

PG&E Contractor Safety

Guidance Document

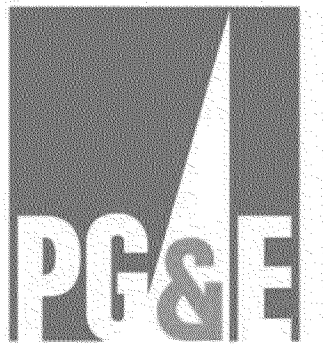


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1.0 Introduction

This guidance is designed to help PG&E Lines of Business develop a comprehensive contractor safety management program. This guideline focuses on the overall program description; and details the methods of qualifying, evaluating, overseeing and reviewing contractors doing work for PG&E.

Safety is a core value for PG&E. The company's approach to managing employee health, environmental impact, safety, reliability, has as a key objective the achievement of world-class safety performance. An effective contractor safety management program is critical to realizing this objective.

2.0 Applicability

This program applies to all organizations with contractors or suppliers performing work for PG&E. For the first phase of the Contractor Safety Program, 25 Suppliers have been chosen to be qualified, assessed and reviewed by the lines of business. Other suppliers may be added however, the first 25 supplier's metrics will be tracked and reviewed by PG&E leadership.

3.0 Purpose

The purpose of this guideline and appendices is to outline a protocol for the selection of contractors performing medium to high risk work for PG&E, and to outline the processes and procedures that should be followed to help achieve the ultimate goal of an injury free workplace at all PG&E sites. A Medium and High-Risk contractor engages in a potentially hazardous activity (e.g., general construction, excavation activities, live-line, live gas, confined space entry, welding-hot work, elevated work, etc.) inside a PG&E facility, project, site or construction areas.

Use of this guideline must provide PG&E personnel with clear expectations and practices across all business lines, and can be modified as necessary to ensure the appropriate evaluation of contractors prior to awarding the contract as well as throughout the duration of the work assigned. The guideline will enable contractor and subcontractor to meet the goal of improved safety performance.

4.0 Scope

The scope of this guideline is to address PG&E's Contractor Safety Management Program, with focused attention on Contractors and Subcontractors that are contracted to perform work on Company projects. PG&E management will evaluate all contractors and their subcontractors with the assistance of PG&E Safety staff as needed prior to performing work on projects. Safety qualification criteria will be periodically reviewed to assure that such criteria incorporate current regulatory requirements, industry best practices, and Safety and Environmental Guidelines as well as all applicable Federal, State and Local rules, and regulations.

This guideline outlines current minimum requirements with the understanding that this policy guideline is basic in nature, the Contractor is encouraged to be forward thinking and innovative in safety that results in increased safety throughout the duration of the project.

The Contractor will have ultimate responsibility to assure that all contractor personnel, including sub-contractors are in full compliance with and all applicable Federal, State and Local rules, and regulations.

5.0 Process Elements

Each organization is responsible to develop a Contractor Program that complies with the requirements of this procedure. The program will include the following elements:

5.1 Contractor Pre-Qualifications

Contractor pre-qualification requirements are intended to ensure that only contractors who take measures to meet and maintain the safety of their personnel, the general public, as well as Pacific Gas & Electric employees and equipment, must be awarded contracts or service agreements to work for Pacific Gas & Electric.

5.2 Contract Terms

Standard terms are recommended to ensure that safety expectations are clearly defined, legally binding, and included in contract documents like but not limited to the General Conditions, Contract Terms and Master Service Agreement.

5.3 Contractor Oversight

Contractor oversight is essential to ensuring that contractor safety performance meets PG&E's expectations and contractual requirements. Contractor Oversight serves to communicate PG&E's commitment to safety and underscore the contractor's responsibility and accountability for the safety of their personnel, the general public, PG&E employees, safe jobsites and work processes for the duration of the contract. The Appendices in this section support Line of Business (LOB) Contact Person and PG&E Safety staff to document daily jobsite conditions and work in progress, facilitate and document communications and contractor feedback, and evaluate contractor's safety culture. These appendices also support the evaluation of contractor safety performance. ***Contractor Safety Requirements and Responsibilities*** (Re: **Appendix B-2**) lists and defines the nine (9) appendices in this section.

5.4 Evaluation of Contractor Safety Performance

Contractor safety performance must be evaluated and results communicated within PG&E. Performance evaluations will be tracked and used for future contracting decisions.

6.0 Roles and Responsibilities

6.1 Sourcing

6.1.1. Contractor Pre-Qualification Roles and Responsibilities

- Sends and reviews Contractor Qualification Questionnaire to prospective bidders
- Awards work that has been recommended by the line of business
- Supports LOB, Safety and Third-Party Administrators with the evaluation and confirmation of information provided in the Qualification Questionnaire.

6.1.2. Contract Terms Roles and Responsibilities

- Clarifies statement of scope and deliverables
- Clarifies division of responsibility
- Performance expectations and metrics as it relates to Safety

6.1.3. Evaluation of Contractor Performance Roles and Responsibilities

- Partners with line of business to evaluate contractors with long-standing MSAs and contractors with multi-year projects
- Identification of Key Performance Indicators (KPIs)
- Assess contract terms to fit line of business needs
- Future contracting decisions by the Company will be based on past contractor safety performance evaluation results.

6.2 Third-Party Administrators (TPA)

Third-Party Administrator (TPA): Online database resource for connecting companies with safe, reliable contractors/suppliers from capital-intensive industries. TPAs collect safety, procurement, sustainability, quality and regulatory information from contractors and suppliers, verifies its accuracy, and then reports the results, which allows companies to make sound business decisions.

- Enters in contractor compliance data specified by PG&E
- Validates contractor's information
- Develops Scorecard at the request of lines of business
- Informs contractors of gaps and reminds them of expiration notices or training requirements
- Receives information from PG&E and updates Scorecards (i.e. observations, safety performance evaluations)
- Reaches out to LOBs and communicates trends and lessons learned

6.3 Line of Business

6.3.1. Contractor Pre-Qualification Roles and Responsibilities

- Review Contractor Scorecard of perspective bidders
- Develop minimum criteria for acceptance of key safety issues on the Pre-Qualification Safety Questionnaire
- The line of business designated individual(s) will review completed Contractor Qualification Questionnaire and other submitted documents and make determination whether to continue further with evaluation process. TPA will provide a Scorecard for line of business review
- Meet with the contractor and review the completed Contractor Qualification Questionnaire . TPA is available to provide this resource.
- Analyze data for compliance with company safety and health requirements, recommendations to the manager of purchasing and to the project leadership concerning the acceptability of the contractor
- Bids will be awarded only to acceptable contractors that have gone through the TPA process

6.3.2. Contract Terms Roles and Responsibilities

- Establishes contracting strategy
- Clear statement of commercial pricing
- Sets performance expectations and metrics consistent with overall company metrics. However specific metrics may be established by LOB (i.e. public safety metrics)

6.3.3. Contractor Oversight Roles and Responsibilities

- Ensure Contractor Safety Resources are in place to conduct site visits on a regular basis. The frequency of site visits may be determined by the complexity of the job. (i.e. inspectors)
- Line of business provide or appoint a fulltime person as a “point person” to develop and manage their Contractor Program
- Provide additional support to monitor contractor safety when need due complexity of project or sheer number of contractor employees.
- Coordinate and participate in Contractor Safety Meetings
- Schedule periodic meetings with PG&E and contractor’s leaders and safety professionals to review expectations, best practices and general discussions on safety improvement.
- Conduct orientations and pre-job briefings to make contractors aware of site specific hazards
- Review contractor training requirements, which can be supplied by the TPA.
- Review safety audits/inspections of contractor work
- Review ongoing contractor safety performance evaluation, review, feedback or other communications
- Apply special safety emphasis on high-risk work
- Line of business must oversee or partner when an incident analysis is conducted.

- Monitors the performance of Contractor according to the specific performance metrics identified in Purchase Order/Contract Performance Metrics Agreement.

6.3.4. Evaluation of Contractor Performance Roles and Responsibilities

- Compare Company expectations and requirements with contractor's safety performance and take appropriate actions to address poor performance.
- Review and rate Key Performance Indicators (KPIs)
- Access TPA to update information on contractor observations
- Use information for future contracting decisions

6.4 Safety

6.4.1. Contractor Pre-Qualification Roles and Responsibilities

- Review Contractor Scorecard with line of business of perspective bidders
- Help develop criteria for acceptance of key safety issues on the Questionnaire

6.4.2. Contract Terms Roles and Responsibilities

- Verifies written safety policy that provides the suppliers/contractors vision and obligation to comply with applicable laws and regulations exists.
- Works with line of business to review safety management programs and nature of work.
- Ensures written Injury and Illness Prevention Plan exists and is implemented.
- Ensure contractors report injuries, analyze safety violations and injuries, and document corrective actions
- Work with the TPA to develop trends and statistical reports

6.4.3. Contractor Oversight Roles and Responsibilities

- Supports the line of business to schedule periodic Contractor Safety meetings with PG&E and contractor's leaders and safety professionals to review expectations, best practices and holds general discussions on safety improvement.
- Coordinates regular conference calls to review incidents and any corrective actions that may affect contractors from across the system
- Support orientations and pre-job briefings to make contractors aware of site specific hazards
- Provides awareness tailboards on specific work-site hazards to employees and sub-suppliers/subcontractors which include site specific work rules, safety practices, and safety requirements.
- Verify training
- Conduct Safety reviews/inspections of contractor work
- Provide ongoing contractor safety performance evaluation, review, feedback or other communications
- Review special safety emphasis on high-risk work by reviewing specific work plans submitted by the contractor.
- Provide recommendations to control hazards

6.4.4. Evaluation of Contractor Performance Roles and Responsibilities

- Share trending data with line of business and contractor
- Access TPA site and update contractor information

6.5 Contractor/Supplier

6.5.1. Contractor Pre-Qualification Roles and Responsibilities

- Contractor will join the TPA network and submit compliance data for PG&E
- Contractor will provide accurate and complete information on Safety Questionnaire

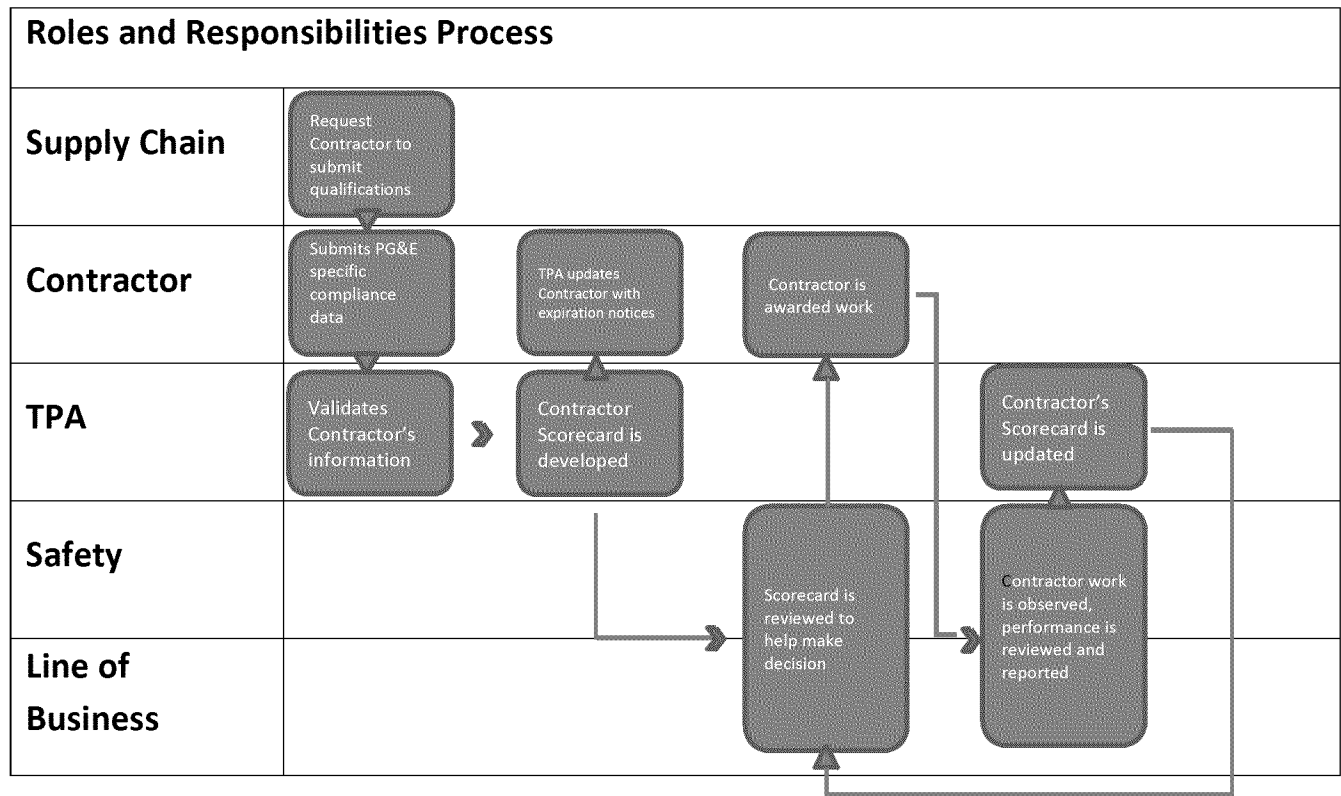
6.5.2. Contract Terms Roles and Responsibilities

- Perform to expectations and metrics as it relates to Safety
- At a minimum, contractors that participate in the Company Contractor Safety Program must adhere to the contract terms identified in **Appendix B-1 – Contract Terms**

6.5.3. Contractor Oversight Roles and Responsibilities

- Contractor to provide Safety resources to work-sites. For high-risk work, more safety oversight may be needed.
- Contractor perform observations and upload results to the TPA
- Contractor will maintain training certifications
- Meet with line of business and Safety on a regular basis to discuss corrective actions and best practices
- Conduct incident analysis and develop corrective actions to prevent reoccurrences

Summary of Roles and Responsibilities:



7.0 Definitions

- **Contractor:** Contractor personnel who enter a PG&E facility, project or site to conduct any work activity to include but not limited to construction type activities, “site-walks”, “pre-mob” meeting, deliveries or other general work activities.
- **Contractor Safety Pre-Qualification Questionnaire:** The pre-qualification safety questionnaire (Reference Appendix A) is an assessment tool used by PG&E to conduct an administrative review of the Contractors safety programs and processes.
- **Contractor Representative:** The on-site individual that is identified by the Contractor senior management to have the responsibility and decision-making authority for the Contractor safety compliance while working at a PG&E facility, project or site. The designation (title) and full name, with current phone number and email address must be submitted to the PG&E Safety Manager prior to the project start.
- **Competent Person:** "Competent person" means on who is capable of identifying existing and predictable hazards in the surroundings or working conditions, which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

These definitions provide that a competent person must have authority to take prompt measures to eliminate hazards at the work site and have the experience to be capable of identifying these hazards. This is the reason a competent person is required under inspection requirements various rules and regulations (e.g. T8 CCR 1541 Excavations)

- **Experience Modification Rate (EMR):** This is a ratio of a company's frequency and severity of injuries vs. an average estimated amount of loss for that industry, based on Workers' Compensation information.
- **Low-Risk Contractor:** Contractors performing non-process related work or routine work that does not involve high-hazard potential. Low-Risk Contractors are exempt from this guideline. Low-risk contractors are those who will not work on or near any processes or process-related equipment or construction areas. If their work does require them to enter the process or construction area, they will be under the direct supervision of a Facility, project or site employee at all times.

Examples of low-risk contractors are telephone repair personnel, air-conditioning mechanics, copier repair, and delivery truck drivers. Contraction type delivery services such as fuel or chemical delivery, Shoring-Trenching materials, Roll-off Bins or debris boxes, Pipes and or pipeline materials are generally considered "sub-contractors" and therefore NOT considered low risk contractors.

- **Medium to High-Risk Contractor:** A contractor that engages in a potentially hazardous activity (e.g., general construction, excavation activities, confined space entry, welding-hot work, elevated work, activities requiring Lockout Tagout, etc.) inside a PG&E facility, project, site or construction areas.

Note: Medium to High-Risk contractors may work in PG&E facility, project, and site or construction areas without the constant presence of a PG&E employee

- **Sub-Contractor:** A contractor that is NOT considered the Prime Contractor, a Contractor that has been retained the primary contractor to provide a service on a PG&E facility, project, or site. This includes activities off-site that are related to work "to-be performed" or are already in progress, or to be engaged at any time throughout the project (from pre-mob to completion). Additionally, the term "sub-contractor" may include an individual, a group of workers (crew), equipment or other items used on a PG&E project or site.
- **Third-Party Administrator (TPA):** Online database resource for connecting companies with safe, reliable contractors/suppliers from capital-intensive industries. TPAs collect safety, procurement, sustainability, quality and regulatory information from contractors and suppliers, verifies its accuracy, and then reports the results, which allows companies to make sound business decisions.
- **Title 8 CCR:** California Occupational Safety and Health Regulations. Title 8 is the primary Construction section. "CCR" refers to Code of California Regulations.
- **Qualified Person:** The definitions provide that a qualified person must have a recognized degree, certificate, etc., or extensive experience and ability to solve the subject problems, at the worksite. There may be a requirement for more technical or engineering knowledge given the scope of work.

8.0 Appendices

This guideline includes four (4) major components. Each component is supported by appendices:

Contractor Pre-Qualifications Questionnaire:

Appendix A-1 Pre-qualification Questionnaire

Appendix A-2 Safety Questionnaire

Contract Terms and Oversight:

Appendix B-1 Contract Terms

Appendix B-2 Contractor Oversight Intro Document

Appendix B-2A Executive Management Acknowledgement Letter

Appendix B-3 Site-Specific Safety Plan Review

Appendix B-4 Orientation On-Boarding

Appendix B-5 Site Safety Orientation Checklist

Jobsite Safety Audits:

Appendix C-1 Job Safety Audit

Appendix C-2 One on One Observation Review

Appendix C-3 Notice of Corrective Measures Needed

Communications:

Appendix D-1 Jobsite Safety Committee

Appendix D-2 Weekly, Monthly, Quarterly Onsite Safety Communications

Appendix D-3 Leadership (PG&E) Observations

Appendix D-4 Safety Performance Appraisal

Contractor Pre-Qualification Questionnaire

CONTRACTOR COMPANY INFORMATION			
Full Company Name:		SIC Code:	
Telephone:		Fax:	
Email Address:			
Street Address:		Mailing Address:	
Parent Company Name:			
Street Address:		Mailing Address:	
To whom should we direct our inquires?	Name, title	Address	Phone, Email
How many years has your organization been in business under your present firm name? And what are prior names of your business?			
Please attach on a separate sheet the name, address, telephone, and email of branch offices, if any.			
Type of Business Organization (fill in appropriate blanks below): Corporation: _____			
State of Incorporation:	Date of Incorporation:	State in which licensed to do business:	
Is the Coporation in good standing in its State of Incorporation and in each state which it is licensed? _____ If NO, please explain:			
Perpetual or Limited Corporate Existence:			
Name and State of Incorporation of Parent Company if any:			
Names and States of Incorporation of any other subsidiary companies, if any:			
Names and States of Incorporation of any other affiliated companies, if any:			
If Privately or Closely Held, attach a list of shareholders and their addresses and interests held.			
If Publicly Held, on what exchange is your Company's stock traded?			

Name and State of Incorporation of any predecessor corporation(s), if any:			
Officers' Names		Officer's Titles	
Director's Names (Indicate Chairman):			
Type of Business Organization: Partnership/Limited Partnership: _____			
State in which Partnership was formed:			
Date of Formation:		Term of Partnership:	
Partner's Name		Partner's Interest	If limited partnership, designate general partners
Type of business Organization: Sole Proprietorship: _____			
Number of years in business:			
Names underwhich your company does business:			
Predecessor Companies:			
From Table 1 (attached) please indicate the types of products or services your company can render.			
Indicate the dollar value of contracts for which you believe your company is competitive:			
Annual gross sales for the last 3 years:	20__:	20__:	20__:
Dunn & Bradstreet rating:			
Please attach a copy of the most recent audited financial statements and any more current un-audited statements.			
Please attach any 10-K's , 10-Q's and/or other documents filed with the SEC or other regulatory agency for the last two years.			

Please attach Better Business Bureau report in location of your company's principle place of business			
Banking Institution Used:			
Name:		Address:	
Telephone Number:		Contact Name:	
Has your company or any of its affiliated companies, officers, directors, or partners ever been declared insolvent, filed a petition in bankruptcy and/or had a receiver appointed?		YES	NO
Bonding Company Used: Name:			
Address:		Telephone:	Contact Name Bonding Capacity:
Insurance Company Used: Name:			
Address:		Telephone:	
Contact Agent: Name		City	Telephone:
Types	Amounts	Policy Number	Claims-Made Policy
What method of scheduling do you use in administering and monitoring construction Projects (e.g. Projects 98, Excel,, Vision, Lotus 1,2,3, People Soft GigaPlan, etc.)? List Computer sofetware utilized if applicable:			
In the past 5 (five) years, how many of your projects have exceeded the Owner's completion schedule?			
<i>Using your Company's brochures or attachments, please provide: In chart form, descriptions of jobs in each of the past 5 (five) years; including: Project Name, brief description of type of project, and project location; Owner's name, City in which Owner is located, Contact at Owner's Office, telephone number, name of architect/engineer. City is which architect/engineer is located, and telephone number of architect/engineer, contract amount, type of contract, (i.e. lump sum, cost plus, unit price, etc.) and completion date.</i>			
Please provide a list of field management and supervisory personnel with qualifications and length of employ (include resumes)			
Please provide a list of equipment available (indicate owned or rented and amount)			
Please attach any other informationa which you believe is relevent to the selection of your Company as a contractor to Pacific Gas and Electric Company.			
Did your company enter into any contracts with PG&E more than ten years ago?			
Please attach a list of all contracts by number and date between your company and PG&E for the last ten years			

Has there been any litigation between your company and any other company? If yes, list court, case name, and number.		
Name of Court	Case Name	Case Number
Have you ever filed a mechanics lien under a no-lien contract?		
In what States do you work?		
Approximate number of employees: Office: _____ Shop: _____ Field: _____		
Do you perform work as an Open Shop: _____ Union Shop: _____		
If more than one, is the work performed under the same company name?	If different names, please list:	
Indicate union affiliations and agreements for company and all affiliated companies:		
Have you ever been asked to withdraw from a jobsite?	Why:	
Have you ever been denied a license or permit or had a license or permit revoked? If yes: When:	Why:	
What portion of your contracts do you subcontract?		
Submit one copy of your Safety Manual and your Corporate Commitment to Safety		
Please attach information describing your company's programs concerning:		
1. Measurements of Worker Productivity	2. Improvements of Worker Productivity	
3. Measurement and Control of Absenteesim and Employee Turnover	4. Training of First and Second Line of Supervisors	
5. Planning and Scheduling Trainng	6. Craft Training	
7. Foreman Training	8. Quality Control	
9. New Construction Technology	10. Motivation Programs being implemented	
11. Apprentices and Sub-journeymen	12. New Employee Orientation	

Safety Performance History Questionnaire

Last Five Years of Safety History	201_	201_	201_	201_	201_
Employee Hours Worked					
* Experience Modification Rate (EMR)					
** Fatalities					
** Lost Time Accidents					
** Total OSHA Recordable Accidents					
Lost Time Accident Rate					
Total OSHA Recordable Accident Rate					
Number of OSHA Citations					

* This Rate must be supplied from your Insurance Carrier.

** This DATA must be supplied from your OSHA 200/300 logs.

Incident rates are based on the equation: total number of incidents x 200,000 / total hours worked

Please submit copies of the OSHA 300, and 300A Logs as well as OSHA Form 301 for the last five years.

SAFETY MANAGEMENT QUESTIONS

Does your company have one or more full-time safety professionals?	YES	NO	
Does your company have one or more full-time industrial hygienists?	YES	NO	
Does your company have an accident/incident investigation and reporting procedure? If YES, please attach the details and copies of forms	YES	NO	
Does your company conduct and document daily written job safety analysis and hazard evaluations prior to work?	YES	NO	
Does your company conduct and document safety training for field supervisors? If YES - what Frequency?	YES	NO	Frequency
Does your company conduct and document equipment pre- use inspections? If YES - what frequency:	YES	NO	Frequency
Does your company conduct and document job site safety inspections? If YES – what frequency?	YES	NO	Frequency
Does your company conduct and document “Tool Box” Safety Meetings? If YES – what frequency?	YES	NO	Frequency
Is safety a weighted factor in performance evaluation of personnel?	YES	NO	
Does your company have a safety incentive program(s)?	YES	NO	
Does your company have and enforce a disciplinary process for willful or repeated violations of safety rules? Please attach copy.	YES	NO	

SAFETY PROGRAM AND TRAINING ELEMENTS

Indicate below which safety policies and programs your company has, if they are written, and if documented training is conducted. By checking the training column, you are certifying that training is OSHA-compliant and current. Please note that PG&E may request a copy of some or all of this information and verification of personnel’s training before work commences.

Subject / Program	Policy / Program		Training Frequency
	Written	Non-written	

Safety Policy / Mission Statement			
Accident Prevention Plan (Illness & Injury Prevention)			
Code of Safe Practices / Safety Rules			
Accident Investigation & Reporting			
Confined Space (Awareness)			
Confined Space (Entry)			
Confined Space (Supervisor)			
Driving / Fleet Safety (FMCSA) CFR 49 part 40			
Drug and Alcohol (PHMSA) CFR 191.			
Emergency Response / Evacuation Plans			
Electrical De-energization (lockout tag out)			
Equipment Inspection			
Fall Protection / Arrest			
Fire Prevention & Control			
First Aid / CPR			
Forklift Operation			
Hazard Communication			
Hearing Conservation			
Hydrogen Sulfide Safety			
New Employee Safety Orientation			
Medical Services Program			
Mobil Equipment (cranes, lifts, etc.)			
Personal Protective Equipment (PPE)			
Rigging Policy & Procedures			
Respiratory Protection			
Scaffolding			
Trenching & Excavation			
Welding / Hot Work			
<i>Attach additional sheet listing any other relevant safety programs / training.</i>			

To be signed by an Officer of the Company or designee

THE FORGOING INFORMATION AND ALL ATTACHMENTS HERETO ARE COMPLETE, TRUE, AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF; AND MAY BE USED BY PACIFIC GAS AND ELECTRIC COMPANY WITHOUT RESTRICTION.			
Full Name (printed)		Date	Signature
Title:		Phone Number:	

B-1 Contract Terms

At a minimum, contractors that participate in the Company Contractor Safety Program must adhere to the following contract terms listed below: These must be included in the General Terms of the contract. Additional terms may be added that apply to specific LOB hazards, processes or procedures.

Minimum Requirements:

- Written safety policy that provides the suppliers/contractor's vision and obligation to comply with applicable laws and regulations exists.
- Safety management programs that addresses the nature of work.
- Written Injury and Illness Prevention Plan exists and is implemented.
- Safety program oversight is provided by an officer or majority owner.
- Safety program addresses conformance of its sub-suppliers/ subcontractors to applicable laws, regulations, and legal requirements.
- Safety training to employees and sub-suppliers/subcontractors includes "client's" site work rules, safety practices, and safety requirements.
- Safety performance reports are available.
- Conduct daily, prior to work or when conditions a Job-site Safety Analysis and tailboard to address job-site specific hazards.
- Keep up to date permits and work-site documentation, which must be on-site and made available upon request.
- Documented processes exist to report injuries, investigate safety violations and injuries, and documented corrective action procedures.
- Immediately report incidents to PG&E Safety, Project Manager or Inspector which involve the public, employees or equipment incident that may have injured someone
- Conduct a Root Cause Analysis/Incident Investigation

Contractors are required to provide someone formally trained to lead a root-cause analysis (RCA) investigation to investigate and identify root causes of incidents so that systemic causes can be reduced or eliminated and future incidents prevented.

Contractors are required to have a process in place to report, record and investigate incidents and near misses and correct any deficiencies found. This process should include:

- Root cause analysis for significant events and near misses

- Regular evaluation of incident cause trends to determine where improvements in systems, processes, practices or procedures are warranted
- Sharing of relevant lessons learned

A RCA is required for:

- Any incident resulting in an OSHA recordable injury.
- All fires.
- All motor vehicle incidents that take place on PG&E property or involve a PG&E company vehicle.
- Spills, "near misses" or minor incidents, which have the potential to result in a serious injury, spill, property loss, fire, or MVI, as determined by PG&E, the contractor and contractor management.
- Incidents that occur frequently.

Appendix B-2

CONTRACTOR SAFETY REQUIREMENTS AND RESPONSIBILITIES

CONTRACTOR OVERSIGHT

The purpose of Contractor Oversight is to ensure Contractor Performance meets PG&E Line of Business safety expectations. Contractor Oversight serves to communicate PG&E's commitment to safety and to accentuate contractors' work must be performed with safety as a paramount factor. Contractor oversight is essential to ensuring contractor safety performance meets PG&E Line of Business (LOB) expectations. This section is a guide for the LOB Contact Person in ensuring that:

1. Safety expectations and work activities at every level of the jobsite process have been well defined and are understood by all working personnel.
2. Ongoing safety training and communication about safety reaches all levels of jobsite personnel
3. Measurements of safely executed quantity and quality of worksite activities is ongoing
4. Recognition and acknowledgement of the safely executed work process and work activities
5. Safe work practices are ongoing and that involvement in safety is encouraged

These 9 appendices are central to measure contractor's safety management resources, and to document ongoing contractor safety performance evaluation. These will also serve as an appraisal of ongoing site conditions and will be used for contractor feedback in seeking continual improvement. And finally, these appendices will document the contractor's needs for additional safety resources due to complexity of the project or due to sheer number of employees.

- Appendix B-4 – On-Boarding Site Safety Orientation
- Appendix B-5 – Contractor Site Safety Orientation Checklist
- Appendix C-1 – Contractor Jobsite Safety Audit
- Appendix C-2 – One-on-One Review
- Appendix C-3 – Notice of Corrective Measures Needed
- Appendix D-1 – Contractor Safety Committee
- Appendix D-2 – Weekly, Monthly, Communications
- Appendix D-3 – Leadership (PG&E) Observations
- Appendix D-4 – Contractor Safety Performance

Appendix B-4 – On-Boarding Site Safety Orientation

This Appendix must be used by PG&E LOB's Contact Person for measuring and documentation of contractor's jobsite management resources, and preparedness for emergency response. Ensures initial Site-Specific Orientation (On-Boarding) and site crew's training meets PG&E benchmarks

- Ensure policies and procedures are in place for contract services to be provided
- Evaluate and assess the level of supervision provided to subcontractors (inspections, orientations)
- Ensure process and forms for reporting are available on site:
 - Near miss, Incident, Investigation,
 - Tailboard Safety Meetings
 - Stop Work Orders
 - Environmental Protection Plan
 - Vehicle/Equipment Pre-use inspection,
 - Traffic Safety Plan

Appendix B-5 – Site Safety Orientation Checklist

This appendix is to be utilized by the LOB Contact Person and/or PG&E Safety Personnel in addition to the self-audits completed by contractor's management systems and internal processes.

Although a Site Safety Audit is a picture of the site conditions at the time, eventually trends will become obvious and point to corrective measures needed. These audits are intended to be documented and to be used as contractor feedback for continuous improvements of jobsite safety.

Ongoing Contractor Jobsite Safety Audits/Inspections

Contractor management and contractor safety personnel ought to be self-auditing their work for compliance with regulations and PG&E's expectations. These audits need to be conducted and documented. Contractor's completed audit forms need to be available upon request.

Jobsite audits conducted/provided by LOB Contact Person and PG&E Safety personnel must be conducted on a weekly or monthly basis and shared with contractor for follow up and used for trending. The next 4 appendices will facilitate this process.

Appendix C-1 – Contractor Jobsite Safety Audit

Whereas Appendix B-3 is used for auditing contractor's management systems, Appendix C-1 is used for ongoing work in progress and jobsite conditions. This appendix is used by LOB Contact Person and/or PG&E Safety Personnel. Instructions at the top of the document are to be strictly observed. And as in Appendix B, this appendix documents ongoing jobsite conditions and safe and unsafe work practices. Ultimately, serves to communicate with contractor jobsite management whether PG&E specific standards are being met.

Appendix C-2 – One on One Review

This form or equivalent must be used as a means of documenting inspections/communications with job site personnel, and contractor senior management.

Appendix C-3 – Notice of Corrective Measure(s) Needed

Documentation of identified deficiencies and formal request for correction

Appendix D-1 – Contractor Safety Committee

The purpose of the Safety Committee is to act as a conduit for communication between Contractor and subcontractor employees, other jobsite crew members and PG&E stakeholders.

Appendix D-2 – Weekly, Monthly Communications

Jobsite safe daily operations are enhanced by ongoing communication of new ideas, discussions of items of common interest, and review of performance and expectations. This appendix makes reference to different forms of communications to be authored by jobsite contractor management, LOB Contact Person and/or PG&E Safety Manager/designee.

Appendix D-3 – Leadership (PG&E) Observations

This form or an equivalent must be used by PG&E LOB Contact Person and/or PG&E Safety Manager for Jobsite Reviews, and timely feedback to contractor for improvement. On separate page, please attach questions, discussions, and/or factors for further information and/or clarification of Contractor's responses. This record must also be used in overall contractor evaluation at end of contract for contractor review.

Appendix D-4 – Contractor Safety Performance Appraisal

The information gathered and used for trending purposes on this appendix, speaks primarily to the Contractor's safety culture and resolve to follow PG&E's directives. There is an option for the auditor's comments, which is to provide feedback to Contractor's Senior Management.

APPENDIX B-2A

(This document is to be completed by the Contractor President, CEO or Official Company Officer. Signed document must be submitted with the MSA package, filed with PG&E Sourcing and a copy included in the Contractor’s Site Specific Safety Plan.)

Contractor Executive Management Acknowledgment Letter

Dear _____ (PG&E Contract Representative):

I understand that PG&E’s top priority is Safety. This includes taking all necessary precautions and actions to ensure the safety of the public and all PG&E, contractor and subcontractor personnel working at this Project Site. I understand that PG&E Contractors must take full ownership of their Work Site Safety Plans and Safety Processes. I understand that PG&E believes that safety must be the foremost thought of all Contractor and Subcontractor personnel at all times. I also understand that Safety must not be compromised at any time for any reason.

I agree that I will do everything within my authority and influence to ensure all personnel understand they have the authority to request a “Stop Work Alert” at this Work Site, if they observe any unsafe work processes or hazards that could injure, or put at risk, personnel at the site or the general public. Further, I agree to support and ensure that my company personnel (including all subcontractors retained by my company to work on a PG&E jobsite) work diligently towards providing a safe and healthy workplace for themselves and others that work near them. Specifically, I agree that all on-site representatives of my company will fully implement all appropriate components of any safety management system implemented by PG&E specific to the project site. I agree that this commitment is a binding part of my company’s work agreement with PG&E.

As a minimum, I will ensure that all on-site representatives of my company will comply with all applicable safety and health regulations, wear all required personal protective equipment, ensure 100% conformance with critical procedures and controls such as those for fall protection, confined space entry, excavation-trenching, and lockout tagout, and otherwise strive to provide a safe and healthy workforce within a safe and clean workplace. My company will implement our own comprehensive programs and procedures designed to keep all persons in a multi-employer workplace safe from hazards created or recognized by our representatives and/or our job scope. We will submit Hazard Evaluations/Job Task Analyses to PG&E for any activity that involves potential hazards that could result in serious illnesses or injuries. We will communicate any previously unrecognized hazards to PG&E when we determine that they exist, and we will work with PG&E to mitigate any site or job-specific hazards on an on-going basis.

Furthermore, I will ensure our Company will report all incidents (accidents) to PG&E by the close of business of the day of occurrence. I understand failure to do so will result in punitive consequences as outline in this guideline and the project Contract.

Signed: _____ Date: _____

Print Name: _____ Print Title: _____

After receipt of contract award, contractor must develop & submit a Site Specific Safety Plan (SSSP) for each jobsite based on the unique facility, geographical, environmental conditions, and hazards of the site(s). The SSSP will define how the contractor will address specific safety requirements associated with construction tasks and mitigate site hazards such that jobsite safety is always preserved.

The Contractor’s SSSP includes three sub-sections: (1) Site Safety Plan – General Requirements, (environmental, organic, vegetative, (2) Site Management Plan, and (3) Site Specific Work Plan, detailed with the means to mitigated inherent hazards and PPE requirements. Examples of Site Work Plan: excavation plan, horizontal drilling plan, electrical activity, gas pipe line construction, hydro testing, hazardous materials management plan, heat stress, etc. A detailed emergency response plan detail will also include medical emergency mitigation (e.g. cave in response), jobsite incident commander and GPS location (for remote areas)

Once reviewed and accepted The Contractor’s SSSP and Site Safety Checklist (**Appendix B-5**) must fulfill PG&E Safety Program requirements as cited in PG&E Guidelines per Construction Work Authorization (CWA) Attachments. MSA Spec. #13024, MSA Attachment 2 – General Conditions, PG&E Excavation Safety Manual, Excavation Procedures for Damage Prevention (Utility Work Procedure WP4412-05) among others.

Contractor must not mobilize or start work until AFTER (1) they have submitted the SSSP P (s) and Site Safety Checklist to PG&E’s Construction Management and Safety Department Management Teams per guidelines seen below, and (2) the SSSP and Site Safety checklist have been reviewed and approved by PG&E’s Construction Management and Safety Department Management Teams.

Contractor Site Specific Safety Plan Review

Facility/Location:	
Contractor/Company Name:	
Contractor Employee Name, print:	Job Title:
Contractor Representative:	Phone Number:
PG&E Contact Person	Phone
	Email

Contractor confirms they: 1. Have conducted job site walk and have thoroughly investigated the jobsite. 2 Must submit a detailed plan to address site specific safety, site management, and address work activity with a specific work plan, e.g. excavation safety elements, hazardous material management, fire prevention control, electrical hazards, etc. listed. 3. Must draft a site specific safety plan that addresses elements listed as appropriate to the site specific work plan and work activity. And 4. When site conditions change posing new and previously unanticipated hazards, Contractor must update the Site Safety Plan listing the hazards and plans to mitigate and submit to PG&E’s Construction Management and Safety Department Management Teams for authorization to proceed.

The Emergency Action Plan must include the names and contact information for key Contractor and PG&E personnel. When a safety incident occurs, the contractor must notify PG&E Staff in the following order of precedence – Construction Manager, Regional Construction Manager, Safety Manager, and Project

Manager.

Please use the list below if needed to begin the SSSP Review....the detail of the SSSP is determined by the work plan(s) inherent hazards, means of mitigation, and general job site environmental factors, e.g. Topography of the jobsite, anticipated traffic hazards, adjoining property business traffic, jobsite personnel's parking, etc.

CHECK EACH ITEM WHEN COMPLETED

EMERGENCY/EVACUATION PROCEDURES

- Emergency Response Plan
- Nearest medical care facility
- Type of Alarm/Signal to Evacuate
- Evacuation Map and Paths – 1st Aid/AED location
- Post-Evacuation Assembly Area

REPORTING

- Incident Reporting and Investigation Requirements assigned
- How to Report Unsafe/Unhealthy Conditions and Practices
- When/who to notify PGE

MISCELLANEOUS

- Designated Smoking and Eating Areas
- Location(s) of Restrooms and Wash Areas
- Site Security Procedures
- Site Disciplinary Procedure for Safety Infraction

HAZARDOUS MATERIALS/WASTE PROCEDURES

- Proper Labeling of Containers
- Labeling, Storage, and Segregation of Containers
- Disposal
- Emergency Spill Notification Procedure & Spill Kit

PROCESS INFORMATION

- Overview of Site Processes
- Fire, Release and Exposure Hazards in Processes
- Hazardous / Restricted Areas

ENVIRONMENTAL INFORMATION

- Site specific configuration hazards/mitigation
- Personnel Training Verification

HAZARD COMMUNICATION

- Chemical Inventory, Discuss Site Chemicals
- MSDS on site
- Notification to Others in Area of Hazards (Multi-Employer)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Proper Work Clothing & Attire
- Location of Eyewash and Emergency Showers
- Eye (side shield) Protection
- Foot Protection
- Hearing Protection Double?
- Respiratory Protection
- Head Protection
- Chemical Protective Clothing

SPECIFIC SAFETY PROGRAM/CODES OF SAFETY

- Electrical Safety
- Job Hazard Analysis
- Site Required Permits
- Lockout Tagout
- Confined Space Program
- Safe Operation of Vehicles/Forklift Use
- Hoisting, Rigging and Cranes
- Hand and Power Tool Safety
- Fall Protection
- Hot Work/Fire Protection
- Scaffold/Ladder
- Working over/near water
- Traffic Safety
- Substance Abuse Policy/Fitness for Duty

ON-BOARDING SITE SAFETY ORIENTATION

Facility/Site Location:	Date	
General Contractor Company Name:		
Subcontractor Company Name:		
Contractor Representative Facilitating Meeting:	Phone	
	Email	
Subcontractor Representative	Phone	
	Email	
Subcontractor Representative	Phone	
	Email	
PGE Contact Person:	Phone	
	Email	
Please provide name, signature, and company name of all personnel in attendance on a separate page		
Contractor Emergency Resources:	Yes	No
Key project personnel responsible for management and safety have been identified?		
List of names and contact numbers has been generated, posted? Copy to PGE LOB Contact Person?		
Local emergency contact information including, fire, police, medical, and direct line to the dispatch center. Location and map of the nearest emergency facility, hospital, and/or emergency heliport site with GPS location included in list?		
First Aid Qualified/trained personnel on site? Location of 1 st Aid Kits? AED (if available)		
Identity of the Jobsite Incident Commander broadcasted, and means of communication ensured?		
Type of alarm/signal to evacuate identified?		
Routes of evacuation off jobsite (foot/vehicle), assembly points, (secondary assembly point), means of head count and “ <i>All Clear Notification</i> ” clearly defined and posted?		
Procedure for reporting safety incidents and a communication process for reportable safety incidents in place and discussed?		
Contractor Management Resources:		
Contractor Competent Person Identified, training/certificates on site?		
Total onsite personnel anticipated at 25 or more? (full time safety manager must be assigned)		
Full time Site Safety Manager identified (training records/certificates on site?)		

Have safety expectations and work activities at every level of the jobsite process been well defined and are understood by all working personnel?		
Is the H&S Policy communicated to and understood by all site personnel?		
Have H&S Management Goals been communicated?		
Have results-orientated for meeting H&S Management goals been set?		
Have H&S responsibilities been assigned?		
Is there documentation of authority and accountability from top management, to supervisors, to site personnel?		
Is there a System in place to address H&S issues/concerns during management planning?		
Is there a means to ensure/encourage site personnel participation and communication?		
Appendix G – Site Safety Committee discussed? Forms available to personnel?		
Has the subcontractor’s participation in Site Health & Safety management been identified and/or discussed?		
If the subcontractor develop own H&S program, is it effective? Meets PGE/LOB requirements?		
Are subcontractor’s safety performances tracked by the same system as other personnel?		
Is H&S integrated into day-to-day contractor management system? If so, is it documented?		
Has the Health & Safety Policy been communicated?		
Are the procedures and policies in the H&S Plan specific to this site activities.		
Are project site managers providing visible leadership in implementing the Site Specific Safety Plan?		
Does the written H&S Management System address critical jobsite elements?		
Site configuration hazards, i.e. slopes, rivers, high traffic, overhead lines, subterranean hazards, e.g. open trench vaults, and means of mitigation discussed and understood by all personnel?		
Is there a management system to address and mitigate new hazards when identified? If so is it documented?		
Is there a self-inspection system identified and in place?		
Does the contractor conduct hazard recognition training? If so, is it documented?		
Please list 3 ways site personnel are involved in activities and decision making that impacts their H&S on site. For example: Participation in hazard assessments/analysis/site inspections, etc.		
1.		
2.		
3.		

PG&E SAFETY MANAGER: _____

COMMENTS:

CONTRACTORS' JOBSITE SAFETY REP: _____

COMMENTS:

SITE MANAGEMENT SUPERVISOR: _____

COMMENTS:

OTHER REPRESENTATIVES/PARTICIPANTS:

1. _____

2. _____

COMMENTS:

OTHER OBSERVATIONS/COMMENTS

COMMENTS:

Completed By: _____

Signature _____

Date: _____

Appendix B-5

Contractor Site Safety Orientation Checklist

Facility/Location: _____

Contractor/Company Name: _____

<i>Contractor Employee Name, print:</i>	<i>Job Title:</i>
<i>Contractor Representative:</i>	<i>Phone Number:</i>

The contract employee's signature at the bottom of this sheet acknowledges that all of the applicable safety/environmental information was presented and understood on the date indicated.

<i>CHECK EACH ITEM WHEN COMPLETED</i>

<p>EMERGENCY/EVACUATION PROCEDURES</p> <ul style="list-style-type: none"> ☐ Emergency Notification ☐ Type of Alarm/Signal to Evacuate ☐ Evacuation Map and Paths ☐ Post-Evacuation Assembly Area <p>REPORTING</p> <ul style="list-style-type: none"> ☐ Incident Reporting and Investigation Requirements ☐ How to Report Unsafe/Unhealthy Conditions and Practices <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> ☐ Designated Smoking and Eating Areas ☐ Location(s) of Restrooms and Wash Areas ☐ Site Security Procedures ☐ Site Disciplinary Procedure for Safety Infraction <p>HAZARDOUS MATERIALS/WASTE PROCEDURES</p> <ul style="list-style-type: none"> ☐ Proper Labeling of Containers ☐ Labeling, Storage, and Segregation of Containers ☐ Disposal ☐ Emergency Spill Notification Procedure <p>PROCESS INFORMATION</p> <ul style="list-style-type: none"> ☐ Overview of Site Processes ☐ Fire, Release and Exposure Hazards in Processes ☐ Hazardous / Restricted Areas 	<p>HAZARD COMMUNICATION</p> <ul style="list-style-type: none"> ☐ Chemical Inventory, Discuss Site Chemicals ☐ MSDS Location ☐ Notification to Others in Area of Hazards (Multi-Employer) <p>PERSONAL PROTECTIVE EQUIPMENT (PPE)</p> <ul style="list-style-type: none"> ☐ Proper Work Clothing & Attire ☐ Location of Eyewash and Emergency Showers ☐ Eye Protection ☐ Foot Protection ☐ Hearing Protection ☐ Respiratory Protection ☐ Head Protection ☐ Chemical Protective Clothing <p>SPECIFIC SAFETY INFORMATION</p> <ul style="list-style-type: none"> ☐ Electrical Safety ☐ Job Hazard Analysis ☐ Site Required Permits ☐ Lockout Tagout ☐ Confined Space Program ☐ Safe Operation of Vehicles/Forklift Use ☐ Hoisting, Rigging and Cranes ☐ Hand and Power Tool Safety ☐ Fall Protection ☐ Hot Work/Fire Protection ☐ Scaffold/Ladder Safety
<p>Contract Employee Signature: _____ Date: _____</p> <p>Discussion Leader Signature: _____ Date: _____</p>	

Whereas Appendix B-3 is used for auditing contractor’s management systems, this appendix is used for ongoing work in progress and jobsite conditions. This appendix is used by LOB Contact Person and/or PG&E Safety Personnel. Instructions at the top of this document are to be strictly observed. And as in Appendix B-3, this appendix documents ongoing jobsite conditions and safe and unsafe work practices. Ultimately, serves to communicate with contractor jobsite management whether PG&E specific standards are being met.

CONTRACTOR JOB SAFETY AUDIT

Please utilize the contractor safety audit form below in a pass/fail type rating system. If there are any safety concerns, deal directly with the Contractor Representative in accordance with Facility, project or site policy. Do not direct contractor employees except in the event of imminent hazard. In the case of an imminent hazard, stop the contractor employee from working, and then communicate directly to the contractor supervisor or representative.

Contractor being observed: _____ Date/Time: _____
 Contractor Lead: _____ Task performing: _____
 Site: _____

PERMITS / PROCEDURES

J.S.A. (Daily) J.H.A. stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
<i>Consistent with work being performed?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SAFE WORK PERMIT stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
<i>Following permit requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HOT WORK stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
<i>Following permit requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EXCAVATION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
<i>Following permit requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
USA One-Call Ticket stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
<i>Following TICKET requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Lockout/Tagout (LOTO) stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
<i>Following procedure requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CONFINED SPACE stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
Traffic Control <i>Following plan</i> stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A <input type="checkbox"/> If NO, Mitigated or
OTHER _____			

COMMENTS _____

PERSONAL PROTECTIVE EQUIPMENT (PPE)

HEAD PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
EYE/FACE PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
HEARING PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
HAND PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
FOOT PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
RESPIRATORY PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
ELECTRICAL PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or
CHEMICAL PROTECTION stopped	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> If NO, Mitigated or

COMMENTS _____

APPENDIX C-2

This appendix is used to document jobsite observations; and for timely contractor feedback and response. This appendix must be entered into PG&E's Contractor Safety Database in accordance with PG&E Site Records Retention Policies, and used during the Contractor Safety Performance Appraisal process.

One-On-One Observations /Review

Facility/Site Location:	Date
General Contractor Company Name:	
Subcontractor Company Name:	
Contractor Representative	Phone
	Email
Subcontractor Representative	Phone
	Email
PGE Contact Person:	Phone
	Email
This form must be used by PG&E Personnel for Jobsite Observations, and contractor feedback.	

be a cause of action for the contractor/supplier to heighten safety awareness, modify necessary behavior and comply with and more closely observe one or more of the following:

- PG&E specific standards
- The contractor/supplier's IIPP, COSP, SSSP
- CalOSHA or Federal OSHA
- ANSI A10 (if construction)
- Manufacturers recommendations (regarding a tool or equipment)
- Training or an indication of re-training needed

In assembling the list of **Permits and Procedures**, the above are considerations. The specific tasks are also major considerations. The list should be tailored to capture all of the specific concerns and or needs of the individual Line of Business (LOB).

It is recommended that a contract name and or project number be used in the **Site** description, so as to track these matters accurately and limit the possibility of any ambiguity.

The **Violation** should be a brief but clear and concise description of what was observed, as for example:

CalOSHA violation, CCR T8 §1537 Welding, Cutting, and Heating of Coated Metals. or

COSP violation, Joe Doaks was observed using a cell phone, not hands free, while driving a company vehicle, this violates the COSP Motor Vehicles and Heavy Equipment article, §3 and §34.

The **Corrective Action(s) & Date Completed** field is to be filled out by the Contractor/Supplier, and should contain an accurate and concise description of the corrective actions taken to correct the infraction.

PERMITS/PROCEDURES section is intended to focus attention on the project specifics regarding:

- PG&E specific standards
- The contractor/supplier's IIPP, COSP, SSSP
- Federal or State regulations
- ANSI A10 (if construction), other ANSI standards apply to other work
- Manufacturers recommendations (regarding a tool or equipment)
- Training, or an indication that training/retraining is in order

These documents may generate check lists, permits, outlines of specific procedures or order of work issues that are best not left to discretion. These considerations must be in strict and in absolute alignment with the needs of the individual LOB.

PERSONAL PROTECTIVE EQUIPMENT (PPE) is intended to focus attention to the specific needs of the individual Line of Business and could be project or task specific. As an example, not all employees need to wear safety toed boots, but those performing x, y, and z elements of work need to wear safety toed boots while doing said work.

Appendix C-3

CONTRACTOR NOTICE OF CORRECTIVE MEASURES NEEDED

Site: _____ **Date:** _____
Issued by: _____
(PG&E) _____
Contractor: _____
Contractor
Representative: _____

Your Company has been found to be in violation of one or more Federal, State, or PG&E safety requirements, as specified below. The violations must be corrected immediately, and this documentation returned to PG&E.

Infraction(s):

Corrective Action(s) & date completed:

The signature below of the Contractor Representative certifies that all of the above-listed items have been corrected as indicated.

Name:	Time:	Date:
Signature:	Title:	

Reviewed by PG&E:

Name:	Time:	Date:
Signature:	Title:	

Contractor Notice of Corrective Measures Needed, pg 2

Contractor being observed: _____ Date/Time: _____

Task performing: _____

Site: _____ Location _____

Observation by: _____ LAN ID: _____

PERMITS / PROCEDURES

J.S.A. (Daily)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Consistent with work being preformed?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
J.S.S.S.P (Site Specific Safety Plan)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Correct and Pertinent to sites?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>Contractor following JSSSP requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CONTACT LIST (this Project)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Correct and Pertinent to sites?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
USA One-Call Ticket	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following TICKET requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TABULATED DATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following TAB DATA requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EXCAVATION CHECKLIST	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following Checklist t requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SOIL CLASSIFICATION LOG	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following permit requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMPETENT PERSON	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>DAILY & Frequent Excavation Inspections?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BUMP TEST AIR MONITOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Competent person per requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
GAS TEST LOG	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Correctly logging per requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HOT WORK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following permit requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Lockout/Tagout (LOTO)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following procedure requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CONFINED SPACE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>Following procedure requirements?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ELECTRICAL SAFETY ORDERS OBS.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CIRCUITS ASCERTAINED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

PERSONAL PROTECTIVE EQUIPMENT (PPE)

HEAD PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EYE/FACE PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HEARING PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HAND PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
FOOT PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
RESPIRATORY PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ELECTRICAL PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CHEMICAL PROTECTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
COMMENTS _____			

CONTRACTOR SAFETY COMMITTEE

*The **Purpose of the Safety Committee** is to act as a conduit for communication between Contractor and Subcontractor employees, other Job Site crew members, and PG&E. The Safety Committee must meet monthly and must be comprised of Job Site Project Management representatives, and PGE Safety Manager (or designee).*

*The **Scope of the Safety Committee** includes:*

- *Participate in periodic scheduled inspections of the job site*
- *Review near miss incidents, accidents, inspections, and safety training of the current month.*
- *Investigate accidents resulting in injuries or illness and identify corrective action to prevent similar recurrences*
- *Oversee to ensure timely corrective action taken based on the severity of the hazard, unsafe or unhealthy conditions, work practices, and work procedures.*
- *Discuss Job Site Personnel Safety Suggestions/ Hazards Report and other safety matters relating to upcoming training and/or program modifications.*

Further, the Safety Committee is charged with developing “Lessons’ Learned” on accidents reviewed and will communicate it to crew members (may use Appendix D-2) throughout the Job Site.

Contractor Safety Committee Appendix D-1 is comprised of 3 (three) sequential documents which must be maintained at the Job Site and made available for review.

1. Appendix D-1.1: Contact List of Job Site Safety Committee Members and Visitors/Presenters
2. Appendix D-1.2: Job Site Personnel Safety Suggestions/Hazards Report
3. Appendix D-1.3: The Safety Committee Meeting Logs

APPENDIX D-1.1

SAFETY COMMITTEE MEMBERS

DATE: _____ **SITE:** _____

CONTRACTOR: _____

COMMITTEE CHAIR: _____

SAFETY COMMITTEE MEMBERS:

NAME	CELL PHONE	SIGNATURE

VISITORS/PRESENTERS:

NAME	CELL PHONE	SIGNATURE	Company
1.			
2.			

APPENDIX D-1.2

JOB SITE PERSONNEL SAFETY SUGGESTION/HAZARD REPORT

This form is for use by crew member, visitor, and/or PGE personnel who wish to provide a safety suggestion or report a hazardous job site condition or work practice. Complete this side of the form; check appropriate boxes and fill in requested information. This form needs to be placed in the WORKSITE PERSONNEL SAFETY SUGGESTION BOX.

Date: _____

This form was given to: Supervisor Safety Com Safety Suggestion Box

Subject	Hazard Report <input type="checkbox"/>	Suggestion <input type="checkbox"/>	Other <input type="checkbox"/>
Condition	Biological <input type="checkbox"/> Fire Potential <input type="checkbox"/>	Chemical <input type="checkbox"/>	Equipment <input type="checkbox"/>
Potential Injury	Slip, Trip Fall <input type="checkbox"/> Cuts/Abrasion <input type="checkbox"/> Electrocution <input type="checkbox"/>	Struck By <input type="checkbox"/> Exposure <input type="checkbox"/> Caught/between <input type="checkbox"/>	Strain/Sprain <input type="checkbox"/> Heat/Burn <input type="checkbox"/> Excavation <input type="checkbox"/>
Other			

Location of hazard description: _____

Description of hazard: _____

Suggestion for improving safety/correction of hazard: _____

APPENDIX D-1.3

SAFETY COMMITTEE MEETING LOG

Facility/Site Location:	Date:
Contractor Company Name:	
Contractor Representative Facilitating Meeting:	Phone Number:
Meeting :	
List incidents, injuries, near misses, items to discuss/review	
1. _____	
2. _____	
3. _____	

COMMENTS on item:

Discussion:

Action Item:

Person Responsible _____

Follow up:

APPENDIX D-1.4

COMMENTS:

PG&E SAFETY MANAGER: _____

COMMENTS:

CONTRACTORS JOBSITE SAFETY REP _____

COMMENTS:

SITE MANAGEMENT SUPERVISOR _____

COMMENTS:

OTHER REPRESENTATIVES:

1. _____

2. _____

COMMENTS:

APPENDIX G-3

OTHER OBSERVATIONS/COMMENTS

COMMENTS:

Completed By:

Signature _____

Date: _____

APPENDIX D-2

Jobsite safe daily operations are enhanced by ongoing communication of new ideas, discussions of items of common interest, and review of performance and expectations. This appendix makes reference to different forms of communications to be authored by jobsite contractor management, LOB Contact Person and/or PG&E Safety Manager/designee. These different formats are offered as options for individual styles of sharing ideas, updates, and/or suggestions. Periodic communications are intended to elicit discussion, involvement and ownership of the subject matter.

Contractor Forum: Usually chaired by PG&E LOB/PG&E Safety Manager is a means whereby the contractors and/or subcontractors participate in an open discussion of materials presented. This forum lends itself for a speaker extraneous to site operations might present his/her ideas or materials.

Safety Meeting: Outside the usual weekly scheduled safety meeting, a Safety Meeting could be excellent for introducing new processes or revised procedures. Could also be used for communicating the result of recent incident’s investigations and impact on daily operations

Newsletter Format: Review subject matter of common interests that might have an impact on site operations, e.g. updates of recent OSHA standards revision, or the results of a recent visit by a regulator

**WEEKLY, MONTHLY, AND QUARTERLY
ON SITE SAFETY COMMUNICATIONS**

Facility/Site Location:		Date		
General Contractor Company Name:				
Subcontractor Company Name:				
Contractor Representative		Phone		
		Email		
Subcontractor Representative		Phone		
		Email		
PG&E Contact Person:		Phone		
		Email		
Timely notices are intended to assist in establishing and maintaining open communications between jobsite crew members and contractor management, while fostering a commitment to safe work practices and maintaining safe jobsites.				
This jobsite preferred means of communication will be as checked off below:				
Preferred Format	Contributors	Frequency	Date Schedule	Date Completed

Presentation	Check off line & Frequency	Wk	Mo	Qtrly		
Contractor Forum	General Contractor					
	Sub Contractor					
	PGE Safety Manager					
Safety Meeting	General Contractor					
	Sub Contractor					
	PGE Safety Manager					
News Letters Format	General Contractor					
	Sub Contractor					
	PGE Safety Manager					
	General Contractor					
	Sub Contractor					
	PGE Safety Manager					
Other ideas, please describe below						

APPENDIX D-3

This form must be used by PG&E LOB Contact Person and/or PG&E Safety Manager for Jobsite Reviews, and timely feedback to contractor for improvement. On separate page, please attach questions, discussions, and/or factors for further information and/or clarification of Contractor’s responses. This record must also be used in overall contractor evaluation at end of contract for contractor review.

LEADERSHIP (PGE) OBSERVATION

Facility/Site Location:	Date			
General Contractor Company Name:				
Subcontractor Company Name:				
Contractor Representative	Phone			
	Email			
Subcontractor Representative	Phone			
	Email			
PGE Contact Person:	Phone			
	Email			
<i>This form must be used by PGE LOB/Safety Manager for Jobsite Reviews, and timely feedback to contractor for improvement. On separate page, please attach questions, discussions, and factors for further information and/or clarification of Contractor’s response. This record must also be used in overall contractor evaluation at end of contract review</i>				
I. Policy and Procedure Review:	Ye s	No	Opportunity Improvement	Discussion Warranted
Are policies and procedures in place for ongoing jobsite activities				
Assess level of supervision for subcontractor’s work in progress				
Have new site crew members received Site-Specific Orientation				
Are scheduled inspections completed on a timely basis				
Are management improvements obvious and consistent				
Are Incident, Near Miss, Investigation, Tailboard Forms available				
II. Management Commitment, Responsibility and Accountability				
How does management document and communicate values and expectations regarding Safety, Health				

and Environment				
Describe different levels of accountability for safety				
Is there a system for measuring changes in the safety culture				
What are the key performance indicators				
Is there an effectively used pro-active reporting system				
Is the site inspection program adequate for jobsite activities and incident occurrences				
How are crew members, equipment, and procedure changes managed?				
Describe process to ensure compliance with applicable safety and health regulations				
III. Risk Assessment and Management				
Is the system for identifying, evaluating, and controlling hazards/risks adequate...please describe				
IV. Incident Management and Investigation	Ye s	No	Improvemen t	Discussion
Explain how incidents are reported, investigated and analyzed for root cause				
How are corrective actions identified, implemented, closure verified, and lessons learned communicated?				
Explain how emergency procedures are maintained to current and accurate basis				
Describe the maintenance and verification program for safety of equipment and tools				
V. Personnel Selection, Placement, and Competency				
How do you ensure positions are filled by capable and competent personnel				
Explain your training and competency verification system				
How have onsite supervisors been developed				
VI. Safety Data				
Provide jobsite up-to-date incident and injury data				
PPE used?				
VII. Environmental Policy				
Describe jobsite processes to reduce or eliminate environmental incidents, including spills				
VIII. Jobsite Safety Recognition Program				
How is active involvement in safety encouraged on site				

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Appendix D-4

This appraisal must be completed by the PG&E Safety Manager/specialist or LOB Contact Person in a timely manner upon contract or project completion. The information gathered and used for trending purposes on this appendix, speaks primarily to the contractor's safety culture and resolve to follow PG&E's directives. There is an option for the auditor's comments, which is to provide feedback to Contractor's Senior Management.

CONTRACTOR SAFETY PERFORMANCE APPRAISAL

Facility/Site Location:	Date:
Contractor Company Name:	
Contractor Representative:	Phone Number:
Scope of work:	
List incidents, injuries, near misses, etc.:	
No. OSHA Recordable Cases: ____	No. OSHA Lost Time Cases: ____

For each of the following safety performance evaluation categories, chose the one behavior that most closely describes the behavior of this contractor and provide any additional relevant comments.

HOUSEKEEPING

- Inadequate, even after repeated requests
- Cleaned after requests
- Cleaned routinely & caused no safety problems.
- Item above plus thorough cleaning & caused no operational problems.
- Item above plus continuously cleaned and caused no complaints.

COMMENTS:

WORKER AWARENESS AND ATTITUDE

- Workers often seemed unconcerned with safety or safety violations ignored.
- Individuals usually worked safely, but weren't proactive on safety.
- Workers immediately addressed safety violations and were proactive on safety.

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- Item above plus some workers actively prevented problems.
- All workers actively prevented problems and workforce disciplined itself.

COMMENTS: *(on next page)*

SAFETY MEETINGS

- No meetings held or irrelevant topics covered.
- Relevant meetings held irregularly.
- Relevant Meetings held every week & recorded topics and attendees.
- Item above plus invited Owner’s Representative to each meeting.
- Item above plus workers actively participated in meetings.

COMMENTS:

TOOLS AND EQUIPMENT

- Lacked proper tools, or tools in unsafe condition.
- Occasionally used improper tools, or tools in questionable condition.
- Had the necessary equipment in good operating condition to match the task.
- Item above plus usually provided the optimum tool/equipment for the job.
- Item above plus always provided the optimum tool/equipment for the job.

COMMENTS:

SUPERVISION INPUT AND COMMUNICATIONS

- Supervision was not apparent, or spent minimal effort on safety.
- Supervision did not allocate adequate resources to solve safety problems.
- Supervision enforced safety requirements without PG&E reminders.
- Item above plus encouraged safe behavior.
- Item above plus oriented, demonstrated safety planning, was continuously involved, proactive, & highly visible.

COMMENTS:

CONTRACTORS JOBSITE SAFETY REPRESENTATIVE

- Identified but not involved.
- Reactive, or intervened irregularly, or was involved occasionally.
- Proactive, intervened regularly, and participated in safety meetings.
- Item above plus continuously involved, highly knowledgeable and visible.
- Item above plus proactive regarding entire jobsite safety by making suggestions to the Owner's Representative.

COMMENTS:

OTHER OBSERVATIONS/COMMENTS

COMMENTS:

Completed By:

Signature _____

Date: _____