

Midland Engineering Co., Inc. Safety Management System			Doc No:	SUBCON
			Initial Issue Date	12/04/15
Chapter 35-Subcontractor Management Plan			Revision Date:	Initial Version
			Revision No.	0
			Next Review Date:	12/04/16
Preparation: Safety Mgr	Authority: President	Issuing Dept: Safety	Page:	Page 1 of 6

PURPOSE

Define subcontractor responsibility for developing, implementing and adhering to their own environmental, safety, and health policies and procedures and to continue improving subcontractor environmental, safety and health performance, and to establish a standard for pre-qualification, evaluation/selection and development of our subcontractors.

PROCEDURE

Each subcontractor will be expected to be aware of and comply with all local, state, federal, and site safety standards and regulations. Subcontractors are required to submit company safety programs, SDS binders, site specific plans, training documents and any other site specific statistics for review and maintained on site during project. Safety metrics such as Total Recordable Incident Rate (TRIR), Lost Workday Cases (LWC), Lost Workday Incident Rate (LWIR), and experience modification rate (EMR) are utilized in the selection of subcontractors.

The subcontractor will identify their company safety director and site specific competent safety persons name and telephone number so that they can be contacted. Prior to the commencement of any work, the subcontractor will ensure that all personnel, both supervisory and hourly, receive a safety and health orientation and training. The subcontractor must furnish first aid supplies which are to be located in a place where they are immediately available to his personnel. The subcontractor will identify the project specific safety representative and require that this person carries the OSHA 10 hour construction card.

All subcontractor accidents are to be reported immediately and a copy of each accident report prepared is to be provided. Subcontractors must conduct safety checks and inspections of each work area and report any unsatisfactory conditions to Midland Engineering Co., Inc. Subcontractors will be required to correct any unsatisfactory safety conditions created as a result of their operations within a reasonable period of time. If this is not done, violation procedures will apply.

Subcontractors are required to conduct weekly documented safety meetings and toolbox talks. Subcontractors shall be included in pre-job meetings and any associated job orientations. Subcontractor agreements require the submittal of all applicable and current insurance coverage and contain provisions regarding OSHA compliance.

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PRE-QUALIFICATION OF SUBCONTRACTORS

Subcontractors will be pre-qualified by reviewing their safety programs, safety training documents, and safety statistics.

Evaluation Safety Metrics

Acceptable safety metrics will be used as criteria for prequalifying and selecting subcontractors. The safety metrics and scoring will consider:

Midland Engineering Co., Inc. Subcontractor Pre-Qualification Form responses and subcontractor safety program documents review (60%, rated from 0-60 total points).

Subcontractor safety training documents review (20%, rated from 0-20 total points).

Subcontractor safety statistics review (20%, rated from 0-20 total points).

Evaluation Rating and Acceptance

The subcontractor rating system will have five designations:

1. Equal to or greater than 90 points = A – no restrictions.
2. Between 85 and 89 points = B – Mitigation plan must be documented and approved by Midland Engineering Co., Inc. Safety.
3. Between 81 and 84 points = C – Mitigation plan must be documented and approved by Midland Engineering Co., Inc. Safety, with management approval in writing.
4. Between 71 and 80 points = D – Mandatory commitment meeting with senior subcontractor management present; mitigation plan documented and approved by Midland Engineering Co., Inc. Safety, management approval in writing; trained subcontractor safety personnel on site during work regardless of number of workers.
5. Less than 70 points = F – Not to be used.

Once each subcontractor has been evaluated and scored, Midland Engineering Co., Inc. Safety will provide management the scores/ranking.

Midland Engineering Co., Inc. reserves the right to change a subcontractor's status to "Non-Approved" if the subcontractor shows insufficient progress towards accepted mitigation plan or other agreed upon criteria.

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Subcontractor Involvement

Contractors shall implement the work practices and systems described below while performing work at Midland Engineering Co., Inc. work sites:

- Attend safety orientation, pre-job meeting, or kick-off meeting provided by Midland Engineering Co., Inc. prior to any work beginning.
- Monitor employees for substance abuse and report nonconformities to Midland Engineering Co., Inc..
- Ensure personnel have the required training and competency for their work.
- Participate in Midland Engineering Co., Inc. tailgate safety meetings, job safety analysis or hazard assessments, and on-the-job safety inspections.
- Perform a pre-job safety inspection that includes equipment.
- Participate in the BBS hazard reporting system.
- Report all injuries, spills, property damage incidents and near misses.
- Comply with on-site and owner/client safety rules.
- Implement Your Company Name safety practices and processes as applicable.
- Clean up and restore the work site after the job is over.
- Ensure compliance with regulations at all times.
- Post job safety performance reviews shall be conducted for subcontractors.

RECORDKEEPING

All documentation, excluding documents that need to be maintained on site, shall be kept at Midland Engineering Co., Inc. corporate office.

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SAFETY PRE-QUALIFICATION INFORMATION

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Worker's Compensation Carrier: _____

Policy Expiration Date: _____

Person Completing Form: _____

Project/Job: _____

EMR, OSHA RECORDABLE AND LOST TIME INFORMATION

List your firm's experience modification rate (EMR) for the three most recent years.

Year _____	EMR _____
Year _____	EMR _____
Year _____	EMR _____

Please use your OSHA 300 logs (or insurance loss runs) to complete this section.

	Year _____	Year _____	Year _____
1. Number of lost workday cases including restricted days (Columns 2 & 9)	_____	_____	_____
2. Number of OSHA recordables. (Columns 2, 6, 9 & 13)	_____	_____	_____
3. Number of fatalities (columns 1 & 8)	_____	_____	_____
4. Number of Lost Work Days (Column 4)	_____	_____	_____
5. Number of Restricted Days (Column 5)	_____	_____	_____
Total employee hours worked:	_____	_____	_____

FUNCTION/SERVICE DESCRIPTION

A. Mark one of the following that best describes your company.

<input type="checkbox"/> Construction/Maintenance	<input type="checkbox"/> Service Representatives
<input type="checkbox"/> Supplier/Vendor	<input type="checkbox"/> Contract Labor

B. Type of work normally performed by you company. Mark all that apply.

<input type="checkbox"/> Architect/Engineer	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Carpet	<input type="checkbox"/> Clerical	<input type="checkbox"/> Const. Mgr.	<input type="checkbox"/> Consulting
<input type="checkbox"/> Electrical	<input type="checkbox"/> Elevator	<input type="checkbox"/> Excavation	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Furniture	<input type="checkbox"/> General Contra	<input type="checkbox"/> Glass	<input type="checkbox"/> HVAC
<input type="checkbox"/> Hazard Waste	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Insulation	<input type="checkbox"/> Janitorial
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Masonry	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Overhead Doors	<input type="checkbox"/> Painting/Drywall	<input type="checkbox"/> Paving	<input type="checkbox"/> Production
<input type="checkbox"/> Roofing	<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Steel Erection	

Other (Specify): _____

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SAFETY PRE-QUALIFICATION INFORMATION Continued

Does your company have a written safety program? Yes No

If so, please check (x) the general safety programs below which are currently contained in your written safety program.

	Yes	No		Yes	No
Mgt. Policy statement	<input type="checkbox"/>	<input type="checkbox"/>	Clearly define responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Designated Safety Director	<input type="checkbox"/>	<input type="checkbox"/>	Safety Orientation	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary Policy	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Training (10 hour)	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Self Inspections	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Response Plan	<input type="checkbox"/>	<input type="checkbox"/>
Designated Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	Accident Investigation/Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Light Duty/Return to work	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>

Name/Location of your designated healthcare facility: _____

Please identify specific programs below which are currently contained in your written safety program. These items are based upon the nature of your work activity:

	Yes	No	N/A		Yes	No	N/A
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand/Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Man lifts/Scissor lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandblasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigging & Crane Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding & Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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SAFETY PRE-QUALIFICATION INFORMATION Continued

Does your company provide safety training for employees? Yes No

If so, please identify specific training currently provided for employees:

Core Training (Mandatory)	Yes	No	Awareness Training (Mandatory)	Yes	No
Emergency Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Recognition	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>
			Lead	<input type="checkbox"/>	<input type="checkbox"/>

Scope of Work (Trade Specific)

	Yes	No	N/A		Yes	No	N/A
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compressed Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete & Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crane Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation/Trenching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fork Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazwoper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand/Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machine Guarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manlifts/Scissor Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Fire Exting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigging & Hoisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs & Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding & Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____

Date Completed: _____