

SOUTHEAST REGIONAL MAINTENANCE CENTER  
LOCAL STANDARD ITEM

FY-18

ITEM NO: 099-74SE  
DATE: 18 FEB 2014  
CATEGORY:       I      

1. SCOPE:

1.1 Title: General Safety Requirements; accomplish

2. REFERENCES:

2.1 Standard Items

2.2 29 CFR Part 1926.1427, Operator Qualification and Certification

2.3 29 CFR Part 1915, Occupational Safety and Health Standards for Shipyard Employment

2.4 29 CFR Part 1910, Occupational Safety and Health Standards

3. REQUIREMENTS:

3.1 The use of tobacco products (cigarettes, cigars, smokeless tobacco, and electronic cigarettes) is prohibited onboard ship, adjacent piers and dry docks.

3.2 Food and beverages (excluding water and "hydration supplements," e.g., Gatorade) shall not be permitted aboard navy vessels.

3.3 Property taken onboard, such as bags and tool boxes, shall have an identification tag to include organization name, employee name and badge number.

3.4 Label compressed gas cylinders or cylinder storage racks with company name or unique identifier.

3.4.1 Secure all compressed gas cylinders in a cylinder rack.

3.4.2 Compressed gas cylinders shall not be secured to pier or vessel structures.

3.4.3 At Naval Station Mayport secure all compressed gas cylinders for transportation by pallet or cylinder rack. Gas cylinders shall not be transported by golf cart.

3.5 Crane operators shall be certified in accordance with 2.2.

3.5.1 Submit one legible copy, in approved transferrable media, of crane operator certification when requested by the SUPERVISOR.

(V)(G) "PRE-LIFT BRIEF FOR CRITICAL LIFT"

3.6 Prior to conducting a critical lift as defined in 009-40 of 2.1, conduct a pre-lift brief with all individuals involved with the critical lift.

3.6.1 Use Attachment A to develop the critical lift plan as required by 009-40 of 2.1.

3.7 Label front of hardhats with company name or company unique identifier, employee first and last name.

3.8 Notify the SUPERVISOR for authorization prior to using Ship's Force services (e.g., air, water and electrical power). Notification shall include the reason why, duration and what equipment will be utilizing ship's power.

3.8.1 Submit one legible copy, in approved transferrable media, of each notification to the SUPERVISOR.

3.9 Pipe, wire rope or 2x4s meeting the requirements of 2.3 and 2.4 shall be installed at deck edges and open hatches for temporary fall protection.

3.10 Submit one legible copy, in approved transferrable media of Attachment B, for each incident not requiring medical treatment to the SUPERVISOR and Safety office within 24 hours.

3.11 Post Work Authorization Forms (WAF) at the entrance to the space where work is being conducted.

3.11.1 If work is being conducted in multiple locations, the WAF shall be posted at a primary location.

3.11.2 All employees shall be aware of the posted location of the WAF for the work they are performing.

(V)(G) "PIER WALKTHROUGH"

3.12 At Naval Station Mayport conduct a walkthrough of the pier with the SUPERVISOR no more than 2 days after the completion/end date of the availability to ensure no equipment or material is left adrift and housekeeping is satisfactory.

3.12.1 Document all discrepancies and/or exceptions on the check point form.

3.13 Assign safety observers prior to employees entering confined spaces. Each safety observer shall:

3.13.1 Have completed initial and annual update confined space training. Training shall be provided to all newly assigned safety observers, with annual updates provided to personnel. Confined space training shall be in accordance with the requirements of 2.3 and shall also include the procedure for reporting emergencies to Ship's Force. Provide documentation of completed training when requested by the SUPERVISOR. Provide visible means of identifying trained safety observers, i.e., badge, sticker, vest, etc.

3.13.2 Account for and maintain communication with all personnel entering the confined space.

3.13.3 Be posted outside the entrance(s), positioned to maintain continuous visual verification of personnel entering and exiting confined spaces.

3.13.4 Not conduct other duties while assigned as a safety observer.

3.13.5 Report verbally all emergencies immediately to the ship's Quarterdeck to include the location, nature of the emergency, and who is involved.

3.14 Provide and assign safety observers for SUPERVISOR personnel entering confined spaces when requested by the SUPERVISOR. Each safety observer shall meet the requirements of 3.13.

3.15 Document initial determination of potential personnel exposure to toxic or hazardous substances as required in 009-03 of 2.1, using Attachments C and D.

3.15.1 Submit one legible copy, in approved transferrable media, of Attachments C and D to the SUPERVISOR, Code 106, prior to the start of each work item in the availability.

3.16 Conduct a critique within 3 working days when any of the following events occurs:

3.16.1 Traumatic injury or acute occupational illness resulting in a death, permanent total disability, or permanent partial disability.

3.16.2 Traumatic injury or acute occupational illness requiring in-patient hospitalization treatment.

3.16.3 Any fall from a height greater than 5 feet above the next lower level.

3.16.4 Electrical shock from unprotected source that requires energized electrical work controls/safety precautions (greater than 30 volts for NSTM CH-300 work or greater than 50 volts for OSHA regulated work).

3.16.5 An arc flash incident whether or not it involves an injury.

3.16.6 An injury resulting from inadequate isolation or work control.

3.16.7 Unauthorized entry into or work in a confined or poorly ventilated enclosed space. Improper control of confined space requirements that exposes workers to hazardous conditions (i.e., loss of ventilation).

3.16.8 Improper respiratory protection or loss of breathing air that creates a hazardous condition for workers.

3.16.9 Occupational exposure to physical, chemical, or biological hazards that exceeds applicable exposure limits due to inadequate controls.

3.16.10 Shipboard, adjacent pier or dry dock fire requiring emergency services to extinguish (e.g., fire department, Ship's Force or emergency response team).

3.16.11 A significant number or pattern of safety mishaps, injuries, or near misses due to uncorrected hazardous conditions (e.g., slips, trips or falls due to improperly maintained surfaces that result in a reportable mishap).

3.16.12 Work is performed on a system/equipment without the use of required work controls, e.g., Work Authorization Form (WAF) and adequate tag-out as required by 009-24 and 009-106 of 2.1, removal of isolation (Tag-out) prior to restoring the affected system/equipment to a safe condition that exposed a worker to hazardous situation, and work on energized equipment not in compliance with NSTM CH-300.

3.16.13 A crane or rigging gear accident as defined in 009-40 of 2.1.

3.16.14 Any other event or condition that is deemed by SERMC to be of comparable severity to those events specified above.

3.17 Notify the SUPERVISOR prior to the start of the critique so that a representative(s) can attend.

3.17.1 Submit one legible copy, in approved transferrable media, of a formal written critique report, to the SUPERVISOR within 5 calendar days after completion of critique. Critique report shall include at a minimum, date and time of event, a description of events (including timeline), apparent cause, immediate corrective actions, summary of facts, root cause analysis, and short and long term corrective actions.

#### 4. NOTES:

4.1 None.

ATTACHMENT A  
Critical Lift Form

<b>Location:</b>
<b>Date of critical lift:</b>
<b>Crane operator:</b>
<b>Crane/Rigging Supervisor:</b>
<b>Contractors:</b>
<b>Ship's Force representative:</b>
<b>Work Item number:</b>

<b>Type of Critical Lift:</b>
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<b>Load Description:</b>
<b>Weight of load being lifted:</b>
<b>Size of load being lifted:</b>

<b>Weight of Headache Ball:</b>
<b>Weight of Block:</b>
<b>Weight of Lifting Bar:</b>
<b>Weight of Slings &amp; Shackles:</b>
<b>Total of other deductions:</b>
<b>Total weight of load plus deductions:</b>

<b>OEM's maximum load capacities for the entire range of the lift:</b>
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**Lift Geometry**

<b>Crane position:</b>
<b>Boom length:</b>
<b>Boom angle:</b>
<b>Height of lift:</b>
<b>Radius for the entire range of the lift:</b>

**Rigging Plan**

**Lift points:**

**Rigging gear:**

**Rigging procedure:**

**Use space below to describe rigging plan:**

ATTACHMENT A  
Critical Lift Form

Instructions

**Location:** Location where critical lift will be conducted, e.g. pier and vessel.

**Date of critical lift:** When critical lift will be conducted. A critical lift plan is required for each day.

**Crane operator:** Name of crane operator during critical lift.

**Crane/Rigging Supervisor:** Person supervising crane/rigging operations during critical lift.

**Contractors:** List all contractors involved with critical lift e.g. AITs, subcontractors and divers.

**Ship's Force representative:** S/F representative notified of critical lift e.g. CDO.

**Work Item number:** Navy work item number for which critical lift is being conducted.

**Type of Critical Lift:** See *NAVFAC P-307, Management of Weight Handling Equipment*.

**Load Description:** Self explanatory.

**Weight of load being lifted:** Self explanatory.

**Size of load being lifted:** Self explanatory.

**Weight of Headache Ball:** Self explanatory.

**Weight of Block:** Self explanatory.

**Weight of Lifting Bar:** Self explanatory.

**Weight of Slings & Shackles:** Self explanatory.

**Total of other deductions:** Self explanatory. List other deductions.

**Total weight of load plus deductions:** Self explanatory.

**OEM's maximum load capacities for the entire range of the lift:** Review load chart.

**Crane position:** Self explanatory.

**Boom length:** Self explanatory.

**Boom angle:** Self explanatory.

**Height of lift:** Self explanatory.

**Radius for the entire range of the lift:** Self explanatory.

**Lift points:** Where on the load will the load be lifted from.

**Rigging gear:** What rigging gear will be used during critical lift.

**Rigging procedure:** How will the load be rigged and path the load will travel to destination.

ATTACHMENT B  
FOR OFFICIAL USE ONLY

**INCIDENT REPORT** *(not requiring medical treatment)*

**Report #**

TYPE OF INCIDENT:

NAME(S) OF INJURED:

INCIDENT

DATE:

TIME:

COMPANY:

LOCATION OF INCIDENT:

TYPE OF INCIDENT:

CAUSE OF INCIDENT:

EQUIPMENT INVOLVED:

WORK ITEM NUMBER:

CONTRACT NUMBER:

**DESCRIPTION OF INCIDENT**

**DISPOSITION OF INJURED (if applicable)**

**IMMEDIATE CORRECTIVE ACTION**

INVESTIGATED BY (NAME):

TITLE:

SIGNATURE OF INVESTIGATOR:

DATE:



ATTACHMENT B  
***FOR OFFICIAL USE ONLY***

**Incident Report Instructions**

**REPORT NUMBER**- Unique tracking number created by contractor

**TYPE OF INCIDENT**- Injury, fire or near miss

**NAME(S) OF INJURED**- Self Explanatory

**INCIDENT DATE**: - Self Explanatory

**TIME**: - Self Explanatory

**COMPANY**: - Prime and subcontractors involved

**LOCATION OF ACCIDENT**: - Base/Yard, Ship name and hull number, space number and compartment name

**TYPE OF INJURY OR FIRE** – e.g. debris in eye, twisted ankle, band aid on cut, etc.

**CAUSE OF INJURY** – i.e. Equipment failure, PPE, process

**EQUIPMENT INVOLVED** – Equipment working on and equipment being used to cause incident

**WORK ITEM NUMBER** – Work Item being accomplished when incident occurred

**CONTRACT NUMBER**: - Contract Number assigned by government agency i.e. RMC, AIT Sponsor

**DESCRIPTON OF INCIDENT OR NEAR MISS** – Short description of events leading up to incident and extent of injuries

**DISPOSITION OF INJURED** – e.g. eye flushed out by medical dept, cut cleaned out and bandaged, etc.

**IMMEDIATE CORRECTIVE ACTION** – i.e. Scene/space secured, ship notified (who and when), SERMC notified (who and when) clean up of blood, equipment secured fire debris cleaned up.

**INVESTIGATED BY** – Self Explanatory.

**TITLE** – Self Explanatory.

**SIGNATURE OF INVESTIGATOR** – Self Explanatory.

**DATE** – Self Explanatory.



# Initial Determination Form IAW NAVSEA SI 009-03

Contractor: \_\_\_\_\_ Contract #: \_\_\_\_\_ Vessel: \_\_\_\_\_ Date: \_\_\_\_\_

Work Item	Location of removal/disturbance	Materials removed/disturbed that contain Toxic/Hazardous substances	Initial determination of personnel exposure (e.g. inhalation, ingestion, absorption)	Method of compliance (e.g. engineering/admin controls, PPE or personal air monitoring to be used)