

SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

ACCESS REQUEST

Prime Contractor	Contract #	Date
Sub-Contractor	AR #	Revision
Contact for Contractor	Work Item #	CPM Activity #
Phone	<input type="checkbox"/> Work Plan Attached	<input type="checkbox"/> Drawing Attached

PART 1 – CONTRACTOR WORK PERMIT

Start Date/Time	Completion Date/Time
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Reference Contract Drawings/Specifications

Equipment or System to be Worked On

Location of Work

Provide RMP/MOC no. for work affecting SRWTP Gas Mgmt. or Chemical Handling Areas:

Type of Work (check all that apply)	<input type="checkbox"/> Civil	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Instrumentation
	<input type="checkbox"/> Process	<input type="checkbox"/> Coating	<input type="checkbox"/> Hotwork	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Mobilization	<input type="checkbox"/> Traffic/Ped. Access	<input type="checkbox"/> Shutdown	

Description of Work _____

Anticipated Hazards _____

Tools/Equipment to be Used	<input type="checkbox"/> Cutting/Welding Torches	<input type="checkbox"/> Arc Welders	<input type="checkbox"/> Jack Hammers
	<input type="checkbox"/> Power Saws	<input type="checkbox"/> Grinders	<input type="checkbox"/> Pneumatic Tools
	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Crane	<input type="checkbox"/> Radioactive Test Device

Revised 11-2015

Access Request – Page 1 of 3

Access Request Instructions

- Contractor fills out AR with sufficient information to define the work and anticipated safety hazards and signs at bottom of page 2.
- If it is a CIP - R.E. reviews AR and signs on page 3 prior to delivering AR to District Representative.
- District Representative(s) reviews and approves the AR with conditions, restrictions, or additional Safety items (all additional safety items on page 2 will be initialed).
- District Rep/RE gives approved AR back to contractor prior to contractor performing the work.
- Contractor reviews AR conditions and Safety page prior to beginning work.

Note: For ARs for utility or outside agency work, contractor interacts directly with District Representative

PART 2 – CONTRACTOR SAFETY PRECAUTIONS

All items checked will be complied with/used in accordance with applicable safety standards (CalOSHA, UFC, etc.) and the requesting contractor's safety program.

HOT WORK PLAN <input type="checkbox"/> Isolate Combustibles <input type="checkbox"/> Fire watch <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Flash Protection	REVIEW EMERGENCY PROCEDURES/ALARMS <input type="checkbox"/> Chlorine/Sulfur Dioxide Areas <input type="checkbox"/> Oxygen Handling Areas <input type="checkbox"/> Gas Management Areas <input type="checkbox"/> Other _____
AIR MONITORING <input type="checkbox"/> Continuous <input type="checkbox"/> Periodic <input type="checkbox"/> Frequency _____	HOUSEKEEPING <input type="checkbox"/> Debris Removal <input type="checkbox"/> Dust Control <input type="checkbox"/> Maintain access to/through worksite
POTENTIAL ATMOSPHERIC HAZARDS TO BE MONITORED <input type="checkbox"/> Oxygen Deficiency <input type="checkbox"/> Oxygen Enrichment <input type="checkbox"/> Combustible Gases <input type="checkbox"/> Toxic Gases <input type="checkbox"/> Other _____	EXCAVATION/TRENCHES <input type="checkbox"/> Shoring <input type="checkbox"/> Sloping <input type="checkbox"/> Benching <input type="checkbox"/> Barricades <input type="checkbox"/> Excavation Plan Submittal Number _____
HAZARDOUS MATERIALS TRAINING <input type="checkbox"/> Substance(s) _____	ELEVATED AREAS <input type="checkbox"/> Fall Protection <input type="checkbox"/> Guardrails
ENERGY CONTROL PROCEDURES <input type="checkbox"/> Lockout <input type="checkbox"/> Blockout <input type="checkbox"/> Tagout	PIPING/EQUIPMENT OPENING AND/OR ENTRY (ensure prior to opening) <input type="checkbox"/> Effectively Isolated <input type="checkbox"/> Depressurized <input type="checkbox"/> Drained <input type="checkbox"/> Purged/Flushed of Hazardous Substance(s)
VENTILATION <input type="checkbox"/> Natural only <input type="checkbox"/> Auxiliary, continuous	ABATEMENT ACTIVITIES (Title 8, Construction Safety Orders) <input type="checkbox"/> Asbestos (Article 4 § 1529) <input type="checkbox"/> Lead (Article 4 § 1532.1)
CONFINED SPACE PROCEDURES <input type="checkbox"/> Permit Required <input type="checkbox"/> Personnel Retrieval System <input type="checkbox"/> Non-permit <input type="checkbox"/> Communication w/ Entrant <input type="checkbox"/> C-5 <input type="checkbox"/> Rescue Personnel @ site <input type="checkbox"/> Entry Permit @ site <input type="checkbox"/> Supplied Air	OTHER SAFETY PRECAUTIONS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

AR SUBMITTAL SIGNATURE BLOCK

Contractor signs below after page 1 and 2 are filled out with sufficient detail to allow AR to be reviewed. Contractor identifies all anticipated safety items prior to signing below. Safety Office staff will initial next to any additional safety items that have been checked off during the AR review process.

_____ Contractor Representative	_____ Date
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RE Comments	<input type="checkbox"/> See Attachment
Reviewed by Resident Engineer (If Applicable)	Date

PART 3 – APPROVERS’ REMARKS

Safety Office Comments	<input type="checkbox"/> See Attachment

Approved By: Regional San Safety Office	Date
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O&M Support Comments	<input type="checkbox"/> See Attachment

Approved By: Regional San O&M Support/District Representative	Date
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SIGNATURE BLOCK

The work described by this Access Request has been reviewed. The work methods described and identified in Parts 1 & 2, and the additional safety precautions identified in Parts 2 & 3 will be complied with and effectively communicated to personnel assigned this task. If the contractor does not agree with additional safety precautions, work shall not start until resolution is attained.

Contractor Representative	Date
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- Distribution:**
- | | | |
|---|--|--|
| <input type="checkbox"/> Operation Support | <input type="checkbox"/> O&M Manager 1 (2) | <input type="checkbox"/> Electrical Supervisor |
| <input type="checkbox"/> Safety Office Representative | <input type="checkbox"/> Process Team Leader | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Resident Engineer | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Project Engineer |
| <input type="checkbox"/> Contractor (supplied by RE) | | |
- *Note – Provide copies of approved ARs to applicable sections, always include O&M Manager 1’s in the distribution.**