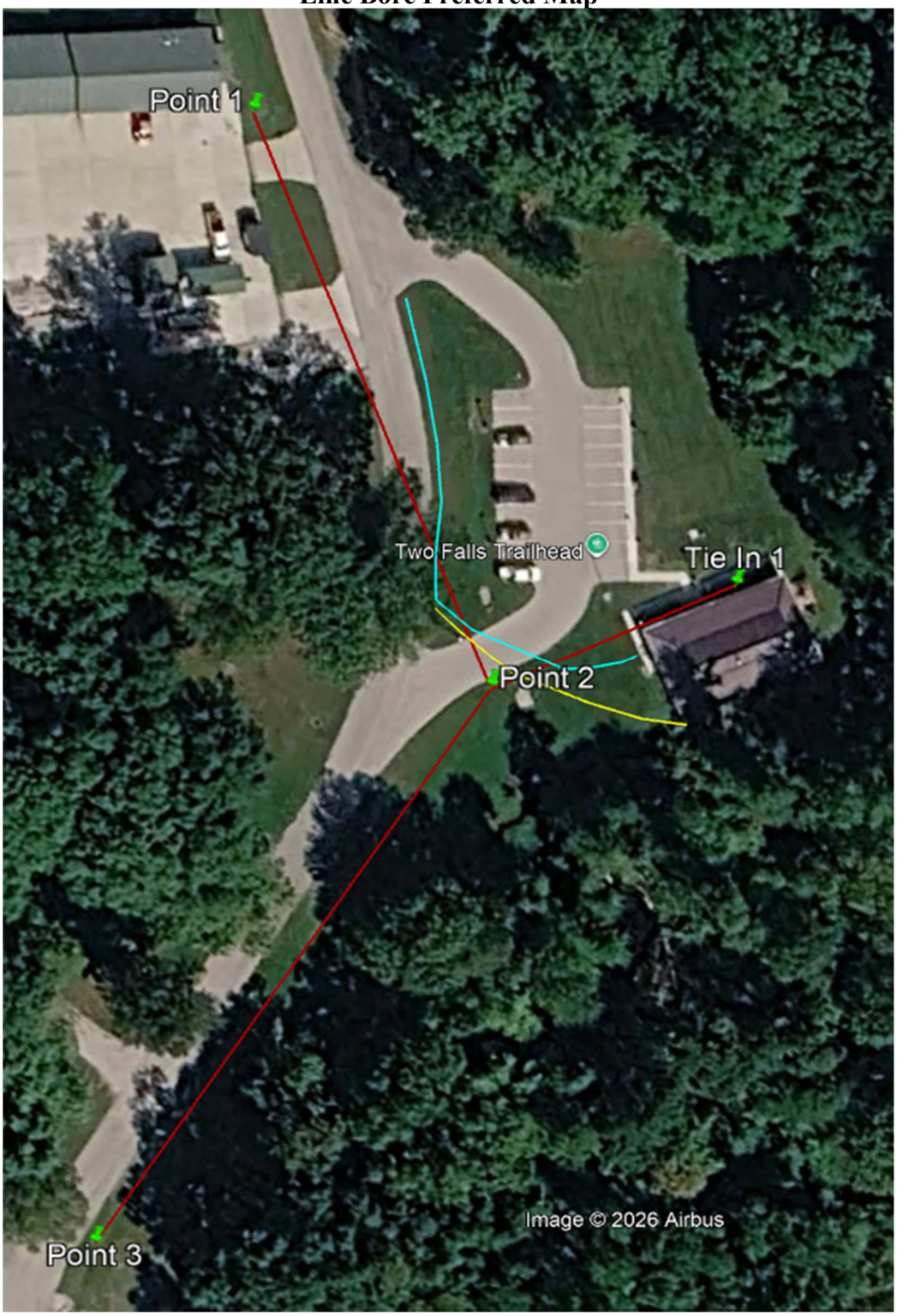
Index of Exhibits:

Exhibit A	Project Location
Exhibit B	Site Preferred Line Routes
Exhibit C	Miscellaneous Sample Forms

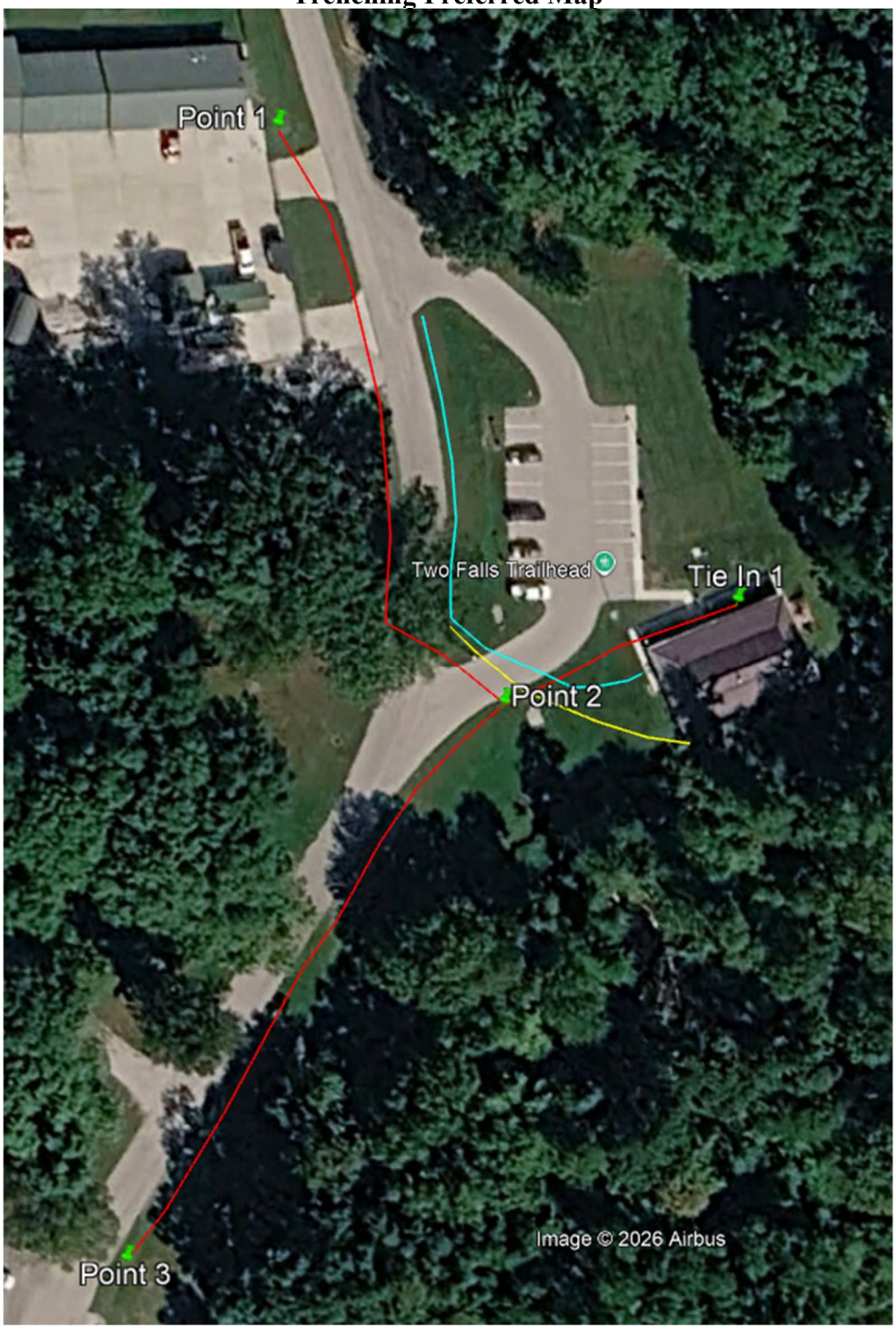
Exhibit A

Exhibit B
Line Bore Preferred Map



Approximate distance from point 1 to point 2 is 310 lineal feet. Point 2 to Tie in 1 is 132 lineal feet. Point 2 to Point 3 is 368 lineal feet. Red Lines indicate preferred bore path. Yellow Line represents buried electrical power lines. Blue Line represents buried fiber line. All lines must be located by contractor prior to work beginning.

Exhibit B (continued)
Trenching Preferred Map



Red Lines indicate preferred excavation path. Yellow Line represents buried electrical power lines. Blue Line represents buried fiber line. All lines must be located by contractor prior to work beginning.

Exhibit C

ACTIVITY HAZARDS ANALYSIS

Date Prepared: Job:

Project:

Prepared by:

Reviewed by (USACE):

Overall Risk Assessment Code (RAC) (Use highest code)

Recommended Protective Clothing & Equipment:

Gloves	05.A.08	Safety Boots	05.E
Hard Hats	05.D.01	Fall Protection	05.H
Safety Glasses	05.B.01	Reflective Vests	05.F

Feature of Work:

E = Extremely High Risk
H = High Risk
M = Moderate Risk
L = Low Risk

Severity	Probability: Frequent	Likely	Occasional	Seldom	Unlikely
Catastrophic	E	E	H	H	M
Critical	E	H	H	M	L
Marginal	H	M	M	L	L
Negligible	M	L	L	L	L

Add Identified Hazards

	JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	EM 385-1-1 (PARA REF)	RAC
X					
X					
X					
X					
X					

Add Identified Equipment

	EQUIPMENT	TRAINING	INSPECTION
X			
X			
X			

CELRL-Form 1259, November 2013
(Proponent CELRL-CD)

Print Form Reset Form

Exhibit C (continued)

ACTIVITY HAZARDS ANALYSIS

	COMPETENT/QUALIFIED PERSON(S) - SIGNATURE	TITLE	DATE
	Add Competent/Qualified Person(s)		

	COMPETENT/QUALIFIED PERSON(S) - SIGNATURE	TITLE	DATE
X			
X			
X			

Add Personnel Involved

	Personnel Involved - SIGNATURE	TITLE	DATE
X			
X			
X			

Print Form Reset Form

Exhibit C (continued)

PROPERTY CONTROL RECEIPT *(ER 700-1-1)* Sheet ____ of ____

LOSING HAND RECEIPT HOLDER (HRH)	GAINING HAND RECEIPT HOLDER (HRH)	FIPS EXCESS/TRANSFER
Name:	Name:	Date:
Off Sym: HRH Number:	Off Sym: HRH Number:	Reviewed By: (Name)
Room No: Phone:	Room No: Phone:	
Signature:	Signature:	Signature:

REQUESTED ACTION			TRANSFER *(To Another UIC)*	
TRANSFER *(Internal Only)*		RETURN DATE	Gaining Command:	Gaining UIC:
PROPERTY PASS			Gaining PBO:	
REPAIR *(Property Pass)*			Ship to Address:	
EXCESS			Received By:	Date:

ITEM NO.	BAR TAG NUMBER	NOMENCLATURE	COND. CODE	SERIAL NUMBER	ACQUI. DATE	ACQUISITION PRICE	DOCUMENT NUMBER

PRINT/TYPE: NAME/OFFICE SYMBOL/VENDOR REMOVING OR RECEIVING PROPERTY:	SIGNATURE AND DATE:

LOSING PBO: Date:	ENG 4900-R Received In Logistics For Processing: Date:
Action Posted By:	Received By:

ENG FORM 4900-R, DEC 1992 FEB 92 EDITION IS OBSOLETE. (Proponent: CELD-MS-S)
PE v1.00

Exhibit C (continued)

CONTRACT DISCREPANCY REPORT

For use of this form, see AR 5-20; the proponent agency is OACSIM.

1. CONTRACT NUMBER

2. **TO:** *(Contractor and Manager Name)*

3. **FROM:** *(Name of QAE)*

DATES

PREPARED	ORAL NOTIFICATION	RETURNED BY CONTRACTOR	ACTION COMPLETE

4. DISCREPANCY OR PROBLEM *(Describe in Detail: Include reference in PWS / Directive: Attach continuation sheet if necessary.)*

5. SIGNATURE OF CONTRACTING OFFICER

6. TO: *(Contracting Officer)*

7. FROM: *(Contractor)*

8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. *(Cite applicable Q.A. program procedures or new A.W. procedures.)*

9. SIGNATURE OF CONTRACTOR REPRESENTATIVE	10. DATE

11. GOVERNMENT EVALUATION *(Acceptance, partial acceptance, rejection: attach continuation sheet if necessary)*

12. GOVERNMENT ACTIONS *(Payment deduction, cure notice, show cause, other.)*

CLOSE OUT

	NAME AND TITLE	SIGNATURE	DATE
CONTRACTOR NOTIFIED			
QAE			
CONTRACTING OFFICER			

DA FORM 5479-R, NOV 85

USAPA V1.01