

Checklist for Contractor Qualifications

This form should be completed by the Contractor prior to commencing work at any APAC Central jobsite or facility. Any Safety issues arising from the activities of the Contractor, such as failure to wear agreed PPE, or following company policies, will be immediately addressed, noted and a copy of such notes will be issued to the Contractor involved.

Contractor Safety Checklist

Date: _____ Work Location: _____

Contractor Name: _____

Nature of Work: _____

Contractors Designated person in charge of site: _____

Annual Review ☐

Project Specific ☐

NOTE:

- All Contractor Employees, regardless of job activity, must be over the age of 18. Contractors involved directly in Quarry Activity must be properly trained and have documentation of that training. Written details of training/experience must be provided.
- All Contractors/ Sub -Contractors will complete an on-site Company Safety Orientation, to cover the Fundamentals for Fatality Elimination and relevant safety policies.

The abbreviation "OMG" referred to Oldcastle Materials Group

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1. OSHA, MSHA or DOT Reportable Accidents or Fatalities

Provide details of OSHA, MSHA or DOT reportable accidents or fatalities, involving your firm, which have occurred over the last five years.

Please provide the following documents:

- ☐ MSHA Injury Reports (if applicable)
- ☐ OSHA 300 Logs
- ☐ Three (3) years of Experience Modification Rates

2. OSHA, MSHA, EPA Citations or Notices

Please provide a brief summary of any citations or notices of violation within the last three (3) years: (OSHA, MSHA, EPA) _____

		YES	NO
3.	OMG Safety Policy or Contractor Safety Rules (Addendum) attached:	X	
4.	OMG Fundamentals of Fatality Elimination attached (and reviewed on-site):	X	
5.	Please provide a copy (via email, flash drive, or hard copy) of your Environmental, Health & Safety (EHS) Manual Provided (manual should address Risk Assessment & Compliance)		
6.	Please provide a copy of your Drug/Alcohol Policy. If not already included in your EHS manual.		
7.	Do you have a procedure for reporting of all accidents in place? <i>*The location manager must be notified of all accident notifications to OSHA, MSHA, EPA and DOT as required under regulatory obligations. As a general/prime contractor, Oldcastle Materials should be added as a contact.</i>		

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8. INSURANCE REQUIREMENTS (sample insurance certificates attached for your reference)

Name & Phone of Insurance Agent:

Please review the attached insurance requirement outline, sample Certificate of Insurance and endorsements to verify whether or not you meet our insurance requirements.
A copy of your Certificate of Insurance with endorsements is required for review.

We have reviewed the attached documents and we fully meet the Oldcastle Materials insurance requirements.

☐

YES

☐

NO

If you checked NO, please indicate from the list below which of the Oldcastle Materials Group insurance requirements you do NOT meet:

<input type="checkbox"/>	General Liability Limits Per Occurrence and/or Aggregate
<input type="checkbox"/>	Per Project General Liability Aggregate
<input type="checkbox"/>	Umbrella / Excess Limits
<input type="checkbox"/>	Business Auto Liability Limits w/ Any Auto or Combined Owned/Hired/Non-Owned Autos
<input type="checkbox"/>	30 Day Notice of Cancellation
<input type="checkbox"/>	Workers Compensation with Employers Liability
<input type="checkbox"/>	Additional Insured Endorsements
<input type="checkbox"/>	Waiver of Subrogation Endorsements
<input type="checkbox"/>	Primary and Non-Contributory Endorsements

9. PERSONAL PROTECTION EQUIPMENT

The following are required **AT ALL TIMES** on site:

Hard Hats

☒

High Visibility Clothing

☒

Safety Footwear

☒

Eye Protection

☒

Additional PPE requirements: Where required
By regulations, laws, or when conditions or
Task warrant additional PPE

Hearing Protection

☐

Hearing Protection

☐

Protective Gloves

☐

Additional PE: _____

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The APAC Central EHS manual has been included with this packet for your reference

The following information will be reviewed with you, on-site, by an
OMG Estimator /Project Manager/ Supervisor:

		Initial
1.	All persons employed by me at the OMG site will be made aware of the contents of the OMG location Safety Statement and will complete a safety briefing before commencement of work.	
2.	All persons employed by me will be adequately trained, either by relevant experience or by qualification. Written details of training /experience/ qualification records will be provided upon request. All such persons will be over the age of 18.	
3.	Where an operation is undertaken which differs from the terms of the contract, the operating procedure to be used will be brought to the attention of the Supervisor.	
4.	All machinery used by my employees at the OMG locations will be maintained & operated in accordance with the manufacturers' specification, and where required by law, relevant inspection certificates shall be maintained and made available to the Supervisor.	

I fully understand the safety obligations as detailed above:



Contractor

OMG Estimator/Project Manager/Supervisor

Date

Date

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