




SOUTHERN CALIFORNIA PUBLIC POWER AUTHORITY

ATTACHMENT B

	AGS – Health, Safety & Environmental Procedures	Revision: 9
	Process Safety Management Plan	Issued: Aug-2015
		Review Due: Jan-2016
		Doc. # HS61

Attachment 7.1 Contractor Safety Pre-Qualification Form

All contractors desiring to perform contracted work at the Apex Generating Station are required to complete and submit this form for review. The Las Vegas Power Company Site HSE Specialist will review the completed form to determine whether or not the contractor meets safety requirements for the contracted work. Contracts for work will only be awarded to contractors who meet applicable safety requirements.

Instructions

FORMAT: The form may be completed in one of two formats:

Electronic: This form may be completed electronically by tabbing through the form fields and making the necessary entries. Text field entries are typed in. Check box entries are made by clicking the left mouse button. When all of the entries are made, print the completed form, sign the certification statement, and submit a copy as directed in the final section of the form.

Hard Copy: This form may also be printed and completed by hand. When the form is completed, sign the certification statement and submit a copy as directed in the final section of the form.


REQUIRED INFORMATION: Provide all the information requested, as applicable. If a text entry item does not apply, it may be left blank. Items having a “Yes” or “No” selection should be answered appropriately, unless the entry at the beginning of the section was answered “No” and the applicable section is skipped.

DOCUMENT SUBMITTALS: Submit copies of those documents having “Submit Copy” shown in the right hand column. Submit copies of those documents having “If Yes, Submit” shown in the right hand column, if “Yes” is selected.


MANDATORY ITEMS: Those items having “Mandatory” shown in the right hand column are required by Apex Generating Station for all contractors. Selecting “No” for those items does not automatically disqualify a contractor, but does require further consideration to determine how the requirements will be met. The “Mandatory” designator is provided for information only, and does not include all mandatory safety program elements for all contractors. Consult the Apex Generating Station Contractor Safety Manual for a description of other mandatory safety program elements.

NOTES: Fields marked “NOTES” are provided, where appropriate, for contractors to provide further explanation regarding their entries. Entries in these fields are not required.


Contact Jim Colmey at (702) 632-8630 with any questions concerning the completion of this form.

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Company Information			
1. Parent Company			
2. Company Name			
3. Form	Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> State:		
4. Street Address		5. Mailing Address	
6. Phone		7. Fax	
8. Website			
9. How many years has your company been in business under your present name?			
10. How many years has your company been under the current management?			
Company Representatives			
	Name	Phone	E-Mail
11. President		Not Required	Not Required
12. Regional Manager			
13. Safety Manager			
14. Primary Contact			
15.			
License/Certification Information			
	Description	License / Certificate Number	
16.	Nevada Contractor's License (if applicable)		Submit Copy
17.			Submit Copy
18.			Submit Copy
19.			Submit Copy
20.			Submit Copy
INSTRUCTIONS: List all licenses/certifications that are applicable to the services you provide, along with license/certification numbers. <i>Submit a copy of each license or certificate listed above.</i>			

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Insurance Information					
	Carrier	Policy #	Agent	Phone	
21. General Liability					Submit Copy
22. Employer's Liability					Submit Copy
23. Automobile Liability					Submit Copy
24. Workers' Comp.					Submit Copy
<p>INSTRUCTIONS: <i>Submit a copy of insurance certificates.</i> If contracted by Las Vegas Power Company, LLC, the certificate of insurance must include an endorsement or statement waiving the right to cancellation or reduction in coverage without Las Vegas Power Company, LLC being informed within 30 days prior to any changes in coverage. In addition, Las Vegas Power Company, LLC requires that it be named as an additional insured on contractor insurance policies, and that a statement to this effect be included on the certificate.</p>					
Safety Performance					
Insurance and OSHA Information			2012	2013	2014
25. Workers' Compensation Experience Modification Rate					
26. Total Man Hours Worked (MH)					
27. Recordable Injuries (RI)					
28. Recordable Injury Rate (RI / MH x 200,000)					
29. Lost Work Day Cases (LWDC)					
30. Lost Work Day Case Rate (LWDC / MH x 200,000)					
31. Lost Work Days (LWD) include days away from work only					
32. Lost Work Day Rate (LWD / MH x 200,000)					
33. Number of OSHA Violations (regardless of penalties)					

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Safety Programs & Procedures			
34.	Do you have a written safety program (If “No” skip this section)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
35.	Does the program contain the following:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
a.	Management commitment and expectations	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b.	Employee involvement such as a Safety Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c.	Communication between management and employees	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d.	Training requirements based on OSHA standards	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e.	Responsibilities for managers, supervisors and employees	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f.	Safe work practices for employees to follow	Yes <input type="checkbox"/> No <input type="checkbox"/>	
g.	Financial and other resources for compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
36.	Does the program include written programs or procedures for:		
a.	Emergency Preparedness and Response	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b.	Hazard Communication	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
c.	Lockout and Tagout	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
d.	Confined Space Entry	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
e.	Fall Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
f.	Personal Protective Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
g.	Hearing Conservation	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
h.	Respiratory Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
i.	Back Injury Prevention	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
j.	Electrical Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
k.	Fire Prevention	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
l.	Compressed Gas Cylinder Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
m.	Welding Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
n.	Motor Vehicle Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
o.	Industrial Truck Safety (bobcats, forklifts, man lifts, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
p.	Crane Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
q.	Waste Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
r.	Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
NOTES:			



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Safety Training

- | | | |
|---|--|----------------|
| 37. Do you know the safety training requirements for your employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mandatory |
| 38. Do you provide your own safety training for employees? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 39. Do you verify employee understanding of training? (i.e. exams, etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 40. Have your employees received their required safety training? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mandatory |
| 41. Are your employees up-to-date with their required safety training? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mandatory |
| 42. Are your employees trained in the safe work practices for their jobs? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mandatory |
| 43. Are all of your employees trained in hazard communications? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mandatory |
| 44. Are all of your employees trained in fire prevention and/or safety? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Mandatory |
| 45. Do you have training documentation for the following qualifications: | | |
| a. First Aid/CPR | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| b. Safe Work Practices - General | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. Safe Work Practices – Anhydrous Ammonia | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| d. Incipient Stage Fire Fighting - Fire Extinguisher Use | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. HAZWOPER First Responders – Awareness Level | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| f. HAZWOPER First Responders – Operations Level | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| g. HAZWOPER Technicians or Specialists | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| h. HAZWOPER Incident Commanders | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| i. Lockout and Tagout – Affected Employees | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| j. Lockout and Tagout – Authorized Employees | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| k. Confined Space Entry - Entrants | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| l. Confined Space Entry – Attendants | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| m. Confined Space Entry – Entry Supervisors | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| n. Confined Space Entry – Rescuers | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| o. Electrical Safety – Unqualified Workers | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| p. Electrical Safety – Qualified Workers | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| q. Commercial Drivers Licenses | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| r. Hazardous Material Transporters | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| s. Industrial Truck Operators (bobcats, forklifts, man lifts, etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| t. Crane Operators | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| u. NDT Level I | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| v. NDT Level II | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| w. NDT Level III | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| x. AWS Welding Inspector | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |
| y. Other: | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, Submit |

NOTES:



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Safety Equipment

- 46. Do you know what safety equipment you need to perform work? Yes No Mandatory
- 47. Do you have all the safety equipment you need to perform work? Yes No Mandatory
- 48. Do you have a program for maintaining safety equipment? Yes No
- 49. Do your employees have their own hard hats? Yes No Mandatory
- 50. Do your employees have their own safety glasses? Yes No Mandatory
- 51. Do your employees have their own safety shoes with protective toes? Yes No Mandatory

NOTES:

Safety Practices


- 52. Do you have a system for documenting your safety compliance? Yes No Mandatory
- 53. Do you maintain equipment in safe operating condition? Yes No Mandatory
- 54. Do you conduct daily industrial truck inspections? Yes No
- 55. Do you conduct daily tailgate safety meetings? Yes No
- 56. Do you perform the following:
 - a. Safety and health program audits Yes No
 - b. Safety and health inspections Yes No
 - c. Injury reporting and recordkeeping Yes No
 - d. Incident investigations Yes No
 - e. Job safety or hazard analysis Yes No
 - f. Baseline and annual audiometric testing Yes No
 - g. Respirator fit testing Yes No
 - h. Respirator medical evaluations Yes No

NOTES:

Drug & Alcohol Policies

- 57. Do you have a substance abuse program? (If “No” skip this section) Yes No
- 58. Is the program in writing? Yes No If Yes, Submit
- 59. Does it include the following:
 - a. Pre-Placement Testing Yes No
 - b. Random Testing Yes No
 - c. Testing for Cause Yes No
 - d. DOT Testing Yes No
 - e. Post Incident Testing Yes No
- 60. Do you have an employee assistance program? Yes No

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Employee Literacy		
61. Do all of your employees read, write, and understand English such that they can perform their job tasks safely and recognize safety warning signs and labels at the facility, without an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
62. If not, do you have a plan for ensuring that they can safely perform their job and recognize warning signs and labels at the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit

NOTES:

Subcontractor Safety		
63. Do you use subcontractors? (If “No” skip this section)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
64. Do you use safety and health performance criteria in selecting them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit
65. Do you evaluate their ability to comply with OSHA regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mandatory
66. Do you require them to follow your safety program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
67. Do they have written safety programs of their own?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
68. Do they have substance abuse programs of their own?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
69. Do their employees read and understand English?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
70. If not, do you have a plan for ensuring that they can safely perform their job and recognize warning signs and labels at the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Submit

NOTES:

Form Certification	
I certify that all of the above information is true and accurate.	
Name:	Title:
Signature:	Date:

Form Submittal

Please complete and submit this Contractor Safety Pre-Qualification Form and requested documentation, to the following:

james.colmey@ethosenergygroup.com

Jim Colmey, Site HSE Specialist
 SCPPA Apex Generating Station
 PO Box 34089
 Las Vegas, NV 89133

Facsimile

(702) 632-8602
 Attention: Jim Colmey

Express Mail (FedEx, UPS, etc.)

Jim Colmey, Site HSE Specialist
 SCPPA Apex Generating Station
 15555 Apex Power Parkway
 Las Vegas, NV 89165