

Attachment F1-0: FOD Exhibit F Site Hazard Analysis and Coordination Requirements

Instructions for Use
<p>Subcontractor</p> <ul style="list-style-type: none"> ▪ Information in this form does not create requirements that are not otherwise addressed in the subcontract Exhibit F; it is intended to assist with work scoping and planning ▪ Receives a copy of Attachment F1-0 for each distinct work location with either the requisition package or task order if associated with a basic agreement ▪ Includes the Attachment F1-0 with work control documents
<p>FOD Representative</p> <ul style="list-style-type: none"> ▪ Participates in the project scoping walk-down and signs Attachment F1-0 ▪ Determines walk-down team necessary to adequately identify and address hazards-controls for site(s); includes CPCS deployed ESH personnel for all construction-related projects regardless of location <p>Subcontract Technical Representative</p> <ul style="list-style-type: none"> ▪ Convenes team and coordinates walk-down <p>Walk-Down Team Members</p> <ul style="list-style-type: none"> ▪ Contribute to the completion of the Attachment F1-0
<p>Additional Notes</p> <ul style="list-style-type: none"> ▪ Complementary LANL processes such as a New Activity Review, New Activity ALARA Review, or LANL Integrated Review Tool and Permits and Requirements Identification process should be initiated prior to, or in concert with the project scoping walk-down ▪ Marking Y for any item indicates subcontractor is expected to take action and/or consider the information for work planning, N means the item is not present at the work location or not applicable to the work scope

Summary Information	
Project Name	
Location TA _____ BLDG _____	PR
Summary of Work Scope	
FOD Rep Name	FOD Rep Z#
FOD Rep Signature	
FOD Rep Signature Date	FOD Signature Expiration Date
Project Scoping Walk-Down Team Members	
Requester Name	STR Name
Safety Rep Name	DESH-CPCS Name
Industrial Hygienist Name	Radiation Protection Name
DEP Name	WMC Name
ESO Name	Other Role & Name
Other Role & Name	Other Role & Name

Attachment F1-0: FOD Exhibit F Site Hazard Analysis and Coordination Requirements

FOD Entry and Coordination Requirements and Site Hazard Identification			
The questions below are intended to identify location hazards and/or required controls to alert subcontractors to their presences for work planning purposes.			
Facility & Other Access and Work Control Requirements			
<input type="checkbox"/> Y <input type="checkbox"/> N	Entry/coordination requirements	<input type="checkbox"/> Y <input type="checkbox"/> N	Attend FOD Plan of the <input type="checkbox"/> Day <input type="checkbox"/> Week
<input type="checkbox"/> Y <input type="checkbox"/> N	Work must be scheduled with the FOD	<input type="checkbox"/> Y <input type="checkbox"/> N	Confirm coordination with <input type="checkbox"/> space owner <input type="checkbox"/> FOD daily
<input type="checkbox"/> Y <input type="checkbox"/> N	Personnel access point check-in and check-out	<input type="checkbox"/> Y <input type="checkbox"/> N	Adjacent work coordination required (list below)
<input type="checkbox"/> Y <input type="checkbox"/> N	Vehicle access check-in and check-out	<input type="checkbox"/> Y <input type="checkbox"/> N	FOD-designated POC must initially sign IWD Part 3
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Check-in daily <input type="checkbox"/> check-out daily	<input type="checkbox"/> Y <input type="checkbox"/> N	FOD coordination or hold points required (list below)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Security clearance <input type="checkbox"/> escort from <input type="checkbox"/> FOD <input type="checkbox"/> subctr	<input type="checkbox"/> Y <input type="checkbox"/> N	Adjacent work coordination required (list below)
<input type="checkbox"/> Y <input type="checkbox"/> N	Non-security related escort required	<input type="checkbox"/> Y <input type="checkbox"/> N	Affected operations-systems coordination (list below)
<input type="checkbox"/> Y <input type="checkbox"/> N	Facility-specific training required	<input type="checkbox"/> Y <input type="checkbox"/> N	Active fire suppression system in area
<input type="checkbox"/> Y <input type="checkbox"/> N	FOD Building Emergency Plan briefing required	<input type="checkbox"/> Y <input type="checkbox"/> N	Fire hydrant or water source use NOT allowed
<input type="checkbox"/> Y <input type="checkbox"/> N	Protect sensitive, high \$\$ equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Outage coordination for fire protection
<input type="checkbox"/> Y <input type="checkbox"/> N	Coordinate use of LANL-owned equip required	<input type="checkbox"/> Y <input type="checkbox"/> N	Outage coordination ventilation
Safety Concerns			
<input type="checkbox"/> Y <input type="checkbox"/> N	Lockout/tagout coordination <input type="checkbox"/> mechanical <input type="checkbox"/> steam <input type="checkbox"/> hydraulic <input type="checkbox"/> pneumatic <input type="checkbox"/> capacitors <input type="checkbox"/> batteries <input type="checkbox"/> electrical <input type="checkbox"/> chemical	<input type="checkbox"/> Y <input type="checkbox"/> N	Facility fixed industrial ladder use allowed
<input type="checkbox"/> Y <input type="checkbox"/> N	Electrical power available for use	<input type="checkbox"/> Y <input type="checkbox"/> N	Stairwell access to roof
<input type="checkbox"/> Y <input type="checkbox"/> N	Active cranes or overhead equipment in area	<input type="checkbox"/> Y <input type="checkbox"/> N	Elevated work surfaces without access points
<input type="checkbox"/> Y <input type="checkbox"/> N	Forklifts and other materials handling equip in area	<input type="checkbox"/> Y <input type="checkbox"/> N	Elevated surfaces unprotected
<input type="checkbox"/> Y <input type="checkbox"/> N	Forklifts and other materials handling equip in area	<input type="checkbox"/> Y <input type="checkbox"/> N	Elevated surfaces protected (parapet/guardrails)
<input type="checkbox"/> Y <input type="checkbox"/> N	Earth moving equipment active in area	<input type="checkbox"/> Y <input type="checkbox"/> N	Elevated surfaces with designated areas
<input type="checkbox"/> Y <input type="checkbox"/> N	Drop ceiling access or other hidden hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Elevated surface load limits not posted/determined
<input type="checkbox"/> Y <input type="checkbox"/> N	Powerlines or other overhead obstructions	<input type="checkbox"/> Y <input type="checkbox"/> N	Inadequate lighting in area
Industrial Hygiene		Radiation Protection	
<input type="checkbox"/> Y <input type="checkbox"/> N	Notify FOD if asbestos in area disturbed	<input type="checkbox"/> Y <input type="checkbox"/> N	Radiological controlled area or legacy rad area
<input type="checkbox"/> Y <input type="checkbox"/> N	Unique alarm systems (O ₂ , LEL, hydrogen)	<input type="checkbox"/> Y <input type="checkbox"/> N	RAD training <input type="checkbox"/> GERT <input type="checkbox"/> RAD Worker
<input type="checkbox"/> Y <input type="checkbox"/> N	Cryogen use in area – evacuate if alarm	<input type="checkbox"/> Y <input type="checkbox"/> N	RAD trained-escort <input type="checkbox"/> GERT <input type="checkbox"/> RAD Worker
<input type="checkbox"/> Y <input type="checkbox"/> N	Metals surface contamination area	<input type="checkbox"/> Y <input type="checkbox"/> N	Radiation work permit provided by <input type="checkbox"/> FOD <input type="checkbox"/> CPCS
<input type="checkbox"/> Y <input type="checkbox"/> N	Lead, cadmium, or chromium pigment in paint	<input type="checkbox"/> Y <input type="checkbox"/> N	Full-time RCT coverage provided by <input type="checkbox"/> FOD <input type="checkbox"/> CPCS
<input type="checkbox"/> Y <input type="checkbox"/> N	Beryllium area – LANL to downgrade before start	<input type="checkbox"/> Y <input type="checkbox"/> N	Radiological surveys required; done by <input type="checkbox"/> FOD <input type="checkbox"/> CPCS
<input type="checkbox"/> Y <input type="checkbox"/> N	Carcinogen regulated area – LANL secure before start	<input type="checkbox"/> Y <input type="checkbox"/> N	Exit monitoring required by LANL RP
<input type="checkbox"/> Y <input type="checkbox"/> N	Chemicals in area – LANL “safe” before start	<input type="checkbox"/> Y <input type="checkbox"/> N	Respiratory protection required by LANL RP
<input type="checkbox"/> Y <input type="checkbox"/> N	LANL IH characterization done before/during work	<input type="checkbox"/> Y <input type="checkbox"/> N	TLD or other radiation dosimeter required

Attachment F1-0: FOD Exhibit F Site Hazard Analysis and Coordination Requirements

Y N	Chemicals contained in equipment (list below)	Y N	Radiation generating device – coordinate shutdown	
Y N	Mercury/PCB may be present in systems/equipment	Waste Management and Environmental Requirements		
Y N	Hearing protection required in area	Y N	Waste management provided by <input type="checkbox"/> FOD <input type="checkbox"/> EPC-WMS	
Y N	Nanoparticles – access coordination required	Y N	Waste sampling required before work start	
Y N	Non-ionizing radiation – coordinate shutdown	Y N	Waste accumulation area coordination required	
Y N	Magnet use area – coordinate shutdown	Y N	Laydown area input required from <input type="checkbox"/> FOD <input type="checkbox"/> EPC-WMS	
Y N	Explosives area access instructions & coordination	Y N	Water other liquid discharge coordination required	
Y N	Class 3B or 4 laser lab – coordinate shutdown	Y N	Work in/within 100ft of Consent Order Site boundary	
Y N	Biosafety lab (BSL-1 or BLS-2) access coordination	Y N	Air quality reporting to <input type="checkbox"/> FOD <input type="checkbox"/> CPCS <input type="checkbox"/> EPC via STR	
Y N	Potentially infectious material – sewage, wastewater	Y N	Biological resources protection anticipated	
Y N	Potentially infectious material – rodent nest, etc.	Y N	Cultural resources protection anticipated	
Y N	Confined space access (list space numbers below) Types ¹ <input type="checkbox"/> permit-required <input type="checkbox"/> C7 <input type="checkbox"/> C5	FOD-Mandated PPE Required for Entry		
Y N	Eyewash and/or safety shower NOT available	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Nitrile or latex gloves	<input type="checkbox"/> Lab coat
Y N	Pest control needed from LANL before work start	<input type="checkbox"/> Security vest	<input type="checkbox"/> High visibility vest	<input type="checkbox"/> Face shield
Y N	Bathrooms and drinking water available	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Earplugs (min NRR__)	<input type="checkbox"/> Safety shoes
Y N	Thermally hot or cold location	<input type="checkbox"/> Anti-contamination	<input type="checkbox"/> Booties	<input type="checkbox"/> Hood
Y N	HE Hazardous Work Permit (Form 3005) required			
Y N	Area known to contain high explosive hazards – if yes, all subcontractor and lower-tier subcontractor personnel are to review and sign the HE acknowledgement, adding additional signature pages if needed			
High Explosive (HE) Hazard Acknowledgement				
I acknowledge that I have received notice of the presence and associated hazards of working within proximity of high explosive materials and by signing below, hereby agree to accept the risk of working within proximity distance of high explosive materials.				
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		
(Printed Name, Z#)		(Signature, date)		

Attachment F1-0: FOD Exhibit F Site Hazard Analysis and Coordination Requirements

(Printed Name, Z#)	(Signature, date)
(Printed Name, Z#)	(Signature, date)
Additional notes:	
Chemicals of concern:	
Affected operations or adjoining areas:	
Authorized LANL-owned equipment use:	
FOD hold point coordination:	

¹ C7 Temporary Reclassification Certification to a non-permit required confined space – no potential for hazardous atmosphere and all other primary hazards can be eliminated without entering a confined space (e.g. lockout/Tagout)

C5 Alternate Entry Procedure – if the only hazard is a potentially hazardous atmosphere which is fully controlled by ventilation, then no rescue method is required and the permit-required confined space entry procedure remains the same