

SUBCONTRACTOR SAFETY SPECIFICATIONS

- 1.0 Each subcontractor and their sub-tiers shall comply with all applicable regulations, including but not limited to Cal/OSHA, OSHA, Cal/EPA, EPA local health departments and local ordinances. The subcontractor and their sub-tiers shall comply with the most stringent regulation. If a conflict exists between regulations, the subcontractor shall notify ACCO immediately.
- 2.0 It is the responsibility of the subcontractor to know the safety requirements of the project and to convey these requirements to their crews and their sub-tier contractors.
- 3.0 Incidents involving property damage, injuries and near misses are to be reported immediately, no later than the end of the working shift.
 - 3.1 A written accident investigation is required for all-medical aid injuries, property damage and near misses. The investigations shall include the following elements:
 - Description of the incident
 - Contributing factors to the incident
 - Names and contact information of the people involved in the incident
 - Witness Statements
 - Corrective actions
 - 3.2 Email accident investigations within 24 hours to safety@accoes.com; or, Fax to (818) 240-8579 at “ATTENTION: Safety Department”
- 4.0 The following safety equipment shall be worn on ACCO projects by all employees and visitors associated with ACCO's contract:
 - Hard Hat
 - Safety Glasses
 - Gloves as required per the task
 - Leather working boot
- 5.0 The subcontractor shall report unsafe conditions to ACCO immediately. Work is not to be performed until the area is safe.
- 6.0 Materials deemed to be regulated waste shall not be disposed of in the project's general waste bins. These types of waste must be disposed of legally by contacting the appropriate waste haulers. This includes but is not limited to:
 - Asbestos
 - Lead paint
 - Partially empty containers (Containers need to be completely empty)
- 7.0 Material Safety Data Sheets shall be submitted prior to the chemicals coming onto the project. These MSDS's are to be maintained in accordance with Cal/OSHA.
- 8.0 The subcontractor shall submit prior to working on the project a copy of their Injury Illness Prevention Program (IIPP). An electronic version is preferred. Please e-mail IIPP to: safety@accoes.com
- 9.0 The subcontractor is required to have weekly safety meetings with their crews. The subcontractor's crew may attend ACCO's weekly safety meeting to comply with this provision.
 - 9.1 A copy of the weekly safety meeting shall be submitted to ACCO's Project Manager.
- 10.0 Competent Person shall be identified and submitted to ACCO's Project Manager.
- 11.0 Proof of training shall be submitted when requested. This includes but is not limited to:
 - Forklift certification
 - Respirator Training and Fit Testing
 - Confined Space Entry
 - Fall Protection
 - First Aid/CPR
 - Trench/Excavation
 - Scaffolding
 - Rigging

Subcontractor Safety Pre-Qualification Form

Company Name:		Date:	
Address:			
Phone #:		Fax #:	SIC Code:
Company's Safety Contact	Name	Title	Phone #
Company's Scope of Work:			

Please supply the following data for your company:

- OSHA 300 Log Summary Include a copy of current insurance certificate per ACCO Requirements

List your Worker's Compensation Experience Modification Rate (EMR) for the most recent three (3) years:

20 _____	20 _____	20 _____	
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Evaluate your OSHA 300 log and please record the on-the-job injury or illness data for the last (3) complete years:

	Current Year	20 _____	20 _____	20 _____
Total number of Injuries				
Total Number of days away cases				
Total number of recordable injuries				
Total number of fatalities				
Total number of labor hours worked				
Recordable Injury Rate (RIR)				
Days Away Injury Rate (DAIR)				

Calculate your Recordable Injury Rate (RIR) and Days Away Injury Rate (DAIR) as follows:

$$RIR = \frac{(\text{Total \# of Recordable Injuries})200,000}{\text{Total Number of Labor Hours Worked}} \qquad DAIR = \frac{(\text{Total \# of Dary Away Injuries})200,000}{\text{Total Number of Labor Hours Worked}}$$

Please list the number of all Cal/OSHA and OSHA citations received by your company for the past three (3) years:

	Willful/Repeat:	Serious:	General:	Other:
20 _____				
20 _____				
20 _____				

Regulatory Compliance Program

1. Do you have a written Injury and Illness Prevention Plan (IIPP)? Yes No
2. Do you have a Substance Abuse Control Program? Yes No
3. How often do you conduct safety meetings?
4. Please list the training you provide for your employees: _____

If you have any questions or need assistance in filling this form out, please contact our Corporate Safety Department at (818) 244-6571.