

NORTH DAKOTA SAFETY COUNCIL

SAFETY PROGRAM TYPE OF WORK MATRIX - INDUSTRIAL

MINIMUM SAFETY PROGRAMS

1. Please identify the type(s) of work that your company provides. Work code format: XX.XX.XX
I.E. General Contractor 01.00.00, Turnaround 01.00.01

2. Next identify the MINIMUM Safety Programs that are required.
-These are indicated by an "x"

3. Use this information to identify the Self-Audit Sheets and Safety Programs you will need to submit.

This matrix is provided as guidance to assist contractors in complying with the OSHA regulations and/or operator requirements. Your company is still responsible for full compliance of all applicable State & Federal regulations.

XX.	XX.	XX	(workcode format XX.XX.XX)	Aer	Asb	Ben	Blo	Con	Cran	Disc	Divi	Elec	Elec	Fall	Fall	Fire	First	For	Gro	H2S	Han	HAZ	HAZ	HAZ	Hou	Lad	Lea	Loc	Mad	NFP	Noi	Nor	PPE	PSM	Res	Rigg	San	Sca	Sub	Tow	Tren	Wat	Wal	Wel	#		
01.	General Contractor			x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x		x	x	x			x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	34		
	00	Maintenance		x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x		x	x				x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	28	
		01	Turnaround	x	x	x	x	x	x	x		x	x	x			x	x	x	x							x	x				x	x	x	x	x	x	x	x	x	x	x	x	x	x	28	
		02	Routine Maintenance	x	x	x	x	x	x	x		x	x	x			x	x	x	x							x	x				x	x	x	x	x	x	x	x	x	x	x	x	x	x	28	
		99	Other	x	x	x	x	x	x	x		x	x	x			x	x	x	x							x	x				x	x	x	x	x	x	x	x	x	x	x	x	x	x	28	
01	Boiler Repair			x	x	x	x	x	x	x		x	x	x			x	x	x	x		x	x				x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	21	
	Building Construction			x			x		x	x		x		x			x	x	x	x		x					x						x	x	x	x	x	x	x	x	x	x	x	x	x	20	
	03	Demolition		x	x		x		x	x		x		x			x	x	x	x		x					x						x	x	x	x	x	x	x	x	x	x	x	x	x	24	
	04	Charter Helicopter					x											x				x																								10	
	05	Diving					x	x	x	x	x						x	x			x																									17	
WORK						x	x		x	x				x		x	x	x																												14	
							x	x	x	x		x		x		x		x	x	x																										21	
							x	x	x	x		x		x		x		x	x	x																										21	

SAFETY PROGRAMS

WORK CODE

REQUIRED SAFETY PROGRAMS

ENTER WORK CODE HERE

ECCS Application for Approval



EXHIBIT A

Date: _____

Legal Company Name: _____

Address: _____

City, State and Zip Code: _____

Company Contact: _____

Form Completed By: _____

E-Mail Address: _____

Federal Tax ID #: _____

List Work Codes Here: _____

(Refer to 'Type of Work Matrix' form) [Click here for Industrial Matrix.](#)

Telephone #: (____) _____

Fax #: (____) _____

ECCS Member you intend to work for: _____

Please describe the services that your company provides (BE SURE TO ALSO ENTER THE 'TYPE OF WORK' CODE ABOVE)
