Model Safety Program

DATE: ____________

SUBJECT: Contractor Safety Verification Program

REGULATORY STANDARD: OSHA - 29 CFR

RESPONSIBILITY: The ______________________, is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The ____________ will monitor the basic elements in this program, and is the sole person authorized to amend these instructions.

Contents of the (YOUR COMPANY) Contractor Safety Verification Program

1. Written Program.
2. Statement of Policy.
3. Contractor Prequalification Policy.
4. Routine Contractor Compliance Inspections.
5. Contractor Safety Meetings.
7. Contractor Training Compliance.
8. Contractor Safety Questionnaire.
Contractor Safety Verification Program

1. Written Program. This employer will review and evaluate this standard practice instruction:

- On an annual basis
- When changes occur to 29 CFR, that prompt revision of this document
- When facility operational changes occur that require a revision of this document
- When there is an accident or close-call that relates to this area of safety
- When changes occur to any related document that prompts a revision of this document.
- Anytime the procedures fail

Effective implementation of this program requires support from all levels of management. This written program will be communicated to all personnel that are affected by it. It encompasses the total workplace, regardless of the number of workers employed or the number of work shifts. It is designed to establish clear goals, and objectives.

2. Statement of Policy. This policy is designed to establish a screening process so that we may hire and use Contractors who accomplish the desired job tasks without compromising the safety and health of employees at this facility. The Contractor must assure that contract employees are trained on performing the job safely, of the hazards related to the job, and other applicable provisions of the OSHA Standards. This instruction describes a systematic approach that must be used to evaluate Contractor personnel used in the conduct of business at this facility. This instruction provides recommendations and guidelines for selecting Contractors.

2.1 Initiation of work. All contract employers will be informed, prior to the initiation of the Contractors' work at the site, of the applicable provisions of the facility emergency action plan and all other required information as required by the relevant OSHA Standard.

3. Contractor Prequalification Policy. As a means to assure that contract employees follow the safety rules of the facility, including safe work practices required by relevant regulations and policies the following criteria and information relating to the Contractor will be reviewed and complied with before any contract for work on site is approved:

3.1 Information relating to contract employers' safety performance and programs;

3.2 Methods of informing the contractor (and our personnel) of known potential hazards related to the Contractor's work and applicable provisions of the facility emergency action plan;

3.3 Safe work practices to control the entrance, presence and exit of contract employers and contract employees in covered process areas, or other areas where known hazards exist;

3.4 Evaluation of Contractor employer performance in complying with specific safety standards;

3.5 Contract employee injury and illness logs related to safety standards; and
3.6 A list of unique hazards presented by Contractors' work or potential hazards generated by
the contractor in the workplace that are reported to this employer.

4. **Routine Contractor Compliance Inspections.** Routine Contractor compliance inspections
will be conducted periodically when contractors are on site. The inspection will be conducted to
discover conditions and work practices that do not conform to best management practices
regarding Contractor safety compliance.

4.1 Inspection team composition. The company Contractor inspection team will be
comprised of ( ) members of management/supervision and hourly personnel. The make-up of the
team will consist of the following:

**Contractor Safety Inspection Team**

<table>
<thead>
<tr>
<th>Title</th>
<th>Member</th>
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<tbody>
<tr>
<td>Member</td>
<td>Department Manager</td>
</tr>
<tr>
<td>Member</td>
<td>Safety Manager</td>
</tr>
<tr>
<td>Member</td>
<td>Contract Administrator</td>
</tr>
<tr>
<td>Member</td>
<td>Union Committee representative</td>
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<tr>
<td>Member</td>
<td>Engineer</td>
</tr>
<tr>
<td>Member</td>
<td></td>
</tr>
</tbody>
</table>

4.2 Inspection Intervals. The Safety Officer will coordinate inspection dates and times with
all assigned inspection team members. The team will conduct inspections on a ____________
basis while work is in progress.

4.3 Inspection report. The Safety Officer will develop an Contractor safety report based on
the inspection items noted during the inspection. The following items will be accomplished:

4.3.1 The report will be distributed immediately to personnel responsible for correcting
deficiencies noted during the inspection.

4.3.2 The report will be distributed to all supervisors and key management personnel
affected by the Contractor’s operation. Supervisors will brief the results to all employees under
their control. Any employee requesting to be placed on the distribution list will be
accommodated.

4.3.3 The Safety Officer will develop a statistical analysis of deficiencies noted to
determine jobs/areas that have a high incidence Contractor non-compliance. These areas will be
emphasized during future inspections and meetings. This analysis will become a determining
factor in future awards of work to the contractor.
4.3.4 Any deficiencies noted will be immediately corrected by the contractor or a “stop work” order will be issued.

5. **Contractor Safety Meetings.** A well ordered flow of information is essential to a good Contractor Safety Verification Program. This employer, through Contractor meetings at all levels, intends to ensure that all contractors awarded work will maintain a high degree of safety compliance at all times.

5.1 Contractor meeting agendas. The Safety Officer will develop agendas serving various topics of importance to the Contractor Safety Verification Program. The agendas will be flexible. They will be intended to be ensure highest degree of compliance to existing regulations.

5.2 Contractor meeting schedules. Contractor safety meetings will be conducted on a(n) ____________ basis, and when operational changes to equipment, facilities, or the job occur that impact the Contractor Safety Verification Program.

5.3 Departmental staff meetings. Contractor safety topics will be included in the agenda of selected staff meetings. The Safety Officer will keep department heads informed of Contractor safety performance developments in their area. Department heads may ask the Safety Officer to provide Contractor safety briefings as required.

5.4 Supervisor meetings. Contractor safety issues will be included in the agenda of selected meetings during times when contractors are used in their departments. Department heads will ensure that selected Contractor Safety Verification Program information is transmitted to supervisors for inclusion in meetings. Supervisors may ask the Safety Officer to provide Contractor safety briefings as required.

6. **Specific Safety Standards Requiring Contractor Safety Compliance.** The following standards will be reviewed if the contractor engages in activities that could fall under the jurisdiction of the specific standard:

*Decision point* Below are listed a sampling of OSHA Standards that require Contractor Safety Compliance in specific areas. You must determine any other standards that relate to specific safety conditions within your facility.

<table>
<thead>
<tr>
<th>CFR</th>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>1910.119</td>
<td>Process Safety</td>
</tr>
<tr>
<td>29</td>
<td>1910.120</td>
<td>HAZWOPER</td>
</tr>
<tr>
<td>29</td>
<td>1910.134</td>
<td>Respiratory Protection</td>
</tr>
<tr>
<td>29</td>
<td>1910.146</td>
<td>Confined Space</td>
</tr>
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<td>29</td>
<td>1910.147</td>
<td>Lockout Tagout</td>
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<td>29</td>
<td>1910.178</td>
<td>Powered Industrial Trucks</td>
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<td>29</td>
<td>1910.252</td>
<td>Welding Safety</td>
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<td>29</td>
<td>1910.1200</td>
<td>HAZCOM</td>
</tr>
<tr>
<td>29</td>
<td>1910.66, 119, 128, 129, 130, 131</td>
<td>Fall Protection</td>
</tr>
</tbody>
</table>
7. **Contractor Training Compliance.** All Contractors will ensure that their employees are properly trained about the known fire, explosion and or toxic hazards, uncontrolled energy, confined spaces, and any other hazard related to their jobs.

   7.1 Contractors used by this employer are required to provide training to their employees in the work practices necessary for their specific job. Additionally, this employer in coordination with the Contractor will conduct process hazard analyses to identify, evaluate and control processes involving highly hazardous chemicals.

   7.2 Whenever there are outside Contractors present, coordination with this employer is mandated. For example, this employer will inform the contractor (and vice versa) when equipment cannot be touched, re-energized or restarted.

   7.3 Based on interviews with the Contractors employer, this host employer will ensure, through periodic evaluations, that the training provided to Contractor employees by the Contractor employer is equivalent to the training required for direct hire employees? The burden of training Contractor employees remains with the Contractor employer.

   7.4 Contractors used by this employer must:

   7.4.1 Assure their employees are trained in safe work practices needed to perform the job.

   7.4.2 Assure their employees are instructed in the known potential fire, explosion, or toxic release hazards related to the job and the applicable provisions of the facility emergency action plan.

   7.4.3 Document the required training and the means to verify their employees have understood the training.

   7.4.4 Assure their employees follow the facility safety rules and work practices.

   7.4.5 Advise this employer of unique hazards presented by the Contractor's work.

8. **Contractor Safety Questionnaire.** The following questionnaire will be used to provide an initial assessment of the scope of a Contractors Safety Program.

   **Contractor Safety Information**

   PURPOSE: The purpose of this questionnaire is to provide ________________ with necessary information about your company’s safety program. All items must be completed.

   Company Name: ________________

   Address: ________________
1. Accident/Injury Experience

Using last year’s OSHA 200 Log or Worker’s Compensation Documentation, fill in the following:

A. Number of recordable injuries/illnesses ___________________________
B. Number of restricted work days _________________________________
C. Number of lost work days ________________________________
D. Number of fatalities ____________________________
E. Employee hours worked last year __________________
F. Number of injuries/illnesses requiring hospitalization _____________

2. Safety Program

A. Does your company have a written safety program?
   Yes _____  No _____
   Is the program revised/updated annually?
   Yes _____  No _____

B. Does your written program contain a statement that your company abides by all federal (OSHA), state and local rules and regulations relating to safe work practices?
   Yes _____  No _____

C. Do you have a new hire orientation program pertaining to safety training?
   Yes _____  No _____

Does it include any training on the following? (If your company has a handbook, please submit a copy).

- Head Protection
- Eye Protection
- Hearing Protection
- Respiratory Protection
- Safety Belts & Lifelines or Fall Protection
- Emergency Procedures
- Hazardous Substances
- Trench & Evacuation
- Barricades
- Electrical Safety
3. Lockout/Tagout

A. Does the work that you are submitting a bid for, involve any “Lockout/Tagout” situations? Yes _____ No _____

B. If yes, please submit a copy of your written Lockout/Tagout procedures.

4. Hazard Communication

A. Does the work that you are submitting a bid for, involve the use of any “Hazardous Substances”? Yes _____ No _____

B. If yes, please submit a copy of your written hazard communication program and material safety data sheets for any hazardous substance that you will be using in your work.

5. Confined Spaces

A. Does the work you are bidding involve working in a “Confined Space”? Yes _____ No _____
B. If yes, include your work plan, copies of training certification of the pertinent employees, entry permit and who will be in the confined space permit-required.

6. Elevated Work and Fall Protection

A. Does the work that you are submitting a bid for, involve any “Elevated Work”?
   Yes _____   No _____

B. If yes, please submit a copy of your fall protection and elevated work rules policy.

7. Powered Industrial Vehicles

A. Does the work that you are submitting a bid for, involve the use of any powered industrial vehicles? (i.e., fork trucks, highlifts, etc.)
   Yes _____   No _____

B. Have designated people been trained on such?
   Yes _____   No _____

8. Respiratory Compliance

A. Does your company have a written respiratory program or policy?
   Yes _____   No _____

B. Have employees been fit-tested quantitatively or qualitatively?
   Yes _____   No _____

C. Do you have established medical surveillance procedures?
   Yes _____   No _____

D. What type of respiratory training has your employee had?
   ____________________________________________________________
   ____________________________________________________________

E. What type of respiratory equipment are they permitted to wear?
   ____________________________________________________________
   ____________________________________________________________

9. Key Personnel

List the key on-site people you would use for this project and list the last three (3) projects they will be involved with in this capacity.

Name: _______________________________________________________

Title: _________________________________________________________
Projects
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Name: _______________________________________________________
Title: __________________________________________________________
Projects
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

For Company Use Only: __________________________________________

Recommendations: _______________________________________________

Comments: _____________________________________________________

Approved  *Yes ____  No____  AUTHORIZATION

I certify that I have conducted a review of the information contained in this questionnaire and approve the contractor for the above described work.
* Further detailed on attachment: Yes ___ No___

Name: ____________________________________ Signature: ___________________________
Title: ___________________________ Date: ____________ Time: ____________

ASSESSMENT QUESTIONNAIRE RETENTION INFORMATION

Permanent Retention File: __________________ Location: ____________________________

Date Filed: ___________________________ Filed By: _____________________________