(Print) Authorized Vendor or Contact Name:		
Business or Organization Name:		
Address:		
City/State/Zip:		
Phone - Business:	Fax:	Cell:
Tax Exemption Number (if applicable):		
E-Mail:		
How would you like to receive your checks? _____ mailed or _____ pick up		

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

ABC CONTRACTOR
123 MAIN STREET
CITY, STATE ZIP

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000.00
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000.00
	X CONTRACT LIAB			###############	XXXXXX	XXXXXX	MED EXP (Any one person)	$ 5,000.00
							PERSONAL & ADV INJURY	$ 1,000,000.00
							GENERAL AGGREGATE	$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000.00
	POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 500,000.00
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS			###############	XXXXXX	XXXXXX	BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N / A		###############	XXXXXX	XXXXXX	E.L. EACH ACCIDENT	$ 1,000,000.00
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is additional insured with respect to General Liability if required by written contract. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorcement(s).

CERTIFICATE HOLDER

GARRARD FRAMING & DRYWALL, INC
5578 COMMERCIAL BLVD
WINTER HAVEN, FL 33880
AP@Garrardinc.com Ph# 863-967- 3992 Fx# 863-968-1816

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number

☐☐ - ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: [redacted]

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

[redacted]

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is WEST. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

GARRARD FRAMING & DRYWALL INC
STATEMENT OF AUTHORIZATION

Before me, the undersigned authority, personally appeared _____ who upon being duly sworn says that she or he is the _____ officer or Owner of _____, which is a Florida Corporation _____ or is not a Florida Corporation _____ who being duly sworn, deposes and says; The names listed below are authorized by me to pick up checks, sign Lien Releases, and various other documents on behalf of me or my Company.

AUTHORIZED NAMES: (PLEASE PRINT)

_____

_____

_____

_____

_____

_____

_____

The Signature of Office / Owner

Sworn to and subscribed before me this _____ day of _____ 20_____

_____

The signature of Notary Public-State of Florida

_____

Print or Type commissioned Name of Notary Public

Personally Known _____ or produced Identification _____

Type of Identification produced: _____

Did/Did not take an oath.

GARRARD FRAMING & DRYWALL, INC
ACKNOWLEDGEMENT STATEMENT

This letter confirms that an authorized representative of our company has read and understands the contents of this "Garrard Framing & Drywall Inc Safety Policy" in its entirety. This letter shall also confirm that the obligation to safety and health is not limited to the contents of the "Garrard Framing & Drywall Safety Policy" any and all rules, regulations, and guidelines necessary to provide a safe and healthful working environment for all employees at all times will be enforced.

Our company will comply with the policy when employed by Garrard Framing & Drywall Inc. Our company will further communicate the policy and required compliance by any Subcontractor we might employ to perform work for Garrard Framing & Drywall Inc, and will have them sign and submit a copy of this "Acknowledgement Statement" as proof that they fully understand the contents.

_____	_____
(Legal Name of Corporation)	(Legal Name of Bidding Firm)
_____	_____
(Sate Incorporated In)	(Address)
_____	_____
(Type Name of Officer)	(Type Name of Officer)
_____	_____
(Signature of Officer)	(Signature of Officer)
_____	_____
(Title)	(Title)
_____	_____
(Date)	(Date)

If Corporation, affix seal and validation

GARRARD FRAMING & DRYWALL INC
SAFETY NOTICE

Effective: 1/1/2016

Hard hats, safety glasses, shirts (4" sleeves), and full length pants (no sweats), work boots (no gym shoes) must be worn by all personnel at all times while on the job site. Fines will be levied by Garrard Framing & Drywall Inc to personnel and subcontractors not in compliance.

Fines as follows:

1st offence	written warning
2nd offence	$25.00 per occurrence of pants, shirts and boot violation
	$50.00 per occurrence of not wearing hard hats and safety glasses
3rd offence	removal from job/termination of contract

Fall protection harnesses must be worn by all personnel who are working on walls, setting trusses, and sheating roofs. Fines will be levied to personnel and subcontractors not in compliance.

Fines as follows:

1st offence	written warning
2nd offence	$100.00 per man
3rd offence	removal from job/termination of contract

Company Name: _____ Date: _____

Signature of Company Official: _____ _____

Print Name and Title of Company Official

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20___ who is personally known or

produced _____ as identification and (did) (did not) take an oath.

_____

Signature of Notary Public-State of Florida

_____

Print Commissioned Name of Notary Public

5578 Commercial Blvd • Winter Haven, FL 33880 • Office 863-967-3992 •Fax 863-968-1816

GARRARD FRAMING & DRYWALL, INC

1. PURPOSE

The purpose of this policy is to assist in providing a work place that protects the safety and health of the employees of Contractors and Subcontractors, as well as of Garrard Framing & Drywall, Inc. Contractors and Subcontractors performing work on Garrard Framing & Drywall, Inc project sites must conduct their activities in a manner consistent with safe and healthful operating practices, and in accordance with all applicable safety and health rules and regulations.

2. POLICY

2.1 It is Project Policy that accident prevention be a prime concern to all of us. It includes not only prevention of wasteful an inefficient operations, damage to property and equipment, but foremost the safety and well being of all employees of the Contractor, its Subcontractors, and the Owner.

2.2 This policy applies to all Contractors, including vendors, deliveries, and Subcontractors who perform work, provide services, or are on the project sire while work is in progress.

3. REQUIREMENTS

3.1 The safety record of Contractors and Subcontractors will be considered by Garrard Framing & Drywall, Inc during the selection process. Contractors and Subcontractors are required to provide current workers' compensation experience modification rate (EMR). This is available through their insurance carrier, or OSHA 200 forms, and/or such other information as determined by Garrard Framing & Drywall, Inc. to be necessary or desirable to judge their prior safety records.

3.2 It is the primary responsibility of each Contractors and Subcontractors to provide a safe and healthful work place for their employees. All Contractors and Subcontractors must comply with all applicable safety and health regulations.

3.3 All Contractors and Subcontractors working at a Garrard Framing & Drywall, Inc work site must fully comply with current Occupational Safety and Health Administration (OSHA) and Hazard Communication Standard (HCS) regulations. Any Contractor or Subcontractor that brings or utilizes hazardous chemicals on Garrard Framing & Drywall, Inc work sites must provide required information to Garrard Framing & Drywall, Inc pursuant to the OSHA HCS.

3.4 All Contractors and Subcontractors are expected to provide their employees with appropriate medical examinations, safety equipment and the necessary safety and health training prior to beginning work.

3,5 All Contractors and Subcontractors are responsible for ensuring that their equipment is in proper working condition and that any unsafe conditions are abated immediately.

3.6 All Contractors and Subcontractors shall conduct periodic safety meetings for their employees and subcontractors as well as monitor their work activities to help ensure safeworking practices and conditions.

3.7 All Contractors and Subcontractors are responsible to notify a Garrard Framing & Drywall, Inc supervisor immediately of all accidents involving their employees on Garrard Framing & Drywall, Inc project sites.

3.8 All Contractors and Subcontractors will comply *with* all applicable safety and health rules of Garrard Framing & Drywall, Inc including, but not limited to, contraband policy prohibiting the use, possession, transportation or sale of narcotics, illegal drugs, controlled substances, drug paraphernalia, or alcohol, or being impaired by such substances while on Garrard Framing & Drywall, Inc project sites.

3.9 While working on Garrard Framing & Drywall, Inc project sites, employees of Contractors and Subcontractors are subject to being tested for drugs and alcohol through urinalysis and/or blood tests. Refusal by such employees to cooperate in such tests, are grounds for removal from Garrard Framing & Drywall, Inc project sites.

3.10 All Contractors must agree to comply with this policy and communicate it to their employees. Contractors shall also commit to conducting weekly toolbox safety meetings at jobsite and effective job safety training for all categories of employees.

3.11 Further, all Contractors working on Garrard Framing & Drywall, Inc project sites are responsible for contractually obligating such Subcontractors to comply with this policy.

4. SAFETY ANALYSIS

Analyzing and awareness are the two major factors of an Injury Free Work Site. All Contractors and Subcontractors shall commit to this process and application by conducting Pre-Job Planning meetings and to perform ongoing Hazard Analysis Audits.

4.1 Pre-Job Planning

4.1.1 Pre-Job Planning is the management planning which takes place before mobilization on a project to the beginning of a new phase of work.

4.1.2 Pre-Job Plam1i.11g is a review of the scope of work and schedule which shall be detailed out into a list of major activities; each made up of specific tasks. These include any specifications defining acceptable performance and conditions specific to the site.

4.1.3 Once these primary tasks are identified, the hazards associated with their performance can be addressed through the Hazard Analysis process.

4.1.4 Special planning will be needed for certain activities; such as Fall Prevention, Emergency Action, Critical Lifts, etc. These plans will be written specifically for thatactivity.

4.2 Hazard Analysis

4.2.1 The objective of developing a Hazard Analysis is to identify the Tasks, Hazard, Tools & Equipment, Skills and Actions required to perform each scheduled work activity within acceptable standards.

4.2.2 Once these areas are identified, the hazards associated with their performance can be eliminated and/or controlled through training, skill assessment, proper tools, well-maintained equipment and the correct materials on site.

5. IMPLEMENTATION

5.1 A preventative of Garrard Framing & Drywall, Inc will be designated as primarily responsible implementing this policy at each of it project sites and for monitoring compliance by all Contractors andSubcontractors.

5.2 In the event of any violation by a Contractor or one of its Subcontractors of occupational safety and health regulations, or safety health rules of Garrard Framing & Drywall, Inc, the Contractor and Subcontractor shall take prompt action to correct such violation or to abate any hazard they control.

5.3 In the event a Contractor or any of its Subcontractors fails to promptly correct any violation or abate any hazard they control, Garrard Framing & Drywall, Inc, shall have right to take appropriate actions as solely determined by Garrard Framing & Drywall, Inc. In addition to any other rights Garrard Framing & Drywall, Inc might have, and notwithstanding any other contractual provisions existing between Garrard Framing & Drywall, Inc and Contractor or any of its Subcontractors, Garrard Framing & Drywall, Inc may take any one or more of the following actions that it determines appropriate at its sole discretion:

5.3.1 Garrard Framing & Drywall, Inc can abate any hazard or correct any violation and either charge Contractors and Subcontractors for the cost of such correction

or abatement, or offset such cost against any sums owed or to be owed by Garrard Framing & Drywall, Inc, the Contractor or Subcontractor.

5.3.2 Garrard Framing & Drywall, Inc can require removal from its project sites of any Contractor's or Subcontractor's employees, materials, or equipment which are determined to be hazardous or dangerous, or in non-compliance with OSHA regulations , or with Garrard Framing & Drywall, Inc safety and health rules, or with this policy.

5.3.3 Garrard Framing & Drywall, Inc can terminate any work being performed by Contractor and/or Subcontractor on its project sites until any violation or hazard is corrected.

5.3.4 In the event of willful or repeated non-compliance by Contractor or any of its Subcontractors, Garrard Framing & Drywall, Inc can terminate the contract and/or subcontract, dismiss the Contractor and/or Subcontractors, or any of them, from the work site; and complete the work itself or employ other parties to complete the work. In the event of such contract or subcontract, an equitable adjustment to the price of such contract or subcontract will be made by Garrard Framing & Drywall, Inc. Considering the value of the work performed prior to termination, any additional costs or expense incurred by Garrard Framing & Drywall, Inc in having work completed will determine payment.

6, ADMINISTRATION

The Safety Program will be carried out according to guidelines established and published in the Execution Plan. Each Supervisor will be responsible for meeting all requirements of the Safety Program and for maintaining all effective accident prevention effort within his area of responsibility. It will be the Supervisor's responsibility to see that all accidents are thoroughly investigated and reported on the same day of occurrence.

7. REPORTING OF INJURIES

All employees will be held accountable for failing to report a job injury immediately. **(Immediately meaning at or near the time of the injury and on the same day of the injury.)** Employees must report the injury to their Supervisor i.e. Foreman, Superintendent, Project Manager, etc. A casual mentioning of the injury will not be sufficient. The employee must let their Supervisor know:

I.) How they hurt themselves,
2.) What they were doing at the time,
3.) Who they were working with at the time,
4.) When and where it happened,

5.) Other pertinent information that will aid in the Supervisor's investigation of the accident.

Failing to report an injury immediately(meaning at or near the time of injury and on the same day of the injury) is a violation of Project Safety Policy and may be subject to immediate termination. Every employee of Garrard Framing & Drywall, Inc, Contractors, Subcontractors, Vendors, and Suppliers are expected to comply with project policy and to comply with all applicable Health and Safety Standards.

8. NOTIFICATIONS

IN CASE OF SERIOUS INJURY OR DEATH

After injured has been taken to the clinic, notify the main office as soon as possible. Fill out the accident report form and send it to the main office. Get statements from witnesses and make certain statements are signed by witness, date and time noted. Take photographs of area and rulything relevant.

IN CASE OF INSPECTION BY FEDERAL INSPECTOR

Notify Safety Director that the Federal Inspector is on the jobsite.

Make his/her visit on the jobsite pleasant as possible.

9. MINIMUM BASIC PROJECT SAFETY RULES

9.1 Compliance of all applicable Federal, State, Local, Owner, and Project safety rules and regulations is a condition of employment and/or all related to the project.

9.2 All injuries, regardless of how minor, must be reported to your supervisor and the safety office immediately. **An employee that fails to report an injury immediately will be issued a safety violation notice and may be subject to termination.**

9.3 Only approved non-conductive hard-hats will be worn by all employees on the project site. Metal hard-hats will not be allowed. The bill of the hard-hat will be worn in front at all times. Alterations or modifications of the hat or liner shall be prohibited.

9.4 Safety glasses will be worn as the minimum required eye protection. Remember, additional eye and face protection such as mono goggles and face shields are required for such operations as grinding, operating skill saws, jack hammering, utilizing compressed air, or handling of chemicals, acid and caustic. Burning goggles for cutting, burning or brazing and welding hoods for welding, etc.

9.4.1 Safety harnesses with 2 shock absorbing lanyards shall be worn and secured any time there is a fall hazard of more than 2 meters (6 feet).

9.4.2 Lifelines shall be erected to provide fall protection where work is required in areas where permanent protection is not in place. Horizontal lifelines shall be a minimum of 12mm (1/2 inch) diameter wire rope. Vertical lifelines shall be 19mm (3/4 inch) synthetic rope or equivalent and shall be used in conjunction with an approved type rope grab.

9.4.3 Workers using their lanyards to access the work or position themselves on a wall or column, etc. must use additional safety lanyards for fall protection.

9.5 Clothing must have adequate protection to the body, Shirts must have at least at-sleeve. Shirt tails must be worn inside the trousers except in the case of welders and burners. No polyester or nylon clothing will be allowed for burners or welders. Sturdy steel toe work boots with rigid, slip resistant soles which give adequate protection to the feet and ankles are required. Sneakers, sandals and other light-weight footwear are prohibited.

9.6 Cameras, firearms, alcoholic beverages are illegal drugs are not allowed on site. Drugs prescribed by a physician must be registered with the safety department for approval.

The use or possession of illegal drugs or alcoholic beverages on the jobsite will result in immediate termination.

9.7 Housekeeping shall be an integral part of every job. Supervisors and employees are responsible for keeping their work areas clean and hazard free. Clean up is required when you finish a job or at the end of the day.

9.8 Burning and cutting equipment shall be checked daily before being used. All gas shall be shut off and hoses disconnected from bottles or manifolds at the end of each day. Caps shall be replaced on bottles when gauges are removed. All repairs shall be made in the tool room. Makeshift field repairs will not be allowed. Two (2) sets of flashback arresters shall be installed on oxyacetylene outfits. One (1) set at the regulators and one (1) set at the torch handle.

9.9 Drinking water containers are for drinking water and ice only. Tampering with or placing items such as drinks, etc. in the water cooler will result in immediate termination. The "common drinking cup" is not allowed. Disposable cups only.

9.10 All tools, whether company or personal, must be in good working condition. Defective tools must not be used. Examples: chisels with mushroomed heads, hammers with loose or split handles, guards missing on saws or grinders, etc.

9.11 **All** electrical tools shall be checked or color coded by a designated competent person each month. This shall be part of our assured grounding program.

9.12 "HORSEPLAY" on the jobsite is strictly prohibited. Running on the jobsite is allowed only in extreme emergencies.

9.13 Glass bottles or containers are not permitted on site.

9.14 Jobsite speed limit is 16Km/h (10 MPH) unless noted to a lower speed. No one is permitted to ride on a truck standing up. Sitting on the outside edges is prohibited; everyone must be sitting down inside 111e truck. Riding as a passenger on equipment is prohibited unless the equipment has the safe capability of transporting personnel.

9.15 Adequate precautions must be taken to protect men and equipment from hot work such as welding or burning. Fire extinguishing equipment shall be no further away than 15 meters (50 feet) from all hot work. Return used extinguishers to the tool room for recharge immediately.

9.16 All scaffolding and work platforms must be in accordance with jobsite specifications. All ladders must be in safe condition without broken rungs or split side rails. Damaged ladders must be removed from service. Ladders shall be secured at the top and bottom and extend 1 meter (3 feet) past the walking surface. Metal ladders around electrical work are prohibited.

9.17 Crowfoot connections on air hoses shall be wired to prevent accidental disconnection. Compressed air shall not be used to dust off hands, face or clothing.

9.18 Report all unsafe conditions and near accidents to your supervisor and the safety departments so corrective action can be taken.

9.19 All floor openings or excavations shall be barricaded on all sides to insure employees are aware of the hazard. Floor holes shall be covered with a secured cover and clearly marked,

9.20 Warning signs, barricades and tags will be used to the fullest extent and shall be obeyed.

9.21 Respiratory protection is required for employees exposed to dust hazards or to other contaminants that may be encountered.

"ENFOREMENT OF SAFETY POLICY"

Safety violation notices shall be issued to any employee, Contractor or anyone on the jobsite for violating the safety rules or regulations. Issuance of safety violation notices shall be made by foreman and above including the safety supervisor.

1. Any violation of safety rules can result in suspension or immediate termination.
2. Any employee reviewing three (3) written violations within a six (6) month period shall be terminated.
3. Issuance of a safety violation notice for failure to use fall protection or failure to report a job injury (at the time of the injury) will result in immediate termination.

It is understood that construction management is not restricting itself to the above rules and regulations. Additional rules and regulations as dictated by the job will be issued and posted as needed.

"NO JOB IS SO IMPORTANT AND NO SERVICE IS SO URGENT THAT WE CANNOT TAKE TIME TO PERFORM OUR WORK SAFETY"

PROJECT SAFETY CHECK LIST

The following project Safety Check List has been condensed. The Job Safety Check List is made part of the safety rules.

A. Safety Rules

1. HARD HATES WILL BE WORN AT ALL TIMES.
2. Shirts with sleeves and pants will be worn at all times. No shorts are to be worn on the project.
3. Work shoes are-required. No clogs, tennis shoes, sandals, or loafers are permitted.
4. Contractor's/Subcontractor's personnel will be required to attend safety meetings.
5. Contractor's/Subcontractor's are required to keep their work areas safe and clean.
6. Safety goggles/face shields will be worn when circumstances warrant.
7. Electrical cords and equipment must be properly grounded and checked.
8. Use of alcoholic beverage or controlled substances is prohibited.
9. Contractor/Subcontractor is responsible for providing fall protection for their employees.
10. All scaffolds will be built to specifications as established by project.
11. Excavation/trenches will be properly sloped or shored.

B. Record Keeping

1. Telephone numbers of Ambulance, Clinic, and Doctor posted.
2. Hard hat sign posted.
3. Weekly safety meetings followed by written report by all Superintendents and copy to Safety Director.

C. Housekeeping and Sanitation

1. General neatness.
2. Regular disposal of trash.
3. Passageways, driveways, and walkways clear.
4. Adequate lighting.
5. Oil and grease removed.
6. Waste containers provided and used.

7. Adequate supply of drinking water.
8. Sanitary facilities adequate and clean.
9. Adequate ventilation.

D. First Aid

1. First aid station with supplies and equipment.
2. Trained first aid men.
3. Injuries promptly and properly reported.

E. Personal Protective Equipment

1. Hard hats.
2. Hearing protection.
3. Eye and face protection.
   a. Goggles where flying particles exist.
   b. Face shields for dust.
   c. Welding masks for welder.
4. Respiration protection.
5. Safety harnesses with 2 shock absorbing lanyards.
6. Gloves where required.

F. Fire Protection

1. Fire safety introduction to employees.
2. Fire extinguishers - charged and identified.
3. No smoking areas posted.
4. Flammable and combustible material storage area.
5. Safety gasoline containers.

G. Hand and power tools.

1. Inspect all tools for proper operating condition.
2. All tools stored properly and neatly.
3. All power tools properly grounded.

4. Inspect all tools for proper safety guards.

H. Welding and Cutting.

1. Gas and oxygen cylinders secured in a vertical position.
2. Hoses inspected regularly.
3. Cylinders, caps, valves, couplings, regulators and hoses kept free of oil and grease.
4. Cylinder caps shall be in place whenever cylinder is not being used.
5. Maintain gauge pressures - oxygen 200-275KPA (30-40 pounds), acetylene 35-70KPA (5-10 pounds), when in use, small tip uses Jess.
6. Two (2) sets of flash arresters (for oxyacetylene outfits). One (1) set at torch handle and one (1) set at regulators.

I. Electrical.

1. All portable tools and cords will be properly grounded.
2. Daily visual inspection of caps ends and cords for deformed or missing pins, insulation damage and internal damage.
3. Tests of cords, tools and equipment for continuity and correct attachment of the equipment grounding connector to the proper terminal shall be made very three (3) months and:
   a. Prior to first use.
   b. Prior to return to service after repairs.
   c. Prior to return to service after incident which may have caused damage to cord or equipment.
4. Cords and equipment which do not meet requirements shall be removed from service until repairs have been made.
5. Maintain a written log of all tests on cords, tool and equipment unless there is G.F.I. installation.

J. Ladders.

1. Inspect at regular intervals.
2. No broken or missing rungs or steps.
3. No broken or split side rail.

4. Extend at least 1 meter (36") above landing and secure.
5. Side rail of 50mm x 10mm (2 inch x 4 inch) up to 5 meters (16 feet) - above 5 meters (16 feet) to be 75mm x 150mm (3 inch x 6 inch).
6. Cleats 50mm x 100mm (2 inch x 4 inch) and space 300mm (12 inches) top to top.

K. Scaffolding.

1. Inspect at regular intervals.
2. Footings shall be sound ridge and capable of carrying the maximum intended load.
3. Tied into building vertically and horizontally at 4 meter (14 foot) intervals.
4. Properly crossbraced.
5. Proper guard rail and toe boards.
6. Scaffold planks shall be scaffold grades or equivalent.
7. Scaffolds shall be capable of supporting at least four (4) times the maximum intended load.
8. C.M.U. shall not be used as scaffold foundation.

L. Guardrails, handrails, and covers.

1. Guardrails, handrails and covers shall be installed wherever there is danger of employees or materials falling through floor, roof, or wall openings and shall be guarded on all exposed sides.
2. Post shall be of at least 50mm x 100mm (2 inch x 4 inch) stock spaced not more than 2.5 meters (8 feet) apart.
3. Top rail shall be 107cm (42 inches) above the floor and of 50mm x 100mm (2 inch x 4 inch) stock.
4. The intermediate rail shall be 53cm (21 inches) above the floor and of 25mm x 100mm (1 inch x 4 inches) stock.
5. Guardrail assembles around floor openings shall be equipped with toe boards. The toe boards shall be 100mm (4 inch) minimum above the floor level and shall not have more than 6mm (1/4 inch) clearance above the floor level, if there are employees below and conditions dictate.
6. Guardrails must be capable of supporting 91 kg (200 pounds) in any direction.

M. Material Hoses.

1. Inspect at regular intervals.
2. Operating rules shall be posted at operator's station.
3. "No Rider" signs posted at all stations.
4. All entrances shall be properly protected.
5. All entrance bars and gates shall be painted with diagonal contrasting stripes.
6. Have experienced operator.
7. Current crane certification inspection sticker and papers on rig.

N. Material Hoses.

1. Inspect all lights, brakes, ties, horn, etc. at regular intervals.
2. Do not overload vehicles.
3. Trash trucks shall have covers.
4. No riding on edge of pickup truck bed.
5. No riding on concrete trucks, loaders, backhoes, etc.
6. Back-up alarms on loaders, tractors, backhoes, etc.

0. Material Storage and Handling.

1. Designate material storage area.
2. Keep material at least 61 cm (2 feet) from edge of excavation.
3. Control drinking water.
4. Inspect frequently.

P. Concrete, Concrete Forms and Shoring.

1. Employees tying rebar more than 2 meters (6 feet) above adjacent working surface shall use safety harnesses.
2. Trowel machines shall have automatic shut off switch.
3. No riding on concrete buckets or flying forms.
4. All forms properly shored.
5. Single post shores shall be braced horizontally.

Q. Use of cranes and derricks.

1. The use of a crane or derrick to hoist employees on a personal platform is prohibited, except in the situation where no safe alternative is possible.

SAFETY EQUIPMENT CHECK LIST

The following is a list of safety equipment that should be on the jobsite at all times. It should be checked regularly by the Superintendent to see that the required equipment is on the jobsite and in kept good condition.

1. Safety goggles, shields and glasses.
2. Hearing protection.
3. Respirators.
4. Fire extinguishers (properly charged.)
5. First Aid Kit (check list inside kit).
6. Stretcher or Stokes Litter.
7. Welding masks and goggles.
8. Storage racks for oxygen and acetylene bottles.
9. Guards on all power tools.
10. Trash barrels.
11. Safety Policy posted.
12. Dry run to clinic for emergency procedure.

EMERGENCY PHONE NUMBERS

This list should be filled out and placed in conspicuous place near the telephone (such as the bulletin board in the office trailer). Foremen and jobsite secretaries should be made aware of the safety policy and emergency phone numbers as well.

EMPLOYEE SAFETY CHCK LIST (SAMPLE)

Employee Name:_____ Date: _____

Job Name: _____ Job Number: _____

Superintendent: _____

FIRST DAY SAFE JOB INTRODUCTION - Check all items as covered:

1. Basic Safety
   - () Personal Information
   - () Company's Safety Policy
   - ( ) Safety Contest and Department Awards
   - ( ) Safety Representative

2. Protective Equipment
   - () Eye Protection - equipment issued ___ yes___ no
   - () Work Shoes
   - () Head Protection - Hard Hat
   - () Any additional special department equipment - equipment issued ___ yes___ no

3. Accidents
   - ( ) Does employee understand WHY we want them to report the injury?
   - () Explain that he/she must record the accident by informing the Superintendent or Foreman IMMEDIATELY (Immediately meaning at or near the time of injury and on the same day of the injury).
   - ( ) Explain that failure to report accidents immediately is a violation of Safety Policy and may be subject to immediate termination.
   - () Make sure employee understands CLEARLY what he/she is to do immediately if injured, no matter bow slight.

4. Employee Responsibilities to Co-Workers
   - () Explain how employee's own personal safety and that of fellow workers, depends on them.

5. Explanation of General and Departmental Safety Rules.

( ) Explain safety rules and the consequences of safety violations.

() Request employee to study them.

() Encourage employee to ask questions.

6. Proper Job Instruction

() Show employee the safe, correct and easiest way to do job.

( ) Actually illustrate methods and question employee on understanding.

( ) Brief employee on proper lifting techniques.

() Written hazard communication program and explain to employee.

() Material safety data sheets (M.S.D.S) and explain to employee.

COMMENTS:

I state that I have attended the safety orientation, have read, and received a copy of the safety rules and regulations.

I further state that I understand these rules and acknowledge that compliance to safety rules and regulations is a condition of employment.

EMPLOYEE SIGNATURE: _____ DATE_____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

APPROVED BY SUPERINTENDENT: _____ DATE: _____

FALL PREVENTION PROGRAM

Purpose
To provide guidelines for maximum protection for **all** personnel against falls.

Goal
Achieve 100% Fall Protection for all personnel when working above ground level.

Responsibility
Contractor and Subcontractor are responsible for supporting and enforcing this program to ensure 100% compliance by all personnel. The Owner shall have full authority to ensure 100% enforcement of the program. The Owner's primary responsibility however, will be to support and monitor the program for compliance and to advise Contractor.

Procedures
All Contractor/Subcontractor personnel on this project will be required to wear an approved full body harness with two (2) shock absorbing lanyards.

Contractor&Subcontractor shall make maximum use of primary fall protection systems such as scaffolds, aerial lifts, personnel hoists, etc. These systems shall be equipped with complete working/walking surfaces free of floor openings, with standard guard rail systems and a safe means ofaccess.

Personnel traveling or working in elevated areas where a fall exposure exists shall make use of secondary fall protection in securing their safety lanyard at all times to a structure, lifeline or approved fall arresting device capable of supporting 5400 pounds.

Personnel working from or traveling in powered work platforms or personnel lifting/hoisting devices shall also properly secure their safety lanyards as noted in procedures below.

NOTE: PERSONNEL TRAVELING IN CONSTRUCTION ELEVATORS ARE NOT REQUIRED TO SECURE SAFETY LA1'TYARDS.

Fall protection devices such as lifelines, safety harnesses/lanyards, etc., shall be inspected on a regular basis for damage and/or deterioration. Defective equipment shall be removed from service and destroyed or repaired.

Fall prevention devices and systems shall not be used for any purpose other than employee safe-guarding.

Contractors/Subcontractors shall comply with the requirements set forth in this program as a minimum for fall protection.

Fall Protection Devices

1. Primary Fall Prevention Systems

These systems provide walking and working surfaces in elevated areas which are free from floor openings and are equipped with standard guard rail systems on all open sides and with closure apparatus for ladder openings or other points of access when required , These systems include, but are not limited to; scaffolds, pencil boards, aerial lifts (JLG, scissor lifts, etc.) and other approved personnel hoisting devices,

Standard guard rail systems consist of a top rail of 2 X 4 lumber or equivalent material approximately forty-two inches (42") above the walking/working surface, a mid rail at approximately twenty-one inches (21 ") above said surface. Upright support post spacing must not exceed eight feet (8') and the entire system must be capable of supporting 200 pounds force in any direction with minimum deflection, These systems are used to guard open sides of floors, platforms and walkways in elevated areas.

Floor opening/hole covers are used to close opening and holes in floors, platforms and walkways. These covers must be capable of supporting the maximum potential load they may be subjected to. The cover must completely cover the opening/hole and be secured against accidental displacement. These covers must be marked **"HOLE COVER - DO NOT REMOVE"**

2. Secondary Fall Protection Systems - Safety Harness/Lanyard Systems

These systems must be worn and used as a backup to the Primary Fall Protection Systems noted above and/or in the absence of Primary Systems.

Only safety harnesses/lanyard systems furnished by the Contractor may be used on this project. Personal safety harnesses/lanyard systems may not be used.

Contractors/Subcontractors shall provide appropriate fall protection for their employees. Lanyards must be of the shock absorbing type when used for fall protection.

The fall protection lanyards shall be attached to the d-ring located in the middle back of thesafety harness.

D-rings located at the waist may only be used for positioning and with rail type ladder climbing devices.

Work positioning lanyards are to be attached to cl-rings at the waist belt location and be supported by an appropriate work belt. Positioning lanyards need not be of shock absorbing type and must not be used for fall protection. The positioning lanyard must always be backed up by a properly secured shock absorbing fall protection lanyard.

Lifelines

Lifeline systems are points of attachment for fall protection lanyards and must be capable of supporting at least 5400 pounds. Lifelines may be mounted either vertically or horizontally and are generally intended to provide mobility to personnel working elevated areas.

Horizontal Lifelines must be made at least three eighths inch (3/8") wire rope cable properly supported to withstand at least 5400 pounds impact.

Horizontal Lifelines should be positioned so as to provide points of attachment at waist level or higher to personnel utilizingthem.

Lifelines shall not be used for any purpose other than fall protection.

Horizontal Lifelines shall be installed and maintained by the Contractor's assigned personnel.

Vertical Lifelines are used for personnel fall protection when vertical mobility is required and may be comprised of static lifelines made of synthetic fiber rope or cables which are equipped with approved sliding rope grabs or they may consist of self retracting reel type lanyard/lifelines which are attached directly to a safety harness.

Static rope lifelines with rope grabs are required for personnel working from spiders/ski-climbers and two point suspension scaffolds, These types of lifelines can also be used to provide fall protection for other operations such as scaffold erection and structural steel erection where tie off points are limited and vertical mobility is required .

Sliding rope grabs approved for the size rope used are the only method for securing a safety lanyard to a vertical lifeline. Lanyards shall not be attached to lifelines by means of knots or loops.

Rope grabs shall be positioned on the lifeline above the shoulders of the user.

Other devices which can be used are:

Safety Nets
Safety nets may be used in some situations as secondary fall protection and shall be inspected regularly by the Contractor's assigned competent person.

Connector Toggles
These devices lock into structural steel bolt holes to provide an attachment point for a safety lanyard. These devices are to be used by structural iron connectors and bolt up personnel during steel erection.

Concrete Form Tie-Offs

These devises attach to patented concrete forms to provide an attachment point for safety lanyards. These devices are to be used when placing concrete forms at elevations where a fall exposure exists.

Lifeline Placement/Installation

Horizontal Lifelines

Ail horizontal lifelines placed in skeletal steel structures (e.g. pipe racks, etc.) shall be three-eighths inch (3/8" cable as a minimum and shall be secured on each end by at least two (2) cable clamps. Intermediate supports shal1 be adequate to minimize sag and vertical deflection under loading.

Horizontal lifelines shall be installed and maintained by the Contractor's assigned competent person.

Priority shall be given to lifeline placement as structures are erected.

Lifelines shall be arranged to provide adequate mobility in all areas of the structure while maintaining 100% fall protection for personnel.

Lifelines should be arranged to provide tie off points at lease waist high for personnel using them. LifeJines shall not be used for any purpose other than fall protection.

Personnel installing lifelines shall be protected from falls at all times by use of retractable lanyards or tie off to structural steel, etc.

The Contractor/Subcontractor shall schedule regular documented inspections of all lifelines at least weekly.

Vertical Lifelines/Retractable Lifelines

1. Static Rom

   Static rope lifelines shall be made of synthetic fiber rope approved and maintained by the Contractors assigned competent person.

   Static rope lifelines must be used with approved rope grabs for lanyard attachment.

   Static rope lifelines must be anchored at the top by means capable of supporting 5400 pounds.

   NOTE: SOFTENERS **SHOULD BE USED WHERE LIFELINES** CONTACT **SHARP** EDGES **SUCH AS BEAM** FLANGES.

Static rope lifeline/rope grabs will be placed for each person working from or riding in spiders/ski-climbers or two point suspension scaffolds. Each person must have an individual lifeline.

2. Retractable Reel Lifelines

Retractable lifeline devices shall be attached to supports capable of withstanding 5400 pounds impact loading.

Retractable lifeline devices shall be secured by means of shackles and wire rope chokers or synthetic slings, ROPE (synthetic or natural fiber) SHALL NOT BE USED TO SECURE THESE DEVICES.

Each retractable lifeline device shall be equipped with a rope tag line for extending the device to elevations below the point of attachment.

Retractable lifeline devices shall be placed at the top of every temporary construction ladder which is to be used for repeated access /egress to elevations.

Retractable lifelines devices shall also be used to provide fall protection to structural ton workers during erection prior to installation of other fall protection systems.

Ladders

Permanent caged structural ladders may be ascended or descended without additional fall protection.

Temporary construction ladders shall extend at lease thirty-six (36") above their uppermost landing and be secured against displacement.

When ascending or descending ladders, personnel shall use both hands. Materials or tools shall not be carried in hands while using ladders.

All temporary construction ladders placed for repeated access /egress to elevations shall be equipped with retractable lifelines. Personnel using these ladders shall secure the retractable lifeline to their harness while ascending or descending the ladder.

Retractable lifeline reels shall be secured above the highest point of access to applicable ladders and be equipped with tag line of one-forth inch (1/4") synthetic fiber rope extending from the lifeline reel to the ground when the reel is fully retracted.

Portable ladders (e.g. extension ladders, step ladders, etc.) do not require the retracting lifeline when they are used for access to an elevation to perfom1 a single task, while using these types of ladders the following must be complied with:

- Personnel using the ladder must receive specific training concerning the use of portable ladders and associated fall protection techniques.

- Personnel climbing ladders which are not tied off at the top must have another person hold the ladder at the bottom until it can be secured. This includes the last trip down after untying a ladder at the top.

- Upon climbing to the elevation where the task is to be performed the person on the ladder shall properly secure their safety lanyard. Next, the ladder must be tied off before work can begin. When the task is complete the process is reversed with the safety lanyard being the last protective device released prior to descent.

Temporary Lifts/Hoisting Devices

Every effort shall be made to ensure all temporary platforms/walkways are equipped with solid decks free of openings and equipped with standard guard rail systems.

Personnel working from temporary platforms or traveling on temporary catwalks shall have their safety lanyard secured to a lifeline capable of supporting 5400 pounds impact loading.

Every temporary work platform or walkway must be provided with a safe means of access/egress which allows personnel to remain tied off at all times. Retractable lifelines shall be used to achieve fall protection while ascending or descending access ladders to temporary work platforms or walkways.

Personnel Lifts/Hoisting Devices

1. Aerial Lifts (JLG. Scissors, Snorkel. Etc.)

   Personnel riding in or working from these lifts must secure their safety lanyard. to the lift basket at all times.

   Lifts shall be placed on solid level surfaces to eliminate the possibility of overturning.

2. Spider and Ski-Climbers

   Personnel riding in or working from these hoisting devices shall each be provided an independent lifeline and rope grab to which their lanyard shall be secured at all times when aloft.

3. Crane Hoisted Personnel Baskets

   Use of these devices shall comply with the safety procedures set forth by OSHA as minimum or Contractor's Safety Procedure, whichever is more stringent.

Personnel riding in or working from personnel baskets must have their lanyard secured to the basket when aloft.

4. Elevators
Personnel riding inside enclosed elevator cars are not required to secure their safety lanyard.

Skeletal Steel/Open Structures

This section deals with fall protection when personnel are required to gain access and work in skeletal steel/open structures such as pipe racks. This includes traveling on or working on any elevated surface which is not designed as a personnel work surface or walkway (e.g. pipe, cable tray, etc.).

Personnel working or traveling in elevated skeletal steel/open structures shall secure their lanyards to a lifeline or structure capable of supporting 5400 pounds at all times (100% fall protection).

NOTE: THIS INCLUDES BOTH HORIZONTAL AND VERTICAL TRAVEL.

Adequate lifeline systems will be provided on skeletal/open structures to allow 100% fall protection for personnel working or traveling in these structures.

Vertical travel in these structures shall consist of properly placed and secured access ladders equipped with retractable lifelines. Personnel climbing or descending these ladders shall secure these retractable lifelines to their safety harnesses while using the ladder.

In lieu of lifelines, personnel may secure safety lanyards to substantial structural steel members, pipe and pipe supports. Personnel shall avoid securing lanyards to cable tray, conduits, small bore pipe less than 2" in diameter, screw pipe, and insulated pipe.

Permanent Structures/Stairs/Caged Ladders

All <Author>, Contractor and Subcontractor personnel are required to wear an approved full body safety harness and shock absorbing lanyards if the personnel are working or traveling in complete permanent structures where fall protection exist, such as floor openings and open sided floors must be properly tied off within six feet (6') of any fall exposure.

Priority shall be given to installation and securing of permanent floors and walking surfaces and all guard rails and other permanent fall protection devices.

Temporary guard rails and floor covers shall be installed to eliminate fall exposures.

Only Contractor or Subcontractor personnel responsible for steel erection are allowed on elevated floors with fall exposure, such as floor openings or open sided floors unless permission has been granted for other personnel to be working around fall exposure. Such parties shall exercise extreme caution and communicate with the competent person or persons in charge of the permanent structure.

Permanent stairs when completed shall be used to access or egress elevated work areas.

Caged ladders do not require secondary fall protection as the cage is a fall protection device. Personnel climbing ladders must keep both hands free for climbing at all times.

Structural Steel Erection

Personnel erecting structural steel shall achieve 1 00% fall protection through use of safety harness/lanyards, retractable lifelines, connectors, toggles and aerial lifts, snorkel, etc.).

Access to structural steel shall be obtained by use of ladders. aerial lifts or other approved personnel hoisting devices. Climbing of structural steel members such as columns and diagonal braces shall not be allowed.

Prior to and during horizontal lifeline placement, structural personnel shall crawl (coon) steel members with lanyards secured around said members. Retractable lifelines secured at elevations above the point of operation may be used in some applications to provide fall protection prior to availability of horizontal lifelines.

When lanyard lengths longer than standard are required due to large steel members, the Project Safety Department shall be contacted to approve methods for obtaining the additional length,

Reinforcement Steel/Concrete Form Work

Personnel working on rebar walls, piers and on concrete form walls must have fall protection 100% of the time they are off the ground.

This fall protection can be achieved through the use of retractable lifelines, static lifeline and rope grabs or use of double lanyards.

Personnel working rebar or formed walls and elevated piers generally require a work positioning lanyard (cannot be used for fall protection) and a fall protection lanyard.

On vertical rebar walls the safety lanyard shall be secured at a point above the workers head, either to a lifeline or a horizontal section of rebar.

On form walls personnel shall use patented construction form tie-off attachments or lifelines to

secure their safety lanyards.

Rigging/Crane Assembly and Dismantling

Crane assembly-dismantling operations pose a challenge to the 100% fall prevention program. However, through thought and planning maximum protection can be achieved.

Fall protection shall be obtained during these operations trough the use of retractable lifelines and safety harnesses with lanyards. Personnel shall minimize movement in elevated areas by usingladders and personnel lifts.