



Contractor Safety and Health Agreement

Contractors and subcontractors must review and sign this Agreement before commencing work the Shoshone-Bannock Tribes.

Contractor _____ Subcontractor _____

Company Name: _____

Assigned Work Locations: _____

Initial each item below. Insert "N/A" if the item is not applicable to the scope of the contract work.

General Work Practices

- _____ All work in areas where there is imminent danger to employees will cease until the dangerous condition is removed.
- _____ Contractor employees will maintain good housekeeping procedures in and around their work area(s).
- _____ Safety meetings will be held as required to communicate jobsite safety information to all contractor employees regularly working at the host facility property.
- _____ Cooperate with periodic monitoring by the Administrator or designee for compliance with safety and health requirements.
- _____ Correct hazardous conditions or safety program deficiencies discovered by the Administrator. All equipment and tools will be maintained in good working order in compliance with regulatory and host facility standards and according to manufacturer's instructions.
- _____ Damaged equipment, including power tools, power cords, and electrical or fuel-powered devices, will not be used at host facility worksites.
- _____ Ensure that competent employees conduct routine safety inspections of the worksite(s), materials, and equipment, and make inspection records available to the host facility Administrator.
- _____ Alcohol, illegal drugs, and firearms will not be permitted in host facility work areas. Any contractor employee observed under the influence of alcohol or illegal drugs or carrying firearms will be immediately removed from work areas.

Training

_____ All contractor employees will have completed safety and health training when required by law and Shoshone-Bannock Tribes requirements before work begins.

Personal Protective Equipment (PPE)

_____ Provide all contractor employees with required PPE in accordance with host facility and regulatory requirements.

_____ All contractor employees will wear appropriate work clothing, including PPE when required.

_____ PPE will not be substituted for feasible engineering and administrative controls to protect employees from occupational hazards.

_____ Where respirators are required for contractor employees, a written respiratory protection program will be prepared and implemented, and the document will be made available to the TERO Administrator before any work with respirators is begun. Contractor employees will work under the TOSHA written program if preapproved by the TOSHA Administrator.

Hazardous Substances

_____ No hazardous or flammable chemicals will be brought onto Shoshone-Bannock Tribes property without notifying the Administrator or designee.

_____ Make copies of Safety Data Sheets (SDS) available to the Administrator and host facility employees for all hazardous chemicals brought to the worksite.

_____ Provide information to the Administrator and Shoshone-Bannock Tribes employees about any special precautionary measures that must be taken when working with or around hazardous substances brought on-site by the contractor.

_____ Chemicals, paints, oils, or other hazardous substances will neither be discharged to any drain nor discarded with normal solid waste.

Accidents

_____ Any accidents or cases of job-related injuries or illnesses involving contractor employees will be immediately reported to the Administrator or designee.

_____ Ensure that accidents or incidents that result in injury to or illness of contractor employees or damage to property are properly investigated, and submit a comprehensive report of findings and recommendations to the TERO Administrator.

Emergencies

_____ Train employees to follow host facility emergency evacuation plans for the area(s) they are working in.

PERSONNEL

Do you have a specific person or job function responsible for safety on your projects or worksites? YES NO

If no, who has overall responsibility and accountability and accountability for safety on your projects?

List the safety and health professionals and/or designees in the organization.

Name	Position / Title	Designation

The information contained in this questionnaire is an accurate description of the organization's occupational safety and health program.

Signature: _____

Print Name: _____

Position/Title: _____