VAN BUREN
CHIPPEWA	MARQUETTE	WAYNE
DELTA	MASON	

SUMI5002A 01/29/1992

	Rates	Fringes
SELF-PROPELLED HOPPER DREDGES:		
Drag tender	8.78	4.23 + a

a. Nine paid holidays: New Year's Day, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Paul Hall's Birthday (Aug. 20th), Veterans Day, Thanksgiving Day and Christmas Day.

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

==========

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR 5.5(a)(1)(ii)).

In the listing above, the "SU" designation means that rates listed under that identifier do not reflect collectively bargained wage and fringe benefit rates. Other designations indicate unions whose rates have been determined to be prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

* an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U. S. Department of Labor
200 Constitution Avenue, N. W.
Washington, D. C. 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N. W.
Washington, D. C. 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U. S. Department of Labor
200 Constitution Avenue, N. W.
Washington, D. C. 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION

VERMILION HARBOR SURVEY CONTROL DATA (7 SHEETS)

TO ACCESS THE VERMILION HARBOR SURVEY CONTROL DATA,
GO TO "PLANS" ON THE MENU BAR
AND SELECT "VERMILION HARBOR CONTROL DATA"

ROCKY RIVER SURVEY CONTROL DATA

TO ACCESS THE ROCKY RIVER SURVEY CONTROL DATA,
GO TO "PLANS" ON THE MENU BAR
AND SELECT "ROCKY RIVER CONTROL DATA"

ENGINEER MANUAL EM 385-1-1 CAN BE ACCESSED AT
http://www.lrb.usace.army.mil/contracting/SafetyManual/SafetyManual.html

CONTRACTOR ACCIDENT PREVENTION PLAN (APP) CHECKLIST (EM 385-1-1, Appendix-A)

NOTE: 1. Contractor will complete Checklist and Submitt with their APP.
NOTE: 2. LRB-SO will review Contractor APP and return to PM / COR.
NOTE: 3. Contractor APP's ARE NOT APPROVED by the USACE, only found as Acceptable or Non-Acceptable.

Safety Office Review Status: ACCEPTED BY-DATE:_____ NOT ACCEPTED BY/DATE:_____

Contractor Name: **Contract No:**

Project Title & Location:	Included ?			
	Yes	No	N/A	Page(s)
ALL CHECKLIST ITEMS WILL BE COMPLETED !				
1. SIGNATURE SHEET. Title, signature, and phone number of the following:				
a. plan preparer (corporate safety staff person, QC);				
b. plan approval, e.g., owner, company president, regional vice president (HTRW activities require approval of a Certified Industrial Hygienist (or qualified Industrial Hygiene personnel for in-house USACE activities; a Certified Safety Professional (or qualified USACE safety personnel for in-house work) may approve the plan for operations involving UST removal where contaminants are known to be petroleum, oils, or lubricants);				
c. plan concurrence (provide concurrence of other applicable corporate and project personnel (contractor)), e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC.				
2. BACKGROUND INFORMATION. List the following:				
a. contractor;				
b. contract number;				
c. project name;				
d. brief project description, description of work to be performed, and location (map);				
e. contractor accident experience (provide information such as EMR, OSHA 200 Forms, corporate safety trend analyses);				
f. listing of phases of work and hazardous activities requiring activity hazards analyses.				
3. STATEMENT OF SAFETY AND HEALTH POLICY. (In addition to the corporate policy statement, a copy of the corporate safety program may provide a significant portion of the information required by the accident prevention plan.)				
4. RESPONSIBILITIES AND LINES OF AUTHORITIES.				
a. Identification and accountability of personnel responsible for safety - at both corporate and project level (contracts specifically requiring safety or industrial hygiene personnel should include a copy of their resume - the District Safety and Occupational Health Office will review the qualifications for acceptance).				
b. Lines of authority				
5. SUBCONTRACTORS AND SUPPLIERS. Provide the following:				
a. identification of subcontractors and suppliers (if known);				
b. means for controlling and coordinating subcontractors and suppliers;				
c. safety responsibilities of subcontractors and suppliers.				
6. TRAINING.				
a. List subjects to be discussed with employees in safety indoctrination.				
b. List mandatory training and certifications which are applicable to this project (e. g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, HAZWOPER training and certification, personal protective equipment) and any requirements for periodic retraining/recertification.				
c. Identify requirements for emergency response training.				

CONTRACTOR ACCIDENT PREVENTION PLAN (APP) CHECKLIST (EM 385-1-1, Appendix-A)

NOTE: 1. Contractor will complete Checklist and Submitt with their APP.
NOTE: 2. LRB-SO will review Contractor APP and return to PM / COR.
NOTE: 3. Contractor APP's ARE NOT APPROVED by the USACE, only found as Acceptable or Non-Acceptable.

Safety Office Review Status: ACCEPTED BY-DATE:_____ NOT ACCEPTED BY/DATE:_____

Contractor Name: **Contract No:**

Project Title & Location:	Included ?			
	Yes	No	N/A	Page(s)
d. Outline requirements (who attends, when given, who will conduct etc.) for supervisory and employee safety meetings.				
7. SAFETY AND HEALTH INSPECTIONS. Provide details on:				
a. who will conduct safety inspections (e.g., project manager, safety professional, QC, supervisors, employees, etc.), when inspections will be conducted, how the inspections will be recorded, deficiency tracking system, follow-up procedures, etc;				
b. any external inspections/certifications which may be required (e.g., Coast Guard).				
8. SAFETY AND HEALTH EXPECTATIONS, INCENTIVE PROGRAMS, AND COMPLIANCE.				
a. The company's written safety program goals, objectives, and accident experience goals for this contract should be provided.				
b. A brief description of the company's safety incentive programs (if any) should be provided.				
c. Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified.				
d. Provide written company procedures for holding managers and supervisors accountable for safety.				
9. ACCIDENT REPORTING. The contractor shall identify who shall complete the following, how, and when:				
a. exposure data (man-hours worked);				
b. accident investigations, reports and logs;				
c. immediate notification of major accidents.				
10. MEDICAL SUPPORT. Outline on-site medical support and off-site medical arrangements.				
11. PERSONAL PROTECTIVE EQUIPMENT. Outline procedures (who, when, how) for conducting hazard assessments and written certifications for use of personal protective equipment.				
12. PLANS (PROGRAMS, PROCEDURES) REQUIRED BY THE SAFETY MANUAL (as applicable).				
a. Hazard Communication (HAZCOM) Program (01.B.04);				
b. Emergency Response Plans that include:				
- procedures & test (01.E.01)				
- spill plans (01.E,06.A.02)				
- firefighting plan (01.E.01, 19.A.04)				
- posting of emergency telephone numbers (01.E.04)				
- wildfire prevention plan (09.K.01)				
- man overboard/abandon ship (19.A.04)				
c. layout plans (04.A.01);				
d. respiratory protection plan (05.E.01);				
e. health hazard control program (06.A.02);				
f. lead abatement plan (06.B.05 & specifications);				

CONTRACTOR ACCIDENT PREVENTION PLAN (APP) CHECKLIST (EM 385-1-1, Appendix-A)

NOTE: 1. Contractor will complete Checklist and Submitt with their APP.
NOTE: 2. LRB-SO will review Contractor APP and return to PM / COR.
NOTE: 3. Contractor APP's ARE NOT APPROVED by the USACE, only found as Acceptable or Non-Acceptable.

Safety Office Review Status: ACCEPTED BY-DATE:_____ NOT ACCEPTED BY/DATE:_____

Contractor Name: **Contract No:**

Project Title & Location:	Included ?			
	Yes	No	N/A	Page(s)
g. asbestos abatement plan (06.B.05 & specifications);				
h. abrasive blasting (06.H.01);				
I. confined space (06.I);				
j. hazardous energy control plan (12.A.07);				
k. critical lift procedures (16.C.17);				
l. contingency plan for severe weather (19.A.03);				
m. access and haul road plan (22.I.10);				
n. demolition plan (engineering and asbestos surveys) (23.A.01);				
o. emergency rescue (tunneling) (26.A.05);				
p. underground construction fire prevention and protection plan (26.D.01)				
q. compressed air plan (26.I.01)				
r. formwork and shoring erection and removal plans (27.B.02)				
s. lift slab plans (27.D.01)				
t. Site Health & Safety Plan(for HTRW work an SSHP must be submitted and shall contain all information required by the accident prevention plan - two documents are not required (28.B.01);				
u. blasting plan (29.A.01);				
v. diving plan (30.A.13);				
w. plan for prevention of alcohol and drug abuse (Defense Federal Acquisition Regulation Supplement Subpart 252.223-7004, Drug-Free Work Force);				
X. FALL PROTECTION PLAN & PROCEDURES (21.A-G.)				
13. The contractor shall provide information on **how** they will meet the requirements of major sections of EM 385-1-1 in the accident prevention plan. Particular attention shall be paid to excavations, scaffolding, medical and first aid requirements, sanitation, personal protective equipment, fire prevention, machinery and mechanized equipment, electrical safety, public safety requirements, and chemical, physical agent, and biological occupational exposure prevention requirements. **Detailed site specific hazards and controls shall be provided in the activity hazard analysis for each phase of the operation.**				

SAMPLE ACCIDENT PREVENTION PLAN TEMPLATE

ITEMS INDICATED IN RED TEXT SHOULD BE COMPLETED BY THE CONTRACTOR. INDICATE "N/A" IF NOT APPLICABLE.

NOTE: A Microsoft® Word file of the Sample Accident Prevention Plan Template is included in the folder entitled "Template" on this CD-ROM.

(sample)
ACCIDENT PREVENTION PLAN
Name of Project
Contract No. W912P4-*##-#-####*
Contractor

1. SIGNATURE SHEET.

This Accident Prevention Plan was

Prepared By:

_____

Name
Title of corporate safety staff person

Approved By:

_____

Name
President

Plan Concurrence By:

_____

Name
CQC Manager

_____

Name
Project Superintendent

_____

Name
Project Safety Manager

2. BACKGROUND INFORMATION

a. Contractor : *Name*
Address
City, State Zip

b. Contract Number W912P4-*##-#-####*

c. Project Name: *Enter Name of Project*

d. Project Description: *Enter description of work*

e. The Major definable features of work are listed in the Quality Control Plan. An Activity Hazard Analysis (AHA) will be prepared for each Major Definable Feature of Work. AHAs will be prepared in accordance with the format shown on page 4 of EM 385-1-1 and will be presented and discussed at the Preparatory Phase Inspection for the applicable feature of work.

3. STATEMENT OF SAFETY AND HEALTH POLICY

Enter statement which describes the company's commitment to safety.

4. RESPONSIBILITIES AND LINES OF AUTHORITIES

a. *Name - Describe responsibility and accountability of personnel responsible for safety at corporate level.*

b. *Name - Describe responsibility and accountability of personnel responsible for safety at project level.*

c. Lines of authority - *Describe lines of authority (as related to safety) for this project.*

5. SUBCONTRACTORS AND SUPPLIERS.

a. The following subcontractors will be working on this project:

1. *List (or none)*

b. The CQC System Manger *NAME* will be responsible for controlling and coordinating subcontractors and suppliers.

c. All subcontractors and suppliers performing work on site will be expected to conform to the requirements of this Accident Prevention Plan and to the requirements of EM 385-1-1.

6. TRAINING.

a. Each employee will receive a safety indoctrination consisting of a thorough review of applicable AHA' s.

b. The following is a list of training and certifications which are applicable to this project:

1. Confined Space Entry
2. HAZWOPER Training and Certification
3. Personal Protective Equipment
4. First Aid and CPR
5. Man overboard rescue
6. Emergency Response Plan
7. *Other*

c. Weekly toolbox safety meeting will be conducted at *TIME* every *ENTER DAY OF WEEK*. Each on site worker will be required to attend. Attendance will be documented. *Name* will be responsible for conducting these meetings.

7. SAFETY AND HEALTH INSPECTIONS.

a. *Name* will conduct site safety inspections on a daily basis. Any noted deficiencies will be identified on that day' s CQC Report. Deficiencies will be tracked using the table included as Attachment # to this Accident Prevention Plan.

b. The following external inspections/certifications are required for this project:

List or enter "None Required".

8. SAFETY AND HEALTH EXPECTATIONS, INCENTIVE PROGRAMS, AND COMPLIANCE

a. *Provide a statement or statements describing the company's written safety program goals, objectives, and accident experience goals for this contract.*

b. *Provide a brief description of the company's safety incentive programs (if any). If none, so state.*

c. *Provide a discussion of the company's policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements).*

d. *Provide written company procedures for holding managers and supervisors accountable for safety.*

9. ACCIDENT REPORTING

a. *Name* will submit Monthly Manhour Exposure Reports to the Contracting Officer no later than the 5th work day of each month. The report encompasses on-site work including all hourly and salaried employees. The report will include all subcontractors working on this project.

b. *Name* will report all accidents and injuries no matter how slight. Furthermore, *Name* will immediately notify the Contracting Officer and District Safety Officer of any incidents involving fatality or permanent total disability, accidents in which three or more persons are hospitalized, accidents that result in property damage in excess of $100,000 or any accident regardless of the consequences, if it is suspected that it will result in unfavorable criticism of the Corps of Engineers.

10. MEDICAL SUPPORT

a. A list of emergency telephone numbers and a map of directions to the nearest hospital(s) is included in the Emergency Response Plan section of this Accident Prevention Plan.

b. First aid kits will be maintained on site as required in Section 3 of EM 385-1-1.
(Provide plan view showing location of all first aid kits and fire extinguishers.)

c. At least two employees on each shift will be qualified to administer first aid and CPR. Individuals who are required to work alone in remote areas shall be trained in first aid. The following employees are certified in First Aid and CPR and a copy of their current certificates are included as Attachment # to this Accident Prevention Plan:

1. *List*

11. PERSONAL PROTECTIVE EQUIPMENT.

a. *Outline procedures (who, when, how) for conducting hazard assessments and written certifications for use of personal protective equipment.*

12. PLANS (PROGRAMS, PROCEDURES) REQUIRED BY THE SAFETY MANUAL (as applicable)

a. Hazard Communication (HAZCOM) Program (01.B.04)

Included as Attachment # to this Accident Prevention Plan is a written hazard communication program addressing as a minimum, the following: training (to include potential safety and health effects from exposure), labeling, current inventory of hazardous chemicals on site, and the location and use of Material Safety Data Sheets (MSDSs).

b. Emergency Response Plans (01.E.01, 01.E.05, 06.A.02, 19.A.04, 09.K.01 and 09.K.02)

An Emergency Response Plan is included as Attachment # to this Accident Prevention Plan. This Emergency Response Plan includes:

> An Emergency Response Plan to ensure employee safety in case of fire or other emergency, including emergency telephone numbers and reporting instructions for ambulance, physician, hospital, fire, and police. Also a map of directions to the nearest hospital(s). This list and map shall be conspicuously posted at the work site
>
> A Spill Response Plan including organizations with telephone numbers of individuals to contact in the event of a spill.

c. Layout plans (04.A.01) *(If applicable)*

Plans for the layout of temporary construction buildings, facilities, fencing and access routes and anchoring systems for temporary structure are included as Attachment # to this Accident Prevention Plan.

d. Respiratory Protection Plan (05.E.01) *(If applicable)*

Name of Company' s Respiratory Protection Plan is included as Attachment # to this Accident Prevention Plan.

e. Health Hazard Control Program (06.A.02)

Activity Hazard Analyses (AHA' s) shall consider all su bstances, agents and environments that present a hazard and will recommend hazard control measures. Engineering and administrative controls shall be used to control hazards. In cases where engineering or administrative controls are not feasible, PPE may be used. The AHA shall serve as certification that a hazard assessment has been conducted.

Operations, materials, and equipment involving potential exposure to hazardous substances, agents or environments will be evaluated by a qualified industrial hygenist, or other competent person, to formulate a hazard control program. The following hazardous substances, agents or environments have been identified:

List (This list may be revised during the performance of work on this project.)

f. Abrasive Blasting (06.H.01) ***(If applicable)***

Operational procedures for abrasive blasting operations are included as Attachment # to this Accident Prevention Plan. Employees will be trained in these procedures and will be advised where these written procedures and health information are available on the premises for review.

g. Confined Space (06.I) ***(If applicable)***

Name will inspect the work area and evaluate the potential for permit-required confined spaces (PRCSs). This inspection will occur before work begins, whenever the characteristics of spaces change in a way that could lead to a reclassification as a PRCS and at least annually. A list of confined spaces (permit required and non-permit required) will be maintained on site.

h. Hazardous Energy Control Plan (12.A.07) ***(If applicable)***

A Hazardous Energy Control Plan meeting the requirements of section 12.A.07 of EM 385-1-1 is included as Attachment # to this Accident Prevention Plan.

i. Contingency Plan for Severe Weather (19.A.03)

A severe weather plan for floating plant is included as Attachment # to this Accident Prevention Plan.

j. Access and Haul Road Plan (21.I.10) ***(If applicable)***

An access and haul road plan meeting the requirements of section 21.I.10 of EM 385-1-1 is included as Attachment # to this Accident Prevention Plan.

k. Diving Plan (30.A.13) ***(If applicable)***

It is recognized that a Dive Plan is required for each separate diving operation. The Dive Plan will be prepared and submitted to the Government for review and approval a sufficient time in advance of each required dive. Diving will not occur until the Dive Plan is approved by the Government.

l. Plan for Prevention of Alcohol and Drug Abuse (Defense Federal Acquisition Regulation Supplement Subpart 252.223-7004, Drug-Free Work Force)

Name of Company' s plan for prevention of Alcohol and Drug Abuse is included as Attachment # to the Accident Prevention Plan. This plan meets the minimum requirements of DFAR 252.223-7004.

13. Detailed site specific hazards and controls will be provided in the activity hazard analysis (AHA) for each phase of the operation (each Major Definable Feature of Work as defined by the Contractor Quality Control Plan). The AHA' s will provide information on how the requirements of major sections of EM 385-1-1 will be met. Particular attention shall be paid to excavations, scaffolding, medical and first aid requirements, sanitation, personal protective equipment, fire prevention, machinery and mechanized equipment, electrical safety, public safety requirements, and chemical, physical agent, and biological occupational exposure prevention requirements. AHA' s will be prepared utilizing the format shown on page 4 of EM 385-1-1.

Attachments *(where applicable)*
Attachment # - Accident History
Attachment # - Safety Deficiency Tracking Table
Attachment # - Emergency Response Plan
Attachment # - First Aid and CPR certificates
Attachment # - Hazard Communication (HAZCOM) Program
Attachment # - Layout plans
Attachment # - Respiratory Protection Plan
Attachment # - Abrasive Blasting Plan
Attachment # - Permit-Required Confined Space Program
Attachment # - Severe Weather Plan
Attachment # - Plan for Prevention of Alcohol and Drug Abuse

ENVIRONMENTAL PROTECTION PLAN TEMPLATE

ITEMS INDICATED IN RED TEXT ARE TO BE COMPLETED BY THE CONTRACTOR. INDICATE "N/A" IF NOT APPLICABLE.

NOTE: A Microsoft® Word file of the Environmental Protection Plan Template is included in the folder entitled "Template" on this CD-ROM.

ENVIRONMENTAL PROTECTION PLAN

Contract No. W912P4-##-#-####
Name of Contract
Name of Contractor

A. APPLICABLE LAWS, REGULATIONS, AND PERMITS

The following is a list of Federal, State, and local laws, regulations, and permits concerning environmental protection, pollution control, and abatement that are applicable to the proposed dredging operations:

Federal Water Pollution Control Act of 1972
Section 114 of the Clean Air Act
U.S. Coast Guard Regulation (33 CFR 156.120) Fuel Oil Transfer
EM 385-1-1, Spills and Clean up
Clean Water Act of 1977 (PL95-217) (33 U.S.C. 1344)
Marine Protection, Research, and Sanctuaries Act of 1972 (PL 92-532)
National Environmental Policy Act of 1969 (PL 91-910) (42USC 4321)
Fish and Wildlife Act of 1956 (16 U.S.C. 760c-760g)
Fish and Wildlife Coordination Act of 1968 (16 U.S.C. 661-665c)
Endangered Species Act of 1973 (16 U.S.C. 1531-1543)
Migratory Marine Game Fish Act of 1968 (16 U.S.C. 760c-760g)
National Historic Preservation Act of 1966 (16 U.S.C. 470)
Clean Air Act
Land and Water Conservation Fund Act of 1965
Watershed Protection and Flood Protection Act
Wild and Scenic Rivers Act of 1962
Rivers and Harbors Act of 1899, as amended
Coastal Zone Management Act
[Insert others as applicable]

B. PROTECTION OF ENVIRONMENTAL RESOURCES

1. Protection of Land Resources

a. Protection of the Landscape

- The following land resources to be preserved within the work area have been identified:

  [Insert applicable land resources to be preserved within the work area]

- No removal, cutting, defacing, injury, or destruction to any land resources, including trees, shrubs, vines, grasses, topsoil and landforms, will occur without special permission from the Contracting Officer. No ropes, cables, or guys will be fastened or attached to any trees for anchorage unless specifically authorized. Effective protection for all land resources will be provided at all times.

- The landscape will be protected at all times. Any features indicated and defined on the drawings will be preserved and will be clearly identified by marking with tape or other approved techniques.

- Solid wastes will be placed in containers and will be emptied on a regular basis. All solid waste will be transported to a landfill and disposed of in compliance with Federal, State and local requirements, as indicated in Paragraph D, "Waste Disposal Area(s)".

- Chemical waste will be stored in corrosion resistant containers and disposed of in accordance with Federal, State, and local requirements. Discarded materials will be disposed of as approved by the Contracting Officer, and in compliance with Hazardous Waste Laws and Regulations as indicated in Paragraph D, "Waste Disposal Area(s)".

- Disposal areas on government property will be managed and controlled in accordance with the Contract Specifications and other directions.

- [Insert other applicable procedures to be implemented]

b. Preservation and Protection of Historical, Archaeological and Cultural Resources

- Known historical, archaeological and cultural resources within the Contractor's work areas are indicated as follows:
  [Insert applicable historical, archaeological, and cultural resources known to be within the work area]

- Protection for these resources will be provided as follows:
  [Insert applicable protective measures to be employed]

- If, during dredging activities, items are observed that might have historical or archaeological value, such observations will be immediately reported to the

Contracting Officer so that the appropriate authorities may be notified and a determination can be made as to their significance and what, if any, special disposition of the finding shou1d be made. All activities that may result in the destruction of these resources will be stopped, and all employees will be prevented from trespassing on, removing, or otherwise damaging such resources.

c. Post Construction Clean-Up

- All areas impacted by the dredging activities will be restored to a condition equal to or better than that which existed prior to the dredging operations. Final inspection of each area will be accomplished and all deficiencies will be corrected expeditiously.

d. Restoration of Landscape Damage

- All landscape features damaged outside the limits of construction will be restored as soon as practicable and in accordance with the Contract Specifications.

2. Protection of Air Resources

a. All dredging activities will be kept under surveillance at all times. All activities, equipment, processes and work operated or performed will be done in strict compliance with all applicable air pollution standards. Burning of trash on site will not be permitted.

b. All equipment will be operated so that exhaust emissions are held at or below satisfactory levels. All equipment will be properly maintained and tuned for efficiency.

c. All equipment used in this work will be equipped with satisfactory mufflers and sound abatement devices to reduce engine noise. The dredging operations will be conducted so as to comply with Federal, State, and local laws pertaining to noise.

d. [Insert other applicable procedures to be implemented]

3. Protection of Water Resources

a. Prevention of Water Pollution

- All dredging activities will be kept under surveillance, management, and control, to prevent pollution to surface and ground waters. Management

techniques to prevent pollution will be implemented as follows:
[Insert applicable protective measures to be employed]

- Only materials and equipment that do not violate water pollution standards will be used.

- All areas affected by dredging activities will be monitored on a continuous basis.

- [Insert other applicable procedures to be implemented]

b. Ground Water Protection

- Dredging activities will be conducted so as to preclude ground water pollution. Refer to Paragraph M.2, "Fueling Oil Spill Prevention and Clean Up".

- [Insert other applicable procedures to be implemented]

c. Bilge Pumping

- Any oil discovered in the bilge water will be immediately absorbed using Coast Guard-approved absorbent material and under no circumstances will be pumped into waterways.

4. Protection of Fish and Wildlife Resources

a. Dredging operations will be kept under surveillance, management and control so no interference or damage will occur to fish and wildlife.

b. Native habitat or adjacent areas will not be disturbed .

c. Measures will be taken for protection of species of fish and wildlife that require specific attention.

d. [Insert other applicable procedures to be implemented]

C. PROTECTION OF ENVIRONMENTAL RESOURCES

The following procedures will be implemented to provide the required environmental protection, to comply with the applicable laws and regulations, and to correct pollution due to accident, natural causes, or failure to follow the procedures of this Environmental Protection Plan:
[Insert applicable procedures to be implemented]

D. WASTE DISPOSAL AREA(S)

1. Solid and/or liquid waste will be disposed of by the following:
   [Insert name, address, and telephone number of applicable disposal facility]

2. Chemical waste will be disposed of by the follow ing:
   [Insert name, address, and telephone number of applicable disposal facility]

3. Copies of the licenses/permits of the respective disposal facilities are included in Attachment 1.

E. AREA DRAWINGS AND PLANS

As necessary, drawings showing locations of any proposed excavations or embankments for haul roads, material storage, sanitary facilities, and stockpiles of excess spoil materials to assure compliance with this plan have been included in Attachment 2. A work area plan is included, showing the proposed activity in each portion of the area identifying areas of limited or prohibited access.

F. ENVIRONMENTAL MONITORING PLANS

1. Equipment and vehicles will be monitored and kept in proper operating condition to minimize emissions. Equipment will be shut down when not in use.

2. Heating devices will be checked and will be of a type that will not cause pollution.

3. Frequent visual checks will be made for any possible oil leaks/spills, and if found, immediate appropriate action, including reporting, will be taken.

4. Sound and noise pollution will be kept under surveillance and control to minimize damage to the environment by noise.

5. [Include other monitoring plans as appropriate (i.e., turbidity levels, fish and wildlife monitoring, etc.)]

G. TRAFFIC CONTROL PLAN

1. If vehicular transportation is to be utilized, the following traffic control measures will be implemented:
   [Insert applicable procedures to be implemented]

2. Traffic control measures at the project site for off-road, state , city and highway traffic may not applicable, however navigational aids for dredging will be provided as described below:

[Insert applicable procedures to be implemented]

H. METHODS OF SURFACE AND GROUNDWATER PROTECTION

Methods of protecting surface and groundwater during dredging activities are described in Paragraph B.3, " Protection of Water Resources" .

I. PROPOSED ACTIVITY PLAN

As applicable, the plan showing the proposed activity in each portion of the work area is described in Paragraph E, " Area Drawings and Plans" .

J. RECYCLING AND WASTE PREVENTION PLAN

Every effort will be made to participate in State and local government sponsored recycling programs to reduce the volume of solid waste materials at the source. The following measures will be implemented to reduce consumption of energy and natural resources:

[Insert applicable procedures to be implemented]

K. TRAINING

Personnel involved in dredging activities will be trained in all phases of environmental protection, including, but not limited to, the following:

1. Methods of detecting and avoiding pollution.

2. Familiarization with pollution standards.

3. Installation and care of facilities to ensure adequate continuous environmental pollution control.

4. Instruction in proper use an d care of monitoring devices and abatement equipment.

5. Knowledge of all applicable Federal, State, and Local laws, regulations, and permits.

6. [Include other training requirements as appropriate]

L. SPECIES REQUIRING SPECIAL ATTENTION

As described in the project' s Section 404 Evaluation, presented below is a list fish and wildlife species that require special attention, along with measures for their protection:

[Insert applicable species, along with protective measures to be implemented]

M. SPILL RESPONSE PLAN

1. General

a. The following is a list of contaminants that may be encountered/stored onboard vessels during the course of dredging operations, along with the maximum quantities stored and trigger-point quantities at which each contaminant becomes subject to a mandatory reporting procedure:

[Insert applicable contaminants, along with maximum stored quantities and reporting quantities]

b. If a reportable contaminant spill occurs, immediate notification will be made to the Contracting Officer and other applicable regulatory agencies. The notification will include a description of the material spilled, quantities, location, time, date, containment procedures used, and the proposed cleanup procedures. The following procedures will be used for communicating with the press and other governmental agencies having an interest:

[Insert applicable communication procedures]

c. The following points of contact will be used for notification, reporting, and communication procedures:

[Insert names, addresses, telephone number, and contact persons for each possible point of contact (i.e., Contracting Officer, U.S. Coast Guard, applicable regulatory agencies, cleanup/response personnel, etc.)]

d. The following materials and equipment will be immediately ava ilable at the job site, to allow cleanup work of the potential hazard(s) identified:

[Insert applicable materials and equipment]

e. The following methods and procedures will be used for expeditious contaminant cleanup:

[Insert applicable procedures to be implemented]

2. Fueling Oil Spill Prevention and Cleanup

a. Necessary measures will be taken to prevent oil or other hazardous substances from entering the ground, drainage, or other local bodies of water. Measures will include, but not be limited to, the following:

- Use of a 4-foot square, 16-gauge pan with an 8-inch minimum depth (or comparable method) to ensure that no ground contamination takes place.

- Use of diversionary structures or equipment for preventing oil discharges from reaching a watercourse.

- Pans will be cleaned by an approved method immediately after transferring wastes to other containers for proper disposal.

- [Insert other applicable procedures to be implemented]

b. Fueling will be done by threaded and cam locked fuel hose. If a spill occurs, immediate action will be taken for containment and cleanup. Such spills will be immediately reported to the Contracting Officer. One or more of the following systems will be provided at each oil storage site, each system capable of containing the contents of the largest single tank:

- Dikes, berms, or retaining walls.

- Culverting, curbing, guttering, or other similar structures.

- Spill diversion ponds.

- Absorbent materials.

- [Insert other applicable procedures to be implemented]

N. SUBCONTRACTORS

Any subcontractor engaged in the performance of activities associated with this contract will be required to be familiar with this Environmental Protection Plan and to comply with its requirements.

O. NONCOMPLIANCE NOTICE

If a notification of noncompliance is received from the Contracting Officer of any rule, regulation, or element within the Environmental Protection Plan, the Contracting Officer will be informed of the proposed corrective action, and such action will be taken upon approval.

CONTRACTOR QUALITY CONTROL PLAN CHECKLIST

Contract No.

Checklist Item	Included ?			Found on Page(s)
	Yes	No	N/A	
1. A description of the quality control organization, including a chart showing lines of authority.				
2. Acknowledgment that the CQC staff shall implement the three phase control system for all aspects of the work specified.				
3. The name, qualifications (in resume format), duties, responsibilities, and authorities of each person assigned a CQC function.				
a. CQC System Manager				
b. Alternate CQC System Manager				
c. Individual(s) responsible for certifying that all submittals are in commpliance with the contract requirements.				
d. Individual(s) responsible for executing contract modifications.				
e. Individual(s) responsible for certifying payment requests.				
f. Others				
4. Documentation that the CQC System Manager and Alternate CQC System Manager have completed the course entitled "Construction Quality Management For Contractors".				
5. A copy of the letter to the CQC System Manager signed by an authorized official of the firm which describes the responsibilities and delegates sufficient authorities to adequately perform the functions of the CQC System Manager, including authority to stop work which is not in compliance with the contract.				
6. The CQC System Manager shall issue letters of direction to all other various quality control representatives outlining duties, authorities, and responsibilities. Copies of these letters shall also be furnished to the Government.				
7. Procedures for scheduling, reviewing, certifying, and managing submittals, including those of subcontractors, offsite fabricators, suppliers, and purchasing agents.				
8. Control, verification, and acceptance testing procedures for each specific test to include the test name, specification paragraph requiring test, feature of work to be tested, test frequency, and person responsible for each test.				
9. Name and address of proposed laboratory facilities to be utilized.				
10. Procedures for tracking preparatory, initial, and follow-up control phases and control, verification, and acceptance tests including documentation.				
11. Procedures for tracking construction deficiencies from identification through acceptable corrective action. These procedures shall establish verification that identified deficiencies have been corrected.				
12. Reporting procedures, including proposed reporting formats. At minimum, the QC Report presented in the contract specifications shall be utilized.				
13. Proposed subcontractors and the associated activity of work which the subcontractor will perform.				
14. A list of the definable features of work.				
15. Contract specific items				

CONTRACTOR QUALITY CONTROL PLAN TEMPLATE

ITEMS INDICATED IN RED TEXT ARE TO BE COMPLETED BY THE CONTRACTOR. INDICATE "N/A" IF NOT APPLICABLE.

NOTE: A Microsoft® Word file of the Contractor Quality Control Plan Template is included in the folder entitled "Template" on this CD-ROM.

CONTRACTOR QUALITY CONTROL PLAN

Contract No. W912P4-##-#-####
Name of Contract
Name of Contractor

A. Quality Control Organization

Name, President
Name, Vice President
Name, Quality Control System Manager
Name, Alternate Quality Control System Manager
Name, Site Superintendent
Name, Responsible for preparation and certifying pay estimates
Name, Responsible for executing contract modification
Name, Responsible for certifying contract submittals

A chart showing lines of authority is attached to this CQC Plan.

B. Resumes of the following individuals are attached to this CQC Plan:

1. CQC System Manager
2. Alternate CQC System Manager
3. Individual(s) responsible for certifying payment requests.
4. Individual(s) responsible for executing contract modifications.
5. Individual(s) responsible for certifying contract submittals.
6. Others

C. [Applicable if the contract amount exceeds $1 million] The CQC System Manager and Alternate CQC System Manager have completed the course entitled "Construction Quality Management For Contractors". Copies of their course certificates are attached to this CQC Plan.

D. A copy of the letter to the CQC System Manager and Alternate CQC System Manager, signed by an authorized official of the firm, which describes the responsibilities and delegates sufficient authorities to adequately perform the functions of the CQC System Manager, including authority to stop work which is not in compliance with the contract is attached to this CQC Plan.

E. Copies of the CQC System Manager letters of direction to all other various quality control representatives outlining duties, authorities, and responsibilities are attached to this CQC Plan.

F. The following subcontractors will be utilized on this project:
Name of subcontractor
Work to be completed by this subcontractor

G. The CQC staff will implement the three phase control system for all aspects of the work specified. The three phase control system is described in detail in specification section 02481. Additionally, the following procedures will be used to monitor dredging quantities and locations to ensure that limits and quantities specified by the Contracting Officer are attained:

[Insert description of intended quantity and location monitoring procedures.]

H. The Major Definable Features of work for this project are identified in a table attachment to this CQC Plan.

I. For payment purposes, the Bid Items have been broken down into a Schedule of Values. The proposed Schedule of Values is identified in a table attachment to this CQC Plan.

J. Preparatory and Initial Phase inspections will be tracked utilizing the table attached to this CQC Plan.

K. Deficiencies will be tracked from identification through acceptable corrective action utilizing the table attached to this CQC Plan.

L. Submittals will be tracked utilizing the Submittal Register attached to this CQC Plan.

M. The CQC Report attached to this CQC Plan will be utilized. CQC Reports will be prepared daily and submitted to the Government Representative. Other reports to be attached to the daily CQC report are:

Preparatory Phase Inspection Checklist
Initial Phase Inspection Checklist
Others as appropriate

N. Plan of Operations - The following Plan of Operations will be used for dredging operations:

[Insert description of intended Plan of Operations to be implemented, including, but not limited to, equipment to be used, specific dredging areas, sequence of operations, cut lines and anticipated quantities, etc.]

O. List any other contract specific items

_____/Signature/_____
Name
Title

Attachments:

- Chart showing lines of authority
- Resumes
- CQC course certificates [If contract amount exceed $1 million]
- Letter to the CQC System Manager and Alternate CQC System Manager
- CQC System Manager letters of direction
- Table: Major Definable Features of Work
- Table: Schedule of Values
- Table: Tracking - Preparatory and Initial Phase Inspections
- Table: Deficiency Tracking
- Submittal Register
- CQC Report
- Other QC reports

[INSERT CHART SHOWING LINES OF AUTHORITY]

[INSERT RESUMES]

[INSERT CQC COURSE CERTIFICATES IF CONTRACT AMOUNT EXCEEDS $1 MILLION]

[INSERT LETTER TO THE CQC SYSTEM MANAGER AND ALTERNATE CQC SYSTEM MANAGER]

[INSERT CQC SYSTEM MANAGER LETTERS OF DIRECTION]

Contract No. W912P4-##-#-####
Name of Contract
Name of Contractor

Major Definable Features of Work

ID No.	Major Definable Feature of Work
	[Complete Table]

Contract No. W912P4-##-#-####
Name of Contract
Name of Contractor

Schedule of Values

Bid Item No.	Activity No.	Description	Feature ID No.	Amount
		[Complete Table]		

The total amount of all activities under a Bid Item must equal the amount of the Bid Item.

Feature ID No. relates the Major Identifiable Feature of Work.

When the contract requires As-Built Record Drawings, include an activity and dollar amount.

Contract No. W912P4-##-#-####
Name of Contract
Name of Contractor

Tracking - Preparatory and Initial Phase Inspections

Major Feature of Work	Preparatory Scheduled	Preparatory Conducted	Initial Scheduled	Initial Conducted
[Complete Table]				

Contract No. W912P4-##-#-####
Name of Contract
Name of Contractor

Deficiency Tracking

Item No.	Description	Date Noted	Date Scheduled for Correction	Date Corrected

[INSERT COMPLETED SUBMITTAL REGISTER]

[INSERT CQC REPORT FORMS TO BE USED]

[INSERT OTHER QC REPORT FORMS AS APPLICABLE]