Project Name:

Contractor Company Name:

Contractor Company Address:

Contractor Project Manager or Superintendent or Supervisor & Phone Number(s)

Name of Contractor Person Responsible for Safety on Project & Phone Number(s)

Proposed Project Date:

Number of Personnel Assigned To Job:

Who will your Designated Manager(s) be while performing work (typically this is a Rio Tinto Supr / Supt or Planner)

Will Subcontractors Be Utilized?

Yes ( ) No ( )

If “yes”, List Subcontractor Name, Address & Phone Numbers

***NOTE! Subcontractors must be Borax Approved through BROWZ***

Does your firm have a current California Injury & Illness Prevention Program (IIPP)?

Yes ( ) No ( )

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| **1. SCOPE OF WORK TO BE COMPLETED:** | | |
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| 2. CONDUCT A HAZARD ASSESSMENT OF THE JOB: | | |
| a. List each task step of the project (number each step) | | |
| b. List the key hazards for each task step (by number) | | |
| c. List the control measure you will use for each task step (by number) | | |
| *Task Step* | *Key Hazards* | *Control* |
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**3. PERSONAL PROTECTIVE EQUIPMENT**

Describe all personal protective equipment (PPE) that will be required for the job.

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**4. EMERGENCY PROCEDURES**

Describe the evacuation plan as it pertains to this project. Identify the specific evacuation assembly locations, procedures for reporting emergencies, key personnel, phone numbers (and where they will be posted) as well as the intended plan to train Contractor employees in the procedure.

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**5. FIRST AID**

Explain the roll of supervision and employees as it pertains to reporting accidents and injuries in accordance with U. S. Borax Inc. procedure. Identify those Contractor personnel who are first aid certified. ***NOTE: Borax emergency and Occupational Health personnel will provide initial on-site assessment care for all injury incidents.***

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**6. ACCIDENT INVESTIGATION AND PROCEDURES**

Describe the procedure for accident investigation. Include processes for near misses as well as accidents resulting in personnel injury or property damage.

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**7. OCCUPATIONAL HEALTH PROGRAMS / MEDICAL SURVEILLANCE**

Describe specific occupational health programs required to protect employees working on this project. Include respirator use certification, personnel air monitoring, noise monitoring, and other sampling. If medical surveillance is required on this job, include the program specifics.

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**8. FIRE PROTECTION AND PREVENTION**

Outline procedures for fire protection and prevention.

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**9. ORIENTATION OF NEW HIRES/MSHA TRAINING (BORON AND OWENS LAKE ONLY)**

Explain training and orientation activities for existing and newly hired personnel, including the names of trainers involved. Include specific procedures and time lines for MSHA New Miner and Experienced Miner Annual Refresher, U.S. Borax Inc. Hazard Training Form, HAZCOM, Hazwoper, Isolation Procedure and any other training that may be required to perform work tasks associated with this project.

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**10. Task based training**

Please select any of the tasks listed below that you will be performing. Provide with this completed SHEAP **proof of training** (per MSHA proof must be documented on a 5000-23 or an approved MSHA document for Boron and Owens Lake operations) for each employee who will be performing these tasks.

\* Working at Heights (Fall Protection)

Confined Space

\* Working off of scaffolding (Competent Scaffold User)

Erecting scaffolding

Mobile equipment (i.e. forklifts, manlifts, backhoes, vacuum trucks etc…)

Trenching (4’+)

Mobile Crane (NCCCO crane license)

***\* NOTE:*** *Confirm fall protection equipment is correct for the task and current on its inspections.*

**11. TOOLBOX SAFETY MEETING**

Provide a schedule of the weekly safety meetings including times and dates. Confirm that daily pre-planning and task training will occur. ***NOTE: These meetings must be documented.***

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**12. WORK AREA INSPECTIONS**

Provide the policy and procedure for supervisor’s daily area inspections with explanation of documentation, distribution and retention. ***NOTE: Rio Tinto and MSHA require a minimum documented inspection of the work area and all mobile equipment. Work area inspection must be completed and documented by a competent person prior to work being performed; mobile equipment (including light vehicles) inspection must be performed and documented before operating equipment.***

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**13. ELEVATING WORK PLATFORMS**

Elevating work platforms whether owned or rented, must meet design and construction requirements as specified by regulatory or governing agencies. A copy of design construction, maintenance and inspection certificates shall be available upon request.

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**14. JOB SITE MATERIAL, EQUIPMENT DELIVIERIES AND WASTE MANAGEMENT**

**(MATERIAL MANAGEMENT, SOLID WASTE, HAZARDOUS MATERIALS (Chemicals), HAZARDOUS WASTE)**

| Yes | No | Question | If yes, then please complete the following in the blank space provided below: |
| --- | --- | --- | --- |
|  |  | Will a temporary job site be utilized on Rio Tinto property? | * Location of temporary job site * Describe types, duration, and location where each will be staged: * Equipment * Materials * Portable restrooms * Hazardous materials (chemical) storage * Material Safety Data Sheets (MSDS) * Flammable cabinets * Storage tanks * Solid waste collection containers or bins * Hazardous waste containers |
|  |  | Will a temporary building (i.e. office or lunch room) be brought on site? | In accordance with Rio Tinto Process Safety Management (PSM) any temporary building/trailer location MUST be reviewed and approved by the Managing Director to ensure that no structures will be located within an exclusion zone. |
|  |  | Have you obtained a temporary building permit (PSM)? | The permit must be attached to the front of the building/trailer on or near the entrance where it can easily be seen. |
|  |  | Will solid waste (trash, construction debris) be generated? | Describe what solid waste will be generated, how it will be collected, how it will be disposed, and anticipated quantities.1 |
|  |  | Will hazardous materials (chemicals) be utilized? | In accordance with the RTM HSEQ Hazard Communication Work Procedure, please complete a chemical request form and submit to Safety and Environmental along with the MSDS for each material.2 |
|  |  | Will any hazardous materials (chemicals) become a waste? | Describe what hazardous materials will be waste and how and where these wastes will be accumulated and disposed.3 |
|  |  | Is there a potential for the release (spill) of hazardous materials? | Please discuss prevention measures to prevent a release.4 |
|  |  | Will any equipment be delivered on site? | All mobile equipment deliveries MUST be inspected and documented on a “Pre Site Entry Inspection” form before they can be unloaded on site or at the contractor gate. |
| 1. Contracts who are approved to utilize RTM trash containers or red trash roll offs, shall understand that waste is brought to the onsite RTM landfill. Prohibited items to the landfill include but are not limited to: treated wood waste, liquids, asbestos, tires, and hazardous materials (aerosol cans, chemicals, paints, batteries, and electronics). RTM utilizes colored hoppers for certain waste: red for trash, green for cardboard, blue for metal, and bins for wood waste are also available. 2. A chemical approval form must be completed prior to brining any hazardous materials on site. Products which have a SDS are considered hazardous materials. 3. If unsure, please seek guidance from the RTM Environmental Team for a plan and disposal options. RTM maybe held liable for improper disposal by contractors of hazardous waste generated from RTM projects. 4. If a spill occurs, you MUST immediately notify your DM and the Main Gate (760-762-7230). | | | |

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| Please provide additional information to the question(s) answer Yes, from above: |

**15. WATER POLLUTION CONTROL**

Describe any possible water pollution hazards and the plan to mitigate or control them.

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**16. EQUIPMENT LIST:**

Provide a detailed list of all equipment to be used for the project (Focus is on mobile equipment. Provide details on how operators are trained and qualified to operate the equipment. If available, list each operator by name and their years of experience on each type of equipment and the date of their last formal qualification training).

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**17. DETAILED LIFTING/HOISTING PLAN:**

Provide a detailed list of anticipated hoists/picks. Identify each planned lift and the weight of the lift. Identify the rigging to be used by type and the method for annual certification. All rigging used at Rio Tinto must be inspected annually and must have current inspection tag in place to be considered serviceable. In addition, rigging must be inspected for serviceability prior to each use.

*NOTE: If a detailed critical lift plan already exists for this job, you may attach a copy rather than completing this section.*

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| Planned Lift/Pick | Weight of Lift/Pick | Type of Rigging |
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**18. CRANES:**

Provide a list of cranes or crane rental providers that will be used during the project. All cranes must have a current annual certification and must be equipped with properly functioning limits and LMI devices when appropriate.

**19.PRESSURE WASH AND HYDROBLASTING**

**(Must meet or exceed requirements of RTM Boron Hydroblasting Procedure and Work Instruction)**

Training:

Is pressure delivered by equipment equal to or greater than 4000 psi?

No (List names of individuals who are properly trained in compliance with RTM – Boron Hydroblasting work instruction)

Yes (List names of trained individuals and attach evidence of proper training)

Equipment: List pressure equipment to be used and attach evidence equipment has been tested to meet pressure requirements. **REMINDER**: All mobile equipment deliveries MUST be inspected and documented on a “Pre Site Entry Inspection” form before they can be unloaded on site or at the contractor gate.

Safety Devices/Equipment: List all safety equipment to be used related to high pressure.

(i.e., backout devices, 4 foot gun length, ppe, etc.)

**Reference Information:**

* Project Purchase Order / Work Order / Project Number

PO Number:

WO Number:

Project Number:

**Contractor Signatures (No electronic signature):**

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| Prepared By: |  | Date: |  |
| Contractor Safety Coordinator: |  | Date: |  |
| Contractor Supervisor: |  | Date: |  |

**Reviewed/Approved By Rio Tinto Borates:**

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| --- | --- | --- | --- |
| Designated Manager (mandatory): |  | Date: |  |
| Contractor Management/Designee (mandatory): |  | Date: |  |

**ONCE APPROVED, THIS SHEAP MUST BE REVIEWED WITH ALL CONTRACTOR EMPLOYEES DURING A DOCUMENTED SAFETY MEETING PRIOR TO BEGINNING WORK.**

Please attached the documented safety meeting sign-up sheet (or a copy) to this SHEAP**.**