

### EHS Assessment Form for Government Sponsored Contractors

NAME OF COMPANY: \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_ Period of Performance: \_\_\_\_\_

1. DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

2. Materials / Processes that may be used at HII SDSY (check all that apply):

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Welding/Hot Work                     | <input type="checkbox"/> Painting                | <input type="checkbox"/> Paint Removal | <input type="checkbox"/> Solvent Use        |
| <input type="checkbox"/> Adhesive Use                         | <input type="checkbox"/> Insulation/Lagging      | <input type="checkbox"/> Armored Cable | <input type="checkbox"/> Ventilation System |
| <input type="checkbox"/> Generate Haz Waste                   | <input type="checkbox"/> Oil/Petroleum Products  | <input type="checkbox"/> Oil Transfer  | <input type="checkbox"/> Lighting Systems   |
| <input type="checkbox"/> Refrigerants                         | <input type="checkbox"/> Chemical Cleaning/Flush | <input type="checkbox"/> Blasting      | <input type="checkbox"/> Other, List Below: |
| <input type="checkbox"/> Other (including consumables): _____ |  |  |   |

Note: If any of the above processes are conducted or hazardous materials are used, company may be required to complete additional HII SDSY EHS disclosure documents.

YES NO

3. Does your work at HII SDSY require the use of tools?

IF YES, please list: \_\_\_\_\_

4. Will your work disturb paint/coatings/nonskid?

5. Will your work disturb lagging/insulation, asbestos, or otherwise?

6. Will your work require the use of any hazardous materials? (Paint Adhesives, Weldrod, Liquid Tape, Solvents, Etc.)

If YES, please list and provide SDS's compliant with the 16 Section Format in 29 CFR 1910.1200.: \_\_\_\_\_

7. Will you be entering into confined spaces that are confined in nature as defined by 29 CFR Part 1915 Subpart B?

8. Will you perform any energy isolation to complete your work?

Note: If YES to questions 3-8 above, company may be required to complete additional SDSY EHS screening.

*Our company and its employees will comply with all HII, Federal, State and local laws, ordinances and regulations while performing work within HII SDSY shipyard.*

Your company's EHS Representative Information:

\_\_\_\_\_  
Name of EHS Representative Position/Title

\_\_\_\_\_  
Day Telephone/Emergency Telephone Email Address

\_\_\_\_\_  
Date Signature

HII SDSY EHS Use Only:

HII EHS Job Number: \_\_\_\_\_ Item Number(s): \_\_\_\_\_

<input type="checkbox"/> No further compliance documents needed.		
<input type="checkbox"/> Additional compliance documents required.	Sent	Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Form Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_