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Tier 3 Contractor Safe Practices Survey

This form must be completed annually by Tier 3 suppliers and submitted 3 - 5 business days prior to requested entry date. Approval for use of chemical products in the yard requires up to 10 days to process.

Tier 3 suppliers are those under NASSCO contract who perform the following:

Suppliers/subcontractors who are required to conduct work and provide services in office buildings and within production areas of the shipyard, ships at NASSCO and Naval facilities, parking lots and waterfront locations, or any other NASSCO facility. [See Notice of Safety Requirements for detailed explanation]

It is your company's responsibility to know and comply with the safety requirements of each job, including work specifications, applicable NAVSEA Standard Items, Federal OSHA and Cal-OSHA standards, and other relevant documents. Your company is responsible for providing the necessary training to ensure that your employees as well as your suppliers adhere to the applicable requirements while working at NASSCO facilities and contract locations. If work location, job scope, employees, or anything else pertaining to the job changes during the duration of your safety approval it is the companies responsibility to notify the Safety Department immediately.

Company:		
Address:		
City:	State:	Zip Code:
Person designated by your company to site manager, safety supervisor, etc):	respond to safety concerns, anytim	e including nights, weekends (e.g.
Name:		Phone:
Title:		
E-mail:		
Contact from your company for lead pe	erson working on site at NASSCO:	
Name:		Phone:
Title:		
E-mail:		
I. Contracted Work		
Work location at NASSCO or		
contract location:		
In Repair or New Construction:		
<u>DETAILED</u> description of work		
to be conducted:		
NASSCO Point of Contact:		

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Please check the boxes corresponding with the type of work your company could potentially conduct while working for NASSCO.

III.	Fatalities Total number of car Total number of da Total number of rec Average number of Total hours worke	Input the consess with days away from work ordable cases	below information for the presponding year → the presponding year → the present the prese	Three Years	ee years. Two Years		r
III.	Fatalities Total number of car Total number of da Total number of rec Average number of Total hours worke	Input the consess with days away from work ordable cases f employees d by all employees	below information for the presponding year → the presponding year → the present the prese	Three Years	ee years. Two Years	Yea	
III.	Fatalities Total number of car Total number of da Total number of rec Average number of	Input the consess with days away from work ordable cases f employees	below information for the below information	Three Years	ee years.		
III.	Fatalities Total number of car Total number of da Total number of rec	Input the consess with days away from work ordable cases	below information for the below information	Three Years	ee years.		
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III.	Safety Hi	Please complete the	below information for	Three Years	ee years.		
III.	. Safety Hi			or the previous thre	ee years.	Drovic	NIE NIE
III.	. Safety Hi						
ш	Safaty Hi	ctory (If II C come	any data can balan	atod in OSHA 200) (Log)		
	Have you infor	ned your subcontract	ors of this requireme	ent to complete th	is survey?		1 1
		pany have a process f	•				
	If "NO" move on to r						
	-	oany contract any po	rtion of your contract	to other compan	ies?		
						Yes	No
	If your company will	ractor (Third Party be using a third party ntractor Safe Practic	subcontractor to pe	_	ne subcontrac	tor must	also
				Addition	nal review by	Environm	ental -
L] Elevators			Diesels			
	Vibration Survey			Boat Repair	r ∐Hy	draulics	
\vdash	Tech Rep	OTHER – Pleas	se Specify	Nonskid	=	entilation	
F	Security	Industrial Safety	Tugs/Pilot	Structural		nk Cleani	ng
\vdash	Photography	Machinery	Propellers	Sandblast		/C Refrige	
	NDT Dhatagraphy	Vent Cleaning	OEM Service	Paint Applic	=	int Remo	-
누	Labor	Laundry	Locksmith	Piping	=	ompresso	
	Engineering	Calibration	Ship Misc.	Sheet Meta	=	sulation/I	
F	Fire Systems	Fire Watch	Flame Spray	Generator	_	-	l Abatem
$\overline{}$	Doors/Hatches	Consulting	Electronics	∐Wood Worl	=	ot Work	I Ala a ta
		= '	$=$ \cdot	·	=		emoval
	-	=			=		
	Scaffold	= -			= '		
	Motors Crane/Rigging	☐ Diving ☐ Condensers ☐ Delivery	X-Ray Confined Space Turnkey Sub	Disposal	n Eld	dro Bla ectrical bestos	l Re

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Tier 3 Contractor Safe Practices Survey

IV. Safety Management System

		Yes	No
1.	Is your company ISO 45001:2018 Certified?		
2.	If based in CA and/or if applicable to your company, does your program meet Cal/OSHA Injury,		
	Illness, and Prevention Program (IIPP) requirements?		
No	te: Please provide a copy of your IIPP program or comparable safety guidelines in a PDF format via e-m	<mark>ail to</mark>	
saf	<mark>ety@nassco.com</mark> or mail to General Dynamics NASSCO, Safety Department, P.O. Box 85278 M/S 27 Sal	n Diego	, CA
92	186 with this survey.		
3.	Do you provide training to your workforce so they may perform their job tasks safely?		
4.	Do you have employee involvement in your safety program?		

V. Hazard Communications Program - Safety Data Sheets (SDS)

If your company will be using chemicals, you are required to submit them via the <u>SDS Review Form</u>. Follow the <u>MSDSonline - Quick Reference Guide</u> (Section 6) for submission instructions. Both are located on the Supplier Qualification Guidelines.

		Yes	No
1.	Will you be using chemical products at our facility? If "NO" move on to next section.		
2.	Where on the job site are the SDS maintained?		
3.	Does your company have a documented Hazard Communication policy?		
4.	Do you provide training on the hazards of the products used by your employees?		
5.	Do you conduct periodic inspections for proper storage, labeling and usage of these products?		

VI. Accident/Incident Investigation and Analysis

All accidents that cause personal harm, equipment damage and/or failure of equipment being utilized (i.e. rigging strap failure) shall be reported to the NASSCO Safety Department.

		Yes	No
1.	Does your company have a documented accident reporting and investigation procedure?		
2.	Will you share lessons learned with NASSCO?		
3.	Do you utilize root cause analysis when conducting accident investigations?		
4.	Are accident/incident reports reviewed by managers/supervisors?		
5.	Does your company investigate and document near-miss incidents?		
6.	Are your company's employees subject to post accident drug screening?		
7.	Does your company have personnel trained in emergency first aid and CPR?		
8.	Do you require an authorized individual to accompany injured employees to the medical provider?		
9.	Does your company have a local designated physicians or clinics to which you send sick or injured employees?		
	If "YES", specify where:		
	Note: Sick or injured employees will be routed to the nearest emergency room as determined by emergence responders unless otherwise specified.	ncy	

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VII. Hazard Analysis/Risk Assessment

Hazard identification, risk assessment and determining controls are critical for ensuring a safe work environment.

		Yes	No
1.	Do you have a risk assessment / job safety analysis/ Standard Operating Procedures [SOP] in place for each critical task?		
2.	Are these reviewed to ensure accuracy at regular intervals?		
3.	Do workers participate in hazard analysis reviews?		
4.	Do you conduct routine emergency drills?		
	TE: NASSCO requires any task that cannot to be completed within the norms of NASSCO's SOPs a Job alysis be performed and signed off by NASSCO's Safety Department.	Safety	•

VIII. Personal Protective Equipment

NASSCO requires all personnel to wear hardhats (ANSI Z89.1), earplugs, safety glasses (ANSI Z87.1) and all leather industrial protective toe cap footwear (ASTM F2413) with a defined heel at a minimum when working in production areas. Task specific PPE should be defined and worn according to policy.

		Yes	No
1.	Do you require pre-use inspection of PPE?		
2.	Do you provide required PPE at no charge to the employee?		
3.	When applicable, does your company require hand protection? (29 CFR 1910.138)		
4.	Does your company provide hand protection?		
5.	When applicable, does your company require respiratory protection? 29 CFR 1910.134 & 1926.103)		
6.	Does your company provide respiratory protection?		
7.	When applicable, does your company require the use of personal fall arrest equipment? (29(CFR 1926.502, 104 &105)		
8.	Does your company provide personal fall arrest equipment?		

IX. Types of work that require additional safety requirements

The following pertain to specific types of activities performed at the shipyard that have additional safety requirements. Check "Yes" or "No" based on the work you will be performing.

1. Will you be performing **repair** work on a US Naval Ship? Yes No **If "NO" move on to next section.**

		Yes	No
1.	Do your employees possess current 10 Hour Maritime Safety Cards? Submit		
	copies with this form.		
2.	Do you provide applicable training to your employees to NAVSEA Standards?		
3.	Does your company have a written confined space program?		
4.	Do you have a working over water policy?		
5.	Do you have a lead, cadmium, chromium VI policy?		

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2.	Hot Work?	Yes [No
	If "NO" move or	n to nex	t section

		Yes	No
1.	Does your company have a documented hot work procedure?		
2.	Does your company utilize Port of San Diego Ship Repair Association standardized forms for hot work notices?		
3.	Does your company hold and document fire watch training and annual refresher training?		
4.	How does your company identify qualified fire watches on the job site?		
5.	Does your company have a fire protection plan?		
6.	Does your work require specialized welding PPE and provide these items to employees?		

3.	Hazardous	Material Disturbance?	Yes	No
If"	NO" move on	to next section.		

Note: All asbestos sampling shall be coordinated with the NASSCO Safety Department. Asbestos containing materials shall not be removed or disrupted unless approved by NASSCO Safety and Environmental Departments.

		Yes	No
1.	Does your company disturb / remove any paint coatings?		
2.	Does your company have documented training for the proper use and hazards associated with sandblasting or painting?		
3.	Does your company disturb / remove materials suspected of containing asbestos (cabling, insulation, tiles, etc.)?		
4.	Does your company disturb/remove any cable systems that could contain asbestos?		
5.	Does your company have a documented asbestos policy?		
6.	Does your company have a heavy metals program?		

4. Systems That Require Lock Out / Tag Out Yes No If "NO" move on to next section.

		Yes	No
	If YES your employees must complete NASSCO Lockout/Tag out training utilizing training		
	material provided. (See page 10)		
1.	Have you submitted training roster?		
2.	Are employees trained on TUMS and/or ESOMS?		
3.	Are employees trained to recognize the presence of PCB and procedures to handle them when identified?		

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5.	Rigging?	Yes	No
	If "NO" mo	ve on to	next section.

		Yes	No
1.	Do your employees rig?		
2.	Do they have proof of training available and/or certification on hand?		
3.	Is rigging equipment inspected and tagged?		
	Annually		
	Prior to use		
4.	Does each employee who will perform rigging duties have proof of training?		

6. Scaffolding? Yes No If "NO" move on to next section

		Yes	No
1.	Do you build scaffold?		
2.	Do you have scaffold competent persons?		
3.	Do they conduct daily inspections of scaffolding?		
4.	Is the scaffold tagged / signed?		
5.	Are wood components fire retardant?		
6.	Do you use system scaffold?		
7.	Do you use tube and coupler?		
8.	Does each employee who will perform scaffolding duties have proof of training?		

7. Grit Blasting & Painting? Yes No If "NO" move on to next section

		Yes	No
1.	Are you QPI certified?		
2.	Do you have current permits for pressure vessels?		
3.	Do you supply grade D breathing air?		
4.	Are painters trained to deal with paint injection injuries?		
5.	Does each employee who will perform Grit Blasting & Painting duties have proof of training?		

8. Forklifts, Scissor Lifts & Boom Lifts? Yes No

If "NO" move on to next section

		Yes	No
1.	Will you be using NASSCO owned equipment?		
	Note: If yes you will be required to attend NASSCO Training.		
2.	Do your employees possess valid licenses for use?		

9. Understand NASSCO Emergency Reporting Procedures (located in the Contractor and Third Party Safety Guidelines)? Yes No

	Yes	No
1. Has your team been trained on NASSCO's Emergency Reporting procedures?		
Note: Off-site reporting requirements are different than on-site reporting procedures		

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Tier 3 Contractor Safe Practices Survey

10. Agree to train employees on the NASSCO Workplace Violence Prevention and Reporting Procedures (located in the Contractor and Third Party Safety Guidelines)? Yes No

	Yes	No
1. Company agrees to train employees who work at NASSCO facilities on NASSCO's Workplace		
Violence Prevention and reporting proceduresbefore employees begin working at these sites,		
and at least annually thereafter.		



Tier 3 Contractor Safe Practices Survey

Acknowledgement

The Tier 3 Contractor company named below has received, read and will comply with the requirements of the "NASSCO Safety Policy Subcontractor Safety Guidelines". Training on such requirements will be provided to every person prior to performing work on behalf of the company on any NASSCO job at any NASSCO job site (whether at the shipyard, on ships at NASSCO and Naval facilities, parking lots and waterfront locations, or any other NASSCO or non-NASSCO facility) and the company acknowledges a continuing obligation to provide NASSCO with an updated roster of all such persons reflecting such training prior to performance of work by any such person.

Any failure by company, its employees, or suppliers to strictly comply with the NASSCO Safety Policy Subcontractor Safety Guidelines constitutes a breach of the company's obligations pursuant to the applicable contract to perform work for or on behalf of NASSCO and, in addition to other remedies, any such breach may result in NASSCO issuing a Corrective Action Request in accordance with NASSCO's Safety or Quality Management System and SWRMC Instruction 4855. I acknowledge that the company must respond to such requests within 3 working days.

I certify that the information provided herein correctly and completely represents the nature and type of activities to be performed by the company and that all referenced programs and training shall be conducted in accordance with all applicable laws and regulations.

*Note: Signature must be wet signature or verified digital signature. Typed out signatures are not

accepted.	
Injury & Illness Prevention Program (IIPP) or co	omparable safety guidelines are attached.
Signed training roster attached. Copic	es of 10 Hour OSHA Maritime cards if applicable.
Company:	
Printed Name:	Signature: (Required)
Title:	Date:
Country and the different training weather and HDD are	
Send completed form, training roster, and IIPP or mail to NASSCO Safety Department:	comparable safety guidelines by e-mail, fax or
E-Mail: safety@nassco.com	
E-Mail: <u>safety@nassco.com</u> Mail: PO BOX 85278 Attn: Safety Departme	ont MS 27 San Diago CA 02196 E279

Approval (For NASSCO's Use Only)

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Auditor, Safety	Date
Approved for QSL only.	
Contractor does not meet the criteria for	r working at NASSCO for the following reasons
Contractor meets the requirements for v	vorking at NASSCO.



Tier 3 Contractor Safe Practices Survey

TRAINING ROSTER FOR PERSONS PERFORMING NASSCO WORK

Tier 3 Contractor must provide, and <u>has a continuing obligation to update</u>, this roster.

Every person performing work at a NASSCO job site on behalf of Tier 3 Contractor shall complete this form prior to performance of such work. **Only wet signatures or dated electronic signatures will be accepted.**

I confirm that I have received, read, understand and will comply with the requirements of the "Contractor and Third Party Safety Guidelines".

If YES to Section IX(4) initial the chart on the next page to indicate that NASSCO Lockout/Tag out training has been completed using the material provided.

NAME (PRINT)	SIGNATURE	DATE

This page may be duplicated as needed.

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LOCK OUT/ TAG OUT TRAINING COMPLETED

If YES to Section IX(4) initial below to indicate that NASSCO Lockout/Tag out training has been completed using the material provided. **Only wet signatures or dated electronic signatures will be accepted.**

INITIAL	Date

This page may be duplicated as needed.