**PURPOSE:**

The purpose of Contractor Qualification is to help ensure that contractors and their employees are fully aware of the potential dangers involved with a system covered by Process Safety Management (PSM). This awareness should lead to reduced risks for accidents, thus improved safety for both contractor employees and the company’s employees.

**SCOPE:**

This section applies to all contractors performing any type of work (e.g. maintenance, renovation) on or in the vicinity of a PSM covered process.

It does not apply to contractors that provide a service (e.g. food, janitorial) that does not directly influence the safety of the process or the system.

It is the contractor’s responsibility to train and inform their employees.

**REFERENCES:**

1. OSHA 29 CFR 1910.119 Process Safety Management of Highly Hazardous Chemicals.

**DEFINITIONS:**

(The following is an alphabetical listing defining terms and abbreviations as used throughout this guideline, with which the user should be familiar.)

Contractor:

A company or individual that will provide services, labor, materials, and tools to perform specific work under contract or purchase order from the employer.

Employer:

A company or individual who has obtained the services of a contractor through a contract or purchase order.

**PROCEDURES:**

1. Contractor Selection
2. Contractor Awareness ‑ Pre‑Bid
3. Contractor Awareness ‑ Post‑Bid
4. Contractor Responsibilities
5. Follow‑Up

**1.0 CONTRACTOR SELECTION**

1.1 The employer shall go through a selection process prior to allowing contractors to bid work directly associated with an ammonia system or in the vicinity of the system. In addition, the contractor shall provide the TRIR, EMR rating and their fatality rate for the previous three (3) years in order to be considered as a sub-contractor for Wagner- Meinert.

In order to perform ammonia refrigeration work at the facility. It is required that the contractor has previous working experience on ammonia systems and demonstrate technical and procedural knowledge of ammonia systems and Process Safety Management.

1.2 The employer shall obtain and evaluate information regarding the contractor’s historical safety performance and current safety programs.

1.3 If a contractor has previously worked for the employer, and the work to be bid is similar to that which was previously performed, a documented evaluation may be based upon such prior performance.

1.4 The employer shall maintain a contract employee injury and illness log related to the contractor’s work. In addition, all sub-contractors shall attend the daily start up and safety meeting along with completing a Job Safety Analysis for any job they are performing that day prior to starting work.

**2.0 CONTRACTOR AWARENESS ‑ PRE-BID**

2.1 The employer shall inform the contractor of the potential hazards related to an ammonia system. It is recommended that this occur during a pre-bid meeting and site walk-through.

2.2 Make contractors aware of toxic release and potential fire hazards by reviewing existing MSDS.

2.3 Review the Process Flow Diagram (PFD) of the ammonia system, as is appropriate for the project, with the contractors.

2.4 During job walk through point out hazards associated with the ammonia system.

2.5 Review site specific safety work practices to help control the presence, entrance and exit of contract employees in the area of the ammonia refrigeration system.

2.6 Review employer’s Emergency Response Plan.

**3.0 CONTRACTOR AWARENESS ‑ POST-BID**

3.1 The employer shall evaluate any Contractor’s response to the safety issues related to the ammonia system. It is recommended this occur during post bid meetings. All contractors will attend a daily start

3.2 The contractor shall have reviewed the safety record and program of sub-contractors.

3.3 The contractor shall convey and review the PSM information on ammonia systems with all sub-contractors.

3.4 The employer shall verify how the contractor will train their employees concerning safe work practices and the hazards associated with the ammonia system. These shall be at least as significant and stringent as the facility’s safe work practices.

3.5 The employer shall review the contractor’s Emergency Response Plan to verify compliance with PSM and that the plan interfaces with the employer’s Emergency Response Plan.

3.6 Notes and documents from these meetings shall be kept on file.

**4.0 CONTRACTOR RESPONSIBILITIES**

4.1 PSM requires a contractor to train its employees and ensure that any sub-contractors have been informed of the various aspects of PSM and how it relates to ammonia systems.

* + 1. Each contractor employee shall be aware of the potential hazards of ammonia systems.
  1. The contractor shall document that each employee has been trained. The document shall identify the employee, the dates of training, and the method used to verify that the employee understood the training.
  2. If a contractor or contract employee during the course of performing their job responsibilities, discovers safety issues or other maintenance issues that are not a part of the scope of the project. They are to report this to the facility Maintenance/Refrigeration Supervisor or Safety Director immediately.

**5.0 FOLLOW‑UP**

5.1 The employer shall periodically follow-up with the contractor and evaluate the performance of the contractor to ensure the contractor is meeting PSM and other safety obligations.

5.2 The employer shall maintain an injury and illness log related to the contractor’s employees working on or in the vicinity of the ammonia system.

**FORM CQ-**1

###### Contractor Qualification Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I.** | Organization | | |  | | | | | | | | | | | | Date: | |  | | | | |
|  | A. | Name of Business | | | | |  | | | | | | | | | | | | | | | |
|  |  | Address: |  | | | | | | | | | | | | | | | | | | | |
|  |  | City: |  | | | | | | | | | | | | State/Zip: | | |  | | | | |
|  |  |  | | | | | | |  | | | | | | | | |  | | | | |
|  | Year Established: | | | |  | | | |  | | | | | | | | |  | | | | |
|  | Partnership: | | | | Corporation: | | | | Sole Proprietor Ship | | | | | | | | | | | | Other: | |
|  |  | | | | | | | | | | |  | |  | | | | | | | | |
|  | Officer Name | | | | | | | | | | |  | | Title | | | | | | | | |
|  |  | | | | | | | | | | |  | |  | | | | | | | | |
|  | Officer Name | | | | | | | | | | |  | | Title | | | | | | | | |
| **II.** | **Bidding Interest** | | | | | | |  |  | | | | | | | | |  | | | | |
|  | A. | What percentage of your work is: | | | | | | | | |  | | | | | | |  | | | | |
|  | Commercial (Packaged Systems): | | | | | | | | | % | | | | | | |  |  | | | | |
|  | Industrial (Field Erected Systems): | | | | | | | | | % | | | | | | |  |  | | | | |
|  | B. | Type of work to be performed: | | | | | | | | | | |  | | | | |  | | | | |
|  | Insulation Install | | | | | | | | | | | | | | | | | | | | | |
|  | ELECTRICAL INSTALL | | | | | | | | | | | | | | | | | |  |  | |  | |
|  | SHEET METAL INSTALL | | | | | | | | | | | | | | | | | |  |  | |  | |
|  | Other: | | | | |  | | | | | | | | | | | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **III.** | Project History | | | | List current projects related to the type of work noted in section II(B) above in process or the three (3) projects most recently completed: (include job name, contact name and phone number) | | | | | | | |
|  | A. | Previous work: (Completed for Customer) | | | | | | | | | | |
| 1. | | Customer: | | |  | | | Date: | |  |
|  | | Location: | | |  | | | | | |
|  | | Contact: | | |  | | | | | |
|  | | Telephone #: | | |  | | | | | |
|  | | Value: | | |  | | | | | |
|  | |  | | |  | | | | | |
| 2. | | Customer: | | |  | | | Date: | |  |
|  | | Location: | | |  | | | | | |
|  | | Contact: | | |  | | | | | |
|  | | Telephone #: | | |  | | | | | |
|  | | Value: | | |  | | | | | |
| 3. | | Customer: | | |  | | | Date: | |  |
|  | | Location: | | |  | | | | | |
|  | | Contact: | | |  | | | | | |
|  | | Telephone #: | | |  | | | | | |
|  | | Value: | | |  | | | | | |
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| **IV.** | | **Safety** | | | | | | | |  | | | |
|  | |  | | | | | | | |  | | | |
|  | | A. | Experience Modification Rating (EMR): | | | | | | | | | | |
|  | |  | *(This is an annual safety rating of how a specific contractor compares to other contractors, in the same type of contracting, in the state where the Contractor is working. Contractor should have this rating, since it is provided by his insurance company).* | | | | | | | | | | |
|  | |  | Show your EMR’s as applicable for this current year and for the last two (2) years, as follows: | | | | | | | | | | |
|  | **EMR for** | | | **This Year** | | **Last Year** | | | **Year Before** | |
|  | Home State: | | |  | |  | | |  | |
|  | Interstate: | | |  | |  | | |  | |
|  | Other States | | | (List): | |  | | |  | |
|  |  | | |  | |  | | |  | |
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B. Accident Experience

Summarize the data shown on your OSHA Form 200 for all construction- related (not shop) injuries for year‑to‑date and for last year. All jobs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | This Year | Last Year |
|  |  | Recordable (Medical) | |  |  |
|  |  | Restricted Duty | |  |  |
|  |  | Lost time | |  |  |
|  |  | # of Days Lost | |  |  |

List construction related injury incidence rates for year-to-date and for last year:

*Rate* = Number of injuries x 200,000 divided by Total Man-hours Worked *Severity* = Number of lost days x 200,000 divided by Total Man-hours Worked

Note: The number of recordable injuries includes the number of light duty plus lost time injuries.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | |  | This Year | Last Year |
|  |  | Rate | |  |  |
|  |  | Recordable | |  |  |
|  |  | Lost time | |  |  |
|  |  | Severity | |  |  |

Have you experienced any construction fatalities within the past three (3) years?

Yes No

If yes, attach a full discussion of cause and results.

Have you received an OSHA (or State OSHA) citation within the last 3 years?

Yes  No

If yes, attach a full report on event and results.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. Safety Program for Construction Activities | | | |  |
|  | | | | Last Update |
|  | Do you have a written safety program: | Yes | No |  |
|  | Safety Program per 29CFR1926.21(b) | Yes | No |  |
|  | HAZCOM Program per 29CFR1910.1200(a) (Hazard Communication to Contractor employees) | Yes | No |  |
|  | HAZWOPER Program per 29CFR1910.120 (Emergency Response Training) | Yes | No |  |
|  | Emergency Plan per 29CFR1910.38 (Emergency Action & Evacuation Plans) | Yes | No |  |
|  | Are the above items marked “Yes” available for review? | Yes | No |  |

D. Process Safety Management:

Do you have experience working on or around process systems which contain:

Ammonia  Yes  No

Chlorine  Yes  No

Any other material listed in

29CFR1910.119, Appendix A  Yes  No

(If so, please list below)

Any flammable material process

covered by 29CFR1910.119,

but not listed in Appendix A  Yes  No

**FORM CQ-3**

**SUB-CONTRACTOR EMPLOYEE ACKNOWLEDGMENT RECORD**

**NAME OF SUB-CONTRACTOR:**

**NAME OF EMPLOYEE:**

Employee to initial each box when instruction is completed and understood.

1. General Safety Policy and Program

2. Safety Rules – General

3. Safety Rules including Emergency Response Plan

4. Safety Rule Enforcement Procedure

5. Fire and Explosion Prevention, Location of Fire Fighting Equipment and Location of Exits

6. Proper Personal Attire and Personal Protective Equipment Required

7. Special Hazards of the Job, including Concealed Dangers, Toxic Release Hazards, Process Hazards

8. Safe Work Practices: Hot Work Permits, Confined Space Entry Permits, Others for this Job

On, , 20 , I reviewed the above checked items relating to the safety rules and safe work procedures for work at Pace Dairy – Crawfordsville, IN.

Employee Name: (PRINTED)

Social Security Number:

Employee Signature: Date:

I certify that the above-named employee has received and understood the training described above.

Date:

Supervisor Signature

**FORM CQ-4**

**SUB-CONTRACTOR EMPLOYER TRAINING EVALUATION INQUIRY**

TO: *(Sub-Contractor)*

RE: *(Contract No.)*

DATE:

FROM: , TITLE:

1. Were all persons employed by and by its subcontractors since to work at the Pace Dairy – Crawfordsville, IN in executing work included in the subject contract trained to safely perform their jobs?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Were they instructed in all known fire, explosion, toxic release, other process hazards, and concealed dangers to which they may have been exposed while performing their jobs?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Were they trained in all applicable provisions of the emergency response plan in effect while they were working at Pace Dairy – Crawfordsville, IN?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Did those employees understand the training and the instructions?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please describe the means that were used to verify that the employees understand the training and instructions.

6. Please attach a complete list of all persons who worked on the subject contract at the above-named facility since .

7. Has become aware of any hazards of which it believes Owner is unaware?

Yes \_\_\_\_\_ No \_\_\_\_\_ If “yes”, please explain.

8. Did any contractor employees suffer any injuries or illnesses as a result of their work at Pace Dairy – Crawfordsville, IN?

Yes \_\_\_\_\_ No \_\_\_\_\_

**DOCUMENT MANAGEMENT:**

If after reading this program, you find that improvements can be made, please contact the Safety Director. We encourage all suggestions because we are committed to the success of our Sub-contractor Qualification Program We strive for clear understanding, safe behavior, and involvement from every level of the company.

**CHANGE CONTROL:**

All management system changes are reviewed, approved or disapproved by the Safety Committee.

**PERSONNEL:**

The Owners of Wagner-Meinert, LLC have the ultimate responsibility for this Program. They have designated the Safety Director to manage the Sub-contractor Qualification Program

| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 0 | 11/24/2014 | Safety Director | New Program |
| 1 | 5/11/2016 | Safety Director | Updated format and annual review |
| 2 | 8/12/16 | Safety Director | Made Updates |
| 3 | 10/03/16 | Safety Director | Contractor selection |
| 3 | 6/30/2017 | Safety Director | Annual review |
| 3 | 1/9/2018 | Safety Director | Annual review |
| 3 | 6/10/2019 | Safety Director | Annual review |
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