

Title: Environmental Subcontracts Management

Requisition No.

Attachment 6: Subcontract Field Conditions

I. Schedule	
Daily Work Hours _____ AM to _____ PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Off shift hours required? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Job Site Conditions	
Parking – Size _____	Distance From Site _____
Office Space - Size _____	Distance From Site _____
Laydown/Temp. Const. Areas – Size _____	Distance From Site _____
Storage – Interior - Size _____	Distance From Site _____
Notes / Restrictions: _____	
Power Available <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Source _____	Voltage/Amps _____
Type Termination(s) _____	Distance From Site _____
Notes/Restrictions: _____	
Water Available <input type="checkbox"/> Yes <input type="checkbox"/> No Source _____	
Tap Size _____	Distance Form Site _____
GPM _____	
Notes/Restrictions: _____	
Facilities	
Drinking/Sanitation Water	<input type="checkbox"/> By LANL <input type="checkbox"/> By Subcontractor
Sanitary Facilities	<input type="checkbox"/> By LANL <input type="checkbox"/> By Subcontractor
Notes/Restrictions: _____	
Survey/Layout	
Bench Mark, VCP/HCP Distance From Site _____	
At Coordinates _____	
Notes/Restrictions: _____	
Backfill/Barrow Pit	
Location _____	Distance From Site _____
Access/Requirements: _____	

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Notes/Restrictions:	
Job Site Signs	
Is the subcontractor required to post a sign identifying his work, name, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
III. Work Conditions / Hazardous	
Site Lockouts Required [Hazardous Energy Control (Lockout/Tagout)] <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, See Exhibit F-30 and explain any supplemental requirements / restrictions here.	
Overhead Lines <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, See Exhibit F-36 and Identify location, type, and explain any supplemental requirements / restrictions here.	
UG Lines <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all UG lines shown on the Drawings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Located by Contractor	<input type="checkbox"/> Located by Subcontractor
See Exhibit F-28 and explain any supplemental requirements / restrictions here.	
Radiological	
Does scope involve the onsite use of Radiation Generating Devices or Radioactive Sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain here.	
Dosimetry Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain the process, type, and location for pick up and exchange.	
IV. Miscellaneous / Other	
General Comments:	