



US Army Corps
Of Engineers
Savannah District

Fort Liberty, North Carolina

Solicitation Number

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Automated Multipurpose Training Range (MPTR)

Volume 3 of 3: Appendices

PN 96182

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U.S. ARMY ENGINEER DISTRICT, SAVANNAH
CORPS OF ENGINEERS
100 WEST OGLETHORPE AVENUE
SAVANNAH, GEORGIA 31401-3640

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APPENDICES

APPENDIX A STANDARD FORMS

-- End of Project Table of Contents --

APPENDIX A

STANDARD FORMS

APPENDIX A - STANDARD FORMS

LIST OF FORMS

Fort Bragg Project Sign

Project Sign Legend Defined

Project Sign Erection Detail

Safety Performance Sign

Corps of Engineers Logo

Accident Prevention Plan Checklist

Construction Quality Control Report

Weekly Temporary Electrical Inspection

Minimum Standard for Temporary Electrical Service (Ref. FAR 52.236-14)

SAS FL 363 - Foundation Data

SAS Form 9 - Activity Hazard Analysis

SAD FL198 - Report of Safety Meeting

DA Form 5418-R - Cost Estimate Analysis

DD Form 1354 - Transfer and Acceptance of Military Real Property

DD Form 1354 Checklist

DD Form 1532 - Pest Management Report

DD Form 1532 - Pest Management Maintenance Record

DHS Form I-9 - Employment Eligibility Verification

ENG Form 16-1 - Certificate of Compliance for LHE and Rigging

ENG Form 16-2 - Standard Pre-Lift Plan (LHE)/Checklist

ENG Form 16-3 - Critical Lift Plan

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ENG Form 3394 - Accident Investigation Report

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Real Property Inventory and BIS Worksheet

Fort Bragg Form 1605 - Directorate of Engineering and Housing Excavation Permits

Fort Bragg Asbestos Removal, Transportation, and Disposal

APPENDIX A - STANDARD FORMS

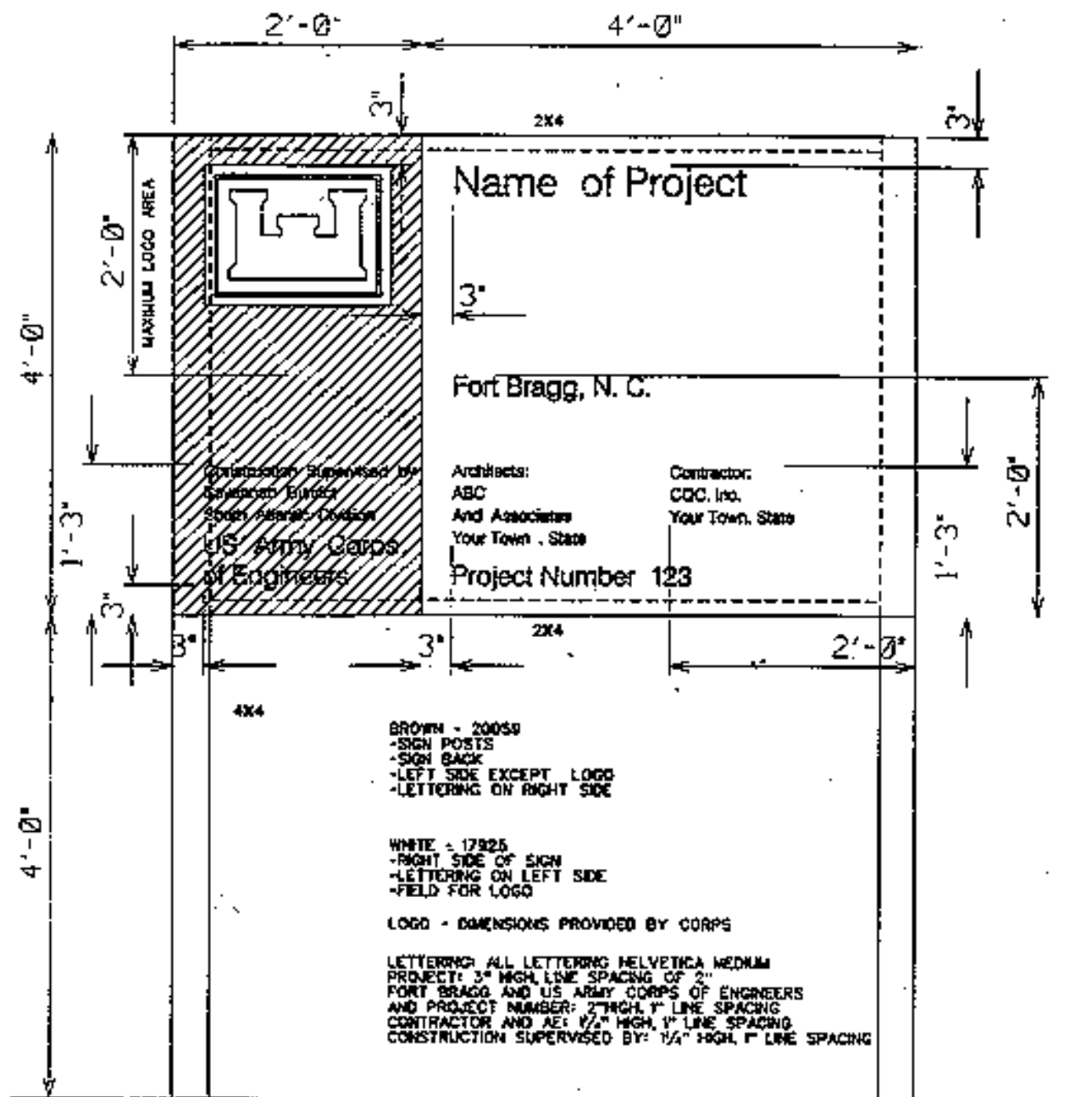
LIST OF FORMS

Fort Bragg Access Request Form

Standard Form LLL-A - Disclosure of Lobbying Activities

Contractor Hazardous Material Inventory Log (EPRCA)

Contractor-Furnished Spoil, Disposal Areas



PROJECT SIGN FOR SAVANNAH MANAGED DESIGNS

PROJECT SIGN LEGEND DEFINED

Legend Group 1: The words:

"Construction Supervised by:"	or	"Design and Construction Supervised by:"
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shall be placed on two lines using black, 1.25" Helvetica regular typeface. Maximum line length is 19".

10.5" Reverse Signature: The Corps symbol shall be a 10.5" white reverse signature using a 6" castle on a red background. The castle and surrounding border lines shall be white. The castle windows, door, and logo background are to be red. The words "U.S. Army Corps of Engineers" shall be black.

Legend Group 2: The words:

"Savannah District
South Atlantic Division"

shall be placed on two lines below the 10.5" reverse signature, using black, 1.25" Helvetica regular typeface.

Legend Group 3: The "Name of Project" shall be placed on one to three lines using white 3" Helvetica bold typeface. Maximum line length is 42".

Legend Group 4: The "Army Installation" shall be a one or two line identification of the facility or name of the sponsoring department. Lettering is to be white, 1.5" Helvetica regular typeface. Maximum line length is 42".

NOTE: Cross-align the first line of legend group 4 with the first line of the Corps signature (U.S. Army Corps) as shown.

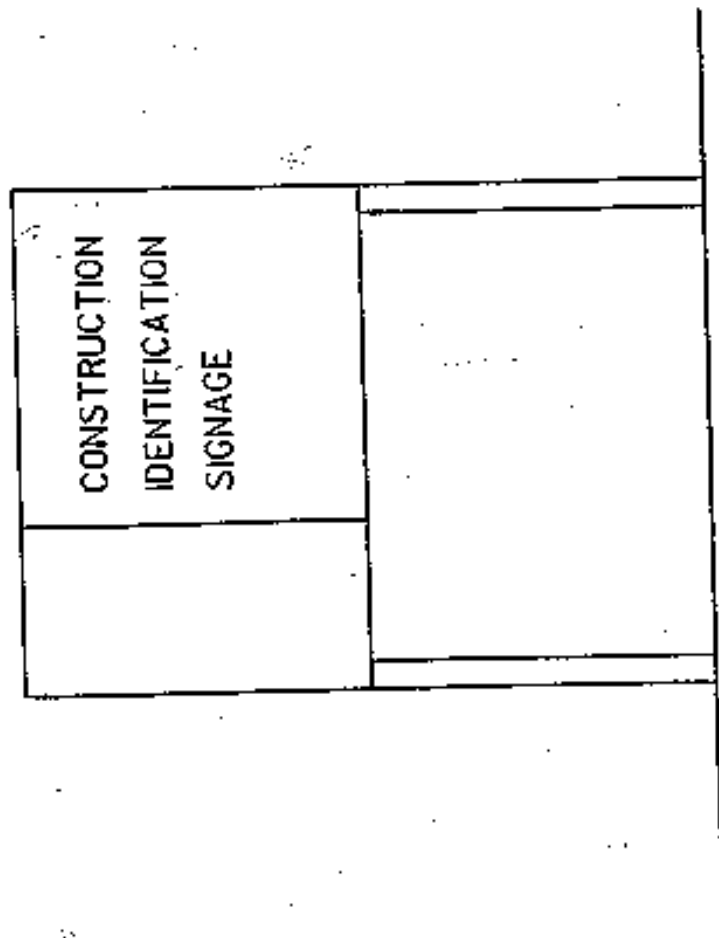
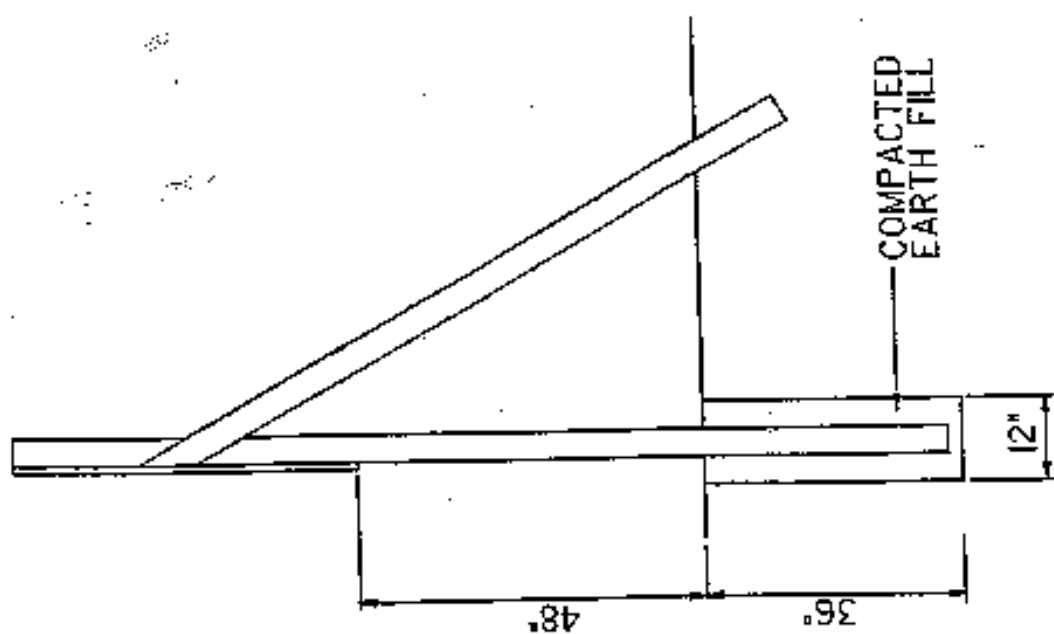
Legend Group 5a: The words:

"Architects:" or "Engineers:" or "Architect-Engineers:"

shall be a one to five line identification of the prime architect or engineering corporate or firm name, city, and State. Lettering shall be white, 1.25" Helvetica regular typeface. Maximum line length is 21".

Legend Group 5b: The "Contractor:" shall be a one to five line identification of the prime Contractor corporate or firm name, city, and State. Include type of Contractor, i.e. General Contractor, etc. Lettering shall be white, 1.25" Helvetica regular typeface. Maximum line length is 21".

NOTE: All typography shall be flush left and rag right, upper and lower case with initial capitals only as shown.



Each contractor's safety record is to be posted on Corps managed or supervised construction projects and mounted with the Construction Project Identification sign specified on page 16-2.

The graphic format, color, size and typefaces used on the sign are to be reproduced exactly as specified below. The

title with First Aid logo in the top section of the sign, and the performance record captions are standard for all signs of this type. Legend groups 2 and 3 below identify the project and the contractor and are to be placed on the sign as shown.

Safety record numbers are mounted on individual metal plates and are screw-

mounted to the background to allow for daily revisions to posted safety performance record.

Special applications or situations not covered in these guidelines should be referred to the district Sign Program Manager.

Legend Group 1: Standard two-line title "Safety is a Job Requirement" with 8" (outside diameter) Safety Green first aid logo.
Color: To match Pantone system 347
Typeface: 3" Helvetica Bold
Color: Black

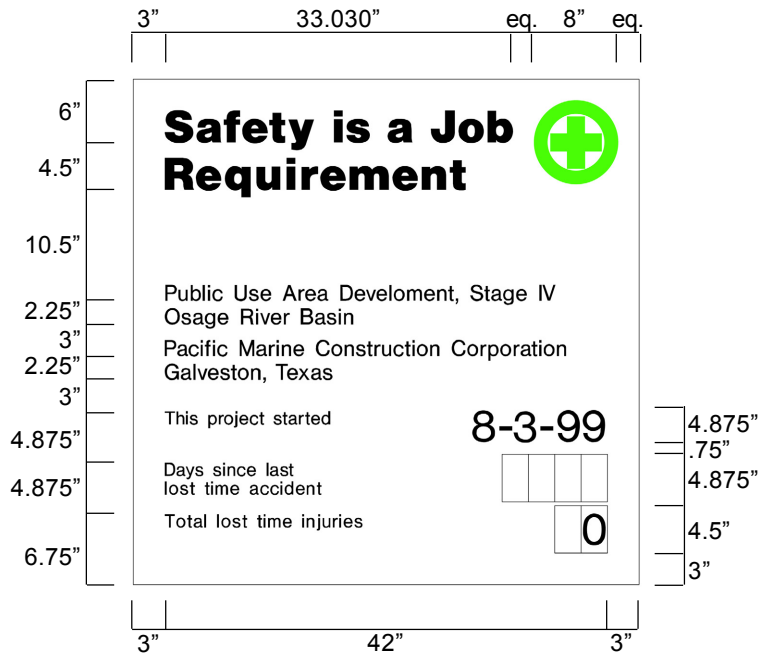
Legend Group 2: One- to two-line project title legend describes the work being done under this contract and name of host project.
Color: Black
Typeface: 1.5" Helvetica Regular
Maximum line length: 42"

Legend Group 3: One- to two-line identification: name of prime contractor and city, state address. Color: Black
Typeface: 1.5" Helvetica Regular
Maximum line length: 42"

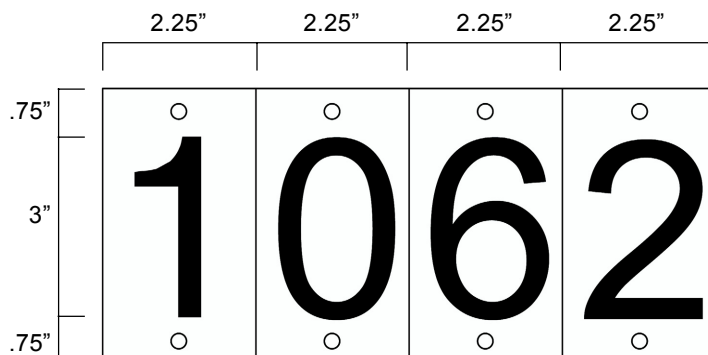
Legend Group 4: Standard safety record captions as shown.
Color: Black
Typeface: 1.25" Helvetica Regular

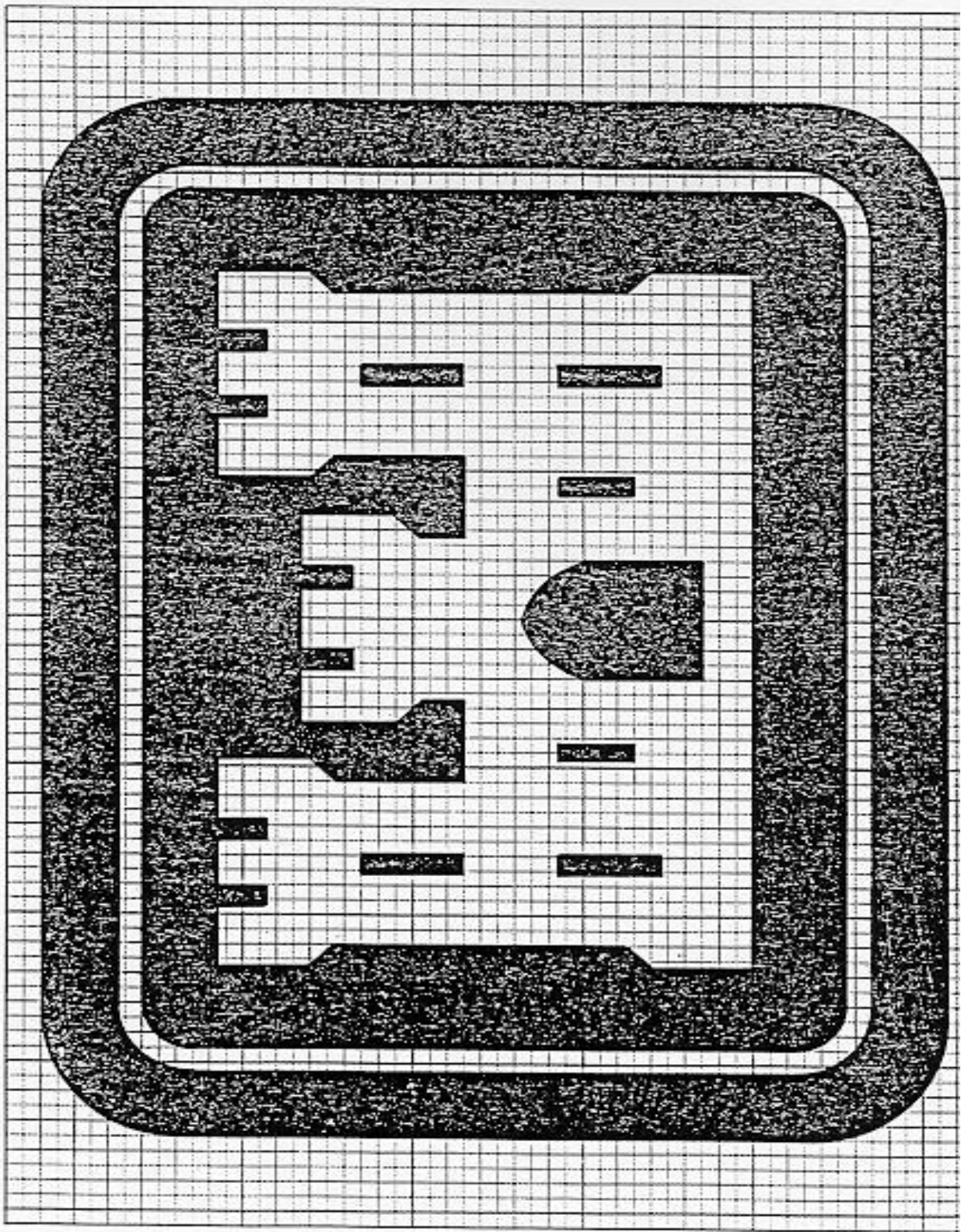
Replaceable numbers are to be mounted on white .060 aluminum plates and screw-mounted to background.
Color: Black
Typeface: 3" Helvetica Regular
Plate size: 2.5" x 4.5"

All typography is flush left and rag right, upper and lower case with initial capitals only as shown. Letter- and word-spacing to follow Corps standards as specified in Appendix D.



Sign Type	Legend Size (A)	Panel Size	Post Size	Specification Code	Mounting Height	Color Bkg/Lgd
CID-02	various	4'x4'	4"x4"	HDO-3	48"	WH/BK-SG





CORPS OF ENGINEERS LOGO
HALF SIZE

Form A-02 U.S. Army Corps of Engineers Accident Prevention Plan Checklist				Date of Inspection
Location (Plant or Facility)		Contract Number		
Contractor Name		Project Name		
Inspector Name (Print)		Inspector Signature		
<i>This checklist serves as a guide only, it does not replace or eliminate the need to comply with the requirements set forth in Engineering Manual 385-1-1, Safety and Health Requirements Manual, dated 30 Nov 2014. The references included in this checklist correspond to the applicable sections of EM 385-1-1.</i>				
Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)
a. Signature sheet				
1. Includes the name, title, signature, telephone number, and qualifications of the Plan Preparer (<i>Qualified person, i.e. corporate safety staff person, QC</i>)				
2. Includes the name, title, signature, telephone number, and qualifications of the Plan Approver (<i>e.g. owner, company president, regional vice president</i>) (HTRW activities require approval of a Certified Industrial Hygienist, a Certified Safety Professional may approve the plan for operations involving UST removal where contaminants are known to be petroleum, oils, or lubricants).				
3. Includes the name(s), title(s), signature(s), telephone number(s), and qualifications for Plan Concurrence (provide concurrence of other applicable corporate and project personnel (contractor)) (<i>e.g. Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC.</i>)				
b. Background information				
1. Includes the Contractor Name.				
2. Includes the Contract Number.				
3. Includes the Project Name.				
4a. Includes the Brief Project Description.				
4b. Includes a Discription of the Work to be Performed.				
4c. Includes the Location of the Project (map).				
4d. Includes the Equipment to be Used.				
4e. Includes the Anticipated High Risk Activities.				
5. Includes the Major Phases of Work Anticipated. (<i>Within these major phases of work identified, activities [includes Definable features of Work (DFOWs) and tasks] to be performed that will require an AHA shall be specifically highlighted. This information can then be used by QC, QA and Safety personnel to track AHA submittals. The AHAs for these activities, tasks of DFOWs are NOT submitted at this time (AHAs created/submitted at this time would not be activity-specific as they are intended to be). > See Sections 01.A.14 and 01.A.15.</i>)				

Form A-02 U.S. Army Corps of Engineers Accident Prevention Plan Checklist (cont'd)				Date of Inspection
Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)
c. Statement of Safety and Health Policy.				
1. Provide a copy of current corporate/company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. <i>(In addition to the corporate policy statement, a copy of the corporate safety program may provide a portion of the information required by the accident prevention plan.)</i>				
2. Includes Contractor's written safety program goals.				
3. Includes Contractor's written safety program objectives.				
4. Includes the Contractor Accident Experience <i>(Copy of OSHA 300 Forms, or equivalent documentation).</i>				
d. Responsibilities and Lines of Authority.				
1. Includes statement of the employer's ultimate responsibility for the implementation of his SOH program for his own employees, all sub-contractors and all others on the worksite (includes the strict enforcement of the program).				
2. Includes the identification and accountability of personnel responsible for safety and health at both the corporate and project level – including their resumes. Qualifications shall be in accordance with Section 01.A.17. <i>(Only official OSHA 30-Hour cards will be accepted or, if equivalent training is provided, appropriate instructor qualifications.)</i>				
3. Includes equivalent training to the OSHA 30-Hour classes is being presented as qualification, the training shall cover, as a minimum, the areas discussed in Appendix A, Section 3.d.3.(a-d).				
4. Includes the names of Competent (CP) and/or Qualified Person(s) (QP) and proof of competency/qualification to meet specific OSHA CP/QP requirements. <i>(Must include copies of proof of CP/QP).</i>				
5. Includes requirements and details of the employer's Risk Management Process. <i>(USACE uses the Activity Hazard Analysis (AHA) as part of a total risk management process. Contractors and other individual employer's may use the AHAs or their own version [Job Safety Analyses (JSAs), Job Hazard Analyses (JHAs), or similar Risk Management assessment tools]. These documents are considered equivalent to, and acceptable substitutes for, the USACE's AHA provided the data collected is the same as that required by the AHA.)</i>				
6. Includes requirements for initial activity-specific AHAs to be submitted and accepted at preparatory meetings, prior to work being performed;				
7. Includes requirements that no work by the Contractor shall be performed unless a designated Competent Person/SSHO is present on the job site.				
8. Includes policies and procedures regarding non-compliance with safety requirements (to include disciplinary actions for violation of safety requirements).				
9. Lines of authority.				
10. Includes written company procedures for holding managers and supervisors accountable for safety.				

Form A-02 U.S. Army Corps of Engineers Accident Prevention Plan Checklist (cont'd)				Date of Inspection
Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)
e. Subcontractors and Suppliers.				
1. Includes the list of subcontractors and suppliers. <i>(If not known at the time of initial APP submittal, the contractor shall include the following statement in their initial APP: "The subcontractors for the following DFOWs/activities are not known at this time, but additional information will be submitted to the APP for acceptance prior to the start of any activities listed")</i>				
2. Includes safety responsibilities of subcontractors and suppliers.				
f. Training				
1. Includes requirements for new hire SOH orientation training at the time of initial hire of each new employee.				
2. Includes requirements for mandatory training and certifications that are applicable to this project (<i>e.g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, HAZWOPER training and certification, PPE</i>) and any requirements for periodic retraining / recertification.				
3. Includes procedures for periodic safety and health training for supervisors and employees.				
4. Includes the requirements for emergency response training.				
g. Safety and Health Inspections				
1. Includes specific assignment of responsibilities for a minimum daily jobsite SOH inspection during periods of work activity.				
1a. Includes the name(s) of individual(s) responsible for conducting safety inspections. (<i>e.g., PM, safety professional, QC, supervisors, employees</i>)				
1b. Includes proof of inspector's training / qualifications.				
1c. Indicates when inspections will be conducted.				
1d. Indicates procedures for documentation. (<i>Furnished sample forms upon which inspections will be recorded.</i>)				
1e. Indicates deficiency tracking system and follow-up procedures.				
2. Includes any external inspections / certifications which may be required. (<i>e.g., US Coast Guard</i>)				
h. Mishap Reporting and Investigation				
1. The plan identifies how, when, and who shall complete the Exposure data (man-hours worked).				
2a. The plan identifies how, when, and who shall complete mishap investigations, reports, and logs. (<i>The contractor shall report, thoroughly investigate, and analyze all mishaps occurring incidentally to an operation, project or facility for which this manual is applicable.</i>)				
2b. The plan identifies how, when, and who shall make immediate notification of major mishaps. (<i>Mishaps shall be reported as soon as possible but not more than 24 hours afterwards to the KO/COR.</i>)				
2c. Includes how, when, and who will provide notice to the KO/COR when corrective actions are completed. (<i>Implement corrective actions as soon as reasonably possible.</i>)				

Form A-02 U.S. Army Corps of Engineers Accident Prevention Plan Checklist (cont'd)				Date of Inspection
Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable safety and occupational health risks and associated compliance plans. Using the EM 385-1-1 as a guide, plans, <u>programs</u>, <u>procedures</u> (assessments and evaluations), may include but not be limited to:				
<i>(1) Include a project-specific compliance plan, as applicable to the work being performed, and as identified below. The plans shall incorporate project-wide procedures to control hazards to which the employees of all project employers may be exposed.</i>				
<i>(2) These procedures shall be coordinated with all project employers and shall include project-specific, project-wide emergency response and evacuation procedures, PPE requirements, recordkeeping and reporting requirements, and training requirements.</i>				
<i>(3) The plans shall be prepared prior to the start of any work activities on the job site (as much as the information can be known at that point in time). The plans shall be updated throughout the life of the project to include changes in personnel, equipment, conditions, etc. Additional revisions shall be incorporated as necessary to reflect changing site conditions, construction methods, personnel roles and responsibilities and construction schedules.</i>				
<i>(4) No activity (DFOV) shall be started on site until the APP is revised and submitted to the GDA for acceptance, with the site-specific plans, programs and procedures required to complete the project.</i>				
Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)
i. Plans (Programs, Procedures, Assessments, and Evaluations) required by the Safety Manual				
1. <u>Fatigue Management Plan</u> (01.A.20)				
2. Emergency Plans (01.E):				
(a) Procedures & Test (01.E.01)				
(b) Spill Plans (01.E.01, 06.A.02)				
(c) Fire Fighting Plan (01.E.01; 19.A)				
(d) Posting of Emergency Telephone Numbers (01.E.05)				
(e) Man overboard/abandon ship (19.A.04)				
(f) Plan for prevention of alcohol and drug abuse (01.C.02 & Specs)				
3. <u>Site Sanitation/Housekeeping Plan</u> (02.B)				
4. <u>Medical Support Agreement</u> . Outline on-site medical support and off-site medical arrangements including rescue and medical duties for those employees who are to perform them, and the name(s) of on-site Contractor personnel trained in first aid and CPR. A minimum of two employees shall be certified in CPR and first-aid per shift/site (03.A.01, 03.A.03)				
5. <u>Blood-borne Pathogen Program</u> (03.A.05)				
6. <u>Exposure Control Plan</u> (03.A.05)				
7. <u>Automatic External Defibrillator (AED) Program</u> (03.B.04)				
8. <u>Site Layout Plan</u> (04.A)				
9. <u>Access/Haul Road Plan</u> (04.B)				
10. <u>Hearing Conservation Program</u> (05.C)				
11. <u>Respiratory Protection Plan</u> (05.G)				
12. <u>Health Hazard Control Program</u> (06.A)				
13. <u>Hazard Communication Program</u> (06.B.01)				
14. <u>Process Safety Management Plan</u> (06.B.04)				
15. <u>Lead Compliance Plan</u> (06.C.02 & Specifications)				
16. <u>Asbestos Abatement Plan</u> (06.C.03 & Specifications)				

Form A-02 U.S. Army Corps of Engineers Accident Prevention Plan Checklist (cont'd)				Date of Inspection
<i>Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks and compliance plans. Using the EM 385-1-1 as a guide, plans, <u>programs, procedures (assessments and evaluations)</u>, may include but not be limited to:</i>				
Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)
i. Plans (Programs, Procedures) continued.				
17. Radiation Safety Program (06.F)				
18. Abrasive Blasting Plan (06.I)				
19. Heat Stress Monitoring Plan (<u>HSMP</u>) (06.J.02)				
20. Cold Stress Monitoring Plan (<u>CSMP</u>) (06.J.04)				
21. <u>Indoor Air Quality Management Plan</u> (06.L)				
22. <u>Mold Remediation Plan</u> (06.L.04)				
23. <u>Chromium (VI) Exposure Evaluation</u> (06.M)				
24. Crystalline Silica Assessment (06.N.02)				
25. Lighting Plan for Night Operations (07.A.06)				
26. Traffic Control Plan (08.C.05)				
27. Fire Prevention Plan (09.A.01)				
28. Wild Land Fire Management Plan (09.L)				
29. <u>Arc Flash Hazard Analysis</u> (11.B)				
30. <u>Assured Equipment Grounding Control Program (AEGCP)</u> , (11.D.05, <u>Appendix E</u>)				
31. <u>Hazardous Energy Control Program and Procedures</u> (12.A.01)				
32. <u>Standard Pre-Lift Plan – LHE</u> (16.A.03)				
33. <u>Critical Lift Plan – LHE</u> (16.H)				
34. <u>Naval Architectural Analysis – LHE (Floating)</u> (16.L)				
35. <u>Floating Plant Inspection and Certification</u> (19.A.01)				
36. <u>Severe Weather Plan for Marine Activities</u> (19.A.03)				
37. <u>Emergency Plan for Marine Activities</u> (19.A.04)				
38. <u>Man Overboard/Abandon Ship Procedures</u> (19.A.04)				
39. <u>Float Plan for Launches, Motorboats, Skiffs</u> (19.F.04)				
40. <u>Fall Protection and Prevention Plan</u> (21.D)				
41. <u>Demolition/Renovation Plan</u> (to include engineering survey) (23.A)				
42. <u>Rope Access Work Plan</u> (24.H)				
43. <u>Excavation/Trenching Plan</u> (25.A.01)				
44. <u>Fire Prevention and Protection Plan for Underground Construction</u> (26.D.01)				
45. <u>Compressed Air Work Plan for Underground Construction</u> (26.I.01)				
46. <u>Erection and Removal Plan for Formwork and Shoring</u> (27.C)				
47. <u>Precast Concrete Plan</u> (27.D)				

<div>Form A-02</div> <div>U.S. Army Corps of Engineers</div> <div>Accident Prevention Plan Checklist (cont'd)</div>				Date of Inspection	
<p>Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks and compliance plans. Using the EM 385-1-1 as a guide, plans, programs, procedures (assessments and evaluations), may include but not be limited to:</p>					
Item Description	Yes	No	N/A	Remarks (Any NO or N/A item)	
i. Plans (Programs, Procedures) continued.					
48. Lift-slab Plans (27.E)					
49. Masonry Bracing Plan (27.F.01)					
50. Steel Erection Plan (28.B)					
51. Explosives Safety Site Plan (ESSP) (29.A)					
52. Blasting Plan (29.A; 26.J)					
53. Dive Operations Plan (30.A.14, 30.A.16)					
54. Safe Practices Manual for Diving Activities (30.A.15)					
55. Emergency Management Plan for Diving (30.A.18)					
56. Tree Felling/Maintenance Program (31.A.01)					
57. Aircraft/Airfield Construction Safety & Phasing Plan (CSPP) (32.A.02)					
58. Aircraft/Airfield Safety Plan Compliance Document (SPCD) (32.A.02)					
59. Site Safety and Health Plan (HTRW) (33.B)					
60. Confined Space Entry Procedures (34.A.05)					
61. Confined Space Program (34.A.06)					
j. Risk Management Processes (AHAs). Detailed project-specific hazards and controls shall be provided by Activity Hazard Analysis for each activity (DFOW). No work will begin on an activity (DFOW) until the initial AHA has been accepted by the GDA addressing the project-specific hazards. (01.A.14 & 01.A.15) <i>Note: USACE uses the Activity Hazard Analysis (AHA) as part of a total risk management process. Contractors and other individual employer's may use the AHAs or their own version [Job Safety Analyses (JSAs), Job Hazard Analyses (JHAs), or similar Risk Management assessment tools]. These documents are considered equivalent to, and acceptable substitutes for, the USACE's AHA provided the data collected is the same as that required by the AHA.</i>					
Remarks:					

<div><div>Form A-02</div><div>U.S. Army Corps of Engineers</div><div>Accident Prevention Plan Checklist (cont'd)</div></div>	<div>Date of Inspection</div>
<div>Other Remarks:</div>	

CONTRACTOR'S NAME
(Address)

DAILY CONTRACTOR QUALITY CONTROL REPORT

Date: _____ Report No. _____

Contract No. _____

Description and Location of Work: _____

Weather: (Clear) (P. Cloudy) (Cloudy); Temperature: ____ Min. ____ Max; ____

Rainfall _____ inches

Contractor/Subcontractors and Area of Responsibility

1. Work Performed Today: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in table above.)

2. Results of Surveillance: (Include satisfactory work completed, or deficiencies with action to be taken.)

3. Tests required by Plans and/or Specifications Performed and Results of tests:

4. Verbal Instructions Received: (List any instructions given by Government personnel on construction deficiencies, retesting required, etc., with action to be taken.)

5. Remarks: (Cover delays and any conflicts in plans, specifications, or instructions.)

6. Safety Inspection: (Report violations noted; corrective instructions given; and corrective actions taken.)

7. Equipment Data: (Indicate items of construction equipment, other than hand tools, at jobsite, and whether or not used.)

CONTRACTOR'S VERIFICATION: The above report is complete and correct and all material and equipment used and work performed during this reporting period are in compliance with the contract plans and specifications except as noted above.

Contractor's Approved Authorized Representative

WEEKLY TEMPORARY ELECTRICAL INSPECTION

Week ending _____

Contract No. _____

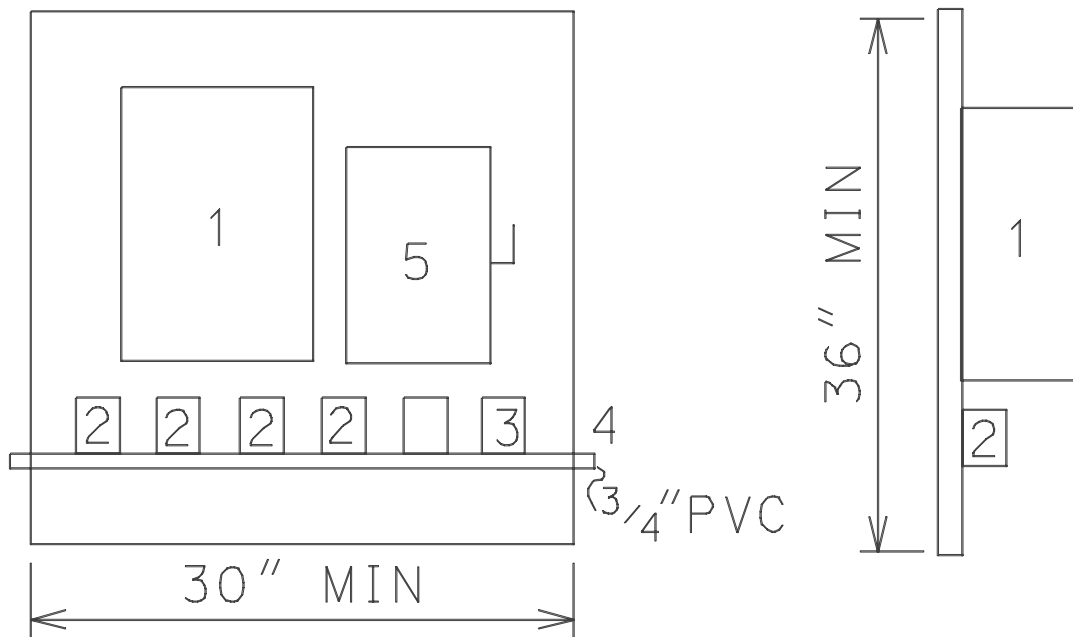
Contract Description _____

The following items were inspected in accordance with requirements in National Electrical Code and Corps of Engineers Safety and Health Requirements Manual, EM 385-1-1.

1. Wire (size, type, condition).
2. Systems and devices (polarity, continuity of ground, resistance to ground).
3. Resistance of ground rods (25 OHMS) measured and recorded.
4. Check GFI for 15/20 amp 120 volt circuits.
5. Plugs and receptacles (type, NEMA rating).
6. Circuit breakers and disconnect (size, type, weatherproof).
7. Extension cords (type, UL listed, insulation condition, splices, location).
8. Open wiring on insulators, nonmetallic sheathed cable, outside clearance (600 volts or less), Festoon lighting (as applicable).

Signature Electrician/Electrical Engineer

MINIMUM STANDARD FOR TEMPORARY ELECTRICAL SERVICE



(DIMENSIONS ARE APPROXIMATE)

A. The backboard for temporary service shall consist of not less than 1/2 inch plywood of exterior grade.

B. Numbers above correspond to the item below:

Item 1 - NEMA 3R circuit breaker type panelboard. This panelboard shall consist of 1 two-pole 60 amp main circuit breaker, 4* one pole 20 AMP branch circuit breakers, and 1* two pole 20 AMP branch circuit breaker. Breakers shall meet Federal Specifications Standards for Class 1A breakers and shall be plug-in type. (*Number of breakers to be adjusted to suit the job requirements.)

Item 2 - Duplex grounding type convenience outlets in standard utility type outlet boxes with covers, meeting the NEC and NEMA requirements for wet locations. Connections to the branch circuit breakers shall be grounded by two conductors #12 NMC cable.

Item 3 - (Optional) A single three-conductor grounding type outlet rated for 250 volt service meeting the NEC and NEMA requirements for wet locations. Connections from this outlet to the two pole breaker shall be by two conductor grounded type NMC cable.

Item 4 - 3/4 inch PVC. This shall be used to support extension cords.

Item 5 - NEMA 3R service disconnect safety switch - 60 amp minimum.

C. The panelboard shall be grounded by #6 copper wire connected to a 3/4 inch by 10-foot long ground rod.

D. Service to the panel shall consist of three copper conductor #6 minimum service entrance cable. This cable may enter the top or side of the panelboard.

E. Periodic inspections of systems and devices will be made by the Contractor at intervals not to exceed 1 week, and a report will be submitted indicating the results.

F. All receptacle outlets that provide temporary electrical power during construction, remodeling, maintenance, repair, or demolition shall have ground-fault circuit-interrupter (GFCI) protection for personnel. GFCI protection shall be provided on all circuits serving portable electric hand tools or semi-portable electric power tools (such as block/brick saws, table saws, air compressors, welding machines, and drill presses). See EM 385-1-1 for exceptions.

G. Per EM 385-1-1 all temporary power distribution systems shall be submitted to the field office before installation.

FOUNDATION DATA

Project Title: _____

FY: _____ L.I. _____

Location: _____

A-E Firm: _____

A-E Phone No. _____

1. The following information is furnished relative to the foundation analysis for the subject project. (A separate CESAS FL 363 shall be completed for each structure involved in the project.)

a. Type of structural system: (Brief Statement)

b. General Scope: _____ feet by _____ feet # of stories _____
(Check applicable blocks below)

☐ Slab-on Grade

Basement Walls:

☐ Crawl Space

☐ (1) Fixed at 1st Floor

☐ Retaining Walls

☐ (2) Fixed at Footings

☐ Areas Recessed below F.F. (Provide with info for Item 2. below)

c. Type of Foundation: (Check applicable blocks and fill in loads)

☐ Mat. Foundation

☐ Approx. Max. Load on Mat. Foundation _____ K/SF

☐ Spread Footings

☐ Approx. Max. Col. Load _____ Kips

☐ Wall Footings

☐ Approx. Max. Wall Load _____ K/ft.

☐ Foundation Walls

☐ Grade Beams

☐ Rolled Edge Slab

☐ Combined Footings (See Item 2. below)

☐ Piles

☐ Underpinning (See Item 2. below)

d. Other:

Pre-Engineered Building: Yes _____ No _____

Basement and/or Crawl Space Elevation: _____ MSL

Finished Floor Elevation: _____ MSL

FOUNDATION DATA

2. Specific information and details pertinent to the foundation analysis are attached to this form.
3. Attached is one reproducible copy (Sepia or Cronaflex) of the detail site plan and a plan showing the location of columns and walls. (If the maximum column load exceeds 100 Kips or the maximum wall load exceeds 3 K/ft., the individual load, dead and live, for each footing shall be provided on the location plan of columns and walls.)
4. Boring locations will be determined by Savannah District personnel.

AE Representative

Date

ACTIVITY HAZARD ANALYSIS

1. Phase of Construction		
2. Location	3. Contract No.	4. Project
5. Prime Contractor	6. Date of Preparatory	7. Estimated Start Date
Potential Safety Hazard	Procedure to Control Hazard	
8. Contractor's Representative (signature)	9.	

REPORTING OF SAFETY MEETING _____ (INSTALLATION, FIELD OFFICE, JOB, ETC.)	
THRU EN CD OP RE TO SO	FROM:
DATE: _____ TIME: _____ (A.M./P.M.) NO. EMPLOYEES PRESENT _____ DURATION: _____	
Old Business: (Review report of last meeting. Follow up on action taken or anticipated to correct any safety deficiencies brought up at last meeting. Discuss any unfinished business.)	
New Business: (Discuss any unsafe acts or conditions observed since last safety meeting and any mishaps or injuries which occurred during the week.)	
Safety Presentation: (Safety talk, movie, or slide presentation on subject that is relevant to operation at hand.)	
DATE AND TIME OF NEXT MEETING _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"></div> <div style="width: 30%; text-align: center;"> _____ (Signature and Title) </div> <div style="width: 30%;"></div> </div>	

COST ESTIMATE ANALYSIS						INVITATION/CONTRACTOR		EFFECTIVE PRICING DATE		DATE PREPARED			
PROJECT						CODE (Check one) ___A ___B ___C		DRAWING NO.		SHEET OF SHEETS			
LOCATION						___Other _____		ESTIMATOR		CHECKED BY			
TASK DESCRIPTION	QUANTITY		LABOR				EQUIPMENT		MATERIAL		TOTAL	SHIPPING	
	# OF UNITS	UNIT AREAS	MIN UNIT	TOTAL HRS	UNIT PRICE	COST	UNIT PRICE	COST	UNIT PRICE	COST		UNIT WT	TOTAL WT
TOTAL THIS SHEET													

TRANSFER AND ACCEPTANCE OF DoD REAL PROPERTY

Form Approved
OMB No. 0704-0188

PAGE OF PAGES

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. FROM (Organization Name)					2. DATE PREPARED (YYYYMMDD)		3. PROJECT/JOB NUMBER		4. SERIAL NUMBER		8. TRANSACTION DETAILS				
5. TO (Organization - Installation Code and Name)					6. RPSUID/SITENAME/ INSTCODE/INSTNAME		7. CONTRACT NUMBER(S)		7a. PLACED-IN-SERVICE DATE (YYYYMMDD)		a. METHOD (X all that apply)			b. WHEN/EVENT (X one)	
											<input type="checkbox"/> ACQUISITION BY CONSTRUCTION <input type="checkbox"/> TRANSFER BETWEEN SERVICES <input type="checkbox"/> CAPITAL IMPROVEMENT <input type="checkbox"/> INVENTORY ADJUSTMENT			<input type="checkbox"/> TOTAL ASSET PLACED-IN-SERVICE <input type="checkbox"/> PARTIAL ASSET PLACED-IN-SERVICE	
											c. TYPE (X one)				
											<input type="checkbox"/> DRAFT <input type="checkbox"/> FINAL <input type="checkbox"/> INTERIM				
9. ITEM NO.	10a. FACILITY NO.	10b. RPUID	11. CATEGORY CODE	12. CATCODE DESCRIPTION	13. TYPE CODE	14. SUST. CODE	AREA		OTHER		19. COST	20. FUND SOURCE	21. FUND ORG	22. INTER-EST CODE	23. ITEM REMARKS
							15. PRIMARY UM	16. PRIMARY UM QUANTITY	17. SECONDARY UM	18. SECONDARY UM QUANTITY					
24. STATEMENT OF COMPLETION. The facilities listed hereon are in accordance with maps, drawings, and specifications and change orders approved by the authorized representative of the using agency except for the deficiencies listed on the reverse side.										25a. ACCEPTED BY (Typed Name and Signature)					b. DATE SIGNED (YYYYMMDD)
a. TRANSFERRED BY (Typed Name and Signature)						b. DATE SIGNED (YYYYMMDD)				c. TITLE (DPW/RPAO)					26. PROPERTY VOUCHER NUMBER
c. TITLE (Area Engr./Base Engr./DPW/Construction Agent)															

27. CONSTRUCTION DEFICIENCIES (Attach blank sheet for continuations)

28. PROJECT REMARKS (Attach blank sheet for continuations)

INSTRUCTIONS

GENERAL. This form has been designed and issued for use in connection with the transfer of military real property between the military departments and to or from other government agencies. It supersedes ENG Forms 290 and 290B (formerly used by the Army and Air Force) and NAVDOCKS Form 2317 (formerly used by the Navy).

Existing instructions issued by the military departments relative to the preparation of DD Form 1354 are applicable to this revised form to the extent that the various items and columns on the superseded forms have been retained. The military departments may promulgate additional instructions, as appropriate.

For detailed instructions on how to fill out this form, please refer to Unified Facilities Criteria (UFC) 1-300-08, dated 16 April 2009 or later.

SPECIFIC DATA ITEMS.

1. From. Name of the transferring agency.

2. Date Prepared. Date of actual preparation. Enter all dates in YYYYMMDD format (Example: March 31, 2010 = 20100331).

3. Project/Job Number. Project number on a DD Form 1391 or Individual Job Order Number.

4. Serial Number. Sequential serial number assigned by the preparing organization (e.g., 2010-0001).

5. To. Name and address of the receiving installation, activity, and Service of the Real Property Accountable Officer (RPAO).

6. RPSUID/SITENAME/INSTCODE/INSTNAME. Site Unique Identifier and name or installation code and name where the constructed facility is located.

7. Contract Number(s). Contract number(s) for this project.

7a. Placed-In-Service Date. RPA Placed In Service Date. This is the date the asset is actually placed-in-service.

8. Transaction Details.

- a. Method of Transaction. Mark (X) as many boxes as apply.
- b. When/Event. When or event causing preparation of DD Form 1354. X only one box.
- c. Type. Draft, interim, or final DD Form 1354. X only one box.

9. Item Number. Use a separate item number for each facility, no item number for additional usages.

10a. Facility Number. Assigned in accordance with the Installation/Base Master Numbering Plan.

10b. RPUID. Identified in Real Property Inventory.

11. Category Code. The category code describes the facility usage.

12. Catcode Description. The category code name which describes the facility usage.

13. Type. Type of construction: P for Permanent; S for Semi- permanent; T for Temporary.

14. Sustainability Code. Reports whether or not an asset meets the sustainability guidelines set forth in Section 2(g) of Executive Order 13514. Valid values are: 1 (asset meets the guidelines); 2 (asset does not meet the guidelines); 3 (asset not evaluated); 4 (asset not subject to guidelines).

15. Area: UM 1. Area unit of measure; use the unit of measure associated with the category code selected in 11.

16. Total Quantity UM 1. The total area for the measure identified in Item 15. Use negative numbers for demolition.

17. Other: UM 2. Unit of Measure 2 is the capacity or other measurement unit (e.g., LF, MB, EA, etc.).

18. Total Quantity UM 2. The total capacity/other for the measure identified in Item 17.

19. Cost. Cost for each facility; for capital improvements to existing facilities, show amount of increase only. If there is no increase for the capital improvement, enter N/A.

20. Fund Source. Enter the Fund Source Code for this item.

21. Funding Organization. Enter the code for the organization responsible for acquiring this facility.

22. Interest Code. Enter the code that reflects government interest or ownership in the facility.

23. Item Remarks. Remarks pertaining only to the item number identified in Item 9; show cost sharing.

24. Statement of Completion. Typed name, signature, title, and date of signature by the responsible transferring individual or agent.

25. Accepted By. Typed name, signature, title, and date of signature by the RPAO or accepting official.

26. Property Voucher Number. Next sequential number assigned by the RPAO in voucher register.

27. Construction Deficiencies. List construction deficiencies in project during contractor turnover inspection.

28. Project Remarks. Project level remarks and continuation of blocks.

1354 CHECKLIST for Project Closeout

PROJECT NUMBER: _____

BUILDING NUMBER: _____

DESCRIPTION OF PROJECT: _____

Describe description of work; i.e., New Construction, Addition, Modification, Renovation, etc...

DRAWING NUMBER : _____

TOTAL COST OF BUILDING: _____ (Cost of building only, sometimes does not include the cost of systems or plants. Costs of installed equipment such as water coolers, urinals, etc. is included in the cost of the building)

DEMOLITION COSTS: _____ (if any)

ACTUAL PROJECT COMPLETION DATE: _____

CECMC PROJECT CLOSEOUT DATE: _____

CATEGORY CODES	NOMENCLATURE	TOTAL COST	TOTAL SF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Main Line Item Category Codes (A or B) may need clarification or approval sometimes by Real Property if there is a question as to the best definition of a facilities actual use. The CECB Programmer should be inputting the Main Category code prior to initiating an AFF 1391.

NUMBER OF FLOORS: _____

OUTSIDE DIMENSIONS: (from outside wall to outside wall) _____

Main building	SF	_____
Wings	SF	_____
Offsets	SF	_____

CONSTRUCTION MATERIAL:

Foundations (such as concrete)	TYPE	_____
Floors (such as wood, concrete)	TYPE	_____
Walls (such as wood siding)	TYPE	_____
Roof (such as built-up, shingle)	TYPE	_____

UTILITIES ENTERING BUILDING from STREET:

Water Line (size of pipe ex: 1½", 2", 3 ½")	SIZE	_____	LF	_____
Gas Line (size of pipe)	SIZE	_____	LF	_____
Sewer Line (size of pipe)	SIZE	_____	LF	_____
Electrical Service (phase, # wires, voltage, amperage capacity)	SIZE	_____	LF	_____

PLANT SYTEMS - AIR CONDITIONING

Category Code	Nomenclature	Unit of Measure	Amount	Cost	Description
890-126	A/C Window Units	TN			
		SF			
890-125	A/C System less than 5 Ton	TN			
		SF			
890-121	A/C System 5 to 25 ton	TN			
826-122	A/C System (Plant) 25 to 100 ton	TN			
826-123	A/C System (Plant) Over 100 ton	TN			
826-234	A/C System from Central Plant	TN			

NOTE: Choose, which ever best applies. Include actual tonnage for each unit separately.

PLANT SYTEMS - HEATING

Category Code	Nomenclature	Unit of Measure	Amount	Cost	Description
821-113	Heating from a Central Plant	MB			
821-115	Heating Plant 750-500 M Btu	MB			
821-116	Heating Plant Over 3500 M Btu	MB			

NOTE: Heating Plants under 750 MB don't need to be broken out as a plant on the DD Form 1354, but do need to be annotated on the Real Property Installed Equipment (RPIE) list. Related equipment such as boilers, hot water pumps, fans, etc., should be reflected in the cost for the plant on the DD Form 1354. See the last page for definition of RPIE and a short listing of RPIE items (not all-inclusive).

ELECTRICAL SYSTEMS:

135-583	Telephone Duct Facility	LF			
135-586	Telephone Pole	LF			
811-147	Emergency Electric Power Generation Plant	kW			
		GA			
		Type FUEL			
812-223	Primary Overhead Electrical Distribution Line	LF			
	Transformers	KVA			
	Power Poles	LF			
812-224	Secondary Overhead Electrical Distribution Line	LF			
812-225	Primary Underground Electrical Distribution Line	LF			
812-226	Secondary Underground Electrical Distribution Line	LF			

812-926	Exterior Area Lighting (Street, Parking Area, Safety and Security Lighting) list type, mercury vapor, metal halide, high pressure, low pressure	EA	_____	_____	_____
812-928	Traffic Lights	EA	_____	_____	_____
890-181	Utility Line Duct	LF	_____	_____	_____
890-187	Utility Vault - Four or More Transformers	SF	_____	_____	_____

FIRE PROTECTION:

Category Code	Nomenclature	Unit of Measure	Amount	Cost	Description
843-314	Fire Protection Water Main	LF	_____	_____	_____
843-315	Fire Hydrants	EA	_____	_____	_____
880-211	Closed Head Automatic Sprinklers	SF HD	_____ _____	_____ _____	_____ _____
880-212	Open Head Deluge System (normally found only in aircraft hangers)	SF HD	_____ _____	_____ _____	_____ _____
880-221	Automatic Fire Detection System (fire alarm control panels with associated equip - strobes, lights, bells, heat detectors and pull boxes)	SF EA	_____ _____	_____ _____	_____ _____
880-222	Manual Fire Alarm System - pull boxes only	EA	_____	_____	_____
880-231	CO ₂ Fire Suppression System	EA	_____	_____	_____
880-232	Foam Fire Suppression System	EA	_____	_____	_____
880-234	Halon 1301 Fire Suppression System	EA	_____	_____	_____
880-233	Other Fire System	EA	_____	_____	_____

Choose whichever applies.

SECURITY:

Category Code	Nomenclature	Unit of Measure	Amount	Cost	Description
872-841	Security Alarm System	EA	_____	_____	_____
872-247	Fence Security/Vehicle Barriers	LF/LM	_____	_____	_____
872-248	Fence Interior	LF/LM	_____	_____	_____
872-845	Security Alarm System	EA	_____	_____	_____

FACILITY INFRASTRUCTURE:

Category Code	Nomenclature	Unit of Measure	Amount	Cost	Description
824-464	Gas Lines (piping) list size and type (plastic, steel) in description block	LF	_____	_____	_____
831-169	Sewage Septic Tank - tank size	KG	_____	_____	_____
832-266	Sanitary Sewer - list size line and type material	LF	_____	_____	_____

842-245	Water Distribution Mains - list size and type	LF	_____	_____	_____
851-143	Curbs & Gutters	LF	_____	_____	_____
851-145	Driveway - list type, Asphalt, Concrete, Gravel	SY	_____	_____	_____
851-147	Road - list type, Asphalt, Concrete, Gravel	SY	_____	_____	_____
		LF	_____	_____	_____
852-261	Vehicle Parking, Operations	SY	_____	_____	_____
852-262	Vehicle Parking, Non-Org	SY	_____	_____	_____
852-289	Sidewalk - list thickness and type of material	SY	_____	_____	_____
871-183	Storm Drain	LF	_____	_____	_____
872-245	Fence, Boundary	LF	_____	_____	_____
872-247	Fence, Security	LF	_____	_____	_____
872-248	Fence, Interior	LF	_____	_____	_____
890-269	Cathodic Protection System	EA	_____	_____	_____

NOTE: Generally, this 1354 Checklist for Category Codes to identify a Facility Infrastructure will suffice without have to reference the entire AF Category Codebook. However sometimes you will have to consult the AF Category Codebook or Real Property office for assistance.

ITEMS OFTEN FOUND IN SPECIALIZED FACILITIES

(Special Purpose)

INDUSTRIAL SHOP AREAS:

Category Code	Item	UM	Amount	Cost	Description
RPIE	Air Compressors	HP	_____	_____	_____
RPIE	Hoists, Cranes-Fixed	TN	_____	_____	_____
RPIE	Hydraulic Lifts	TN	_____	_____	_____
RPIE	Emergency Shower	EA	_____	_____	_____
?	Fixed Spray Paint Booth	SF	_____	_____	_____
890-158	Loading and Unloading Platform	SF	_____	_____	_____
832-255	Industrial Waste Main	LF	_____	_____	_____
890-144	Compressed Air Distribution	LF	_____	_____	_____

NOTE: Identify RPIE. Size, Amount or unit of measure (there is No Category Code for RPIE items).

CHAPEL:

Category Code	Item	UM	Amount	Description
RPIE	Pews	EA	_____	_____
RPIE	Altars	EA	_____	_____
RPIE	Lecterns	EA	_____	_____
RPIE	Pulpit	EA	_____	_____

THEATER:

Category Code	Item	UM	Amount	Description
RPIE	Theater Seats Secured to Floor	EA	_____	_____

RPIE	Stage and Auditorium Curtains	EA	_____	_____
------	-------------------------------	----	-------	-------

BILLETING /TLF/VOQ:

Category Code	Item	UM	Amount	Description
RPIE	Built-in Household Dishwasher	EA	_____	_____
RPIE	Garbage Disposal	EA	_____	_____
RPIE	Range Hood with Exhaust Fan	EA	_____	_____
RPIE	Water Softener (house hold type)	EA	_____	_____

MWR FACILITIES:

Category Code	Item	UM	Amount	Description
RPIE	Dishwashers (built-in)	EA	_____	_____
RPIE	Walk-in Refrigerators (built-in)	EA	_____	_____
RPIE	Garbage Disposal Unit	EA	_____	_____
RPIE	Range Hood with Exhaust Fan	EA	_____	_____
RPIE	PA Systems (built-in)	EA	_____	_____
RPIE	Vault (built-in)	EA	_____	_____
RPIE	Stage and Auditorium Curtains	EA	_____	_____
RPIE	Playground Equipment (permanently affixed)	EA	_____	_____
RPIE	Bowling Alley Lanes, Approaches, Ball Returns	EA	_____	_____
890-158	Loading and Unloading Platform	SF	_____	_____

Post Office:

Category Code	Item	UM	Amount	Description
RPIE	Post Office Lock Boxes	EA	_____	_____

ADDITION or ALTERATION to a FACILITY:
--

Item	Yes	No
a. Outside dimensions of addition	_____	_____
b. Foundation	_____	_____
c. Floors	_____	_____
d. Walls	_____	_____
e. Roof	_____	_____
f. Utility plants or systems added, replaced, or removed	_____	_____
g. Real property installed equipment removed, added, or replaced	_____	_____
h. Demolition costs	_____	_____
i. Addition or deletion of related facilities	_____	_____

- j. Addition or deletion of porches, sheds, balconies, mezzanines, etc. _____
- k. **Real property installed equipment (RIPE) removed, installed, or replaced with a larger or smaller unit** _____

NOTE: Whenever a project calls for an Addition to an Existing Building or Facility. Use the 1354 checklist above paying close attention to f, g, h, and k.

REAL PROPERTY INSTALLED EQUIPMENT: are those items of government-owned or leased accessory equipment apparatus and fixtures that are essential to the function of the real property and are permanently attached to, integrated into or are on government owned or leased property.

NOTE: RIPE cannot be on an organizational account known as the TA (Table of Allowance) for it to be a RIPE item i.e., an authorized dishwasher (clipper) in the Dining Facility should be on their organizational Table of Allowances and cannot be a RIPE item. However a dishwasher in the housing area, or billeting is definitely a RIPE item. The difference is the Dining Facility is authorized a dishwasher on their TA therefore it cannot be RIPE.

Item	UM/Size	Amount	Description
Commode			
Dehumidifiers			
Elevators			
Evaporative Coolers	CFM		
Exhaust Fan			
Forced Air Heating			
Heating Plant Under 750 MB	MB		
Hot Water Heater	GAL		
Lavatory			
Other Heating			
Refrigerated Drinking Fountain			
Theater-type Seats Secured to Floor			
Urinal			
Utility Sink			

Examples of NON-RIPE Items:

Note: Not All-Inclusive

Air Dryers/Compressors supporting communication lines	Portable Buildings, Air Conditioners, Water Chillers
Bicycle Storage Lockers/Metal Lockers (removable)	Projection Screens
Compressed Natural Gas Dispensing Systems	Sawdust Collectors
Emergency Power Systems (EPS)	Stationary Acetylene Generators
HEMP/TEMPEST shielding equipment	Systems Furniture
Ice-Making Machines	Venetian Blinds
Intercom Equipment	Walk-In Coolers (if free standing)
Prewired Workstations	Window Shades
Power Conditioning Continuation Interfacing Equipment (PCCIE) – this includes Uninterruptible Power Supply (UPS)	Compressed Air System and Water Cooling/Recycling System
Public Address System	Satellite Cable Television Antennas

PEST MANAGEMENT REPORT

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1. MAJOR OR REVIEWING COMMAND										2. REPORTING INSTALLATION										Form Approved OMB No. 0704-0188	
a. NAME					b. ADDRESS					a. NAME					b. ADDRESS					REPORT CONTROL SYMBOL	
TARGET PEST		OPERATION				PESTICIDE				TIME											
NO.	Name (a) 13 - 15	Name (b) 17 - 19	Total Units Treated (c) 20 - 24	Unit (d) 25 - 27	Site (e) 28 - 30	Name (f) 31 - 33	Form (g) 34 - 36	Amount (h) 37 - 41	Unit (i) 42 - 43	Final Conc. % (j) 44 - 49	Rate (Per Area Unit) Lbs. (k) 50 - 55	% (l) 56 - 58	SUPPLY SOURCE Enter S, N, G, C (m) 69 - 71	Hours (n) 69 - 71							
1																					
2																					
3																					
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TARGET PEST			OPERATION					PESTICIDE					TIME	
No.	Name (a) 13 - 15	Name (b) 17 - 19	Total Units Treated (c) 20 - 24	Unit (d) 25 - 27	Site (e) 28 - 30	Name (f) 31 - 33	Form (g) 34 - 36	APPLICATION		Final Conc. % (h) 44 - 49	RATE (Per Area Unit)		SUPPLY SOURCE Enter S.N.G.C. (m) 68	Hours (n) 69 - 71
								Amount (b) 37 - 41	Unit (i) 42 - 43		Lbs. (k) 50 - 55	% (l) 56 - 58		
18														
19														
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3. REMARKS														
<p>INSTRUCTIONS FOR USE</p> <p>1. Detailed instructions of the implementing department directive shall be used in the preparation of this report.</p> <p>2. Military installations shall prepare this report by the 15th day after the end of each month. The report shall be prepared and signed by the DOD certified pest management supervisor, applicator or inspector and by the installation engineer.</p> <p>3. Three copies shall be signed and distributed as follows: a. Copy No. 1. To the appropriate pest management professional in accordance with implementing department directives for technical review. b. Copy No. 2. Record to the installation surgeon. c. Copy No. 3. Record copy to the installations engineer for two year retention in accordance with Public Law 92-515.</p>														
<p>4. INSTALLATION ENGINEER (Reviewing Officer)</p> <p>a. TYPED NAME _____ c. DATE (YYYYMMDD) _____</p> <p>b. SIGNATURE _____</p> <p>5. INSTALLATION CERTIFIED PEST MANAGEMENT SUPERVISOR, APPLICATOR, OR INSPECTOR</p> <p>a. TYPED NAME _____ c. DATE (YYYYMMDD) _____</p> <p>b. SIGNATURE _____</p>														

BUILDING/AREA					SIZE	TYPE OF CONSTRUCTION	USE DESIGNATION				Labor Time	Applicator Initials
Date	Units Serviced	Work Origin	Unit of Measure	Target Pest	Control Operation	If Pesticide is Used						
						Name	EPA Reg	% Conc	Amount			

Form Approved. OMB No. 0704-0188

REPORT CONTROL SYMBOL:

PEST MANAGEMENT MAINTENANCE RECORD

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

MEASUREMENT UNITS

MSF = 1,000 square feet

MCF = 1,000 cubic feet

LFF = Linear feet

AC = Acres

ORIGIN OF WORK

SW = Scheduled work

WR = Work request

SC = Service or trouble call

R = Routine inspection

TYPE OF CONSTRUCTION

CO = Concrete

BL = Block

BV = Brick veneer

ST = Steel, sheet metal

WO = Wood

OT = Other

DD FORM 1532-1, AUG 96

Adobe Professional 7.0

Date	Units Serviced	Work Origin	Unit of Measure	Target Pest	Control Operation	If Pesticide is Used				Labor Time	Appli- cator Initials
						Name	EPA Reg	% Conc	Amount		

REMARKS



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				(1) NOT VALID FOR EMPLOYMENT
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		4. Voter's registration card		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		5. U.S. Military card or draft record		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		6. Military dependent's ID card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
		8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		9. Driver's license issued by a Canadian government authority		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
				8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

FORM 16-1**Certificate of Compliance for LHE and Rigging**

This form is applicable to all Contractor Load Handling Equipment (LHE) and Rigging Gear being brought onto the project site and applies to all cranes, derricks and any other hoisting equipment used to lift suspended loads.

This certificate shall be signed by an official of the company that provides LHE/cranes and rigging gear for any application under this contract.

Contracting Officer's Point of Contact:
(Government Designated Representative)

Phone #:

Prime Contractor/Phone #:

Contract Number:

SSHO/QC:

Phone #:

LHE Manufacturer/Type/Capacity:

LHE Operator(s) Name(s):

I certify that:

1. The above noted LHE and all rigging gear conform to the EM 385-1-1, applicable OSHA regulations (host country regulations in foreign countries) and applicable ASME standards.
2. The operator(s) noted above has been trained, qualified and designated in accordance with the requirements in Section 16, EM 385-1-1 for the operation of the above noted LHE.
3. The operator(s) noted above has been trained not to bypass safety devices during LHE operations.
4. The operator(s), rigger(s) and company official (staff) are aware that immediate notification to the GDA of any incident or accident involving this equipment is required.

Company Official Signature:

Date:

Company Official Name/Title:

Post on Crane/LHE.

(In Cab and Contractor's Office for each LHE brought onto USACE Project/Property)

Reset Form

FORM 16-2

Standard Pre-Lift Plan (LHE)/Checklist

Date: _____ Job #: _____ Location: _____

Time: _____ Completed By (Competent Person): _____

Note: Applies to Cranes, Derricks, Hoists and Power-Operated equipment that can be used to hoist, lower and/or horizontally move a suspended load (includes excavators, forklifts, Rough Terrain equipment, etc., when used with rigging).

Crane Considerations		Yes	No
1	Are the lifts within the crane's rated capacities? (based on boom height, radius)	<input type="checkbox"/>	<input type="checkbox"/>
2	Boom deflections considered?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have all potential crane boom obstructions been identified?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have environmental considerations been addressed? (wind, weather, lightning)	<input type="checkbox"/>	<input type="checkbox"/>
5	Have electrical hazards been addressed (overhead /underground)	<input type="checkbox"/>	<input type="checkbox"/>
	- Clearance distances established?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is a spotter required?	<input type="checkbox"/>	<input type="checkbox"/>
	- Public Utility contact required?	<input type="checkbox"/>	<input type="checkbox"/>
6	Crane swing radius properly barricaded and personnel advised of hazards?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Crane Considerations		Yes	No
1	Weights and Centers of Gravity (COG) have been determined?	<input type="checkbox"/>	<input type="checkbox"/>
2	Anything inside/outside the loads that could shift during the lift?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does rigging need protection from the loads?	<input type="checkbox"/>	<input type="checkbox"/>
4	All anchor bolts, hold-downs, or fasteners have been removed?	<input type="checkbox"/>	<input type="checkbox"/>
5	Potential for binding: are load cells required to verify the loads are free?	<input type="checkbox"/>	<input type="checkbox"/>
6	Attachment points rated to take load weight?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are the loads structurally capable of being lifted? (bending/twisting issues)	<input type="checkbox"/>	<input type="checkbox"/>
8	Is a Critical Lift Plan required per EM 385-1-1, Section 16.H?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Rigging		Yes	No
1	All rigging has been inspected by a Qualified Rigger?		
2	Have sling angles been calculated?		
3	Are shackles correctly sized for the sling eyes?		
4	Are softeners needed?		
Comments:			
Personnel		Yes	No
1	The roles, responsibilities and qualifications for personnel have been defined? (Operator, Lift Supervisor, Rigger, Signal Person)		
2	A Pre-Lift meeting has been conducted?		
3	Personnel trained per the EM?		
Comments:			
Area Preparation		Yes	No
1	The locations for the load landings has been selected and prepared?		
2	Blocking and/or cribbing available to set the loads on?		
3	Travel paths have been determined and cordoned off?		
4	Other personnel in the area have been notified of the lifts?		
5	Have ground bearing support questions been addressed?		
Comments:			

Crane Operator: _____

Date: _____

Rigger(s): _____

Date: _____

Signal Person: _____

Date: _____

Other: _____

Date: _____

FORM 16-3

Critical Lift Plan

U.S. Army Corps of Engineers CRITICAL LIFT PLAN For use of this form, see EM 385-1-1, Section 16. Proponent agency is Crane HHWG.																																																																																																
Date: _____		Prepared By: _____																																																																																														
Location: _____		USACE District: _____																																																																																														
<p><i>A "critical lift" can be defined as any non-routine crane lift requiring detailed planning and additional or unusual safety precautions. Critical lifts include lifts made where the load weight is greater than 75% of the rated capacity of the crane; lifts which require the load to be lifted, swung or placed out of the operator's view (except Change 6 exemption); lifts made with more than one crane; lifts involving non-routine or technically difficult rigging arrangement; hoisting personnel with a</i></p>																																																																																																
A. TOTAL LOAD <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">1. Load Weight</td><td style="width: 20%; border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>2. Wt. of Aux. Block</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>3. Wt. of Main Block</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>4. Wt. of Lifting Beam</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>5. Wt. of Sling/Shackles</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>6. Wt. of Jib/Ext. (erected/stowed)</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>7. Wt. of Hoist Rope</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr><td>8. Other:</td><td style="border: 1px solid black;"></td><td style="text-align: right;">lbs</td></tr> <tr> <td style="text-align: right;">TOTAL WEIGHT</td> <td style="border: 1px solid black;"></td> <td></td> </tr> </table> <p><small>Note: Source of load weight (Drawings, Calcs, etc.) must be attached on Page 2.</small></p>		1. Load Weight		lbs	2. Wt. of Aux. Block		lbs	3. Wt. of Main Block		lbs	4. Wt. of Lifting Beam		lbs	5. Wt. of Sling/Shackles		lbs	6. Wt. of Jib/Ext. (erected/stowed)		lbs	7. Wt. of Hoist Rope		lbs	8. Other:		lbs	TOTAL WEIGHT			E. CRANE PLACEMENT (Mobile Cranes Only) 1. Maximum Bearing Pressure _____ PSF <small>Note: Bearing Pressure Calculations must be attached on Page 3.</small> 2. Ground Conditions Suitable for Load? _____ YES / NO <small>Note: Ground Condition Calculations must be attached on Page 3.</small> 3. High Voltage or Electrical Hazards? _____ YES / NO <small>Note: If Electrical Hazards are present they must be shown on Page 4.</small> 4. Obstructions to Lift or Swing? _____ YES / NO <small>Note: If Obstructions are present they must be shown on Page 4.</small> 5. Travel with Load Required? _____ YES / NO 6. Other? _____																																																																			
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B. CRANE 1. Type of Crane <u>Mobile Hydraulic Truck</u> 2. Maximum Crane Capacity _____ lbs. 3. Radius (Maximum) _____ ft. 4. Radius (Minimum) _____ ft. 5. Boom Length (Maximum) _____ ft. 6. Boom Length (Minimum) _____ ft. 7. Crane Capacity (Max Radius) _____ lbs. 8. Crane Capacity (Min Radius) _____ lbs. 9. Boom Angle (Maximum) _____ deg. 10. Boom Angle (Minimum) _____ deg. 11. Gross Load of Crane _____ lbs. 12. Lift is _____ % of the Crane's rated capacity 13. If Jib/Ext. is to be used: Length _____ ft. Offset _____ ft. 14. Rated Capacity of Jib/Ext. _____ lbs.		F. OPERATOR QUALIFICATIONS 1. Certified Operator? _____ YES / NO 2. Option? _____ 3. Certified for Type, Class & Capacity? _____ YES / NO 4. Designated in writing by emp. _____																																																																																														
C. HOIST ROPE <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Main</th> <th style="width: 20%; text-align: center;">Aux 1</th> <th style="width: 20%; text-align: center;">Aux 2</th> <th style="width: 20%;"></th> </tr> <tr> <td>1. # of Parts</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Rope Diameter</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Capacity</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Main	Aux 1	Aux 2		1. # of Parts					2. Rope Diameter					3. Capacity					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">(YES)</th> <th style="width: 10%; text-align: center;">N/A</th> <th style="width: 20%; text-align: center;">(NO)</th> </tr> </thead> <tbody> <tr><td>G. PRE-LIFT CHECKLIST</td><td></td><td></td><td></td></tr> <tr><td>1. Crane Inspected</td><td></td><td></td><td></td></tr> <tr><td>2. Rigging Inspected</td><td></td><td></td><td></td></tr> <tr><td>3. Crane Set-up</td><td></td><td></td><td></td></tr> <tr><td>4. Overhead Hazard Check</td><td></td><td></td><td></td></tr> <tr><td>5. Swing Check</td><td></td><td></td><td></td></tr> <tr><td>6. Counterweight Check</td><td></td><td></td><td></td></tr> <tr><td>7. Operator Qualifications</td><td></td><td></td><td></td></tr> <tr><td>8. Signal Person Qualifications</td><td></td><td></td><td></td></tr> <tr><td>9. Rigger Qualifications</td><td></td><td></td><td></td></tr> <tr><td>10. Load Chart in Crane</td><td></td><td></td><td></td></tr> <tr><td>11. Load Test</td><td></td><td></td><td></td></tr> <tr><td>12. Tag Lines</td><td></td><td></td><td></td></tr> <tr><td>13. Wind Conditions</td><td></td><td></td><td></td></tr> <tr><td>14. Traffic Hazard Check</td><td></td><td></td><td></td></tr> <tr><td>15. Site Control</td><td></td><td></td><td></td></tr> <tr><td>16. Signatures</td><td></td><td></td><td></td></tr> </tbody> </table>				(YES)	N/A	(NO)	G. PRE-LIFT CHECKLIST				1. Crane Inspected				2. Rigging Inspected				3. Crane Set-up				4. Overhead Hazard Check				5. Swing Check				6. Counterweight Check				7. Operator Qualifications				8. Signal Person Qualifications				9. Rigger Qualifications				10. Load Chart in Crane				11. Load Test				12. Tag Lines				13. Wind Conditions				14. Traffic Hazard Check				15. Site Control				16. Signatures			
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D. RIGGING 1. Hitch Type(s) _____ 2. No. of Slings: _____ Size: _____ 3. Sling Type: _____ 4. Sling Assembly Capacity: _____ lbs. 5. Shackle Size(s): _____ 6. Shackle Rated Capacity(s) _____ lbs.		H. SIGNATURES 1. Crane Operator _____ 2. Rigger _____ 3. Signal Person _____ 4. Lift Supervisor _____ 5. Other _____ 6. Other _____																																																																																														

U.S. Army Corps of Engineers
CRITICAL LIFT PLAN
 For use of this form, see EM 385-1-1, Section 16. Proponent agency is Crane HHWG.

U.S. Army Corps of Engineers
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LOAD CALCULATIONS

Show here or attach calculations, drawings, etc.														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

U.S. Army Corps of Engineers

CRITICAL LIFT PLAN

For use of this form, see EM 385-1-1, Section 16. Proponent agency is Crane HHWG.

BEARING PRESSURES & GROUND CONDITIONS

Show here or attach calculations, drawings, etc.

A large grid area for calculations and drawings, consisting of 20 columns and 30 rows of squares.

U.S. Army Corps of Engineers
CRITICAL LIFT PLAN

For use of this form, see EM 385-1-1, Section 16. Proponent agency is Crane HHWG.

LOAD CHART

Show here or attach load chart

CRITICAL LIFT PLAN

For use of this form, see EM 385-1-1, Section 16. Proponent agency is Crane HHWG.

OPERATOR, RIGGER, SINGAL PERSON QUALIFICATIONS

Show here or attach operator qualifications

Show here or attach operator qualifications

U.S. Army Corps of Engineers

CRITICAL LIFT PLAN

For use of this form, see EM 385-1-1, Section 16. Proponent agency is Crane HHWG.

SITE PLAN

Show here or attach site plan and sequencing

CONSTRUCTION PROGRESS CHART <small>(EP 414-1-240)</small>														REQUIREMENTS CONTROL SYMBOL						
1. CONTRACTOR		2. PROJECT		3. CONTRACT DESCRIPTION				6. SUBMITTED FOR APPROVAL		DATE		LEGEND BARS: Scheduled progress to date of report 0 5 10 Actual progress CURVES: Scheduled progress _____ Actual progress _____								
								7. APPROVAL RECOMMENDED		DATE										
3. CONTRACT NUMBER		4. LOCATION						8. APPROVED		DATE										
PRINCIPAL CONTRACT FEATURE		LINE ITEM	WT	ESTIMATED COST																
					SCHED. ACTUAL															100
																				90
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																				100

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE <small>For use of this form, see ER 415-1-10; the proponent agency is CECW-CE.</small>				DATE	TRANSMITTAL NO.			
SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS (This section will be initiated by the contractor)								
TO:		FROM:		CONTRACT NO.				
				CHECK ONE: <input type="checkbox"/> THIS IS A NEW TRANSMITTAL <input type="checkbox"/> THIS IS A RESUBMITTAL OF TRANSMITTAL _____				
SPECIFICATION SEC. NO. (Cover only one section with each transmittal)		PROJECT TITLE AND LOCATION		THIS TRANSMITTAL IS FOR: (Check one) <input type="checkbox"/> FIO <input type="checkbox"/> GA <input type="checkbox"/> DA <input type="checkbox"/> CR <input type="checkbox"/> DA/CR <input type="checkbox"/> DA/GA				
ITEM NO. <small>(See Note 3)</small>	DESCRIPTION OF SUBMITTAL ITEM <small>(Type size, model number/etc.)</small>	SUBMITTAL TYPE CODE <small>(See Note 8)</small>	NO. OF COPIES	CONTRACT DOCUMENT REFERENCE		CONTRACTOR REVIEW CODE	VARIATION <small>Enter "y" if requesting a variation (See Note 6)</small>	USAGE ACTION CODE <small>(Note 9)</small>
				SPEC. PARA. NO.	DRAWING SHEET NO.			
a.	b.	c.	d.	e.	f.	g.	h.	i.
REMARKS								
I certify that the above submitted items had been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as otherwise stated.								
NAME OF CONTRACTOR				SIGNATURE OF CONTRACTOR				
SECTION II - APPROVAL ACTION								
ENCLOSURES RETURNED (List by item No.)			NAME AND TITLE OF APPROVING AUTHORITY			SIGNATURE OF APPROVING AUTHORITY		
DATE								

INSTRUCTIONS

1. Section I will be initiated by the Contractor in the required number of copies.
2. Each Transmittal shall be numbered consecutively. The Transmittal Number typically includes two parts separated by a dash (-). The first part is the specification section number. The second part is a sequential number for the submittals under that spec section. If the Transmittal is a resubmittal, then add a decimal point to the end of the original Transmittal Number and begin numbering the resubmittal packages sequentially after the decimal.
3. The "Item No." for each entry on this form will be the same "Item No." as indicated on ENG FORM 4288-R.
4. Submittals requiring expeditious handling will be submitted on a separate ENG Form 4025-R.
5. Items transmitted on each transmittal form will be from the same specification section. Do not combine submittal information from different specification sections in a single transmittal.
6. If the data submitted are intentionally in variance with the contract requirements, indicate a variation in column h, and enter a statement in the Remarks block describing the detailed reason for the variation.
7. ENG Form 4025-R is self-transmitting - a letter of transmittal is not required.
8. When submittal items are transmitted, indicate the "Submittal Type" (SD-01 through SD-11) in column c of Section I.
Submittal types are the following:

SD-01 - Preconstruction	SD-02 - Shop Drawings	SD-03 - Product Data	SD-04 - Samples	SD-05 - Design Data	SD-06 - Test Reports
SD-07 - Certificates	SD-08 - Manufacturer's Instructions	SD-09 - Manufacturer's Field Reports	SD-10 - O&M Data	SD-11 - Closeout	
9. For each submittal item, the Contractor will assign Submittal Action Codes in column g of Section I. The U.S. Army Corps of Engineers approving authority will assign Submittal Action Codes in column i of Section I. The Submittal Action Codes are:

A -- Approved as submitted.	F -- Receipt acknowledged.
B -- Approved, except as noted on drawings. Resubmission not required.	X -- Receipt acknowledged, does not comply with contract requirements, as noted.
C -- Approved, except as noted on drawings. Refer to attached comments. Resubmission required.	G -- Other action required (<i>Specify</i>)
D -- Will be returned by separate correspondence.	K -- Government concurs with intermediate design. (<i>For D-B contracts</i>)
E -- Disapproved. Refer to attached comments.	R -- Design submittal is acceptable for release for construction. (<i>For D-B contracts</i>)
10. Approval of items does not relieve the contractor from complying with all the requirements of the contract.

REAL PROPERTY INVENTORY

ITEM	TALLY	TOTAL
COMMODOES		
LAVATORIES		
URINALS		
EXHAUST FAN (9")		
EXHAUST FAN (OTHER)		
WATER COOLER		
HOTWATER HEATER		
MOP SINK		
AC PLANT	LS 5 TN. 5-25 TN. 25-100 TN. OVER 100 TN.	
AS (WINDOW TYPE)		
FIRE ALARM SYSTEM	MANUAL HALON SPRINKLER	
EMERGENCY LIGHTS		
UNIT HEATER		
STRIP HEATER		
COOLING TOWER		
WALK-IN COOLER		
AIR CURTAIN		
EYE WASH		
SHOWERS		
BOILER	GAS FIRED OIL FIRED STEAM	
FUEL TANK	UNDERGROUND OUTSIDE	

REAL PROPERTY INVENTORY

ITEM	TALLY	TOTAL
WASH BASIN		
AIR COMPRESSOR		
HOISTS		
INVENTORY BY:		DATA:
RECONCILED BY:		DATA:

REAL PROPERTY INVENTORY

[illegible]

DIRECTORATE OF ENGINEERING & HOUSING EXCAVATION PERMIT

FB Reg 420-13

DATE

1. CLEARANCE IS REQUIRED TO PROCEED WITH WORK AT

ON WORK ORDER NO _____ CONTRACT NO _____

2. METHOD OF EXCAVATION

A. HAND

B. POWER SHOVEL

C. DITCHER

D. OTHER (SPECIFY)

3. SCOPE OF WORK (DEPTH, WIDTH, LENGTH, LOCATION, AND SKETCH AS APPLICABLE)
IF CONTRACT A COPY OF APPLICABLE DRAWINGS OR SKETCHES MUST BE ATTACHED.

4. DATE CLEARANCE REQUESTED

5. TERMINATION DATE OF CLEARANCE (60 DAYS UNLESS SPECIFIED)

6. REQUESTING ORGANIZATION OR COMPANY

7. PHONE NUMBER

8. SIGNATURE (REQUESTING OFFICIAL)

9. EXCAVATION CLEARANCE APPROVAL

UTILITY	REMARKS	SIGNATURE OF APPROVING OFFICIAL	DATE
ELECTRICAL UNDERGROUND DISTRIBUTION			
STEAM OR HTW DISTRIBUTION			
CHILLER DISTRIBUTION			
SEWER LINES			
WATER DISTRIBUTION			
NATURAL GAS DISTRIBUTION			
TELEPHONE (DOIM)			
OTHER			
TELEPHONE (CT&T)			

FORT BRAGG ASBESTOS REMOVAL, TRANSPORTATION, AND
DISPOSAL DOCUMENTATION FORM

1. REMOVAL: ON _____ (SY/LF/CF/OR POUNDS) OF
ASBESTOS CONTAINING MATERIAL REMOVED FROM BUILDING #_____,
_____ (STREET ADDRESS), FORT BRAGG, NC, PER
_____ (WORK ORDER/CONTRACT NUMBER) WAS PREPARED FOR MOVEMENT TO THE
LANDFILL UNDER THE SUPERVISION OF _____ (PRINT NAME OF
SUPERVISOR) REPRESENTING _____ (NAME OF
FIRM/ORGANIZATION).

(SIGNATURE OF SUPERVISOR)

2. TRANSPORTATION: ON _____ THE ACM MENTIONED ABOVE WAS TRANSPORTED
ON THE VEHICLE AUTHORIZED BY LANDFILL VEHICLE PERMIT NUMBER _____ BY

(PRINT NAME OF DRIVER) _____ (SIGNATURE
OF DRIVER) TO THE LONGSTREET LANDFILL ON LONGSTREET ROAD, FORT BRAGG, NC.

3. DISPOSAL: THE ACM DESCRIBED IN PARAGRAPH 1 WAS DELIVERED BY THE VEHICLE
IDENTIFIED ABOVE TO THE LONGSTREET LANDFILL AND RECEIVED BY

(PRINT NAME OF LANDFILL OPERATOR)

I CERTIFY THAT THE LANDFILL HAS BEEN APPROVED FOR THE DISPOSAL OF ASBESTOS.
THE MATERIAL DELIVERED WILL BE COVERED WITH NONASBESTOS MATERIAL IN THE
PRESCRIBED MANNER.

(PRINT NAME OF OPERATOR)

(SIGNATURE)

(DATE)

REQUEST FOR A FORT BRAGG INSTALLATION ACCESS CONTROL BADGE

PRIVACY ACT ADVISEMENT: The information requested is for the purpose of granting access to the Fort Bragg Installation. Providing requested information, to include your social security number (SSN), is voluntary. However, your access may not be granted if all requested information is not provided. **AUTHORITIES:** Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397.

1. APPLICANT INFORMATION:

LAST Name: _____ FIRST Name: _____ MIDDLE Initial: _____

Grade/Rank/Status: _____ Social Security Number: _____ DOB: _____

Gender ☐ Male ☐ Female Driver's License # _____

Organization/Unit: _____ Organization/Unit Phone Number: _____

E-Mail Address: _____ Relationship to Sponsor: _____

2. REQUESTED BADGE: ☐ Non-DoD Contractor ☐ Foreign National ☐ Friend Partners of Bragg ☐ Vendor ☐ Family Care Provider

Requested Date(s)/Time(s) of Visit: _____

Contract Period (from/to dates) Contractor/Vendor use as applicable: _____

3. JUSTIFICATION FOR BADGE: _____

4. SPONSOR INFORMATION:

LAST Name: _____ FIRST Name: _____ MIDDLE Initial: _____

Grade/Rank/Status: _____ DOB: _____

Gender ☐ Male ☐ Female Driver's License # _____

Organization/Unit: _____ Organization/Unit Phone Number: _____

E-Mail Address: _____

5. COMMANDER'S/DIRECTOR'S/FACILITY MANAGER'S CERTIFICATION:

I certify that the applicant meets the justification requirements as indicated in paragraph 3 above for access privileges. Furthermore, I certify that the applicant requires an access control badge as indicated above in order to perform assigned duties or conduct official business on Fort Bragg.

BDE/BN CDRs, XOs/Directors, Deputy Directors/
Contracting Officer Representative
(Invalid if incomplete)

Printed Name/Rank/Telephone No.
(Invalid if incomplete)

SECTION BELOW IS FOR USE BY THE INSTALLATION ACCESS CONTROL OFFICE ONLY

6. ISSUING OFFICIAL:

Approved/Disapproved (circle one)

Issuing Official Printed Name

Issuing Official Signature

Date: _____

AUTOMATED INSTALLATION ENTRY (AIE) BADGE REQUEST

[illegible]

Annex B FB 15-003

Updated Personal Identity Verification of Contractor Personnel for Automated Installations Entry (AIE) Cards/Pass

Unclassified//For Official Use Only

Date:

52.204-9 Personal Identity Verification of Contractor Personnel. As prescribed in 4.1303, insert the following clause:

1. Personal Identity Verification of Contractor Personnel (JAN 2011)

(a) The Contractor shall comply with agency personal identity verification procedures identified in the contract that implement Homeland Security Presidential Directive-12 (HSPD-12), Office of Management and Budget (OMB) guidance M-05-24, and Federal Information Processing Standards Publication (FIPS PUB) Number 201.

(b) The Contractor shall account for all forms of Government-provided identification issued to the Contractor employees in connection with performance under this contract. The Contractor shall return such identification to the issuing agency at the earliest of any of the following, unless otherwise determined by the Government:

- (1) When no longer needed for contract performance.
- (2) Upon completion of the Contractor employee's employment.
- (3) Upon contract completion or termination.

(c) The Contracting Officer may delay final payment under a contract if the Contractor fails to comply with these requirements.

(d) The Contractor shall insert the substance of this clause, including this paragraph (d), in all subcontracts when the subcontractor's employees are required to have routine physical access to a Federally-controlled facility and/or routine access to a Federally-controlled information system. It shall be the responsibility of the prime Contractor to return such identification to the issuing agency in accordance with the terms set forth in paragraph (b) of this section, unless otherwise approved in writing by the Contracting Officer.

(End of clause)

(e) In addition to the aforementioned, the contractor will provide the Contractor Officer Representative (COR) a monthly status report on all forms of Government-provided identification issued to the contractor employees in connection with performance under this contract.

- (1) The COR will provide the Installation Physical Security Division a copy of the monthly status report for any termination requirements.
- (2) Monthly status reports will be maintained on file for one year after contract completion by the Sponsoring Agency.

(f) The template below will be used for the monthly status report submission.

Unclassified//For Official Use Only

Date:

Contract Number:[illegible]

Annex B FB 15-003

Updated Personal Identity Verification of Contractor Personnel for Automated Installations Entry (AIE) Cards/Pass

Unclassified//For Official Use Only

Date:

		X.X				
		X.X				
		X.X				
		X.X				
		X.X				
		X.X				
		X.X				

- 2. Penalties:** Contractor failure to submit the monthly CAC and/or AIE Badge report will result in one of the following penalties levied against the contract:
- (a) US Government withholding payment on the contract.
 - (b) A fine of \$500.00 – \$3,000.00 will be assessed per incident, based upon the severity and frequency of which they occur and will continue for each calendar day until compliance is met.
 - (c) If the Government terminates the Contractor’s right to proceed, fines continue to accrue until compliance is met.

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by
OM
0348-0046

[illegible]

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individuals(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.

Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by
OM
0348-0046

Reporting Entity: _____ Page _____ of _____

CONTRACTOR HAZARDOUS MATERIAL INVENTORY LOG
(EPRCA)

PRIME COMPANY NAME: _____

CONTRACT NO: _____

PROJECT TITLE / LOCATION: _____

[illegible]

Contractor(s) certifies that the hazardous material(s) removed from installation will be used/reused for its intended purpose.

Company Using Material Listed Above

Compa

ny Representative's Signature

Submitted By: _____
Printed Name

Phone: _____

Fax: _____

Date: _____

Contracting Officer _____

Phone: _____

Fax: _____

Pag e ____ of ____

CONTRACTOR HAZARDOUS MATERIAL INVENTORY LOG
(EPRCA)
Continuation Sheet

PRIME COMPANY NAME: _____

CONTRACT NO: _____

PROJECT TITLE / LOCATION: _____

Material Name	Manufacturer	MSDS Number	State (i.e. Liquid, Solid, Gas)	Storage Quantity		Quality (lbs/gals) used in Calendar Year []
				Average Daily	Max Daily	

CONTRACTOR-FURNISHED SPOIL, DISPOSAL AREAS

This bid under Invitation No. _____
Fill in solicitation Number

for _____
List Title of solicitation

is based on using the following spoil disposal area(s) which are not shown on the contract drawings.

1. DESCRIPTION:

2. LOCATION:

3. OWNER AND ADDRESS:

4. SIZE OF AREA(S):

5. FILL HEIGHT OR OTHER SPOILING RESTRICTIONS:

6. CAPACITY OF AREA(S) (Cu. Yds.):

7. TIME LIMITATION FOR USE OF AREA(S):

8. NUMBER AND TYPE OF ROAD CROSSING(S) REQUIRED:

9. DIKING REQUIRED:

10. PLANNED LOCATION OF SPILLWAY(S):

Written evidence of consent by owner(s) for use of spoil disposal area(s) is attached.

Written evidence of the consent of the owner(s) for use of property involved in obtaining access to the spoil disposal areas is attached.

Written evidence of consent for the use of such disposal area(s) by applicable conservation and pollution agencies are attached.

Sketch(es), to the same scale as the contract drawings, showing the location(s) of spoil area(s) to be used and access thereto are attached.

Name of Company

Signature of Bidder

Date