NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

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REGULATED CONSTRUCTION PROJECT NOTIFICATION FORM

I. PROJECT SUMMARY AND CONTACT INFORMATION

GENERAL CONTRACTOR _____

MAILING ADDRESS _____

PROJECT CONTACT PERSON _____

PHONE # _____ Email: _____ FAX # _____

PROJECT NAME _____

PROJECT ADDRESS _____

START DATE _____ ESTIMATED COMPLETION DATE _____

SITE SUPERINTENDENT _____

SITE PHONE # _____ SITE FAX # _____

DO YOU HAVE CELL PHONE COVERAGE IN REMOTE AREAS? YES / NO CELL PHONE # _____

II. DESCRIPTION OF CONSTRUCTION PROJECT

TOTAL COST OF PROJECT _____ # OF STRUCTURES _____

OF FLOORS _____ SQ. FT. PER FLOOR _____ TOTAL SQ. FT. _____

HEIGHT OF STRUCTURE (FT.) _____ DEPTH BELOW GROUND _____

TYPE OF CONSTRUCTION (E.G., STRUCTURAL STEEL, WOOD FRAME, ETC.)

_____

_____

NEW CONSTRUCTION? YES ___ NO ___

REMODEL/RENOVATION? YES ___ NO ___ WHEN _____

ASBESTOS SURVEY? YES ___ NO ___ WHEN _____

LEAD SURVEY? YES ___ NO ___ WHEN _____

THE FINISHED BUILDING WILL HAVE _____ BOILERS; _____ PRESSURE VESSELS:

_____ ELEVATORS; _____ ESCALATORS; _____ MOVING WALKWAYS

DO YOU HAVE EMS FOR EMPLOYEES IN REMOTE LOCATIONS? YES / NO

DOES THIS PROJECT INCLUDE SHAFTS AND TUNNELS? YES / NO. IF YES, ATTACH SPECIFICATIONS.

IS THIS PROJECT AN OCIP/CCIP SITE? YES – NO. IF YES, WHO ARE THE REPRESENTATIVES

_____ _____

_____ _____

III. SAFETY ISSUES

WILL YOU BE WORKING NEAR ENERGIZED POWER LINES? YES / NO. IF YES, HOW CLOSE WILL YOU GET TO THE LINES? _____

WILL THIS PROJECT REQUIRE 100% TIE-OFF FOR EMPLOYEES WORKING SIX FEET OR HIGHER? YES / NO

WHAT FALL PROTECTION SYSTEM(S) WILL YOU BE USING? _____

_____

_____

DESCRIBE ANY UNIQUE STRUCTURES OR ARCHITECTURAL FEATURES. _____

_____

_____

_____

DESCRIBE WHEN & WHERE PERSONNEL HOIST(S) WILL BE INSTALLED & USED (*Required for all structures over 60 feet. See requirements in NAC 618.507)*

_____

_____

DESCRIBE THE EXCAVATIONS, THE LENGTH, WIDTH, DEPTH AND THE TYPES OF PROTECTIVE SYSTEMS WHICH WILL BE USED.

_____

_____

_____

WILL YOU HAVE EXCAVATIONS DEEPER THAN 20 FEET? YES / NO. IF YES, ATTACH THE ENGINEERED PROTECTIVE SYSTEM.

WHO IS RESPONSIBLE FOR PERFORMING THE DAILY INSPECTIONS OF THE EXCAVATIONS?

_____

DESCRIBE HOW YOU WILL ENSURE THAT A PHOTOVOLTAIC INSTALLER IS LICENSED AS DESCRIBED IN NRS 618.922 AND NAC 618.462?

_____

_____

_____

DESCRIBE THE TYPE OF SCAFFOLDING THAT WILL BE USED. _____

_____

_____

NAME THE COMPANY WHO WILL BE RESPONSIBLE FOR THE ERECTION OF THE SCAFFOLDING.

_____

WHO IS RESPONSIBLE FOR PERFORMING THE DAILY INSPECTION OF THE SCAFFOLDING?

_____

HOW MANY OF THE FOLLOWING TYPES OF EQUIPMENT WILL BE USED ON THIS CONSTRUCTION SITE?

AERIAL LIFTS _____ FORKLIFTS _____ ALL-TERRAIN FORKLIFTS _____ SCISSOR LIFTS _____

WHO WILL ENSURE OPERATORS ARE TRAINED AND HAVE A CURRENT CERTIFICATION FOR THE ABOVE EQUIPMENT? _____

MANDATORY OSHA 10- AND 30-HOUR CONSTRUCTION TRAINING. DESCRIBE THE PROCEDURES TAKEN TO ENSURE THAT EMPLOYEES ON THIS CONSTRUCTION SITE HAVE A COMPLETION CARD AS DESCRIBED IN NRS 618.957, .967, .983 AND .987. _____

_____

_____

WHO IS RESPONSIBLE FOR SITE CLEAN-UP? HOW OFTEN? _____

_____

DESCRIBE THE TYPE AND NUMBER OF CRANES? *(NRS 618.880 - .886 and NAC 618.342 - .410 regulate the use of cranes. The code also requires pre-erection & dismantling plans, meetings with NVOSHA, etc.)* _____

_____

_____

DESCRIBE HOW YOU WILL ENSURE THAT THE CRANE OPERATORS HOLD A VALID CERTIFICATION OR RECERTIFICATION TO OPERATE THE MOBILE & TOWER CRANES AS DESCRIBED IN NRS 618.880. *(As of July 1, 2011, Operators must have 1,000 hours of crane operation time within five (5) years of certification).* _____

_____

_____

_____

DESCRIBE HOW YOU WILL ENSURE THAT AN ASBESTOS CONTRACTOR, EMPLOYEES, MONITORS, INSPECTORS, CONSULTANTS, & PROJECT DESIGNERS ARE LICENSED BY NVOSHA; AND PERFORMING ACTIVITIES FOR ABATEMENT AS DESCRIBED IN NRS 618.9155, .922, .926, .929, .931, .938, .941, AND .950-.961. _____

_____

_____

_____

_____

IV: SAFETY INSPECTIONS/INVESTIGATIONS

SAFETY OFFICER _____ PHONE # _____

HOW OFTEN WILL SAFETY INSPECTIONS BE DONE? _____

HOW WILL SAFETY VIOLATIONS BE DOCUMENTED? _____

DESCRIBE THE ACCIDENT AND INJURY INVESTIGATION PROCESS TO BE FOLLOWED AT THIS JOB SITE.

_____

_____

_____

DESCRIBE COMPANY POLICIES & PROCEDURES DESIGNED TO ENSURE EMPLOYEES OF THE GENERAL CONTRACTOR AND THE SUBCONTRACTORS COMPLY WITH SAFETY RULES AND WORK PRACTICES.

_____

_____

_____

V. SUBCONTRACTORS WHO WILL BE WORKING ON THE PROJECT

NAME OF COMPANY	TRADE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

PLEASE CONTACT ONE OF THE DISTRICT OFFICES IF YOU HAVE ANY QUESTIONS.