This form must be completed by Tier 3 suppliers and submitted 3 – 5 business days prior to requested entry date. Use of chemical products in the yard requires more time; refer to Section V.

Tier 3 suppliers are those under NASSCO contract who perform the following:

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, including parking lots and waterfront locations.

It is your company’s responsibility to know and comply with the safety requirements of each job, including work specifications, applicable NAVSEA Standard Items, Federal OSHA and Cal-OSHA standards, and other relevant documents. Your company is responsible for providing the necessary training to ensure that your employees adhere to the applicable requirements while working at NASSCO facilities and contract locations.

|  |  |
| --- | --- |
| Company: |  |
| Address: |  |
|  |  |
| City: |  | State: |  | Zip Code: |  |

Person designated by your company to respond to safety concerns, anytime including nights, weekends (e.g. site manager, safety supervisor, etc):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Title: |  |
| E-mail: |  |

Contact for lead person working on site at NASSCO:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Title: |  |
| E-mail: |  |

# Contracted Work

|  |  |
| --- | --- |
| Work Location at NASSCO or contract location: |  |
| Detailed description of work to be conducted: |  |
| 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: |
| [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_ | [ ] \_\_\_\_\_\_\_\_\_\_\_\_ |

# Subcontractor (Third Party) Contracting

If your company will be using a third party subcontractor, the subcontractor must also complete a Contractor Safe Practices Survey.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 subcontractors? |  |  |  |
| Have you informed your subcontractors of this requirement? |  |  |  |

# Safety History (If U.S. company, data can be located in OSHA 200/300A Log)

|  |
| --- |
| Please complete the below information for the previous three years. |
| Input the corresponding year → | Three Years | Two Years | Previous Year |
| Fatalities  |  |  |  |
| Total number of cases with days away from work  |  |  |  |
| Total number of days away from work  |  |  |  |
| Total number of recordable cases  |  |  |  |
| **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 if applicable. |
| **Inspection Number** | **Date**  | **Standard Cited** | **Violation Type** (serious, willful, repeat, other) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Safety Management System

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Is your company OHSAS 18001:2007 Certified? |  |  |
| Does your program meet Cal/OSHA Injury, Illness, Prevention Program (IIPP) requirements? |  |  |
| Note: Please provide a copy of your IIPP program or comparable safety guidelines 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 – Safety Data Sheets (SDS)

If your company will be using chemicals you are required to provide a copy of the SDS and a NASSCO SDS 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** |
| Will you be using chemical products at our facility? |  |  |
| Where on the job site are the 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** |
| 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 or injured employees? |  |  |
| * If yes, specify where:
 |
| * ***Note: Sick or injured employees will be routed to the nearest emergency room by the City of San Diego unless otherwise specified.***
 |

# Hazard Analysis/Risk Assessment

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

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Do you have a risk assessment / job safety analysis/ Standard Operating Procedures [SOP] 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 cannot to be completed within the norms of NASSCO’s SOPs a 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** |
| 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 shipyard that have additional safety requirements.

# Will you be working on a US Naval Ship? [ ]  Yes [ ] No If “NO” move on to next section.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 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 If “NO” move on to next section.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 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? [ ]  Yes [ ] No If “NO” move on to next section.

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

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 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? |  |  |

# Systems That Require Lock Out / Tag Out [ ]  Yes [ ] No If “NO” move on to next section.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Provide documents that indicate your employees have been trained on NASSCO’s lock out /tag out policy (WI 305) (See page 8) |  |
| Are employees trained on TUMS and/or ESOMS? |  |  |
| Are employees trained to recognize the presence of PCB and procedures to handle them when identified? |  |  |

# Rigging? [ ]  Yes [ ] No If “NO” move on to next section.

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

# Scaffolding? [ ]  Yes [ ] No If “NO” move on to next section

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 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 If “NO” move on to next section

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 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 If “NO” move on to next section

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 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 “NASSCO Safety Policy Subcontractor Safety Guidelines”. 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”*.*

Failure to comply with applicable requirements may result in NASSCO issuing a Corrective Action Request in accordance with our Safety or Quality Management System and SWRMC Instruction 4855. You must respond to such requests within 5 working days.

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.

[ ]  Signed training roster attached.

|  |  |  |
| --- | --- | --- |
| Printed Name: |  | Signature: (Required) |
| Title: |  | Date: |

Send completed form, training roster, and IIPP or comparable safety guidelines 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

**Training Roster for employees to perform work at NASSCO**

I confirm that I have received and reviewed a copy of the “***NASSCO Safety Policy Subcontractor Safety Guidelines***”. I will comply with the requirements established therein. If YES to Section IX(4) initial the last column to indicate that [Lockout/Tag out [NASSCO WI 305] training](http://www.nassco.com/purchasing/security/security_docs/safety-documents/WI_305_Lockout_Tagout_and_Tagplus_RevC.pdf) **has been completed**.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME (PRINT)** | **SIGNATURE** | **DATE** | **LO/TO** **completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This page may be duplicated as needed.