

SOUTHEAST REGIONAL MAINTENANCE CENTER
LOCAL STANDARD ITEM

FY-24

ITEM NO: 099-74SE
DATE: 02 JAN 2020
CATEGORY: I

1. SCOPE:

1.1 Title: General Safety Requirement; 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 each tobacco product (cigarette, cigar, smokeless tobacco, and electronic cigarette) is prohibited onboard ship, adjacent pier and dry dock.

3.2 At Naval Station Mayport secure each compressed gas cylinder for transportation by pallet or cylinder rack. Each gas cylinder must not be transported by golf cart.

3.3 Each crane operator must be certified in accordance with 2.2.

3.3.1 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"

3.4 Prior to conducting a critical lift as defined in 009-40 of 2.1, conduct a pre-lift brief with each individual involved with the critical lift.

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

3.5 Label front of each hardhat with company name or company unique identifier, employee first and last name.

3.6 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.

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

3.7.1 If work is being conducted in more than One location, the WAF must be posted at a primary location.

3.7.2 Each employee must be aware of the posted location of the WAF for the work they are performing.

3.8 Assign safety observer prior to employee entering each confined space. Each safety observer must:

3.8.1 Have completed initial and annual update confined space training prior to assignment. Confined space training must be in accordance with each requirement of 2.3 and must also include the procedure for reporting each emergency to Ship's Force. Provide documentation of completed training when requested by the SUPERVISOR. Provide visible means of identifying each trained safety observer, i.e., badge, sticker, vest, etc.

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

3.8.3 Be posted outside each entrance, positioned to maintain continuous visual verification of personnel entering and exiting each confined space. A safety observer must be assigned to each accessible point of entry to each confined space.

3.8.4 Not conduct any other duty while assigned as safety observer.

3.8.5 Provide immediate verbal report of each emergency to the ship's Quarterdeck to include the location, nature of the emergency, and who is involved.

3.9 Provide and assign each safety observer for SUPERVISOR personnel entering confined spaces when requested by the SUPERVISOR. Each safety observer must meet each requirement of 3.8.

3.10 Document initial determination of potential personnel exposure to each toxic or hazardous substance as required in 009-03 of 2.1, using Attachment C and D.

3.10.1 Submit one legible copy, in approved transferrable media, of Attachment C and D to the SUPERVISOR and Safety Office, prior to the start of each work item and when each change/update is annotated throughout the availability.

3.11 Notify the SUPERVISOR prior to the start of a critique when required by 009-120 of 2.1 so each representative can attend.

4. NOTES:

4.1 None.

ATTACHMENT A
Critical Lift Form
ATTACHMENT A
Critical Lift Form

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

Type of Critical Lift:

Load Description:
Weight of load being lifted:
Size of load being lifted:

Weight of Headache Ball:
Weight of Block:
Weight of Lifting Bar:
Weight of Slings & Shackles:
Total of other deductions:
Total weight of load plus deductions:

OEM's maximum load capacities for the entire range of the lift:

Lift Geometry

Crane position:
Boom length:
Boom angle:
Height of lift:
Radius for the entire range of the lift:

Rigging Plan

Lift points:
Rigging gear:
Rigging procedure:

ATTACHMENT A
Critical Lift Form

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.

