

Exhibit E
Service Subcontractor Safety: Pre-work Hazard Analysis Form

Instructions to Subcontractors/Sellers

PO#: _____

Project Name: _____

Project/Job Description

The purpose of this form is to gather detailed information regarding your scope of work.

The SLAC Point of Contact (POC) that has been designated for this job is:

POC: _____ Phone: _____ Pager: _____

Reviewed & Approved: _____ Date: _____

If you have any questions in filling out this document, please contact the POC.

As a subcontractor to SLAC, you fall under the requirements of 10 CFR §851 (Worker Safety & Health Program) while your workers are physically located at SLAC.¹ As such, you must be aware of, and comply with the requirements of this regulation. You can find further details about these requirements at SLAC's Worker Safety and Health Plan (WSHP) web site, at <http://www-group.slac.stanford.edu/esh/general/wshp/subcontractors.htm>. This information is provided **only** as a guide – it is your responsibility to ensure you have read and understand the actual regulatory requirements.

Will you have any employees that will work on-site at SLAC for 30, 8-hour days in a twelve-month period, or are enrolled for any length of time in a medical or exposure monitoring program required by federal, state or local regulations (including, but not limited to: hearing conservation, respiratory protection, lead exposure, beryllium exposure, etc.)?

No

Yes; If Yes, you will need to comply with the Occupational Medicine requirements of 10 CFR 851 Appendix A §8 (see SLAC's Worker Safety and Health Plan (WSHP) web site, <http://www-group.slac.stanford.edu/esh/general/wshp/subcontractors.htm>).

Please provide your Occupational Medicine provider contact information:

Clinic/Physician: _____

Phone number: _____ email: _____

I certify that that I have read the requirements of 10 CFR 851 and attest that

_____ will comply with the requirements of 10 CFR 851 and SLAC's WSHP.

Note to SLAC UTR: If the answer above is "Yes," forward this form to SLAC Medical for recordkeeping.

¹ Note: SLAC is a DOE facility and therefore primarily subject to the health and safety requirements of the DOE, as opposed to Cal/OSHA. However, compliance with Cal/OSHA safety and health requirements will provide equivalent protection

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SLAC Contract Requestor: _____ Date Prepared _____

Supplier/Vendor: _____ Phone _____ Cell Phone _____

Prepared by : (Foreman/Supervisor for the job if possible) _____ Phone _____ Cell Phone _____

Supplier/Vendor Point of contact: _____ Phone _____ Pager _____

Job Description _____

PO Number _____ Job Location (Bldg. No./Site) _____

Submission of this completed form is a prerequisite for issuance of the Notice to Proceed.

Instructions: Complete this form for all onsite contracted work. Identify all hazards that could be present in your scope of work. If a box is checked "Yes", then additional documentation may be required. **Requestor must ensure that subcontractor or vendor is familiar with building area hazard analysis.**

YES NO

1. **Fall Protection** – Will you be working at heights above 6 feet or on a roof? If so, be prepared to define the details of your personal fall arrest system, anchorage and submit your fall protection plan.

2. **Ladders** – Will you be using any ladders in your scope of work? What is the height? Have your employees had training?

3. **Lockout and Tagout Control of Hazardous Energy** – Please provide a copy of your lock and tag program. SLAC will require for electrical lockout/Tagout applications appropriate PPE per NFPA 70E to the category on the panel arc flash labels.

Describe: _____

4. **Electrical Work Plan Required** – For example: Energized Electrical Permit, Rubber mat, sleeves. SLAC will require appropriate PPE per NFPA 70E to the category on the arc flash labels

Describe/List PPE: _____

5. **Electrical** – For example: Wiring Design, low voltage installations, phone installations, Wiring Protection, Hazardous Location Installation. SLAC will require appropriate PPE per NFPA 70E to the category on the arc flash labels

Describe/List PPE: _____

6. **Eye Protection** – For your scope of work, what eye protection is needed? Eye protection is required on all construction sites.

List PPE: _____

7. **Ear Protection** – For your scope of work, what ear protection is needed?

List PPE: _____

8. **Hand Protection** – For your scope of work, what hand protection is needed?

List PPE: _____

9. **Foot Protection** – For your scope of work, what foot protection is needed? Work boots are required on all construction sites.

List PPE: _____

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10. **Site Exits / Building Exits** – Know the locations of the building exits if working indoors. Identify your designated meeting place if working outdoors.

11. **Fire Protection/Prevention** – Known Location of Extinguishers, Pull Box, Alarms, other

12. **Material Handling** – Will your scope of work require lifting more than 40 lbs? If so, please provide a safe lifting plan.

13. **Vehicle Safety** – While on SLAC, all employees must have a Valid Drivers License, Obey Posted Speed Limits, Pedestrian Safety **SLAC's strictly enforced speed limit is 25 MPH**

14. **Temporary Power** – For your scope of work, will you be using any extension Cords, GFCI is required for all extension cords.

15. **Power & Hand Tool Safety** – Please be prepared to discuss safe work practices for guards, cords, ground plug, GFCI.

16. **Hazard Communication/Toxic Substances** – Will the scope of your work require the use of hazardous substances? Please be prepared to submit MSDS for chemicals used.

17. **Medical Protection** – Call 9-911 from a SLAC phone for emergencies.

18. **Other** – Please Identify any other hazard control associated with this job. Hard hats are required on all construction sites.
