

# APP Checklist

Project:	Contract #:	
FEAD:	Audit Date:	SSHO:
Contractor:	ET:	
Site:	<b>PASS/FAIL</b>	

Element		Rating		
		Poor	Avg.	Sup.
1.	<b>Signature sheet</b> (Title, signature, and phone number of plan preparer, plan approved, and plan concurrence)	0	1 2 3 4 5 6 7 8 9 10	N/A
2.	<b>Background information</b> (contractor, contract number, project name, project description, contractor accident experience, and listing phases of work and hazardous activities)	0	1 2 3 4 5 6 7 8 9 10	N/A
3.	<b>Statement of safety and health policy</b> (copy of corporate/company Safety and Health Policy Statement)	0	1 2 3 4 5 6 7 8 9 10	N/A
4.	<b>Responsibilities and lines of authorities</b> (personnel responsible for safety, Lines of authority)	0	1 2 3 4 5 6 7 8 9 10	N/A
5.	<b>Subcontractors and suppliers</b> (identification, means of controlling, and safety responsibilities of subcontractors and suppliers)	0	1 2 3 4 5 6 7 8 9 10	N/A
6.	<b>Training</b> (subjects to be discussed, mandatory training and certifications, requirements for emergency response training, and requirements for safety meetings)	0	1 2 3 4 5 6 7 8 9 10	N/A
7.	<b>Safety and health inspections</b> (required inspections/certifications and safety inspection information)	0	1 2 3 4 5 6 7 8 9 10	N/A
8.	<b>Safety and health expectations, incentive programs, and compliance</b> (written safety program goals, objectives, and accident experience, description of the safety incentive, policies and procedures regarding noncompliance with safety requirements, written company procedures for holding managers and supervisors accountable for safety) <input type="checkbox"/>	0	1 2 3 4 5 6 7 8 9 10	N/A
9.	<b>Accident reporting</b> (Exposure data, accident investigations, immediate notification of major accidents)	0	1 2 3 4 5 6 7 8 9 10	N/A
10.	<b>Medical Support</b> (Outline on-site medical support and off-site medical arrangements)	0	1 2 3 4 5 6 7 8 9 10	N/A
11.	<b>Personal Protective Equipment</b> (procedures for conducting hazard assessments and written certifications for use of PPE. Procedures to be followed to assure the proper use, selection, and maintenance of personal protective and life saving equipment.)	0	1 2 3 4 5 6 7 8 9 10	N/A
12.	<b>Plans</b> (programs and procedures) required by the safety manual	0	1 2 3 4 5 6 7 8 9 10	N/A
13.	<b>Provided information</b> on how contractor will meet the requirements of applicable sections of this manual	0	1 2 3 4 5 6 7 8 9 10	N/A
14.	<b>Site specific hazards and controls</b> (provided in the AHA for each activity of the operation)	0	1 2 3 4 5 6 7 8 9 10	N/A

**Notes:**

**Scoring for Contract Safety Audits has been discontinued. The focus for KTRs is what rating each element received at the time of the audit and look at what they can do to increase their rating during future audits by the Contract Safety Manager.**