

## **APPENDIX E**

### **CONTRACTOR SELECTION PROCESS**

#### **PURPOSE**

The following information and illustrations summarize the process for contractor selection.

#### **SUMMARY**

The process of selecting contractors consists of four steps:

- Gathering information on contractors for a specific region
- Faxing preliminary contractor qualifications for initial screening
- Final qualification questionnaire for final screening
- Personal survey at short-listed contractor sites

#### **INFORMATION GATHERING**

The initial step is the use of Parsons and local resources to gather information on potential contractors prior to any direct contact. To minimize costs, the maximum amount of information is collected from within Parsons resources. Additional data unavailable in-house is gathered from outside resources. Sources for information include:

##### **Parsons Internal**

- Parsons subsidiaries
- Parsons procurement department
- Parsons experience with contractor
- Parsons business development department

##### **External information**

- U.S. resources including personal references
- Foreign country resources

#### **PRELIMINARY QUESTIONNAIRE AND SCREENING**

The first screening process involves a broad and general questionnaire that will be faxed to contractors. This will help indicate whether or not the contractor fulfills fundamental requirements for the project. (see Figure A-1) This questionnaire will go out to contractors selected in the initial gathering process.

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### **CONTRACTOR SELECTION PROCESS (Contd)**

The screening of this general questionnaire will filter the list of contractors, reducing the list to only those who fit the selection criteria for the project.

#### **FINAL QUESTIONNAIRE AND SCREENING**

The final screening includes an extensive questionnaire that will provide information on safety, risk management, quality control programs, experience, financial status, performance, and other similar elements (see Figure A-2) When selecting a contractor for a specific project, the questionnaire can be modified to satisfy project and client criteria for selecting the most appropriate contractor.

This information is consolidated on summary sheets where it can be evaluated and analyzed. A weighted value is applied to each contractor selection summary item to provide a total weighted score for each potential contractor (see Figure A-3) The weight for each category may vary from project to project, depending on specific needs. Final screening results in a short list of the most qualified candidates. Figure A-4 shows the safety selection criteria.

#### **PERSONAL SURVEY AT SHORT-LISTED CONTRACTOR SITES**

Short-listed contractors and their jobsites are visited in the final phase of the selection process. In addition, their references are thoroughly checked to verify past performance and reputation, and final decisions are based on all the factors considered during the entire selection process (see Figure A-5.)

#### **SELECTION OF CONTRACTOR**

The final contractor selection involves a panel to evaluate the questionnaires and selection summaries. The panel will discuss the strengths and weaknesses of each contractor in all categories. The final selection of this group will facilitate an accurate selection of the best and most appropriate contractor for the project.

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**CONTRACTOR SELECTION PROCESS (Contd)**

<b>CONTRACTOR QUALIFICATION SURVEY</b>			
Provide as much information on this form as is applicable to your company. Additional information may be attached to this form. Your completed Qualifications Survey will be confidential and retained at the Parsons office in Pasadena, California, as a basis for contractor selection. Please attach to this form a copy of your current certificate of insurance; indicate current limits.			Date
Company name, address, and telephone and fax numbers		<input type="checkbox"/> Civil <input type="checkbox"/> Structural ( <input type="checkbox"/> fabrication <input type="checkbox"/> erection) <input type="checkbox"/> Electrical <input type="checkbox"/> Instrumentation <input type="checkbox"/> Mechanical <input type="checkbox"/> Piping ( <input type="checkbox"/> fabrication <input type="checkbox"/> erection) <input type="checkbox"/> Insulation <input type="checkbox"/> Environmental <input type="checkbox"/> Other (please specify)	
*Contractor's license/states		*Labor affiliations	
President		<input type="checkbox"/> Union <input type="checkbox"/> Nonunion <input type="checkbox"/> Open shop	
Contact person		Geographic area of business operations	
Years in business	Years performing construction services	Work hours/month now under contract	Percent of work as construction manager
Last year's work load (man-hours/year)			Percent and type of work subcontracted
This year's forecasted workload			Percent of work by direct hire
Annual gross sales last 3 years 199__                      199__                      199__			Percent of work by own force
Maximum bonding capacity \$		Bonding company	
Value of work presently bonded \$		Agent/phone/fax	
Total permanent staff employed by firm (professional/trade people/clerical). Please attach a list, including craft breakdown.			
In-house design/build capability or fabrication capability			
*Pertains to contractors working in the U.S. only and is not applicable to contractors outside the U.S.			

**Figure E-2 – Final Questionnaire**

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**CONTRACTOR SELECTION PROCESS (Contd)**

Approximate value of capital equipment owned by firm (please attach list with model numbers and capacities)	Bank reference (address/phone/fax/account manager)
Insurance company Indicate current limits for the following:	
General liabilities	Auto insurance
Workers Compensation	Excess coverage (umbrella)
Insurance agents (name/phone/fax)	Years in business with current insurance company
*List your firm's experience modification ratings (EMR) for the last 3 years 19____ 19____ 19____	
*Please use your OSHA 200 Log to fill in the number of injuries and illnesses for the last 3 years	Total employee hours worked in the last 3 years (do not include any nonwork time, even though paid)
Year	19__ 19__ 19__
Number of lost/restricted workday cases (Totals OSHA 200 Log, columns 2 and 9)	B) Year Hours 19__ _____ 19__ _____ 19__ _____
Number of recordable cases without restricted activity or lost workdays (Totals OSHA 200 Log, columns 6 and 13)	Injury Index (c) Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B) $\frac{A \times 200,000}{B}$
Number of fatalities (columns 1 and 8)	C) Year Hours 19__ _____
Total OSHA 200 Log	A) _____
What agency do your safety procedures comply with?	
Please provide copies of any OSHA citations received for the most recent 3-year period and provide a description of the actions taken to abate the citations.	
Do you hold site safety meetings for field supervisors? No _____ Yes _____	
How often? Weekly _____ Biweekly _____ Monthly _____ Less often or as needed _____	
Who conducts the inspection (title of person conducting inspections)	
*Pertains to contractors working in the U.S. only and is not applicable to contractors working outside the U.S.	

**Figure E-2 – Final Questionnaire (Contd)**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

Are the following accident records and accident summaries kept? How often are they recorded?				
	No	Yes	Monthly	Annually
Accidents totaled for the entire company	_____	_____	_____	_____
Accidents totaled by project	_____	_____	_____	_____
Subtotaled by superintendent	_____	_____	_____	_____
Subtotaled by foreman	_____	_____	_____	_____
Do you have a written safety program and manual? No _____ Yes _____				
If you answered "yes," please attach the manual's table of contents.				
A copy of your company's safety manual will be reviewed prior to final contractor selection.				
Do you have an orientation program for new hires? No _____ Yes _____				
Do you hold craft toolbox safety meetings? No _____ Yes _____				
How often?	Weekly _____	Biweekly _____	Monthly _____	Less often or as needed _____
In the previous 3 years, has your firm been cited for any serious violations? No _____ Yes _____				
If you answered "yes," please explain and attach OSHA Safety Orders.				
Are your quality control personnel certified by an approved inspection testing agency? No _____ Yes _____				
This form must be signed by an authorized official of the organization.				
Signature	Name		Type of firm	
Title			_____ Corporation _____ Partnership _____ Sole proprietorship	
Comments				
*Pertains to contractors working in the U.S. only and is not applicable to contractors working outside the U.S.				

**Figure E-2 – Final Questionnaire (Contd)**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

<b>CONTRACTOR QUALIFICATION SUMMARY AND RATING</b>			
Contractor _____	Phone number _____		
Location _____	I.D. No. _____		
Contact person _____	Title _____		
This form is used in-house only for evaluating pertinent information taken from the three-page Contractor Qualification Survey. Each item on this list is a question pulled directly from the questionnaire and is used to derive a rating for each contractor surveyed. The evaluator will review the contractor's response to each of the items listed below and assign a rating of 1-5 (5 being the best score) in the score column to the right. A score of zero will be given if the contractor does not meet the minimum rating requirements.			
	<b>Score 0 - 5</b>	<b>Weight %</b>	<b>Weighted Score</b>
<b>Experience</b>			
Years in business			
Years performing expertise work			
Annual sales last 3 years			
Geographic location of business operations			
Type of work performed by own force			
Total			
Total possible score	÷ 25		
Section rating		x 15%	
<b>Soundness and Insurance Coverage</b>			
Total bonding capacity			
Total staff employed by firm/professional/trade people/clerical			
In-house design/build capability or fabrication capability			
Approximate value of capital equipment owned by firm			
Overall insurance coverage			
Years in business with current insurance company			
Total			
Total possible score	÷ 30		
Section rating		x 15%	

**Figure E-3 – Contractor Qualification Summary and Rating**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

	<b>Score 0 - 5</b>	<b>Weight %</b>	<b>Weighted Score</b>
<b>Safety Program and Record</b>			
EMR last 3 years			
OSHA 200 Log			
Written safety program			
Emergency action plan			
Programs for new hires			
Site safety meetings			
Toolbox safety meetings			
Project safety inspections			
Accident reports (OSHA 200 Log) and report summaries			
Employee health			
Total			
Total possible score	÷ 50		
Section rating		x 45%	
<b>Quality Program</b>			
Quality Assurance/Quality Control program and procedures			
Total			
Total possible score	÷ 5		
Section rating		x 15%	
<b>Contractor Interview</b>			
Refer to personal interview and site survey reports			
Total			
Total possible score	÷ 25		
Section rating		x 10%	
<b>Total Weighted Score</b>			
<b>Evaluation Comments</b>			

**Figure E-3 – Contractor Qualification Summary and Rating (Contd)**

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**CONTRACTOR SELECTION PROCESS (Contd)**

Item	Activity	1 (Worst)	2	3	4	5 (Best)
1	Experience Modification Rating (EMR)	.96 to 1 and above	.90 to .95	.86 to .89	.81 to .85	.8 and below
2	OSHA 200 Log Total Recordable Injury Rate (including fatalities) compared to the 1990 BLS Report, Table 3 <b>Construction</b>	14.1 and above	11 to 14	8 to 10.9	5 to 7.9	4.9 and below
3	Written safety program	Objectives and goals are clearly set. Program includes new hire orientation, including supervisors and employees. Responsibilities are defined. Haz-Com program is complete.	In addition to column 1, program includes formal training and documentation for all employees, alcohol and drug abuse policy, and emergency evacuation plans.	In addition to column 2, program includes confined space and permit procedures, a medical program, and site safety meetings.	In addition to Column 3, the program includes exposure assessment, site inspections, accident investigations, and control procedures for subcontractors and new hires.	In addition to Column 4, the program includes trend analysis for accident prevention, incentive award systems, and disciplinary procedures. The safety manual is signed by the CEO or officer of the company.
4	Emergency action plan	Plan is in writing and posted.	Employees are trained on plan upon initial hiring.	Emergency response is pre-planned and medical personnel are notified of the job.	Supervisors and workers are trained in first aid.	The plan is updated as required.
5	Programs for new hires	Pre-employment screening for alcohol and drug abuse is conducted.	New hire orientation, including supervisors and employees, is given formally. Responsibilities are defined.	In addition to column 2, HAZ COM and the emergency evacuation plans are covered upon hiring.	In addition to column 3, safety training is given to employees for specialized operations. Leadership training is given to supervisors.	In addition to column 3, additional training is provided upon transfer to another location and whenever new hazards are introduced in the work area.

**Figure E-4 – Contractor Selection Criteria Standards (Contd)**

**APPENDIX E  
 CONTRACTOR SELECTION PROCESS (CONTD)**

Item	Activity	1 (Worst)	2	3	4	5 (Best)
6	Site safety meetings	Safety indoctrinations are given to new employees upon hiring. Toolbox safety meetings are held once a week.	In addition to column 1, staff and supervisor safety meetings are held weekly.	In addition to column 2, supervisors cover safety issues when reviewing work practices with employees.	In addition to column 3, Job Task Analyses are conducted for a majority of operations and employees are given training prior to performing the task.	In addition to column 4, special meetings are held when important safety issues need to be discussed.
7	Toolbox safety meetings	Toolbox meetings are held at least weekly.	In addition to column 1, meetings are conducted by supervisors with worker participation.	In addition to column 2, records are kept on attendance and topics covered.	In addition to column 3, topics pertain to current tasks and highlight safe performance techniques.	In addition to column 4, management attends meetings periodically and provides feedback to improve the quality of the meetings.
8	Project Safety Inspections	Contractor relies on outside sources, such as insurance or the project safety engineer.	The contractor has a written program outlining inspection guidelines and responsibilities. Reported hazards are documented and follow-up timing is adequate.	In addition to column 2, the inspection program is measured by results, such as reduction in accidents and costs.	In addition to column 3, inspections include representatives from line supervision and staff management.	In addition to column 4, inspection results are followed up by top management.
9	Accident reporting and summaries	Line supervision makes investigations of only medical injuries and takes corrective action for any unsafe condition. The injuries are recorded on the OSHA 200 Log when applicable.	In addition to column 1, line supervision is trained to make complete and effective investigations of all accidents, including near-miss and property damage accidents.	In addition to column 2, every accident is investigated within 24 hours and reviewed by the area engineer and construction manager.	In addition to column 3, accident analysis is performed for all accidents, including first-aid cases. The information is graphically illustrated and evaluated to analyze trends for accident prevention.	In addition to column 4, there is a close liaison with the insurance carrier.

**Figure E-4 – Contractor Selection Criteria Standards (Contd)**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

<b>Item</b>	<b>Activity</b>	<b>1 (Worst)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 (Best)</b>
10	Employee health	Industrial hygiene and monitoring are provided for jobsites.	In addition to column 1, medical surveillance programs are provided as required.	In addition to column 2, environmental conditions are monitored and maintained.	In addition to column 3, hazardous materials are handled in accordance with the MSDS and other requirements.	In addition to column 4, PPE is provided in all instances where there is exposure to toxins.

**Figure A-4 – Contractor Selection Criteria Standards (Contd)**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

**PARSONS**

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<b>To</b>	Manager of Purchasing	<b>Date</b>	_____
<b>From</b>	_____ (Construction Mgr)	<b>Phone</b>	_____
<b>Subject</b>	Prequalification/Facility Survey and Approval Form	<b>Location</b>	_____

---

This report is prepared and sent to you to indicate the technical acceptability of the Subcontractor (named below) to perform work on the \_\_\_\_\_ project.

Subcontractor's Name: \_\_\_\_\_

Street Address, Zip: \_\_\_\_\_

Mailing Address, Zip: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: ( ) \_\_\_\_\_

1. OFFICE AND FACILITY

A. \_\_\_ A facility visit was made.

The facilities are:

\_\_\_ Adequate \_\_\_ Inadequate

B. \_\_\_ A facility visit was not made.

C. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Figure E-5 – Prequalification/Facility Survey and Approval Form**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

2. PERSONNEL

A. Permanent Office Employees:

\_\_\_ Adequate \_\_\_ Inadequate

B. Permanent Field Employees:

\_\_\_ Adequate \_\_\_ Inadequate

C. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. CONSTRUCTION EQUIPMENT

\_\_\_ Adequate \_\_\_ Inadequate

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. HEALTH AND SAFETY PROGRAM

A. Experience Modifiers are:

\_\_\_ Acceptable \_\_\_ Unacceptable

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. The OSHA 200 Safety Information

\_\_\_ Acceptable \_\_\_ Unacceptable

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Figure E-5 – Prequalification/Facility Survey and Approval Form (Contd)**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

4. HEALTH AND SAFETY PROGRAM (Contd)

C. Safety Plan:

\_\_\_ Adequate \_\_\_ Inadequate

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. QUALITY PLAN

\_\_\_ Adequate \_\_\_ Inadequate

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Preferred Types of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Expertise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If this Subcontractor is awarded a Subcontract, Parsons will work with this Subcontractor to improve the following areas.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Figure E-5 – Prequalification/Facility Survey and Approval Form (Contd)**

**APPENDIX E**  
**CONTRACTOR SELECTION PROCESS (Contd)**

9. WORK EXPERIENCE

A. The Subcontractor (\_\_\_ has) (\_\_\_ has not) worked in a fully operational petrochemical facility in the past three years.

B. The Subcontractor (\_\_\_ has) (\_\_\_ does not have) other work experience in the past \_\_\_year(s) that would make it eligible to perform work at this jobsite.

C. The Subcontractor's work experience is:

\_\_\_ Acceptable \_\_\_ Unacceptable

D. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Based on the technical review of the:

\_\_\_ Prequalification Questionnaire

\_\_\_ Interview with Authorized Representative of Subcontractor

\_\_\_ Subcontractor Facility Survey

\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

this Subcontractor is:

\_\_\_ Acceptable \_\_\_ Unacceptable \_\_\_ Other

to perform work on the \_\_\_\_\_ project at the \_\_\_\_\_ facility.

**Figure E-5 – Prequalification/Facility Survey and Approval Form (Contd)**

**PARSONS**

**Subcontractor Qualification Scorecard**

**HEALTH AND SAFETY**

Please answer the following questions.

1.     \_\_\_Yes \_\_\_No   Do you have a written safety program? If yes, provide a copy of the table of contents and a copy of your firm's policy statement.
  
2.     \_\_\_Yes \_\_\_No   Do your safety procedures comply with government agency requirements? If yes, provide name of agency/agencies.  
  
\_\_\_\_\_
  
3.     \_\_\_Yes \_\_\_No   Do you require and use site-specific safety plans?
  
4.     \_\_\_Yes \_\_\_No   Does your worker's compensation carrier provide site audits on a regular basis?
  
5.     \_\_\_Yes \_\_\_No   Does your company have a written drug/substance abuse policy?
  
6.     \_\_\_Yes \_\_\_No   Do you have an orientation program for new hires?
  
7.     \_\_\_Yes \_\_\_No   If you have an orientation program for new hires, does it include subcontractors?
  
8.     \_\_\_Yes \_\_\_No   Do you require subcontractors to submit safety plans?
  
9.     \_\_\_Yes \_\_\_No   Do you hold site safety meetings for field supervisors?  
  
          How often?       Weekly\_\_\_ Biweekly\_\_\_ Monthly\_\_\_ Daily\_\_\_
  
10.    \_\_\_Yes \_\_\_No   Do you hold craft toolbox safety meetings?  
  
          How often?       Weekly\_\_\_ Biweekly\_\_\_ Monthly\_\_\_ Daily\_\_\_
  
11.    \_\_\_Yes \_\_\_No   Have you been inspected by OSHA or received any OSHA citations in the past 3 years? If yes, provide an attachment describing the outcome of the inspection along with copies of citations received. Provide a description of the actions taken to abate the citations as an attachment to this application. Respond to any open citations shown on the OSHA website ([www.osha.gov](http://www.osha.gov)).
  
12.    Identify below by name, phone number, and title the person in your firm directly responsible for the firm's Safety Program management and attach a copy of his or her resume to this application.

**Subcontractor Prequalification Scorecard (contd)**

13. How do you conduct project safety inspections, and how often are they performed?  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Describe your firm's program to motivate, encourage, and monitor safe work performance.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OSHA INFORMATION:**

*Please use your OSHA 200 Log and/or 300 Log to fill in the number of injuries and illnesses for the last 3 years				Total employee hours worked in the last 3 years (do not include any non-work time, even though paid)	
Year	1	2	3	Year	Hours (B)
				1	_____
				2	_____
				3	_____
Number of lost/restricted workday cases (Totals OSHA 200 Log, columns 2 and 9; Totals OSHA 300 Log, columns K and L).	_____	_____	_____	Recordable Injury Frequency Rate Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B) $\frac{A \times 200,000}{B}$	
Number of recordable cases without restricted activity or lost workdays (Totals OSHA 200 Log, columns 6 and 13; Totals OSHA 300 Log, column I and J).	+ _____	_____	_____	Year	Rate
Number of fatalities (Totals OSHA 200 Log, columns 1 and 8; Totals OSHA 300 Log column G).	+ _____	_____	_____	1	_____
Total OSHA Log (A)	_____	_____	_____	2	_____
				3	_____
				Experience Modification Rate (EMR)	
				Policy Year	EMR
				1	_____
				2	_____
				3	_____

Are the following accident records and accident summaries kept? How often are they recorded?				
	No	Yes	Monthly	Annually
Accidents totaled for the entire company	_____	_____	_____	_____
Accidents totaled by project	_____	_____	_____	_____

The Applicant shall maintain records of such evaluations and make them available for review and approval of Parsons representatives at all reasonable times should Applicant be awarded a contract based on this application.

**By submitting this application, the Applicant agrees to use the above criteria and this form when selecting lower tier subcontractors.**

**PARSONS**  
**Subcontractor Safety Plan Review**

Date: \_\_\_\_\_ Project/Location: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Parsons Safety Manager: \_\_\_\_\_

The information provided here is based on a review of a subcontractor's safety plan. Areas identified as incomplete are reevaluated and modified based on the standards in the contract specifications and the Project Safety Program manual. Subcontractors resubmit corrected sections of the SSP to the Parsons Construction Manager within one week of receiving review documentation.

Section	Complete	Incomplete	Section	Complete	Incomplete
Site Specific Safety Plan	_____	_____	Specific Activity Hazard Analysis (AHA)	_____	_____
Responsibilities assigned	_____	_____	Project Site Employees Orientation Program	_____	_____
Compliance	_____	_____	Emergency Action Plan	_____	_____
Hazard Communication	_____	_____	Site Specific Medical Emergency Plan	_____	_____
Hazard Assessment	_____	_____	Identification of Key Line Personnel	_____	_____
Accident Investigation	_____	_____	Identification of Competent & Qualified Personnel	_____	_____
Hazard Correction	_____	_____	Written Progressive Disciplinary Program	_____	_____
Training and Instruction	_____	_____	Written Trenching and Shoring Plan (if applicable)	_____	_____
Recordkeeping	_____	_____	Written 100% Fall Protection Plan (if applicable)	_____	_____
Scope of Work Evaluation	_____	_____	Other	_____	_____

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed by:

Nn Name

Title

\_\_\_\_\_

## PARSONS

### Notice of Noncompliance with Safety and Health Regulations

Under conditions of this enforcement procedure check all items that apply:

- \_\_\_\_\_ 1. You are being notified of this violation and should take corrective action to prevent a reoccurrence. The corrective action shall be documented to the Parsons Construction Management representative immediately.
- \_\_\_\_\_ 2. You must submit a plan for compliance to your Parsons Construction Management representative and the Construction Safety Manager within two days of receipt of this letter. The compliance plan must include the means or methods of compliance and the date that the requirements for compliance will be completed. Once compliance has been achieved, a follow up letter must be sent to the Parsons Construction Management representative and Construction Safety Manager. Failure to comply will result in disciplinary action against your Company.
- \_\_\_\_\_ 3. You are required to review the stated procedures with your Parsons Construction Management representative. Work may not commence on the site until the review is complete and the Subcontractor responds formally that the procedure is understood and will comply.
- \_\_\_\_\_ 4. You are required to review the stated procedures with your Parsons Construction Management representative. Work may not commence on the site until the review is complete and you **must** confirm formally the disciplinary action to be taken against the supervisor and employees.
- \_\_\_\_\_ 5. All work on the site will stop until the Parsons Construction Management representative reviews all the facts with the Subcontractor and determines if the contract between the parties will be terminated.

Sincerely,

\_\_\_\_\_  
Parsons Representative

cc: Issuing Construction Manager Representative  
Job File  
GBU Safety Manager  
Project Manager

**PARSONS**

**Notice of Subcontractor Violation  
of Safety and Health Regulations**

Date: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_  
\_\_\_\_\_

This letter officially notifies you that you have been found to be in violation of the following Safety Regulations:

\_\_\_\_\_ on (date) \_\_\_\_\_, by \_\_\_\_\_.

- |                              |     |                             |     |                    |     |                                          |     |
|------------------------------|-----|-----------------------------|-----|--------------------|-----|------------------------------------------|-----|
| Confined Space Entry         | ___ | Lockout/Tagout              | ___ | Hot Work           | ___ | Personal Protective Equipment            | ___ |
| Knowledge of the environment | ___ | Awareness of warning alarms | ___ | Evacuation routes  | ___ | Back-up Alarms                           | ___ |
| Assembly locations           | ___ | Fall Protection             | ___ | Scaffolding        | ___ | Environmental/Hazardous Material Storage | ___ |
| Trenching                    | ___ | Safe Work Practices         | ___ | Security Practices | ___ |                                          | ___ |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This/These violations occurred at the following locations: \_\_\_\_\_

at the following times \_\_\_\_\_ and dates \_\_\_\_\_

The name of the employees was/were \_\_\_\_\_  
under the supervision of \_\_\_\_\_.

**PARSONS**

**Initial Subcontractor Employee Training Acknowledgment**

Name of Trainer: \_\_\_\_\_

Training Subject: \_\_\_\_\_

Training materials used: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Date of hire/assignment: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I have received training as described above in the following areas:

- The potential occupational hazards in general in the work area and associated with my job assignment.
- General safety requirements indicate the safe work conditions, safe work practices and personal protective equipment required for my work.
- The hazards of any chemicals to which I may be exposed and my right to information contained on material safety data sheets for those chemicals, and how to understand this information.
- My right to ask questions, or provide any information to the employer on safety either directly or anonymously without any fear of reprisal.
- Disciplinary procedures the employer will use to enforce compliance with general safety requirements.

I understand this training and agree to comply with general safety requirements for my work area.

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date