



ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 42: [Subcontractor Safety](#)

Subcontractor Safety Qualification Form

Product ID: [456](#) | Revision ID: 2364 | Date Published: 21 May 2021 | Date Effective: 21 May 2021

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/subcontractorFormSQF.pdf>

This form applies to prime subcontractors (those directly contracted to SLAC)¹, performing *construction work*² or *high-risk service work*³ (see [Subcontractor Safety: Non-green Work Procedure](#) [SLAC-I-730-0A21C-024]).

The safety qualification is valid for (a) one year and (b) the type of work listed below. Please fill out this form completely. **Do not leave items blank and provide all required supporting documents.** SLAC reserves the right to accept or reject any directly-contracted subcontractor based on the qualification criteria. SLAC may also require conditions of acceptance. If the subcontractor acts as the general subcontractor, SLAC will evaluate whether it has adequate knowledge and experience to supervise lower tier subcontractors.

1 Company

Company Name	Year Founded
Address	Phone
License Classifications (if construction use California License Classification)	License #

2 Types of Work / Trades

List types of work and/or trades, whether self-performed or managed, to be done at SLAC (qualification will be valid for what is listed). Your firm must be properly licensed in California to perform the proposed work.

Description (if construction list California License Classification and description: eg, B - General Building)	Manage?	Self-perform?
	<input type="checkbox"/>	<input type="checkbox"/>

- As SLAC is a contractor to the Department of Energy, all outside contractors working at SLAC are considered subcontractors. Consequently, a contractor considered a “general contractor” outside of SLAC is considered a “general subcontractor” at SLAC.
- Construction work* is defined as the combination of erection, installation, assembly, demolition, or fabrication activities involved to create a new facility or to alter, add to, rehabilitate, dismantle, or remove an existing facility. It also includes the alteration and repair (including dredging, excavating, and painting) of buildings, structures, or other real property, as well as any construction, demolition, and excavation activities conducted as part of environmental restoration or remediation efforts.
- Service work* is defined as any work involving maintenance, repair, cleaning, or testing; technical or administrative services; or other tasks that are not construction activities. Service work may be associated with a construction project. *High-risk service work* is service work that has an above average risk of a serious injury or illness, environmental release, or property damage incident occurring.

3 Written Health and Safety Manual

Prime subcontractors performing construction or high-risk service work must submit a comprehensive written health and safety manual to SLAC for review. (Even if subcontractors will opt to follow SLAC's IIPP rather than their own, they must submit these documents as part of the qualification process.) At a minimum the manual must include the following:

<input checked="" type="checkbox"/> California Injury and Illness Prevention Plan (IIPP) (8 CCR 1509 or 8 CCR 3203) required elements
<input type="checkbox"/> Code of Safe Practices (8 CCR 1509[b]) (if construction work)
<input checked="" type="checkbox"/> Applicable elements for type of work / trade and activity (see below)
<input type="checkbox"/> Heat Illness Prevention Program (8 CCR 3395) (if working outdoors or in very warm interior environment)

The manual and code of safe practices must include safety policies and/or procedures for each type of work / trade (as indicated on page 1) and activity (below) you propose to perform or manage at SLAC. The policies and/or procedures must meet the requirements of any listed regulation or standard. A prime subcontractor that will supervise the work of one or more sub-tier contractors must have safety/health manual elements for each area of its work and the work of its sub-tier contractors.

Check each applicable activity below that you might perform or manage while working at SLAC.

<input type="checkbox"/> Hazardous Energy Control (Lockout / Tagout)	<input type="checkbox"/> Concrete Placing and Finishing
<input type="checkbox"/> Welding, Cutting, or Other Hot Work	<input type="checkbox"/> Demolition
<input type="checkbox"/> Power Tool Use	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Material Handling – Manual	<input type="checkbox"/> Heavy Equipment Use (backhoe, excavator, etc.)
<input type="checkbox"/> Material Handling – Mechanical (forklifts, gradalls, etc)	<input type="checkbox"/> Working within the Limited Approach Boundary of Exposed Electrical Parts
<input type="checkbox"/> Hoisting and Rigging	<input type="checkbox"/> Respirator Use
<input type="checkbox"/> Working from Heights (fall protection, ladder safety)	<input type="checkbox"/> Other:
<input type="checkbox"/> Scaffold Erection	<input type="checkbox"/> Other:
<input type="checkbox"/> Use of Scissor and Boom Lifts	<input type="checkbox"/> Other:
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Other:

These documents are submitted with the subcontractor's initial SQF; they do not need to be resubmitted with each SQF unless the proposed scope of work changes or the documents on file with SLAC become outdated.

Select one: <input type="checkbox"/> Written safety manual attached <input type="checkbox"/> Version on file with SLAC is current and applicable to proposed work (version date: _____)

4 Firm Project Experience

Please complete this page (or attach) with information about your company's project experience that is relevant to the type of work listed on page 1. List at least three projects. If bidding as a general subcontractor, firm must have adequate knowledge and experience to supervise lower tier subcontractors. *Superintendent / foreman (construction)/ site manager / supervisor (service)* refers to the on-site staff person who directly supervised the project's line workers.

4.1 Project 1

Client or General Contractor Name		
Project Name		
Project Location	Contract Amount	
Project Start Date	Project End Date	
Project Description		
Contact Name (Client or GC)	Phone	E-mail
May we contact concerning your safety / environmental performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Manager	Superintendent / Foreman / Site Manager / Supervisor	

4.2 Project 2

Client or General Contractor Name		
Project Name		
Project Location	Contract Amount	
Project Start Date	Project End Date	
Project Description		
Contact Name (Client or GC)	Phone	E-mail
May we contact concerning your safety / environmental performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Manager	Superintendent / Foreman / Site Manager / Supervisor	

4.3 Project 3

Client or General Contractor Name		
Project Name		
Project Location	Contract Amount	
Project Start Date	Project End Date	
Project Description		
Contact Name (Client or GC)	Phone	E-mail
May we contact concerning your safety / environmental performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Manager	Superintendent / Foreman / Site Manager / Supervisor	

5 Incident History

Submit the following information for review. After February 1, provide data for previous calendar year. Refer to your company's OSHA Form 300 (Log) and OSHA Form 300A (Summary) for each of the past three years.

NAICS Code: _____	Previous Year 1 20__	Previous Year 2 20__	Previous Year 3 20__	3 Year Total Y1+Y2+Y3
Number of Recordable Cases [Form 300A: Sum of H+I+J]				
Number of DART Cases (Days Away, Restricted, or Transferred) [Form 300A: Sum of H+I]				
Number of Days Away from Work [Form 300A: K]				
Number of Days on Job Restriction or Transfer [Form 300A: L]				
Total Hours Worked [Form 300A: right side of page]				
Fatalities [Form 300A: G]				
OSHA (or State OSHA) Citations				
Current Worker's Compensation Experience Modification Rate (EMR) (or other modifier)				

Submit the following supporting documentation:

1. Copies of past three years OSHA Form 300 (Log) and OSHA Form 300A (Summary). Mask names for privacy. Attached
2. Official documentation of current workers' compensation insurance experience modification rate (letter from insurer or broker on their letterhead or copy of WCIRB printout). Attached
3. Official copy of OSHA (or state OSHA) citation(s) received over past three years. Provide details and circumstances of the violation and describe what corrective actions have been taken. Attached N/A
4. Description of any fatalities including the cause and corrective/preventive actions taken since the incident. Attached N/A

6 Required Supporting Documents

Submit the following required documents. This form will not be accepted by SLAC without all of these.

1. Comprehensive company health and safety manual: Attached Version SLAC has on file is still valid
2. Firm project experience: Attached Page on this form completed
3. Copies of past three years' OSHA Form 300 (Log) and OSHA Form 300A (Summary). Mask names for privacy. Attached
4. Insurer experience modification rate (or other rate modifier) documentation (letter or WCIRB printout) Attached
5. Official record of OSHA citation(s) received and explanation of corrective actions taken: Attached N/A
6. Description of any fatalities including the cause and any corrective/preventive action taken since: Attached N/A

7 Subcontractor Acknowledgement

Firm attests that the information presented here is accurate and truthful. Failure to provide accurate information may result in disqualification. Firm acknowledges that it is responsible for the safety of its workers and its sub-tier workers. Firm represents that all employees and sub-tier subcontractors have, or will have, the required training to perform their contracted work safely, prior to the start of work. (Upon contract award, records of current training must be presented with the site-specific safety plan.)

Sign the page with an official electronic signature or print the document, sign it, and scan as pdf. Do not leave this form in editable pdf format.

Name	Date
Signature	Phone
Title	Cell
Company Name	E-mail