



Chapter 42: [Subcontractor Safety](#)

Service Subcontractor Safety Qualification Form

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URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/subcontractorFormSQFNonconstruct.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

All subcontractors performing *high-risk service work*¹, including sub-tier, must complete and submit this form. (For *construction work*², use Subcontractor Safety: Construction Subcontractor Safety Qualification Form.) Please fill out this form completely. **Do not leave items blank.**

This form addresses the safety-related criteria that firms must meet to qualify to work at the SLAC National Accelerator Laboratory. Failure to provide the required substantiating attachments may result in the submittal being considered non-responsive. SLAC reserves the right to accept or reject any subcontractor based on the qualification criteria. If the subcontractor acts as the general subcontractor³¹, SLAC will evaluate whether it has adequate knowledge and experience to supervise lower tier subcontractors.

Project Description

SLAC Procurement to complete

Project Name	
Purchase Requisition #	

Proposer to complete

Company Name		
Scope of Work		
Acting as general subcontractor with sub-tiers? <input type="checkbox"/> Yes (complete list below) <input type="checkbox"/> No		
If acting as the general subcontractor, list all trades involved in the scope of work and names of sub-tier contractors:	Trade	Company Name

- Service work* is defined as any work involving maintenance, repair, cleaning, or other tasks that are not part of or related to a construction project or activities. *High risk service work* is service work that involves specialized activities like servicing elevators, environmental remediation, or tree trimming or high complexity, multiple work groups, and/or long duration.
- Construction work* is defined as the combination of erection, installation, assembly, demolition, or fabrication activities involved to create a new facility or to alter, add to, rehabilitate, dismantle, or remove an existing facility. It also includes the alteration and repair (including dredging, excavating, and painting) of buildings, structures, or other real property, as well as any construction, demolition, and excavation activities.
- As SLAC is a contractor to the Department of Energy, all outside contractors working at SLAC are considered subcontractors. Consequently, a contractor considered a “general contractor” outside of SLAC is considered a “general subcontractor” at SLAC.

Written Safety Program

Each subcontractor must submit a comprehensive health and safety program that includes a section for each area of its work at SLAC. The written safety program must satisfy the State of California [injury and illness prevention plan \(IIPP\)](#) requirements and also include environmental protection, if potential environmental impacts are associated with the work. A general subcontractor who will supervise the work of one or more sub-tier contractors must have safety/health program elements for each phase of its work and the work of its sub-tier contractors.

<i>Subcontractor to complete</i>		<i>SLAC ESH to complete</i>	
	Date Submitted	Acceptable	Not Acceptable
Firm must submit a written comprehensive company safety program to SLAC, or confirm in writing that the previous submission is still valid (required every 12 months). Select one and enter date in next column: <input type="checkbox"/> Attached <input type="checkbox"/> Submitted previously (provide date submitted)			

Professional Qualification Criteria

<i>Subcontractor to complete</i>		<i>SLAC ESH to complete</i>	
	Date Submitted	Acceptable	Additional Information Required
1. Firm must have satisfactorily completed at least three projects similar to the project scope, as a general or specialty contractor. If bidding as a general subcontractor, firm must have adequate knowledge and experience to supervise lower tier subcontractors. Complete the Firm Project Experience section			
2. Firm must be properly licensed within the state of California to perform the proposed work. List each applicable license class and number.			
License Class	#		
License Class	#		
3. Proposed subcontractor site manager/supervisor must have managed at least three similar projects. Proposed site manager/supervisor: <hr/> Complete the Site Manager/Supervisor Resume section <input type="checkbox"/> N/A – Limited scope work ⁴ : on-site site manager/supervisor not required			

⁴ *Limited scope work* is a specific task, performed under the direct on-site supervision of the hiring subcontractor's superintendent/foreman or manager, a SLAC FCM/SM, or a SLAC UTR, that typically requires one or two workers and is typically accomplished in one or two days.

Incident Rates

Submit the following information for review; after February 1, provide data for previous calendar year. Case rate calculation instructions:

1. Refer to your company's OSHA 300 Log and 300 A Form for each of the past three years and the [OSHA instructions](#).
2. Total recordable rate = total number of OSHA recordable cases x 200,000 ÷ total hours worked by all employees
3. DART rate = number of DART cases x 200,000 ÷ total hours worked by all employees. A DART is a work-related injury which results in an employee missing work, being put on restricted work or being placed into an alternate job. DART rate is always equal to or less than the total recordable rate.

Subcontractor to complete				SLAC ESH to complete		
NAICS Code <input type="text"/>	Previous Year 1	Previous Year 2	Previous Year 3			
	20__	20__	20__	Acceptable ⁵	Further Evaluation Required ⁶	Not Acceptable
Total Recordable Case Rate				Each year at or below the BLS average rate for the listed NAICS	Any year above the BLS average rate for the listed NAICS	3 year average more than 50% above BLS average
DART (Days Away Restricted or Transferred) Case Rate				Each year at or below the BLS average rate for the listed NAICS	Any year above the BLS average rate for the listed NAICS	3 year average more than 100% above BLS average
Fatalities				0	>0	N/A
OSHA (or State OSHA) Citations				0	>0	N/A
Worker's Comp Experience Modification (or Other Modifier) Rate				EMR at or below 1.0	EMR above 1.0	EMR above 1.5

Attach the following:

1. Insurance company experience modification rate (or other modifier) letter explaining rate for past three years
2. Description of OSHA citation(s) received over past three years and explanation of corrective actions taken

Incident Rate Comments *SLAC ESH to complete*

⁵ *Acceptable.* SLAC criteria met in each year. See Bureau of Labor Statistics (BLS) data for [2009](#) and [2008](#).

⁶ *Further evaluation required.* Further evaluation is required to determine if acceptable to SLAC. Additional information will be requested and evaluated. Requested information may include OSHA 300 and 300A forms, an explanation of the causes of the above average rate(s), and a description of any improvement measures the company has taken or is taking. Evaluation will look closely at injury trends over the last three years, types of injuries, and previous safety performance at SLAC. As a condition of acceptance, SLAC may require additional project-specific mitigations such as the company providing a full-time safety representative.

Firm Project Experience

Please complete this page with information about your company's project experience that is relevant to the type of work you are proposing to perform at SLAC. List of at least three projects. *Site manager/supervisor* refers to the site manager or supervisor who is directly supervising the project's line workers.

Company Name		Year Founded	
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Project 1

Client or General Contractor Name			
Project Name			
Project Location		Contract Amount	
Project Start Date		Project End Date	
Project Description			
Contact Name (Client or GC)		Phone	E-mail
May we contact concerning your safety/environmental performance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Manager		Site Manager/Supervisor	

Project 2

Client or General Contractor Name			
Project Name			
Project Location		Contract Amount	
Project Start Date		Project End Date	
Project Description			
Contact Name (Client or GC)		Phone	E-mail
May we contact concerning your safety/environmental performance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Manager		Site Manager/Supervisor	

Project 3

Client or General Contractor Name			
Project Name			
Project Location		Contract Amount	
Project Start Date		Project End Date	
Project Description			
Contact Name (Client or GC)		Phone	E-mail
May we contact concerning your safety/environmental performance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Manager		Site Manager/Supervisor	

Site Manager / Supervisor Resume

Please complete this page or attach a resume with the equivalent information. *Site manager/supervisor* refers to the site manager or supervisor who is directly supervising the project's line workers.

Name	
Title	
Company Name	
Resume Attached?	<input type="checkbox"/> If no, complete rest of this page
Experience Summary	

Project 1

Project Name		Project Location	
Project Description			
Role/Duties			

Project 2

Project Name		Project Location	
Project Description			
Role/Duties			

Project 3

Project Name		Project Location	
Project Description			
Role/Duties			

Acknowledgement

Firm attests that the information presented here is accurate and truthful. Failure to provide accurate information may result in disqualification. Firm also acknowledges that it is responsible for the safety of its workers and represents that all employees and subcontractors have, or will have, the required training to perform their contracted work safely prior to the start of work. Upon contract award, records of current training must be presented with the site-specific safety plan. All individuals must participate in a daily pre-work tailgate meeting before starting work.

Name		Date	
Signature		Phone	
Title		Cell	
Company Name		E-mail	

Attachments

Check all that apply (refer to previous sections of form) and attach the documents to this submittal

- Comprehensive company health and safety program
- Firm project experience
- Site manager/supervisor resume
- Insurer experience modification rate (or other rate modifier) letter
- Description of OSHA citation(s) received over past three years and explanation of corrective actions taken

SLAC ESH Review

Prior Experience at SLAC *SLAC ESH to complete*

Project Name			
Project Start Date		Project End Date	
Comments			

Project Name			
Project Start Date		Project End Date	
Comments			

Project Name			
Project Start Date		Project End Date	
Comments			

Safety Qualification Results *SLAC ESH to complete*

		Qualified	Conditionally Qualified	Not Qualified
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESH Reviewer Name				
Signature		Date		

Review comments (conditions required, reasons for acceptance or rejection, etc). Attach additional pages as needed.