

Attachment D
Subcontractor Safety, Health and Environmental
Minimum Performance Standards (MPS)

Project Name: _____

Subcontractor Name: _____

Please complete and return this form to Unger Construction with your Subcontract Agreement. Attach supplemental documents to this form.

1. Unique Safety, Health, and Environmental Risk Survey of Subcontractor's Work

List risks below, or provide a listing on a separate attachment.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

2. The MPS compliance shall be expected of any additional tier subcontractors/ vendors under the first tier subcontractor's control.

a. Provide a list of additional sub-tier suppliers or vendors utilized by the subcontractor who will perform on-site fieldwork:

b. Designate responsible personnel for monitoring sub-tier suppliers or vendor's compliance with the MPS program.

Name: _____ Title: _____ Phone: _____

3. Perform Job Hazard Analysis (JHA) planning to identify hazards related to work.

Specify who will be responsible to develop JHA and specify a date for completion of review.

Name: _____ Title: _____ Phone: _____

Review Date: _____

4. Designated Safety Person (DSP) shall be assigned by the subcontractor.

Provide the name of the subcontractor's DSP:

Name: _____ Title: _____ Phone: _____

5. A Full-time Designated Safety Professional is required when subcontractor staffing levels reach 25 employees at the project site.

a. Are subcontractor manpower levels anticipated to reach 25 employees?

___ Yes _____ No

If yes, please provide the name and resume of qualifications for the subcontractor's Safety Person assigned to the project:

Name: _____ Title: _____ Phone: _____

b. Date manpower level is expected to reach 25: _____

6. Subcontractor shall provide an adequate number of first aid-trained people.

a. List the names of the onsite personnel with first-aid training:

1. _____

2. _____

b. Subcontractor must supply properly equipped First Aid Kits. List location of kits (if more than 2 kits, please provide a separate list of locations):

First location: _____

Second location: _____

7. Subcontractor will maintain staff and equipment on site capable of responding to any emergencies related to their work.

Designate the individual responsible to monitor and maintain emergency staffing and equipment:

Name: _____ Title: _____ Phone: _____

8. Subcontractor shall develop and require their employees to attend a site-specific safety orientation meeting.

a. Provide an outline agenda for meeting. Attach to this document.

b. Designate the individual responsible for conducting meeting.

Name: _____ Title: _____ Phone: _____

9. Weekly Toolbox Safety Meetings.

a. Designate the time and day of weekly toolbox safety meeting.

Day: _____ Time: _____

b. Designate individual responsible for conducting and documenting these meetings.

Name: _____ Title: _____ Phone: _____

10. Subcontractor shall be represented at any scheduled weekly coordination meetings where safety is discussed.

Name: _____ Title: _____ Phone: _____

11. Unger Construction shall be made aware of any special training required as a result of subcontractor activities.

Submit a list of special training requirements along with a listing of individuals already trained, and/or a schedule to provide training.

1. _____
2. _____
3. _____
4. _____

12. An incident/accident investigation shall be conducted for any injuries or equipment/property damage events. Notify the Unger Construction Project Manager or Safety Manager immediately of any accident or injury. Copies shall be provided to Unger Construction.

Designate individual responsible to conduct incident/accident investigations and provide copies to Unger Construction within 24 hours.

Name: _____ Title: _____ Phone: _____

13. In the event of media involvement, subcontractor will cooperate with Unger Construction's Crisis Management efforts.

Designate the individual that will interface with Unger Construction in the event of media involvement in the incident/accident issues. Provide emergency contact numbers.

Name: _____ Title: _____
Office Phone: _____ Pager: _____
Cell Phone: _____ Home phone: _____

14. Subcontractor shall conduct daily safety audits of their work areas.

Designate individual responsible for conducting daily safety inspections.

Name: _____ Title: _____ Phone: _____

15. A plan of disciplinary action for violation of known safety requirements shall be part of subcontractor injury and illness prevention programs.

Section: _____ Page: _____
Paragraphs: _____

16. Subcontractor is responsible for daily clean-up.

Designate individual responsible to insure that clean-up is completed daily.

Name: _____ Title: _____ Phone: _____

17. Subcontractor agrees not to bring hazardous materials on site or generate hazardous waste without the knowledge and consent of Unger Construction.

Provide a list of all hazardous materials that will be brought on site:

18. Subcontractor agrees to provide personal protective equipment (PPE) and adequate training for the use of PPE to all of their employees as required by applicable OSHA standards.

a. Provide a listing of all personal protective equipment required for the subcontractor's employees:

b. Copies of user training records must be available to Unger Construction for review upon request. _____

19. Scaffold User Submittals:

a. Provide name of competent person with training certification:

Name of Competent Person: _____

b. Provide copy of daily inspection form and Competent Person assigned:

Name of Competent Person: _____

c. Copies of user training records must be available to Unger Construction for review upon request.

20. Additional Submittals-The documents listed in this section must be dated and include the Company Name.

a. Electronic copy of your IIPP (Injury and Illness Prevention Program) with Code of Safe Practices.

b. Electronic copy of your Heat Illness Prevention Program.

c. Site specific MSDS (Material Safety Data Sheets) for all materials on-site must be provided to Unger's Job Site Superintendent.

21. Designated Emergency Clinic

a. Provide information regarding your Designated Emergency Medical Clinic.

Name of Clinic: _____

Address of Clinic: _____

Phone Number of Clinic: _____

b. Print Name of Individual Completing Form: _____
Position _____
Email Address _____
Office Address _____

FOR UNGER CONSTRUCTION USE ONLY.

Unger Construction Safety Department Review Comments:

Signature: _____ **Date:** _____

SAMPLE