

Subcontractor and temp employee Safety Submittal request form

Project Information			
Project name:	Subco	Subcontractor or temp Agency name and contact information:	
Work start date:		ject site address:	
VSC District managing project:		VSC PM Contact information:	
Described scope of work:			
Subcontractor competent person an	d contact information:	:	
Please provide a list of competent p	erson certifications ar	nd copies of training certificates or documents.	
Certification	Issue date	Remarks	

All subcontractor employee and temporary employees must have training in the following (some may not apply depending on scope of work):

Certification	Issue date	Remarks
FALL PROTECTION		
PPE		
LADDER		
FIRST AID/CPR		
HAZARD COMMUNICATION		
TOOLS		
TRENCHING		
HEAVY EQUIPMENT CERTIFICATIONS		
MEWP CERTIFICATIONS		
FORKLIFT/MATERIAL HANDLER CERTIFICATIONS		

Please provide copies of certificates to the Regional Safety Manager that covers your office for approval of training.

All Subcontractors and Temporary Labor Companies or Agency's shall agree to comply with all applicable OSHA, State and project safety standards and workers must meet all training requirements prior to starting any work.