



Airswift
HSE Management System
Subcontractor Management Plan

Important Notice:

1. This procedure is a Controlled Document and shall not be amended without the authority of the Safety Manager – North America.
2. Any queries or feedback concerning the contents of this document should be addressed to the Safety Manager – North America.

Prepared	Reviewed	Approved	Effective Date	Issue Number
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Version Number	Effective Date	Author	Amendments	Reason for Amendments
4	07.27.2016	Julia Arevalo	Update years on TRIR	
5	03.08.2023	Kellie Tetley	Update Years on data request form To add Appendix B	To bring uptodate to current year and in line with Alberta legislation

INDEX

- 1.0 PURPOSE**
- 2.0 SCOPE**
- 3.0 POLICY**
- 4.0 PRE – QUALIFICATION OF SUBCONTRACTORS**
- 5.0 ROLES AND RESPONSIBILITIES**
- 6.0 APPENDIX A: PRE-QUALIFICATION FORMS (EXAMPLE)**
- 7.0 APPENDIX B: ALBERTA OHS LEGISLATION**

1.0 PURPOSE

The purpose of this program is to ensure that Airswift continues to improve subcontractor health, safety and environmental performance and to establish a standard for pre-qualification, evaluation/selection and development of our subcontractors.

2.0 SCOPE

This procedure is applicable to Airswift, the Client, and Airswift Subcontractors.

3.0 POLICY

All Airswift subcontractors are to be managed in accordance with this program.

The use of subcontractors must be pre-approved by Airswift. Approval requirements include:

- A formal safety review of the subcontractor being performed by Airswift.
- The scope of the review was commensurate with hazards and risk exposure.
- Subcontractors have been / will be orientated to the safety policies, expectations and requirements of Airswift and / or clients of Airswift.
- The subcontractor agrees to abide by Airswift / client drug and alcohol policy and onsite safety rules throughout the duration of the work.

It is the policy of Airswift to assure all Subcontractors, persons not directly employed by Airswift but who provide a specific labor or service, are compliant with applicable local, State, and Federal regulatory requirements as well as all safety procedures and policies set forth by both Airswift and the Client. Airswift requires Subcontractors to provide their Safety Performance metrics to ensure their safety record is acceptable. Safety records shall not be below industry standards and shall be in line with the Clients expectations. Airswift and the Client require a TRIR and DAFWR below 1.0. Subcontractors will be required to provide any and all other documentation requested as well to verify they are abiding by this policy, including but not limited to a copy of the subcontractors OSHA logs and EMR rating.

4.0 PRE – QUALIFICATION OF SUBCONTRACTORS

Evaluation Safety Metrics

Acceptable safety metrics will be used as criteria for prequalifying and selecting subcontractors. The safety metrics and scoring will consider:

- Airswift Subcontractor Safety Pre – Qualification Form responses and subcontract safety program documents review 60 % (Rated from 0 – 60 total points)
- Subcontractor safety training documents review 20% (Rated from 0 – 20 total points)
- Subcontractor safety statistics review 20 % (Rated from 0 – 20 total points)

Evaluation Rating and Acceptance

The subcontractor rating system will have two designations:

- Equal to or Greater than 90 points = A – No restrictions required.
- Between 80 – 89 points = B – Mitigation plan must be documented and approved by Airswift Safety Manager.
- Grade 79 or below will not be allowed to work for Airswift.

5.0 ROLES AND RESPONSIBILITIES

Airswift and/or the Client are responsible for providing a safe and healthy work environment for all employees and Subcontractor employees and will coordinate with each other to resolve safety-related issues.

Airswift Responsibilities

- Maintain a process for selecting qualified Subcontractors by pre-qualifying candidates through safety program reviews, safety training documents, and safety statistic reviews.
- Ensure Subcontractors have a safety program in place that meets or exceeds Airswift's and the Client's safety management systems.
- Ensure Subcontractors provide required training to their employees when not offered by the Client.
- Provide New Employee Safety Orientation to Subcontractors.
- Request and record an Incident Investigation of any accidents, injuries, and near-misses occurring at the worksite.

Client Responsibilities

- Provide applicable onsite orientation and safety training.
- Inform Contractors and Subcontractors of the site emergency action/response plan and of any known work-related hazards and processes.
- Investigate, record, and report all accidents, injuries, and near-misses that occur at the worksite to the Airswift Safety Manager.
- Ensure subcontractors are included in pre-job meetings and JSA/hazard assessments, and or tailgate meetings. Conduct safety inspections, JSAs, and JHAs on a regular basis to ensure a safe working environment, and to identify and correct hazards.

Subcontractor Responsibilities

- Responsible for supplying adequate employees for the project.
- Make sure all employees comply with both Airswift's and the Client's safety procedures and policies as well as those of their own organization, which includes attending tailgate safety meetings, performing JSAs and JHAs, and job safety inspections as required by the Client.
- Organize training courses not provided by the Client for employees.
- Inform employees of the need to know the Client emergency action/response plan and to be aware of any known work-related hazards and processes.
- Encourage employees to report any hazards or potential hazards to the Client Representative.
- Communicate job-related safety matters to the Airswift Safety Manager and/or the Client Representative.
- Record and report all accidents, injuries, and near-misses that occur at the worksite to the Airswift Safety Manager and/or the Client Representative.
- Supply and maintain all required personal protective equipment (PPE) not provided by the Client
- Maintain required insurance coverage.

After the completion of a project, Subcontractors will have a safety performance evaluation and review conducted by Airswift and the Client. During the review a number of factors will be considered including but not limited to, housekeeping, cost, safety and quality of work.



SUBCONTRACTOR SAFETY PRE-QUALIFICATION FORM

GENERAL INFORMATION			
1. Subcontractor Information:			
Subcontractor Name:	Telephone Number:		
Street Address:	Fax Number:		
City:	Website Address:		
Province/State:	Postal Code/Zip:		
2. Officers			
President:			
Vice President:			
Treasurer:			
3. How many years has your organization been in business under your present firm's name?			
4. Parent Firm Name:			
City:	Province/State:	Postal Code/Zip:	
Subsidiaries:			
5. Under current management since (Date): (please enter date as mm/dd/yyyy)			
6. Contact for Insurance Information:			
Title:	Telephone:	Fax:	Email:
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
8. Worker's Compensation Account Status (Please enclose a copy of your workers compensation insurance certificate.			
Account Number:		Industry Code:	
9. Contact for requesting bids:			
Title:	Telephone:	Fax:	Email:
10. Contractor Evaluation form completed by:			
Title:	Telephone:	Fax:	Email:

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE

Health, Safety and Environmental Performance

Provide the following data for your firm using your record keeping forms from the past three (3) years.
If the data is not available, please reply with Not Available - N/A.

Safety Performance Definitions and Guidance

- a. **Hours Worked** Employee hours worked last three years. Please report actual scheduled total hours worked and total overtime hours worked. If actual hours worked are not available for certain individuals hours worked may be estimated. A default of 2000 hours per individual per year can be used as an estimate.
- b. **Recordable Incidents** Recordable cases are those that involve any work-related injury or illness, including death but excluding first-aid injuries.
- c. **Lost Workday Cases** A Lost Workday Case is a medical case that involves fatalities, days away from work cases or restricted work activity cases.
 - **Days Away from Work Case** Where the employee is away from scheduled work day one day or more after the day of a work related injury or illness. The day of the incident does not count as lost workday. Stop count when total days away and restricted duty days reach 180 or employee leaves the firm.
 - **Restricted Work Activity Case** Where the employee as result of work-related injury or illness:
 - ◊ Assigned to another job on a temporary or permanent basis or
 - ◊ Worked at their permanent job but less than a full day
 - ◊ Could not perform routine functions associated with their permanent job
 The day of the incident is not counted as a Restricted Duty day. Stop count when total days away or restricted duty days reach 180 or if employee leaves the firm.
- d. **Motor Vehicle Incident** A motor vehicle is any mechanically or electrically powered devices (excluding one moved by human power), upon which or by which any person or property may be transported upon a land roadway.
 - **Motor Vehicle Incident** Includes any event involving a motor vehicle that is owned, leased or rented by the firm that results in death, injury or property damage unless the vehicle is properly parked.

Health and Safety Incidents	2022	2021	2020
a. Total Hours Worked			
b. Total Recordable Incidents # Fatalities # Medical Aids # Days Away from Work Cases # Restricted Work Activity Cases			
c. Total Recordable Incident Rate (TRIR) $\frac{\text{Total \# Recordable Incidents} \times 200,000}{\text{Total \# Hours worked}}$			
d. Lost Workday Cases (LWC) # Fatalities # Days Away from Work Case # Restricted Work Activity Case			
e. Lost Workday Incident Rate (LWDR) $\frac{\text{Total \# Lost Workday Incidents} \times 200,000}{\text{Total \# Hours Worked}}$			



HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE			
Health and Safety Incidents - continued	2022	2021	2020
f. Motor Vehicle Incidents (MVI) # Motor Vehicles Incidents # Kilometers/Miles driven			
g. Motor Vehicle Incident Frequency Rate (MVIFR) Total # of Attest Inspection, LLC Motor Vehicle Incidents x $\frac{1,000,000}{\text{Total \# Kilometers/Miles driven}}$			
Environmental Incidents	2022	2021	2020
Total # Spills to Water a. Petroleum Spills # spills Sheen (est. volume as 0.1 bbl. To < 1bbl. # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more b. Chemical Spills # spills 1 bbl./160 kg. to < 100 bbls./16,000 kg. # spills 100 bbls./16,000 or more			
Total # Spills to Land a. Petroleum spills # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more b. Chemical Spills # spills 1 bbl./160 kg. to < 50 bbls./8,000 kg # spills 50 bbls./8,000 kg. or more			
Enforcement Actions	2022	2021	2020
Citations # Health and Safety # Environmental Please provide details			
Fines Total # Fines Total \$\$ Paid Please provide details			

Airswift

HSE Management System

Date: 03/08/2023

Version: 5

Owner: Safety Manager North America



HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT

Highest ranking HSE professional in the firm:

Name/Title:

Email:

Telephone Numbers

Do you have a written Basic Safety / HSE Program?

Yes

No

Does your Basic Safety/HSE Program include the following?

- a. HSE Policy statement signed by management
- b. Management Involvement and Commitment
- c. Hazard Identification and Risk Control
- d. Rules and Work Procedures
- e. Training
- f. Communications
- g. Incident and Accident Reporting and Investigation

Yes
Yes
Yes
Yes
Yes
Yes
Yes

No
No
No
No
No
No
No

Does the program include work practices and procedures such as?

- a. Permit to Work including Isolation of Energy
- b. Confined Space Entry
- c. Injury and Illness Recording
- d. Fall Protection
- e. Personal Protective Equipment
- f. Portable Electrical/Power Tools
- g. Motor Vehicle/Driving Safety
- h. Compressed Gas Cylinders
- i. Electrical Equipment Grounding Assurance
- j. Powered Industrial Vehicles (Cranes, Forklifts, Etc.)
- k. Housekeeping
- l. Accident/Incident Reporting and Investigations
- m. Unsafe Condition Reporting
- n. Emergency Preparedness, Including Evacuation Plan
- o. Waste Disposal and Pollution Prevention
- p. Regular Workplace Inspection / Audits

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

No
No
No
No
No
No
No
No
No
No
No
No
No
No
No
No
No

Do you have a Drug and Alcohol program?

- a. Pre-employment Testing
- b. Reasonable Cause Testing
- c. Post-rehabilitation/Return to Work Testing

Yes
Yes
Yes
Yes

No
No
No
No

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HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT

Do you have a Job Safety Analysis (JSA) process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Root Cause Analysis process used for investigations, near misses, environmental spills?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Management of Change (MOC) Process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have programs for the following?			
a. Respiratory Protection		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Where applicable, have employees been:			
• Trained		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Fit tested		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Medically approved		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Hazard communication/WHMIS		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Programs for potential high hazard work such as Highly Hazardous Chemicals; Explosives and Blasting Agents		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a corrective action process for addressing individual/employee safety and health performance deficiencies?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical			
a. Do you conduct medical examinations for:			
• Pre-placement Job Capability		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Pulmonary		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Respiratory		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Describe how you intend to provide first aid and other medical services while on-site.			
Do you have personnel trained to perform first aid and CPR?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment (PPE)			
a. Is applicable PPE provided for employees?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a program to assure that PPE is inspected and maintained?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
HSE Meetings			Frequency
a. Do you hold site HSE meetings for?			
• Field Supervisors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• New Hires	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Subcontractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT

Inspections and Audits			Frequency
a. Do you conduct internal HSE Inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Do you conduct internal HSE program audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Are corrections or deficiencies to internal HSE program or equipment communicated and documented until closure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Equipment and Materials:			
a. Do you own or lease Equipment and Materials? If yes, please complete the following questions:	Yes <input type="checkbox"/>		No <input type="checkbox"/>
b. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
c. Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with regulatory requirements?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
d. Do you maintain operating equipment in compliance with regulatory requirements?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
e. Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
f. Do you document corrections or deficiencies from equipment inspections and maintenance?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Subcontractor Management			
a. Do you subcontract any work? If the answer is yes, please complete the following questions:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
b. Do you have a written contractor safety management process?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
c. Do you use HSE performance criteria in selection of subcontractors?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
d. Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
e. Do your subcontractors have a written HSE Program?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
f. Do you include your subcontractors in:			
• HSE Orientation	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• HSE Meetings	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• HSE Equipment Inspections	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• HSE Program Audits	Yes <input type="checkbox"/>		No <input type="checkbox"/>
• Are corrections or deficiencies documented	Yes <input type="checkbox"/>		No <input type="checkbox"/>



HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT				
Employee and Trades Training				
a.	Have employees been trained in appropriate job skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b.	Are employees' job skills certified where required by regulatory or industry consensus standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c.	List trades/crafts which have been certified:			
Health, Safety and Environmental Orientation		New Hires		Supervisors
a.	Do you have an HSE Orientation Program for new hires and newly hired or promoted supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Does the program provide instruction on the following:			
	•New worker orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Safe Work Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Safety Supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Toolbox meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Emergency Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•First Aid Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Fire Protection and Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Safety Intervention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	•Hazard Communication/WHMIS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health, Safety and Environmental Training				
a.	Do you know the regulatory HSE training requirements for your employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b.	Have your employees received the required HSE training and re-training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c.	Do you have a specific HSE training program for supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Training Records				
a.	Do you have HSE and training records for your Employee's?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b.	Do the training records include the following:			
	• Employee identification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	• Date of training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	• Name of trainer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	• Method used to verify understanding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c.	How do you verify understanding of training? (Check all that apply)			
<input type="checkbox"/> Written test <input type="checkbox"/> Oral test <input type="checkbox"/> Performance test <input type="checkbox"/> Job Monitoring <input type="checkbox"/> Other (List)				

Subcontractor Management Plan

Appendix B

Subcontractors must comply with the Alberta Occupational Health & Safety Act, Regulations and Code. It is also the subcontractor's responsibility to ensure their employees are in compliance with all applicable OHS legislation.

It is the Client's responsibility to monitor and evaluate the health and safety performance of Airswift subcontractors and contractors while conducting work on the client's site. The client will ensure subcontractors are following their assigned health and safety responsibilities.

Monitoring of contractors may include:

- Site visits and observation tours.
- Review of pertinent documentation, including:
 - Incident reporting
 - Daily hazard assessments
 - Hazard notifications
 - Incident investigation
 - Required work permits
 - Required certifications

The Client will report to the Airswift Account Manager as necessary.

Non-Compliance:

In the event that a Subcontractor breach any of their responsibilities, duties, obligations or warranties under the Subcontractor Agreement, Airswift will provide the Subcontractor with written notice of the breach upon receiving notice from the Client. A Subcontractor's failure to comply with all aspects of the Subcontractor Agreement may result in an order to stop work until non-compliance is corrected or termination of contract. Airswift may, in its sole discretion, provide the Subcontractor with a period within which to correct any breach of the Subcontractor Agreement.