

It is the policy of Raytheon Company that the establishment of safe, healthy working conditions and safe work practices are essential requirements at all locations, including customer locations.

For ease of reference, all awarded or potential contractors, subcontractors, suppliers and vendors that receive this document shall be referred to as the "Contractor". That term includes persons or firms performing work for the Contractor in connection with a purchase order or subcontract Raytheon Company issued to the Contractor.

These requirements apply to all requests for proposal (RFPs), requests for quotation (RFQs), subcontracts, purchase orders, service agreements or other instruments issued (hereinafter collectively referred to as the "Purchase Order") for activities when all or part of required performance will be accomplished on Raytheon Company property or whenever the premises are under the control of Raytheon Company. These SA-019 requirements apply in addition to and not in place of other requirements set out in the Purchase Order.

### **Section A: General Requirements**

1. Contractor must conduct its activities so that equipment, supplies and work practices are safe for workers and can be understood by all workers and others present at the work location.
2. Contractor shall provide a safe work area free from recognized hazards, shall use due care to prevent damage to property materials and equipment, and shall comply with all applicable federal, state, and local environmental, health and safety (EHS) laws, regulations and standards. Contractor shall restore to original condition any damaged property, materials and equipment.
3. All items furnished and all work performed by Contractor shall comply with the most current applicable requirements of the U.S. Occupational Safety and Health Administration (OSHA), U.S. Environmental Protection Agency (EPA), federal, state and local EHS regulations and standards in the jurisdiction where the work is being performed. Any failure to comply with the applicable laws, regulations, and standards may be grounds for termination of the Purchase Order.

### **Section B: Pre-Bid Requirements**

1. Contractor shall provide pre-qualification information using the **Raytheon Company Contractor Pre-Qualification Safety Record and Information Form (Attachment EHS001)**, upon submission of bid or before pre-bid walk-through of job site (or pre-bid meeting) if applicable. Contractor shall update the Attachment EHS001 annually by February 1 for the duration of the Purchase Order.
2. Contractor shall appoint a qualified safety representative to act as a focal point for all matters relating to EHS performance.
3. Contractor shall provide no later than submission of its bid a **Contractor's Safe Work Certification Form (Attachment EHS002)**.
4. Contractor shall conduct a hazard assessment during the "job walk-through" (or similar pre-bid site review) describing the scope of work, identifying the hazards associated with the work, and identifying measures to be taken to protect Raytheon Company's employees, Contractor's employees and any other people present on the job site from identified hazards in accordance with all applicable federal, state and local laws, regulations, and ordinances. Protective measures

shall include, but shall not be limited to, engineering controls, safe work practices, training, and personal protective equipment. If a “job walk-through” (or similar pre-bid site review) is deemed unnecessary by Raytheon Company, or otherwise not conducted, Raytheon Company will establish a reasonable timetable for the receipt of a completed Contractor Safety Checklist from Contractor.

5. Before performing any work at a site located in California, Contractor shall provide a copy of its Injury and Illness Prevention Program/Plan.

### **Section C: Post Award Requirements**

1. Contractor shall provide Raytheon Company a **Contractor Safety Checklist: Potentially Hazardous Work Requirements & Identification Form (Attachment EHS003)** before the commencement of work. NOTE: This form is solely for purposes of information gathering by Raytheon Company about a Contractor’s EHS program, procedures, and past training history. Contractor shall remain responsible for the safety of its employees, as well as be responsible for any harm or damage resulting from any safety hazards or environmental contamination the Contractor introduces onto any Raytheon Company property or premises under the control of Raytheon Company.
2. After Purchase Order award and prior to commencement of work, Contractor shall submit to Raytheon Company a completed **Contractor Summary Data For Safety Program Form (Attachment EHS004)**, Sections II through VI, including a written and dated site-specific Safety and Health Plan establishing safety and health policies, programs, and procedures governing work.
3. Contractor shall conduct all work in accordance with the approved Safety and Health Plan. The Raytheon Company approved Safety and Health Plan shall be available on-site at all times during work operations.
4. Contractor shall designate in writing an on-site safety representative who will be Contractor’s main point of contact with Raytheon Company.
5. Contractor shall provide a telephone or other reliable means of communication at the work site.
6. Contractor shall post the telephone number and access route descriptions for emergency contacts with fire department, hospitals, emergency medical services and police agencies serving the work site.
7. Contractor shall assess the work area for environmental, safety, and health hazards (or potential hazards) and mitigate all potentially unsafe situations, conditions, and activities.
8. Contractor shall maintain ready availability at the work site of all required hazardous material lists, Safety Data Sheets (SDS), OSHA information posters, safe practices codes, insurance certificates and other such notices as required by federal, state or local laws.
9. Contractor shall provide and maintain adequate, readily-available first-aid supplies, sanitation facilities, drinking water, fire extinguishers, and personal protective equipment.
10. Contractor shall provide and maintain adequate and current safety training for the site safety requirements as identified in the Safety and Health Plan for all contract and lower-tier subcontract suppliers assigned to perform work under the contract. (As used herein, “current” means up to date training that meets regulatory requirements.) Performance and documentation of safety inspections to adequately manage risk shall occur at least weekly or as required by the local Raytheon representative.

11. Contractor shall plan, perform, and document safety meetings at least weekly and whenever new safety-impacting work phases are to commence.
12. Contractor shall have provisions for ensuring 100% fall protection whenever Contractor's personnel or its lower-tier subcontractors and suppliers are engaged in activities at elevated working surfaces 4 feet or more above ground or a lower level.
13. Contractor shall have written guidelines and management practices for enforcement of all safety & health requirements.
14. Contractor shall coordinate and control safety activities of its lower-tier subcontractors and suppliers in accordance with the **Contractor Summary Data For Safety Program Form (Attachment EHS004)**.
15. Contractor shall immediately report, or as soon as practicable, any and all accidents on the job site involving Contractor's employees or its subcontractor's personnel to Raytheon EHS and the Raytheon project manager. Immediately or as soon as practicable, Contractor shall initiate an incident investigation to identify root cause, corrective/preventive action, and implement corrective actions as soon as possible to ensure the incident does not occur again. A written report must be prepared by Contractor and submitted to Raytheon EHS and the Raytheon project manager within 48 hours of each incident.
16. Contractor shall timely submit all various EHS reports as required. These reports may include, but are not limited to, Accident/Damage reports, Contractor Safety Violation reports, and/or Incident Investigation reports.

#### **Section D: Site Specific Requirements and Attachments**

1. Contact Raytheon Company if this SA-019 is delivered and one of the following blocks is not marked with an "X":
  - There are no additional site-specific EHS Requirements
  - Site-specific EHS Requirements are described in an attached Addendum
2. The following Raytheon Company forms are attached and incorporated by this reference.
  - EHS001. Raytheon Company Contractor Pre-Qualification Safety Record and Information Form
  - EHS002. Contractor's Safe Work Certification Form
  - EHS003. Contractor Safety Checklist: Potentially Hazardous Work Requirements & Identification Form
  - EHS004. Contractor Summary Data and Safety Program Form

**RAYTHEON COMPANY CONTRACTOR PRE-QUALIFICATION SAFETY RECORD AND  
INFORMATION FORM  
ATTACHMENT EHS001 (PRE-BID)**

**Environmental, Health and Safety (EHS) Record and Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone / Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be executed by Contractor's Officer (or similar company representative with authority to bind the company)**

1. Has your company received any environmental or safety citations from any U.S. Government, city, or local entity for the past ten years?  Yes  No. If yes, please attach copies to this form.

2a. List your firm's Experience Modification Rate (EMR) for the past three consecutive years.

\_\_\_\_\_ - EMR: \_\_\_\_\_ -EMR: \_\_\_\_\_ -EMR: \_\_\_\_\_

2b. The Contractor/bidder shall obtain and provide as a part of the bid a signed and dated letter from the appropriate Workers' Compensation carrier stating that the EMR listed for the three (3) years in Item 2a above is correct. Failure of bidder to provide a signed and dated letter from the Workers' Compensation Carrier may disqualify bidder from competing in the bidding process. Those Contractors who are self-insured must attach a letter signed by an officer of their company stating that they are self-insured and do not have an EMR.

3a. How often are accident reports (OSHA 300) and report summaries sent to the following?

	<u>Never</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
President of Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Please explain the reporting structure for the individuals listed above (e.g., How many direct reports does the "Safety Director" have? What is the title and/or position of the individual who the "Safety Director" reports to?).

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4a. Please use your current (year to date) and last three (consecutive) years of OSHA No. 300 Log data to fill in the following:

NAICS Code:	<b>Insert Year:</b>	_____	_____	_____
A) Total number of OSHA recordable cases:		_____	_____	_____
B) Number of transfer and restricted cases:		_____	_____	_____
C) Number of lost workday cases:		_____	_____	_____
D) Number of lost workdays:		_____	_____	_____
E) Number of fatalities:		_____	_____	_____
F) Employee hours worked each year:		_____	_____	_____

4b. Complete the following rate information based upon current year-to-date numbers taken from your firm's OSHA No. 300 log, as well as for your last three consecutive years. (Refer to item No. 4(a) above for calculation purposes)

	<b>Insert Year:</b>	_____	_____	_____
A) OSHA Recordable Incident Rate:		_____	_____	_____
B) DART Rate:		_____	_____	_____
C) Lost Workday Rate:		_____	_____	_____

**Rate Calculation Formula:**

$$\frac{\text{Number of Cases X 200,000}}{\text{Total Hours Worked Per Year}} = \text{Rate}$$

**Example:**  $\frac{5 \text{ OSHA Recordable Cases X } 200,000}{\text{Total Hours Worked } 144,000} = \frac{1,000,000}{144,000} = 6.9$

5. Does your firm have a written Company Safety Policy (or similar purpose document) signed by a company officer? Yes  No
6. Does your firm have an established Safety Program (IIPP for California Contractors)? Yes  No
7. Does your firm have a written Hazard Communication Program? Yes  No

Explain any  
"No"  
responses to  
questions 5-7  
(attach  
additional  
pages if  
needed)

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8. Identify by name and title the person within your firm directly responsible for the firm's Safety Program Management:

Name \_\_\_\_\_ Phone \_\_\_\_\_

9. How often do you hold site "toolbox" safety (or similar purpose) meetings for field teams?  
 Daily  Weekly  Monthly  After every injury or near miss  Only on an "as needed" basis

(Please explain) \_\_\_\_\_

	<b><u>Yes</u></b>	<b><u>No</u></b>
10. Do you have a safety orientation program for new hires?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it include instruction on the following?		
a. Your company's safety policy, rules, and procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Head Protection	<input type="checkbox"/>	<input type="checkbox"/>
c. Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
e. Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>
f. Fall Protection (Competent Person Training Required)	<input type="checkbox"/>	<input type="checkbox"/>
g. Scaffolding/Work Platform (Competent Person Training Required)	<input type="checkbox"/>	<input type="checkbox"/>
h. Perimeter Guarding/Floor, Wall and Roof Openings	<input type="checkbox"/>	<input type="checkbox"/>
i. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
j. Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
k. First-Aid Facilities	<input type="checkbox"/>	<input type="checkbox"/>
l. Emergency procedures - Rescue/Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
m. Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>
n. Trenching and Excavation (Competent Person Training Required)	<input type="checkbox"/>	<input type="checkbox"/>
o. Signs, Barricades, Flagging	<input type="checkbox"/>	<input type="checkbox"/>
p. Electrical Safety, Lockout/Tagout Procedures	<input type="checkbox"/>	<input type="checkbox"/>
q. Rigging and Crane Safety (Competent Person Training Required)	<input type="checkbox"/>	<input type="checkbox"/>
r. Hazard Recognition	<input type="checkbox"/>	<input type="checkbox"/>
s. Confined Space Entry (Competent Person Training Required)	<input type="checkbox"/>	<input type="checkbox"/>
t. Hazard Communication (and Safety Data Sheets)	<input type="checkbox"/>	<input type="checkbox"/>

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 11. Do you have a safety orientation program for newly hired or promoted supervisors?<br>If yes, does it include instruction on the following? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Safe Work Practice  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Methods of Safety Supervision   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Toolbox Safety Meeting (or similar purpose meeting)   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Emergency Procedures  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. First-Aid Facilities  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Accident Investigation  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Fire Protection and Prevention  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. New Worker Orientation  | <input type="checkbox"/> | <input type="checkbox"/> |

12. Does your company have a Substance Abuse Program? Yes  No   
 If yes, how long has this program been in place? \_\_\_\_\_ years

13. Do you require and verify that your employees **and** any lower tier contractors that you hire conduct and document hazard assessments for high risk jobs/tasks to ensure hazards, risks and mitigation measures are identified before the commencement of work? Yes  No

14. Describe how you will communicate and enforce regulatory and Raytheon safety requirements applicable to your employees and lower tier contractors that you bring on site to support the project.

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15. What is your process to verify that your employees and lower tier contractors that you hire to support the project have the required experience, qualifications, training and PPE/equipment to perform the scope of work safely?

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16. What is your process to investigate and implement corrective measures to address safety issues or serious safety incidents, including those involving lower tier contractors that you hire for the project?

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17. Please use the space below to provide additional relevant information regarding your company's environmental, health, and safety programs:

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18. Contractor agrees to use the above criteria when selecting lower tier contractors. Contractor shall maintain records of all such evaluations and make them available for review by Raytheon Company when requested.

**CONTRACTOR'S SAFE WORK CERTIFICATION FORM  
ATTACHMENT EHS002 (PRE-BID)**

**Contractor's Safe Work Certification**

Contractor certifies that all of its employees and the employees of any/all lower-tier contractors have successfully completed training in all project-related safety disciplines.

Contractor agrees to observe, at a minimum, all applicable occupational safety and health regulations promulgated by local, State, and/or Federal agencies; and Contractor shall, preserve the safety of employees and the general public while working on contracted work sites.

Contractor hereby agrees, holds harmless and indemnifies Raytheon Company, its officers, employees, and agents from and against any and all damages, losses, liabilities, penalties, claims, demands, suits or costs arising from or related to Contractor's failure to comply with local, State, and/or Federal occupational safety and health regulations.

Name of Contractor: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Name(s) of Supervisor(s): \_\_\_\_\_

Please return this form and all required documents to the Purchasing Representative at Raytheon Company.

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**This Section Completed by Raytheon Company:**

RAYTHEON COMPANY \_\_\_\_\_ Date: \_\_\_\_\_  
Company - EHS Agent: \_\_\_\_\_

**CONTRACTOR SAFETY CHECKLIST: POTENTIALLY HAZARDOUS WORK REQUIREMENTS &  
IDENTIFICATION FORM  
ATTACHMENT EHS003 – (POST AWARD)**

**Contractor Safety Checklist:  
Potentially Hazardous Work Requirements & Identification**

The Contractor is required to identify the types of hazardous (or potentially hazardous) work that may be conducted by the Contractor as part of the applicable purchase order and/or subcontract by completing the checklist below.

The Contractor is to review all work scenarios and check (“✓”) for all that apply or may apply. Additionally, the Contractor shall insert a “yes,” “no,” or “not applicable (N/A)” for each Special Program/Program Elements checked, as well as insert its Contractor initials as applicable. If the “Possible Work Scenario” is not listed in Nos. 1 -17, below, the Contractor shall separately identify its particular Work Scenario and applicable safety concerns and actions under No. 18 in the attached checklist. In addition, site-specific or unique requirements not otherwise addressed in the checklist are set forth under No. 19. Note: Any reference to an environmental, health and/or safety law, regulation, standard, policy and/or procedure shall be assumed to be a reference to the most current, applicable version in effect as of the date of completion of this form. Contractor shall provide Raytheon Company a copy of this checklist after completion and also keep a copy on file for on-site review by Raytheon-EHS or any public agency.

Name of Contractor: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Project Location: \_\_\_\_\_

The Contractor shall also provide the following information as part of this Contractor Safety Checklist form:

Please address and highlight how your site specific Safety and Health Plan (or EHS plan) addresses any unique aspects of this Raytheon Company project such as on-airport work, potential hazardous material, confined spaces, fall protection, excavations, etc. Your discussion should also provide your assessment of the Project work area for environmental, safety, and health hazards (or potential hazards) and correction of all unsafe situations, conditions, and activities (attach additional pages as necessary):

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Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
1. Work requiring the use of Chemical substances (Paints, coatings, adhesives, solvents, gases, powders, or etc.)	<input type="checkbox"/>	(a) Has Hazard Communication standard been addressed?		
	<input type="checkbox"/>	(b) Is Special Training for unusual materials required?		
	<input type="checkbox"/>	(c) Has review of Safety Data Sheets (SDSs) with Raytheon-EHS been completed?		
	<input type="checkbox"/>	(d) Are copies of training records for Contractor employees available for review upon request by Raytheon-EHS?		
	<input type="checkbox"/>	(e) Are all chemical containers labeled as required by the OSHA Hazard Communications Std. and DOT Regulations?		
	<input type="checkbox"/>	(f) Personal Protective Equipment including but not limited to respiratory protection, gloves, goggles, coveralls, aprons, face splash shields, etc. have been/will be provided to employees?		
	<input type="checkbox"/>	(g) Does Contractor understand the procedures/practices for disposal of all hazardous waste generated by work operations?		
2. Work requiring excavation/trenching	<input type="checkbox"/>	(a) Have Excavation/Trenching Safety standards been addressed?		
	<input type="checkbox"/>	(b) Have procedures/practices to ensure that a "Competent Person" as defined by OSHA remains on-site during the entire period trenching work/entry is occurring?		
	<input type="checkbox"/>	(c) Does excavation/trenching practice include shoring, sheet piling, or bracing as required by the applicable Federal, State and local laws and regulations?		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
2. Work requiring excavation/ trenching (continued from preceding page)	<input type="checkbox"/>	(d) Has verification of the location of underground services including, but not limited to gas, water, electrical, chemical piping, telephone, sewers, alarms and fire protection systems been completed prior to excavation?		
	<input type="checkbox"/>	(e) Has Contractor erected a protection barrier at the edge of any trench and/or instituted procedures/practices to ensure that tools, stones and dirt are kept away from the edge of any trench?		
3. Work involving cutting, burning, welding, or brazing, etc.	<input type="checkbox"/>	(a) The most stringent Burning/ Welding/Cutting Safety Standards / Practices have been reviewed and complied with?		
	<input type="checkbox"/>	(b) Fire Watch as required by OSHA and/or State or Local EHS requirements (applying the more stringent standard)?		
	<input type="checkbox"/>	(c) Shields, non-combustible tarps will be provided by Contractor to prevent potential fire exposure to combustible materials?		
	<input type="checkbox"/>	(d) Hot Work Permit has been requested from Raytheon-EHS (or evidence provided that Contractor has obtained the necessary Hot Work permit)?		
	<input type="checkbox"/>	(e) Personal Protective Equipment including but not limited to respiratory protection, leather gloves, leather forearm covers goggles, coveralls, welders mask, etc. have been provided to the employees?		
4. Work involving elevated heights	<input type="checkbox"/>	(a) The most current and stringent Fall Protection Regulations have been reviewed?		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
4. Work involving elevated heights (continued from preceding page)	<input type="checkbox"/>	(b) Fall protection equipment is/will be in place as required by applicable laws?		
	<input type="checkbox"/>	(c) Training for Fall Protection Equipment and Rescue Operations current and complete?		
	<input type="checkbox"/>	(d) Upon request by Raytheon-EHS, Contractor shall provide copies of training records for employees and ensure that they are available for review.		
	<input type="checkbox"/>	(e) Personal Protective Equipment including, but not limited to lanyards, safety lines, harnesses, have been/will be provided by Contractor?		
5. Work involving Scaffolding, Lift or Ladders	<input type="checkbox"/>	(a) Does Contractor address Scaffolding Safety and provide an onsite "Competent Person" to inspect the safety of the scaffolding on a daily basis (or, at a minimum, comply with the most stringent EHS requirement applicable)?		
	<input type="checkbox"/>	(b) Handrails, midrails, and toeboards will be provided for any scaffolding four or more feet above ground or lower level (or, at a minimum, compliant with the most stringent EHS requirement applicable)?		
	<input type="checkbox"/>	(c) For scaffolds over two lifts high, tie-off will be in place (or, at a minimum, compliant with the most stringent EHS requirement applicable)?		
	<input type="checkbox"/>	(d) Scaffolding includes ladders in place for access and workers will be prohibited from climbing on bracing?		
	<input type="checkbox"/>	(e) Pinning for all connections (including wheeled casters) in place?		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
5. Work involving Scaffolding, Lift or Ladders (continued from preceding page)	<input type="checkbox"/>	(f) All wheels will be locked before use of scaffolding equipment (or, at a minimum, compliant with the most stringent EHS requirement applicable)?		
	<input type="checkbox"/>	(g) Scaffolds shall never be moved with people on them?		
	<input type="checkbox"/>	(h) Appropriate buffer zones shall be established and place guards or barriers as warnings will be provided?		
	<input type="checkbox"/>	(i) Contractor will inspect and document daily inspections?		
	<input type="checkbox"/>	(j) Contractors shall provide their own lifts and ladders of the appropriate type and length for the work to be performed?		
	<input type="checkbox"/>	(k) Any stepladders required will be fully open and set level?		
	<input type="checkbox"/>	(l) Ladder inspections will be performed before each use?		
	<input type="checkbox"/>	(m) Metal and conductive ladders will not be used?		
	<input type="checkbox"/>	(n) Work on ladders will be performed facing the ladder with both feet on the rungs unless a ladder platform is used?		
6. Work involving contact with or disturbance of <u>Asbestos</u> or <u>Lead</u> containing materials or <u>potential asbestos/lead containing materials</u>	<input type="checkbox"/>	(a) Upon request by Raytheon-EHS, copies of current and up-to-date licenses/registrations as well as Contractor asbestos/lead removal practices are available for review?		
	<input type="checkbox"/>	(b) Upon request by Raytheon-EHS copies all training & certification records for employees are available for review?		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
6. Work involving contact with or disturbance of <u>Asbestos</u> or <u>Lead</u> containing materials or <u>potential asbestos/lead containing materials</u> (continued from the preceding page)	<input type="checkbox"/>	(c) Contractor has obtained removal permits and provided appropriate notifications or has a process in place to address these requirements?		
	<input type="checkbox"/>	(d) Contractor ensures that asbestos awareness training has been conducted?		
	<input type="checkbox"/>	(e) Contractor has procedure/practice for the safe disposal of Asbestos Containing Material/Lead Containing Material?		
	<input type="checkbox"/>	(f) Supplied Air has been certified as Grade D Breathing Air?		
	<input type="checkbox"/>	(g) Personal Protective Equipment including but not limited to respiratory protection, gloves, goggles, coveralls, etc. have been/will be provided by Contractor?		
7. Work involving Powered Industrial Trucks or specialty powered Equipment.	<input type="checkbox"/>	(a) Contractor ensures drivers of on-the-road use specialty equipment are licensed and documentation is available upon request?		
	<input type="checkbox"/>	(b) Contractor ensures that only trained and certified personnel will operate Powered Industrial Trucks and documentation is available upon request?		
8. Work requiring Personal Protective Equipment (PPE)	<input type="checkbox"/>	(a) Contractor ensures that hazard assessments have been performed before issuing personal protective equipment to employees?		
	<input type="checkbox"/>	(b) Contractor ensures that medical evaluations are completed prior to the issuance of respiratory protection?		
	<input type="checkbox"/>	(c) Contractor ensures that employees are trained in the selection, use, care and limitations of assigned PPE equipment?		



Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
9. Work involving the installation, removal and/or modification of emergency generators, boilers or other systems that may require permits, including air	<input type="checkbox"/>	(a) Procedures/Practices to obtain "Permit to Construct" from Governmental agencies have been reviewed and addressed?		
	<input type="checkbox"/>	(b) Procedures/Practices to apply for permits from Governmental Agencies have been reviewed and addressed?		
	<input type="checkbox"/>	(c) Procedures/Practices to communicate permit limitations to Raytheon Building/Site Management have been reviewed and addressed?		
10. Work involving "Confined Spaces"	<input type="checkbox"/>	(a) Entry permits have been/will be reviewed and approved by Raytheon-EHS?		
	<input type="checkbox"/>	(b) Pre-entry/continuous monitoring for Toxins, Flammables & Oxygen will be performed?		
	<input type="checkbox"/>	(c) A rescue plan & rescue equipment will be available for review by Raytheon-EHS prior to entry into confined space?		
	<input type="checkbox"/>	(d) <b>NOTE: IF THE LOCAL FIRE COMPANY (IES) IS/ARE TO BE USED FOR EMERGENCY RESCUE, THEN THE CONTRACTOR SHALL PROVIDE RAYTHEON COMPANY A COPY OF THE AGREEMENT BETWEEN THE FIRE DEPARTMENT AND THE CONTRACTOR.</b>		
	<input type="checkbox"/>	(e) Personal Protective Equipment including but not limited to respiratory protection, gloves, goggles, coveralls, etc. have been/will be provided by Contractor?		
	<input type="checkbox"/>	(f) Upon request by Raytheon-EHS copies training records for employees are available for review?		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
10. Work involving "Confined Spaces" (continued from preceding page)	<input type="checkbox"/>	(g) Contractor will ensure ventilation equipment to purge confined spaces, telecommunications vaults, etc. is available and/or addressed with Raytheon-EHS prior to entry?		
11. Work involving the use of any cranes or hoists	<input type="checkbox"/>	(a) Contractor certifies that all Contractor-provided crane or hoist equipment is compliant with Federal, State or Local safety regulations?		
	<input type="checkbox"/>	(b) Contractor ensures inspection & documentation of inspections for Contractor provided crane and hoists are available for review?		
	<input type="checkbox"/>	(c) Control zones or special work procedures for overhead work have been addressed with Raytheon-EHS, Facilities, and Security?		
12. Work involving energized equipment (including work on Telecom Poles)	<input type="checkbox"/>	(a) Contractor ensures employees have been trained in Lockout/Tagout Procedures?		
	<input type="checkbox"/>	(b) Upon request by Raytheon-EHS, documentation of Employee Training and Contractor Lockout/Tagout procedure available for review?		
	<input type="checkbox"/>	(c) Authorized employees provided with dedicated locks and/or tags?		
	<input type="checkbox"/>	(d) Lockout / Tagout practice/procedures have been reviewed?		
13. Work involving abrasive blasting	<input type="checkbox"/>	(a) Clean up & proper disposal of residual abrasive blasting material as hazardous or non-hazardous waste (dependent upon waste characteristics) will be completed by Contractor?		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
13. Work involving abrasive blasting (continued from preceding page)	<input type="checkbox"/>	(b) Contractor ensures the protection of adjacent grassy or gravel areas to facilitate clean up and prevent contamination?		
14. Work involving high noise levels, >85 dbA	<input type="checkbox"/>	(a) Contractor ensures that operations will not generate noise above the most stringent of applicable governmental laws, regulations, local ordinances, permits, and approvals; applicable Raytheon practices or applicable Contractor Practices?		
	<input type="checkbox"/>	(b) If noise levels are expected to exceed 85 dbA, then Contractor understands responsibility for providing notice to Raytheon-EHS and addressing shielding and noise reduction equipment?		
15. Will the work generate waste or scrap materials?	<input type="checkbox"/>	(a) Contractor ensures the safe handling, storage and disposal of the waste materials?		
	<input type="checkbox"/>	(b) Where "Hazardous/Regulated Waste" is generated, Contractor ensures that proper storage, labeling, manifest/transport and treatment/disposal of the waste will be performed?		
	<input type="checkbox"/>	(c) Copies of transportation, and treatment or disposal records shall be provided to Raytheon Company?		
16. Is there any special training required for the nature of work to be performed by the Contractor?	<input type="checkbox"/>	(a) All employees have received necessary training prior to the commencement of work?		
	<input type="checkbox"/>	(b) Upon request, Contractor agrees to provide training records to Raytheon-EHS or designated Raytheon personnel.		

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements	Indicate Yes, No or N/A	Contractor initial when fully addressed
17. General Good Work Practices <b><u>SHALL APPLY TO ALL PROJECTS</u></b>	<input type="checkbox"/>	<b>Contractor(s) agree(s) to:</b>		
	<input type="checkbox"/>	(a) Maintain a clean and orderly work environment thereby reducing associated hazards.		
	<input type="checkbox"/>	(b) Maintain floors clear of debris and slipping hazards (e.g., grease, oil, liquids, etc.)		
	<input type="checkbox"/>	(c) Control and demarcate cords, hoses and other facilities that may run across the floor.		
	<input type="checkbox"/>	(d) Maintain clear aisle ways and exits at all times.		
	<input type="checkbox"/>	(e) Clean up all debris at the end of each work shift.		
	<input type="checkbox"/>	(f) Close containers of liquids and other chemicals when not in use.		
	<input type="checkbox"/>	(g) Store materials in areas designated in the pre-work planning meetings.		
	<input type="checkbox"/>	(h) Limit chemical storage inside Raytheon Company facilities to the amount to be used each day. This is a special concern where flammable or combustible materials may endanger high value installations.		

\*\*\* CHART CONTINUED ON NEXT PAGE \*\*\*

Possible Work Scenarios Include but are not limited to:	Check if Applicable	Special Program/Program Elements (Please describe in detail the "additional scenarios" not identified in Nos. 1 – 17, above)	Indicate Yes, No or N/A	Contractor initial when fully addressed
18. Additional Scenarios (Identified by Contractor)	<input type="checkbox"/>			
19. Additional Site-Specific Scenarios or Requirements (Identified by RAYTHEON COMPANY).	<input type="checkbox"/>			

**CONTRACTOR SUMMARY DATA AND SAFETY PROGRAM FORM  
ATTACHMENT EHS004 (POST AWARD)**

**Contractor  
Summary Data for Safety Program**

<b>I. GENERAL INFORMATION</b>			
1. CONTRACTOR	2. PURCHASE ORDER NUMBER	3. DATE	
4. ADDRESS	5. SITE LOCATION		
6. TELEPHONE			
7A. SITE PHONE(S)	7B. SITE FAX		
8. SITE SUPERINTENDENT	9A. MAXIMUM WORKERS/SHIFT	9B. SHIFTS/DAY	9C. SHIFT TIMES
10. MAJOR EQUIPMENT CONTRACTOR WILL USE	11. MAJOR EQUIPMENT LOWER-TIER CONTRACTOR(S) WILL USE		
<b>II. DESIGNATED SAFETY PERSONNEL</b>			
12. CONTRACTOR ON-SITE SAFETY REPRESENTATIVE	13. SAFETY REPRESENTATIVE'S TRAINING & EXPERIENCE		
14. PERSON(S) RESPONSIBLE FOR DAILY HOUSEKEEPING	15. PROVISIONS FOR DRINKING WATER & SANITATION FACILITIES		
16. PERSON(S) RESPONSIBLE FOR DAILY SAFETY INSPECTIONS	17. SAFETY INSPECTOR'S QUALIFICATIONS & EXPERIENCE		
18. PERSON(S) CERTIFIED IN FIRST-AID/CPR	19. CERTIFICATION TYPE / ISSUED BY / EXPIRATION DATE		
20. PERSON(S) CONDUCTING WEEKLY SAFETY MEETINGS	21. WEEKLY SAFETY MEETINGS (SCHEDULED DAY/TIME)		

22. COMPETENT PERSONS (Identify names for each applicable specialty)	
A. HAZARD ANALYSIS:	
B. CONFINED SPACES:	
C. EXCAVATIONS:	
D. MATERIAL HANDLING/RIGGING:	
E. CRANES:	
F. SCAFFOLDS:	
G. FALL PROTECTION:	
H. ELECTRICAL POWER DISTRIBUTION	
I. INSPECTION:	

**III. EMERGENCY SERVICES FOR THIS CONTRACT**

23. # FIRST-AID KITS ON-SITE  SERVICED BY?  WHEN?	24. NEAREST MEDICAL FACILITY/HOSPITAL  ADDRESS:  PHONE #:
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**Note: You may need to coordinate with Security at some Raytheon Company sites to contact outside emergency services for Item 25A-25C**

25A. AMBULANCE  PHONE #:	25B. FIRE DEPARTMENT  PHONE #:	25C. POLICE  PHONE #:
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**IV. FIRE FIGHTING EQUIPMENT TO BE ON SITE**

26A. EXTINGUISHERS, TYPE	26B. ANSI CLASS/RATING	26C. QUANTITY	26D. SPECIFIC LOCATION
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27.

**V. HAZARDOUS/FLAMMABLE/COMBUSTIBLE MATERIALS ON SITE**  
**THIS SECTION IS BRIEF SUMMARY ONLY; PER 29 CFR 1910.1200(e)(1)(i) CONTRACTOR SHALL HAVE COMPLETE LIST AVAILABLE**

28. FOR THIS SITE SDS TO BE AVAILABLE AT:

**FORESEEABLE FLAMMABLE/COMBUSTIBLE LIQUIDS OR GASES**

29A. MATERIAL/DESCRIPTION	29B. STORAGE LOCATION	29C. STORAGE CONTAINER

**OTHER FORESEEABLE HAZARDOUS/TOXIC MATERIALS**

30A. MATERIAL/DESCRIPTION	30B. STORAGE LOCATION	30C. STORAGE CONTAINER

31. CONTRACTOR'S NAME: (PRINT)	32. CONTRACTOR'S SIGNATURE:	33. DATE:
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**VI. SITE SPECIFIC CONTRACTOR SAFETY AND HEALTH PLAN**

34. CONTRACTOR SHALL submit a SITE SPECIFIC SAFETY AND HEALTH PLAN for each project involving high risk e.g., fall protection, confined space entry, energized work etc. AT THE TIME OF SUBMISSION OF THIS COMPLETED CONTRACTOR SUMMARY DATA FOR SAFETY FORM.

35. THE CONTRACTOR SAFETY AND HEALTH PLAN AND SUPPLEMENTAL DOCUMENTATION (IF ANY) SHALL, AT A MINIMUM, ADDRESS THE REQUIREMENTS SPECIFIED BY APPLICABLE FEDERAL, STATE AND LOCAL LAWS, REGULATIONS, STANDARDS, POLICIES, AND/OR ORDINANCES and Job Hazard Assessments and mitigation measures and equipment needed to ensure each project can be performed safely.