



## CONTRACTOR SAFETY PROGRAM

### 1. PURPOSE AND APPLICABILITY

- 1.1 This program provides procedures for managing contractor safety. The purpose is to ensure the safety of students, faculty, staff and guests and protection of the environment during activities performed by contractors, subcontractors and vendors engaged by the University of Notre Dame. Objectives of this program include:
- Ensure the University obtains contract companies who have good safety performance
  - Provide contractors and subcontractors an overview of the University's environmental, health and safety (EHS) requirements and expectations
  - Require and verify that contractors and subcontractors comply with all applicable safety and environmental regulatory requirements
- 1.2 This program applies to all contractors performing maintenance, renovation, repair, equipment installation, diagnostics and similar work while physically located on University owned or managed property. It does not apply to contractors working under a project specific EHS program implemented by a Construction Manager, General Contractor or the Facilities Design and Operations Division where the contractor has assumed EHS responsibility under a site specific safety program. In these cases, the following must be in place prior to the start of construction:
- A fully executed Contract for Construction for a specifically designated scope of work.
  - A defined limit of construction determined by a physical perimeter fence, walls, or a non-physical but defined construction limit line agreed to by the University's project representative and the contractor.

### 2. DEFINITIONS

- 2.1 **Contractor** – Contractors, subcontractors, service providers and vendors providing singular or multiple services to the University of Notre Dame. It includes, but is not limited to contractors, subcontractors, resident contractors (Maintenance shops and



trades), moving, cleaning, repair & maintenance, equipment installation and service (research and general), hazardous waste contractors, technology service and installation, inspection services and other outsourced activities.

- 2.2 **Contractor Vetting** – Pre-qualifying contractors based on their safety performance: incident rate (IR), days away/restricted or transfer rate (DART), OSHA recordkeeping, citations, experience modification rate (EMR), insurance coverage, the contractors insurance and indemnification agreement and other environmental, health and safety (EHS) indicators as appropriate.
- 2.3 **Experience Modification Rate (EMR)** – A number used by insurance companies to gauge both past cost of injuries and future chances of risk. This represents either a credit or debit that's applied to a company's workers' compensation premium. An EMR of 1.0 is considered to be the industry average.
- 2.4 **North American Industry Classification System (NAICS)** – The standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. The NAICS is used to track data by the Bureau of Labor Statistics (BLS).
- 2.5 **Project Specific Safety Program** – A program developed, administered and monitored by a project general contractor or construction manager who is responsible for EHS of the project. The project shall have an overarching EHS plan. This is required on all construction projects that have a delineated area (e.g., fenced in) where the contractor maintains control over all operational activities. The project specific safety program shall meet all applicable regulatory requirements (OSHA, IDEM, EPA, etc.) and shall be no less stringent than the University's EHS procedures.
- 2.6 **Qualified Vetting Organization** – An organization retained by the University to collect and analyze contractor data, review safety data and information to determine if the contractor meets the University's requirements.
- 2.7 **Safety Coordinator** – An employee working for a contractor who is responsible to oversee the contractor's safety program.

- 2.8 **University Representative** – The University representative is anyone who is responsible for requesting, directing or monitoring contractor work. This can be a project coordinator, a business manager, a staff member, a faculty member, etc.
- 2.9 **Vendor** – For the purposes of this Program, the definition only applies to those vendors that install or perform maintenance on equipment, systems or materials.

### 3. RESPONSIBILITIES

- 3.1 Risk Management and Safety (RMS) shall:
- Review and maintain this program commensurate with local, state and federal regulatory requirements.
  - Conduct annual program audits.
  - Provide training on procedural elements to University representatives as needed or upon request.
- 3.2 Finance (Risk Management Department) shall:
- Maintain appropriate documentation such as Certificates of Insurance and Insurance & Indemnification Agreements for all contractors and vendors approved and authorized to perform work at the University.
- 3.3 Procurement Services shall:
- Assist in the review and selection of a qualified vetting organization to perform contractor reviews, analysis, vetting and approval based on predetermined criteria (Section 4).
  - Provide University departments with ready access to a current and accurate listing of approved contractors/vendors.
  - Provide contractors' contact information to the qualified vetting organization.
  - Work with a qualified vetting organization to ensure contractors meet all appropriate qualifications.
- 3.4 All Other University colleges, divisions, units, departments, or laboratories shall:
- Follow the requirements of this program.

- Utilize, engage and contract with only contractors and vendors that have been approved by the contractor/vendor approval process. Contact Procurement Services before hiring contractors.
- Review the worksite except construction sites, for potential hazards specific to the project scope and the work to be performed by the Contractor (Section 5 and Appendix B).
- Ensure that identified hazards have been addressed as soon as possible and communicate specific or unique site or project hazards to the contractor(s).
- Work with RMS to properly dispose of hazardous waste created by the contractor.
- Perform periodic audits of the Contractor's EHS compliance while conducting work at the University utilizing Appendix D.

3.5 Contractors shall:

- Adhere to all federal, state and local EHS regulations.
- Comply with this contractor safety program.
- Immediately inform appropriate University project representatives of any site safety hazards or suspected hazardous materials are encountered (asbestos, lead, etc.) uncovered during the course of the contractor's work.
- Adhere to the University's emergency and other safety protocols.
- Immediately cease work and inform the University representative if an incident occurs or a hazard is encountered that could result in an injury to any contractor's employee or any persons including a University student, faculty member, staff, or guest.

#### 4. CONTRACTOR APPROVAL REQUIREMENTS

- 4.1 All contractors shall be identified in the "University of Notre Dame Approved Contractor List" maintained by the Qualified Vetting Organization. In order for a contractor to be added to the approved list, the contractor shall provide information to the vetting organization as requested by them. If the contractor does not meet the requirements and are therefore not added to the approved list,



the University Representative may consult with RMS for a possible waiver.

- 4.2 For small organizations (i.e., < 10 employees) and where a vendor is the only qualified company to perform the work, a waiver to the vetting process may be requested with RMS. Appendix A may be completed in lieu of working with the vetting organization. Appendix A shall be completed to provide the basis for determining if a waiver is appropriate as well as discussions with the ND Representative to determine risk levels associated with the work may.
- 4.3 The vetting organization shall use specific categorical requirements and weight each to determine approval to work at Notre Dame. The weighting provides flexibility that a contract company may be outside of a listed parameter but still be eligible to be approved to work at ND. The categories that will be used by the vetting organization are noted below. These may change periodically.
- General health and safety information
  - Fatalities
  - The last 3 years' incident rates. This includes the total case and DART incident rates as compared to the contract company's [NAICS BLS average](#).
  - OSHA and EPA citations.
  - The contract company's experience modification rate (EMR) as compared to the standard industry average of 1 or less.
  - The contract company's health and safety program shall be reviewed. The programs included in the review will be based on the work the contractor will perform at ND.
  - The contract company's insurance levels shall be compared to ND requirements. Additionally, the company shall have an executed Insurance Requirements and Indemnification Agreement on file. Please contact the Risk and Insurance Management group within ND's Finance Department – [LINK](#).
- 4.4 All of the contract company's employees and all subcontractor's employees shall receive the University's orientation training prior to starting work at the University. The contractor safety orientation is administered by the vetting organization. Each contractor working at ND shall be take this training at least annually.

## 5. WORKSITE SAFETY REQUIREMENTS

- 5.1 The following worksite safety requirements apply except as the work type noted in paragraph 1.2.
- 5.2 Site Safety Plan – A Contractor Site Safety Plan (Appendix C) is required when both of the following situations exist: there are five (5) or more contractors or subcontractors working on a specific project and the project involves activities with increased risk, including but not limited to: live electrical operations, crane lifts, heavy equipment use, the use of hazardous chemicals, demolition, etc.
- The Prime Contractor shall provide the completed Site Safety Plan (Appendix C) to the University Representative prior to commencing work as well as have a copy immediately available at the worksite.
  - The University Representative shall review the Contractor Site Safety Plan with the contractor to ensure the contractor has documented all known hazards and University requirements on the Site Safety Plan.
  - The Site Safety Plan shall be communicated to all personnel involved in the worksite activity.
- 5.3 Pre-Job Safety Checklist (Appendix B)
- The University Representative shall conduct a Pre-Job Safety Review at the job site using the checklist (Appendix B) with the contractor prior to the start of the work or when there is a significant change in the scope of work.
  - The contractor shall communicate the Pre-Job Safety Checklist information with personnel working at the worksite.
  - The contractor shall post the completed Pre-Job Safety Checklist prior to commencing work or have it immediately available at the worksite.
  - Work shall not commence until the Pre-Job Safety Checklist is completed and all identified issues have been addressed.
  - Exceptions:
    - The Pre-Job Safety Checklist is not required when there is a Site Safety Plan.
    - Embedded contractors (trades) who perform routine work are not required to complete the



Pre-Job Safety Checklist unless the activity is unique or deemed to be outside of their normal scope of work.

#### 5.4 Job Completion

- The contractor shall notify the University Representative upon completion of their assigned work.
- The University Representative shall inspect the work area for housekeeping and proper job completion.
- The University Representative shall collect all issued permits from the contractor, if any, and retain them as per the record retention procedure applicable to that permit.

### 6. CONTRACTOR USE OF UNIVERSITY EQUIPMENT

- 6.1 Contractor use of University owned equipment is generally not permitted. If use of University equipment is necessary, it shall be approved and authorized by the University Representative and RMS. RMS shall provide and require a waiver for the contractor. The University Representative is responsible to ensure the contractor signs the waiver and returns the form to RMS for recordkeeping.
- 6.2 All area specific or task specific personal protective equipment (PPE) shall be provided by the contractor.

### 7. INCIDENT REPORTING

- 7.1 Contractors and subcontractors shall report incidents in which they were either involved or witnessed to their University representative.
- 7.2 The University Representative is responsible for ensuring the completion of all applicable incident investigations and reports. Refer to [ND's Incident Reporting and Review Procedure](#). In the event of injury, this may require the involvement of the injured contractor's company.

### 8. PROGRAM REVIEW AUDITS

- 8.1 Field Audits



- 8.1.1 The University Representative shall conduct documented (Appendix D) periodic worksite reviews to validate the Contractor is performing the work:
- In a safe manner;
  - In compliance with University environmental, health and safety programs and procedures; and
  - In compliance with all applicable regulatory requirements
- 8.1.2 The University Representative is responsible to ensure that identified deficiencies are immediately corrected by the Contractor.
- 8.1.3 A Site Safety Plan may provide additional details for conducting Field Audits.

8.2 Program Audits – RMS shall periodically review this program for effectiveness and make changes as necessary.

## 9 Record Retention

9.1 Maintain all records per the University of Notre Dame Records Retention and Disposition Schedule.

| <b>Procedure Revision Table</b>   |                           |
|---|---------------------------|
| <b>Revision Description</b>   | <b>Date Revision Made</b> |
| Contractor Safety Program developed and approved                                      | July 2019                 |
| Minor wording changes throughout  | August 2019               |
| Paragraph 1.2 removed “deliveries”  | September 2019            |
| Paragraph 2.1 removed “consultants (field work), “rentals” and “delivery services”    | September 2019            |
| Added a new paragraph as 5.1. Other paragraphs in section 5 were not altered.         | September 2019            |
| Added a link to ND’s incident reporting and review procedure in paragraph 7.2         | September 2019            |
| Added paragraph 8.1.3   | September 2019            |
| Removed Appendix E and provided link to contact information                           | September 2019            |
| Paragraph 5.3 added “at the job site”. Added “Contractor Company Name” to Appendix D. | July 7, 2020              |





## Appendix A Contractor EHS Evaluation Package

This may only be used as approved by Risk Management and Safety (RMS) for small companies (e.g., less than 10 employees) and if they are the sole provider of the service. Please complete each Section and forward this form to your ND Representative who will then engage with RMS.

### I. Company Information

| Contractor            | Parent Company (if applicable) |
|-----------------------|--------------------------------|
| Name                  | Name                           |
| Home Office Address   | Home Office Address            |
| City, State, Zip Code | City, State, Zip Code          |
| Phone                 | Phone                          |

Individual Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

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

Your classification for work:      Prime Contractor                                      Subcontractor

Name of your University Representative:  
\_\_\_\_\_

1. Do you certify that your employees and other individuals (subcontracted labor, temps, etc.) hired by your company to work at University are: Drug and alcohol free? **Yes**  
**No**
2. Who is responsible for safety at your company?  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_
3. Do you hire a safety consultant or firm to provide services? **Yes**                                      **No**  
If yes, continue below:  
a. What is the contact information of the consultant or consulting firm?  
Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_
4. Will all of the work at the University be self-performed by your own employees?  
**Yes**                      **No** - explain or list the type(s) of work that will be subcontracted.  
a. Do you have a procedure for evaluating the HS&E performance of sub-contractors prior to hire?  
**No Yes** – Describe:  
\_\_\_\_\_



**II. STATISTICS and INFORMATION – Questions 1-4 pertain to the past twelve (12) months**

1. How many full-time employees were employed at your company? \_\_\_\_\_
2. How many part-time or temporary employees were employed at your company? \_\_\_\_\_
3. Did OSHA inspect any of your job sites? **No Yes**  
 If YES, were you cited for any violations? **No Yes** - attach or provide details below:  
 (Details may be provided on a separate sheet)
4. What is your current Worker's Compensation Experience Modification Rate (EMR)?  
 \_\_\_\_\_
5. Did your company maintain an OSHA 300 Log for this year and the previous year? **No Yes**

Complete the information below or attached OSHA Form 300A for the previous 2 years.

| STATISTICS<br>From OSHA 300 Log  | Current Year<br>Year: _____ | Previous Year<br>Year: _____ |
|--|-----------------------------|------------------------------|
| Column G. # (Number) of Deaths   |                             |                              |
| Column H. # of injuries / illnesses with days away from work                             |                             |                              |
| Column I. # of injuries / illnesses resulting in a job transfer or restriction           |                             |                              |
| Column J. # of other recordable cases  |                             |                              |
| Total Number of Hours Worked   |                             |                              |
| Injury/Illness Rate (IIR)<br><i>IIR=(200,000 x [Columns G+H+I+J])/Total Hours Worked</i> |                             |                              |

**IV. CERTIFICATION – By Authorized Company Representative**

I hereby certify that all information provided herein is accurate and correct.

Representative Name (Printed):

\_\_\_\_\_

Representative Signature:

\_\_\_\_\_

Title:

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



## Appendix B Contractor Pre-Job Safety Review Checklist

*This expires when the project is complete or the scope of the project changes.*

Date of work: \_\_\_\_\_ Time Authorized to Start Work: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

University Representative: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Location of work: \_\_\_\_\_

Job Description/Scope: \_\_\_\_\_

**1. Check requirements for special procedures, training & necessary permits:**

|                      |            |                           |  |
|----------------------|------------|---------------------------|--|
| Confined Space Entry | Hot Work   | Lock, Tag, and Try (LOTO) |  |
| Excavation/Trenching | Scaffold   | Fall Protection           |  |
| Aerial Lift          | Fork Truck | Crane                     |  |
| Other: _____         |            |                           |  |

**2. Has job/task instruction and/or training been provided?** Yes \_\_\_\_\_ No (If no, explain): \_\_\_\_\_

**3. Check requirements for Personal Protective Equipment (PPE):** Check here if no PPE is necessary.

|  |                 |                       |  |
|--|-----------------|-----------------------|--|
| Safety Glasses w/ Side Shields               | Goggles         | Face Shield           |  |
| Hard Hat                                     | Fall Protection | Steel Toed Work Shoes |  |
| Respirator (specify type & cartridge): _____ |                 |                       |  |
| Other: _____                                 |                 |                       |  |

**4. Have the requirements for Hazard Communication including contractor SDSs, been reviewed?**  
Yes \_\_\_\_\_ N/A \_\_\_\_\_

**5. Have all contractor personnel been informed of the hazards associated with this job?** Yes \_\_\_\_\_

**6. Have all contractor personnel been informed of the location of the emergency equipment?** Yes \_\_\_\_\_

Nearest phone (Emergency number 1-911, 1-5555)

Emergency Exit Safety shower/Eyewash station

Identify Assembly Point(s): \_\_\_\_\_

**Additional Instructions:**

**Names (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
University Representative



## Appendix C

### Site Safety Plan Example Template

|   |  |
|---|--|
| <b>Date :</b>   |  |
| <b>Project Site Location</b>                                  |  |
| <b>Contractor's Name</b>                                      |  |
| <b>Contractor's Contact Information:</b>                      |  |
| <b>Prepared By:</b>   |  |
| <b>Preparer Signature:</b>                                    |  |
| <b>PURPOSE OF SITE VISIT/TASK:</b>                            |  |
|   |  |
| <b>PERSONNEL RESPONSIBILITIES:</b>                            |  |
| <b>Supervisor/Team Leader:</b>                                |  |
| <b>Team Members:</b>  |  |
|   |  |
| <b>HAZARD EVALUATION:</b>                                     |  |
|   |  |
|   |  |
|   |  |
| <b>PERSONAL PROTECTIVE EQUIPMENT &amp; CLOTHING REQUIRED:</b> |  |
|   |  |
|   |  |



**EMERGENCY COMMUNICATION MEANS:**

**EMERGENCY RESPONSE METHOD:**

**ACCIDENT REPORTING:**

**POTENTIAL HAZARDS AT WORKSITE OR DUE TO WORK:**

|                 |               |                   |             |
|-----------------|---------------|-------------------|-------------|
| Biological      | Eye Hazard    | Overhead Hazard   | Excavations |
| Chemical Hazard | Fall Hazard   | Slips/Trips/Falls | Noise       |
| Cold Stress     | Heat Stress   | Squatting/Bending |             |
| Confined Space  | Lifting       | Tools             |             |
| Electrical/LOTO | Mechanical    | Toxic Materials   |             |
| Environment     | Motor Vehicle | Traffic Hazard    |             |

**CONTRACTOR DEPARTMENT DIRECTOR SIGNATURE**

**Name:**

**Signature:**

**UNIVERSITY REPRESENTATIVE SIGNATURE**

**Name:**

**Signature:**



## Appendix D Job Site Safety Checklist

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

University Representative: \_\_\_\_\_

Contractor Representative: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Project Description:

### Site/Work Evaluation

Yes/No/NA

- |  |  |
|--|--|
| 1. Is the site restricted to prevent unauthorized access?  |  |
| 2. Has notification of the work been provided to adjacent faculty, staff, students or departments?   |  |
| 3. Is (are) the contractor(s) using appropriate PPE (eye protection, gloves, shoes, etc.)?   |  |
| 4. Are appropriate permits completed and available (Hot Work, Confined Space Entry, etc.)?   |  |
| 5. If the contractor is performing service or maintenance on equipment is it de-energized and do all contractors have a personal lock on the energy point? |  |
| 6. Are emergency exits clear and accessible?   |  |
| 7. Are contractor supplied fire extinguishers available for hot work activities?   |  |
| 8. Is housekeeping appropriate and acceptable?   |  |
| 9. If working indoors with hazardous materials, are chemical vapors, fumes, odors, etc., ventilated to the outside?  |  |
| 10. Are all chemical containers labeled with the name of the chemical and its hazards?   |  |
| 11. Are personnel working above 4 feet properly protected from falling?  |  |
| 12. If aerial lifts are being used are personnel using fall protection harnesses and lanyards?   |  |
| 13. Are all portable tools properly guarded?   |  |
| 14. Are measures taken to protect workers during extreme weather conditions (hot, cold, wind, etc.)?   |  |
| 15. Are all ladders used and stored properly and safely?   |  |
| 16. Are extension cords not daisy chained together and are ground fault circuit interrupters (GFCI) being used?  |  |

### Action Items

**List any question answered as NO, and the action taken to correct including notification to the University work originator.**

**Item Description**

**Responsible Person**

**Target Date**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |