



305 Lewis & Clark Boulevard • East Alton, Illinois 62024

EHS CONTRACTOR SAFETY

It is the Mission of Olin Brass to “Create an environment of safety excellence where an injury-free work place is achieved through continuously confronting and correcting unsafe conditions and behaviors.” To that end, we have committed our facilities to pursuing and achieving OSHA Voluntary Protection Program (VPP) status. This decision challenges all of us here at Olin Brass to review, improve, and strive for excellence in every aspect of safety.

We challenge our contractors to take this journey with us by also evaluating every aspect of your safety programs and continuously improving along with us.

Steps for Certification:

- Complete the attached “Contractor EHS Safety Sensitive Questionnaire and Certification.” It must be signed by a member of the ownership, an officer, a director of the company, or other management with such authority.
- Return the completed questionnaire, OSHA 300A Summary form and EMR Rating via e-mail.
- Upon acceptance by Olin Brass, an EHS approval letter will be sent to your attention along with the instructions for taking the required training courses.
- Training must be taken by each and every contractor and subcontractor employee working on Olin Brass Property and will be at the contractors’ expense.
- Training must be completed prior to beginning work at Olin Brass.

If you have any questions, contact Joe Wickenhauser at 618-258-5405 or Sam Newell at 618-258-5289.



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Contractor EHS Safety Sensitive Questionnaire & Certification

This questionnaire and certification must be completed by a member of the ownership, an officer, a director of the company, or other management with such authority. Return the completed questionnaire via e-mail.

Check the EHS safety sensitive work that will be performed or will be managed by either your company or any sub-contractor you hire while working on Olin Brass property.

CHECK ALL THAT APPLY:

- Lockout / Tagout
- Confined Space Entry
- Removal or disturbance of any asbestos containing materials
- Trenching or excavations over four (4) feet deep
- Any chemical discharges to an Olin Brass sewer
- Demolition of any Olin Brass building or structure
- Servicing or installation of any overhead crane or hoist
- Hot work
- Electrical work >50 volts to ground
- Work requiring fall protection (any work >6 feet off the ground without adequate restraining handrails)
- Work on any equipment at Olin Brass involving chlorine or a chlorination process
- Work on any Olin Brass process or equipment involving hydrogen or hydrogen annealing
- Incidental Services Contractor: Contractors in this classification cannot perform SHE sensitive work

Part of the approval process is to certify that your company does the items listed below.

CHECK ALL THAT APPLY.

I certify that my company and any sub-contractor that I hire to work on Olin Brass property have and will:

- Enforce a written safety program
- Conduct periodic on-site safety inspections at Olin Brass as necessary
- Will train all employees working at Olin Brass in all appropriate OSHA standards
- Have and will enforce a substance abuse policy which defines pre-employment testing, for cause testing, random testing, and will remove any individual from Olin Brass property who tests positive
- Has a worker's compensation experience modifier rate (EMR) less than 1.0
- Will immediately report all accidents, injuries, incidents, and near misses involving their employees while working at Olin Brass regardless of severity
- Will furnish their own "personal protective equipment" (PPE)
- Will keep written records to substantiate compliance with any of the items listed above

(Continued on next page)

- Have all employees assigned to work at Olin Brass complete an Olin Brass Site Specific Orientation Course (including testing) on an annual basis
- Acknowledge that you received & read EALT-SHE-14, Appendix G (copy attached)
- Will train all employees in Olin Brass' key safety, health and environmental policies that prevail upon the work performed on Olin Brass property

Per VPP requirements, we must maintain the following for each of our contractors.

CHECK ALL THAT APPLY:

- Acknowledge that you will supply your OSHA injury rate status upon request
- Acknowledge Participation in VPP does not diminish any employee or contractor rights/responsibilities under the OSHA Act
- Supply OSHA 300A Summary – to be returned with this certification** and submitted annually no later than March 1, each year thereafter. This form is required for companies with 10 or more employees only. NOTE: Do not send Log of Work-Related Injuries and Illnesses.
- Supply EMR Rating – to be returned with this certification** and submitted annually no later than March 1, each year thereafter. This form is required for all companies.

Was your company cited by OSHA during the past year? YES _____ NO _____
 If yes, please provide a summary explanation of the nature and result of the citation(s).

ACKNOWLEDGMENT

Company Name: _____

Address: _____

Authorized Name: _____

Title: _____

Date: _____

Phone No: _____

E-mail address: _____

**APPENDIX G
LOCAL AND FEDERAL NOTIFICATION REQUIREMENTS**

IMMEDIATE REPORTING:

IN ACCORDANCE WITH POLICY EALT-EHS-27, THE FIRE DEPARTMENT SHIFT LEADER (x2121) MUST BE NOTIFIED IMMEDIATELY IN THE EVENT OF ANY OIL SPILL OVER ONE POUND OR ONE PINT. THE FIRE DEPARTMENT SHIFT LEADER WILL IMMEDIATELY NOTIFY THE FILTER PLANT OPERATOR (x2628) OR WASTEWATER TREATMENT FACILITY WATCH ENGINEER (x3226) IN THE EVENT OF ANY OIL SPILL WITH POTENTIAL TO REACH WATER OR A SEWER.

In the event of a spill directly to the waters of the United States or a spill which has the potential to reach waters of the United States, the on-duty Fire Department Shift Leader or Utilities Watch Engineer must immediately notify the Facility Contacts found in Section 2.0 in order to determine compliance with reporting requirements of the Federal Regulations

If necessary, the Environmental Services Department will then coordinate an immediate notification to the National Response Center (NRC) and the Illinois Emergency Management Agency (IEMA).

- **NATIONAL RESPONSE CENTER**
(800) 424-8802 or
(202) 267-2675
www.nrc.uscg.mil
- **Illinois Emergency Management Agency (IEMA)**

(800) 782-7860: 24-hour Response Number

www.state.il.us/iema

The information required for the IEMA Filed Report is shown in Appendix H

ADDITIONAL REPORTING:

In addition to the above immediate reporting requirements, if there is a discharge of more than 1,000 gallons of oil to navigable waters of the United States in a single spill event or two spill events within any twelve month period that cause a harmful sheen on navigable waters of the United States, the following information must be submitted to the USEPA Region V Administrator and the Illinois EPA within 60 days (Ref. Section V, Paragraph 112.4(a)):

Office of Regional Administrator
US EPA Region 5
77 W. Jackson Blvd.
Chicago, IL 60604

- Name of the facility;
- Your name;
- Location of the facility;
- Maximum storage or handling capacity of the facility and normal daily throughput;
- Corrective action and countermeasures you have taken, including a description of equipment repairs and replacements;
- An adequate description of the facility, including maps, flow diagrams, and topographical maps, as necessary;
- The cause of such discharge as described in §112.1(b), including a failure analysis of the system or subsystem in which the failure occurred;
- Additional preventive measures you have taken or contemplated to minimize the possibility of recurrence; and
- Such other information as the Regional Administrator may reasonably require pertinent to the Plan or discharge.

Submittal of this information is the responsibility of the Facility Contacts.



**EALT-SHE-14 APPENDIX C
OLIN BRASS CONTRACTOR SHE SENSITIVE WORK
PRE-WORK SHE REVIEW CHECKLIST**

INSTRUCTIONS: Completion of this check list is mandatory for SHE Sensitive Work, Review each item of the Pre-work SHE Review Checklist prior to the start of Work and note each item applicable to the task to be performed. The resulting evaluation is the basis for developing the safety, health and environmental requirements for the task. The Olin Brass Project Manager may need to request assistance from Industrial Hygiene, Environmental Engineering and/or Safety & Loss Prevention to develop appropriate controls.

Project Title:	Work Area:
Olin Brass Project Manager:	Phone:
Contractor (if known):	Requisition #/ PO#:
Is Contractor SHE approved? (contact Olin Brass Purchasing) <input type="checkbox"/> YES <input type="checkbox"/> NO Have Contractor and Subcontractor employees attended the AASC Safety Orientation Training <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, that specific employee must leave Olin Brass property immediately and not return until training is completed.	
Are there Subcontractors involved? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list _____ Are there Travelers involved on this job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, have they been trained equally to other contractor employees <input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Evacuation, Tornado Shelters, Calling Emergency Services: All contractors and/or subcontractor employees have been made aware of Olin Brass emergency response procedures including evacuation assembly areas and tornado shelters respective to their work area, including contacting emergency services. Y N	
Potential Exposures: Potential Chemical Exposures (check all that apply): <input type="checkbox"/> Asbestos <input type="checkbox"/> PCB <input type="checkbox"/> Lead Paint <input type="checkbox"/> Radiation <input type="checkbox"/> Acid/Caustic <input type="checkbox"/> Flammable/Combustibles <input type="checkbox"/> Chlorine <input type="checkbox"/> Other (specify): _____	
Potential Asphyxiate Exposures (check all that apply): (ref EALT-SHE-18 for piping color coding scheme) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hydrogen <input type="checkbox"/> Nitrogen <input type="checkbox"/> Argon <input type="checkbox"/> Helium <input type="checkbox"/> CO2 <input type="checkbox"/> Kidde Discharge <input type="checkbox"/> Other (specify): _____	
Potential Physical Exposures (check all that apply): <input type="checkbox"/> Heat Stress <input type="checkbox"/> Noise <input type="checkbox"/> Welding Fumes <input type="checkbox"/> Sand Blasting <input type="checkbox"/> Heavy Lifts <input type="checkbox"/> Above Ground Work <input type="checkbox"/> Confined Space <input type="checkbox"/> High Voltage <input type="checkbox"/> Water Hazard (drowning) <input type="checkbox"/> Trenching/Excavation <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Jack Hammering <input type="checkbox"/> Working in high traffic areas <input type="checkbox"/> Working in area serviced by cranes <input type="checkbox"/> Other (specify): _____	
SHE Sensitive Work Involving (check all that apply):	
LOTO Procedure # _____	Does work require Lockout/Tagout (ref EALT-SHE-12)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, have contractor employees been trained in LOTO? <input type="checkbox"/> YES <input type="checkbox"/> NO Will an Olin Brass employee work with contractor to ensure zero energy has been achieved? <input type="checkbox"/> YES <input type="checkbox"/> NO
CSE Procedure # _____	Does work require entering a Confined Space Entry (ref EALT-SHE-17)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, have contractor employees been trained in Confined Space Entry? <input type="checkbox"/> YES <input type="checkbox"/> NO Note: Olin Brass Fire Department (258-5167) MUST authorize entry into any confined space entered by a contractor.
Hot Work	Does work require Hot Work such as welding, cutting, grinding, brazing, etc.?(ref EALT-SHE-26) <input type="checkbox"/> YES <input type="checkbox"/> NO Does work involve, welding, cutting, burning of Stainless Steel? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, then refer to Section 10 and Appendix A of EALT-SHE-26 for further instructions. Do employees that are authorized to do Hot Work have the proper PPE? <input type="checkbox"/> YES <input type="checkbox"/> NO Does work require the use of a gas powered or electric heater? <input type="checkbox"/> YES <input type="checkbox"/> NO Note: Olin Brass Fire Department (258-5167) MUST authorize all Hot Work permits for contractors and all heater permits.
Compressed Gas	Will compressed gas equipment be used? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, it must be stored and secured at all times in accordance to OSHA Subpart H - Hazardous Materials. All regulators must be removed for overnight storage.

Fall Protection	Does work involve tasks over 4 feet high, over dangerous equipment at any height, or roof access? ___YES ___NO If YES, the usage of proper fall protection is mandatory. Has an appropriate tie off point been identified? ___YES ___NO
Ladder	Will ladders be used to work from or access from? ___ YES ___NO If YES, ladder usage must comply with OSHA 1910 Subpart D & 1926 Subpart X. All ladders shall have safety feet and metal ladders may not be used in proximity to energized electrical lines. In addition, all straight ladders must be secured and extend a minimum of 3 feet about the top a structure when used to access from.
Scaffolding	Will scaffolding be used? ___ YES ___NO If YES, Safety must be called to discuss the structure with the competent person. (258-5405)
Electrical NFPA 70E	Does work involve exposed live parts? ___YES ___NO If YES, are employees trained and qualified in Electrical Safe Work Practices and NFPA 70E? ___YES ___NO Do employees have appropriate NFPA 70E PPE? ___YES ___NO Is an Electrical Live Work Permit required? ___YES ___NO
Trenching/ Excavation	Does work require Trenching/Excavation (<4' deep & <15' wide) (ref EALT-SHE-21)? ___YES ___NO If yes, state the name of the Competent person to inspect and shore trench: _____
Silica	Does work involve removal/disturbance of Silica: ___ YES ___NO If yes, has a Silica Control Plan been Submitted: ___YES ___NO If no, contact safety dept. prior to work
Hydrogen	Does work involve a hydrogen system (ref EALT-SHE-31)? ___YES ___NO If YES, Management of Change documentations is Required!
Servicing of cranes/hoists	Does work involve the servicing of cranes/hoists (ref EALT-SHE-25)? ___YES ___NO If YES, are crane stops or other safety precautions required? ___YES ___NO What type of area protection will be used? Ground Man _____ Cones _____ Barricades _____ Other _____
Demolition	Will Demolition be performed? ___YES ___NO If yes, a 10 working day Asbestos Demolition Notification is Required! (all Asbestos demolition notifications must be obtained through Industrial Hygiene, 258-5405)
Asbestos	Does work involve removal/disturbance of asbestos (ref EALT-SHE-19)? ___YES ___NO If YES, advise Industrial Hygiene (258-5405) of the amount of Presumed Asbestos Containing Material (PACM) to be removed by contractors prior to the start of any project. If Unknown call Industrial Hygiene.
Leaded Paint	Does work involve removal of Lead Containing Painted Materials (ref EALT-SHE-11)? ___YES ___NO If YES, the Lead Project Pre-Startup Checklist for Construction or Demolition must be completed prior to work beginning.
Waste Generation and Olin Brass Sewers	Does work involve the generation of waste, chemicals, or use of Olin Brass Sewers? ___YES ___NO If YES, Prior approval is required for any waste generated, left on site, or disposal. Contact the Environmental Services Department at 258-5312 prior to beginning work for proper handling and disposal procedures.
Propane	Does work involve a Propane system? ___YES ___NO If YES, notify the Olin Brass Fire Department (258-5167) prior to beginning work.
Chlorine	Does work involve a Chlorine system? ___YES ___NO If YES, notify the Olin Brass Fire Department (258-5167) prior to beginning work.
Additional Safety Precautions - Check all that apply for the Contractor's work at Olin Brass:	
Was a Pre-Work JSA or Safety Discussion completed for the current scope of the project? ___ YES ___NO	
Is this job/task so complex/hazardous that a written safety plan is required to ensure jobsite safety? ___NO ___YES-(specify):	
Will a Powered Industrial Vehicle (Forklift) be used? ___ YES ___NO If YES, are all operators trained and qualified? ___ YES ___NO NOTE: All Powered Industrial Vehicles must be turned off when the operator either leaves or gets off the vehicle and operators are required to wear seatbelts while operating the vehicle.	
Will a Powered Industrial Vehicle (JLG, Boom Lift, Manlift, or Scissors Lift) be used? ___ YES ___NO If YES, are all operators trained and qualified? ___ YES ___NO If this vehicle will be stationary and used to work from, is area protection required? Check appropriate line below: Ground Man _____ Cones _____ Barricades _____ Other _____ N/A _____ NOTE: Use of Aerial Boom lifts require ground man, except when a hazard assessment has been conducted by OB Project Manager & Safety, and determine the work can be performed in a safe manner utilizing other controls.	

<p>Will the use of a Cab operated or Remote operated overhead crane be required? ___ YES ___ NO If YES, NO CONTRACTOR shall operate any Olin Brass Cab operated or Remote operated overhead crane. Contractor must contact the Olin Brass Project Manager to make arrangements for an Olin Brass Employee to be available to operate the Cab operated or Remote operated overhead crane.</p>			
<p>Will contractor provide onsite safety representation to ensure that the contractor employees follow all Olin Brass, State, Federal, Local, EPA, and OSHA rules and regulations? ___ YES ___ NO If NO, who will ensure safety compliance? List name of person or persons _____</p>			
<p>Olin Brass does not provide Personal Protective Equipment (PPE) to contractors. Check that this has been covered ___ All debris/left over material must be cleaned up & properly disposed of daily. Check that this has been covered ___ All contractors are required to wear Orange Safety Vests while on our property.</p>			
<p>Will contractor be using respirators on this job? ___ YES ___ NO IMPORTANT NOTE: Under NO circumstances will plant air be used for breathing air. If a supplied air respirator is required to be used, contractor must supply their own breathing air system. This system must be approved by Industrial Hygiene (258-5405) prior to the work being performed.</p>			
<p>Emergency Information:</p>			
<p>All accidents must be reported to your Olin Brass Project Manager immediately! INTERNAL Plant Emergency number is 911# or (618)258-5167 on cell. Information has been communicated to the Contractor Representative. ___ YES ___ NO</p>			
Olin Brass Project Manager reviewed by:	Date:	Contractor Representative reviewed by:	Date:
<p>Signatures required for contractors with a crew of four (4) employees or less.</p>			
Contractor employee reviewed by:	Date:	Contractor employee reviewed by:	Date:
Contractor employee reviewed by:	Date:	Contractor employee reviewed by:	Date:
<p>NOTE: A pre-work safety meeting must be held prior to work being performed, if the crew size is over 4 employees to communicate these requirements. Contractor MUST attach a signoff sheet to this SHE-14.</p> <p>Name of person conducting the safety meeting: _____</p> <p>By signing this checklist, the Contractor and employees are acknowledging that all Olin Brass, State, Federal, Local, EPA, and OSHA safety rules and regulations are understood and will be followed. In addition, the contractor is committing to review all of the above information with their employees or other Contractor and Subcontractor employees.</p>			

Original- Olin Brass Project Manager; Copy attached to request for quote, service order or directly to Contractor

Revised 08/14/18 JW Verify current version on:
<http://thetoolbox/SHEDocs/Lists/Safety%20Document%20Library/AllItems.aspx> prior to use
 Document is uncontrolled when printed.