Form A Assignments and startup release

Complete before affected work. Attach qualification evidence. A name on this form is not a certification.

Project or company scope _____

Prepared by and date _____

Assignment	Name and contact	Evidence and scope of authority
Program administrator	Konstantin Ternavskiy Phone: _____	Owner and President; technical roles require separate verification.
Job supervisor		
General site competent person		
Scaffold competent person		
Silica competent person		
Fall protection technical reviewer		
Certified lead renovator		
Respiratory administrator		
First aid responder and backup		
OSHA reporting backup		

[ ] Current plan adopted; emergency contacts and required job forms completed.

[ ] Training, equipment, required registrations and credentials verified for released tasks.

[ ] Lead, silica, respiratory and other specialist work held until all applicable controls are ready.

Outstanding holds and responsible person _____

Released scope _____

President or authorized supervisor signature and date _____

Form B Job hazard assessment

Prepare with the crew before work and revise after changes. Attach more sheets when needed.

Job address and unit _____

Supervisor and date _____

Scope and work sequence _____

Building age and evidence _____

Occupants and access restrictions _____

Lead asbestos silica and utility screening decision _____

Task or step	Hazard and persons exposed	Controls and PPE	Responsible person

Equipment and manufacturer instructions reviewed _____

Required specialist assessment or permit _____

Emergency form and fall rescue form reviewed _____

Crew briefing names or attached attendance _____

[ ] Controls verified in place. No unresolved stop-work item affects the released work.

Supervisor release signature and time _____

Change review date and description _____

Form C Daily jobsite inspection

Address _____

Date time weather and inspector _____

Mark each item P = pass, F = fail, N = not applicable. Explain every F and N. A critical failure means stop affected work.

Check	P F N	Correction or follow-up
Crew briefing and current job assessment		
Required competence training and credentials		
Emergency address access first aid and phone		
Occupant barriers safe exits and drop zones		
Openings covers guardrails and structure		
Harness anchorage clearance and rescue		
Ladder feet rails locks and secure setup		
Scaffold shift inspection access ties and load		
Lift inspection operator and ground conditions		
Tool guards blades switches and batteries		
GFCI cords plugs and utility clearance		
Silica controls water airflow and housekeeping		
Lead containment credentials and hygiene		
Chemical labels SDS ventilation and PPE		
Glass racks lifting aids and carry route		
Clean floors scrap containers and material stacks		
Fire protection sanitation heat cold and wind		
Subcontractor coordination and work interfaces		

Stopped activities and Form K reference _____

Corrections verified by and time _____

End of shift openings security containment and cleanup _____

Form D Fall protection and rescue

Use for the actual task. This is not an alternative fall-protection plan under 1926.502(k).

Job address date and task _____

Work height lower level and nearby obstacles _____

Opening dimensions interior sill and exterior drop _____

Selected access and protection method _____

Anchor identification location capacity and supporting evidence _____

Harness connector and device make model and compatibility _____

Qualified reviewer if required and competence evidence _____

Available clearance and calculation attachment _____

Free fall deceleration swing fall and edge risks addressed _____

Equipment inspection person date and result _____

Rescue arrangements before exposure

Rescue method and equipment location _____

Trained rescuers and backup _____

Rescuer protection and safe access _____

Emergency communication and EMS access _____

Means of prompt retrieval checked and limitations _____

Crew briefing and practical review date _____

[ ] No exposed work until protection, clearance and prompt rescue are feasible.

Technical approval where required _____

Supervisor release signature date and time _____

Form E Silica task control record

Complete for each distinct operation. Attach the full applicable Table 1 entry or exposure-assessment evidence.

Project date and competent person _____

Material and silica information source _____

Task tool make model and accessory _____

Indoor outdoor or enclosed location _____

Task duration and combined Table 1 task duration per shift _____

Method chosen and exact Table 1 item or assessment reference _____

Water delivery or shroud and dust collector specification _____

Required airflow filter efficiency and filter cleaning method _____

Indoor exhaust ventilation and inspection method _____

Respirator APF type and reason required or not required _____

Required respirator clearance fit test and training checked _____

Barriers other trades and occupant protection _____

Cleanup vacuum bag disposal and slurry control _____

Control inspection frequency and failure response _____

Monitoring results worker notification and reassessment if applicable _____

Required respirator days tracked and surveillance decision _____

[ ] Crew trained; controls operating; assessment evidence attached; no unresolved hold.

Competent person signature and date _____

Supervisor release and annual or change review date _____

Form F Training and acknowledgment

Record actual instruction and demonstrated understanding. Attendance alone is not proof of competence.

Date location and duration _____

Topic tools tasks and applicable requirements _____

Trainer and qualification basis _____

Language interpreter and materials used _____

Demonstration questions and evaluation method _____

Worker name	Signature	Demonstration result and limits

Retraining or follow-up required and due date _____

Trainer or employer signature and date _____

For fall protection training certification

Identify each trained employee above, the training date and the trainer or employer signature. If accepting prior training, enter the date its adequacy was verified and attach the supporting record. Maintain the latest certification.

Prior training adequacy review date and reviewer if applicable _____

Worker acknowledgment

I received the instruction recorded above, had an opportunity to ask questions and know how to report hazards and stop unsafe work. I will use the required controls and report when I cannot safely perform an assigned task. This acknowledgment does not waive any right or certify unverified qualifications.

Use the worker signatures above for this acknowledgment. Attach additional attendance sheets as needed.

Form G Lead RRP project checklist

Internal record only. Complete and retain all required EPA or Delaware official forms and detailed records.

Job address state dates and building age evidence _____

Affected painted components and scope _____

Coverage decision and supporting report if exempt _____

Firm credential jurisdiction number and expiration _____

Renovator credential number expiration and contact _____

[ ] Permitted test or assumption documented for every affected component.

[ ] Required pre-renovation pamphlet and notices delivered; evidence attached.

[ ] Delaware certification verified; DPH notification and any updates completed as required.

[ ] Delaware Occupant Protection Plan prepared and required delivery documented.

[ ] OSHA lead exposure determination and any interim protections completed separately.

[ ] Certified renovator assigned; worker training and required on-site presence arranged.

[ ] Occupants pets HVAC neighboring property exits and work zones protected.

[ ] Containment and approved methods checked; waste controlled during work and transport.

[ ] Required cleanup visual inspection and cleaning verification or clearance completed.

[ ] Required completion information delivered; records filed for applicable retention period.

Attachments and official notification receipt or delivery dates _____

Cleaning verification or clearance report reference and outcome _____

Problems corrections and remaining restrictions _____

Certified renovator signature and date _____

Supervisor closeout and records location _____

Form H Chemical inventory and SDS

Job or storage location _____

Responsible person and review date _____

SDS binder location or electronic access _____

Offline backup and worker access demonstrated _____

Exact product and manufacturer	Use and location	Main hazard and controls	SDS date and location

Before a new product or nonroutine task

[ ] SDS reviewed and container labels present and legible.

[ ] Ventilation PPE incompatibilities storage fire and spill controls established.

[ ] Affected workers trained and subcontractor information exchanged.

Nonroutine task review and additional assessment _____

Supervisor signature and date _____

Attach additional inventory sheets. Product identity must match the SDS and label; do not use generic entries such as “glue” or “cleaner.”

Form I Site emergency information

EMERGENCY 911

Job street address city state ZIP and unit _____

Access gate floor entry and responder directions _____

Supervisor name and phone _____

President phone and backup contact _____

First aid CPR responder and backup _____

First aid kit eyewash and extinguisher locations _____

Emergency medical facility name phone and address _____

Route and access checked on _____

Emergency vehicle access and person meeting responders _____

Assembly point and alternate _____

Primary and alternate exit routes _____

Phone coverage checked and alternate communication _____

Utility emergency contacts and shutoff locations _____

Fall rescue plan and equipment location _____

Crew response

Raise the alarm. Call 911. Evacuate by a safe route. Assemble and account for people. Guide responders. Do not attempt an unprotected rescue or reenter until authorized.

Accountability leader and substitute _____

Crew briefing date and participants _____

Prepared and verified by _____

Post this page at the job. Review changes immediately. Medical response and rescue feasibility must be verified before work; the form does not establish emergency-service response time.

Form J Subcontractor prework review

Project and subcontractor legal name _____

Scope start date and lower tier firms _____

Supervisor phone and emergency contact _____

Applicable registration license and expiration evidence _____

Insurance carrier and verified coverage record location _____

Training competence RRP or other credentials reviewed _____

Methods equipment and hazardous materials reviewed _____

Shared control	Providing employer and person	Coordination and inspection
Access scaffold or lift		
Fall protection openings and rescue		
Power and service isolation		
Dust lead silica and SDS		
Occupants waste and housekeeping		
Emergency and first aid		

[ ] Site briefing completed; stop-work rules and hazard reporting understood.

[ ] Shared hazards resolved and required specialist documents attached.

Open items restrictions and responsible party _____

Subcontractor representative signature and date _____

Company supervisor release signature and date _____

Acceptance of documents does not certify compliance or transfer statutory employer duties. Verify conditions during work.

Form K Incident and corrective action

Provide urgent care first. Use for incidents, near misses, hazards and stop-work actions. Restrict personal information.

Job address date time and reporter _____

Type injury illness near miss hazard or stop work _____

Persons involved and witnesses _____

Facts activity equipment and conditions _____

_____

Immediate care emergency call and area controls _____

President notified by and time _____

OSHA reportability decision and basis _____

Time event learned reporting deadline submission and confirmation _____

Carrier or other required notification and reference _____

Contributing conditions and root causes _____

Corrective action	Owner	Due	Verification and closure

Retraining job assessment or plan change _____

Restart authorization scope restrictions date and time _____

Supervisor signature and management review _____

Record factual observations. Do not assign blame for reporting. Keep clinical and confidential details in a separate restricted record.

Form L Respirator task authorization

Complete before required use. Attach written task procedures, medical clearance and fit-test records in their appropriate files.

Administrator name qualifications and date _____

Job task contaminant and assessment reference _____

Exposure estimate required APF and selection basis _____

Respirator make model style size filter or cartridge _____

Assigned users _____

Medical clearance date limitations and restricted record location _____

Fit test date method result and next due date _____

Training date trainer and next due date _____

Seal check instructions and facial hair restrictions reviewed _____

Filter replacement or cartridge change schedule and basis _____

Cleaning disinfection inspection storage and responsible person _____

Donning doffing work duration breaks and exit procedure _____

Malfunction exposure change and emergency response _____

Program evaluation date observations and corrections _____

[ ] No unknown oxygen-deficient or immediately dangerous atmosphere is authorized.

[ ] Required program elements are implemented and users demonstrate correct use.

Administrator release signature and date _____

Supervisor verification before task _____

For truly voluntary use, document the safe-use determination and Appendix D delivery separately; apply required medical and care provisions for respirators other than filtering facepieces.