

Subcontractor Management

PURPOSE

The purpose of the Subcontractor Management program is to ensure that Advanced Excavating Specialists and Five Rivers Construction continues to improve subcontractor health, safety, and environmental performance and to establish a standard for pre-qualification, evaluation/sectional, and development of our subcontractors.

SCOPE

This program applies to Advanced Excavating Specialists and Five Rivers Construction project locations that use subcontractors.

GENERAL REQUIREMENTS

All Advanced Excavating Specialists and/or Five Rivers Construction subcontractors are to be managed in accordance with this program.

The use of subcontractors must be pre-approved by Advanced Excavating Specialists and/or Five Rivers Construction Approval requirements include:

- A formal safety review of the subcontractor being performed by Advanced Excavating Specialists and/or Five Rivers Construction safety department.
- The scope of the review was commensurate with the hazards and risk exposure.
- The subcontractor has been/will be oriented to the safety policies, expectations and requirements of Advanced Excavating Specialists and Five Rivers Construction.
- The subcontractor agrees to abide by our Drug and Alcohol policy and onsite safety rules throughout the duration of the work.

Any subcontractor that has a “Non-Approved” safety status will not be used on any Advanced Excavating Specialists and/or Five Rivers Construction site.

PROCEDURE

Pre-Qualification of Subcontractors

Subcontractors will be pre-qualified by reviewing their safety programs, safety training documents and safety statistics. Advanced Excavating Specialists and Five Rivers Construction will use a combination of safety metrics to prequalify subcontractors as shown below.

How Acceptable Safety Metrics, Such as TRIR, EMR, DART and Fatality Rate Will be Used as a Criteria for Selecting Subcontractors

Acceptable safety metrics will be used as criteria for prequalifying and selecting subcontractors in the following manner. Key performance indicators such as the TRIR, EMR, DART and Fatality rates shall be reviewed (see form). The safety metrics and scoring will consider:

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- Advanced Excavating Specialists and Five Rivers Construction Subcontractor Safety 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:

- Equal to or Greater than 90 points = A – no restrictions.
- Between 85 and 89 points = B – Mitigation plan must be documented and approved by Advanced Excavating Specialists and/or Five Rivers Construction Safety.
- Between 81 and 84 points = C – Mitigation plan must be documented and approved by Advanced Excavating Specialists and/or Five Rivers Construction Safety Management in writing.
- Between 71 and 80 points = D – Mandatory commitment meeting with senior subcontractor management present; mitigation plan documented and approved by Advanced Excavating Specialists and/or Five Rivers Construction Safety; management approval in writing; trained subcontractor safety personnel on site during work regardless of number of workers.
- Less than 70 points = F – not to be used.

Once each subcontractor has been evaluated and scored, Advanced Excavating Specialists and/or Five Rivers Construction safety management will provide the scores/ranking.

Advanced Excavating Specialists and/or Five Rivers Construction 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.

Subcontractor Involvement

Contractors are required to follow or implement the work practices and systems described below while performing work at Advanced Excavating Specialists and/or Five Rivers Construction worksites:

- Attend a safety orientation, included in any pre-job meeting or kick-off meeting provided by Advanced Excavating Specialists and/or Five Rivers Construction prior to any work beginning.
- Monitor employees for substance abuse and report nonconformities to Advanced Excavating Specialists and/or Five Rivers Construction.
- Ensure personnel have the required training and competency for their work.
- Included in Advanced Excavating Specialists and/or Five Rivers Construction toolbox safety talk meetings, job hazard analysis and on the job safety inspections.

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- 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 onsite and Owner Client safety rules.
- Implement Advanced Excavating Specialists and Five Rivers Construction safety practices and processes as applicable.
- Clean up and restore the worksite after the job is over.
- Ensure compliance with regulations at all times.
- Post job-safety performance reviews - shall be conducted for subcontractors based on their adherence to the above requirements, safety key performance indicators and other agreed upon requirements.

SUBCONTRACTOR SAFETY PRE-QUALIFICATION FORM

GENERAL INFORMATION			
1. Subcontractor Information:			
Subcontractor Name:		Telephone Number:	
Street Address:		Fax Number:	
City:		Website Address:	
Province/State:		Postal Code/Zip:	
2. Officers			
President:			
Vice President:			
Treasurer:			
3. How many years has your organization been in business under your present firm's name?			
4. Parent Firm Name:			
City:	Province/State:	Postal Code/Zip:	
Subsidiaries:			
5. Under current management since (Date): (please enter date as mm/dd/yyyy)			
6. Contact for Insurance Information:			
Title:	Telephone:	Fax:	Email:
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
8. Worker's Compensation Account Status (Please enclose a copy of your workers compensation insurance certificate.			
Account Number:		Industry Code:	
9. Contact for requesting bids:			
Title:	Telephone:	Fax:	Email:
10. Contractor Evaluation form completed by:			
Title:	Telephone:	Fax:	Email:

ADVANCED EXCAVATING SPECIALISTS, LLC (AES)
 FIVE RIVERS CONSTRUCTION (FRC)
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HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE

Health, Safety and Environmental Performance

Provide the following data for your firm using your record keeping forms from the past three (3) years.
If the data is not available, please reply with Not Available - N/A.
Safety Performance Definitions and Guidance

a. **Hours Worked** - Employee hours worked last three years. Please report actual scheduled total hours worked and total overtime hours worked. If actual hours worked are not available for certain individual's hours worked may be estimated. A default of 2000 hours per individual per year can be used as an estimate.

b. **Recordable Incidents** - Recordable cases are those that involve any work-related injury or illness, including death but excluding first-aid injuries.

- **Medical Treatment Case**
 - ◊ Treatment above first aid level – See OSHA recordkeeping guidelines.
- **Days Away from Work Case**
 - ◊ Could not perform any work.
 - ◊ The day of the incident is not counted as a Days Away day nor day of return. Stop counting when total days reach 180 or if employee leaves the firm.
- **Restricted Work Case**
 - ◊ Could not perform routine functions associated with their permanent job.
 - ◊ The day of the incident nor day of return to regular position is not counted as a Restricted Duty Day. Stop counting when total restricted duty days reach 180 or if employee leaves the firm.
- **Transferred Work Activity Case**
 - ◊ Assigned to another job on a temporary or permanent basis.
 - ◊ The day of the incident is not counted as a Restricted Duty Day. Stop counting when transferred days reach 180 or if employee leaves the firm.
- **Fatality Case**
 - ◊ Employee dies from a work-related injury or illness.

d. **Motor Vehicle Incident** - Includes any event involving a motor vehicle that is owned, leased, or rented by the firm that results in death, injury, or property damage unless the vehicle is properly parked.

Health and Safety Incidents for the last three year	20__	20__	20__
a. Workers Compensation Experience Modification Rate (EMR)			
b. Total Hours Worked			
Total Medical Treatment Cases			
Total Days Away Injury/Illnesses Cases			
Total Restricted Work Injury/Illnesses Cases			
Total Transferred Work Injury/Illnesses Cases			
Total Fatality Cases			
c. Total Recordable Cases			
c. Total Recordable Incident Rate (TRIR) <u>Total # Recordable Incidents x 200,000</u> Total # Hours worked			

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HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE			
Health and Safety Incidents - continued	20__	20__	20__
f. Motor Vehicle Incidents (MVI) # Motor Vehicles Incidents # Kilometers/Miles driven			
g. Motor Vehicle Incident Frequency Rate (MVIFR) Total # of Firm's Motor Vehicle Incidents x 1,000,000 Total # Kilometers/Miles driven			
Environmental Incidents for the last three years	20__	20__	20__
Total # Spills to Water a. Petroleum Spills # spills Sheen (est. volume as 0.1 bbl. To < 1bbl. # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more b. Chemical Spills # spills 1 bbl./160 kg. to < 100 bbls./16,000 kg. # spills 100 bbls./16,000 or more			
Total # Spills to Land a. Petroleum spills # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more b. Chemical Spills # spills 1 bbl./160 kg. to < 50 bbls./8,000 kg # spills 50 bbls./8,000 kg. or more			
Enforcement Actions for the last three years	20__	20__	20__
Citations # Health and Safety # Environmental Please provide details.			
Fines Total # Fines Total \$\$ Paid Please provide details.			

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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT			
Highest ranking HSE professional in the firm:			
Name/Title:	Email:	Telephone Numbers	
Do you have a written Basic Safety / HSE Program?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Does your Basic Safety/HSE Program include the following?			
a. HSE Policy statement signed by management	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
b. Management Involvement and Commitment	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
c. Hazard Identification and Risk Control	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
d. Rules and Work Procedures	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
e. Training	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
f. Communications	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
g. Incident and Accident Reporting and Investigation	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Does the program include work practices and procedures such as?			
a. Permit to Work including Isolation of Energy	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
b. Confined Space Entry	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
c. Injury and Illness Recording	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
d. Fall Protection	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
e. Personal Protective Equipment	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
f. Portable Electrical/Power Tools	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
g. Motor Vehicle/Driving Safety	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
h. Compressed Gas Cylinders	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
i. Electrical Equipment Grounding Assurance	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
j. Powered Industrial Vehicles (Cranes, Forklifts, Etc.)	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
k. Housekeeping	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
l. Accident/Incident Reporting and Investigations	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
m. Unsafe Condition Reporting	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
n. Emergency Preparedness, Including Evacuation Plan	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
o. Waste Disposal and Pollution Prevention	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
p. Regular Workplace Inspection / Audits	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a Drug and Alcohol program?			
a. Pre-employment Testing	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
b. Reasonable Cause Testing	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
c. Post-rehabilitation/Return to Work Testing	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT			
Do you have a Job Safety Analysis (JSA) process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Root Cause Analysis process used for investigations, near misses, environmental spills?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Management of Change (MOC) Process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have programs for the following?			
a. Respiratory Protection		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Where applicable, have employees been:			
• Trained		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Fit tested		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Medically approved		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Hazard communication/WHMIS		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Programs for potential high hazard work such as Highly Hazardous Chemicals; Explosives and Blasting Agents		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a corrective action process for addressing individual/employee safety and health performance deficiencies?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical			
a. Do you conduct medical examinations for:			
• Pre-placement Job Capability		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Pulmonary		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Respiratory		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Describe how you intend to provide first aid and other medical services while on-site.			
Do you have personnel trained to perform first aid and CPR?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment (PPE)			
a. Is applicable PPE provided for employees?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a program to assure that PPE is inspected and maintained?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
HSE Meetings			Frequency
a. Do you hold site HSE meetings for?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Field Supervisors		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Employees		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• New Hires		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Subcontractors		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspections and Audits			Frequency
a. Do you conduct internal HSE Inspections?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you conduct internal HSE program audits?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Are corrections or deficiencies to internal HSE program or equipment communicated and documented until closure?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT			
Equipment and Materials:			
a. Do you own or lease Equipment and Materials? If yes, please complete the following questions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with regulatory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Do you maintain operating equipment in compliance with regulatory requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Do you maintain the applicable inspection and maintenance certification records for operating equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Do you document corrections or deficiencies from equipment inspections and maintenance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subcontractor Management			
a. Do you subcontract any work? If the answer is yes, please complete the following questions:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a written contractor safety management process?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Do you use HSE performance criteria in selection of subcontractors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Do your subcontractors have a written HSE Program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Do you include your subcontractors in:			
• HSE Orientation		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HSE Meetings		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HSE Equipment Inspections		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HSE Program Audits		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Are corrections or deficiencies documented		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee and Trades Training			
a. Have employees been trained in appropriate job skills?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Are employees' job skills certified where required by regulatory or industry consensus standards?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. List trades/crafts which have been certified:			

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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT				
Health, Safety and Environmental Orientation	New Hires		Supervisors	
a. Do you have an HSE Orientation Program for new hires and newly hired or promoted supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Does the program provide instruction on the following:				
•New worker orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Safe Work Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Safety Supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Toolbox meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Emergency Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•First Aid Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Fire Protection and Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Safety Intervention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Hazard Communication/WHMIS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health, Safety and Environmental Training				
a. Do you know the regulatory HSE training requirements for your employees?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b. Have your employees received the required HSE training and re-training	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
c. Do you have a specific HSE training program for supervisors?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Training Records				
a. Do you have HSE and training records for your Employee's?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b. Do the training records include the following:				
• Employee identification	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
• Date of training	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
• Name of trainer	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
• Method used to verify understanding	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
c. How do you verify understanding of training? (Check all that apply)				
<input type="checkbox"/> Written test <input type="checkbox"/> Oral test <input type="checkbox"/> Performance test <input type="checkbox"/> Job Monitoring <input type="checkbox"/> Other (List)				
Reviewers Name: _____ Signature: _____ Date: _____				