



Subcontractor Safety Submittal Packet

Affirmative Action, Equal Opportunity Employer
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VIKING SUBCONTRACTOR SAFETY SUBMITTALS

Prior to beginning work for Viking Construction Inc., we require that the following list of safety related items be submitted for review. Contractors will not be permitted to begin work on a Viking Construction Inc. jobsite until this documentation is submitted and accepted by Viking Construction Inc.

The items requested on the following pages are a bare minimum and Viking Construction Inc. may at any time request additional submittals based upon the work detail and exposures.

The following pages provide detail and structure as to how to create this submittal package.

- The first page is a simple checklist that you will use to ensure all the necessary information has been provided. **This should be the first page of your submittal package.**
- The second page shall include a list of key personnel associated with this project and all necessary contact information.
- Viking Construction Inc. requires a copy of your companies blanket Safety Manual **AS WELL AS a Site Specific Safety Plan be created.** Page 3 of this document lists the necessary elements of this Site Specific Plan that must be created. Each company shall follow that model when creating their plan and ensure all eight elements are detailed in the appropriate order. For your assistance, sample Job Hazard Analysis forms have been provided.

Should there be any questions regarding the completion of this submittal contact **Anthony Gaglio, Jr., our Safety Director** at safety@vikingconstruction.net or 203-353-0260 in advance of your start date to avoid delays.

VIKING SUBCONTRACTOR SAFETY SUBMITTALS CHECKLIST

Check when
complete

1. Company Health & Safety Plan _____
2. Company Emergency Contact List _____
 - a. Executive contact name, office/cell number
 - b. Project management contact name, office/cell number
 - c. Competent Person(s) name, onsite cell number
 - d. Any other deemed necessary by sub
3. Site Specific Plan with Job Hazard Analysis _____
 - a. Specific to jobsite
 - b. Completed for all significant tasks
 - c. Detail steps, hazards, & controls as well as required PPE
 - d. See sample JHA on page 2 of this document
4. MSDS for all chemicals **SPECIFIC TO THE JOB** _____
5. Copy of sign-off on Viking Orientation Program for all expected onsite _____
6. Crane Information _____
 - a. Crane operators license (must be current)
 - b. Annual 3rd party inspection documentation (must be current)
 - c. Crane registration documentation
7. Copy of OSHA 10-hour training cards for all expected onsite _____
8. Specific Safety Training Documentation necessary where applicable _____
 - a. Qualified crane signal person documentation
 - b. Qualified rigger documentation
 - c. Forklift certification (must be current)
 - d. OSHA 10-Hour training all onsite (no older than 5 years)
9. Signed Affidavit confirming employees performing or exposed to construction hazards _____
have received safety training related to those hazards in accordance with OSHA Regulations.
 - a. See Affidavit form below

(VIKING RESERVES THE RIGHT TO REQUEST ADDITIONAL TRAINING DOCUMENTATION
WHERE REQUIRED BY OSHA AT ANYTIME)

SUBMITTAL PACKAGE COMPLETED BY: Print name: _____

Title: _____

Tel. Number: _____

Affidavit of OSHA Safety Training

Before me, the undersigned Notary Public, personally came and appeared

_____ (printed name), _____ (position) of
_____ (company name), and after being duly sworn, did depose and say
that all provisions and requirements set out in 29CFR 1926, OSHA Safety & Health Regulations for
Construction, pertaining to safety training of workmen employed by _____
(company name) have been fully satisfied and there has been no exception to the full and complete
compliance with said provisions and requirements. The referenced OSHA training is necessary in carrying
out all contracts and work as a subcontractor to Viking Construction Inc.

Signature (person with authority)

Printed Name

Subscribed and sworn before me this ____ day of _____, 20___. I am commissioned as
notary public within the county of _____, State of _____, Inc.
_____, and my commission expires on _____.

Signature of Notary

Date

SITE SPECIFIC SAFETY PLAN ELEMENTS

Prior to the start of work, each prime Subcontractor and their subcontractors are to provide to Viking a copy of a written Project Specific Safety Plan. This plan must provide responses to the following 8 points. Please refer to the specific point (i.e., A, B, C, etc.) being addressed in the plan. Prime Subcontractors will be responsible for ensuring that their subcontractors comply with this requirement.

Project Safety Plan for (Insert your company name)

The following is the Project Specific Safety Plan for (company name and address, project name of the company project you are working for/on)

- A. The name of the person who is responsible for the implementation of the plan and what role this person will play during the project.
- B. The time and day of job site safety meetings with workers, supervision and subcontractors (documented).
- C. Provisions for safety inspection of the job site by supervision (documented)
- D. Describe the hazards that are involved with the work to be performed and explain (in detail) how the hazards will be controlled through safe operating procedures. (complete JHA form attached for each significant work task)
- E. The type of training given to key personnel in key positions.
- F. Company policy on substance abuse.
- G. Accident reporting, first aid and emergency procedures for this project. (All incidents must be immediately reported to Viking Construction Inc.)
- H. The procedure for ensuring that the detail of the Project Specific Safety Plan stated information will be communicated, implemented, and enforced for workers, supervisors, and subcontractor. (Created JHA's shall be reviewed and signed by all employees)

JOB SAFETY ANALYSIS WORKSHEET TEMPLATE

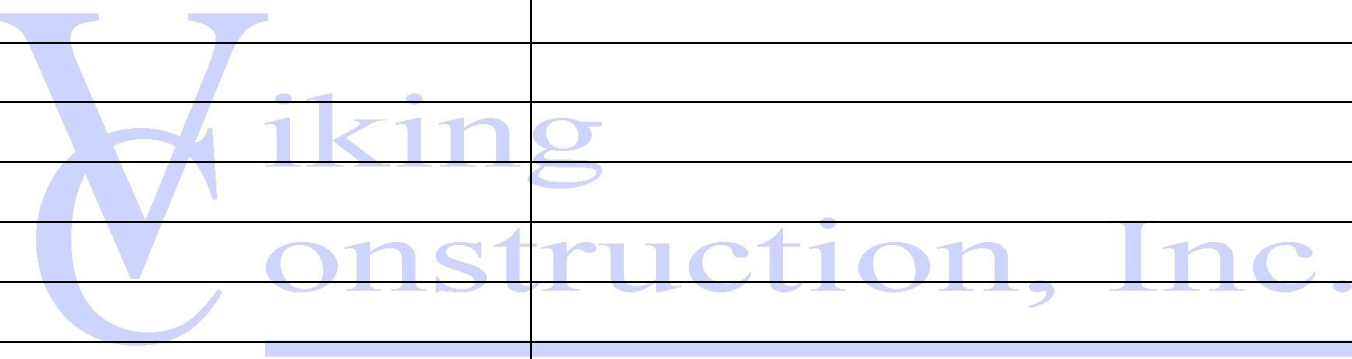
Name of Task _____

Date Reviewed/Revised: _____

Work Description (Brief description of task to be performed):

Basic Sequence:

Job Steps	Potential Hazards	Safety Controls



Required PPE: _____

Additional Requirements: _____

SAMPLE COMPLETED JOB SAFETY ANALYSIS WORKSHEET

Name of Task ___ Concrete wall pour _____

Date Reviewed/Revised: __11-10-09_____

Work Description (Brief description of task to be performed):

Workers shall place concrete into a pre-constructed wall form. Concrete placed from a concrete pump truck

Basic Sequence:

Job Steps	Potential Hazards	Safety Controls
Inspect formwork	Formwork blowout	Competent person shall inspect formwork prior to each pour and during each pour to ensure appropriate bracing and pinning has been installed.
Work from scaffold atop wall	Scaffold failure / fall from heights	Prior to use a competent person shall inspect the scaffold and authorize it for use. Scaffold must be fully planked.
		All employees working from scaffold shall be trained as scaffold users and able to inspect and detect problems with the scaffold.
		Appropriate guardrail fall protection shall be in place on all open sides
	Access	A ladder shall be installed at the proper 4:1 angle, extend 3' over the landing and be secured.
Place concrete	Chemical burns	All employees shall wear safety glasses and chemical resistant gloves.
	Overhead hazard of pump truck	All employees shall wear hard hats. A dedicated signal person shall be used.
	Rebar laceration	Any exposed rebar which one can be impaled or lacerated by shall be capped
	Muscle injury due to concrete vibrator usage	Use of vibration equipment can lead to musculoskeletal injuries such as white finger disease. Anti-vibration gloves, and employee rotation shall be used.

Required PPE: Hard hats, safety glasses, work boots, chemical resistant gloves, anti-vibration gloves (vibrator use only)

Additional Requirements: Prior to beginning placement the foreman shall review equipment / hoses used by the pump truck to ensure they are linked together appropriately and in acceptable condition