



**NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

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**REGULATED CONSTRUCTION PROJECT NOTIFICATION FORM**

**I. PROJECT SUMMARY AND CONTACT INFORMATION**

GENERAL CONTRACTOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PROJECT CONTACT PERSON \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ ESTIMATED COMPLETION DATE \_\_\_\_\_

SITE SUPERINTENDENT \_\_\_\_\_

SITE PHONE # \_\_\_\_\_ SITE FAX # \_\_\_\_\_

DO YOU HAVE CELL PHONE COVERAGE IN REMOTE AREAS? YES / NO CELL PHONE # \_\_\_\_\_

**II. DESCRIPTION OF CONSTRUCTION PROJECT**

TOTAL COST OF PROJECT \_\_\_\_\_ # OF STRUCTURES \_\_\_\_\_

# OF FLOORS \_\_\_\_\_ SQ. FT. PER FLOOR \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_

HEIGHT OF STRUCTURE (FT.) \_\_\_\_\_ DEPTH BELOW GROUND \_\_\_\_\_

TYPE OF CONSTRUCTION (E.G., STRUCTURAL STEEL, WOOD FRAME, ETC.)

\_\_\_\_\_  
\_\_\_\_\_

NEW CONSTRUCTION? YES \_\_\_ NO \_\_\_  
REMODEL/RENOVATION? YES \_\_\_ NO \_\_\_ WHEN \_\_\_\_\_  
ASBESTOS SURVEY? YES \_\_\_ NO \_\_\_ WHEN \_\_\_\_\_  
LEAD SURVEY? YES \_\_\_ NO \_\_\_ WHEN \_\_\_\_\_

THE FINISHED BUILDING WILL HAVE \_\_\_\_\_ BOILERS; \_\_\_\_\_ PRESSURE VESSELS:  
\_\_\_\_\_ ELEVATORS; \_\_\_\_\_ ESCALATORS; \_\_\_\_\_ MOVING WALKWAYS

DO YOU HAVE EMS FOR EMPLOYEES IN REMOTE LOCATIONS? YES / NO

DOES THIS PROJECT INCLUDE SHAFTS AND TUNNELS? YES / NO. IF YES, ATTACH SPECIFICATIONS.

IS THIS PROJECT AN OCIP/CCIP SITE? YES – NO. IF YES, WHO ARE THE REPRESENTATIVES

\_\_\_\_\_  
\_\_\_\_\_

### III. SAFETY ISSUES

WILL YOU BE WORKING NEAR ENERGIZED POWER LINES? YES / NO. IF YES, HOW CLOSE WILL YOU  
GET TO THE LINES? \_\_\_\_\_

WILL THIS PROJECT REQUIRE 100% TIE-OFF FOR EMPLOYEES WORKING SIX FEET OR HIGHER? YES / NO

WHAT FALL PROTECTION SYSTEM(S) WILL YOU BE USING? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY UNIQUE STRUCTURES OR ARCHITECTURAL FEATURES. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHEN & WHERE PERSONNEL HOIST(S) WILL BE INSTALLED & USED (*Required for all structures over 60 feet. See requirements in NAC 618.507*)

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DESCRIBE THE EXCAVATIONS, THE LENGTH, WIDTH, DEPTH AND THE TYPES OF PROTECTIVE SYSTEMS WHICH WILL BE USED.

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WILL YOU HAVE EXCAVATIONS DEEPER THAN 20 FEET? YES / NO. IF YES, ATTACH THE ENGINEERED PROTECTIVE SYSTEM.

WHO IS RESPONSIBLE FOR PERFORMING THE DAILY INSPECTIONS OF THE EXCAVATIONS?

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DESCRIBE HOW YOU WILL ENSURE THAT A PHOTOVOLTAIC INSTALLER IS LICENSED AS DESCRIBED IN NRS 618.922 AND NAC 618.462?

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DESCRIBE THE TYPE OF SCAFFOLDING THAT WILL BE USED. \_\_\_\_\_

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NAME THE COMPANY WHO WILL BE RESPONSIBLE FOR THE ERECTION OF THE SCAFFOLDING.

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WHO IS RESPONSIBLE FOR PERFORMING THE DAILY INSPECTION OF THE SCAFFOLDING?

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HOW MANY OF THE FOLLOWING TYPES OF EQUIPMENT WILL BE USED ON THIS CONSTRUCTION SITE?

AERIAL LIFTS \_\_\_\_\_ FORKLIFTS \_\_\_\_\_ ALL-TERRAIN FORKLIFTS \_\_\_\_\_ SCISSOR LIFTS \_\_\_\_\_

WHO WILL ENSURE OPERATORS ARE TRAINED AND HAVE A CURRENT CERTIFICATION FOR THE ABOVE EQUIPMENT? \_\_\_\_\_

MANDATORY OSHA 10- AND 30-HOUR CONSTRUCTION TRAINING. DESCRIBE THE PROCEDURES TAKEN TO ENSURE THAT EMPLOYEES ON THIS CONSTRUCTION SITE HAVE A COMPLETION CARD AS DESCRIBED IN NRS 618.957, .967, .983 AND .987. \_\_\_\_\_

WHO IS RESPONSIBLE FOR SITE CLEAN-UP? HOW OFTEN? \_\_\_\_\_

DESCRIBE THE TYPE AND NUMBER OF CRANES? (*NRS 618.880 - .886 and NAC 618.342 - .410 regulate the use of cranes. The code also requires pre-erection & dismantling plans, meetings with NVOSHA, etc.*) \_\_\_\_\_

DESCRIBE HOW YOU WILL ENSURE THAT THE CRANE OPERATORS HOLD A VALID CERTIFICATION OR RECERTIFICATION TO OPERATE THE MOBILE & TOWER CRANES AS DESCRIBED IN NRS 618.880. (*As of July 1, 2011, Operators must have 1,000 hours of crane operation time within five (5) years of certification*). \_\_\_\_\_

DESCRIBE HOW YOU WILL ENSURE THAT AN ASBESTOS CONTRACTOR, EMPLOYEES, MONITORS, INSPECTORS, CONSULTANTS, & PROJECT DESIGNERS ARE LICENSED BY NVOSHA; AND PERFORMING ACTIVITIES FOR ABATEMENT AS DESCRIBED IN NRS 618.9155, .922, .926, .929, .931, .938, .941, AND .950-.961. \_\_\_\_\_

**IV: SAFETY INSPECTIONS/INVESTIGATIONS**

SAFETY OFFICER \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW OFTEN WILL SAFETY INSPECTIONS BE DONE? \_\_\_\_\_

HOW WILL SAFETY VIOLATIONS BE DOCUMENTED? \_\_\_\_\_

DESCRIBE THE ACCIDENT AND INJURY INVESTIGATION PROCESS TO BE FOLLOWED AT THIS JOB SITE.

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DESCRIBE COMPANY POLICIES & PROCEDURES DESIGNED TO ENSURE EMPLOYEES OF THE GENERAL CONTRACTOR AND THE SUBCONTRACTORS COMPLY WITH SAFETY RULES AND WORK PRACTICES.

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**V. SUBCONTRACTORS WHO WILL BE WORKING ON THE PROJECT**

| <b>NAME OF COMPANY</b> | <b>TRADE</b> |
|------------------------|--------------|
| 1.                     |              |
| 2.                     |              |
| 3.                     |              |
| 4.                     |              |
| 5.                     |              |
| 6.                     |              |
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| 10.                    |              |
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| 16.                    |              |
| 17.                    |              |
| 18.                    |              |
| 19.                    |              |
| 20.                    |              |

**PLEASE CONTACT ONE OF THE DISTRICT OFFICES IF YOU HAVE ANY QUESTIONS.**