

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)	Aerial Lift	Asbestos Mgmt/Asbest Work	Benzene/Chemical Exposure	Bloodborne Pathogens	Confined Space	Crane	Disciplinary Program	Diving	Electrical Safety Non-Qualified	Electrical Safety Qualified	Fall Protection	Fall Protection, Including Roof Access	Fire Protection	First Aid/CPR	Forklift	Grounding Conductor Program	H2S - Specific Training	Hand Power Tools	HAZCOM	HAZOPPER/Emerg. Response	HAZOPPER/RCRA	Housekeeping	Ladders	Lead, Cadmium, Metals Exposure	Lockout/Tagout	Machine Guarding	NFPA - DE Arc Flash	Noise	Norm (Natural Occurring Radioactive Material)	PPE Assessments	PSM Overview	Respiratory	Rigging	Sandblasting/Abrasive Blasting	Scaffold/Bossor Lift	Substance Abuse	Tower Rescue	Trenching/Excavating	Water Survival	Walking/Working Surfaces	Welding, Cutting, Hot Work	# of Sections to Complete		
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	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	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	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	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	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	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	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	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	24		
	04	Charter Helicopter		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	x	x	x	x	x	x	10		
	05	Diving				x	x	x	x	x	x	x	x			x	x			x	x	x						x																	17		
						x	x	x	x	x	x	x	x			x	x	x																												14	
						x	x	x	x	x	x	x	x			x	x	x																													21

WORK CODE

SAFETY PROGRAMS

REQUIRED SAFETY PROGRAMS

ECSS Information Form

ENTER WORK CODE HERE




EXHIBIT A

Date: _____

Company Name: _____ Form Completed By: _____

Address: _____ E-Mail Address: _____

City, State and Zip Code: _____ Federal Tax ID #: _____

Company Contact: _____ List Work Codes Here: _____
(Refer to 'Type of Work Matrix' form)

Telephone #: (____) _____

Fax #: (____) _____

ECSS 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)
