

work, the owner will notify the contractor of the IDLH environment and associated hazards.

- F. Contractor will be responsible for providing all necessary equipment for safe confined space entry and rescue/emergency operations.
- G. Contractor will be responsible for providing provisions for confined space rescue and emergency services for their employees. Provisions for rescue and emergency services shall be in-place and available prior to authorizing entry. Contractor shall submit in writing rescue/emergency plan to Owner.
- H. Owner shall debrief the contractor at the conclusion of the entry operations regarding the confined space program/procedures followed and communicate any hazards confronted or created in permit spaces during operations.

XXI. LOCK OUT

- A. Contractor must comply with all provisions of Lock Out Control of Hazardous Energy standard.
- B. Owner project coordinator will communicate to Contractor specific Lock Out procedures.
- C. If Contractor should have any questions, DO NOT begin work. Contractor shall contact Owner's project coordinator immediately.

XXII. ENFORCEMENT

- A. Contractor shall inform Owner prior to performing any work who the Contractor contact person (supervisor/foreman) will be for the project and the means for contacting them.
- B. Constant awareness, respect and compliance with all safety rules, policies and procedures are a condition of contract.
- C. Contractor agrees to comply with all federal, state, local or other laws and regulations.
- D. Owner reserves the right to cease work operations for non-compliance.

Contractor Safety Questionnaire

Date:

Name and Address of Contractor:

Does your firm have a written safety program or policy?
() Yes () No

If yes, for how long?

Does the safety policy or program include the following:

Confined Space entry Procedure { } Yes { } No

Equipment Lockout Procedures { } Yes { } No

Fall Protection Program { } Yes { } No

Personal Protective Equipment Program { } Yes { } No

Hazard Communication Program { } Yes { } No

CPR / First Aid Program { } Yes { } No

Does your firm have a specific individual responsible for safety activities on your jobs? { } Yes { } No

If your firm does not have a written safety program, how do you ensure safety of employees?

Does your firm hold safety meetings { } Yes { } No

How often are they documented? _____

Name and title of person completing this form: _____

Telephone Number: