AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
N/A	1 | 7

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
0004	03/19/99	W81EYN-9014-9006	

6. ISSUED BY CODE SPLCTC06

LOS ANGELES DISTRICT, COE
CESPL-CT-P (S. OLIVER-HALL)
P.O. BOX 532711
LOS ANGELES, CA 90053-2325
SANDY OLIVER-HALL CO6(213) 452-3243

7. ADMINISTERED BY *(If other than Item 6)* CODE SPLCT-C

US ARMY CORPS OF ENGINEERS, LA
CESPL-CT-A (T. FRAZIER)
P.O. BOX 532711
LOS ANGELES, CA 90053-2325

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP code)*

CODE XXXX0 FACILITY CODE

(X)	
	9A. AMENDMENT OF SOLICITATION NO. DACA09-99-R-0007
X	9B. DATED *(SEE ITEM 11)* 02/16/99
	10A. MODIFICATION OF CONTRACT/ORDER NO.
	10B. DATED *(SEE ITEM 13)*

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☒ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☒ is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X)	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not, ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

IDIQ TYPE CONTRACT FOR MULTIPLE AWARD TASK ORDER CONTRACT (MATOC) FOR ARIZONA/NEVADA AREA.

*Replace attachments at end of SECTION 01420 with Enclosure

1 ENCL:
Attachments to SECTION 01420.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY _____ *(Signature of Contracting Officer)*	16C. DATE SIGNED

CONTRACTORS ACCIDENT PREVENTION PROGRAM

Willingness to correct safety hazards detected by the Corps is commendable, but a poor substitute for a positive program that prevents or detects and corrects hazards.

Contractor 1	Contract Name & No. 2		Date 3
Project Superintendent 4	Shifts/day 5	Hour/shift 5a	Maximum employees/shift 5b
Superintendent's training in Corps' safety requirements 6			
Major Units of Equipment 7			
Who will inspect equipment? 8	Inspector's qualifications 8a		Inspection frequency? 8b
Who is responsible for operators' physicals? 9	Location of all records 10		Day and hour weekly safety meeting 11
Who is responsible for employee training? 12	Who will orient new employees? 13		
Who is responsible for clean-up? 14	Where will drinking water be obtained? 15		
Who will investigate accidents? 16	Who is responsible for providing personal protective equipment? 17		

Name Doctors, Hospitals & Ambulance services with whom arrangements have been made for this contract.

Doctor	Hospital	Ambulance
18	18a	18b

What form of communication will be used to summon ambulance?

18c

(over)

Names of first aid attendants having certificates	Types of certificate and expiration date	Names of U.S.C.G. licensed boat operators, type license & expiration date
19	19a	20

21 Fire Fighting Equipment				22 First Aid Kits		23 Wash Facilities		
No.	Rating	Type	Location	No.	Type	No.	Type	

24 Toilets				
No.	Type			

What flammable or combustible liquids or gases will be on job site?

25

Where and how will flammables and combustibles be stored?

26

Who will be responsible for inspection and maintenance of fire fighting equipment?

27

If the Company has a published statement of safety policy, please transmit a copy with the return of your Accident Prevention Program.

On a separate sheet submit your proposed layout of temporary buildings and facilities (including subcontractors) and traffic patterns including access roads, haul roads, R.R.s, utilities, etc.

The _____ will pursue a positive program of training,
(Company)
inspections and hazard control throughout the term of this contract. Mr./Ms. _____

Has the responsibility and authority for enforcing them.

_____ _____

Contractor's Signature Date

28

CONTRACTOR INITIAL REPORT OF ACCIDENT/NEAR MISS

Date
and Time of Accident/Near Miss _____ Lost Time _____ Property ____
Injury _____ Damage ____

Contract No. _____ Prime _____ Sub _____

Name of Injured or Equipment Operator _____ Occupation _____

Social Security No. _____ Age _____

Extent of Injury _____

Equipment or tools involved (Include type, brand, model, age, damage if any)

Description of Accident/Near Miss _____

Corrective Action _____

Names of Witnesses _____

Signature _____ Date _____

Title _____

HAZARD ANALYSIS

ACTIVITY _____ ANALYZED BY/DATE _____ REVIEWED BY/DATE _____

PRINCIPAL STEPS	POTENTIAL HAZARDS	RECOMMENDED CONTROLS
Break the job down into basic steps, e.g., what is done first, what is done next, and so on. You can do this by 1) observing the job, 2) discussing it with the operator, 3) drawing on your knowledge of the job, or 4) a combination of the three. Record the job steps in their normal order of occurrence. Describe what is done, not the details of how it is done. Usually 3 or 4 sentences are sufficient to describe each basic job step.	For each step of the activity, ask what accidents could possibly occur. You can develop answers by 1) observing the job, 2) discussing it with the operator, 3) recalling past accidents or 4) a combination of all. Ask: Can the operator be struck by or contacted by anything; can he/she strike against or come in contact with anything; can he/she fall, be caught in, or between something; can he overexert; is he exposed to gas, radiation, welding rays, etc., for example, acid burns or fumes. Assign a identifying number to each potential hazard.	For each potential accident or hazard ask how the individual should do the job step to avoid the potential accident, or what should be done or not done to avoid the accident. Get the answers by 1) observing the job for leads, 2) discussing precautions with experienced employees, 3) drawing on your experience or 4) a combination of the three. Be sure to describe specifically the precautions to be taken. Don't leave out important details. Number each separate recommended precaution with the same number you assigned to the potential accident (See Potential Hazards column) that the precaution seeks to avoid. Use simple do or don't statements to explain recommended precautions as if you were talking to the operator.
EQUIPMENT TO BE USED	**INSPECTION REQUIREMENTS**	**TRAINING REQUIREMENTS**
List equipment/machinery to be used in conducting the work activities.	List inspection requirements for the equipment/machinery listed.	Determine requirements for worker training, including hazard communication.

SPA Form 743-J
Rev 10 Nov 80

MONTHLY EXPOSURE REPORT OF OPERATIONS AND ACTIVITIES	Reports Control Symbol DAEN-30-1 (RI)	Date:

Read instructions below.

Monthly report of accident and exposure data as required by the Accident Prevention Article of contract shown below.

THRU: _____ ENGINEER	TO: District Engineer	Contractor:
		Contract Number:

								Total Manhours
Prime-Contractor	Administrative, Professional & Supervisors	MH						
		Date	( )	( )	( )	( )	( )	
	Skilled & Common Labor	MH						
		Date	( )	( )	( )	( )	( )	
Sub-Contractor		MH						
		Date	( )	( )	( )	( )	( )	
" "		MH						
		Date	( )	( )	( )	( )	( )	
" "		MH						
		Date	( )	( )	( )	( )	( )	
" "		MH						
		Date	( )	( )	( )	( )	( )	
" "		MH						
		Date	( )	( )	( )	( )	( )	

(Add additional names on reverse side)

Sub-total this page _____

Sub-total reverse side _____

Grand Total _____

ENG Form 3394, MISHAP REPORT, submitted this period:
Disabling Injuries _____

Amount Property Damage (in excess of $300) _____

Submitted by:

_____
(Contractor)

Instructions:
1. This report to be submitted in duplicate by each prime contractor as directed by Contracting Officer, or Authorized Representative.
2. The above figures include all operations directly supporting the contract. They do not include offsite operations not on government property or under government supervision which supply projects other than this contract. Neither do they include materials supplied F.O.B. the job site.
3. Above figures include overtime, etc.
4. Figures will cover regular pay periods without allowing for calendar month. This method automatically corrects the log every three months as eight months will have four pay periods and four months will have five pay periods.

Cont'd from other side

								Total Manhours
Sub-Contractor	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	
" "	_____	MH	_____	_____	_____	_____	_____	_____
		Date	( )	( )	( )	( )	( )	

MOTOR VEHICLE MILEAGE

	Passenger Cars	Truck Mileage	Total
Vehicles on civil works inventory	_____	_____	_____
Vehicles on military works inventory	_____	_____	_____
GSA vehicles	_____	_____	_____
All Other (Loaned, rented, leased and privately owned)	_____	_____	_____

Submitted by: _____

(COE Engineer in Charge)