



EHS Policy Requirements for Contractor Safety

1. PURPOSE & SCOPE

To establish minimum requirements for using and providing oversight for Contractors and Service Personnel. These requirements apply to all Contractors and Service Personnel engaged by Anchor Glass Container Corporation ("Anchor"). Anchor may amend these requirements at any time, in its sole discretion.

2. DEFINITIONS

2.1 Competent Person

One who is capable of identifying existing and predictable hazards in the surroundings or working conditions, which are unsanitary, hazardous or dangerous to employees, and has the authority to take appropriate corrective measures to eliminate them.

2.2 Contractor

For the purpose of this document, a Contractor is an individual or group of individuals who are retained to perform work by Anchor but are not directly supervised by Anchor employees. As used in this document, Contractor also means sub-contractor.

2.3 Job Hazard Analysis

A documented evaluation of the hazards associated with an area, process, and/or equipment conducted by person(s) knowledgeable of safety and health hazards.

2.4 Service Personnel

Those Contractors whose work does not affect process safety. This includes Contractors working on non-manufacturing equipment such as vending machines and office equipment, or those who provide janitorial or laundry services.

3. PROCEDURE

3.1 General Requirements

o Job Hazard Assessment

A job hazard assessment may be used to determine the requirements for specific work. The requirements depend upon the extent to which the work:

- May affect the safety of the manufacturing processes;
- Involve or introduce safety or health hazards to the work area.

For example, selecting and overseeing Service Personnel may require less detailed procedures than for construction work.

o Documentation

The documentation must include evidence of Contractor programs and safety performance/accident statistics.

3.2 Pre-Job Activity

o Safety and Health Orientation

Before work begins, the Contractor shall ensure that each of its employees has received plant, and if necessary, department-specific safety and health orientation. The Contractor must provide documentation of the training to Anchor.

All Contractor orientation shall include:

- Means for Contractors to provide the Anchor plant with information about hazards the Contractor's activity may generate;
- Means to ensure that Contractors and subcontractors are included in any incident investigations that involve them or their work;
- Means to ensure that the Contractor informs Anchor of any chemicals it brings on the plant site;
- Emergency plans, alarm and evacuation procedures;
- Plant specific requirements and rules, such as work authorization procedures; and
- Known potential fire, explosion, or toxic release hazards related to the Contractor's work or work area.

o Work Safety Briefing

A documented work safety briefing to finalize and communicate the safety and health requirements for the job shall be conducted for each job.

3.3 Monitoring and Evaluation Contractor Performance – Work in Progress

o Contractor Evaluation

All inspections, job site reviews, formal safety and health evaluation procedures, evaluation procedures of the Contractor, and the Contractor's work shall include:

- Means to verify Contractor's compliance with Anchor plant and other requirements.
- Procedures to dismiss or remove the Contractor from the plant premises, if and when necessary.
- Means to maintain a summary of injuries and illnesses of Contractors.



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- **Communication to Competent Person**
The Contractor's "Competent Person" and/or on-site supervision shall be identified and apprised of the means Anchor may use in monitoring the Contractor's performance on-site.
- **Annual Review**
The Contractor's safety and work performance shall be formally reviewed at least annually. The review shall be documented.

4. CONTRACTOR'S RESPONSIBILITIES

- **Training/Orientation**
 - A. The Contractor is responsible for ensuring its employees and subcontractors have the necessary training, in both job skills and safety and health training, to perform their specific job tasks. Documentation of the training and the means used to verify that the training was understood is required.
 - B. The Contractor is responsible for ensuring that all of its employees receive plant-specific safety and health orientation, and that its employees follow all safety and health requirements on-site.
- **Safety Equipment**
The Contractor is responsible for providing all safety equipment that is required for each job. Work must not begin until all such equipment is in place and ready for use.
- **Requirements**
The Contractor must abide by all local, state, and federal laws, as well as all Anchor requirements.
- **Contractor Accidents/Incidents**
The Contractor shall immediately inform Anchor of accidents/incidents involving the Contractors' employees or any equipment. The Contractor and its employees and subcontractors shall conduct documented investigations of all near misses, incidents, and accidents. Documentation of these investigations shall be forwarded to the Anchor contact for the Contractor. Contractors, their employees, and subcontractors shall also participate in Anchor-sponsored investigations.
- **Competent Person Requirements**
The Contractor must have a "Competent Person" in the work area when required by OSHA and Anchor.
- **Unique Hazards**
The Contractor must advise Anchor of any unique hazards presented by the Contractor's work and of any hazards identified during the course of work.
- **Submissions**
Contractor is required to submit copies of the following to Anchor:
 - OSHA Citations for the last three years.
 - Written safety, health & environmental policy / program.
 - OSHA 300 Log for the last three years (if any OSHA recordables are listed, please include type of injury).

5. RELATED DOCUMENTS

Attachment 1 – Contractor Safety & Health Questionnaire

Attachment 2 - Contractor Pre-Job Hazard Analysis



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Attachment 1

CONTRACTOR SAFETY & HEALTH QUESTIONNAIRE

<i>SAFETY & HEALTH INFORMATION</i>			
1. Workers Compensation Experience Modification Rate (EMR) Data			
EMR for three last years:	_____	2017	
	_____	2018	
	_____	2019	
2. Is your company self-insured for workers compensation claims? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. Using the information from your OSHA 300 log please provide injury and/or illness data for the last three years.			
	2017	2018	2019
Total Hours Worked			
Avg. # of Employees			
Number of Recordable Cases			
Recordable Incident Rate			
Number of Restricted Workday Cases			
Restricted Day Incident Rate			
Number of Lost Workday Cases			
Lost Workday Incident Rate			
Number of Fatalities			
NOTE: The following formula should be used when calculating the incidence rates: <div style="text-align: center;"> $\frac{\# \text{ of Cases} \times 200,000}{\# \text{ of hours worked}}$ </div>			
4. Some companies are not required to complete an OSHA 300 log because they have too few employees or are exempted by virtue of the service they perform. If you do not complete an OSHA 300 log is it because:			
Your company has too few employees:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Or, because your company performs a service which is exempted from completing an OSHA 300 log?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. If you do not complete an OSHA 300 log and you answered "No" to the above questions, please explain: _____			
6. Have you received any OSHA citation(s) for the three most recent years? _____ 2017			
If yes, please describe: _____ 2018			
_____ 2019			
7. Does your company have a written substance abuse program? YES <input type="checkbox"/> NO <input type="checkbox"/>			
8. Does it include the following:			
<input type="checkbox"/> Pre-employment Testing	<input type="checkbox"/> Testing for Cause		
<input type="checkbox"/> Random Testing	<input type="checkbox"/> DOT Testing		



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SAFETY AND HEALTH PROGRAM ELEMENTS

1. Do you have a new employee orientation program? YES NO
 If yes, does it include instructions on the following?

	YES	NO		YES	NO
Company Safety Policy			Personal Protective Equipment		
Company Safety Rules			Respiratory Protection		
Safety Meeting Attendance			Fall Protection		
Company Safety Record			Scaffolding		
Hazard Recognition			Hazard Communication		
Hazard Reporting			Barricades		
Injury Reporting			Housekeeping		
Safety Audits			Fire Protection		
OSHA Regulations			Emergency Procedures		
Medical Treatment			Trenching / Excavation		
Drug / Alcohol Use			Rigging & Lifting		
Vehicle Safety / Forklift			Confined Space		
Hearing Protection			Electrical Safety / Lockout/Tagout		
Eye Protection			Welding / Cutting		
Spill Prevention			Waste Disposal		

2. Do you hold periodic safety meetings for your employees?

Weekly	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bi-Weekly	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Monthly	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Less often, as needed	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3. Do you conduct field inspections of work in progress? YES NO
 If yes, who conducts the inspection?
 How often? _____ Are corrections / corrective actions documented? YES NO

4. Is safety a criteria in evaluating the performance of:

Foreman	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Supervisors	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Management	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Describe who will provide your first aid and other medical services for your employees while on site.

6. Do you have personnel trained to perform first aid and CPR? YES NO

NOTE: When submitting this questionnaire, please submit copies of:
 A. OSHA Citations for the last three years.
 B. Letter from your insurance agent, insurance carrier or state fund (on their letterhead) verifying the EMR data listed in this questionnaire.
 C. Written safety, health & environmental policy / program.
 D. OSHA 300 Log for the last three years (if any OSHA recordables are listed, please include type of injury).

Contractor's Representative

_____/_____/_____
SIGNATURE PRINT NAME DATE



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GUIDELINES FOR COMPLETING THE CONTRACTOR SAFETY & HEALTH QUESTIONNAIRE

Do not leave any items unanswered. Mark N/A (not applicable) where appropriate.

Definitions:

North American Industry
Classification System Code (NAICS)
Or Standard Industrial Code (SIC):

A system that categorizes all U.S. economic activity into groups with existing structure of American industry. (i.e. SIC # 15 = Construction - General Building Contractors)

The NAICS or SIC Code may be obtained through your insurance carrier.

Experience Modification Rate:

A computation (often used in workers compensation (EMR) insurance) which adjusts or modifies the premium charged for insurance, increasing or decreasing depending on the loss experience of the policyholder.

The EMR can be a valid measure of a company's success or failure of preventing worker injuries.

The EMR can be obtained from your insurance carrier.

OSHA 300 Log:

A log required by the Occupational Safety and Health Act that is used to classify recordable occupational injuries and illnesses and for noting the extent and outcome of each case.

Certain employers may be exempt from following the OSHA Requirements. Please discuss your requirements with your insurance carrier.



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Attachment 2

Contractor Pre-Job Hazard Analysis

Date: _____ Location: _____

Purchase Order Number: _____

Contractor: _____ Supervisor: _____

Project Description: _____

- | | |
|--|---|
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Lock, Tag and Try |
| <input type="checkbox"/> Plant Entry | <input type="checkbox"/> Hot Work |
| <input type="checkbox"/> Location of MSDS | <input type="checkbox"/> Ladders/Mobile Platforms/Scaffolds |
| <input type="checkbox"/> Vehicle rules | <input type="checkbox"/> Forklifts |
| <input type="checkbox"/> Line Breaking | <input type="checkbox"/> Contractor Employee Conduct |

Incident Reporting to: _____

Evacuation muster point: _____

Number of employees in crew: _____

Work areas: _____

Lay down areas: _____

Utilities available: 110V Electric Water Air (60 psi) Other _____

Other safety precautions pertinent to work: _____

Available break/smoke areas: _____

Condition of work area upon arrival: _____



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BASIC SAFETY RULES:

- Work hours for this job are: _____ AM to _____ PM
- Each day, Contractor must be given permission to begin working via a permit issued by the plant representative.
- Smoking is not permitted in the plant except in locations so designated.
- The use of or being under the influence of alcoholic beverages or other intoxicating materials is strictly forbidden on Anchor property – including parking lots.
- All personnel must wear appropriate personal protective equipment while on site. Hard hats, safety glasses with side shields, hearing protection, leather or other appropriate work gloves, leather work shoes, slacks, and shirts with sleeves, unless specifically exempted by the plant safety representative, are the minimum requirement.
- Safety equipment is the responsibility of the Contractor and will not be supplied by Anchor.
- All equipment, safety equipment and tools such as ladders, electric hand tools, etc. must meet applicable OSHA 1910 and 1926 standards.
- Any work involving floor openings must be properly barricaded.
- The use of open flames, welders, grinders, electronic equipment or other spark producing equipment requires special daily permits.
- No tanks, vessels, machinery, pipelines or electrical conduit can be worked on until it has been verified safe by the proper personnel.
- The Contractor’s supervisor must inspect the jobsite at the end of each day and correct any unsafe conditions or housekeeping problems before leaving the site.
- Contractor’s employees are restricted from entering any area of the plant other than the approved work and laydown areas.
- Upon completion of the job, all machine guarding will be placed back in a manner to meet the OSHA 1910.217 requirements.

I have read and discussed the above with the Anchor representative and understand that it is my responsibility to inform and control personnel under my supervision and ensure compliance with Anchor safety and security procedures while on Anchor property. Should my workers or sub-contractors be on site without me, a substitute supervisor will review and sign this sheet prior to the start or continuance of work. Violations of these rules may result in ejection from the plant.

Contractor (Print)

Contractor (Sign)

Date
