

**STANDARD PRACTICE INSTRUCTION**

**DATE IMPLEMENTED:** 04 April 2019

**SUBJECT:** Contractor Safety Verification

**REGULATORY STANDARD:** OSHA - 29 CFR (Multi-Employer Policy)

**BASIS:** It is the responsibility of the host employer to ensure the safety of all workers conducting business on the site. When an employer arranges to have employees of another employer (subcontractors) perform work that involves activities that may put personnel at risk, the host employer must inform the contractor that the workplace contains specific hazards and that the work to be done is permitted only if all workers have the proper training, equipment and work conditions to accomplish the task(s) in a safe manner.

**GENERAL:** This employer will ensure that safe work practices are used by contractor personnel to provide for the control of hazards during operations such as lockout/tagout, confined space entry, welding, opening process equipment or piping, and general safety within our facility or host facilities. We will ensure that, when selecting a contractor, we obtain and evaluate information regarding the contract employer's safety performance, training and programs to ensure that occupational safety and health policies have been established and are being followed.

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

### **Contents of the Contractor Safety Verification Program**

1. **Written Program.**
2. **Statement of Policy.**
3. **Contractor Prequalification Policy.**
4. **Routine Contractor Compliance Inspections.**
5. **Contractor Safety Meetings.**
6. **Specific Safety Standards Requiring Contractor Safety Compliance.**
7. **Contractor Training Compliance.**
8. **Contractor Safety Questionnaire.**

## Nowland Associates, Inc. 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. Safety metrics, such as TRIR, EMR, DART, Fatality Rate will be used as a criteria for selecting subcontractors.

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.

2.2 Roles and Responsibilities will be addressed prior to the start of work.

**3. Contractor Prequalification Policy.** 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.
- 3.7 Contractors must be competent and capable to perform their assigned duties in a safe and environmentally sound manner.
- 3.8 Contractors must have appropriate licenses, registrations, and insurance to work under Nowland Associates, Inc.

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

4.2 A "post-job" safety performance review will be conducted which will include all subcontractors.

**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 always maintain a high degree of safety compliance. Subcontractors will be included in pre-job meetings or kick-off meetings, and safety orientations, as well as tailgate safety meetings, job safety analysis or hazard assessments, and on the job safety inspections.

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 ensure highest degree of compliance to existing regulations.

5.2 Contractor meeting schedules. Contractor safety meetings will be conducted on a regular 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. At a minimum, subcontractors will be included in all pre-job, kick-off meetings, and safety orientations.

**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:

29 CFR 1910.119	Process Safety
29 CFR 1910.120	HAZWOPER
29 CFR 1910.134	Respiratory Protection
29 CFR 1910.146	Confined Space
29 CFR 1910.147	Lockout Tagout
29 CFR 1910.178	Powered Industrial Trucks
29 CFR 1910.252	Welding Safety
29 CFR 1910.1200	HAZCOM
29 CFR 1926.500	Fall Protection
29 CFR 1926	General Provisions

**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.

<b>Contractor Safety Information</b>
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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: \_\_\_\_\_

Safety Director: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Person responsible for safety)

FAX #: \_\_\_\_\_

### 1. Accident/Injury Experience

Using last year's OSHA 300 Log (as applicable) 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  
Scaffolding  
Housekeeping  
Fire Protection  
Hand Protection  
Confined Space Entry

Emergency Procedures  
Hazardous Substances  
Trench & Evacuation  
Barricades  
Electrical Safety  
Rigging & Crane Safety  
Hand & Power  
Tool Safety  
Others

- D. Do you have a foreman safety training program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please include an outline.
- E. Do you conduct regular safety meetings? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often? \_\_\_\_\_ Are records kept? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Do you generate accident investigation reports?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- G. Do you perform project safety inspections?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Who conducts them? Name \_\_\_\_\_

Job Title \_\_\_\_\_

How often? \_\_\_\_\_

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.

C. If in Maryland, please provide a copy of your current Chemical Information List, which is submitted to MDE. Highlight, or check which items will be utilized for this job.

#### 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/certified 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 3 projects they were 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: \_\_\_\_\_