



Contractor Safety Program

1. Purpose:

- 1.1. OCWD is committed to the safety of all employees, contractors, and subcontractors. All contractors and subcontractors must adhere to applicable Federal, State and Regional Environmental, Health and Safety (EHS) requirements, as well as internal OCWD EHS rules and policies. This program shall comply with Cal-OSHA Regulatory requirements, CCR Title 8 §336.10, §336.11 and §1509.

2. Scope:

- 2.1. This program shall apply to all contractors and subcontractors providing goods or services to OCWD.

3. Responsibilities:

3.1. All Departments

- Responsible for ensuring the design engineers and consultants include safety related specifications which shall comply with Federal, State, and Local regulatory requirements in the design phase of any Public Works project.

3.2. Purchasing Department

- Request all documents listed in Contractor Required Information Form (Appendix B) from the lowest responsive bidder. Review and verify all required documents.
- Maintain completed and signed documents of the following: Appendix B; Appendix C; and Contractor's EHS Agreement (from Contractor Health & Safety Handbook).
- Forward copies of Appendix B to Risk & Safety Department.

3.3. Risk and Safety Department

- Risk & Safety will review plans at sixty five percent (65%) design using Pre-Award Safety Review (Appendix A).
- Review Contractor Required Information Form (Appendix B) before contract is awarded. Any issues or concerns must be addressed prior to award of contract.
- Conduct a pre-project Contractor Safety Orientation (this may be included in the pre-construction meeting) with awarded contractor, subcontractor's project manager, OCWD project inspector, OCWD Project Manager and other applicable managers when the work is a Public Works project.

3.4. Engineering/Project Manager

- The Project Manager is responsible for ongoing communications with the Risk and Safety Department regarding project scope of work. Schedule 65% design review with Risk & Safety.
- Notice to Correct (Appendix D) shall be brought to the attention of the contractor's managing personnel when non-compliance is observed and a copy submitted to Risk & Safety

3.5. OCWD Construction Inspector

- OCWD Construction Inspector shall review project specifications and contractor's work plan. Inspector can utilize Appendix C during the inspection process to identify any exposures, risks, or safety concerns. Identified observations will be reviewed with contractor and OCWD Project Manager to comply with §336.10 (Controlling and Correcting Employer).
- OCWD Construction Inspector shall document using Appendix D serious safety observations. Safety concerns shall be communicated to the Risk & Safety Department.

3.6. Awarded Contractor/Subcontractor (The exposing employer)

- Contractor will ensure employees under the contractor's supervision (including subcontractors) have been trained in safe work practices necessary to safely perform their job. The contractor will complete and communicate to contractor employees the pre-project Job Safety Plan.

4. Definitions:

- 4.1. Accident Frequency Rate - A Contractor's Injury and/or Illness Rate calculated in compliance with Occupational Safety and Health Administration (OSHA) and the Bureau of Labor Statistics (BLS) method which compares total injury and illnesses to 100 Full-Time Equivalent (FTE) employees working a full calendar year of 2000 hours. The rate is calculated by multiplying total number of employee injury and/or illnesses by 200,000 (100 FTE X 2000 hours) then dividing by the total labor hours for a given period. Typically this rate compares accidents and/or injuries against either a calendar or twelve month "rolling rate" year.
- 4.2. Code of Safe Practices - Written document, related to Construction projects, in which the Contractor and Subcontractor are required to provide employees with specific written instructions for the safe completion of project tasks.
- 4.3. Experience Modification Rate (EMR or "X-Mod") - A Ratio of actual losses (workers compensation) versus expected losses over a rolling three - year period average. The EMR produces a metric in which the number "1" is considered the industry average, less than one is considered good experience and more than 1 is considered poor experience. The EMR is typically used by OSHA (California OSHA) and by the Casualty Insurance Industry as a measure of a Contractor or Subcontractor's "safety" performance.
- 4.4. Injury and Illness Prevention Program (IIPP) - California-OSHA requirement for employers to maintain and implement a safety program associated with the prevention of injury and illnesses. The IIPP standard is referenced within the California Code of Regulations (CCR) Title 8 Sections 1509 (Construction Safety Orders) and 3203 (General Industry Safety Orders).
- 4.5. Job Safety Analysis (JSA)/Job Hazard Analysis (JHA) - Three column risk analysis form that identifies a job task, anticipated hazard, and corrective action.
- 4.6. Public Works Contract – Contracts for tasks which are construction related and are equal to or over \$40,000.00
- 4.7. Professional Services Agreement – Agreement for consultants, services, and Public Works projects less than \$40,000.00
- 4.8. Purchase Orders – Any purchase that involves equipment, products or services.

5. Procedure:

- 5.1. Contractor Selection
 - Public Works Contracts and Agreements shall trigger the OCWD Pre-Award Safety Review (Appendix A) and the Contractor Required Information Form (Appendix B).
- 5.2. Design Review
 - The Project Manager shall schedule, at the 65% design review phase, with Risk and Safety and applicable managers to discuss the project.
 - Changes shall be incorporated into the updated design.
- 5.3. Qualification
 - The project manager will schedule and conduct an OCWD Pre-Award Safety Review (Appendix A) with the Risk & Safety Department and applicable managers that will be impacted by the project.
Appendix B through Appendix E shall be added to the bid sheets. In the bid specs (both the bid invitation and the information for bidders) the following statement shall be included: "A bidder's failure to respond affirmatively to the questions in the "Safety Program

Section” of Appendix B that are applicable to the work shall be grounds for the District to reject the bid as non-responsive.” The Purchasing Department shall review, and verify Appendix B documents received from the Contractor.

- The Notice to Correct (Appendix D) will be included in the bid specifications. All contractors on OCWD projects should anticipate being inspected by the OCWD Inspector. If safety violations are observed, a Notice to Correct (Appendix D) will be completed and followed up immediately by the contractor’s representative/contact person. A copy will be forwarded to the Risk & Safety Department.
- All contractors will sign the Contractor EHS Agreement form found in the Contractor Health & Safety Handbook and the Acknowledgement of Contractor Requirements form (Appendix C, Part 2). Contractors shall observe all Federal, State, Local laws, Ordinances and Regulations.

6. Contractor Post Award

6.1. Post Award Contractor Safety Orientation

- The Risk and Safety Department shall conduct a pre-project, Post Award Contractor Safety Orientation with contractor, subcontractor’s project manager, OCWD Inspector, OCWD Project Manager and applicable managers (this may be completed during the pre-construction meeting).
- The contractor is responsible for reviewing the Contractor Health & Safety Handbook with all employees and subcontractors. ***It shall be the contractor’s responsibility to assure each employee under the contractor’s supervision (and subcontractors) are instructed and trained on all safety rules and safe work practices in order to safely perform contract work at OCWD.***

6.2. Post Award Contractor Safety Review

- The OCWD Project Manager and OCWD Inspector shall conduct periodic observations of the contractor and subcontractor to ensure compliance. The Notice to Correct Form (Appendix D) shall be utilized to document any observed unsafe act, unsafe condition and non-compliance.
- If a serious or imminent hazard is observed, the Notice to Correct will be given to the supervisor/contractor representative. The contractor must follow up and correct within a reasonable time.
- If no correction or follow up has occurred, the contractor could be subjected to disciplinary actions up to and including termination of contract.
- Observations documents shall be stored in the Project Manager’s department and copies forwarded to Risk & Safety.

6.3. Post Project Evaluation

- At the end of the project the OCWD Project Manager will schedule a meeting with the Risk & Safety Department to complete a Post Project Evaluation (Appendix E).
- Once a Post Project Evaluation has been completed and finalized, the OCWD Project Manager will communicate Post Project Evaluation to the contractor. The Project Manager will review any significant safety/risk issues and corrective actions implemented to mitigate future issues. Significant concerns with the contractor will be communicated to the Purchasing Manager and other applicable Managers.
- Post Project Evaluation documents shall be stored in the Project Manager’s department and copies forwarded to the Risk & Safety Department.

7. References:

- 7.1. Cal-OSHA, Title 8, Regulations of the Director of Industrial Relations, § 336.10 § 336.11.
 - 7.2. Cal-OSHA, Title 8, Regulations of the Construction Safety Orders, § 1509.
- Note - Authority cited: Sections 54 and 55, 50.7, 6317, 6400, 6401, 6402, 6403, 6404, 6405, 6406, and 6407 of the Labor Code.

8. Appendices:

- 8.1. Appendix A: OCWD Pre-Award Safety Review
- 8.2. Appendix B: Contractor Required Information Form
- 8.3. Appendix C: Post Award EHS Review Packet
- 8.4. Appendix D: Notice to Correct
- 8.5. Appendix E: Post-Project Evaluation

Chapter 3.2. California Occupational Safety and Health Regulations (CAL/OSHA)
 Subchapter 1. Regulations of the Director of Industrial Relations

Article 4.5. Multi-Employer Worksites

§336.10. Determination of Citable Employer.

On multi-employer worksites, both construction and non-construction, citations may be issued only to the following categories of employers when the Division has evidence that an employee was exposed to a hazard in violation of any requirement enforceable by the Division:

- (a) The employer whose employees were exposed to the hazard (the exposing employer);
- (b) The employer who actually created the hazard (the creating employer);
- (c) The employer who was responsible, by contract or through actual practice, for safety and health conditions on the worksite; i.e., the employer who had the authority for ensuring that the hazardous condition is corrected (the controlling employer); or
- (d) The employer who had the responsibility for actually correcting the hazard (the correcting employer).

Note: The employers listed in subsections (b) through (d) may be cited regardless of whether their own employees were exposed to the hazard.

9. Revision History:

Date	Author	Description

APPENDIX A: OCWD PRE-AWARD SAFETY REVIEW

(Safety & Project Manager Review at 65% Design Review)

Project Name	Date of Meeting
OCWD Meeting Attendees	Estimate Start Date

Describe project, potential impact & accommodation (dust, odor, noise, etc.) associated with the project/work:

1	Building Access Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List specific area access:
2	Will hazardous waste be generated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list waste:
3	Will chemicals be brought onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list chemicals:
4	How will excess materials/wastes (hazardous or otherwise) be removed?		
5	Will Hot Work be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Will Noise exceed 85 dB?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Will PPE be required for this project? (if yes, list below in line #21)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Will work in confined space be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Will Lock out/tag out be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Will there be any demolition activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Will there be elevated work requiring Fall Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12	Will the use of cranes (e.g. Hoisting/Rigging) be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13	Will Trenching (over 5 feet)/Excavation be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	Will heavy equipment (e.g. dozer) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Will work on electrical systems/equipment be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Will Traffic Control be required for work on Public Roadway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Will scaffolding/ladder/Platform be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18	Will work affect the fire detection/suppression equipment system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19	Will work interrupt the emergency equipment use/accessibility? (Alarms, Eyewashes, Exhaust ventilation, Phone service, Egress routes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20	What equipment & tools will be used for this project?		
21	List the type of PPE needed for the project?		

APPENDIX B: CONTRACTOR REQUIRED INFORMATION FORM

Part 1: To Be Completed By Contractor: (Complete and provide required information)

- Contractor's Name: _____
- Contractor's License (copy of license)
- Certificate of Insurance (copy of insurance certificate)
- Experience Modification Rate (EMR rating from insurance company). _____
If ≥ 1.25 please provide reason for rating: _____
- Copy of 3 Years of OSHA 300A Annual Summary (If greater than 10 employees)
- How many serious injuries and/or fatalities has your company had in the last 3 years: _____
- How many Regulatory Violations (Cal OSHA Citations) has your company had in the last 3 years? _____

Part 2: To Be Completed By Contractor - SAFETY PROGRAM SECTION

NOTE: Safety Programs must be available to OCWD upon request	YES	NO
Does your company maintain a written Injury Illness Prevention Program (IIPP) in accordance with GISO, Title 8, Section §3203 or §1509 and Labor Code (LC §6401.7)? If yes, where is the documentation maintained? _____		
Does your company maintain documentation on employees' IIPP training? If yes, where is the documentation maintained? _____		
Does your company maintain "Code of Safe Practices" documentation? [Title 8, §1509(b)] If yes, where is the documentation maintained? _____		
Does your company maintain disciplinary documentation for unsafe behavior of employees or subcontractors (if applicable)? [Title 8, §3203 or §1509] If yes, where is the documentation maintained? _____		
Does your company maintain a documented Hazard Communication Program that complies with GHS Labeling and Safety Data Sheets (SDS)? [8 CCR §5194] If yes, where is the documentation maintained? _____		
Does your company maintain inspection records and written evidence that safety and health concerns have been reviewed and corrective actions taken? [LC§6401.7(b) and (D)] If yes, where is the documentation maintained? _____		
Are procedures for communicating critical (hazardous) job activities (Job Safety Plan) written and reviewed with all employees and subcontractors? [LC 6401.7(a)(5)] If yes, where is the documentation maintained? _____		
Does your company have a written accident investigation program in which all accidents/incidents (including those of subcontractors, if applicable) are investigated and corrective action implemented? [8CCR §3203(a)(5) and (b) or §1509] If yes, where is the documentation maintained? _____		
Does your company have a written Emergency Action Plan that is communicated to employees and subcontractors? (i.e., medical, fire, chemical spills, etc.)? [8 CCR §3220] If yes, where is the documentation maintained? _____		

APPENDIX B: CONTINUED

Is documentation on file and available for review to verify that training and safety meetings have been completed (and subcontractors, if applicable)? [LC §6401.7(c) and 8CCR §1509(e)] If yes, where is the documentation maintained? _____		
Part 2 Continued: PROJECT SPECIFIC SAFETY PROGRAMS	YES	NO
Do you have a written Confined Space Program that includes pre-entry monitoring, pre-entry permit, and employee training? [T8 CCR §5157] If yes, where is the documentation maintained? _____		
Do you have a written Electrical Safety Program? Can you provide documentation for employee training? [T8 CCR §2700 - §2989 and T8 CCR §2299 – §2599 and NFPA 70E] If yes, where is the documentation maintained? _____		
Do you have a written Fall Prevention Program that includes training and personal protective equipment? Can you provide documentation for employee training? [T8CCR §1671.1] If yes, where is the documentation maintained? _____		
Do you have a written Trenching/Excavation Program that includes employee training? [T8CCR §1541.1] If yes, where is the documentation maintained? _____		
Do you have a written Lockout/Tagout Program that includes employee training & documentation? [T8 CCR §3314(j)] If yes, where is the documentation maintained? _____		
Do you have a Hot Work Program that includes employee training & documentation? [T8 CCR 4848] If yes, where is the documentation maintained? _____		
Do you have a Traffic Control Program that includes employee training & documentation? [T8 CCR, Construction Safety Orders, Article 11, 1597 – 1599] If yes, where is the documentation maintained? _____		
Other applicable programs: _____		

Comments:

Contractor Representative's Name (print)

Contractor Representative's Signature

Date Signed:

A bidder's failure to respond affirmatively to the questions listed in the "Safety Program Section" of Appendix B that are applicable to the work shall be grounds for the District to reject the bid as non-responsive.

APPENDIX B: FOR OCWD INTERNAL USE ONLY

Part 3: To Be Completed By Purchasing Department

Verify and complete the following:

Contractor's Name: _____

Contractor's License (Current, On File & Reviewed Quarterly) _____

Certificate of Insurance (Current, On File & Reviewed Quarterly) _____

Experience Modification Rate (EMR rating) _____

If ≥ 1.25 please provide reasons for rating

(<1.0 = BETTER THAN AVG; 1.0 = INDUSTRY AVG; >1.25 = less than avg. & targeted by CAL OSHA)

3 Years of OSHA 300A Annual Summary (If greater than 10 employees)

How many serious injuries and/or fatalities has your company had in the last 3 years: _____

How many Regulatory Violations (e.g. Cal OSHA Citation) has your company had in the last 3 years: _____

Verify History of Regulatory Violations (**REVIEW WWW.OSHA.GOV to ENSURE THERE ARE NO VIOLATIONS/CITATIONS FOR THE PAST 3 YEARS**) If violations are found please document specific reasons for violations/citations: _____

Forwarded completed and signed copies of Appendix B to Risk & Safety Department.

APPENDIX C: POST AWARD EHS REVIEW PACKET

PART 1: Contractor Orientation

CONTRACTOR SAFETY CHECKLIST & ORIENTATION			
Contractor Name:			
Meeting Date:			
Duration of Project Services:			
Project Name & Start Date:			
Contractor's Main Onsite Representative:			
Print Name:		Signature:	
Method(s) of communication:	<input type="checkbox"/> On-Site Office	<input type="checkbox"/> Cell	
OCWD Project Manager:			
Method(s) of communication:	<input type="checkbox"/> Office #	<input type="checkbox"/> Cell	
Instructions: Check "yes" when requirements are applicable and arrangements/details have been discussed/ reviewed. Check "no" if not applicable to work area or scope of project/service. Orientation must be completed before work begins.			
Distribution: Please forward this Contractor Safety Checklist form to the applicable Director and Project Manager.			
1	Building Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List specific area access: _____
The following discussed with contractor representative(s):			
2	Emergency Procedures, 3300 and Assembly areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Spill/Leak reporting procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Required SDS's for all Hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Will hazardous waste be generated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Removal of excess materials/wastes (hazardous or otherwise)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Welding/Cutting/Open flames? (Review Hot Work/Permit Procedure)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Noise (louder than 85 dB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Personal protective equipment needed for the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Work in confined space(s) (Program review required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Lock out/tag out? (Program review required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Demolition Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Work area/activities requiring Fall Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Heavy lifting/Hoisting/Rigging?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Trenching (over 5 feet)/Excavation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPENDIX C: CONTINUED

16	Work on electrical systems/equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Public Roadway/Traffic Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Clearance or check in with IT required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Ladder(s)/Platform(s)/staging/Lift(s) to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Work effecting fire detection/suppression equipment (alarms/sprinklers/ fire pump)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Interruption of emergency equipment use/accessibility? (Eyewashes/showers, Exhaust ventilation, Phone service, Egress routes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Equipment & tools needed for the project:	
23	Describe potential impacts & accommodations (dust, odor, etc.) associated with the project/work:	

SIGNATURES

The undersigned have reviewed & participated in the contractor safety orientation concerning hazards in the areas in which work is to be performed. The review of Safety Data Sheets (SDS) for hazardous materials in work areas has been completed.

The scope of services to be performed have been reviewed and discussed to minimize the potential for accidents, injuries, impacts to the environment, and workplace disruptions & interruptions.

Individuals below have received & reviewed the Contractor Health & Safety Handbook and information on OCWD's emergency procedures.

Name	Signature	Employer

APPENDIX C: CONTINUED

PART 2. ACKNOWLEDGEMENT OF CONTRACTOR REQUIREMENTS

Contractor Name: _____ Company: _____

Project Manager: _____ Date: _____

CONTRACTOR REQUIREMENTS <i>This Form Will Also Be Used By OCWD For Inspections</i>	Y	N	CORRECTIVE ACTION
Safety Glasses/goggles worn in required areas (i.e. lab). Eye protection worn when working with chemicals and power tools/equipment.			
Hard Hats are worn in construction areas and where there is a potential for falling objects.			
Proper Attire worn – Long Pants and Safety Shoes in required areas (i.e. construction).			
Hearing Protection worn in required areas or when noise is at or above 85 dB			
All Emergency Equipment & Exits are accessible at all times.			
Aisles and Floors are kept free of obstruction and debris that may cause a slip, trip, and fall hazard.			
Tools are put away and stored properly after use.			
Prior to bringing Chemicals on site, Risk & Safety Manager will be provided with Safety Data Sheet(s).			
Hazardous Materials are clearly labeled in compliance with the GHS requirements.			
Safety Signs and Barriers are brought and used as required and in construction areas.			
Contractor ensures Protection of OCWD Property and Equipment.			
Contractor Brings all required Housekeeping Equipment for cleanup after completion of work.			
Contractor Obtains Permits where appropriate (i.e. Hot Works).			
Electrical Work is reviewed with the Project Manager and I&E Manager prior to start date.			
Lockout/Tagout work reviewed with Project Manager to ensure compliance with OCWD Lockout program.			
Electrical Panels are De-Energized and Locked Out prior to performing electrical work.			
Confined space permit and monitoring completed prior to entry into confined space.			
Asbestos containing materials are not brought onsite.			
Contractors are to report emergencies that occur on OCWD property immediately to the OCWD internal emergency number by calling 714-378-3300.			
Evacuation is required when the fire alarm sounds. Use the nearest safe exit, and proceed to assembly area for roll call.			
The Use of Portable Gasoline-Powered Equipment within and on the roofs of OCWD buildings is Prohibited.			
Gas cylinders must be used & stored properly (cylinders properly strapped to prevent tipping).			
Self-Closing Safety Cans with flame arrestors must be used for 5 gallons or more Flammable liquids.			
Evaluate elevated work over 6 feet for fall protection.			
Comply with Ladder Safety requirements to include pre-use inspection. NO Standing or working on the top cap or the step below the top cap of a stepladder.			

NOTE: *These are not intended to replace Federal, State, Local laws or Ordinances and Regulations regarding Contractor Environmental Health & Safety (EHS) performance.*

I have read, understood, and will observe all Federal, State, Local laws, Ordinances and Regulations including those pertaining to EHS requirements while conducting contract work at OCWD.

Contractor Signature

Date

APPENDIX D: NOTICE TO CORRECT

Your attention is directed to the issue pertaining to the following described site and your responsibility to utilize procedures in accordance with the applicable Federal, State, Local laws, Ordinances and Regulations including Construction Safety Orders.

Project Title:	Location:
Contractor Firm Name:	Observation Date:
Contractor Representative/Contact Person:	Issued by: _____ Date: _____ Time: _____

Note: All work posing imminent hazards must be stopped immediately and corrected prior to resumption of the associated activity.

Description of Issue: _____

Actions Taken: _____

Comments: _____

(Contractor Representative Name)

(Contract Representative Signature)

(Date)

"NOTICE TO CORRECT" form can be completed by OCWD Inspector, Project Manager, Risk & Safety and other applicable staff

APPENDIX E: POST PROJECT EVALUATION

Risk & Safety and the Project Manager will review and complete a Contractor Post Project Evaluation:

1. Where there any significant safety issue/risk?

2. What was done to mitigate the safety issue/risk?

3. Why did the safety issue/risk occur?

4. What corrective action(s) will be implemented to prevent this issue/risk from occurring again?

CONTRACTOR RATING:

Poor

Below Average

Average

Outstanding

OCWD Project Manager

Date

OCWD Risk & Safety

Date