

Contractor / Host Employer Meeting Form

The Notre Dame (ND) Electrical Safety Program requires that each department contracting electrical work meet to discuss information related to electrical safety procedures with the contract employer. This form is used to notify both parties that they must comply with the applicable procedure requirements. It shall be completed by the primary university contact in conjunction with the contract employer's representative. The exchange of information shall occur once for each job and be completed before electrical work begins.

Identification of Contractor & Host Employer:	
Contractor Company Name:	Contractor Employer Representative:
ND Representative: <i>(The meeting shall be conducted by the project manager, project coordinator, electrical engineer, or other ND employee with knowledge of the electrical system)</i>	Project Name/Equipment/Building:

ND Responsibilities:	
Identify any known electrical hazards that are related to the contract employer's work that might not be recognized by the contractor or its employees.	Comments: <input type="checkbox"/> <i>(Check when complete)</i>
Note that ND will report any observed contract employer related violations concerning electrical work to the contract employer	Comment: <input type="checkbox"/> <i>(Check when complete)</i>

Contractor Responsibilities:	
Communicate hazards to their employees as communicated to the contractor by ND.	Comments: <input type="checkbox"/> <i>(Check when complete)</i>
Follow the safe work practices required by OSHA & NFPA 70E and any required by ND.	Comments: <input type="checkbox"/> <i>(Check when complete)</i>
Inform ND of any unique hazards presented by the contractor's work and any unanticipated hazards found during the contractor's work that were not communicated by ND.	Comment: <input type="checkbox"/> <i>(Check when complete)</i>
Communicate to ND the measures taken to correct any violations reported by ND and to prevent such violation from recurring in the future.	Comment: <input type="checkbox"/> <i>(Check when complete)</i>

Lockout / Tagout (LTT) Exchange of Procedures:
<p>Comments:</p> <p><input type="checkbox"/> Check here to confirm that LTT programs have been exchanged.</p>
<p>After comparing the two LTT programs, note any additional restrictions or prohibitions that either party needs to comply with:</p>

Acknowledgements:	
Signature of Contract Employer Representative:	Date:
Signature of Notre Dame Representative:	Date: