

Safety Compliance

Subcontractor Company Name: _____

You must return this form to SAB/Southwest Architectural Builders Inc. before starting work.

Please complete each blank by printing either the name of the person who is responsible to perform the function or the name of the person who is acknowledging the item listed.

1. _____
Print Name Name of Subcontractor's competent person / responsible person who will be onsite at all times during Subcontractor's work activities.
Office phone: _____ Mobile phone: _____

2. _____
Print Name SAB's Site Specific Notifications and Instructions will be acknowledged.
Subcontractor will secure all equipment, trailers, project access from unauthorized entry.

3. _____
Print Name SAB's minimum Safety Rules are acknowledged. Subcontractor agrees to comply with mandatory housekeeping and debris removal.

4. _____
Print Name Subcontractor shall be responsible for its personnel's protective equipment and training, including but not limited to, Hard Hats, Safety Shoes, Tools, Equipment, Safety Glasses, etc.

5. _____
Print Name Subcontractor shall abide by contract documents, laws, regulations, ordinances, statutes, etc. of governing authorities such as Federal, State, County, City, etc.

6. _____
Print Name Subcontractor's MSDS and HazCom Program / Overview specific to each project only as required and to be submitted prior to mobilizing..

7. _____
Print Name Subcontractor acknowledges its responsibility to inform SAB's Project Superintendent immediately of any incident or employee injury. Subcontractor agrees to proceed with accident investigation and corrective action within 8 hours of occurrence and will notify SAB in writing of actions taken. Employee may NOT return to the jobsite until post-incident substance abuse compliance is received via written correspondence stating negative test results by authorized Sub. representative.

8. _____
Print Name Subcontractor acknowledges its responsibility to train its employees as required by authorities or manufacturer requirements with emphasis on Personal Protective Equipment, Fire Safety, HazCom, Fall Protection, Electrical, Scaffold, Ladder, Steel, Mechanical Equipment, Tool Safety, Excavations, Material Handling, Welding, etc.

9. _____
Print Name Subcontractor acknowledges its responsibility to have any forklift operator trained in accordance with the Powered Industrial Truck Training Standard effective 12/01/99 and have his/her training card on his/her person..

10. _____
Print Name Subcontractor acknowledges GC/Owner Safety Manual (if applicable).

11. _____
Print Name Subcontractor acknowledges its requirement to bind their subcontractor tiers to all contract requirements and provide insurance certificates, site acknowledgements, etc. to SAB prior to mobilizing onsite.

Signature of Subcontractor's Authorized Agent

Subcontractor Company Name

Printed Name of Subcontractor's Authorized Agent

Date