

AFFIDAVIT OF SAFETY COMPLIANCE
(To Accompany Bid)

The Contractor hereby acknowledges Authority concerns regarding safety at its facility and at the Project worksite. The Contractor shall conduct its operations to eliminate or reduce hazards and risks associated with Contractor's activities, to prevent accidents and injuries, and to prevent property damages. Therefore, strict compliance with all of the most current safety, health and environmental regulations (federal, state and local) is required. Non-compliance with these regulations may result in suspension or termination of work in progress.

The Contractor's Safety Programs must accomplish the foregoing objectives. The Contractor certifies that its Safety Programs comply and will satisfy these requirements. The Contractor also certifies that each Subcontractor and Sub-subcontractors and other parties with which it has agreements to perform work on the Project worksite will also comply and will satisfy these requirements.

The mandatory (and other) Contractor Safety Programs are delineated in Part A of the attached Contractor Safety Operations Requirements. The Contractor further certifies that it can furnish satisfactory evidence of compliance.

The Contractor further acknowledges that its Subcontractors and Sub-subcontractors will provide all Safety Compliance documents in accordance with Specification Section 501.3 "Safety Compliance," and the "Contractor's Safety Operations Requirements" contained herein prior to the Subcontractor or Sub-subcontractor commencing work at the site.

Signature of Authorized Representative

Type/Print Name of Bidder

Type/Print Representative's Name

Type/Print Title

Date

(Certificate of Acknowledgment to be executed by Notary on following page)

Name of Bidder _____

CERTIFICATE OF ACKNOWLEDGEMENT

State of California	}	
	}	ss
County of	}	
On _____ before me _____,		
a Notary Public, personally appeared _____		
		Name(s) of Signer(s)
<p>who proved to me on basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p>		
_____ Signature of Notary		Place Notary Seal Above

CONTRACTOR'S SAFETY OPERATIONS REQUIREMENTS

PART A - Safety Programs

Please indicate below whether your firm has the following written safety programs. If any of the programs listed do not apply to your operations or this project, please make note of this in the "Comments" column. Include any information that you think would be helpful to us in making this assessment. Those programs that are indicated as mandatory must be available for review before commencing work on this project. Other safety programs may be requested if it is later determined that they are applicable to the Project, and as such, must be made available for review upon request.

Program		Do you have a written program?		Program meets Cal/OSHA Criteria		Sub will provide	Have project employees been trained?		Is the training documented?		Comments
		Yes	No	Yes	No		Yes	No	Yes	No	
Mandatory											
YES	Injury and Illness Prevention										
YES	Hazard Communication										
YES	Confined Space Operations										
	Respiratory Protection										
	Emergency Response										
	Hearing Conservation										
YES	Lockout/Tagout										
YES	New Employee Orientation										
YES	Excavation Safety										
	Code of Safe Practices										
YES	Personal Protective Equipment										
YES	Drugs/Alcohol										
	Traffic Control Safety										
	Fall Prevention Plan ⁽¹⁾										

¹ If conventional fall protection measures cannot be used.

CONTRACTOR'S SAFETY OPERATIONS REQUIREMENTS

PART B - Safety Equipment - Identify what safety equipment will be available and used for this project.

Type	Description/Comments
<input type="checkbox"/> Gas detectors	
<input type="checkbox"/> Ventilation equipment	
<input type="checkbox"/> Approved harnesses and lanyards	
<input type="checkbox"/> Mechanical hoists	
<input type="checkbox"/> Fire extinguishers	
<input type="checkbox"/> First aid kits	
<input type="checkbox"/> Respirators	
<input type="checkbox"/> Hard hats	
<input type="checkbox"/> Hearing protectors	
<input type="checkbox"/> Safety goggles	
<input type="checkbox"/> Steel toed footwear	
<input type="checkbox"/> Hand protection	
<input type="checkbox"/> Fall protection	
<input type="checkbox"/>	
<input type="checkbox"/>	

PART C - Specialized Training and Certification - Identify the areas of specialized training or certification that will have been completed by employees who will be assigned to this project. Be prepared to provide documentation as requested.

<input type="checkbox"/>	CPR/first aid	<input type="checkbox"/>	Confined space operations and rescue	<input type="checkbox"/>	Scaffolding
<input type="checkbox"/>	Fork lift operation	<input type="checkbox"/>	Respirators <input type="checkbox"/> Air-Supplying <input type="checkbox"/> Air-Purifying	<input type="checkbox"/>	Flagging
<input type="checkbox"/>	Cranes/hoists operation	<input type="checkbox"/>	Trenching and shoring competent person	<input type="checkbox"/>	Trench Shoring
<input type="checkbox"/>	Heavy equipment operation	<input type="checkbox"/>	Welding	<input type="checkbox"/>	
<input type="checkbox"/>	Powder-actuated tools use	<input type="checkbox"/>	Asbestos abatement	<input type="checkbox"/>	

PART D - Jobsite Safety Practices

1. Name of person who will have responsibility for jobsite safety?

2. Who will be responsible for conducting and documenting accident investigations? Does your company perform near-miss investigations? Please provide sample copy of investigation forms.

3. How often are jobsite safety audits or inspections performed, and by whom?

4. Does the person who is responsible for jobsite safety have authority to take immediate action to correct unsafe conditions of work practices?

5. How often are jobsite tailgate or toolbox safety meetings held?

6. Briefly describe how you will ensure that workers comply with our safety programs and Cal/OSHA requirements?

7. Please list any Cal/OSHA citations and penalties you have received in the last three years.

8. Have there been any on-the-job fatalities in the last five years? If yes, please explain.

9. Does your company have a safety incentive program? If yes, please explain.

PART E: Evaluation Worksheet

(FOR USE BY THE DISTRICT ONLY)

Company Name _____

Contact Person _____

Item	Program is Mandatory	Contractor has Written Program	Contractor States Program meets Cal/OSHA Criteria	Comments
PART A: Safety Programs				
Injury and Illness Protection	Yes			
Hazard Communication	Yes			
Confined Space Operations	Yes			
Lockout / Tagout	Yes			
New Employee Orientation	Yes			
Drug and Alcohol Policy	Yes			
Excavation Safety	Yes			
Other Programs				
PART B: Safety Equipment				
PART C: Training and Certifications				
PART D: Jobsite Safety Practices				
Responsible Person Named				
Accident Investigations				
Worksite Safety Inspections	Yes			
Safety Meetings	Yes			
Compliance With Safety Requirements				
Cal/OSHA Citations/Penalties				
Fatalities				
Safety Incentives				

*** END OF SECTION ***