



SUBCONTRACTOR MANAGEMENT PLAN

PROGRAM OVERVIEW

The subcontractor shall have a comprehensive written safety and health program. All employees shall understand basic element of this program prior to assignment to the project.

The subcontractor's safety plan, depending on scope of their work should address the following elements:

- " Safety Policy
- " Control Measures
- " Safety Inspections/Audits
- " Disciplinary Program
- " Training Policy
- " Project Site Employee Orientation Program
- " Recordkeeping Policy
- " Accident/Exposure and investigations policy
- " Emergency Action Plan
- " Site-Specific medical Emergency plan
- " Hazard Communication Program
- " Written Trenching and Shoring Plan (if applicable)
- " Written 100% Fall Protection Plan
- " Personal Protective Equipment

SITE SPECIFIC SAFETY PLAN

Subcontractors are required to submit their site-specific safety plan (SSSP) prior to the pre-construction meeting. In addition, their safety and health plan is reviewed by our Safety Committee to assure that they meet the requirements of the site safety and risk control expectations. A subcontractor safety meeting will be held before initiating project work. This meeting is to review project requirements for safety and risk control. The subcontractor's safety officer and designated Competent Person(s) and any other necessary subcontractor's representatives shall attend the meeting. In addition, subcontractors will be included in any tool box talk safety meetings, job safety analysis (JSA's), jobsite safety inspections, and any pre-job meetings or safety orientations with the site owner.

The subcontractor shall present project-specific safety requirements, including a review of various roles and responsibilities of personnel, an initial overview of project risks, and elements of hazard control/countermeasures appropriate to potential exposures.

SUBCONTRACTOR TRAINING REQUIREMENTS

Subcontractor training records may be maintained electronically and/or on site in the job site office. These records shall be available to Climate Engineers or Climate River Valley, the site owner, and government agencies upon request.

The subcontractor shall conduct a project specific safety orientation for all subcontractor personnel who work on the project before the personnel are allowed to perform any work.

OUR GOAL IS **ZERO** INJURIES IN THE WORKPLACE

SUBCONTRACTOR INCIDENT REPORTING

The subcontractor's foreman or superintendent must ensure that all incidents are reported to Climate Engineers or Climate River Valley as soon as possible, but in no case more than four hours of the occurrence. The subcontractor's foreman or superintendent will follow up any verbal report with a copy of the subcontractor's incident report. Included with this report shall be any monitoring or corrective action plans. Copies of all incidents reported, including near misses, must be maintained on site.

Upon completion of a job, the subcontractor shall conduct a post-job safety performance review. This review shall be made available to the CE and CRV Safety Committee, and the site owner's representative.

SUBCONTRACTOR PREQUALIFICATION

Project procurement procedures require that all subcontractors submit prequalification documentation for evaluation. Subcontractors will be pre-qualified by reviewing their safety programs, safety training documents, and safety statistics. Acceptable safety metrics are an affirmative answer to those questions which are applicable to the subcontractor (see Subcontractor Qualification Scorecard) and average or better scores under OSHA Information (see OSHA Information Sheet) and will be used as criteria for selecting subcontractors. The Project Manager or Safety Committee conducts the safety prequalification evaluation in accordance with the subcontractor prequalification process and scorecard form included.



SUBCONTRACTOR QUALIFICATION SCORECARD

SUBCONTRACTOR MANAGEMENT PLAN

Subcontractor Name: _____

Completed By: _____ Date: _____

Please answer the following questions.

1. **Y or N** Do you have a written safety program? If yes, provide a copy of the table of contents and a copy of your firm's policy statement.
2. **Y or N** Do you require and use site-specific safety plans?
3. **Y or N** Do you have clearly defined safety responsibilities for managers, supervisors and workers?
4. **Y or N** Do managers/executives visit the worksite? How often? Provide details.

5. **Y or N** Does your company have a written drug/substance abuse policy?
6. **Y or N** Do you have an orientation program for new hires?
7. **Y or N** Do you conduct daily site safety inspections?
8. **Y or N** Do you have a disciplinary policy and procedure?
9. **Y or N** Do you hold site safety meetings for field workers & supervisors?
How often? Weekly ___ Biweekly ___ Monthly ___ Daily _____
10. **Y or N** Do you have special work procedures in place for critical or potentially high hazard jobs?
11. **Y or N** Do you have Personal Protective Equipment standards in place?
12. **Y or N** Do you have Emergency Action Plans in place for your worksites?
13. **Y or N** Do you have Joint Health and Safety Committee meetings?
14. **Y or N** Do you have a pre-job planning process (JSA, JHA, on-job hazard assessment)?
15. **Y or N** Do you have an accident and incident reporting system in place?
16. **Y or N** Do you have a procedure in place to investigate and follow-up on accidents and incidents?
17. **Y or N** Have you received any OSHA citations in the past 3 years? If yes, provide an attachment describing the outcome of the inspection along with copies of citations received. Provide a description of the actions taken for any open citations.
18. **Y or N** Do you have a designated Competent Person on the project site?

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SUBCONTRACTOR QUALIFICATION OSHA INFO SUBCONTRACTOR MANAGEMENT PLAN

OSHA INFORMATION:

<p>*Please use your OSHA 200 Log and/or 300 Log to fill in the number of injuries and illnesses for the last 3 years</p> <p>Year _____</p> <p>Number of lost/restricted workday cases (Totals OSHA 200 Log, columns 2 and 9; Totals OSHA 300 Log, columns K and L). _____</p> <p>Number of recordable cases without restricted activity or lost workdays (Totals OSHA 200 Log, columns 6 and 13; Totals OSHA 300 Log, column I and J). + _____</p> <p>Number of fatalities (Totals OSHA 200 Log, columns 1 and 8; Totals OSHA 300 Log column G). + _____</p> <p>Total OSHA Log (A) _____</p>	<p>Total employee hours worked in the last 3 years (do not include any non-work time, even though paid)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Year</th> <th style="width: 50%;">Hours (B)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <hr/> <p>Recordable Injury Frequency Rate</p> <p>Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">$\frac{A \times 200,000}{B}$</th> </tr> <tr> <th style="width: 50%;">Year</th> <th style="width: 50%;">Rate</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <hr/> <p>Experience Modification Rate (EMR)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Policy Year</th> <th style="width: 50%;">EMR</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Year	Hours (B)	—	_____	—	_____	—	_____	$\frac{A \times 200,000}{B}$		Year	Rate	—	_____	—	_____	—	_____	Policy Year	EMR	—	_____	—	_____	—	_____
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Are the following accident records and accident summaries kept? How often are they recorded?				
	No	Yes	Monthly	Annually
Accidents totaled for the entire company	_____	_____	_____	_____
Accidents totaled by project	_____	_____	_____	_____

The Applicant shall maintain records of such evaluations and make them available for review and approval of Contractor and site owner representatives at all reasonable times should Applicant be awarded a contract based on this application.

By submitting this application, the Applicant agrees to use the above criteria and this form when selecting lower tier subcontractors.

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