

To: All Contractors

Regarding: Contractor Safety Introduction Letter and Packet

To Whom It May Concern:

Platte River Power Authority (Platte River) and the Safety Department are pleased that you are interested in becoming pre-approved from the Safety Department for current or future work on Platte River projects. This process is intended to obtain safety related information from contractors that will help us review and evaluate your overall health and safety program. This process is designed to ensure that contractors of Platte River operate in the safest manner possible. This component of the prequalification process is solely focused on the health and safety systems of your organization.

Platte River has implemented a comprehensive contractor safety program for all of our projects. It is our expectation that each contractor provide for a safe work environment for their employees, Platte River employees and the public while demonstrating a positive and proactive safety culture.

We hope that you appreciate and share our focus on safety for our contractors and employees, and we ask that you promptly review and complete all requested information in the attached packet. Until all requested information is received and reviewed by the Safety Department and the appropriate Project Manager, contracts will not be awarded for Platte River work.

The required items include:

- **Contractor Safety Qualification Form** – Fill out completely while providing all required documentation per the form that is applicable, such as:
 - **OSHA citations along with corrective measures taken over the last 5 years**
 - **Safety Performance Statistics** – per the OSHA 300 log. If the contractor is not required to maintain a 300 log, then they shall use information from their internal recordkeeping process or their insurance carrier's process.
- Any other applicable documentation as requested by Platte River or as the contractor feels is necessary.

Regards,

Brian Moore

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Contractor Safety Program Overview

1. A Contractor requests and / or receives a Contractor Safety Packet from Purchasing or the Project Manager.
2. Contractor fills out, in its entirety, the Contractor Safety Pre-Qualification Form and must provide all necessary documentation as stated on the form.
3. Contractor returns all documents requested in the pre-qualification form.
 - a. Pre-Qualification Form completed and signed
 - b. Support documentation for any OSHA citations within the last 5 years. What the citation was and what the contractor has done to mitigate the citation(s).
 - c. Any other items needed as identified in the pre-qualification form or that the contractor feels is necessary as well as other documentation requested by the Safety Department.
4. If a contractor is bidding for a project, this information can be sent in with all other information to Purchasing or the Project Manager.

Contractor Responsibilities

The contractor is responsible for:

1. Providing all requested information regarding health and safety, training, insurance, and injury experience as part of the qualification process.
2. The safety of a contractor's and any associated subcontractor employees remains the primary contractor's responsibility. Each contractor and subcontractor shall designate one employee responsible (Manager, Superintendant, Supervisor, etc) for overall health and safety at each Platte River project. The following guidelines shall apply:
 - a. As a general rule, Platte River requires at least one dedicated safety professional (coordinator) for every 50 employees.
 - b. For any project that is deemed to be "high risk" by Platte River Safety and responsible Project Manager, the contractor may be requested to provide dedicated, (or if coverage already exists), **additional** health and safety coordinator(s) regardless of the amount of employees on site. Some examples of these instances could be, but not limited to; working at heights, complicated rigging or lifting, crane work, work during extended or night hours, high voltage work, confined space, excavations, etc.
 - c. Specific requirements for dedicated health and safety coordinators (if required) will be outlined in the bid documents.
3. Contractors are required to comply with the U.S. Occupational Health and Safety Act (OSHA) and with all applicable state and local safety laws and regulations. Contractors are also required to comply with accepted industry practices and Platte River Safety requirements applicable to the work performed. Contractors are required to follow the most stringent requirement unless otherwise approved in writing by Platte River Safety Department.

Qualification of a Contractor

1. All contractors within the scope of the contractor safety process that are interested in bidding on a current or future project(s) with Platte River must be qualified for acceptable health and safety performance by the Platte River Safety Department and Project Management.
2. If a contractor is qualified, they are qualified for a period of 12 months or for the length of the contract, whichever is longer.
3. If incidents or safety deviations occur during the course of a contract, the Safety Department and Project Manager may require a review of the contractor's safety program prior to additional work being performed for Platte River regardless of the expiration date on a previous qualification.

Disqualification of a Contractor

Platte River reserves the right to disqualify any contractor for items concerning safety such as but not limited to; poor safety performance, failure to address or lack of improvement of safety concerns brought forward by Platte River Management (safety, project or general management), repeated safety violations or other unsafe acts. The contractor will be notified in writing of any concerns and will have the opportunity to correct any deficiencies. If the contractor is deemed “disqualified”, the contractor will not be allowed to work on Platte River property or equipment until **all** of the following conditions are met:

1. A viable detailed corrective action plan is received.
2. Complete new submittal of all required materials is reviewed.
3. Approval is granted by Platte River Safety **and** Management.
4. Minimum of six (6) months have elapsed since the disqualification.

Contractor Safety Qualification Form (CSQF)

SECTION 1 - GENERAL INFORMATION

Company Name:

Address:

City/State:

Zip:

Telephone #:

Fax #:

How many employees do you employ (approximately): Full Time: Part Time: Seasonal:

Describe the nature of business your organization typically performs for Platte River and provide your Platte River contact name:

Check the appropriate box or boxes for the areas your organization typically works with or on:

- | | | |
|---|---|--|
| <input type="checkbox"/> Power Plant Operations & Maintenance | <input type="checkbox"/> Substations Operations & Maintenance | <input type="checkbox"/> Electric Transmission O & M |
| <input type="checkbox"/> Electrical Operations (low voltage) | <input type="checkbox"/> Gas Operations & Maintenance | <input type="checkbox"/> Other (list): |
| <input type="checkbox"/> Facility Maintenance / General | <input type="checkbox"/> Facility / Building Construction | |

 Are you a division of a corporation? Yes No If Yes, provide name and address of parent corporation:

 Are you self-insured for Workers' Compensation Insurance? Yes No

If no, who is your third party insurance organization:

 Does your company use subcontractors Yes No If yes, provide names of all your subs that will be used on Platte River projects:

Form completed by: (Name)

Date:

Title:

Ph:

Email:

Fax:

SECTION 2 – HEALTH & SAFETY INFORMATION

 Do you have a dedicated fulltime health & safety professional within your company? Yes No

Name / Title:
Telephone Number:
Location:

If you do not have a dedicated health & safety professional, who is responsible for health & safety within your organization?

Name / Title:
Telephone Number:
Location:

SECTION 3 - HEALTH & SAFETY PROGRAMS AND PROCEDURES

 Does your company have a written health and safety program? Yes No

 Does your written Safety program cover all types of work activities which you will perform while on a Platte River Project? (if No, please list those programs you do not have): Yes No

Does your SAFETY program address the following elements:

- Management commitment and expectations? Yes No
- Accountabilities and responsibilities for managers, supervisors, and employees? Yes No
- Hazard recognition and control? Yes No
- Workplace Analysis? Yes No
- Safety Training? Yes No
- Incident reporting & investigation, including near misses? Yes No

Does your written S&H Program contain the following programs / topics? Identify those topics that your work will fall under.

• Confined Space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Material Handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Control of Hazardous Energy LOTO	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Fire Prevention & Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Fall Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Personal Protective Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Rigging/Cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Hot Work / Welding Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Excavation & Trenching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Electrical Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Grounding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Hand & Powered Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	• Emergency Action Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Respiratory Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				

Do you have employees trained in First Aid / AED / CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a drug and alcohol testing policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you employ persons with a Commercial Driver's License (CDL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold site safety meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the frequency of the meetings?		
Do you conduct health & safety inspections / audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, how frequent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a disciplinary action process for addressing employee health and safety performance?		
If you use subcontractors, do you use health & safety performance criteria in the selection of sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION 4 – TRAINING

Do you perform New Employee S&H Orientation Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide the necessary and required S&H training for your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees tested for their comprehension of the training materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is all S&H Training documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees certified / qualified to operate all machinery and equipment they are asked to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION 5 - JOB SAFETY ANALYSIS

Are job observations, such as a job safety analysis (JSA) conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are procedures for critical jobs written and reviewed with the employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION 6 – HEALTH & SAFETY PERFORMANCE

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

20 EMR 20 EMR 20 EMR

Use your OSHA 300 log (or equivalent) to record the number of injuries and illnesses for the last three (3) years.

YEAR	20	20	20
Number of Fatalities			
Number of OSHA Recordable Cases			
Number of OSHA Restricted Only Cases			
Number of OSHA Lost Time Cases			
OSHA Recordable Incident Rate			
OSHA Restricted Only Incident Rate			
OSHA Lost Time Incident Rate			
Number of Labor Hours Worked			
Average Number of Employees on Your Payroll			

Use the following formulas for calculating the "OSHA Incident Rates"

$\frac{\text{Number of Recordable Cases} \times 200,000}{\text{Number of Hours Worked}}$	$\frac{\text{Number of Restricted Only Cases} \times 200,000}{\text{Number of Hours Worked}}$	$\frac{\text{Number of Lost Time Cases} \times 200,000}{\text{Number of Hours Worked}}$
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Has your company received any OSHA citations within the last five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, attach them along with your responses or corrective actions</i>		

Signature: _____ **Title:** _____