

8 Other PPE:

SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 15.0 – CONTRACTOR SAFETY

ATTACHMENT A – CONTRACTOR CHECKLIST

Number: 15	5.0 Issued: 10/2018	Revised:	1/2024		Р	age 1 of
VENDOR N	NAME					
				<u>YES</u>	<u>NO</u>	N/A
1 HAZAR	RD COMMUNICATION					
A Exp	plain the purpose of the program					
1 H	Hazardous chemicals being brought into the facility by	the contra	ctor			
2 5	SDS supplied for each chemical?					
3 H	Hazardous chemicals contractor may be exposed to wh	ile inside t	the facility			
4 9	SDS supplied to the contracor?					
2 CONFII	NED SPACE					
A Exp	lain the purpose of the program				\square	
1 1	Identification of confined space				\square	
2 F	Permit program explanation					
3 WELDII						
	lain the purpose of the program					
1 \	Working safely around plant personnel				\square	
2 F	Flash and fume controls			\perp	\square	
3 H	Hot work permits			\sqcup	\square	
	PPE required					
4 LOCKO	OUT/TAGOUT (LOTO)					
A Exp	lain the purpose of the program					
B Lock	kout/Tagout program used				\square	
1 F	Program explained and locks provided					
2 (Contractor program explained to affected employees					
5 POWE	RED INDUSTRIAL TRUCK (FORKLIFT/MANLIFT)					
A Exp	lain the purpose of the program					
1 J	JHA on proper operation				\square	
2 F	Prior training records presented					
3 E	Body harness requirement					
4 (Outrigger requirement					
5 \	Working safely around plant personnel					
6 ENVIR	ONMENTAL CONSIDERATIONS					
A Jobs	s that create environmental or safety problems			$\perp \perp \perp$		
1 [Dust control - concrete work			\perp		
2 F	Fume control - painting or floor work			\bot	\bot	
7 PERSO	NAL PROTECTIVE EQUIPMENT					
	lain the purpose of the program			\perp	\perp	
	Safety shoes			\sqcup	\square	
	Safety glasses					
	Hearing protection (in required areas)			\perp	\square	
4 H	Hard hats required (in certain areas)				\square	
5 9	Safety vest required				\square	
6 0	Other PPE:				\square	
7 (Other PPE:				1 1	



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Number: 15.0	Issued: 10/2018	Revised: 1/2024			Page 2 of 2
8 SMOKING POI	ICV		YES	<u>NO</u>	<u>N/A</u>
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	purpose of the program king inside the facility		$\dashv \vdash \vdash \vdash$	\vdash	
9 EATING POLIC			++		1 1
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	purpose of the program ermited areas		$\dashv \vdash \vdash \vdash$	\vdash	
2 Trash re			$\dashv \vdash \dashv$	\vdash	
10 EMERGENCY E			++		1 1
	purpose of the program				<u></u>
	og must be signed each day			\vdash	
	ncy exits identified		$\dashv \vdash \dashv$	\vdash	
11 CELL PHONE U			+ + +		1 1
	purpose of the program				<u></u>
	phone use inside the facility		$\dashv \vdash \dashv$	\vdash	
2 110 00	one are morae and radine,				
PRINT - SIGNATURI	E REPRESENTATIVE	SIGNATURE		D	ATE
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