



# SUB-CONTRACTOR SAFETY PROGRAM CHECKLIST

<b>Company:</b>	
<b>Project No.:</b>	<b>Job Task:</b>
<b>Site Location:</b>	<b>Projected Start Date:</b>

NOTE: Please read and check those items applicable to the scope of work to be performed for **Lee & Ryan**. Documentation may be required in order to confirm regulatory compliance.

_____ <b>Asbestos:</b>	_____ Employees Trained;	_____ Training records available;	_____ Written policy/program developed
_____ <b>Confined Spaces:</b>	_____ Employees Trained;	_____ Training records available;	_____ Proper Equipment Available; _____ Written policy/program developed
_____ <b>Lockout/Tagout:</b>	_____ Employees Trained;	_____ Training records available;	_____ Proper Equipment Available; _____ Written policy/program developed
_____ <b>Fall Protection:</b>	_____ Employees Trained;	_____ Training records available;	_____ Proper Equipment Available; _____ Written policy/program developed
_____ <b>Scaffolding:</b>	_____ Employees Trained;	_____ Training records available;	_____ Competent Person Designated; _____ Written policy/program developed
_____ <b>PPE:</b>	_____ Employees Trained;	_____ Training records available;	_____ Proper PPE Available for the Job; _____ Written policy/program developed
_____ <b>Trenching/Excavations:</b>	_____ Employees Trained;	_____ Training records available;	_____ Safety Devices Available; _____ Written policy/program developed
_____ <b>Hazardous Communication:</b>	_____ Employees Trained;	_____ Training records available;	_____ MSDS's Available; _____ Written policy/program developed
_____ <b>Hot Works:</b>	_____ Employees Trained;	_____ Training records available;	_____ Hot Works Permit System in place; _____ Written policy/program developed
_____ <b>Electrical Safety:</b>	_____ Employees Trained;	_____ Training records available;	_____ Written policy/program developed
_____ <b>Powered Industrial Trucks:</b>	_____ Employees Trained;	_____ Training records available;	_____ Written policy/program developed
_____ <b>Lead Based Paint:</b>	_____ Employees Trained;	_____ Training records available;	_____ Written policy/program developed
_____ <b>Barricading &amp; Fencing:</b>	_____ Familiar with the Regulatory Requirements;		_____ Access to adequate barricading and/or fencing supplies
_____ <b>Florescent Light Ballast Disposal:</b>	_____ Able to identify, segregate and properly dispose/recycle PCB & Non-PCB light ballast		
_____ <b>Indoor Air Quality:</b>	_____ Employees trained & proper equipment available to minimize and/or eliminate potential contaminate/physical exposure		
_____ <b>Worker's Compensation Insurance:</b>	_____ Insurance coverage no less than \$1,000,000 per accident and/or illness		
_____ <b>Comprehensive General Liability Insurance:</b>	_____ Combined limits no less than \$2,000,000 per occurrence;		_____ Long-term occurrence coverage
_____ <b>Experience Modification Rate (EMR):</b>	_____ 2009;	_____ 2008;	_____ 2007
_____ <b>OSHA Recordable Injury &amp; Illness Rate:</b>	_____ 2009;	_____ 2008;	_____ 2007

*By signing this document, the sub-contractor hereby certifies that all of the information provided above is true and documentation can be made available upon request by Lee & Ryan to confirm regulatory compliance. False and/or misleading information may result in disqualification.*

\_\_\_\_\_  
Sub-Contractor Signature / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lee & Ryan Representative

\_\_\_\_\_  
Date

