This form must be completed by Tier 3 suppliers. Tier 3 suppliers are those under NASSCO contract who perform the following:

1. Suppliers/subcontractors who are required to conduct work within productions areas of the shipyard, ships at NASSCO facilities, Naval Facilities, MRO Shipyards or any other NASSCO facility.
2. Contract work consisting of engineering services, consulting, laboratories, construction management or construction services.

|  |  |
| --- | --- |
| Company: |  |
| Address: |  |
|  |  |
| City: |  | State: |  | Zip Code: |  |
| North American Industrial Classification (NAICS) (e.g., 336212) |  |

Person designated by your company to respond to safety violations, anytime including weekends:

|  |  |  |  |
| --- | --- | --- | --- |
| Safety / Site / Project/Manager: |  | Phone: |  |
| E-mail: |  |

# Contracted Work

|  |  |
| --- | --- |
| Work Location: |  |
| Type of Work: |  |
| NASSCO Contact: |  |

Please check the boxes corresponding with the type of work your company could potentially conduct while working for NASSCO.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] A/C Refrigeration | [ ] Asbestos Removal | [ ] Boat Repair | [ ] Boilers | [ ] Calibration |
| [ ] Compressors | [ ] Condensers | [ ] Confined Space | [ ] Construction | [ ] Consulting |
| [ ] Crane/Rigging | [ ] Delivery | [ ] Diesels | [ ] Disposal | [ ] Diving |
| [ ] Doors/Hatches | [ ] Electrical | [ ] Electronics | [ ] Elevators | [ ] Engineering |
| [ ] Fire Systems | [ ] Fire Watch | [ ] Flame Spray | [ ] Generator | [ ] Heavy-Metal Abatement |
| [ ] Hot Work | [ ] Hydro Blast | [ ] Hydraulics | [ ] Industrial Safety | [ ] Insulation/Lagging |
| [ ] Labor | [ ] Laundry | [ ] Locksmith | [ ] Machinery | [ ] Motors |
| [ ] NDT | [ ] Nonskid | [ ] OEM Service | [ ] Paint Application | [ ] Paint Removal |
| [ ] Photography | [ ] Piping | [ ] Propellers | [ ] Sandblast | [ ] Scaffold |
| [ ] Security | [ ] Sheet Metal | [ ] Ship Misc. | [ ] Structural | [ ] Tank Cleaning |
| [ ] Tech Rep | [ ] Tugs/Pilot | [ ] Turnkey Sub | [ ] Vent Cleaning | [ ] Ventilation |
| [ ] Vibration Survey | [ ] Wood Work | [ ] X-Ray | [ ] OTHER – Please specify: |
| [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_ |

# Sub-Contractor (Third Party) Contracting

If your company will be using a third party sub-contractor, the sub-contractor must also be vetted

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Does your company contract any portion of your contract to other companies? |  |  |  |
| Does your company have a process for the oversight of these sub-contractors? |  |  |  |
| Have you informed your subcontractors of this requirement? |  |  |  |

# Safety History

|  |
| --- |
| Please complete the below information for the previous three years. |
| Input the corresponding year → | Three Years | Two Years | Previous Year |
| OSHA 200/300A Log Data |
| Fatalities (300A - G) |  |  |  |
| Total number of cases days away from work (300A-H) |  |  |  |
| Total number of cases of job transfer or restriction (300A-I) |  |  |  |
| Total number other recordable cases (300A-J) |  |  |  |
| Total number of days away from work (300A-K) |  |  |  |
| Total number of day of job transfer or restriction (300A-L) |  |  |  |
| Average number of employees |  |  |  |
| Total hours worked by all employees |  |  |  |
|  |  |  |  |
| Please provide a list of citations issued by OSHA or Cal/OSHA over the past three years. |
| **Inspection Number** | **Date**  | **Standard Cited** | **Violation Type** (serious, willful, repeat, other) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Safety Management System

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Is your company OHSAS 18001:2007 Certified? |  |  |  |
| Do you have a written Health and Safety program? |  |  |  |
| Does your program meet Cal/OSHA Injury, Illness, Prevention Program (IIPP) requirements? |  |  |  |
| Note: Please provide a copy of your program in a PDF format via e-mail to safety@nassco.com or mail to General Dynamics NASSCO, Safety Department, P.O. Box 85278 M/S 27 San Diego, CA 92186 with this survey. |
| Do you provide training to your workforce so they may perform their job tasks safely? |  |  |  |
| Do you have employee involvement in your safety program? |  |  |  |

# Hazard Communications Program (M)SDS

If your company will be using chemicals you are required to provide a copy of the (M)SDS and a NASSCO MSDS Review Form for each product to the Safety Department (10) days prior to use via e-mail to safety@nassco.com or mail to General Dynamics NASSCO, Safety Department, PO Box 85278 M/S 27 San Diego, Ca 92186.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Will you be using chemical products at our facility? |  |  |  |
| Where on the job site are the (M)SDS maintained? |
| Does your company have a documented Hazard Communication policy? |  |  |  |
| Do you provide training on the hazards of the products used by your employees? |  |  |  |
| Do you conduct periodic inspections for proper storage, labeling and usage of these products? |  |  |  |

# Accident/Incident Investigation and Analysis

All accidents that cause personal harm, equipment damage and/or failure of equipment being utilized (i.e. rigging strap failure) shall be reported to the NASSCO Safety Department.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Does your company have a documented accident reporting and investigation procedure? |  |  |  |
| Will you share lessons learned with NASSCO? |  |  |  |
| Do you utilize root cause analysis when conducting accident investigations? |  |  |  |
| Are accident/incident reports reviewed by managers/supervisors? |  |  |  |
| Does your company investigate and document near-miss incidents? |  |  |  |
| Are your company’s employees subject to post accident drug screening? |  |  |  |
| Does your company have personnel trained in emergency first aid and CPR? |  |  |  |
| Do you require an authorized individual to accompany injured employees to the medical provider? |  |  |  |
| Does your company have a local designated physicians or clinics to which you send sick injured employees? |  |  |  |
| * If yes where?
 |

# Hazard Analysis/Risk Assessment

Hazard identification, risk assessment and determining controls are critical for ensuring a safe work environment.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Do you have a risk assessment / job safety analysis/ SOPs in place for each critical task? |  |  |  |
| Are these reviewed to ensure accuracy at regular intervals? |  |  |  |
| Do workers participate in hazard analysis reviews? |  |  |  |
| Do you conduct routine emergency drills? |  |  |  |
| NOTE: NASSCO requires any task that needs to be completed outside the norms of SOPs a onetime task specific Job Safety Analysis be performed and signed off by NASSCO’s Safety Department. |

# Personal Protective Equipment

NASSCO requires all personnel to wear hardhats (ANSI Z89.1), earplugs, safety glasses (ANSI Z87.1) and all leather industrial protective toe cap footwear (ASTM F2413) with a defined heal at a minimum when working in production areas. Task specific PPE should be defined and worn according to policy.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Do you require pre-use inspection of PPE? |  |  |  |
| Do you provide required PPE at no charge to the employee? |  |  |  |
| When applicable, does you company require hand protection? (29 CFR 1910.138) |  |  |  |
| Does your company provide hand protection? |  |  |  |
| When applicable, does you company require respiratory protection? 29 CFR 1910.134 & 1926.103) |  |  |  |
| Does your company provide respiratory protection? |  |  |  |
| When applicable, does your company require the use of personal fall arrest equipment? (29(CFR 1926.502, 104 &105) |  |  |  |
| Does your company provide personal fall arrest equipment? |  |  |  |

# Types of work that require additional safety requirements

The following pertain to specific types of activities performed at the ship yard that have additional safety requirements. If the item does not apply to you, select N/A. Those that do apply complete the section indicated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Section | Yes | No | N/A |
| Will you be working on a repair contract (on an active ship)?  | X |  |  |  |
| Will you be performing hot work? | XI |  |  |  |
| Will you be performing work that removes or disturb hazardous material? | XII |  |  |  |
| Will you be performing operations on electrical systems? | XIII |  |  |  |
| Will you be performing any rigging operations? | XIV |  |  |  |
| Will you be building scaffolding? | XV |  |  |  |
| Will you be performing grit blasting or painting operations? | XVI |  |  |  |
| Will you be using forklifts, scissor lifts or boom lifts? | XVII |  |  |  |

# Repair

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Do your employees possess current 10 Hour Maritime Safety Cards and are records available upon request? |  |  |  |
| Do you provide applicable training to your employees to NAVSEA Standards? |  |  |  |
| Does your company have a written confined space program? |  |  |  |
| Do you have a working over water policy? |  |  |  |
| Do you have a lead, cadmium, chromium VI policy? |  |  |  |

# Hot Work

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Does your company have a documented hot work procedure? |  |  |  |
| Does your company utilize Port of San Diego Ship Repair Association standardized forms for hot work notices? |  |  |  |
| Does your company hold and document fire watch training and annual refresher training? |  |  |  |
| How does your company identify qualified fire watches on the job site? |
| Does your company have a fire protection plan? |  |  |  |
| Does your work require specialized welding PPE and provide these items to employees? |  |  |  |

# Hazardous Material Disturbance

Note: All asbestos sampling shall be coordinated with the NASSCO Safety Department

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Does your company disturb / remove any paint coatings? |  |  |  |
| Does your company have documented training for the proper use and hazards associated with sandblasting or painting? |  |  |  |
| Does your company disturb / remove materials suspected of containing asbestos (cabling, insulation, tiles, etc.)? |  |  |  |
| Does your company disturb/remove any cable systems that could contain asbestos? |  |  |  |
| Does your company have a documented asbestos policy? |  |  |  |
| Does your company have a heavy metals program? |  |  |  |

# Electrical Systems

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Do you work on/remove stems that require tag out? |  |  |  |
| Does your company have a Lock Out / Tag Out (control of hazardous energy) policy? |  |  |  |
| Does your company’s electrical program include NFPA 70E? |  |  |  |
| Are employees trained on TUMS and/or ESOMS? |  |  |  |
| Are employees trained to recognize the presence of PCB and procedures to handle then when identified? |  |  |  |

# Rigging

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Do your employees rig? |  |  |  |
| Are they trained to rig? |  |  |  |
| Is rigging equipment inspected and tagged? |  |  |  |
| Annually |  |  |  |
| Prior to use |  |  |  |

# Scaffolding

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Do you build scaffold? |  |  |  |
| Do you have scaffold competent persons? |  |  |  |
| Do they conduct daily inspections of scaffolding? |  |  |  |
| Is the scaffold tagged / signed? |  |  |  |
| Are wood components fire retardant? |  |  |  |
| Do you use system scaffold? |  |  |  |
| Do you use tube and coupler? |  |  |  |

# Grit Blasting & Painting

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Are you QPI certified? |  |  |  |
| Do you have current permits for pressure vessels? |  |  |  |
| Do you supply grade D breathing air? |  |  |  |
| Are painters trained to deal with paint injection injuries? |  |  |  |

# Forklifts, Scissor Lifts & Boom Lifts

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Will you be using NASSCO owned equipment? |  |  |  |
| Note: If yes you will be required to attend NASSCO Training. |  |  |  |
| Do your employees possess valid licenses for use? |  |  |  |

#  Acknowledgement

I confirm that I have received and reviewed a copy of the “***Notice of Safety Requirements for General Dynamics NASSCO***”. I will comply with the requirements established therein. Training has been provided to employees who will be working at NASSCO facilities to comply with NASSCO Safety Policy Subcontractor Safety Guidelines.

I certify that I have correctly and completely represented the nature and type of activities to be performed by this company at NASSCO. I affirm that we maintain the aforementioned programs in accordance with applicable Federal and State laws and statutes.

[ ] Injury & Illness Prevention Program (IIPP) or comparable safety guidelines are attached.

|  |  |  |
| --- | --- | --- |
| Printed Name: |  | Signature: |
| Title: |  | Date: |

Send completed form and IIPP by e-mail, fax or mail to NASSCO Safety Department:

E-Mail: safety@nassco.com (preferred method),

Fax: 619-544-3666

Mail: PO BOX 85278 || Attn: Safety Department MS 27 || San Diego, CA 92186-5278

# Approval (For NASSCO’s Use Only)

[ ]  Contractor meets the requirements for working at NASSCO.

[ ]  Contractor does not meet the criteria for working at NASSCO for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor, Safety Date