

Safety and Health Orientation Checklist (Labor RFP)

[Document Title: Safety and Health Orientation Checklist
Labor Hour Contractors]

All contractor personnel must follow federal, state and local standards and regulations.

Contractor personnel shall be trained in the job task to be performed at JPL prior to assignment.

Contractor personnel shall be knowledgeable of JPL's safety and health programs. JPL strives to provide a safe and healthful work environment. Safety is everyone's responsibility.

After reviewing the following information with your employee, please place a check in the appropriate box, initial and date in the provided space. When completed this document shall be sent to the Occupational Safety Program Office (OSPO), Building 190, Room 112 (190-112).

Injury and Illness Prevention Program

Contractor personnel shall be trained on your company's Injury and Illness Prevention Program (IIPP) which is reviewed and approved by JPL OSPO. JPL's IIPP is designed achieve a safe and healthful workplace. Contractor personnel shall be familiar with the following elements of JPL's safety and health program.

Employee responsibility (Applies to individual contractor personnel)

Reporting of potentially hazardous conditions

Basic safety and health rules

Communications

Disciplinary system

Training and recordkeeping

Accident investigations

<input type="checkbox"/>	____	__/__/__	Reviewed with employee your IIPP.
Check when Complete	Initial	Date	

Version 8/20

Chemical Safety and Personal Protective Equipment (PPE)

Various chemicals are used at JPL. Some of these chemicals require specific postings under California's Proposition 65 (Prop 65). Prop 65 chemicals are known to the State of California to cause cancer, birth defects, or reproductive harm.

NOTICE: JPL has developed a Hazard Communication Program to meet the requirements of the Hazard Communication Standard. Contractor personnel have a right-to-know about potentially hazardous materials in or at their work areas. All contractor personnel shall be knowledgeable about potentially hazardous materials that they may work with or be exposed to at JPL. This information about potentially hazardous materials must be communicated to your employee through training, Material Safety Data Sheets (MSDS), container labels, and other selected media forms. JPL's Hazard Communication Program and master copies of MSDS are kept in the Occupational Safety Program Office Regulatory Compliance Repository located at Building 200, Room 122B (200-122B). Individual laboratories also maintain copies of the MSDS for the chemicals used in the immediate area. Your employee may contact their JPL Representative or the Cognizant Manager for the specific location.

Your employee must be trained prior to donning personal protective equipment (PPE) while working with chemicals or machinery. This training must include the proper use and limitations of the PPE. JPL will not provide PPE to contractors.

Contractor Checklist

- | | | | |
|-------------------------------------------------|------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>
Check when Complete | _____
Initial | __/__/__
Date | Reviewed Proposition 65 warning with your employee. |
| <input type="checkbox"/>
Check when Complete | _____
Initial | __/__/__
Date | Reviewed specific MSDS with your employee if expected to work with chemicals. |
| <input type="checkbox"/>
Check when Complete | _____
Initial | __/__/__
Date | Reviewed the proper use and limitations of personal protective equipment. See attached JPL forms: 2693 (PPE Assessment Form) and 2694 (Documentation of PPE training), which must be completed. |

List specific equipment that may be required: _____

If respirators are used, the following must be completed:

- | | | | |
|-------------------------------------------------|------------------|------------------|----------------------------------------------------|
| <input type="checkbox"/>
Check when Complete | _____
Initial | __/__/__
Date | Medical evaluation completed and approval granted. |
| <input type="checkbox"/>
Check when Complete | _____
Initial | __/__/__
Date | Respirator training and fit testing. |

Type and brand of respirator used, including cartridges if appropriate: _____

Emergency Procedures

JPL maintains a 24-hour Fire Department. The Fire Department should be contacted for all emergencies (e.g., fire, spills) by dialing 911 from any JPL phone or dial (818) 393-3333 from a non-JPL phone such as a cellular phone. For specific information on evacuation routes and assembly points, the JPL Representative or Cognizant Manager should be contacted.

<input type="checkbox"/>	_____	___/___/___	Instructed employee to dial 911 to report emergencies to JPL's Fire Department.
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Familiarize employee with proper procedures to follow in case of an evacuation. Contact the JPL Representative or Floor Warden for specific assembly area.
Check when Complete	Initial	Date	

Medical Assistance and Injury Reporting

If your employee sustains an injury/illness while working at JPL, they must be aware of the proper procedures to follow. Prior arrangements with local clinics or hospitals must be arranged by your organization before an injury/illness occurs. All injuries/illnesses must be reported to the Occupational Safety Program Office (OSPO), 4-4711, within 8 hours. All injuries/illnesses shall be investigated and a written report shall be provided to the OSPO within 24 hours. Send reports to Building 200, Room 122C (200-122C).

<input type="checkbox"/>	_____	___/___/___	Reviewed with your employee the procedures to follow in case of an injury (e.g., notification of your company representative, Worker's Comp carrier, how to seek medical attention).
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Instructed employee to report all injuries/illness to your company representative immediately.
Check when Complete	Initial	Date	

Confined Space Entry

JPL has identified confined spaces. A confined space is a space that is large enough and so configured that a person can bodily enter and perform assigned work; and has limited or restricted means for entry or exit; and is not designed for continuous employee (or contractor personnel) occupancy. Confined spaces have posted signs stating "Permit-Required Confined Space, Do Not Enter". Contractor personnel may not enter these areas. If the scope of work requires entry into a confined space, the following must be completed prior to sending contractor personnel to a JPL site. In addition, the OSPO must be contacted prior to each entry.

<input type="checkbox"/>	_____	___/___/___	Reviewed confined spaces with the employee. Instructed not to enter any confined space without approval from the OSPO. For confined space entry contact 4-0354, 3-0886 or 4-4710.
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Employee trained in confined space entry.
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Confined space entry training program sent to the OSPO for review prior to work commencement.
Check when Complete	Initial	Date	

Complete

Lockout / Tagout / Blockout

Machines that are maintained or serviced can pose additional hazards. These hazards may include the removal of machine guarding and the continued presence of energy. Machines must be de-energized prior to servicing and Lockout/Tagout/Blockout procedures must be followed. Equipment that has been locked out, tagged out and/or blocked out should not be re-energized.

<input type="checkbox"/>	_____	___/___/___	Reviewed your lockout/tagout/blockout program with your employee.
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Instructed employee to never remove someone else's lock, tag, or block.
Check when Complete	Initial	Date	

General Safety

The following areas should be highlighted with contractor personnel, but should not be considered all inclusive.

<input type="checkbox"/>	_____	___/___/___	Slips, trips and falls (JPL is built on a steep, hilly terrain).
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Construction barriers
Check when Complete	Initial	Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Forklift Safety
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Electrical Safety
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	_____	___/___/___	Ergonomics
Check when Complete	Initial	Date	
<input type="checkbox"/>	_____	___/___/___	Pedestrian Safety
Check when Complete	Initial	Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Temperature extremes and high wind conditions
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Work on elevated surfaces
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Fall protection (100% tie-off requirement at JPL when working above 6 feet). Tie-off with 5 point body harness.
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Radiation
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Bloodborne Pathogens
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Asbestos and Lead
Check when Complete	Not applicable	Initial Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Compressed gases
Check when Complete	Not applicable	Initial Date	

Check when Complete	Not applicable	Initial	Date
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Job Title:
Brief job description which includes anticipated hazards and equipment to be operated, if any:

Employee Name (print)	Employee Name (signature)	Date	JPL Badge Number
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Company Representative Name (print)	Company Representative Name (signature)	Position/Title	Date
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Company Name