Appendix C

Tailgate Safety Meeting Minutes
13.0 Employee Sign-Off Form

URS Group, Inc.

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

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
<th>EMPLOYEE SIGNATURE</th>
<th>COMPANY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>URS</td>
<td>11-5-12</td>
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<td>11-7-2012</td>
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<td>Hagn-Richter</td>
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<td>URS</td>
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<td>URS</td>
<td>11-8-12</td>
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<td></td>
<td></td>
<td>Russo</td>
<td>11-12-12</td>
</tr>
</tbody>
</table>

Project Name: Niagara Falls Storage Site Project
TAILGATE SAFETY MEETING

Date: 11-5-12

Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Site Orientation Review of HASP Site Walk

Protective Clothing/Equipment: Level D, Safety Vest, Safety Glasses, Hard Hat

Chemical Hazards: None

Physical Hazards:

Emergency Procedures: Call 911

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

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed: ___________________________ Signature: ___________________________

__________________________

__________________________

__________________________

__________________________
Meeting Conducted By:  

Date 11-5-12
TAILGATE SAFETY MEETING

Date: 11-6-12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Hand Tools, Sit survey

Protective Clothing/Equipment: Level 0, Face shield, Gloves, Safety vest, Hand hat
Slips, trips, falls, cold stress

Chemical Hazards: N/A

Physical Hazards: Cut off while, slips, trips, falls

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed:

Signature:
## CONFINED SPACE ENTRY PERMIT

<table>
<thead>
<tr>
<th>Space to be Entered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit No.</td>
</tr>
<tr>
<td>Location/Description:</td>
</tr>
<tr>
<td>Authorized Duration of Permit:</td>
</tr>
<tr>
<td>Date: 11-6-12 to: 11-6-12</td>
</tr>
<tr>
<td>Time: 11:30AM to: 3:30PM</td>
</tr>
</tbody>
</table>

### PERMIT SPACE HAZARDS (Indicate specific hazards with initials.)

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

### EQUIPMENT REQUIRED FOR ENTRY AND WORK

Specify as required:

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

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

- Notify affected groups of service interruption.
- Isolation Methods: [ ]
- Lockout/Tagout: [ ]
- Blank/Blind: [ ]
- Purge/Clean: [ ]
- Inert: [ ]
- Ventilate: [ ]
- Atmospheric Test: [ ]
- Barriers: [ ]
- Other: [ ]

### AUTHORIZED ENTRANTS (List by name or attach roster):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AUTHORIZED ATTENDANTS (List by name or attach roster):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### RESCUE PERSONNEL / SERVICE RESCUE EQUIPMENT:

- Phone Number: 911
- Contact Method: Cell Phone

### AUTHORIZED ATTENDANTS (List by name or attach roster):

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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</tbody>
</table>

### ATMOSPHERIC TESTING FREQUENCY:

<table>
<thead>
<tr>
<th>Name of Atmosphere Tester:</th>
</tr>
</thead>
</table>

### PERMIT CANCELLED BY (if required):

- Date: 
- Time: 
- Reason for Cancellation: 

---

1
USACE ENTRY PERMIT

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

1. LOCATION OF SPACE
   [Valve pit]

2. DESCRIPTION OF SPACE
   [Shut water valve, correct ground cable]

3. EMPLOYEE AUTHORIZING ENTRY (Last Four Mils)

4. DATE (YYYYMMDD)
   11-6-12

5. PURPOSE OF AUTHORIZATION
   [Shut water valve, correct ground cable]

6. ENTRY AUTHORIZED (0001-2400 hours) FROM 11:30 TO 15:30

7. DATE (YYYYMMDD)
   11-6-12

8. AUTHORIZED ENTRANTS
   [Name]

9. AUTHORIZED ATTENDANT(s)
   [Name]

SECTION I - SPACE HAZARDS AND CONTROLS

1. ASPHYXIATING
   a. OXYGEN DEFICIENCY
   b. CHEMICAL
   c. ENGULFMENT

2. FLAMMABLE / EXPLOSIVE
   a. DUST
   b. CHEMICAL (Specify) ________________

3. TOXIC: CHEMICAL (Specify) ________________

4. UNAUTHORIZED ACTIVATION
   a. MECHANICAL
   b. ELECTRICAL

5. THE CONFINED SPACE SHALL BE ISOLATED OR POTENTIAL HAZARDS CONTROLLED BY:
   a. DEPRESSURIZATION
   b. PURGING AND CLEANING PIPING
   c. VENTILATION
   d. LOCKOUT / TAGOUT
   e. BLANKING / CAPPING PIPING
   f. OTHER (Specify) ________________

6. RESCUE SERVICES / EQUIPMENT ARE AVAILABLE
   a. ON-SITE
   b. OUTSIDE

7. COMMUNICATION EQUIPMENT PROCEDURES TO BE USED
   [VHF, VHF]

8. THE FOLLOWING PERSONAL PROTECTIVE EQUIPMENT HAVE BEEN ASSIGNED TO, AND SHALL BE WORN BY ENTRANTS
   [Gloves, safety shield]

9. HOT WORK
   a. MAY
   b. SHALL NOT BE CONDUCTED IN THIS SPACE. IF HOT WORK IS PERMITTED, THE FOLLOWING CONTROLS SHALL BE UTILIZED

SECTION II - TESTING AND MONITORING

1. THE SPACE HAS AN OXYGEN CONTENT OF 20.9 AND IS
   a. SAFE
   b. UNSAFE

2. THE SPACE HAS BEEN MONITORED AND CONTAINS THE FOLLOWING CONCENTRATIONS OF TOXIC HAZARDS
   a. CARBON MONOXIDE
   b. HYDROGEN SULFIDE
   c. OTHER (Specify) ________________

3. THE SPACE HAS BEEN TESTED AND CONTAINS THE FOLLOWING PERCENTAGES OF LOWER FLAMMABLE LIMIT OF FLAMMABLE / EXPLOSIVE CHEMICALS (Specify) 0.18
SECTION II - TESTING AND MONITORING (Continued)

4. MONITORING WILL BE Conducted: [ ] CONTINUOUSLY OR AT __________________ INTERVALS.

ADDITIONAL COMMENTS, PRECAUTIONS OR REMARKS NOT ADDRESSED ELSEWHERE

SECTION III - AUTHORIZATION AND CANCELLATION SIGNATURE CERTIFICATIONS

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

TIME (0001-2400 hours) __________________ DATE (YYYYMMDD) __________________

SIGNATURE OF INDIVIDUAL AUTHORIZING ENTRY

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

TIME (0001-2400 hours) __________________ DATE (YYYYMMDD) __________________

SIGNATURE OF INDIVIDUAL AUTHORIZING ENTRY CANCELLATION
TAILGATE SAFETY MEETING

Date: 11-7-2012  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: HASP Review, Site Survey

Protective Clothing/Equipment: Level D

Chemical Hazards: NA

Physical Hazards: Slips, trips, falls

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Other: Poison Ivy in wooded areas

Attendees:

Name Printed:

Signature:
TAILGATE SAFETY MEETING

Date: 11-8-2012 Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slips Trips Falls.


Chemical Hazards: NA

Physical Hazards: Slips, Trips, Falls.

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other: Poison Ivy in wooded areas

Attendees:

Name Printed: 

Signature: 


Meeting Conducted By:

Date: 11-8-12
TAILGATE SAFETY MEETING

Date: 11.10.15 Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: slips trips falls, working walking surfaces

Protective Clothing/Equipment: Level D, hard hats, safety glasses, safety vest

Chemical Hazards: ________________________________

Physical Hazards: ________________________________

Emergency Procedures: ________________________________

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: ________________________________

Other: ________________________________

Attendees:

Name Printed: ________________________________

Signature: ________________________________
Meeting Conducted By:

Date: 11/19/12
TAILGATE SAFETY MEETING

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

Specific Location: 1397 Pletcher Rd., Lewiston, NY

Safety Topics Presented: Manual lifting, slips, trips, falls, walking, working surface

Protective Clothing/Equipment: Level D

Chemical Hazards: 

Physical Hazards: Dull/mig, hand tools

Emergency Procedures: Call 911

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

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other: 

Attendees:

Name Printed: 
Signature: 

[Blank spaces for attendees' names and signatures]
Meeting Conducted By: 

Date: 11/11/12
Date: 11/12/12

Customer: NFSS BOP Field Investigation

Specific Location: 1397 Pletcher Rd, Lewiston, NY

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

Protective Clothing/Equipment: Level D, hard hats, safety vests, steel toe boots, safety glasses

Chemical Hazards: 

Physical Hazards: Slips, trips, falls, own head equipment

Emergency Procedures: Call 911

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

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other:

Attendees:

Name Printed: 

Signature: 

Competent Person: [Redacted]

Project Name: NPS

Excavation Location: Pipe Excavation

Date: 11/12/12

Weather Conditions: Overcast, 41°

Access/Egress

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

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

Soil Characteristics

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

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

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

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

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

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

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

Protective Systems

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

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

Is the shoring being used secure? [Yes] [No] [Not Applicable]

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

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

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

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

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

Hazardous Atmosphere & Confined Spaces

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

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

Are utility markings in place? ☒ Yes ☐ No ☐ Not Applicable

Are trees, boulders, or other hazards located in the area? ☐ Yes ☒ No ☐ Not Applicable

Are barricades or covers in place and in good condition? ☒ Yes ☐ No ☐ Not Applicable

Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? ☒ Yes ☐ No ☐ Not Applicable

Are all short-term trench(es) covered within 24 hours? ☒ Yes ☐ No ☐ Not Applicable

Are GFCIs used on all temporary electrical cords? ☒ Yes ☐ No ☐ Not Applicable

Is the excavation within the original scope of the excavation permit? ☒ Yes ☐ No ☐ Not Applicable

Is a valid excavation permit executed for the excavation/trenching activity? ☐ Yes ☒ No ☐ Not Applicable

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

Daily Excavation/Trenching Inspection Completed By:

[Name Redacted]

Date: 11/1/12

COMPETENT PERSON
TAILGATE SAFETY MEETING

Date: 11-13-12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Excavation safety, cold stress, slips, trips.

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

Chemical Hazards: ____________________________

Physical Hazards: Open excavation, heavy equipment, ________________

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: ________________________________

Other: ________________________________________
________________________________________________________________________________

Attendees:

Name Printed:  

Signature:  

Special Equipment:  

Other:  

Attendees:
<table>
<thead>
<tr>
<th>Meeting Conducted By:</th>
<th>Date: 11-13-12</th>
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</table>
**URS**

**Health, Safety and Environment**

**EXCAVATION / TRENCHING PERMIT**

<table>
<thead>
<tr>
<th>Authorization No.</th>
<th>Date and Time Permit Valid:</th>
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<tr>
<td></td>
<td>11-13-12, 12:00pm</td>
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<tr>
<th>Competent Person:</th>
<th>Date and Time Permit Expires:</th>
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<tr>
<td></td>
<td>11-14-12, 5:00pm</td>
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<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Excavation/Trench Location:</th>
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<tr>
<td>NEBS</td>
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</table>

**Description or Job Special Procedures:**

Pipe inspection and playing of lines

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**ESTIMATED DEPTH =**

**TOP =** W ____ L ____

**DIMENSIONS:**

**BOTTOM =** W ____ L ____

**SOIL ANALYSIS METHOD(S) USED:**

- Visual
- Manual
- Tabulated Data

**SOIL TYPE:**

- Stable Rock
- Type A
- Type B
- Type C
- Avg. Compression Strength ____ tsf
- Compressed Strength Data ____

**SOIL CHARACTERISTICS:**

- Cemented
- Cohesive
- Layered
- Fissured
- Granular
- Plastic
- Dry
- Moist
- Saturated
- Submerged

**MANUAL TEST USED:**

- Plasticity
- Dry Strength
- Ribbon
- Thumb Penetration
- Pocket Penetrometer
- Dry Testing
- Other

**PROTECTIVE SYSTEMS:**

Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.

**SLOPING/BENCHING:**

- Vertical (90°)
- 3/4:1 (53°)
- 1:1 (45°)
- 1 1/2:1 (34°)
- 2:1 (26°)
- Other

**SHORING:**

- Timber
- Aluminum Hydraulic
- Trench Shield/Trench Box

**LIST OF KNOWN OBSTRUCTIONS:**

- Electrical
- Telephone
- Water
- Sewer
- Steam
- Alarm
- Drain
- Process
- Footings
- Pilings
- Concrete Encasement
- Other

**OTHER:**

- Means of Egress Required
- Confined Space Permit Required

**SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS**
TAILGATE SAFETY MEETING

Date: 11-19-12
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Customer: NFSS BOP Field Investigation

Safety Topics Presented:

- Slips, Trips, Falls
- Working with Hot Surfaces and Equipment
- Excavation Safety
- Hot Work, Trench Safety

Protective Clothing/Equipment:

- Level A
- Hard Hat, Safety Glasses, Protective Vest, Steel Toe Boots

Chemical Hazards: H2S, CO

Physical Hazards: Slips, Trips, Falls, Equipment

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital
Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY
Special Equipment:

Other:

- Scan氡m the box or Excavation at all times. Trenches to be kept in trench and will extend 3 feet above trench for Hot work permit will be issued.

Attendees:

Name Printed:

Signature:
Meeting Conducted By:

[Redacted]
# HOT WORK PERMIT

**Issued to:** Russo Development  
**Responsible Person:** [Redacted]  
**Date:** 11-14-12  
**Building:**  
**Area Equipment:**  
**Control No.:**  
**Time:**  
**From:** [Redacted]  
**To:** 11:00 PM

### Special Work To Be Done:

Cutting water line with electric chop saw

### Please check appropriate response:

1. Has affected personnel been briefed on job safety and requirements?

   - [ ] Yes  
   - [X] No  
   - [ ] NA

2. Has equipment been properly prepared for this work?

   - [ ] Yes  
   - [X] No  
   - [ ] NA

3. Does other work or processes affect this work?

   - [ ] Yes  
   - [X] No  
   - [ ] NA

4. Has fire detection and/or gas systems been isolated?

   - [X] Yes  
   - [ ] No  
   - [ ] NA

5. Is the work area clean and ready for work to begin?

   - [X] Yes  
   - [ ] No  
   - [ ] NA

6. Has isolation lockout been completed? If so, record lock and tag numbers below.

   - [X] Yes  
   - [ ] No  
   - [ ] NA

7. Has fire watch been assigned with appropriate equipment?

   - [X] Yes  
   - [ ] No  
   - [ ] NA

8. Is GAS TEST required?  

   - [X] Yes  
   - [ ] No  
   - [ ] NA

   **Test results:**  
   - Percent LEL: [ ] 0  
   - O<sub>2</sub>: [ ] 20.9

   **H<sub>2</sub>S:** [ ]  
   **CO:** [ ]

   **Total Hydrocarbons:** [ ]  
   **Other toxic Continuous:** [X] Yes  
   - [ ] No

   **Remarks:**

   - [ ]

### Special Instructions:

- [ ] Yes  
- [X] No

### Lock Numbers  

### Tag Numbers

### Job Completed?

- [X] Yes  
- [ ] No

### Time/Initials:

- [9:00] AM  
- [ ] PM

### Permit Cancelled:

- (Time)

### Endorsements as Required

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Operations Technician:</td>
<td>[Redacted]</td>
<td>9:50</td>
</tr>
<tr>
<td>Person Doing The Work:</td>
<td>[Redacted]</td>
<td>10:57</td>
</tr>
<tr>
<td>Job Supervisor/Foreman:</td>
<td>[Redacted]</td>
<td>10:20</td>
</tr>
<tr>
<td>Project Supervisor:</td>
<td>[Redacted]</td>
<td></td>
</tr>
<tr>
<td>Safety Manager:</td>
<td>[Redacted]</td>
<td></td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

Date: 11-15-12
Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: EXCAVATION SAFETY, WORKING ON WET SURFACES
Protective Clothing/Equipment:

Chemical Hazards:

Physical Hazards: OPEN TRENCH, FALLING OBJECTS

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed: 
Signature: 

Other:
<table>
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<td>Is access and egress located within 25 feet (7.6 meters) of entrants?</td>
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<th>Soil Characteristics</th>
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<tr>
<td>Is any water seepage noted in trench walls or bottom?</td>
<td>☑ Yes</td>
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<td>Is vibration from equipment or traffic too close to the trenching operation?</td>
<td>☑ Yes</td>
</tr>
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<td>Are trench box(s) certified?</td>
<td>☑ Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazardous Atmosphere &amp; Confined Spaces</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the hazardous atmosphere testing being conducted on a regular basis?</td>
<td>☑ Yes</td>
</tr>
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<td>Have rescue procedures been established, and is equipment immediately available?</td>
<td>☑ Yes</td>
</tr>
</tbody>
</table>
Health, Safety and Environment
DAILY EXCAVATION / TRENCH INSPECTION FORM

Miscellaneous

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

Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

“...attest that the following conditions existed and that the following items were checked or reviewed during this inspection.”

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

Daily Excavation/Trenching Inspection Completed By:

COMPETENT PERSON:   11-15-12

Date
<table>
<thead>
<tr>
<th>Authorization No.:</th>
<th>Date and Time Permit Valid:</th>
<th>11-15-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent Person:</td>
<td>Date and Time Permit Expires:</td>
<td>11-16-12</td>
</tr>
<tr>
<td>Project Name:</td>
<td>Excavation/Trench Location:</td>
<td>DE1</td>
</tr>
</tbody>
</table>

Description or Job Special Procedures:

- Plugging pipes

---

| DEPTH = | 8' | SOIL TYPE: |
| DIMENSIONS: | W 4' L 20' | □ Stable Rock | □ Type A |
| | BOTTOM = W L | □ Type B | □ Type C |

| SOIL ANALYSIS METHOD(S) USED: | SOIL CHARACTERISTICS: | MANUAL TEST USED: |
| Visual | □ Avg. Compression Strength ____ tsf | □ Plasticity | □ Dry Strength | □ Ribbon |
| Manual | □ Compressed Strength Data | □ Thumb Penetration | □ Pocket Penetrometer |
| Tabulated Data | | □ Dry Testing | □ Other |

| PROTECTIVE SYSTEMS: | UTILITIES: |
| Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer. | □ One Call Service Notified |
| | □ Utilities Marked by Public Utilities |
| | □ Property Owner Contacted |
| | □ Utility Drawings Reviewed |
| | □ Private Utility Locater Utilized |

| SLOPING/BENCHING: | LIST OF KNOWN OBSTRUCTIONS: |
| □ Vertical (90°) | □ Electrical | □ Telephone | □ Water |
| □ 3/4 :1 (53°) | □ Sewer | □ Steam | □ Alarm |
| □ 1 1/2:1 (34°) | □ Drain | □ Process | □ Footings |
| □ 2:1 (26°) | □ Pilings | | |
| □ Other | □ Concrete Encasement | | |
| | □ Other | | |

| OTHER: | SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS |
| □ Means of Egress Required | | |
| □ Confined Space Permit Required | | |

---
**HOT WORK PERMIT**

**Issued to:** Russo

**Responsible Person:** [Redacted]

**Date:** 11-15-12

**Building:**

**Area Equipment:** Excavation, chisels

**Control No.:** 002

**Special Work To Be Done:** Cut pipe to fill with concrete

**Time**

From: 9:30 AM To: 5:00 PM

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?
   - Yes [X] No [ ] NA [ ]

2. Has equipment been properly prepared for this work?
   - Yes [X] No [ ] NA [ ]

3. Does other work or processes affect this work?
   - Yes [X] No [ ] NA [ ]

4. Has fire detection and/or gas systems been isolated?
   - Yes [X] No [ ] NA [ ]

5. Is the work area clean and ready for work to begin?
   - Yes [X] No [ ] NA [ ]

6. Has isolation lockout been completed? If so, record lock and tag numbers below.
   - Yes [X] No [ ] NA [ ]

7. Has fire watch been assigned with appropriate equipment?
   - Yes [X] No [ ] NA [ ]

**Name(s):**

8. Is GAS TEST required?
   - Yes [ ] No [X] Test results:
     - Percent LEL: [ ]
     - O2: 21%
     - H2S: 0
     - CO: 0
     - Other toxic Continuous: [ ]
   - Time Tester (Initials): [ ]
   - AM [X] PM [ ]

**Remarks:**

**Special Instructions:** [ ] Yes [ ] No

**Lock Numbers**

**Tag Numbers**

**Job Completed?** [ ] Yes [X] No

**Time/Initials:** 11:50 5/26

**Endorsements as Required**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Operations Technician</td>
<td>[Blank]</td>
<td>[10:00]</td>
</tr>
<tr>
<td>Person Doing The Work:</td>
<td>[Blank]</td>
<td>[10:00]</td>
</tr>
<tr>
<td>Job Supervisor/Foreman:</td>
<td>[Blank]</td>
<td>[9:00]</td>
</tr>
<tr>
<td>Project Supervisor:</td>
<td>[Blank]</td>
<td>[9:00]</td>
</tr>
<tr>
<td>Safety Manager:</td>
<td>[Blank]</td>
<td></td>
</tr>
</tbody>
</table>
HOT WORK PERMIT

Issued to: [Redacted]  Responsible Person: [Redacted]  Date: 11-15-12

Building:  Area Equipment:  Control No. 003

Special Work To Be Done: Using torch to heat up + bolts on橇 Rig

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has affected personnel been briefed on job safety and requirements?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has equipment been properly prepared for this work?</td>
<td></td>
<td></td>
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<td>4. Has fire detection and/or gas systems been isolated?</td>
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<td></td>
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<td>5. Is the work area clean and ready for work to begin?</td>
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<td>6. Has isolation lockout been completed? If so, record lock and tag numbers below.</td>
<td></td>
<td></td>
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<td>7. Has fire watch been assigned with appropriate equipment?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Name(s)

8. Is GAS TEST required?  Yes [ ]  No [ ]  Test results: Percent LEL   O2 [ ]  H2S [ ]  CO [ ]  Other toxic Continuous?  Yes [ ]  No [ ]

Total Hydrocarbons [ ]  Others As Required [ ]

Time Tester (Initials): [ ]  AM  [ ]  PM

Remarks:

Special Instructions:  Yes [ ]  No [ ]

Lock Numbers  Tag Numbers

Job Completed? Yes [ ]  No [ ]  Time/Initials: 3:09 PM  Permit Cancelled: (Time)

Endorsements as Required

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>Area Operations Technician:</td>
<td></td>
<td>4:16 PM</td>
</tr>
<tr>
<td>Person Doing The Work:</td>
<td></td>
<td>4:16 PM</td>
</tr>
<tr>
<td>Job Supervisor/Foreman:</td>
<td></td>
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<td>4:16 PM</td>
</tr>
<tr>
<td>Safety Manager:</td>
<td></td>
<td>4:16 PM</td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

Date: 11/16/12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd, Lewiston, NY

Safety Topics Presented: Work safety, slips, trips, falls, pinch points

Protective Clothing/Equipment: Level D

Chemical Hazards: ________________________________

Physical Hazards: Open Excavation

Emergency Procedures: Call 911

Hospital/Clinic: Mount St Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY
Special Equipment: ________________________________

Other: ________________________________

Attendees:

Name Printed: ________________________________
Signature: ________________________________
### Access/Egress

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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<tr>
<td>Is access and egress located within 25 feet (7.6 meters) of entrants?</td>
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### Soil Characteristics

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<td>Is any water seepage noted in trench walls or bottom?</td>
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<td></td>
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<td>Are pumps in place, or available if needed?</td>
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<td>Is there evidence of significant fracture planes in soil or rock?</td>
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### Protective Systems

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### Hazardous Atmosphere & Confined Spaces

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Miscellaneous

Are utility markings in place?  Yes  No  Not Applicable

Are trees, boulders, or other hazards located in the area?  Yes  No  Not Applicable

Are barricades or covers in place and in good condition?  Not Applicable

Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation?  No  Not Applicable

Are all short-term trench(es) covered within 24 hours?  No  Not Applicable

Are GFCIs used on all temporary electrical cords?  No  Not Applicable

Is the excavation within the original scope of the excavation permit?  No  Not Applicable

Is a valid excavation permit executed for the excavation/trenching activity?  No  Not Applicable

Notes:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

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

Daily Excavation/Trenching Inspection Completed By:  

[Redacted]  11/16/12  

Date
**HOT WORK PERMIT**

**Issued to:** Russo Development  
**Responsible Person:** [redacted]  
**Date:** 11-16-12

**Building:**  
**Area Equipment:** PE  
**Control No.:** 004

**Special Work To Be Done:** Pipe Inspection / Pipe Capping

**Time**
- **From:** 8:00AM  
- **To:** 5:00PM

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?  
   - [ ] Yes  
   - [ ] No  
   - [ ] NA

2. Has equipment been properly prepared for this work?  
   - [x] Yes  
   - [ ] No  
   - [ ] NA

3. Does other work or processes affect this work?  
   - [ ] Yes  
   - [ ] No  
   - [ ] NA

4. Has fire detection and/or gas systems been isolated?  
   - [ ] Yes  
   - [ ] No  
   - [ ] NA

5. Is the work area clean and ready for work to begin?  
   - [x] Yes  
   - [ ] No  
   - [ ] NA

6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - [x] Yes  
   - [ ] No  
   - [ ] NA

7. Has fire watch been assigned with appropriate equipment?  
   - [x] Yes  
   - [ ] No  
   - [ ] NA

**Name(s):** [redacted]

8. Is GAS TEST required?  
   - [x] Yes  
   - [ ] No  
   - [ ] Test results: Percent LEL  
     - [ ] CO  
     - [ ] H₂S  
     - [ ] Other toxic Continuous?  
       - [x] Yes  
       - [ ] No  

   - Time Tester (Initials):  
     [ ] AM  
     [ ] PM

**Remarks:**

**Special Instructions:**  
- [ ] Yes  
- [ ] No

**Lock Numbers**  
- [ ]

**Tag Numbers**  
- [ ]

**Job Completed?**  
- [x] Yes  
- [ ] No  
- **Time/Initials:** [redacted]

**Permit Cancelled: (Time):**

**Endorsements as Required**

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<td></td>
</tr>
<tr>
<td>Person Doing The Work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Supervisor/Foreman:</td>
<td></td>
<td>0900</td>
</tr>
<tr>
<td>Project Supervisor:</td>
<td></td>
<td>09:00 AM</td>
</tr>
<tr>
<td>Safety Manager:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

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

Safety Topics Presented:

Protective Clothing/Equipment: LEVEL D

Chemical Hazards:

Physical Hazards:

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

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

Attendees:

Name Printed: Signature:
TAILGATE SAFETY MEETING

Date: 11-15-12
Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd, Lewiston, NY

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

Protective Clothing/Equipment:

  Level D safety glasses, hard hats, steel toed boots

Chemical Hazards:

Physical Hazards: noise, ice

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital
Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed: [redacted]
Signature: [redacted]
TAILGATE SAFETY MEETING

Date: 11-19-12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slippery Falls, Walking on Wet Surfaces, Trench Safety

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

Chemical Hazards:

Physical Hazards: Fall, Asthma, Hard Objects

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other:

Attendees:

Name Printed:  Signature:
URS
Health, Safety and Environment
DAILY EXCAVATION / TRENCH INSPECTION FORM

Competent Person: [Redacted]
Project Name: PFE
Excavation Location: [Redacted]

Date: 11-19-12
Weather Conditions: Clean

Rainfall Amounts 24 Hours Previous:

Access/Egress
Is access and egress located within 25 feet (7.6 meters) of entrants? ☑ Yes ☐ No ☐ Not Applicable
If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? ☑ Yes ☐ No ☐ Not Applicable

Soil Characteristics
Is any water seepage noted in trench walls or bottom? ☑ Yes ☐ No ☐ Not Applicable
Are pumps in place, or available if needed? ☑ Yes ☐ No ☐ Not Applicable
Is there evidence of significant fracture planes in soil or rock? ☐ Yes ☑ No ☐ Not Applicable
Are there any zones of unusually weak soils or materials not anticipated? ☐ Yes ☑ No ☐ Not Applicable
Have tension cracks been observed along the top on any slopes? ☐ Yes ☑ No ☐ Not Applicable
Are there any noted dramatic dips or bedrock? ☐ Yes ☑ No ☐ Not Applicable
Is there any evidence of caving or sloughing of soil since the last inspection? ☐ Yes ☑ No ☐ Not Applicable

Protective Systems
Are slopes cut at design angle of repose? ☐ Yes ☑ No ☐ Not Applicable
Is the shoring system installed in accordance with the design? ☑ Yes ☐ No ☐ Not Applicable
Is the shoring being used secure? ☑ Yes ☐ No ☐ Not Applicable
Does the design include an adequate safety factor for equipment being used? ☑ Yes ☐ No ☐ Not Applicable
Is traffic being adequately kept away from the excavation/trenching operation? ☑ Yes ☐ No ☐ Not Applicable
Are hydraulic shores pumped to design pressure? ☑ Yes ☐ No ☐ Not Applicable
Is vibration from equipment or traffic too close to the trenching operation? ☑ Yes ☐ No ☐ Not Applicable
Are trench box(s) certified? ☑ Yes ☐ No ☐ Not Applicable

Hazardous Atmosphere & Confined Spaces
Is the hazardous atmosphere testing being conducted on a regular basis? ☑ Yes ☐ No ☐ Not Applicable
Have rescue procedures been established, and is equipment immediately available? ☑ Yes ☐ No ☐ Not Applicable
DAILY EXCAVATION / TRENCH INSPECTION FORM

Miscellaneous

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

Notes:

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

Daily Excavation/Trenching Inspection Completed By: ________________________________

COMPETENT PERSON ________________________________ Date 11/19/12
## EXCAVATION / TRENCHING PERMIT

**Authorization No.:**

**Competent Person:** [Redacted]

**Date and Time Permit Valid:** 11-19-12

**Project Name:** [Redacted]

**Location:** PE 1

**Description or Job Special Procedures:**

Locate pipes and plug

---

### Soil Analysis and Characteristics

<table>
<thead>
<tr>
<th>Estimation</th>
<th>Top</th>
<th>Bottom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth</td>
<td>8</td>
<td>W 4 L 20</td>
</tr>
<tr>
<td>Dimensions</td>
<td>W 4 L 20</td>
<td></td>
</tr>
</tbody>
</table>

**Soil Type:**

- [ ] Stable Rock
- [ ] Type A
- [ ] Type B
- [ ] Type C
- [ ] Avg. Compression Strength __ tsf
- [ ] Compressed Strength Data __

**Soil Characteristics:**

- [x] Cohesive
- [x] Plastic
- [ ] Layered
- [ ] Dry
- [ ] Moist
- [ ] Saturated
- [ ] Submerged

**Manual Test Used:**

- [ ] Plasticity
- [ ] Dry Strength
- [ ] Ribbon
- [ ] Thumb Penetration
- [ ] Pocket Penetrometer
- [ ] Dry Testing
- [ ] Other

**Utilities:**

- [ ] One Call Service Notified
- [ ] Utilities Marked by Public Utilities
- [ ] Property Owner Contacted
- [ ] Utility Drawings Reviewed
- [ ] Private Utility Locater Utilized

**Sloping/Benching:**

- [x] Vertical (90°)
- [ ] 3/4:1 (53°) 1:1 (45°)
- [ ] 1 1/2:1 (34°) 2:1 (26°) Other

**Other:**

- [ ] Means of Egress Required
- [ ] Confined Space Permit Required

**Protective Systems:**

- [ ] Timber
- [ ] Aluminum Hydraulic
- [x] Trench Shield/Trench Box

**List of Known Obstructions:**

- [ ] Electrical
- [ ] Telephone
- [ ] Water
- [ ] Sewer
- [ ] Steam
- [ ] Alarm
- [ ] Drain
- [ ] Process
- [ ] Footings
- [ ] Pilings
- [ ] Concrete Encasement
- [ ] Other

**Special Instructions and Work Instructions**
## HOT WORK PERMIT

**Issued to:** Russian Development  
**Responsible Person:**  
**Date:** 11-19-12  
**Control No:** 005

**Building:**  
**Area Equipment:**  
**Special Work To Be Done:** Cut 36" pipe and fill with concrete  
**Time**  
From: 8:00am To: 4:30pm

### Please check appropriate response:

1. Has affected personnel been briefed on job safety and requirements?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
2. Has equipment been properly prepared for this work?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
3. Does other work or processes affect this work?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
4. Has fire detection and/or gas systems been isolated?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
5. Is the work area clean and ready for work to begin?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
7. Has fire watch been assigned with appropriate equipment?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]

**Name(s):**  

8. Is GAS TEST required?  
   - Yes [x]  
   - No [ ]  
   - NA [ ]
   **Test results:**  
   - Percent LEL [ ]  
   - O₂ [ ]  
   - H₂S [ ]  
   - CO [ ]  
   - Other toxic Continuous?  
   - Yes [x]  
   - No [ ]  
   - AM [x]  
   - PM [ ]

**Time Tester (Initials):**

**Remarks:**

**Special Instructions:**  
   - Yes [x]  
   - No [ ]  
   - NA [ ]

**Lock Numbers**  

**Tag Numbers**  

**Job Completed?**  
   - Yes [x]  
   - No [ ]  
   - NA [ ]

**Time/Initials:** 3:30pm

**Permit Cancelled:** (Time)

### Endorsements as Required

**Name:**  
**Signature:**  
**Time:**

<table>
<thead>
<tr>
<th>Area Operations Technician:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Doing The Work:</td>
<td></td>
</tr>
<tr>
<td>Job Supervisor/Foreman:</td>
<td></td>
</tr>
<tr>
<td>Project Supervisor:</td>
<td></td>
</tr>
<tr>
<td>Safety Manager:</td>
<td></td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

Date: 11-20-2012     Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

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

Protective Clothing/Equipment: Level D, Hard Hat, Safety Glasses, Steel toe boots, Safety Vest, Earplugs

Chemical Hazards: 

Physical Hazards: Open Head, Objects, Open Excavation

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital     Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other: 

Attendees:

Name Printed: Signature: [Redacted]

[Redacted]
Competent Person: [Barcode]

Project Name: [Barcode]

Excavation Location: [Barcode]

Date: 11/20/12

Weather Conditions: Clean

Rainfall Amounts 24 Hours Previous: [Barcode]

Access/Egress

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

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

Soil Characteristics

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

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

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

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

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

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

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

Protective Systems

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

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

Is the shoring being used secure? [ ] Yes [ ] No [ ] Not Applicable

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

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

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

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

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

Hazardous Atmosphere & Confined Spaces

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

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

Are utility markings in place?  Yes ☑️ No ☐ Not Applicable

Are trees, boulders, or other hazards located in the area? ☐ Yes ☐ No ☑️ Not Applicable

Are barricades or covers in place and in good condition? ☑️ Yes ☐ No ☐ Not Applicable

Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? ☑️ Yes ☐ No ☐ Not Applicable

Are all short-term trench(es) covered within 24 hours? ☑️ Yes ☐ No ☐ Not Applicable

Are GFCIs used on all temporary electrical cords? ☑️ Yes ☐ No ☐ Not Applicable

Is the excavation within the original scope of the excavation permit? ☑️ Yes ☐ No ☑️ Not Applicable

Is a valid excavation permit executed for the excavation/trenching activity? ☑️ Yes ☐ No ☑️ Not Applicable

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

Daily Excavation/Trenching Inspection Completed By:

[Signature]

COMPETENT PERSON

Date: 11/20/12
**EXCAVATION / TRENCHING PERMIT**

**Authorization No.:**

**Competent Person:**

**Project Name:**

**Date and Time**

**Permit Valid:** 11-20-12 9:00am

**Permit Expires:** 11-21-12 13:00am

**Excavation/Trench Location:** PE2

**Description or Job Special Procedures:**

*Cut and plug water lines*

---

<table>
<thead>
<tr>
<th>ESTIMATED DEPTH = 9'</th>
<th>SOIL TYPE:</th>
</tr>
</thead>
</table>
| TOP = W 4' L 20'    | □ Stable Rock
| BOTTOM = W 4' L 20' | □ Type A
|                      | □ Type B   |
|                      | □ Type C   |

**SOIL ANALYSIS METHOD(S) USED:**

Visual Manual Tabulated Data

**SOIL CHARACTERISTICS:**

Cemented Cohesive Layered

Fissured Granular Plastic

Dry Moist Saturated Submerged

**PROTECTIVE SYSTEMS:**

Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.

**SLOPING/BENCHING:**

- □ Vertical (90°) 3/4 :1 (53°) 1:1 (45°)
- □ 1 ½ :1 (34°) 2:1 (26°) Other

**SHORING:**

- □ Timber
- □ Aluminum Hydraulic
- Trench Shield/Trench Box

**OTHER:**

- □ Means of Egress Required
- □ Confined Space Permit Required

**UTILITIES:**

One Call Service Notified

Utilities Marked by Public Utilities

Property Owner Contacted

Utility Drawings Reviewed

Private Utility Locater Utilized

**LIST OF KNOWN OBSTRUCTIONS:**

- Electrical
- Telephone
- Water
- Sewer
- Steam
- Alarm
- Drain
- Process
- Footings
- Pilings
- Concrete Encasement
- Other

**SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS**
**HOT WORK PERMIT**

**Issued to:** [Redacted]  
**Responsible Person:** [Redacted]  
**Date:** 11-20-12

**Building:**  
**Area Equipment:** ✖

**Special Work To Be Done:**  
*Cut and plug water lines*

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?  
   - Yes ☑  
   - No ☐  
   - NA ☐

2. Has equipment been properly prepared for this work?  
   - Yes ☑  
   - No ☐  
   - NA ☐

3. Does other work or processes affect this work?  
   - Yes ☑  
   - No ☐  
   - NA ☐

4. Has fire detection and/or gas systems been isolated?  
   - Yes ☑  
   - No ☐  
   - NA ☐

5. Is the work area clean and ready for work to begin?  
   - Yes ☑  
   - No ☐  
   - NA ☐

6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - Yes ☑  
   - No ☐  
   - NA ☐

7. Has fire watch been assigned with appropriate equipment?  
   - Yes ☑  
   - No ☐  
   - NA ☐

**Name(s):** [Redacted]

**8. Is GAS TEST required?**  
   - Yes ☑  
   - No ☐  
   - Test results:  
     - Percent LEL: 0  
     - O2: 20.9  
     - H2S: 0  
     - CO: 0  
     - Other/toxic: Continuous? ☑

**Time Tester (Initials):** [Redacted]

**Remarks:**

**Special Instructions:**  
- Yes ☑  
- No ☒

**Lock Numbers**  
**Tag Numbers**

**Job Completed?**  
- Yes ☑  
- No ☐  
**Time/Initials:** 5:30PM

**Endorsements as Required**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Operations Technician:</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Person Doing The Work:</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Job Supervisor/Foreman:</td>
<td>[Redacted]</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Project Supervisor:</td>
<td>[Redacted]</td>
<td>9:00AM</td>
</tr>
<tr>
<td>Safety Manager:</td>
<td></td>
<td>9:00AM</td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

Date: 11-21-12  
Customer: NFSS BOP Field Investigation  
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slips trips falls, Trench Safety.

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

Chemical Hazards: 

Physical Hazards: Icy Surfaces

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  
Phone: (716)297-4800  
Paramedic Phone: 911  
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed:  
Signature:


### URS
**Health, Safety and Environment**

**DAILY EXCAVATION / TRENCH INSPECTION FORM**

<table>
<thead>
<tr>
<th>Competent Person:</th>
<th>Date: 11-21-12</th>
<th>Weather Conditions: Foggy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td></td>
<td>24 Hours Previous:</td>
</tr>
<tr>
<td>Excavation Location:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Access/Egress**

- Is access and egress located within 25 feet (7.6 meters) of entrants? [X] Yes [ ] No [ ] Not Applicable
- If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? [X] Yes [ ] No [ ] Not Applicable

**Soil Characteristics**

- Is any water seepage noted in trench walls or bottom? [X] Yes [ ] No [ ] Not Applicable
- Are pumps in place, or available if needed? [X] Yes [ ] No [ ] Not Applicable
- Is there evidence of significant fracture planes in soil or rock? [ ] Yes [X] No [ ] Not Applicable
- Are there any zones of unusually weak soils or materials not anticipated? [ ] Yes [X] No [ ] Not Applicable
- Have tension cracks been observed along the top on any slopes? [ ] Yes [X] No [ ] Not Applicable
- Are there any noted dramatic dips or bedrock? [ ] Yes [X] No [ ] Not Applicable
- Is there any evidence of caving or sloughing of soil since the last inspection? [ ] Yes [X] No [ ] Not Applicable

**Protective Systems**

- Are slopes cut at design angle of repose? [ ] Yes [X] No [ ] Not Applicable
- Is the shoring system installed in accordance with the design? [X] Yes [ ] No [ ] Not Applicable
- Is the shoring being used secure? [X] Yes [ ] No [ ] Not Applicable
- Does the design include an adequate safety factor for equipment being used? [X] Yes [ ] No [ ] Not Applicable
- Is traffic being adequately kept away from the excavation/trenching operation? [X] Yes [ ] No [ ] Not Applicable
- Are hydraulic shores pumped to design pressure? [ ] Yes [X] No [ ] Not Applicable
- Is vibration from equipment or traffic too close to the trenching operation? [ ] Yes [X] No [ ] Not Applicable
- Are trench box(s) certified? [X] Yes [ ] No [ ] Not Applicable

**Hazardous Atmosphere & Confined Spaces**

- Is the hazardous atmosphere testing being conducted on a regular basis? [X] Yes [ ] No [ ] Not Applicable
- Have rescue procedures been established, and is equipment immediately available? [X] Yes [ ] No [ ] Not Applicable
Health, Safety and Environment

DAILY EXCAVATION / TRENCH INSPECTION FORM

Miscellaneous

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

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Daily Excavation/Trenching Inspection Completed By: ____________________________

Date: 1/2/12
HOT WORK PERMIT

<table>
<thead>
<tr>
<th>Issued to:</th>
<th>Responsible Person:</th>
<th>Date: 1/21/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building:</td>
<td>Area Equipment:</td>
<td>Control No.</td>
</tr>
</tbody>
</table>

Special Work To Be Done:

- cut and plug water lines

Please check appropriate response:

1. Has affected personnel been briefed on job safety and requirements?  
   - Yes ☑ No ☐ NA ☐
2. Has equipment been properly prepared for this work?  
   - Yes ☑ No ☐ NA ☐
3. Does other work or processes affect this work?  
   - Yes ☑ No ☐ NA ☐
4. Has fire detection and/or gas systems been isolated?  
   - Yes ☑ No ☐ NA ☐
5. Is the work area clean and ready for work to begin?  
   - Yes ☑ No ☐ NA ☐
6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - Yes ☑ No ☐ NA ☐
7. Has fire watch been assigned with appropriate equipment?  
   - Yes ☑ No ☐ NA ☐

Name(s): [Redacted]

8. Is GAS TEST required?  
   - Yes ☑ No ☐ Test results: Percent LEL __ O2 __
   - H2S __________ CO __________ Other toxic Continuous?  
     - Yes ☑ No ☐
   - Total Hydrocarbons __________ Others As Required __________

Remarks:

- [Redacted]

Special Instructions:  
- Yes ☑ No ☐

Lock Numbers | Tag Numbers
--- | ---

Job Completed?  
- Yes ☑ No ☐

Time/Initials:  

Permit Cancelled: (Time)

Endorsements as Required

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Time:</th>
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<td></td>
</tr>
<tr>
<td>Project Supervisor:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Safety Manager: | | 12:01 PM
TAILGATE SAFETY MEETING

Date: 11.27.13  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Cold stress, slips, trips, falls

Protective Clothing/Equipment:
- Winter coat
- Hand hats
- Safety glasses
- Safety vest
- Steel toe boots

Chemical Hazards:

Physical Hazards: Slips, trips, falls, water, ice

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY
Special Equipment:

Other:

Attendees:

Name Printed:  Signature:

________________________  __________________________

________________________  __________________________

________________________  __________________________
Health, Safety and Environment
DAILY EXCAVATION / TRENCH INSPECTION FORM

Competent Person: [redacted]
Project Name: NGSS
Excavation Location: PE 1

Date: 11-27-12
Weather Conditions: [redacted]
Rainfall Amounts 24 Hours Previous:

Access/Egress
Is access and egress located within 25 feet (7.6 meters) of entrants? [x] Yes [ ] No [ ] Not Applicable
If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? [x] Yes [ ] No [ ] Not Applicable

Soil Characteristics
Is any water seepage noted in trench walls or bottom? [x] Yes [ ] No [ ] Not Applicable
Are pumps in place, or available if needed? [x] Yes [ ] No [ ] Not Applicable
Is there evidence of significant fracture planes in soil or rock? [ ] Yes [x] No [ ] Not Applicable
Are there any zones of unusually weak soils or materials not anticipated? [ ] Yes [x] No [ ] Not Applicable
Have tension cracks been observed along the top on any slopes? [ ] Yes [x] No [ ] Not Applicable
Are there any noted dramatic dips or bedrock? [ ] Yes [x] No [ ] Not Applicable
Is there any evidence of caving or sloughing of soil since the last inspection? [ ] Yes [x] No [ ] Not Applicable

Protective Systems
Are slopes cut at design angle of repose? [ ] Yes [ ] No [x] Not Applicable
Is the shoring system installed in accordance with the design? [x] Yes [ ] No [ ] Not Applicable
Is the shoring being used secure? [x] Yes [ ] No [ ] Not Applicable
Does the design include an adequate safety factor for equipment being used? [x] Yes [ ] No [ ] Not Applicable
Is traffic being adequately kept away from the excavation/trenching operation? [x] Yes [ ] No [ ] Not Applicable
Are hydraulic shores pumped to design pressure? [ ] Yes [x] No [ ] Not Applicable
Is vibration from equipment or traffic too close to the trenching operation? [ ] Yes [x] No [ ] Not Applicable
Are trench box(s) certified? [x] Yes [ ] No [ ] Not Applicable

Hazardous Atmosphere & Confined Spaces
Is the hazardous atmosphere testing being conducted on a regular basis? [x] Yes [ ] No [ ] Not Applicable
Have rescue procedures been established, and is equipment immediately available? [x] Yes [ ] No [ ] Not Applicable
### Miscellaneous

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
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<td>Are utility markings in place?</td>
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<td></td>
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<td>Are trees, boulders, or other hazards located in the area?</td>
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<tr>
<td>Are barricades or covers in place and in good condition?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation?</td>
<td>🟢</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all short-term trench(es) covered within 24 hours?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Is a valid excavation permit executed for the excavation/trenching activity?</td>
<td>🟢</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

---

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

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

Daily Excavation/Trenching Inspection Completed By:

[Signature]

Date: 11-27-12
DATE: 11-28-12

CUSTOMER: NFSS BOP Field Investigation

SPECIFIC LOCATION: 1397 Pletcher Rd. Lewiston, NY

SAFETY TOPICS PRESENTED: Trench Safety, Working Walking Surfaces, Exclusion Zone Areas

PROTECTIVE CLOTHING/EQUIPMENT: Level D, Hard Hats, Safety Glasses, Safety Vest, Steel toe boots, Ear plugs

CHEMICAL HAZARDS:

PHYSICAL HAZARDS: Trench Safety, Slips Trips Falls

EMERGENCY PROCEDURES: Call 911

HOSPITAL/Clinic: Mount St. Mary's Hospital

PHONE: (716)297-4800

PARAMEDIC PHONE: 911

HOSPITAL ADDRESS: 5300 Military Rd, Lewiston, NY

SPECIAL EQUIPMENT:

OTHER:

ATTENDEES:

NAME PRINTED:

SIGNATURE:
URS
Health, Safety and Environment
DAILY EXCAVATION / TRENCH
INSPECTION FORM

Compeent Person: [Redacted]
Project Name: [Redacted]
Excavation Location: [Redacted]

Date: 11-28-12
Weather Conditions: Clean
Rainfall Amounts 24 Hours Previous: [Redacted]

Access/Egress
Is access and egress located within 25 feet (7.6 meters) of entrants?
☒ Yes ☐ No ☐ Not Applicable

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

Soil Characteristics
Is any water seepage noted in trench walls or bottom?
☒ Yes ☐ No ☐ Not Applicable

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

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

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

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

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

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

Protective Systems
Are slopes cut at design angle of repose?
☐ Yes ☒ No ☐ Not Applicable

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

Is the shoring being used secure?
☒ Yes ☐ No ☐ Not Applicable

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

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

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

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

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

Hazardous Atmosphere & Confined Spaces
Is the hazardous atmosphere testing being conducted on a regular basis?
☒ Yes ☐ No ☐ Not Applicable

Have rescue procedures been established, and is equipment immediately available?
☒ Yes ☐ No ☐ Not Applicable
Health, Safety and Environment

DAILY EXCAVATION / TRENCH INSPECTION FORM

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

Miscellaneous

Are utility markings in place? ☒ Yes ☐ No ☐ Not Applicable

Are trees, boulders, or other hazards located in the area? ☐ Yes ☒ No ☐ Not Applicable

Are barricades or covers in place and in good condition? ☒ Yes ☐ No ☐ Not Applicable

Is excavated material and equipment at least 2 feet (0.6 meter) from the edge of the excavation? ☒ Yes ☐ No ☐ Not Applicable

Are all short-term trench(es) covered within 24 hours? ☒ Yes ☐ No ☐ Not Applicable

Are GFCIs used on all temporary electrical cords? ☒ Yes ☐ No ☐ Not Applicable

Is the excavation within the original scope of the excavation permit? ☒ Yes ☐ No ☐ Not Applicable

Is a valid excavation permit executed for the excavation/trenching activity? ☒ Yes ☐ No ☐ Not Applicable

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

Daily Excavation/Trenching Inspection Completed By: COMPETE

[Signature]

11-28-12 Date
**URS**

**Health, Safety and Environment**

**EXCAVATION / TRENCHING PERMIT**

Authorization No.: ___________________________  Date and Time Permit/Valid: 11.28.12 9:00 AM

Competent Person: ___________________________  Date and Time Permit Expires: 11.29.12 4:30 PM

Project Name:  NF55 Bop  Location: PE2

Description or Job Special Procedures:

Cut and plug water line

---

**ESTIMATED DEPTH =** 16 ft

**DIMENSIONS:**

<table>
<thead>
<tr>
<th>TOP</th>
<th>BOTTOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>W 12'</td>
<td>L 31'</td>
</tr>
<tr>
<td>W 4'</td>
<td>L 23'</td>
</tr>
</tbody>
</table>

**SOIL CHARACTERISTICS:**

- □ Cemented
- □ Cohesive
- □ Layered
- □ Fissured
- □ Granular
- □ Plastic
- □ Dry
- □ Moist
- □ Saturated
- □ Submerged

**SOIL TYPE:**

□ Stable Rock  □ Type A
□ Type B  □ Type C
□ Avg. Compression Strength  tsf
□ Compressed Strength Data

**SOIL ANALYSIS METHOD(S) USED:**

☑ Visual  □ Manual  □ Tabulated Data

**MANUAL TEST USED:**

□ Plasticity  □ Dry Strength  □ Ribbon
□ Thumb Penetration  □ Pocket Penetrometer
□ Dry Testing  □ Other

**PROTECTIVE SYSTEMS:**

Protective systems for excavations/trenches deeper than 20 feet (6.1 meters) must be designed and approved by a registered professional engineer.

**SLOPING/BENCHING:**

- □ Vertical (90°)
- □ 3/4 :1 (53°)
- ☑ 1 :1 (45°)
- □ 1 1/2 :1 (34°)
- □ 2 :1 (26°)
- □ Other

**SHORING:**

- □ Timber
- □ Aluminum Hydraulic
- ☑ Trench Shield/Trench Box

**UTILITIES:**

□ One Call Service Notified
□ Utilities Marked by Public Utilities
□ Property Owner Contacted
□ Utility Drawings Reviewed
☑ Private Utility Locator Utilized

**LIST OF KNOWN OBSTRUCTIONS:**

- □ Electrical
- □ Telephone
- □ Water
- □ Sewer
- □ Steam
- □ Alarm
- □ Drain
- □ Process
- □ Footings
- □ Pilings
- □ Concrete Encasement
- □ Other

**OTHER:**

☑ Means of Egress Required  □
□ Confined Space Permit Required

**SPECIAL INSTRUCTIONS and WORK INSTRUCTIONS**
### HOT WORK PERMIT

**Issue Date:** April 1999  
**Revision:** 6: December 2009

**Responsible Person:**  
**Date:** 11-28-12

**Building:**  
**Area Equipment:**

**Control No.:**

**Special Work To Be Done:**

- Cut and plug water line

**Time**

- From: 8:00 AM  
- To: 5:00 PM

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?  
   - Yes ☑  
   - No ☐  
   - NA ☐

2. Has equipment been properly prepared for this work?  
   - Yes ☑  
   - No ☐  
   - NA ☐

3. Does other work or processes affect this work?  
   - Yes ☑  
   - No ☒  
   - NA ☐

4. Has fire detection and/or gas systems been isolated?  
   - Yes ☑  
   - No ☐  
   - NA ☐

5. Is the work area clean and ready for work to begin?  
   - Yes ☑  
   - No ☒  
   - NA ☐

6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - Yes ☑  
   - No ☒  
   - NA ☐

7. Has fire watch been assigned with appropriate equipment?  
   - Yes ☑  
   - No ☐  
   - NA ☐

**Name(s):**

**Is GAS TEST required?**

- Yes ☑  
- No ☐  
- NA ☐

**Test results:**

- Percent LEL: 0  
- O₂: 20.9

**H₂S**: 0  
**CO**: 0  
**Other toxic gases/continuous**:  

**Total Hydrocarbons**:  
**Others As Required**:

**Remarks:**

**Special Instructions:**

- Yes ☑  
- No ☒

**Lock Numbers**

**Tag Numbers**

**Job Completed?**

- Yes ☑  
- No ☒  
- Time/Initials: 5:00  
- Permit Cancelled: (Time)

### Endorsements as Required

<table>
<thead>
<tr>
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<tr>
<td>Project Supervisor:</td>
<td></td>
<td>08:00</td>
</tr>
<tr>
<td>Safety Manager:</td>
<td></td>
<td>08:00</td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

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

Safety Topics Presented: CADREN SAFETY, TRENCH SAFETY

Protective Clothing/Equipment: Level D, Hard Hat, Safety Glasses, Safety Vest, Steel Toe Boots, Ear plugs

Chemical Hazards: __________________________

Physical Hazards: ____________________________

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: __________________________

Other: ______________________________________

Attendees:

Name Printed: ____________________________  Signature: ____________________________

Conducted by: ____________________________
Health, Safety and Environment

DAILY EXCAVATION / TRENCH
INSPECTION FORM

Compeiten Person: [Redacted]  Date: 11-29-12
Project Name: NFS  Weather Conditions:  Cloudy
Excavation Location: FEJ

Access/Egress

Is access and egress located within 25 feet (7.6 meters) of entrants? Yes ☒ No ☐ Not Applicable
If ladders are used, do they extend 3 feet (0.9 meter) beyond the top of the excavation? Yes ☒ No ☐ Not Applicable

Soil Characteristics

Is any water seepage noted in trench walls or bottom? Yes ☒ No ☐ Not Applicable
Are pumps in place, or available if needed? Yes ☒ No ☐ Not Applicable
Is there evidence of significant fracture planes in soil or rock? Yes ☐ No ☐ ☐ Not Applicable
Are there any zones of unusually weak soils or materials not anticipated? Yes ☐ No ☐ ☐ Not Applicable
Have tension cracks been observed along the top on any slopes? Yes ☐ No ☐ ☐ Not Applicable
Are there any noted dramatic dips or bedrock? Yes ☐ No ☐ ☐ Not Applicable
Is there any evidence of caving or sloughing of soil since the last inspection? Yes ☐ No ☐ ☐ Not Applicable

Protective Systems

Are slopes cut at design angle of repose? Yes ☒ No ☐ ☐ Not Applicable
Is the shoring system installed in accordance with the design? Yes ☐ No ☐ ☐ Not Applicable
Is the shoring being used secure? Yes ☐ No ☐ ☐ Not Applicable
Does the design include an adequate safety factor for equipment being used? Yes ☒ No ☐ ☐ Not Applicable
Is traffic being adequately kept away from the excavation/trenching operation? Yes ☒ No ☐ ☐ Not Applicable
Are hydraulic shores pumped to design pressure? Yes ☒ No ☐ ☐ Not Applicable
Is vibration from equipment or traffic too close to the trenching operation? Yes ☒ No ☐ ☐ Not Applicable
Are trench box(s) certified? Yes ☒ No ☐ ☐ Not Applicable

Hazardous Atmosphere & Confined Spaces

Is the hazardous atmosphere testing being conducted on a regular basis? Yes ☐ No ☐ ☐ Not Applicable
Have rescue procedures been established, and is equipment immediately available? Yes ☒ No ☐ ☐ Not Applicable
## DAILY EXCAVATION / TRENCH INSPECTION FORM

### Miscellaneous

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### Notes:

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

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

Daily Excavation/Trenching Inspection Completed By: [Redacted]

Date: 11-29-12
**HOT WORK PERMIT**

**Issued to:** [Redacted] **Responsible Person:** [Redacted] **Date:** 11-2-92

**Building:** [Redacted] **Area Equipment:** [Redacted] **Control No.:** [Redacted]

**Special Work To Be Done:** Cut and plug water line

**Time**

- From: 8:30 AM
- To: 5:00 PM

---

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements? [X] Yes [ ] No [ ] NA
2. Has equipment been properly prepared for this work? [X] Yes [ ] No [ ] NA
3. Does other work or processes affect this work? [X] Yes [ ] No [ ] NA
4. Has fire detection and/or gas systems been isolated? [X] Yes [ ] No [ ] NA
5. Is the work area clean and ready for work to begin? [X] Yes [ ] No [ ] NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below.

**Name(s)** [Redacted]

8. Is GAS TEST required? [X] Yes [ ] No
   - Test results: Percent LEL [_] O2: [X] 9%
   - H2S: [ ] CO: [ ]
   - Other Toxic Continuous? [ ] Yes [X] No
   - Total Hydrocarbons: [ ] Others As Required: [ ]

**Time Tester (Initials):** [Redacted] AM [ ] PM

---

**Remarks:**

- [ ] Special Instructions: [ ] Yes [ ] No
- [ ] Lock Numbers
- [ ] Tag Numbers

- Job Completed? [X] Yes [ ] No
- Time/Initials: 5:00 PM [ ]

---

**Endorsements as Required**

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<td>0830</td>
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<td></td>
</tr>
</tbody>
</table>

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**Issue Date:** April 1999

**Revision 6:** December 2009

---

**Permission to reprint this document granted by URS Corporation.**
TAILGATE SAFETY MEETING

Date: 11-30-12  
Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented:  pinch points, walking, walking surfaces, slips and falls

Protective Clothing/Equipment: Level D, hand, hat, safety glasses, safety vest, shoes

Chemical Hazards: 

Physical Hazards: open excavation, poly, icy snow

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  
Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed:  
Signature:

Conducted By: [Signature]
TAILGATE SAFETY MEETING

Date: 12-3-2012  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Truck safety, slips falls, excavation safety

Protective Clothing/Equipment: Level D, safety glasses, safety vest, steel toe boots
Hand Hats,
Chemical Hazards:__________________________________________

Physical Hazards: Heavy equipment, high pressure water

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:__________________________________________

Other:__________________________________________

Attendees:

Name Printed:_____________________________ Signature:_____________________________

Conducted By:_____________________________
TAILGATE SAFETY MEETING

Date: 12-4-12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: open excavations, slope edge falls, working on walking surfaces

Protective Clothing/Equipment: Level D, hard hat, safety glasses, safety vests

Chemical Hazards: 

Physical Hazards: Open excavation, mud, high pressure blasting

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other: 

Attendees:

Name Printed: 

Signature: 

Conducted By: 


TAILGATE SAFETY MEETING

Date: 12/15/12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: slips, trips, falls, cold stress, working walking surfaces

Protective Clothing/Equipment: Level D

Chemical Hazards: 

Physical Hazards: mud, slips, trips, falls

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other: 

Attendees:

Conducted By: 

(Handwritten signatures and notes are present in the document.)
TAILGATE SAFETY MEETING

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

Safety Topics Presented: Trench Safety, Exavation Safety

Protective Clothing/Equipment: Level D

Chemical Hazards:

Physical Hazards: Carcinogens, slips, trips, falls, cold stress

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed:

Signature:

Conducted By:
TAILGATE SAFETY MEETING

Date: 13-7-12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slips, trips, falls.

Protective Clothing/Equipment: Level D, hard hat, safety glasses, safety vest, steel toe boots.

Chemical Hazards: 

Physical Hazards: Mud and uneven ground.

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 

Other: 

Attendees: 

Name Printed:  Signature:
Date: 12-10-17
Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd, Lewiston, NY

Safety Topics Presented: Slips, trips, falls, trench safety, working on uneven surfaces

Protective Clothing/Equipment: Level D, safety vest, safety glasses, steel toed boots, hard hats

Chemical Hazards:

Physical Hazards: Open excavation, wet surfaces

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital
Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

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

Safety Topics Presented: Trench safety, identifying walking working surfaces

Protective Clothing/Equipment: Level D Hard Hat safety glasses, safety vest

Chemical Hazards:  

Physical Hazards: Open excavation, mud, snow

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed: Signature:
**HOT WORK PERMIT**

**Issued to:** [Redacted]  **Responsible Person:** [Redacted]  **Date:** 12/11/12

**Building:**  **Area Equipment:**  **Control No.:**

**Special Work To Be Done:** cut and plug water lines

**Time**

From: 9:00AM  To: 5:30PM

---

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?  
   - Yes [ ]  No [ ]  NA [ ]

2. Has equipment been properly prepared for this work?  
   - Yes [ ]  No [ ]  NA [ ]

3. Does other work or processes affect this work?  
   - Yes [ ]  No [ ]  NA [ ]

4. Has fire detection and/or gas systems been isolated?  
   - Yes [ ]  No [ ]  NA [ ]

5. Is the work area clean and ready for work to begin?  
   - Yes [ ]  No [ ]  NA [ ]

6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - Yes [ ]  No [ ]  NA [ ]

7. Has fire watch been assigned with appropriate equipment?  
   - Yes [ ]  No [ ]  NA [ ]

**Name(s):** [Redacted]

8. Is GAS TEST required?  
   - Yes [ ]  No [ ]

   **Test results:**
   - H₂S [ ]
   - CO [ ]
   - Other toxic Continuous?  
     - Yes [ ]  No [ ]

   **Percent LEL** [ ]
   - O₂ [ ]

   **Time Tester (Initials):** 10:03 AM [ ]  PM [ ]

**Remarks:**

---

**Special Instructions:**  
- Yes [ ]  No [ ]

**Lock Numbers:**

**Tag Numbers:**

---

**Job Completed?**  Yes [ ]  No [ ]  Time/Initials: 5:30PM

**Permit Cancelled:**  (Time)

---

**Endorsements as Required**

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<tr>
<td>Safety Manager:</td>
<td>9:00AM</td>
<td></td>
</tr>
</tbody>
</table>
TAILGATE SAFETY MEETING

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

Safety Topics Presented: Ladder safety, slips, trips, falls
Protective Clothing/Equipment: Level D, safety glasses, steel toe boots, hard hats
Chemical Hazards: 
Physical Hazards: Deep excavation, mud, ice

Emergency Procedures: Call 911
Hospital/Clinic: Mount St. Mary's Hospital
Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment: 
Other: 

Attendees:

Name Printed: 
Signature: 


**HOT WORK PERMIT**

**Issued to:** [Redacted]  | **Responsible Person:** [Redacted]  | **Date:** 2/12/13

**Building:**   | **Area Equipment:**  | **Control-No.:**

**Special Work To Be Done:** Cut and Plug water lines

**Time**

From: 8:30  
To: 5:30

---

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?
   - Yes [x]  
   - No [ ]  
   - NA [ ]

2. Has equipment been properly prepared for this work?
   - Yes [x]  
   - No [ ]  
   - NA [ ]

3. Does other work or processes affect this work?
   - Yes [x]  
   - No [ ]  
   - NA [ ]

4. Has fire detection and/or gas systems been isolated?
   - Yes [x]  
   - No [ ]  
   - NA [ ]

5. Is the work area clean and ready for work to begin?
   - Yes [x]  
   - No [ ]  
   - NA [ ]

6. Has isolation lockout been completed? If so, record lock and tag numbers below.
   - Yes [x]  
   - No [ ]  
   - NA [ ]

7. Has fire watch been assigned with appropriate equipment?
   - Yes [x]  
   - No [ ]  
   - NA [ ]

---

**Name(s):** [Redacted]

**8. Is GAS TEST required?**
   - Yes [x]  
   - No [ ]  
   - YES RESULTS: Percent LEL O2 [ ]  
   - H2S [ ]  
   - CO [ ]  
   - OTHER TOXIC [ ]  
   - CONTINUOUS? [x]  
   - YES [ ]  
   - NA [ ]  

**Time Tester (Initials):** AM  
**Time:** 9:06

**Remarks:**

---

**Special Instructions:**
   - Yes [ ]  
   - No [x]

**Lock Numbers**

**Tag Numbers**

---

**Job Completed?**
   - Yes [x]  
   - No [ ]  

**Time/Initials:** 4:00 pm  
**Permit Cancelled:** (Time)

---

**Endorsements as Required**

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<tr>
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<td>8:35</td>
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</tbody>
</table>
TAILGATE SAFETY MEETING

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

Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: 
- Mud objects, slips, trips, falls
- Overhead hazards

Protective Clothing/Equipment: 
- Level D, Hand Arm Safety Gloves, Safety Vest

Physical Hazards: 
- Mud, Heavy Equipment, Overhead Objects

Emergency Procedures: 
- Call 911

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

Paramedic Phone: 911

Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed:  
Signature:  

[Blank Space for Signatures]
### HOT WORK PERMIT

**Issued to:** [Redacted]  
**Responsible Person:** [Redacted]  
**Date:** 12.13.12  
**Building:** [Redacted]  
**Area Equipment:** [Redacted]  
**Control No.:** [Redacted]  

**Special Work To Be Done:** Cut and plug water lines  
**Time:** From: 8 am To: 5 pm

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements?  
   - Yes ☑  No ☐  NA ☐

2. Has equipment been properly prepared for this work?  
   - Yes ☑  No ☐  NA ☐

3. Does other work or processes affect this work?  
   - Yes ☐  No ☑  NA ☐

4. Has fire detection and/or gas systems been isolated?  
   - Yes ☑  No ☐  NA ☐

5. Is the work area clean and ready for work to begin?  
   - Yes ☑  No ☐  NA ☐

6. Has isolation lockout been completed? If so, record lock and tag numbers below.  
   - Yes ☑  No ☐  NA ☐

7. Has fire watch been assigned with appropriate equipment?  
   - Yes ☑  No ☐  NA ☐

**Name(s):** [Redacted]  

8. Is GAS TEST required?  
   - Yes ☑  No ☐  NA ☐

   **Test results:**  
   - Percent LEL: ☑  O₂: 0%  
   - H₂S: 0  
   - CO: 0  
   - Other toxic Continuous?  
     - Yes ☐  No ☑  NA ☐

   **Time Tester (Initials):**  
   - AM ☑  PM ☐

**Remarks:**

**Special Instructions:**  
- Yes ☐  No ☑

**Lock Numbers:**

**Tag Numbers:**

**Job Completed?**  
- Yes ☑  No ☐

**Time/Initials:** 63:45  
**Permit Cancelled (Time):**

**Endorsements as Required**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
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<tr>
<td>Safety Manager:</td>
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TAILGATE SAFETY MEETING

Date: 12/14/12  Customer: NFSS BOP Field Investigation
Specific Location: 1397 Pletcher Rd. Lewiston, NY

Safety Topics Presented: Slips, trips, falls, working on elevating surfaces, eye and head protection

Protective Clothing/Equipment: Level D, Hard Hats, Safety Glasses, Safety Vest, steel toe boots

Chemical Hazards:

Physical Hazards: mud, heavy equipment, tree branches

Emergency Procedures: Call 911

Hospital/Clinic: Mount St. Mary's Hospital  Phone: (716)297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Lewiston, NY

Special Equipment:

Other:

Attendees:

Name Printed: Signature:

Conducted by:
**HOT WORK PERMIT**

**Issued to:** [Redacted] Responsible Person: [Redacted]

**Building:** [Redacted] **Area Equipment:** [Redacted]

**Date:** 12-14-12 **Time**
From: 8:34 AM To: 5:30 PM

**Special Work To Be Done:** Cut and plug pipes

**Please check appropriate response:**

1. Has affected personnel been briefed on job safety and requirements? [ ] Yes [ ] No [ ] NA
2. Has equipment been properly prepared for this work? [ ] Yes [ ] No [ ] NA
3. Does other work or processes affect this work? [ ] Yes [ ] No [ ] NA
4. Has fire detection and/or gas systems been isolated? [ ] Yes [ ] No [ ] NA
5. Is the work area clean and ready for work to begin? [ ] Yes [ ] No [ ] NA
6. Has isolation lockout been completed? If so, record lock and tag numbers below. [ ] Yes [ ] No [ ] NA
7. Has fire watch been assigned with appropriate equipment? [ ] Yes [ ] No [ ] NA

**Name(s):** [Redacted]

8. Is GAS TEST required? [ ] Yes [ ] No Test results: Percent LEL __ O₂ __ H₂S __ CO __ Other-toxic-Continuous? [ ] Yes [ ] No

Time Tester (Initials): [ ] AM [ ] PM

**Remarks:**

**Special Instructions:** [ ] Yes [ ] No

**Lock Numbers**

**Tag Numbers**

**Job Completed?** [ ] Yes [ ] No

**Time/Initials:** Permit Cancelled: (Time)

**Endorsements as Required**

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TAILGATE SAFETY MEETING

Date: 12-15-12 Customer: NFSS BOP FIELD INVESTIGATION
Specific Location: 137 Plekher Rd. Lewiston, NY

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

Protective Clothing/Equipment: LEVEL D, HARDHATS, SAFETY GASSES, SAFETY VEST, STEEL TOE BOOTS

Chemical Hazards:

Physical Hazards: MUD, TREE BRANCHES, ROOTS (TRIP HAZARD), WIPE/ICE

Emergency Procedures: CALL 911

Hospital/Clinic: MOUNT ST. MARY'S HOSPITAL Phone: 716 297-4800
Paramedic Phone: 911
Hospital Address: 5300 MILITARY RD, LEWISTON NY

Special Equipment:

Other:

Attendees:

Name Printed: __________________________ Signature: __________________________

Meeting Conducted By: __________________________
TAILGATE SAFETY MEETING

Date: 12-17-12  Customer: NFSS COP FIELD INVESTIGATION
Specific Location: 1397 Preston Rd

Safety Topics Presented: Traffic Hazards

Protective Clothing/Equipment: Level D, Hand Hats, Safety Gloves, Safety Vests, Steel Toe Boots
Chemical Hazards:

Physical Hazards: High Pressure Water, Mud

Emergency Procedures:

Hospital/Clinic: Mount St. Mary's Hospital  Phone: 716-247-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd, Locksore, NY
Special Equipment:

Other:

Attendees:

Meeting Conducted By:
TAILGATE SAFETY MEETING

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

Safety Topics Presented:

Protective Clothing/Equipment: Level D

Chemical Hazards: IDW sampling

Physical Hazards: Slip/trip/fall

Emergency Procedures:

Hospital/Clinic: Mt. St. Mary's Hospital  Phone: 716-297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd., Lewiston, N.Y.

Special Equipment:

Other:

Attendees:

Name Printed:  

Meeting Conducted By:

Signature:
TAILGATE SAFETY MEETING

Date: 12-19-12  Customer: USACE
Specific Location: NFS-5 Bop Field Investigation

Safety Topics Presented:

Protective Clothing/Equipment: Level D PPE
Chemical Hazards: IDW Sampling
Physical Hazards: slip/trip/fall
Emergency Procedures: 

Hospital/Clinic: Mt. St. Mary's Hospital  Phone: 716-297-4800
Paramedic Phone: 911
Hospital Address: 5300 Military Rd., Lewiston, NY
Special Equipment: 

Other: 

Attendees:

Name Printed: 

Signature: 

Meeting Conducted By: 

Name Printed: 

Signature: 
TAILGATE SAFETY MEETING

Date: 12/012 Customer: NFSS - BOF FIELD INVESTIGA
Specific Location: 

Safety Topics Presented:

Protective Clothing/Equipment: Level D

Chemical Hazards: None

Physical Hazards: Slips/Trips/Falls

Emergency Procedures: Call 911

Hospital/Clinic: Mt St. Mary's Phone:
Paramedic Phone: 
Hospital Address: 
Special Equipment: 

Other: 

Attendees:

Name Printed: 

Meeting Conducted By: 
