

Monthly Subcontractor Forum
September 11th, 2019
Fuller Lodge

WELCOME

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LA-UR-19-30110

Agenda

- **Safety stats and current issues/ incidents (Bill Whelan)**
- **Featured Topic: Jack and Roll (Phil Romero)**
- **Subcontractor Pre Qualification Process (Susan Stein)**
- **Data Call - Explanation and Q&A (Sean O'Conner)**
- **6 month look ahead for new work
(Paul Stevens, Scott Tingey, Paul Kreitz)**

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Agenda

- **Safety stats and current issues/ incidents (Bill Whelan)**

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Safety Observation for the Month of May

Total Observations: 375

N/I Observation Total: 129

N/I's Recorded	Numbers of N/I's
Housekeeping	17
Behaviors	12
Walking/Working Surfaces	12
Signage/Postings	12
Barricades/Barriers	11
Heavy Equipment	9
PPE Use	8
Material Handling	7
Material Storage	7
Ladders/Scaffolds	5
Excavations/Trenching	5
Job Briefing Document	3
First Aid/Eye & Body Wash	3
Communications	3
Environmental Actions	3
Electrical/LOTO	2
Fall Protection	2
Fire Prevention	2
Power Tools/ Machines	1
Hoists/Cranes	1
Concrete/Masonry	1
Dust/Mist/Vapors	1
Noise	1
Total of N/I's	129

- **Safety Observation for the Month of June**
 - **Total Observations: 219**
 - **N/I Observation Total: 103**

N/I's Recorded	Numbers of N/I's
Environmental Actions	13
Respiratory Protection	11
Job Briefing Document	11
Barricades/Barriers	10
PPE Use	9
Housekeeping	8
Behaviors	4
Walking/Working Surfaces	4

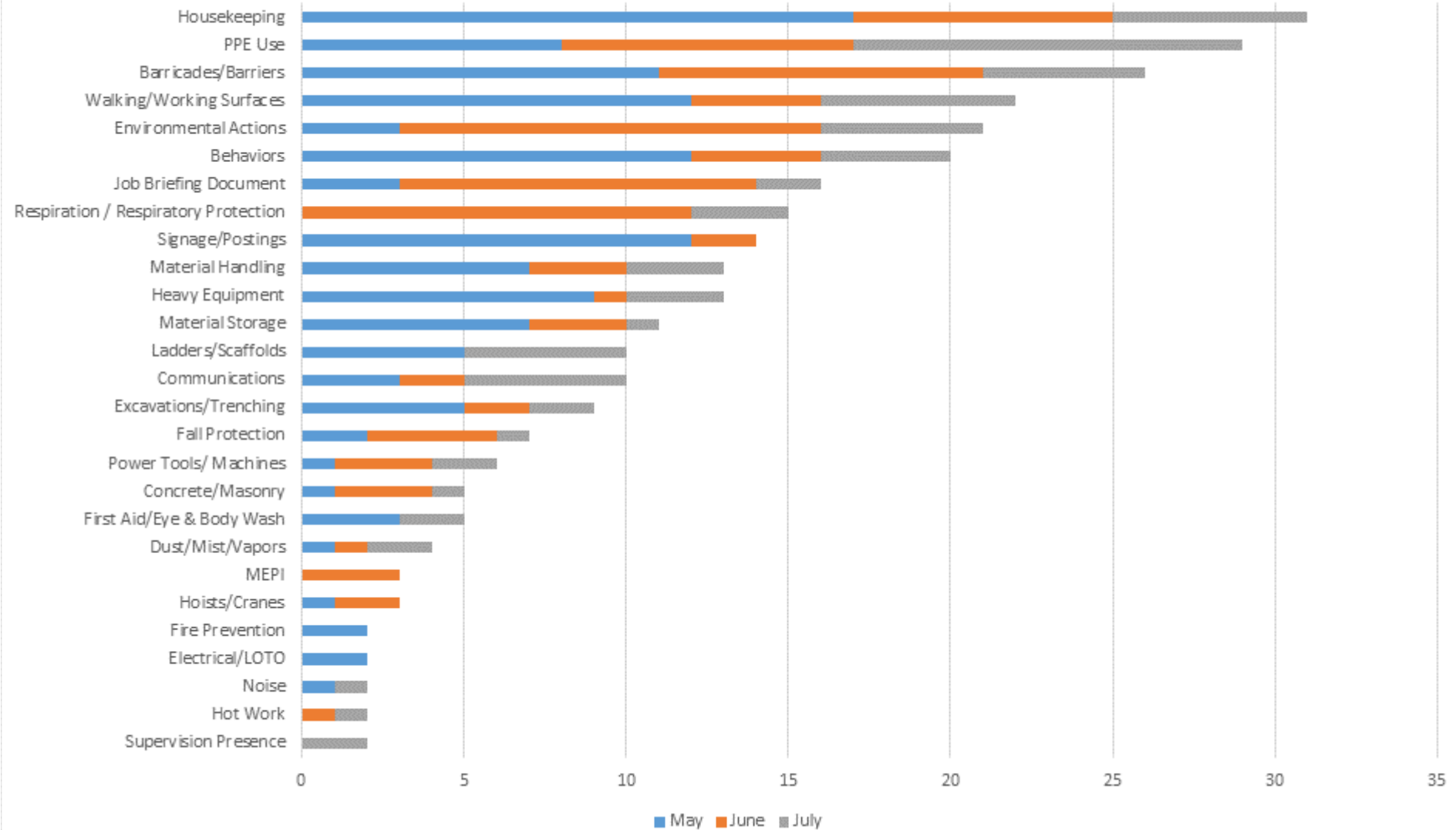
Safety Observation for the Month of July

Total Observations: 316

N/I Observation Total: 80

N/I's Recorded	Numbers of N/I's
PPE Use	12
Walking/Working Surfaces	6
Housekeeping	6
Environmental Actions	5
Motor Vehicles	5
Communications	5
Barricades/Barriers	5
Ladders/Scaffolds	5
Behaviors	4
Material Handling	3
Heavy Equipment	3
Respiratory Protection	3
Supervision Presence	2
Job Briefing Document	2
Dust/Mist/Vapors	2
Excavations/Trenching	2
First Aid/Eye & Body Wash	2
Power Tools/ Machines	2
Material Storage	1
Fall Protection	1
Hot Work	1
Concrete/Masonry	1
Noise	1
Total of N/I's	78

Needs Improvement Observations from ESH



Agenda

- **Featured Topic: Jack and Roll (Phil Romero)**

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Project & Functional Management Team Meeting

Jack and Roll Requirements Notice



Phil Romero, OSH-ISH

June 26, 2019



Requirements Notice: RN 101-25-01

- Jack and Roll activities involve specialized equipment to vertically or horizontally move equipment/machinery or materials where the possibility of upset (e.g., high or offset center of gravity) exists.
- The Jack and Roll Standing Order (SO) requires operations be performed under the authorization of the Facility Operations Director (FOD or designee) for facility and construction work or the Responsible Line Manager for programmatic work and executed under the direct supervision of a Jack and Roll Coordinator for operations categorized as high-consequence.
- Jack and Roll Operations performed under an approved plan include scoping by involved personnel, walk-down of the travel path, and review of the equipment to ensure consistency with manufacturer's operating instructions used in the activity.

Examples of Jack and Roll Equipment

Photo Examples of Jack and Roll Equipment



Exemptions

Jack and Roll activities **DO NOT INCLUDE** the following types of equipment:

- Pallet jacks to move materials on pallets, skids, etc. (unless moving equipment or materials with offset or high center of gravity)
- Flat Carts (unless moving equipment or materials with offset or high center of gravity)
- Hydraulic or scissor lift tables used strictly for positioning with limited travel (unless moving equipment or material with off-set or high center of gravity)
- Dewar carts designed and dedicated for moving dewars
- Furniture dollies when moving office desks and/or equipment
- Hand trucks (e.g., dollies, compressed gas cylinder carts) when moving office equipment, boxes, compressed gas cylinders, etc.

Operational Classifications and Requirements

- Prior to performing a jack and roll operation, a determination must be made to operationally classify the jack and roll activity as either high-consequence or routine using the criteria listed in Section A of Attachment A.
- The Jack and Roll Coordinator must make the initial operational classification using the criteria in Section A of Attachment A.
- The Jack and Roll Operational Classification must be validated and concurred by the Facility Operations Director or Designee (FOD or Designee) for facility or construction work or by the Responsible Line Manager (RLM) for programmatic work.
- Jack and Roll High-Consequence Plans must be reviewed and approved by the FOD or Designee, Responsible Line Manager as applicable, Person-In-Charge (PIC), Jack and Roll Coordinator, and optionally as dictated by the FOD or RLM, a Hoisting and Rigging Supervisor or Hoisting and Rigging Qualified Person.

Jack and Roll Coordinator

- Ensures that equipment available for use in Jack and Roll operations is certified and used per manufacturer's requirements.
- Ensures only qualified personnel use equipment only under operating practices that have been reviewed and approved.
- Participates in scoping walk-down(s) to specifically identify the appropriate equipment to be used, assess field conditions to include obstructions, evaluation of available clearances for the load and equipment and establish a safe travel path.
- Completes the form to assess whether the Jack and Roll Operation meets the criteria for a high-consequence operational plan.
- Supports the development of a high consequence operation plan or work control document for routine operations to ensure hazards and controls are adequately incorporated.
- Is present at the jobsite for high-consequence categorized operations during all phases of Jack and Roll operations and must not be involved in the "hands-on" operation but serve in the strict role of a Supervisor during the entire evolution.
- Pauses or Stops operations upon discovery or observation of any unsafe work practice or conditions that may be encountered or deviation from a planned action identified in the high-consequence operational plan or work control document (IWD).
- Ensures in conjunction with the PIC that the preparation of the area needed to support the jack and roll operation has been completed.
- Ensures that personnel involved in the operation through a pre-job briefing understand their responsibilities, assigned duties, and the associated hazards and controls.

Training and Qualification Requirements

- Before acting as a coordinator, Jack and Roll Coordinators are required to have completed the following:
 - Jack and Rolling Vendor Provided Training along with
 - Prerequisite training requirements.
- The Jack and Roll Coordinator shall be designated based on completion of this coursework, along with a justification that the applicant has the sufficient field experience demonstrating comprehensive knowledge and understanding of the requirements, to serve as a Jack and Roll Coordinator. For personnel requesting designation as a Jack and Roll Coordinator that do not currently meet the training and qualification requirements, the following applies.
- These individuals may be designated in the interim to serve in this capacity for a period not to exceed one year if
 - their RLM provides a request to the LANL Hoisting and Rigging Program Lead; or their alternate/designee outlining the individual's experience and skill set with referenced equipment for approval. The Hoisting and Rigging Program Lead will issue an appointment letter to the individual based on an evaluation of the qualifications and experience.

General Information and Section A Completed by Jack and Roll Coordinator and submitted to the Facility Operations Director (FOD) or Responsible Line Manager (RLM) for concurrence.			
Jack and Roll Coordinators Name/organization:			
Date prepared:	Date of operation:	Expiration date: (Set consistent with IWD reviews)	
Person-In-Charge (PIC)	Organization performing lift	Work Order/package number/IWD	
Project/Program name		Rev. No. :	Rev. Date.:
Lift location (TA/Bldg./Room(s))			
Briefly describe the operation:			
A. High Consequence Operational Determination			
High Consequence is if any of the following conditions are met. Check each answer with either a Yes or a No.			
1. Is the load item unique and, if damaged, would it be irreplaceable or not repairable and is it vital to a system, facility or project operation?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
2. If the load were mishandled or dropped, would the cost to replace or repair the load item, or the delay in operations of having the load item damaged have a negative impact on facility, organizational, or DOE budgets to the extent that it would affect program commitments?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
3. Does the lift exceed 75% of the manufacturer's rated capacity of the jack and roll equipment used?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
4. Does the load item require special care in handling because of significant weight, size, asymmetrical shape, undermined, offset or high center of gravity, installation tolerances, and obstructions or requires the load to be reconfigured during the travel path?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
5. Is the jack and roll equipment being used unique, such as one of a kind and designed for a special application, that requires assembly and is not considered part of the standard routine equipment inventory used in jack and roll operations?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
6. Does the jack and roll operation require the lift to include synchronized lifting that could cause instability, cross loading or possible overloading?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
7. Does the travel path involve traveling with a significant weight and over or through inclined planes or un-level surface conditions? i.e. equipment dependent (.25"/10' Gantry, 2% Jacks)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
8. Is the jack and roll operation performed in close proximity to critical or expensive items that could be damaged as a result of contact with the load?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Operational High Consequence Categorization Recommendation <input type="checkbox"/> Yes (Complete Operational Plan by continuing with Section B below) <input type="checkbox"/> No - Routine- (Operations covered under P300 Integrated Work Management)			
Jack and Roll Coordinator Signature and Date: _____			
Facility Operations Director or Responsible Line Manager Concurrence Signature and Date: _____			

Jack and Roll Coordinator to complete Operational Plan Sections B-K for high consequence categorized operations.			
B. Load Identification & Information			
1. Load condition <input type="checkbox"/> New <input type="checkbox"/> Used	2. Wt. of item	3. Wt. of contents	4. Rated Capacity of Lifting Device
5. Total Weight:			
6. Source of load weight information (drawings, calculations, dynamometers, etc.)		7. Revision Number:	8. Revision date:
9. Center of gravity has been identified		10. Location and type of attachment points are shown	
C. Jack and Roll or other Operating Equipment To Be Used <u>(check all that apply)</u>		D: Material Handling Information (rated capacity & dimensions)	E. Pre-Use Inspection (date and person)
<input type="checkbox"/> Operation of mechanical ratchet jacks <input type="checkbox"/> Hand- or power-operated mechanical screw jacks <input type="checkbox"/> Hand- or power-operated hydraulic jacks <input type="checkbox"/> Air-lifting bags <input type="checkbox"/> Industrial rollers <input type="checkbox"/> Air casters <input type="checkbox"/> Telescopic hydraulic gantry systems <input type="checkbox"/> Strand jacks <input type="checkbox"/> Table movers/flippers <input type="checkbox"/> Hydraulic lift tables <input type="checkbox"/> Mechanical scissor lifts <input type="checkbox"/> Portable winch lifts <input type="checkbox"/> Roll-A-Lifts <input type="checkbox"/> Skyhooks with cherry picker bases <input type="checkbox"/> Other: Describe-			
F. Operating Area-Travel Path Walk-Down			
1. Are obstructions present? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Have clearance issues been evaluated by taking measurements throughout the travel path? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is the lift area populated? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Action items for F. 1, 2, & 3 (if no provide brief justification)			

G. Practice Dry Run or Mock Up Required? Yes No

I

1. Describe the Dry Run or Mock Up of the operation:

H. Sketches, Drawings and Travel Path

Provided sketches, drawing and travel path to document the configuration and path of travel as applicable:

1. Identification and rated capacity of jack and roll equipment, rigging accessories, and other material handling devices.
2. Equipment orientation with identification of center of gravity and lifting equipment position points
3. Methods of attachment
4. Jack and Roll orientations
5. Other factors affecting equipment capacity, such as load path sketch, key point heights, floor or soil bearing capacity, surface levelness.
6. Calculate and provide the rated capacity of equipment in the configuration in which it will be used if configurations change.

I. Personnel Assignments

List names of all persons involved in the jack and roll operation and identify their roles (Jack and Roll Coordinator, Equipment Operator, Signaler, Spotters, Person In Charge [PIC], etc.).
All must be qualified.

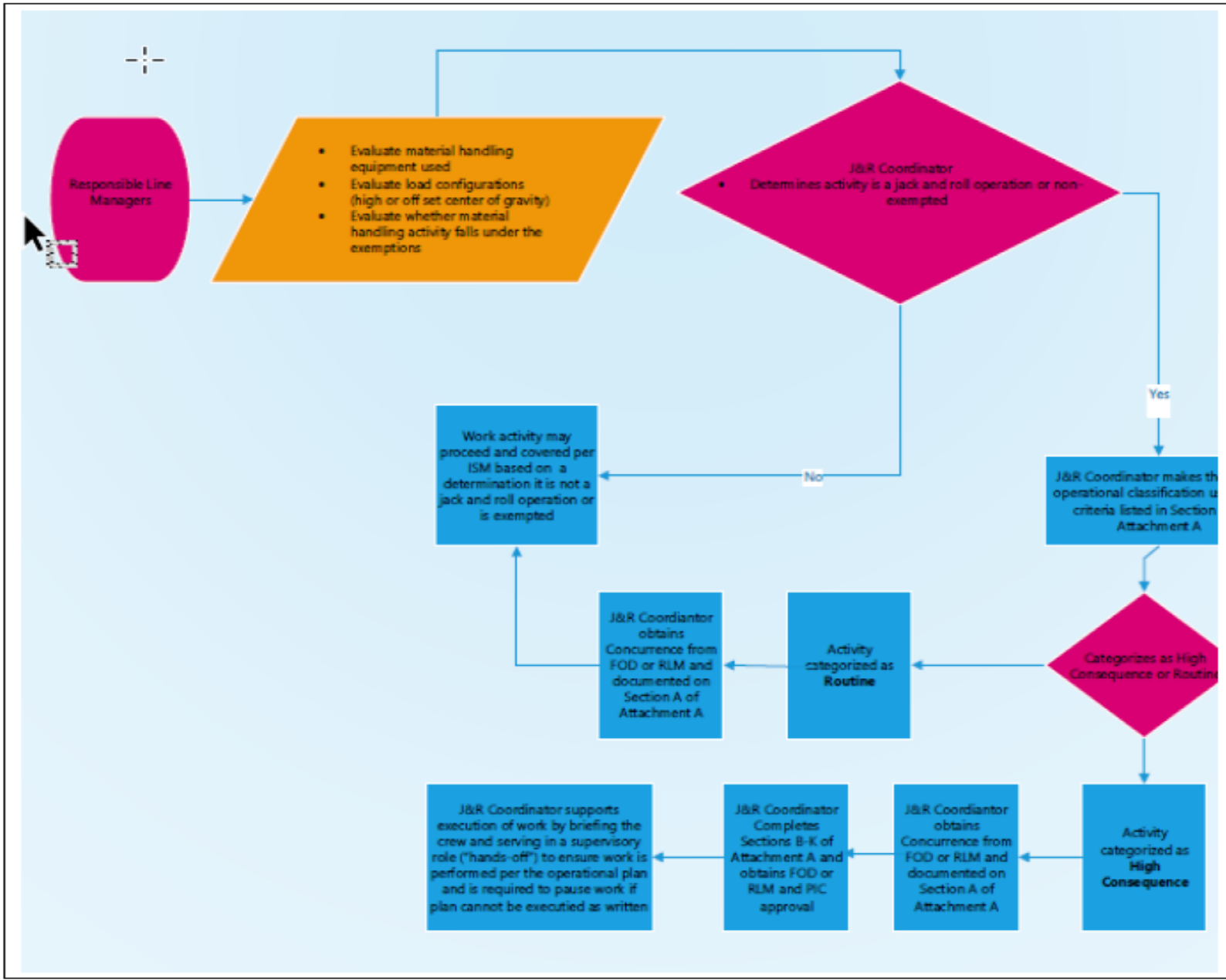
Name	Z Number	Role	Training/Proficiency Verified	Comments/Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

J. Review & Approval. List all that apply. (Must include the FOD or RLM for applicable work. Jack and Roll Coordinator, PIC, and FOD or RLM may require one other qualified person, at a minimum an H&R Supervisor or a Qualified H&R Person

	Z Number	Org.	Signature	Date
Facility Operations Director (FOD or Designee)				
Responsible Line Manager (RLM or Designee)				
Jack and Roll Coordinator (PIC Designated) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Person in Charge (PIC), if other than J&R Coordinator				
H&R Supervisor (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No				
H&R Program SME/Qualified Person (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No				

K. Pre-Lift Meeting

Name	Z Number	Signature	Date



Agenda

- **Subcontractor Pre Qualification Process (Susan Stein)**

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Capital Projects Subcontractor Prequalification process

- ES&H
- Quality
- Financial Responsibility
- Past Experience

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FINANCIAL STATUS

Financial Status / Standing

- Provide a copy of audited or reviewed fiscal year-end financial statements for the past three (3) years for the prospective contracting entity, including income statements, balance sheets, statements of cash flows, supporting schedules, and all associated notes/comments. Turnover (Revenue)
- Enter the corresponding values below for the past five (5) fiscal years for the prospective contracting entity.

Fiscal Year	FY (_____)	FY (_____)	FY (_____)	FY (_____)	FY (_____)
Turnover (Revenue)	US\$ (_____) (US \$ 1,000s)	US\$ (_____) (US \$ 1,000s)	US\$ (_____) (US \$ 1,000s)	US\$ (_____) (US \$ 1,000s)	US\$ (_____) (US \$ 1,000s)

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FINANCIAL STATUS

Credit

- Does your Company have a Line of Credit? Yes or No
- If yes, what is the amount of the Line of Credit?
- If yes, what is the amount of available credit?

Bonds

- Is your Company Bondable? Yes or No

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QUALITY ASSURANCE

Do you have a documented quality management system? Yes No

Is the quality manual available for review if requested? Provide a copy of the Table of Contents from your current quality control manual as a separate attachment. Yes No

Is your quality management system certified to ISO9001 by a third party organization? If yes, provide a copy of the certificate as a separate attachment. Yes No

Does your system comply with other Int'l codes, e.g. ASME? If yes, provide a copy of the certificate(s) as a separate attachment. Yes No

Do you have a full time Quality Manager? If yes, provide the CV of the Quality Manager as a separate attachment. Yes No

How many full-time quality control inspectors do you employ? Provide a table listing the quality control inspectors and indicate their specialty (e.g. dimensional, visual, NDE [RT, UT, PT, MT]) as a separate attachment. _____

Provide a listing of the inspection and nondestructive test methods done with in-house staff as a separate attachment.

Provide a listing of the inspection and nondestructive test services, including calibration of M&TE, that is normally obtained from outside companies (list by name & location) as a separate attachment.

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ES&H

Required Submittals

- Last three (3) calendar years and current year health, safety, or environmental related citations, violations, or other applicable regulatory agency notices and associated corrective actions.
- Last three (3) calendar years and current year injury or incident data/logs that applicable regulatory agency(ies) require Company to maintain.
- Last three (3) calendar years and current year details of health, safety, or environmental related work stoppages Company is responsible for and associated corrective actions.
- Last three (3) calendar years and current year details of Company fatalities incurred and associated corrective actions.
- Current Company health, safety, and environmental program.
- Recent example of Company produced pre-task planning documentation relative to scope of work.

- Does the Company have less than the minimum number of employees required by law to carry workers' compensation insurance?
- Is the Company self-insured?
- Is there an Orientation and/or Mentoring process for newly-hired employee
- Are HSE Meetings for Supervision held monthly Are HSE Meetings for Employees held weekly?
- Are HSE Inspections/Audits performed weekly? Is Pre-Task Planning conducted prior to the start of work each day?
- What is the Supervisor to Employee ratio? Provide in ratio format (e.g. 1:4)
- How many full-time professionals in your company are solely dedicated to ESH
- What is the name of the Company's senior-most HSE Professional?
- **All fields must be populated with a numerical value. If no data is available, indicate with a 0.**

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ESH PERFORMANCE HISTORY

All fields must be populated with a numerical value. If no data is available, indicate with a 0.

HSE Performance History (for definitions click on term hyperlink, or refer to the "Definitions" page)

Year	Current Year	Previous Year	Year 2	Year 3
Insurance Rate	Type here	Type here	Type here	Type here
Company Employees	Type here	Type here		
Total Hours Worked	Type here	Type here	Type here	Type here
Work-Related Injuries and Illnesses	Type here	Type here	Type here	Type here
Medical Treatment	Type here	Type here	Type here	Type here
Job Transfer	Type here	Type here	Type here	Type here
Work Restriction	Type here	Type here	Type here	Type here
Lost Time	Type here	Type here	Type here	Type here
Fatalities	Type here	Type here	Type here	Type here

Comments/Notes

Type here

[Definitions](#)

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REFERENCE LIST

Executed construction work during the last three (3) years.

Client	Project/ Location	Type of Work	Year	Contract Value
Company Name contact name				
contact phone number/email				

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Agenda

- **Data Call - Explanation and Q&A (Sean O'Conner)**

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Agenda

- 6 month look ahead for new work
(Paul Stevens, Scott Tingey, Paul Kreitz)
- MATOC (Sue Stein)

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TA-55 Capital Projects Subcontractor Needs

- Design
 - Glovebox
 - Security Access and Capacity Infrastructure
 - Small Infrastructure
- Geo-Technical Support
- Documentation Support
 - Lessons Learned Evaluation and documentation
 - Critical Decision (CD) 1/2/3 Document Development
 - CD 4 Closeout

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- Small Projects

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- Facilities and Operations

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