



Non-Construction Safety Management Plan Checklist-MSD Equipment Vendor Version

Part 1: To Be Completed by Subcontractor/Vendor

Submission of this completed form is a prerequisite for Performing Work in MSD Laboratories.

Instructions: Complete this form for all on-site service, warranty and repair work and return it to the LBNL equipment manager. Identify all hazards that could be present in your scope of work. If a box is checked "Yes", then additional documentation may be required. If you have any questions in filling out this document, please contact Rick Kelly at (510)486-4088. Submission of this form meets requirements specific to the Materials Sciences Division at LBNL. All other applicable Institutional requirements still apply.

Date Prepared _____ Estimated start time and length of job _____

Subcontractor _____ Phone _____ Cell Phone _____

Prepared by: _____ Job Title _____ Phone _____

Subcontractor Point of contact: _____ Phone: _____ e-Mail: _____

Scope of Work;

*Doing what, where,
with what materials*

Job Location (Bldg. No.) /Site): _____

Yes No
1. **Facility Modification** – Does the scope of your job include any modifications to our facility? If so, describe below.

2. **Utilities Shut-Off**
Does the work involve shutting off any electrical circuits, water, gas, or steam valves, or other utilities?
If so, specify which utilities are to be shut off.

Describe the hazards involved and how you will protect the worker.

Lock and tag procedure-See LBL EHS manual, Chapter 18 for minimum requirements
(<http://www.lbl.gov/ehs/pub3000/CH18.html>).



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3. **Electrical Work**

Will work be performed on any electrical component or equipment (i.e., work involving installation, demolition, modification or testing and analysis of electrical equipment or conductors)? If so, describe below

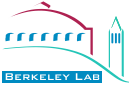
Describe the hazards involved and how you will protect the worker.

Will your work be performed near any open or exposed electrical energized equipment or energized circuits (greater than 50 volts)? If so, describe below.

Describe the hazards involved and how you will protect the worker

4. **Personal Protective Equipment**-Does the scope of the work involve hazards that require the use of any of the protective equipment listed below?

<input type="checkbox"/>	Safety Glasses	Describe eye hazard.	Describe how you will protect the worker.
<input type="checkbox"/>	Ear plugs or ear muffs	Describe noise hazard.	Describe how you will protect the worker
<input type="checkbox"/>	Steel toes shoes	Describe foot hazard.	Describe how you will protect the worker.
<input type="checkbox"/>	Gloves	Describe hand hazard	Describe how you will protect the worker.
<input type="checkbox"/>	Respirators,	Describe airborne hazard.	Describe how you will protect the worker. <u>Attach:</u> Respiratory Protection Plan:
<input type="checkbox"/>	Electrical personal protective equipment	Describe the electrical hazard.	Describe how you will protect the worker.
<input type="checkbox"/>	Other personal protective equipment	Describe the hazard.	Describe how you will protect the worker.



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5. **Fall Protection**– Will you be working at heights above 6 feet and within 15 feet of an unprotected edge? If so, describe the work which will require fall protection.

Describe the hazards involved and how you will protect the worker.

6. **Fire Protection/Prevention** –Will your work include the use of open flames such as torches, welders, grinders, tar pots or any other tool or process/procedure that could cause sparks or open flames? Will work be performed near combustible storage containers? Describe below.

Describe the hazards involved and how you will protect the worker.

7. **Refrigeration Repair or Maintenance.** Will your work include work on chillers? If so, describe below.

Describe the hazards involved and how you will protect the worker.



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8. **Power & Hand Tool** Will your work require the use of dangerous power and hand tools, e.g.; circular saws, axes, chisels, etc.? If so, list the tools and describe their use below.

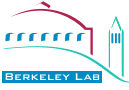
Describe the hazards involved and how you will protect the worker.

9. **Hazard Communication/Toxic Substances**– Will the scope of your work require the use of hazardous substances? If so, check all that apply below and include requested information.

<input type="checkbox"/>	Chemicals or chemical related products	<ul style="list-style-type: none"> ▪ List materials or products ▪ Describe the process involving the chemicals. ▪ Describe hazards involved and how you will protect the worker.
<input type="checkbox"/>	Gases	<ul style="list-style-type: none"> ▪ List gases, including quantities, ▪ Describe the process involving the gases, ▪ Describe how you will protect the worker
<input type="checkbox"/>	Biological materials	<ul style="list-style-type: none"> ▪ List all biologicals ▪ Describe the working involving the biologicals ▪ Describe how you will protect the worker.
<input type="checkbox"/>	Flammable materials, including flammable adhesives and glues	<ul style="list-style-type: none"> ▪ List materials, ▪ Describe the work involving the flammables. ▪ Describe how you will protect the worker. ▪ Attach your Hazard Communication Program.
<input type="checkbox"/>	Radioactive materials or radiation generating devices > Class I	<ul style="list-style-type: none"> ▪ List all materials/devices ▪ Describe the work involving radioactive materials or radiation generating devices. ▪ Describe how you will protect the worker. ▪ Attach your radiation protection program. G

10. **Excavation of Ground Surfaces and Penetration of Existing Concrete Structures** Will the scope of your work require you to perform any mounting to walls or penetration (including chipping) into the ground, walls, floors, sub floors, and/or any excavation, trenching, including the use of stakes or poles? Describe including the depth of the penetration.

Describe the hazards involved and how you will protect the worker.



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11. **Confined Space Entry** Will the scope of your work require you to be working in a confined space (including manholes) where combustible, toxic, or other hazardous materials are present.

Describe the hazards involved and how you will protect the worker.

Attach your Confined Space Program.

12. **Lead Paint Removal** Will the work involve sanding, grinding, scraping, brazing, welding, or otherwise disturbing painted surfaces in such a way that particles may become airborne? If so, describe the scope of work you will be performing that disturbs the lead.

Describe how you plan to control the spread of airborne lead and protect the worker.

13. **Painting Walls** Does the scope of your work include sanding walls and/or ceilings or washing of exterior walls (There is a potential for disturbing lead or asbestos)? If so, describe.

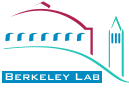
Describe the hazards involved and how you will protect the worker

14. **Asbestos** Will the subcontractor work with asbestos? Is so, describe the scope of your work that will involve removing the asbestos, how much asbestos your will be removing.

Describe the hazards involved and how you will protect the worker.

Attach your asbestos program.

15. **Lasers** Will you be working on Class 3B or Class 4 lasers or microwave sources greater than 5 mW/cm², including warranty work. If so, describe your scope of work.



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Describe the hazards involved and how you will protect the worker

Attach your laser safety program.

16. **Radiation Safety** Will radiography be performed or radioactive materials or ionizing radiation sources be used? If so, describe the hazards below and how you will protect the worker.

17. **Other** – Identify any other hazard associated with this job and the controls you are planning on using to protect the worker.



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Part 2: MSD Permit for Vendor Services (Installation, Maintenance & Repair Work)

Equipment Manufacturer: _____ Permit # _____

Installation/Service Vendor: _____

MSD Laboratory Contact: _____ Phone # _____

Building _____ Room _____ Equipment _____

Vendor Technicians (Print)

Lead: _____

Lead technician phone # _____

Other phone # _____

Required Institutional Permits

_____ Hot work _____ Penetration _____ Conf. Space _____ EEW _____ Radiation

Comments: _____

Approved by _____

Date _____

THIS PERMIT IS VALID FOR A PERIOD OF ONE YEAR FROM THE APPROVAL DATE FOR THE SCOPE OF WORK DESCRIBED HEREIN BY THE LISTED SERVICE PERSONNEL. ANY CHANGE IN PERSONNEL OR SCOPE OF WORK REQUIRES A NEW REVIEW AND EITHER AN UPDATE OF THIS PERMIT OR A NEW PERMIT.

PERMIT MUST BE DISPLAYED AT THE JOB SITE DURING WORK