



HULCHER CONTRACTOR SAFETY MANAGEMENT PROCESS

Hulcher Services is initiating a mission to improve safety for its employees, contractors, subcontractors, visitors, and general public. The Hulcher Contractor Safety Management Process (HCSMP) was developed to address the need of assuring accident free work sites on Hulcher projects.

Safety is a major criteria utilized in the selection of Contractors performing work for Hulcher Services. Our first process will be to ensure compliance with OSHA minimum standards; however, Hulcher's ultimate goal will be "ZERO ACCIDENTS/INCIDENTS".

Why the Focus on Contractor Safety?

Hulcher considers all contractors and subcontractors who work on our projects to be part of the Hulcher extended family. We desire all employees who work on our sites, both Hulcher and contractor employees, to return daily to their homes and families free of injury or illness.

A comprehensive Contractor Safety Program is a win-win for the contractor, Hulcher Services, and the client. Accidents and injuries raise the price of projects by increasing the contractors' cost of doing business. This includes direct and indirect medical costs, increased Workers' Compensation and liability insurance premiums, delayed schedules, damaged equipment, higher employee turnover with associated training and recruiting costs, regulatory liability, and damaged customer relations.

Hulcher realizes that many of our contractors have excellent safety programs already in place. The HCSMP requirements will ensure consistency among all contractors, "level the competitive playing field", and provide opportunities for continued safety improvement by all contractors wishing to work on Hulcher projects. It will also provide an opportunity for small and minority business owners to excel by providing opportunities and resources to establish quality safety programs.

Elements of the Contractor Safety Process:

Drug and Alcohol Free Workplace – Hulcher wants to ensure that all employees working on Hulcher projects and facilities are fully able to do their job and are not impaired by drug or alcohol use – a major cause of work site accidents. Our program requires the contractor to provide pre-employment, random, post-accident, and for cause testing for drugs and alcohol.

Each contractor (including sub-contractors) employee in a safety sensitive position or performing a safety sensitive task is subject to, and required to participate in a random substance abuse screen. "Safety sensitive" positions are those, including supervisory or management positions, in which a drug or alcohol impairment would constitute an immediate and direct threat to safety or public health. Likewise, "safety sensitive" tasks are those that, if performed with a drug or alcohol impairment, would constitute an immediate and direct threat to safety or public health. With the exception of those few contractor employees, if any, whose jobs are not safety sensitive and who perform no safety sensitive tasks, contractor employees



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at work on Hulcher job sites are recognized as being in safety sensitive positions or performing safety sensitive tasks due to the hazards of such hazards of such job sites.

Safety Orientation Training – Hulcher wants to ensure that all contractor and subcontractor employees who will work on Hulcher projects or facilities have been oriented in the basics of work site safety.

Qualification Requirements - Contractors presently under contract to Hulcher and those who wish to work for Hulcher in the future, are required to complete a pre-qualification questionnaire, which focuses on your company’s past safety experience. The contractor shall be responsible to insure any Subcontractor(s) used on a Hulcher Project, Site, or Facility has met Hulcher’s Safety Pre-qualification requirements prior to being assigned work. The forms will be reviewed by the Hulcher Health and Safety Department and will be evaluated according to pre-determined criteria. Companies not fully meeting the desired standards may be qualified on a provisional basis.

Employee Identification – Contractors are required to be aware of and comply with identification requirements and retention of records requirements by Hulcher Services and it’s customers.

It’s the Right Thing to Do!

Hulcher Services has developed this process in Contractor Safety because we feel that ensuring workplaces free of occupational illnesses and injuries is the right thing to do – FOR EVERYONE!

Questions

If you have any questions regarding the HSI Contractor Safety Management Process please contact:

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Administrative Assistant
Hulcher Services Inc.
940-387-0099 X 3520



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CONTRACTOR SAFETY QUALIFICATION QUESTIONNAIRE

Company Name: _____

NAICS / SIC #: _____

Address: _____

Type of Business / Services Provided: _____

Contact Person: _____ Title: _____

Phone # _____ Fax# _____ Email _____

OSHA 300A SAFETY INFORMATION (attach copies of OSHA 300 logs)

(most recent 3 years)

| | 20__ | 20__ | 20__ |
|--|-------|-------|-------|
| A. Total Number of OSHA Recordable Incidents | _____ | _____ | _____ |
| B. OSHA Recordable Incident Rate | _____ | _____ | _____ |
| C. Number of Lost Time Incidents/Illnesses | _____ | _____ | _____ |
| D. Lost Time Incident Rate | _____ | _____ | _____ |
| E. Number of days away from work | _____ | _____ | _____ |
| F. Number of Fatalities | _____ | _____ | _____ |
| G. TOTAL EMPLOYEE HOURS WORKED | _____ | _____ | _____ |

Note: for B and D Rates – use the formula:

Number of Incidents (A or C) multiplied by 200,000, then divided by # of employee hours worked.

H. Where is the OSHA 300/300A Log maintained? _____

I. Who maintains the OSHA 300/300A Log? _____

EXPERIENCE MODIFICATION RATE (EMR) (provided by your insurance carrier)

List your worker's compensation EMR for the most recent 3 years. (**attach a copy**)

| | 20__ | 20__ | 20__ |
|------------|-------|-------|-------|
| Corporate: | _____ | _____ | _____ |
| Local: | _____ | _____ | _____ |



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OSHA CITATIONS:

Has your company received any OSHA citations in the last 3 years?

Yes

No

If yes, please attach copies.

SAFETY GOALS AND OBJECTIVES:

A. Do you have Company safety goals and objectives?

Yes

No

Please attach copy.

B. Do you have a written Health and Safety program/manual?

Yes

No

Please attach the Table of Contents only.

C. Do you have a written Hazard Communication Program?

Yes

No

Please attach copy.

SAFETY MEETINGS

A. Do you hold safety meetings for supervisors?

Yes

No

If yes, how often? _____

Who conducts safety meetings? (title) _____

B. Do you hold craft daily safety meetings?

Yes

No

Who conducts daily safety meetings? (title) _____

SAFETY INSPECTIONS

A. Do you conduct field safety inspections to determine compliance with applicable federal, state, local, and company regulations/procedures?

Yes

No

Please attach sample copy of inspection form.

If so, who conducts the inspection? _____

B. Are inspection reports generated?

Yes

No

If yes, what is the distribution of the inspection reports? _____

C. Do you have a follow-up system to track items identified during safety inspections?

Yes

No

If so, explain follow-up system procedures: _____

SAFETY TRAINING AND ORIENTATION

A. Do you have a documented pre-job or new employee Health & Safety Orientation Program?

Yes

No

How many hours of Health & Safety orientation/training are conducted? _____

What is the frequency of this training? _____

Who Conducts this training (name, title)? _____



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Does the training/orientation include the following?

| | Yes | No | Last Date |
|-------------------------------|-------|-------|-----------|
| Company Safety Policy | _____ | _____ | _____ |
| Company Safety Rules | _____ | _____ | _____ |
| Company Safety Record | _____ | _____ | _____ |
| Confined Space | _____ | _____ | _____ |
| Demolition | _____ | _____ | _____ |
| Driving Safety | _____ | _____ | _____ |
| Electrical Safety | _____ | _____ | _____ |
| Emergency Procedures | _____ | _____ | _____ |
| Excavations | _____ | _____ | _____ |
| Fire Protection | _____ | _____ | _____ |
| First Aid | _____ | _____ | _____ |
| Hazard Communication | _____ | _____ | _____ |
| Housekeeping | _____ | _____ | _____ |
| Injury Reporting | _____ | _____ | _____ |
| Job Safety Analysis | _____ | _____ | _____ |
| MSDS | _____ | _____ | _____ |
| Personal Protective Equipment | _____ | _____ | _____ |
| Respiratory Protection | _____ | _____ | _____ |
| Rigging Safety | _____ | _____ | _____ |
| Safety Meeting Attendance | _____ | _____ | _____ |
| Scaffolding | _____ | _____ | _____ |
| Toxic Substances | _____ | _____ | _____ |
| Use of Explosives | _____ | _____ | _____ |
| Welding and Cutting | _____ | _____ | _____ |
| Work Hazard Recognition | _____ | _____ | _____ |
| On Track Safety | _____ | _____ | _____ |
| Other, Specify | _____ | _____ | _____ |

*Indicate last date this training was provided or place NA if training not applicable.

B. Do you have a documented occupational Health & Safety training program for newly hired or promoted first line supervisors or foremen?

Yes No Who conducts training (name, title)? _____

Does the new foreman safety-training program include the following?

| | Yes | No |
|---|-------|-------|
| Injury/Incident/Near-Miss Investigation | _____ | _____ |
| Emergency Procedures | _____ | _____ |
| First Aid Procedures | _____ | _____ |
| Hazard Communication | _____ | _____ |
| Hazard Recognition | _____ | _____ |



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Incident Reporting _____
 Job Safety Analysis _____
 Yes No

New Employee Orientation _____
 Respiratory Protection _____
 Safe Work Practices _____
 Tailgate/Tool Box Safety Meeting _____
 Other, Specify _____

C. Does your company hold regularly scheduled safety meetings for employees?
 Yes No If Yes, how often? _____

Who conducts these meeting (title)? _____

Who documents these meetings? _____

D. Is the content and attendance at these meetings documented?
 Yes No Where is documentation filed? _____

E. Does your company document that appropriate employees are certified and/or adequately trained in the following areas?

| | Yes | No | N/A |
|--------------------------------|-------|-------|-------|
| Asbestos Abatement | _____ | _____ | _____ |
| Crane Operator | _____ | _____ | _____ |
| Commercial Driver's License | _____ | _____ | _____ |
| Confined Spaces | _____ | _____ | _____ |
| Electrician/Lineman | _____ | _____ | _____ |
| Fork Lift Operator | _____ | _____ | _____ |
| Hazardous Waste Operations | _____ | _____ | _____ |
| Heavy Equipment Operator | _____ | _____ | _____ |
| Instrument Technician | _____ | _____ | _____ |
| Scaffolding | _____ | _____ | _____ |
| Trenching, Shoring, Excavation | _____ | _____ | _____ |
| Welder | _____ | _____ | _____ |
| Other, Specify _____ | _____ | _____ | _____ |

SUPERVISOR/FOREMAN ACCOUNTABILITY

During foreman performance reviews, do you use safety as a criterion for rating purposes?
 Yes No

