



Fluor-BWXT Portsmouth LLC
P. O. Box 548
Piketon, Ohio 45661

April 30, 2018

Subject: Request for Statement of Qualifications – Industrial Asbestos Abatement

Fluor-BWXT Portsmouth LLC (FBP) anticipates the need for a contractor to provide industrial asbestos abatement at the former Department of Energy Portsmouth Gaseous Diffusion Plant near Piketon, Ohio. Consequently, a Request for Proposal is expected to be issued in the near future to firms found capable of supporting the project. Should your firm be interested in this work, you are invited to submit your Statement of Qualifications for consideration.

Background

The Department of Energy former Portsmouth Gaseous Diffusion Plant is an approximately 3777-acre facility located in southern Ohio approximately 25 miles north of Portsmouth, Ohio. The Gaseous Diffusion Plant site is undergoing remediation pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). Fluor-BWXT Portsmouth is the Department of Energy's prime contractor performing this remediation work.

The X-326 Process Building is one of three process buildings at the Portsmouth Gaseous Diffusion Plant that contained equipment to enrich uranium in the fissionable ²³⁵U isotope for use in nuclear power plants. The building is quite large with overall dimensions of 2230 feet length, 552 feet width and 62 feet height. This amounts to approximately 28 acres for each of the two building floors. The first floor was known as the Operating Floor and contained the monitoring and control equipment and instrumentation. The second floor was known as the Cell Floor and contained the actual uranium enrichment process equipment. The facility is currently undergoing around the clock Deactivation consisting of process gas equipment removal from the upper (cell floor) level, the equipment is lowered to the lower (operating floor) level where the equipment is inspected, inventoried and packaged for offsite shipment and disposal. Throughout the X-326 Process Building there is approximately 45,000 linear feet of asbestos pipe insulation, pipe rack insulation, tank insulation, cable tray, electrical breakers, potheads, and cable conduit. FBP is seeking a contractor capable of removing and packaging of all Asbestos containing material in FBP provided disposal containers.



Please complete the applicable portions of the attached pre-qualification questionnaires and return to my attention no later than Wednesday May 9, 2018. Contact information is provided in the signature line below. E-mail is the preferred method of correspondence and transmission of information. Should you have any questions please feel free to contact me.

Regards,

Brady J Barnhart

Brady J Barnhart
Contract Administrator
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**FLUOR-BWXT PORTSMOUTH LLC
 PRE-QUALIFICATION AND RESOURCE QUESTIONNAIRE
 QUESTIONNAIRE FOR PREQUALIFICATION**

PART I - GENERAL

I. COMPANY

- Full name
(if private, name of Owner) _____
- Established since (date) _____
- Chamber of Commerce & Reg. No _____
- Street Address/Zip Code/City _____
- P.O. Box/Zip Code/City _____
- Country _____
- Telephone (Area Code & Number) () _____
- Facsimile (Number) () _____
- Other _____
- Bank Relations _____
- Contract Official
Name & Function _____

II. CATEGORY OF WORK
 (Major activities for which Company wishes to be considered)

Major Activity (specify)

III. QUALIFICATION AND LICENSES FOR ACTIVITIES SPECIFIED IN III A

<u>MAJOR ACTIVITY</u>	<u>QUALIFICATIONS</u>	<u>LICENSES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Indicate Activity as per	(Indicate by which Association company is recognized)	Indicate License and name of issuing institute.

**FLUOR-BWXT PORTSMOUTH LLC
PRE-QUALIFICATION AND RESOURCE QUESTIONNAIRE**

IIIA. JOINT VENTURE

If Company is operating in Joint Venture
Specify - name of Joint Venture
 - permanent/ad hoc (cross out as appropriate)

IIIB. FIELD SUPERVISION AND ADMINISTRATION

<u>CLASSIFICATION</u>	<u>NUMBER</u>	<u>CLASSIFICATION</u>	<u>NUMBER</u>
General Superintendent	_____	Material Supervisors	_____
Administrators	_____	Expeditors	_____
Accountants	_____	Field Engineers	_____
Schedulers	_____	Quantity Surveyors	_____
Cost Engineers	_____	Safety Officer	_____

FIELD CRAFT / LABOR FORCE

<u>CLASSIFICATION</u>	<u>CRAFT LABOR</u>	<u>SUPER- VISORS FOREMEN</u>	<u>CLASSIFICATION</u>	<u>CRAFT LABOR</u>	<u>SUPER- VISORS FOREMEN</u>
Bricklayers	_____	_____	Electricians	_____	_____
Carpenters	_____	_____	Instrument Fitters	_____	_____
Labourers Civil	_____	_____	Insulators	_____	_____
Reinforcing Steel Fixers	_____	_____	Sheet Metal Workers	_____	_____
Laborers Mech.	_____	_____	Painters	_____	_____
Equip. Operators	_____	_____	Scaffolding	_____	_____
Erector Riggers	_____	_____	Drivers	_____	_____
Pipe fitters	_____	_____	Mechanics (Const. Equip.)	_____	_____
Code Welders Carbon Steel	_____	_____	Other	_____	_____
Code Welders Stainless Steel	_____	_____			

IIIC. SUPPLEMENTARY SOURCES FOR ADDITIONAL PERSONNEL

Does Company supplement its own forces with personnel from other firms? Yes No

If yes, specify Company Name/Address _____
Number of personnel _____

PLEASE COMPLETE AND RETURN THE FOLLOWING QUESTIONNAIRE. THIS INFORMATION WILL ASSIST US IN ACCURATELY IDENTIFYING THE TYPE OF WORK YOU PERFORM. ALL INFORMATION SUBMITTED WILL BE CONSIDERED CONFIDENTIAL AND HANDLED ACCORDINGLY.

GENERAL					
NAME OF BUSINESS		STREET ADDRESS		CITY, STATE, ZIP CODE	
PREVIOUS BUSINESS NAMES		TELEPHONE	FAX	CONTACT IN HOME OFFICE (Including Title)	
SEND INQUIRIES TO: (Name and Address)					
OTHER OFFICES: ATTACH LIST OF SALES OFFICES, REPRESENTATIVES, AGENTS OR CONTACTS THAT MAY ACT FOR YOUR COMPANY, INCLUDING NAMES, ADDRESSES AND TELEPHONE NUMBERS					
LICENSE					
NUMBER		STATE	TYPE OF WORK LICENSED FOR		
ORGANIZATION					
SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION	DATE FOUNDED	UNDER PRESENT MGMT. SINCE:	NET WORTH
NAMES OF OWNER(S)				SB/SDB/WOB	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAMES AND TITLES OF OFFICERS				NAICS CODE	
ANNUAL DOLLAR VOLUME WITH OUR FIRM (Last Three Years)				(Last Year)	
1.	2.	3.			
PREFERRED JOB COST RANGE					
MINIMUM			MAXIMUM		
BANKING REFERENCES					
BONDING REFERENCES				BONDING LIMIT	
ATTACH ANNUAL REPORT AND/OR FINANCIAL STATEMENT					
BIDDING INTEREST					
TYPE OF WORK					
Location: Piketon, Ohio					
TYPES OF WORK USUALLY SUBCONTRACTED TO OTHERS					
LABOR RELATIONS (SHOP & FIELD)					
<input type="checkbox"/> UNION CONTRACTOR			<input type="checkbox"/> NON-UNION CONTRACTOR		
TRADES WITH WHOM YOU HAVE AGREEMENTS		EXPIRATION DATE	TRADES WITH WHOM YOU HAVE AGREEMENTS		EXPIRATION DATE
1.			3.		
2.			4.		
PRODUCTS					
LIST MANUFACTURERS FOR WHOM YOU ARE A LICENSED DISTRIBUTOR					
1.		3.		5.	
2.		4.		6.	
COMPLETE IF APPLICABLE					
LOCATION OF FABRICATION SHOPS					
NAMES AND ADDRESSES OF OUTSIDE DETAILERS USED					
INDICATE APPROVAL FOR CODE WORK (API, ASME, NEMA, ANSI, ETC.)					
WORK HISTORY					
PLEASE PROVIDE A BRIEF RESUME OF IMPORTANT JOBS COMPLETED BY YOUR FIRM WITHIN THE LAST THREE YEARS. ALSO ATTACH BROCHURE IF AVAILABLE. PRIOR JOBS WITH OUR FIRM MUST BE LISTED.					
COMMENTS:				RETURN QUESTIONNAIRE TO:	
QUESTIONNAIRE COMPLETED BY		TITLE	DATE		

Company Name: _____

Primary Services Performed: _____

In general, your firm's Health, Safety and Environmental (HSE) performance for the **last 3 years** will be considered in this prequalification evaluation with emphasis given to the most recent year's performance.

Provide the following HSE-related information:

1. **U.S. Firms:**

List your firm's interstate or intrastate (if applicable) Experience Modification Rate (EMR) for the **3 most recent years**, as evidenced in workers' compensation insurance premiums:

Are these rates: InTER-state/national average or InTRA-state/provincial

Check this box if your company has less than the minimum number of employees required by law to carry workers' compensation insurance or if your company does not have an EMR. (If checked, provide a letter from your insurance company stating this.)

Is your company self-insured for workers' compensation claims? Yes No

2. Fill in the following information for the **last 3 available years**. (Use your last 3 annual OSHA 300 Logs)

A. Number and rate of total (OSHA/BLS) recordable cases (total columns G, H, I, and J on OSHA 300 Log):

Year: _____	Year: _____	Year: _____
Number: _____	Number: _____	Number: _____
Rate: _____	Rate: _____	Rate: _____

B. Total number and rate of restricted work activity cases (column I on OSHA 300 Log):

Year: _____	Year: _____	Year: _____
Number: _____	Number: _____	Number: _____
Rate: _____	Rate: _____	Rate: _____

C. Total number and rate of lost workday cases (column H on OSHA 300 Log):

Year: _____	Year: _____	Year: _____
Number: _____	Number: _____	Number: _____
Rate: _____	Rate: _____	Rate: _____

D. Total number and rate of fatalities (column G on OSHA 300 Log):

Year: _____	Year: _____	Year: _____
Number: _____	Number: _____	Number: _____
Rate: _____	Rate: _____	Rate: _____

If your company experienced a work-related fatality during this period, provide a brief description of the causes and corrective actions taken.

3. Total employee hours worked (do not include nonwork time, even though paid):

Year: _____	Year: _____	Year: _____
Hours: _____	Hours: _____	Hours: _____

4. List your firm's (OSHA/BLS) total recordable incident rate (TRIR) for the 3 most recent years. **The resultant number should be no greater than 1.0, if greater than 1.0 a corrective action plan may be required.** Provide a legible copy of your most recent OSHA Log (or equivalent) with your submittal.

Year: _____	Year: _____	Year: _____
Rate: _____	Rate: _____	Rate: _____

Note: Calculate your TRIR by counting without duplication all recordable injuries and illnesses. For U.S. firms, use the information entered on your OSHA 300 Form (Line 2A, above), multiply this number by 200,000, and divide the result by your firm's total work hours for that calendar year. (For example, for 2001, take the value entered in Item 2A (2001), multiply by 200,000, divide this total by the 2001 employee work hours entered in Item 3 above.)

5. List your firm's lost workday case incident rate (LWCIR) for the 3 most recent years, as evidenced by your OSHA Log or equivalent document if non-U.S. **The resultant number should be no greater than 1.0. Greater than 1.0 may require a corrective action plan.** Provide a legible copy of your most recent OSHA Log (or equivalent) with your submittal.

Year: _____	Year: _____	Year: _____
Rate: _____	Rate: _____	Rate: _____

Note: Calculate your LWCIR in the same manner as the TRIR, except use the values reported in 2C, above, rather than 2A.

6. List any regulatory agency (such as OSHA, SH&S, EPA, OH&S, EC, and state/provincial agencies) safety or environmental citations or notices of violation, reportable spill events, sanitation code violations, or other governmental indications of an HSE incident* received by your company during **the previous 3 years**. Attach a copy of each or a summary describing the incident and how it was resolved.

* HSE incident means an accident or some other unplanned event that causes or had potential to cause an injury, illness, environmental or property damage, or loss of production.

7. Is the information collected from the OSHA Logs/OH&S notices, HSE incident reports, and near miss reports communicated to the following within your Company? If yes, how often?

	Yes	No	Monthly	Quarterly	Annually
Field superintendent or department manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President or CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How are individual HSE incidents and associated costs recorded? How often are they reported?

Incidents totaled for entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidents subtotaled by superintendent or department manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidents subtotaled by foreman/supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs totaled for entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs subtotaled by foreman/supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you have a written HSE program? Yes No
If yes, attach a copy or a summary of your program, including HSE policy or mission statements you may have.

10. Does your firm have a Sustainability Program, Policy, or Report? Yes No
If yes, attach a brief summary.

11. Do all new hires participate in a Company orientation program? Yes No

12. Are all newly hired or promoted foremen and supervisors required to go through an appropriate training program? Yes No

13. Indicate below the elements included in your overall HSE program, new hire training/orientation, and new supervisor/foreman training

	HSE Program	New Hire Training	Supervisor Training
A. Corporate HSE Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. HSE Workplace Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. HSE Inspections and Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Hazard Assessment and Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Task Assignment Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| I. Scaffolding and Ladders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Perimeter Guarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Fire Protection/Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Firs- Aid Procedures/Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Emergency Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Toxic Substances/Hazard Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P. Trenching and Excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q. Signs, Barricades, and Flagging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R. Electrical Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| S. Rigging and Crane Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T. Safe Work Practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U. Safety Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V. Toolbox/Workplace HSE Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| W. Incident Investigation/Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| X. Confined Spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Y. Abrasive Blasting Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Z. Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AA. Vehicle Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BB. Use of Compressed Gas Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CC. Welding/Cutting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DD. Medical Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EE. Bloodborne Pathogens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FF. Employee Discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GG. High-Pressure Water Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HH. Hot Taps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Noise/Hearing Conservation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JJ. Heat/Cold Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| KK. Incentives/Awards for HSE Achievements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LL. Spill Prevention/Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MM. Dust Suppression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NN. Wastewater/Storm Water Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OO. Hazardous Waste and Solid Waste Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PP. Equipment Emissions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| QQ. Wetlands/Sensitive Habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RR. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attach additional subjects if necessary.

14. Do you hold workplace HSE meetings for supervisors? Yes No
If yes, how often? Daily Weekly Biweekly Monthly As Needed

15. Do you hold employee "toolbox" HSE meetings? Yes No
If yes, how often? Daily Weekly Biweekly Monthly As Needed

16. Do you conduct pre-task HSE planning meetings with employees? Yes No
If yes, briefly describe the program format and/or attach a copy.

17. Do you conduct workplace HSE inspections? Yes No
If yes, who conducts this inspection? _____
How often? Daily Weekly Biweekly Monthly As Needed

18. Is the company a member of any external HSE program that awards certificates of recognition?
 Yes No

If yes, list certificates of recognition your company has received within the past 3 years:

19. Identify the most senior executive/manager directly responsible for HSE program management and implementation at your company:

Name: _____

Title: _____

Reports to: _____

Comments:

Prepared by (printed name)

Prepared by (signature)

Title

Date

U.S. BUREAU OF LABOR STATISTICS/OSHA RECORDKEEPING SUMMARY

Note: *This is a summary prepared to assist the contractor/subcontractor in making recordkeeping determinations to complete this form. For a more detailed explanation of the regulations, the contractor/subcontractor is advised to review U.S. OSHA Regulation 29CFR1904, available on www.osha.gov.*

Basic recordkeeping concepts and guidelines are available on the internet at <http://www.osha.gov/recordkeeping/index.html>. The following summarizes the major recordkeeping concepts and provides additional information to aid in keeping records accurately for both inside and outside the U.S.

General Concepts of Recordability

1. An injury or illness is considered work-related if it results from an event of exposure in the work environment. The work environment is primarily composed of: (a) the employer's premises and (b) other locations where employees are engaged in work-related activities or are present as a condition of their employment. **When an employee is off the employer's premises, work relationship must be established; when on the premises, this relationship is presumed.** The employer's premises encompass the total establishment. This includes not only the primary facility, but also such areas as company storage facilities, cafeterias, and restrooms. In addition to physical locations, equipment or materials used in the course of an employee's work are also considered part of the employee's work environment.
2. Work relationship is not presumed when injury results as:
 - a. Member of general public
 - b. Eating, drinking one's own food
 - c. Personal tasks outside working hours
 - d. Personal grooming or self-medication
 - e. Motor vehicle accident in parking lot
 - f. Cold or flu
 - g. Nonwork-related mental illness
3. All work-related fatalities are recordable.
4. Work-related injuries requiring medical treatment or involving loss of consciousness, restriction of work or motion, or transfer to another job are recordable.

Analysis of Injuries

1. **Recordable and Nonrecordable Injuries.** Each case is distinguished by the treatment provided by a physician or licensed healthcare professional. For example, if the injury was such that **medical treatment** was provided or should have been provided, it is recordable; if only first aid was required, it is not recordable. **However, medical treatment is only one of several criteria for determining recordability.** Regardless of treatment, if the injury involved loss of consciousness, restriction of work, or transfer to another job, the injury is recordable.
2. **Injuries and Illnesses.** An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Note: *Injuries and illnesses are recordable only if they are new, work-related cases that meet one or more of the OSHA Part 1904 Recording criteria.)*

(RECORDABLE) Medical Treatment. If the treatment provided is not on this list, then the treatment is considered “medical treatment” and the case is recordable. For the purposes of recordkeeping, “first aid” means *only* the following:

(A)	Using a nonprescription medication at nonprescription strength (for medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed healthcare professional to use a nonprescription medication at prescription strength is considered medical treatment for recordkeeping purposes).
(B)	Administering tetanus immunizations (other immunizations such as Hepatitis B or rabies vaccines are considered medical treatment).
(C)	Cleaning, flushing, or soaking wounds on the surface of the skin.
(D)	Using wound coverings such as bandages, Band-Aids™, and gauze pads; or using butterfly bandages or Steri-Strips™ (other wound-closing devices such as sutures and staples are considered medical treatment).
(E)	Using hot or cold therapy.
(F)	Using any nonrigid means of support such as elastic bandages, wraps, and nonrigid back belts (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
(G)	Using temporary immobilization devices while transporting an accident victim (such as splints, slings, neck collars, and back boards).
(H)	Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
(I)	Using eye patches.
(J)	Removing foreign bodies from the eye using only irrigation or a cotton swab.
(K)	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
(L)	Using finger guards.
(M)	Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
(N)	Drinking fluids for relief of heat stress.
(iii)	Are any other procedures included in first aid? No, this is a complete list of all treatments considered first aid for Part 1904 purposes.

Medical Treatment **does not** include (1) visits to a physician or other licensed healthcare professional solely for observation or counseling; (2) diagnostic procedures such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (such as eye drops to dilate pupils); or (3) any treatment contained on the list of first-aid treatments.

(RECORDABLE) General guidelines for recording lost workday cases:

1. Count days lost from work **as prescribed** by the physician or licensed healthcare professional.
2. Count calendar days.
3. **Do not** count day of injury.

(RECORDABLE) General guidelines for recording restricted cases:

1. Cannot work a full shift beyond the day of injury/illness.
2. Cannot perform any or all of his/her routine job functions beyond the day of injury/illness (routine means any duty regularly performed at least once per week).

The following procedure, by itself, is not considered medical treatment:

Administration of **tetanus shot(s) or booster(s)**. However, these shots are often given in conjunction with more serious injuries; consequently, injuries requiring these shots may be recordable for other reasons.

Reminder: *Work-related injuries that involve only first-aid treatment are not recordable.*