

## Pepper Construction Company Subcontractor Insurance Requirements

Subcontractor/Supplier shall maintain, at its own expense, during the progress of the Work and throughout the warranty period, insurance written by insurance companies acceptable to PEPPER with the minimum limits and coverage as shown below or, if higher, the requirements set forth in the Contract Documents. For purposes of this insurance section, major trades include: Concrete/Pre-cast Concrete; Curtainwall; Electrical; Elevator; Excavation/Earthwork; Fire Protection; Hoisting/Tower Crane; HVAC; Plumbing/Piping; Shoring/Underpinning; Soil Stabilization; Special Foundations/Caissons; and Steel; (collectively, "Major Trades").

- A. WORKER'S COMPENSATION including Occupational Disease insurance meeting the statutory requirements of the State in which Work is to be performed and containing Employers' Liability insurance in an amount of at least \$500,000.
- B. COMMERCIAL GENERAL LIABILITY insurance on an occurrence basis providing limits for Bodily Injury and Personal Injury including its own employees of \$2,000,000 each occurrence for Major Trades and \$1,000,000 each occurrence for all other trades and Property Damage of \$2,000,000 each occurrence for Major Trades and \$1,000,000 each occurrence for all other trades. The policy must include all required ADDITIONAL INSUREDS, on an ISO Additional Insured Endorsement (CG 2010 and CG 2037) covering ongoing and completed operations.  
  
Subcontractor must provide Premises-Operations, Elevators, Independent Contractors, Broad Form Property Damage, Contractual Liability, and Products & Completed Operations coverages which shall be maintained in force for a period of two (2) years after Substantial Completion of the Project or for such longer period of time as is described in the Contract Documents. XCU Exclusions must be deleted when applicable to operations performed by the Subcontractor.
- C. Subcontractor's insurance will be Primary and Non-Contributory to any insurance carried by any of the ADDITIONAL INSUREDS. In addition, Subcontractor shall maintain an **umbrella** liability policy providing the same coverage and with the same ADDITIONAL INSUREDS as the basic policy in the amount of \$5,000,000 for Major Trades and \$1,000,000 for all other trades.
- D. COMPREHENSIVE AUTOMOBILE LIABILITY on an occurrence basis covering all Owned, Non-Owned and Hired Vehicles providing limits of liability for Bodily Injury and Personal Injury, including its own employees, of \$1,000,000 each occurrence and Property Damage of \$1,000,000 each occurrence.
- E. A Certificate of Insurance on an approved form, and the Additional Insured Endorsement (including a waiver of subrogation), must be submitted to the PEPPER Project Manager and to the PEPPER Jobsite Field **PRIOR TO THE COMMENCEMENT OF ANY WORK**. The Subcontractor shall notify PEPPER by email within thirty (30) days if such Certificate is to be altered, cancelled or allowed to expire.
- F. Equivalent insurance coverage must be obtained from each sub-subcontractor or supplier, if any, before permitting them on the Project site. Otherwise, protection of such parties must be included within Subcontractor's insurance policies.
- G. PEPPER may furnish, erect or provide equipment, appurtenances and devices, motorized or otherwise, for its use to complete its Contract with the Owner. Should the Subcontractor use such items, the Subcontractor agrees to insure against claims of injury or damage caused by such items while in Subcontractor's care, custody or control by naming PEPPER as an insured party. Liability limits shall be the same as in (B), above. Physical Damage insurance against damage to the items themselves shall be on a "Replacement Cost" basis.
- H. Subcontractor will be responsible for any deductible or self-insured retention under its insurance policies.
- I. It is understood and agreed that PEPPER shall withhold payments to the Subcontractor until a properly executed Certificate of Insurance and endorsement providing insurance as required herein, accompanied by a signed Subcontract Agreement, are received by PEPPER. The failure of PEPPER to withhold such payments or obtain the required Certificate or endorsement shall not be deemed to be a waiver of Subcontractor's obligation to provide the insurance required under the Subcontract Agreement.
- J. Subcontractor hereby waives any rights of subrogation against PEPPER, the Owner, the Architect, and any other ADDITIONAL INSUREDS as required by the Owner Agreement or the Invitation to Bid. If insurance policies specified within this Article require an endorsement to provide for continued coverage where there is a waiver of subrogation, the Subcontractor will cause them to be so endorsed.

## **Subcontractor Prequalification Application Instructions**

Note: Any questions should be directed to [prequal@pepperconstruction.com](mailto:prequal@pepperconstruction.com). Beginning on page 2, once you completely fill in the information on that page you can click Save Draft at the top of the screen to save what you have entered thus far. You will need your password to get back in to complete the application.

You will need to be on internet explorer version 7 or 8, or Firefox 3.0 for Mac users in order to access the subcontractor prequalification application.

### **Page 1 of 7**

1. Enter your federal tax ID. It is important that this number is entered accurately, so please double check prior to clicking OK.
2. Enter a password and be sure to write it down and keep it in a safe place. If the application will not be completed all at once you will need this password in order to complete the application at a later time. Note that the password is case sensitive.
3. Complete Company Headquarters Information section.
4. If your company has multiple branch offices, please click Add Row to complete information for each branch office.
5. Check the box next to all Pepper offices that you plan on working with in the future.
6. Click Next to move on to the next page.

### **Page 2 of 7**

1. Complete the License Information section. Click on Add Row for each additional license you are listing.
2. If your firm is signatory to any unions, check the box next to Yes and complete the Union Affiliations section. If you have multiple Union Affiliations click on Add Row to select additional unions. Note that you can type in the Union Affiliations field to add a new record if your union is not listed. If your firm is not signatory to any unions, check the box next to No and move on to the next section.
3. In the Trade Information section, select from the drop down box all trades that apply to your firm. To select additional trades click on Add Row.
4. If your firm has minority business status, check the appropriate box(es) and then select the certifying agency. Click Add Row to select additional certifying agencies. Note that you can type in the Certifying Agency field to add a new record if your agency is not listed.
5. Click Next to move on to the next page.

### **Page 3 of 7**

1. Before answering any questions, please review Pepper's Safety Regulations and Insurance Requirements found at <http://www.pepperconstruction.com/about>.
2. Complete the Insurance Information section.

- a. Note that you will need to attach your current insurance certificate on the last page of this application.
3. Complete the Safety Information section.
  - a. Note that you will need to attach your OSHA Form 300A Summary of Work-Related Injuries and Illnesses filed with the US Department of Labor for the past 3 calendar years on the last page of this application.
  - b. Use the following link to search for your company's OSHA incidents for the last 3 years. <http://www.osha.gov/pls/imis/establishment.html>
4. Click Next to move on to the next page.

Page 4 of 7

1. Complete the Surety Information section. If you check the box next to Yes, all other fields must be completed. If you check the box next to No, move on to the next section.
  - a. Note that if you check the box next to Yes you will need to attach your Letter of Bondability from Surety stating total and per project bonding capacity.
2. Complete the Financial Information section.
  - a. Note that you will need to attach a copy of your financial statements for the last 2 years at the last section of the questionnaire and select the financial statement box to ensure their confidentiality. This should include your balance sheets, income statements, and opinion letter.
  - b. Accountant refers to the name of the person or firm who prepares your financial statements.
  - c. Financial Format refers to whether your financial statements are audited, reviewed, or compiled.
  - d. Financial information must be completed. At a minimum, be sure that the fields listed below are populated. Many of the required fields below are calculations, so other fields within each category must be populated in order to populate the calculated field.
    - i. Net Sales
    - ii. Net Income
    - iii. Total Current Assets
    - iv. Total Assets
    - v. Total Current Liabilities
    - vi. Total Liabilities
    - vii. Total Equity
    - viii. Total Liabilities & Equity
3. Note that you will need to fill out and attach a W-9 regardless of whether you have worked with Pepper in the past (see example at <http://www.pepperconstruction.com/about>.)
4. Complete the Company Officers section.
5. Click Next to move on to the next page.

Page 5 of 7

1. Complete the Financial Information section.
2. Complete the Litigation Information section.
3. Complete the References section. If you would like to provide more than 3 references you can click on Add Row.
4. Click Next to move on to the next page.

Page 6 of 7

1. Complete the User-Defined Fields Section.
  - a. Bond in Place? This question relates back to page 2. If your company is signatory to a union, please select Y or N as to whether you have a bond in place securing your payment of wages and fund contributions as required by your labor union agreement. If your company is not signatory to a union, you can skip this question.
  - b. Type of Line of Credit. Select the appropriate response from the dropdown list.
  - c. Largest Project Description. Enter a description of your largest project.
  - d. AMBEST Rating. Enter the AMBEST Rating of your bonding company.
  - e. Largest Single Contract Amt. Enter the dollar amount of your largest contract.
2. Click Add Row to add attachments. Enter a description for each attachment. Remember to click the box next to Financial Attachment when attaching your financial statements. This will ensure their confidentiality. The following items should be attached:
  - a. Current insurance certificate
  - b. Financial statements including balance sheet, income statement, and opinion letters for the last 2 years.
  - c. Letter of bondability from surety stating total and per project bonding capacity
  - d. OSHA Form 300A Summary of work-related injuries and illnesses filed with the US Department of Labor for the last 3 calendar years

Page 7 of 7

1. A summary of all information entered will be provided. Please review this for accuracy and print a copy for your records. If you find that anything needs to be revised, you can page back to fix the information.
2. When you have finished your review click Submit.

You are now finished, thank you! We will contact you if any further information is required.

Please Enter your Federal Tax ID:

OK Cancel

Please create a password for future access.

Password:

Confirm:

OK Cancel

### Pepper Construction Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

#### Company Headquarters Information

Federal Tax ID: 2223334444 Year Company Founded:

Company Name:

Also Known As:

Legal Name:

Parent Corp.:

Address:

Suite:

City:

State:

Zip:

Country:

Contact:

Phone:

Toll Free:

Fax:

E-mail:

Branch Offices: (Enter all your branch office(s) and bid contact names) Add Row

Indicate what region your company does work in:

Select All Regions

Illinois  Ohio

Indiana  Texas

### Pepper Construction Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

#### General Information

License Information: Enter your company's contractors license information

Authority	Class	License Number	Date Expire	
N/A				Remove Row Add Row

Minority Business Enterprise Status:

HUBZone Small Business  Minority Owned Business Enterprise  Small Disadvantaged Business

Small Business  Service Disabled Veteran Owned Small Business  Small Women Owned Business

Veteran Owned Small Business  Women Owned Business Enterprise

Other:

Is your firm signatory to any unions?  Yes  No

Trade Information:	Remove Row	Adding Agency Names:	Remove Row
<input type="text"/>	Add Row	<input type="text"/>	Add Row

Union Affiliations Add Row

### Pepper Construction Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

**Insurance Information**

**NOTE:** Please review Pepper Insurance requirements. A Blanket Certificate of Insurance (COI) will cover all projects (per contract terms) with Pepper Construction. Submission of a Blanket COI will reduce the change of delay of payment due to lack of valid insurance. A job specific COI will cover only the job identified and will be required to be submitted for every project.

Insurance Broker Name:  GL Expiration Date:

We have reviewed the attached documents and we fully meet the Insurance Requirements  Yes  No

If you have checked No, then please check No, then please check from the list below, the Insurance Requirements you DO NOT MEET.

GL Limits per occurrence are only \$1M with no Umbrella/Excess Policy.

Aggregate limits do not apply separately per project. (Unless Aggregate + Umbrella Limits are greater than \$5M)

Additional Insured Endorsement does not cover completed operations.

Mold Coverage in GL Policy or Separate Pollution Liability Coverage.

Additional Insured Endorsement does not include primary wording.

Other

Insurance Comments:

**Safety Information (OSHA Form 300A Must Be Attached)**

Does your company have a written field based safety program?  Yes  No

Is your Company part of an OSHA partnership?  Yes  No If Yes, please provide program title and your level (if applicable)

Does your company use project specific safety plans?  Yes  No

Does your company have a substance abuse policy?  Yes  No

Does your company conduct weekly, documented safety audits?  Yes  No

Do you hold site safety meetings?  Yes  No How Often?

Does your company have a safety management program and safety manual?  Yes  No

Do you conduct project site safety inspections?  Yes  No How Often?

Do your trades people begin each day with safety meeting (examples, safety hurdle, task hazard analysis or job safety meeting)?  Yes  No

Who follows up on these inspections?

Does your company have a full time safety manager / director?  Yes  No If yes, please provide contact info

Year	Citations	EMR	RIR	LTIR	FWH	ANE	Fatalities
2012	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2011	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2010	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Citations** - Please enter number of OSHA Citations received during that year (citations, not violations)  
**EMR** - Experience Modification Rate. Your Workers Comp carrier should have this information  
**RIR** - Recordable Incident Rate - Add columns I & J from the OSHA 300A form.  
**LTIR** - Lost Time Incident Rate - Column H from the OSHA 300A form  
**FWH** - Total hours worked by all employees - located on right hand side of OSHA 300A form  
**ANE** - Annual Number of Employees - located on right hand side of OSHA 300A  
**Fatalities** - Column G from OSHA 300A form

[Add Row](#)

### Pepper Construction Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

**Surety Information**

Is your Company Bondable?  Yes  No

Surety Company

Broker Name

Phone

Single Project Bonding Capacity

Aggregate Project Bonding Capacity

Current amount under bond today

\$ 0 - \$ 100 K

\$ 100 K - \$ 500 K

\$ 500 K - \$ 1 M

\$ 1 M - \$ 2 M

\$ 2 M - \$ 5 M

**Financial Information**

Financial Year Ending: 2012

Legal Entity Type

Year Company Founded 1990

Fiscal Year End Date Jan 1

Subsidiary Names: 1.   
 2.   
 3.   
 4.   
 5.

Parent Organization

Do you have D&B Number?  Yes  No Number

D&B Paydex No

Previous Company Names: 1.   
 2.   
 3.   
 4.   
 5.

Has Your Firm Ever Filed Bankruptcy?  Yes  No

If Yes, explain:

Accountant

Financial Format

Please provide your financial information for the past 3 years. Please upload a copy of your current financial statement at the last section of this questionnaire and select the financial statement box.

Income Statements	
Net Sales	0
Cost Of Sales	0
<b>Gross Profit Margin</b>	0
Selling, General, Administrative	0
Depreciation and Amortization	0
Other Operating Expenses	0
<b>Operating Income</b>	0
Interest Expense	0
Interest Income	0
Other Nonoperating Expenses	0
<b>Earnings Before Taxes</b>	0
Income Taxes	0
<b>Net Income</b>	0
Balance Sheet	
Cash	0
Marketable Securities	0
Accounts Receivable	0
Costs and Profit in Excess of Billings (Underbilled)	0
Inventory	0
Other Long-Term Assets	0
<b>Total Current Assets</b>	0
Gross Fixed Assets	0
Less Accumulated Depreciation	0
<b>Net Fixed Assets</b>	0
Other Long-Term Assets	0
<b>Total Assets</b>	0
Accounts Payable & Accruals	0
Billings in Excess of Costs & Profit (Overbilled)	0
Current Interest Bearing Debt	0
<b>Total Current Liabilities</b>	0
Long Term Debt	0
Long Term Deferred Taxes	0
Other Long Term Liabilities	0
<b>Total Liabilities</b>	0
Preferred Stock	0
Common Stock & Capital Surplus	0
Retained Earnings	0
<b>Total Equity</b>	0
<b>Total Liabilities &amp; Equity</b>	0
Cost Of Goods Sold	0

  

Amount Line Of Credit*	
Against Line Of Credit*	
Highest Dollar Project Ever Awarded*	
Average Project Size*	

Please fill out and attach W-9 form if you have not previously worked for Pepper Construction. PLEASE ATTACH LAST TWO (2) YEARS OF FINANCIAL STATEMENTS (including Balance Sheets, Income Statements and Opinion Letter from Accountant) on the last section of this questionnaire.

Company Officers:		
Company Officer Name	Title	Action
<input type="text"/>	<input type="text"/>	Remove Row
		Add Row

### Pepper Construction Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

**Financial Information**  
Enter information for a contact in your company who can answer specific questions about your Financials:

Contact Name:*	<input type="text"/>	Phone*	<input type="text"/>	Fax	<input type="text"/>
Title/Position:*	<input type="text"/>	E-mail*	<input type="text"/>		

**Bank Reference:**

Name of Bank:*	<input type="text"/>	Phone*	<input type="text"/>
Contact Name:*	<input type="text"/>	Fax	<input type="text"/>
Title/Position:	<input type="text"/>	E-mail	<input type="text"/>

**Litigation Information** If yes, please enter a brief description

Any current litigation with Owners or General Contractors?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any judgements against your company in the last 5 years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any Principals of your company in litigation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any paid liquidated damages?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Any labor law violations?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have you ever defaulted on a contract?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Ever failed to complete a contract?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have you ever been terminated from a contract?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have you ever had your license revoked or suspended?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

**References**

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>	
Address	<input type="text"/>	E-mail	<input type="text"/>	Remove Row
City	<input type="text"/>	State	<input type="text"/>	Zip <input type="text"/>
		Phone	<input type="text"/>	

---

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>	
Address	<input type="text"/>	E-mail	<input type="text"/>	Remove Row
City	<input type="text"/>	State	<input type="text"/>	Zip <input type="text"/>
		Phone	<input type="text"/>	

---

Company Name:	<input type="text"/>	Contact Name:	<input type="text"/>	
Address	<input type="text"/>	E-mail	<input type="text"/>	Remove Row
City	<input type="text"/>	State	<input type="text"/>	Zip <input type="text"/>
		Phone	<input type="text"/>	

[Add Row](#)

### Pepper Construction Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential. Questions on completing the prequalification form may be submitted to the following email or mailing address. Email : prequal@pepperconstruction.com Address: Pepper Construction 411 Lake Zurich Road Barrington, IL 60010 Attn: Prequalification

**User-Defined Fields**

Bond in Place?	<input type="text"/>	AMBEST Rating	<input type="text"/>
Type of Line of Credit	<input type="text"/>	Largest Single Contract Amt	<input type="text"/>
Largest Project Description	<input type="text"/>		

The submission of your current Insurance Certificate, Financial Statement, Balance Sheets, Income Statements, Opinion Letter, Letter of Bondability from Surety stating total and Per Project Bonding Capacity, copy of OSHA Form 300A Summary of Work-related Injuries and Illnesses filed with the U.S. Department of Labor for the past two calendar years, Blanket Certificate of Insurance, Explanations and/or Certifications. These documents are mandatory before we will start the review of your prequalification information.

**Attachments** [Add Row](#)

Page 7 provides a recap of all information you have entered so that you may review it.





# Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.95, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(g) _____	(h) _____	(i) _____	(j) _____

## Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(k) _____	(l) _____

## Injury and Illness Types

Total number of . . . (M)	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
_____	_____	_____	_____	_____	_____	_____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) \_\_\_\_\_

**Employment Information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of uncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.



**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# JOBSITE SAFETY HANDBOOK

This handbook has been provided to familiarize all subcontractors, their supervisors and craftspeople with the Pepper Construction safety rules, procedures and guidelines for preventing jobsite accidents and injuries.

An officer of your company has read this handbook, agreed with its terms and conditions and it is included in the Subcontract Agreement between your company and Pepper Construction. This commitment assures your compliance with the safety rules, procedures and guidelines outlined in this handbook, as well as all applicable Federal, State and Local regulations.

## ADMINISTRATIVE

### STATUTORY REQUIREMENTS

Each SUBCONTRACTOR is expected to be aware of and comply with Federal, State and Local safety regulations. Also, each subcontractor has agreed to hold the Owner & Pepper Construction, harmless for all claims, damages, (including legal fees) and/or penalties incurred as a result of SUBCONTRACTOR failure to comply with such regulations.

### COMPETENT PERSON/10-HOUR OSHA TRAINING

Accident prevention is the responsibility of each subcontractor and their employees. A **COMPETENT PERSON** must be designated in writing by the subcontractor. It is the competent person's responsibility to initiate and maintain an effective safety process at the jobsite. Each competent person shall have completed the ten-hour / OSHA Construction Safety and Health Training course. Documentation of this training must be provided and kept on file in the Pepper Construction jobsite safety files.

## SAFETY PLANNING & PROGRAMS

Per contractual requirements, the subcontractor must submit a pre-job/site specific safety plan. Additionally, a job start meeting with each subcontractor foreman, Pepper Construction site Superintendent and the Pepper Construction Safety Department must take place prior to any work starting.

The subcontractors' **COMPETENT PERSON** must be fully aware of this plan and the procedures necessary to eliminate hazards. This plan must be reviewed with your crew, updated regularly as site conditions warrant and reflect changes in safety procedures that are necessary to maintain a safe jobsite.

Weekly Tool Box meetings are required of all subcontractors. Documentation of these meetings must be submitted to the Pepper Construction site Superintendent, on a weekly basis. Project meetings will include Safety as an agenda item and all subcontractor supervisors are required to attend.

## INSPECTIONS

Each subcontractor will perform regularly scheduled safety compliance inspections of their work, conduct weekly Tool Box safety meetings with their site personnel and submit documentation of these meetings to the Pepper Construction site Superintendent on a weekly basis.

Subcontractors are required to inspect the areas in which their employees are working and immediately report any unsatisfactory or unsafe conditions to the Pepper Construction site Superintendent.

Unsafe conditions created as a result of subcontractor operations must be corrected within contract requirements. Failure to comply will result in written notice to said subcontractors insurance carrier and corporate office. Failure to comply may warrant the removal of the subcontractor's personnel or employee from the jobsite.

## ACCIDENT REPORTING

All accidents shall be reported to the Pepper Construction site Superintendent immediately after providing for medical treatment to the injured. This includes all second tier subcontractors. Accidents involving damage to property, public or private, general liability or

injury to non-employees must also be reported immediately. A copy of each accident report is to be provided to the Pepper Construction site Superintendent within 24 hours.

## DRUGS & ALCOHOL

Every person on the jobsite will abide by the Pepper Construction Drug and Alcohol Policy. Each subcontractor agrees to immediately remove from the job site, any of their employees who violate this policy (including employees of their second tier subcontractors).

All illegal and unauthorized substances, drugs, look-alike drugs, synthetic drugs, alcoholic beverages and drug paraphernalia are strictly prohibited on Pepper Construction jobsites. Personnel, subcontractor employees and suppliers found to be using or in possession of, or concealing of any of the above items, will not be allowed on the jobsite. Any employee of the subcontractor suspected to be under the influence of drugs or alcohol will be referred to their supervisor to determine their compliance to this Drug & Alcohol Policy and further disposition of the employee. All employees, their vehicles and personal property are subject to search and inspection, upon entering or departing a Pepper Construction job site.

Pepper Construction has adopted a “Zero Tolerance” policy regarding drug or alcohol usage. Drug or alcohol use during the work shift, including breaks and lunch, is prohibited.

## PERSONAL ENTERTAINMENT DEVICES

Elevated noise levels create unsafe conditions so controlling unnecessary noise is critical. Therefore, electronic entertainment devices are prohibited in the job site work area. Radios are permitted in the site trailer or office, primarily to assist in identifying emergency situations such as weather and security alerts. Devices will be confiscated and returned to their owner at the end of the work shift. Repeat violations of this policy will result in the appropriate discipline, up to and including removal from the jobsite.

## CLOTHING

Appropriate clothing must be worn at all times. Construction safety shoes are required for any person entering a Pepper Construction job site. Loose clothing, shorts, athletic shoes or shirts

that do not cover the shoulders, are not allowed to be worn on the job site.

## **Jewelry of any kind is strongly discouraged on the job site.**

Necklaces, dangling jewelry and rings substantially increase the risk of becoming entangled in job site equipment.

## VIOLATIONS

If unsafe conditions, practices or procedures are observed, the subcontractor supervisor will be requested to correct the situation. Failure to adequately correct the condition or refusal to comply or enforce the requirements referenced in this handbook may result in:

- a. removal from the jobsite of involved employees.
- b. removal from the jobsite of all subcontractor’s employees.
- c. denial of future bid opportunities with Pepper Construction.

If an unsafe condition is deemed life-threatening, the employee will be removed from the project.

## CONTRABAND & FIREARMS

Contraband, stolen property, firearms, weapons, explosives and any other hazardous substances are strictly prohibited on any Pepper Construction jobsite. Persons or employees found to be using, in possession of or concealing any of the above unauthorized items will be permanently removed from the jobsite.

## INSURANCE REQUIREMENTS

Subcontractors may not start their work until a valid Certificate **of Insurance** is on file with Pepper Construction and provided to the Pepper site Superintendent. This includes a copy being provided to the Pepper Construction site Superintendent. This certificate ensures protection of all those involved, primarily the employee.

## CONFINED SPACE

Work which involves confined space entry must be reviewed on a site specific plan. Entry is prohibited unless an Entry Supervisor and an

Entry Plan is implemented. Contact the Pepper Safety Department for assistance.

## CRANES

Areas within the swing radius of all cranes must be barricaded to prevent employees or other persons from being struck by, or caught in, the counterweight assembly. **It is strictly prohibited for personnel to ride the load or the headache ball.**

Safety latches are required on all crane hooks. Cranes may not be operated within ten feet of energized electrical transmission or power lines. A positive locking device (anti two block) must be installed and functioning, if crane is equipped with such device.

Personnel are strictly forbidden from riding on material hoisting equipment at any time!

### MATERIAL HANDLING FOR MULTI-STORY STRUCTURES

The practice of swinging or pulling a suspended load into a building by any method is strictly prohibited. This practice places employees, equipment and the structure at substantial and unnecessary risk.

This operation must be analyzed in the site-specific safety plan. The subcontractor could be contractually required to hoist their own material. Proper loading systems including, but not limited to:

- a. material/man hoists
- b. platform lifts
- c. crane/landing platform or lookout

If guardrails are removed on landing platforms, lookouts or hoists, personal fall protection must be provided for exposed employees.

Additionally, flagging must be installed to warn of fall hazard or unprotected edge condition.

## ELECTRICAL SAFETY

### ELECTRICAL EQUIPMENT

Subcontractors are responsible for maintenance of their extension cords, electrical tools and equipment. Defective extension cords and equipment shall be removed from service immediately. OSHA requires daily inspection of extension cords, tool cords and equipment cords. This inspection must include ground plugs, insulation and exposed conductors. All persons must **use GFCIs at all times**, even if using

permanent building power. An **Assured Grounding Program** is strongly recommended, in addition to the use of GFCIs. The requirement for this program is left to the discretion of the Pepper Construction site Superintendent.

### TEMPORARY ELECTRICAL INSTALLATION

Temporary electrical power, such as receptacle and lighting wire, may not be installed on Pepper Construction sites as open conductors. Open conductors are copper conductors covered with one layer of insulating material. Temporary electrical service conductors, unless installed in metallic raceways, **must utilize flexible cords and cables which carry the trade name “HARD SERVICE” or “JUNIOR HARD SERVICE”, as defined in the 2002 edition of the NEC/Article 400/Table 400.4.** Acceptable cord designations include:

Type Letter S (and their derivatives) designated “HARD” or “EXTRA HARD” use.

### ENERGIZED SOURCES

As stated in OSHA Subpart K, guarding of energized parts must be provided by either the permanent, or an acceptable temporary, cover. Non-conductive material is acceptable for temporary covers. Cardboard is not an acceptable temporary cover. All temporary covers must have a positive fastening device to secure it to the panel.

Magnetic temporary covers may only be used during the work shift for guarding while the personnel responsible for the open panel are required to leave the “immediate” area. Magnetic covers may not be used overnight or if tradesmen will not be present for the next shift. It is acceptable to leave a panel open if the area that contains the panel is secured or isolated per the requirements of OSHA 1926.403 (i)(2).

## ENVIRONMENTAL

Respiratory hazards, environmental concerns and the handling of materials that may present acute or chronic health hazards must be addressed in a site specific safety plan. Material Safety Data Sheets (MSDS) are to be supplied by each contractor and will be kept on file in the Pepper Field Office.



## EXCAVATIONS

If a subcontractor-controlled employee is involved in the creation of, or working in, any trench or excavation, that subcontractor must provide an on-site COMPETENT PERSON. For the purposes of Subpart P, the competent person must have certification of task specific training in excavations and trenches. This documentation must be provided to the Pepper Construction site Superintendent. Whenever an excavation or trench is required by the subcontractor, it is their responsibility to contact JULIE or DIGGER (or other "One Call Locate" service. Work may not start until these dig numbers have been submitted to the Pepper Construction site Superintendent and the schedule of excavation approved. In the event underground utilities have been identified within 30' of intended excavation, the PCC Critical Dig protocol will be implemented.

Excavations must be barricaded in order to protect pedestrian and vehicular traffic from entering. Spoils must be piled a minimum of two (2) feet away from the edge of the excavation or trench.

The excavation must be sloped or benched per OSHA standards, shored and/or safeguarded through the use of a trench box or other engineered earth retention device(s) when excavation reaches five (5) feet or greater in depth. Protection against cave-in at a depth of less than five (5) feet may be required if the COMPETENT PERSON determines that soil or other conditions warrant such protection.

Check all excavation walls before entering a trench or excavation after heavy rains and during a thaw cycle. Inspect and check shoring systems integrity, provide an adequate means of egress or access from the excavation. Stairways, ladders or ramps must be provided for this purpose, located a maximum of twenty five (25) feet apart whenever the excavation depth is four (4) feet or greater. Observe all applicable guidelines for the use of extension ladders or job-made gang ladders.

## UTILITIES

Equipment operators and truck drivers must not operate closer than the recommended distances from overhead or underground electrical wires. If work is required near these

utilities, the SUBCONTRACTOR must consult with the Pepper Construction site Superintendent about alternative action plans.

## FALL PROTECTION

A fall protection program is designed to prevent employees from suffering an injury due to a fall from an elevation. Due to the extreme severity of fall related injuries, subcontractors must exercise every precaution required. The use of fall protection systems and equipment is required on all Pepper Construction jobsites. Any employee found to be in violation of Pepper Construction's Fall Protection requirements is subject to immediate removal from the jobsite. A "Fall Protection System" is defined as some engineered, physical means or methods that are designed to eliminate a fall exposure to employees. Under OSHA 1926 Subpart M, it is required to provide "Guard Rail Systems, Safety Net Systems or Personal Fall Arrest Systems".

### **General Requirement:**

**Fall protection is required whenever employees are exposed to falls of six (6) feet or greater.**

OSHA Subpart M states that there may be work activities which qualify for an exception to the six (6) foot rule; however it continues to state, "there is a presumption that it is feasible and will not create a greater danger to implement at least one of the above referenced systems." Pepper Construction supports this presumption of feasibility and any exception must have the approval of the Pepper Construction Safety Department and site Superintendent. It has been demonstrated that effective fall protection can be provided for many concrete leading edge operations, pre-cast plank and double-T erection and many low sloped (4 in 12 or less) roofing operations. It is required that the appropriate fall protection systems be provided. This must be addressed in the Site Specific Safety Plan which each subcontractor is contractually required to provide to Pepper Construction.

When performing roofing work, any employee engaged in the installation of sheet metal materials, including but not limited to flashing, coping caps, etc., must use an acceptable means of fall protection.

Other trade tasks unrelated to roofing work being performed on low-sloped roofs must implement

a “Controlled Access Zone.” This must be created with flagging or barricades, established a minimum of fifteen (15) feet from unprotected sides or edges. A flagged or barricaded path must be established and maintained from the point of access to the controlled access zone. Any employee outside the controlled access zone must utilize an acceptable means of fall protection.

#### FLOOR OPENINGS & PERIMETER PROTECTION

Guardrails are provided at the perimeter, stairway openings and shaft openings. Smaller floor openings are to be covered and secured. This is to ensure the safety of all personnel on the job site. If a subcontractor finds it necessary to remove a guardrail or an opening cover, an authorized Pepper Construction representative must be notified and the removal and replacement of the protective device is to be coordinated with them. This procedure is critical in assuring that these systems maintain their required protective designs. Should a subcontractor damage any protective system, they must notify an authorized Pepper Construction supervisor immediately. **Do not remove or repair these systems without notifying Pepper Construction.** Whenever rails or covers are removed, employees must be protected through the use of appropriate fall protection systems. Failure to replace protective systems may subject the responsible employee to removal from the jobsite. Further, failure to replace protective system will result in Pepper Construction performing this work and the cost for this activity will not be negotiable, based on the SUBCONTRACT AGREEMENT, with the respective firm.

#### MASONRY FALL PROTECTION (OVERHAND OPERATIONS)

OSHA 1926.501(b)(9)(i) states that, “Except as otherwise provided in paragraph (b) of this section, each employee performing overhand bricklaying and related work six (6) feet (1.8m) or more above lower levels, shall be protected from falling by guardrail systems, safety net systems, personal fall arrest systems, or shall work in a controlled access zone.

A controlled access zone (CAZ) may be established and used by the masonry contractor performing the work, only after the masonry contractor has determined that the use of fall protection systems such as guardrails, personal fall arrest systems, safety nets, etc. are not possible, as documented by the masonry contractor’s qualified and Competent Person. This documentation (included in a Fall Protection Plan) must be compiled and presented to the assigned Pepper superintendent and the Pepper Safety Department by the masonry contractor prior to performing the work. Review and acceptance of this plan will not relieve the masonry contractor of its responsibility to perform due to diligence in determining what alternative systems be available to provide full, positive fall protection (in place of CAZ usage).

### FIRE SAFETY

#### FLAMMABLE STORAGE

Gasoline and other flammables must be stored in NFPA approved containers and the limits of quantities stored must meet local, state and/or federal regulations. Flammables must be stored in properly labeled containers (HAZCOM requirement).

#### FIRE PROTECTION

Smoking is strictly forbidden in areas where flammables are stored or used and “NO SMOKING” signs must be posted and obeyed. Good housekeeping practices are the single most important element of fire protection. Combustible materials must be placed in trash receptacles and removed from the building in a timely fashion. Accumulation of trash will not be tolerated. When portable heaters are used, make certain they are placed well away from combustible materials. When welding, cutting or using flammable materials, it is the responsibility of the subcontractor to provide adequate fire extinguishers at the work area. A fire watch shall be maintained whenever welding, cutting or spark producing operations take place. A Pepper Construction Burn Permit must be obtained prior to work start. This Burn Permit must be signed and completed by an authorized Pepper Construction representative. The Pepper

Construction site Superintendent may designate an authorized person for this purpose. All guidelines contained within that burn permit must be followed.

Fire extinguishers are not to be tampered with, removed from their assigned locations (except for emergency use) or vandalized. If discharged for any reason, the fire extinguisher must be replaced or recharged immediately.

#### **LIQUIFIED PETROLEUM GAS (L-P GAS)**

Storage of L-P Gas within buildings is strictly prohibited. L-P Gas containers, when in use, must stand on a substantially level, firm surface and secured in an upright position to prohibit falling, tipping or toppling of containers. Heating equipment must be located at least 6 feet from L-P Gas containers and the heat directed away from the containers.

### **HAND & POWER TOOLS**

Craftsmen will not be issued defective or severely worn hand or power tools. Handles, heads, cutting edges and bodies shall be inspected daily and immediately removed from service if found defective or inoperable.

#### **POWDER ACTUATED TOOLS**

Only employees who have been trained in the operation of the particular tool in use shall be allowed to operate that tool. Powder actuated boosters shall not be left in the tool when it is not in use. Boosters shall be stored properly to prevent inadvertent detonation. Unspent or misfired booster must be disposed of properly. Follow manufacturer's guidelines for safe disposal. Eye and face protection (safety glasses and face shield) along with hearing protection shall be used when operating any powder actuated tool.

### **HAZARD COMMUNICATION**

In accordance with Pepper Construction's Hazard Communication Program, all hazardous material containers must be properly labeled. Every SUBCONTRACTOR must supply a MSDS to the Pepper Construction site Superintendent at least seven (7) days prior to introducing a hazardous material to the jobsite.

A list of the hazardous materials used on the jobsite by the SUBCONTRACTOR, will be maintained in the SUBCONTRACTOR'S file. An additional set will be maintained in the Pepper Construction's site Superintendent's job files.

The SUBCONTRACTOR must maintain their written HAZCOM Program at the jobsite, along with the training program utilized for their employees. Revision to this program must be provided when requested by the Pepper Construction site Superintendent or Safety Department.

The MSDS must be maintained on the job site. A copy of the Pepper Construction HAZCOM Program may be obtained from the Pepper Construction Safety Director's office located at 643 N. Orleans St., Chicago, IL 60610, upon written request.

### **HOUSEKEEPING**

Subcontractors are responsible for housekeeping procedures in their respective work areas. Clear aisles must always be maintained through the work area to assure a means of emergency egress and the accessibility for emergency or rescue services.

Refuse and scrap material should not be allowed to accumulate, particularly when they interfere with work flow and/or create fire hazards.

Subcontractors failure to maintain their work areas as required or directed will result in Pepper Construction performing this clean up. The cost for this activity will not be negotiable, based on our SUBCONTRACT AGREEMENT with the respective firm.

Pepper Construction is committed to a clean jobsite. Regular housekeeping by each subcontractor is essential for maintaining a safe job site. Each subcontractor will keep their work areas clean and orderly.

### **INFECTION CONTROL**

Prior to work in any Healthcare facility, an ICRA (Infection Control Risk Assessment) must be performed in conjunction with the facilities Infection Control Dept. Traditionally every healthcare facility has a strict protocol in place for their program. The project team must be in complete compliance at all times with this protocol.

## ILSM PROGRAMS

Prior to work in any Healthcare facility, an Interim Life Safety Measures plan must be assembled. This plan sets forth specific action items that assures means of notification of emergency, emergency access and egress and provides for the maintaining of all Life Safety devices within the facility.

## LADDERS

All ladders must be used in strict accordance with the manufacturers and ANSI requirements. Whether using portable, fixed or job-made ladders, proper safety precautions must always be followed. Employees must always ascend or descend a ladder with three (3) points of contact. Ladders brought onto a Pepper Construction job site must be in good condition and be inspected daily. Broken or damaged ladders will be removed from service immediately and destroyed.

**Metal or metal alloy ladders are not permitted on Pepper Construction jobsites.**

Extension ladders cannot be separated for use as single units. Extension or straight single ladders must be properly secured at the top and if possible, the bottom. A minimum of thirty six (36) inches is required above the top access point of an extension or straight ladder. Documentation of ladder safety training must be provided at the request of the Pepper Construction site Superintendent.

## MEDICAL FACILITIES

First Aid supplies are available in the Pepper Construction site Superintendent's trailer or job office. Emergency telephone numbers are also posted at this location. The emergency numbers will include a nearby medical facility. Every subcontractor must provide a First Aid kit in their job site office or gang box and provide at least one trained responder, qualified to administer care to injured workers.

## MOTORIZED EQUIPMENT

All motorized equipment must have a back-up alarm installed and operating. This includes skid steer equipment. All equipment must shut down

their engines during the refueling process. Fire extinguishers must be readily available during refueling, located within twenty five (25) feet. Only authorized persons, licensed and certified as required by local, state or federal mandates, shall operate machinery, equipment, tools or vehicles.

A flag person must be used to direct the backing up of a vehicle in any congested or noisy area. Any flag person exposed to vehicular traffic must be properly trained and certified for this task and must always wear a reflective vest.

## PERSONAL PROTECTIVE EQUIPMENT

Approved hard hats must be worn on the job site at all times. Subcontractors are not allowed to work without hard hats. Subcontractors are responsible for providing their employees with all necessary PPE, including hard hats. **Pepper Construction will not provide loaner hard hats to subcontractor's employees.**

Appropriate hearing protection must be utilized for the anticipated volume levels encountered. The use of some types of respirators requires a medical examination and documented fit testing. Documentation must be provided to Pepper Construction and kept on file. Review these requirements prior to issuing respirators to employees. **The use of eye protection (ANSI Z87.1 rated) is required at all times.** Additionally, face shields must be worn during the use of chop saws, partner saws or grinders.

## PRE-CAST ERECTION

Prior to erection of pre-cast panels or plank, a Pre-cast Erection Safety Plan must be completed by the project team. Immediately prior to erection beginning, an orientation meeting will be held at the job site. Attendance of all craftsmen involved in the process is mandatory.

## SCAFFOLDING

Per OSHA requirements, any employee that uses, erects or dismantles a scaffolding system must be trained in this task. Subcontractor documentation of this training must be provided to Pepper Construction upon request. The footings for scaffolding must be rigid, sound and capable of carrying the load without settlement or displacement. Unstable objects

such as barrels, boxes, loose brick, concrete blocks or pieces of scrap lumber shall not be used to support scaffolding. Mudsills, base plates and leveling jacks must be used.

Standard scaffolding shall have guardrails (top and mid rails) whenever the work platform is located at six (6) feet or greater above lower level.

If X-brace pivot point is greater than thirty eight (38) inches but less than forty eight (48) inches above work platform, only a mid-rail is required. If X-brace pivot point is greater than twenty (20) inches but less than thirty (30) inches above the work platform, only a top rail is required.

All other scaffolding situations require guardrails per OSHA standards. All scaffolding that is less than forty five (45) inches wide must have guardrails whenever the work platform is at forty eight (48) inches or greater above lower level, including Perry and Baker-type scaffolds.

Toe boards are required to provide for falling object protection, unless the area below is barricaded and be considered a limited access zone.

Work platforms must be fully planked, except during the erection and dismantling process. At that time, two planks or an eighteen (18) inch wide (minimum) work platform will be provided. Planks must be scaffold grade or documentation provided substantiating that plank material to be of equal or greater strength. This includes planking used by concrete contractors. All planking of work platforms must be overlapped a minimum of twelve (12) inches or secured from movement through the use of cleats. Scaffold planks shall extend over their end supports not less than six (6) inches or more than twelve (12) inches. Planks must be inspected before each use and cracked or damaged planks must be removed from service prior to use.

An access ladder or equivalent device, to allow safe access, must be provided for all scaffolding. All diagonal bracing must be in place and secure. Braces do not take the place of mid and top rails (except as noted above.)

The scaffold system must be tied to and securely braced against the structure per the minimum requirements of the OSHA standard. If the scaffolding system is to be enclosed for wind or weather protection, it must be designed by a competent person to withstand the additional loads.

## SELF-PROPELLED MOBILE SCAFFOLDS

Training, inspection procedures, maintenance and operation of self-propelled mobile scaffolds must comply with the manufacturers' requirements and documentation. This documentation must be provided when requested by the Pepper Construction Safety Department or site Superintendent.

Outriggers or stabilizers must be used as required by the manufacturer, guardrails in place and access gates closed while unit is in use. Minimum safe distances from energized power lines must be maintained at all times (refer to the site specific safety plan.)

## MANUALLY-PROPELLED MOBILE SCAFFOLDS

All casters must be provided with a positive locking device to prevent scaffold from rolling. Platforms will be tightly planked for their full width. The floor or work surface must be free from voids, holes or obstructions.

Guardrails must be installed at all open sides on all scaffolds, when the work platform is six (6) feet or more above the ground or floor.

Scaffolds that measure forty five (45) inches or less in width must have guardrails when the work platform is four (4) feet or more above the ground or floor, when feasible. Baker and Perry-type scaffolds are included in this classification. The height of rolling scaffolds must not exceed four (4) times the shortest base dimension.

## TWO-POINT SUSPENSION SCAFFOLD

The roof iron or hooks shall be of proper size, design and material. Installation must be secure and anchored properly under the supervision of a trained, competent person. Tiebacks of ¾" manila rope (or its equivalent), shall serve as a secondary means of anchorage installed at right angles to the face of the structure and secured to a structurally sound element of the building. All employees must be trained in the hazards associated with suspended scaffolding, as well as the controls necessary to eliminate each hazard. Fall protection systems must be used in conjunction with any suspended scaffolding.

## **PUBLIC PROTECTION**

Construction activities attract the public. SUBCONTRACTORS must provide safety barriers, walkways, lighting, fences and any other means necessary to protect the public from possible injury as a result of the SUBCONTRACTORS work. This must be part of the site-specific safety plan.

## **STEEL ERECTION**

Steel erection activities are contractually required by Pepper Construction, to include 100% fall protection when fall hazard is six feet or greater. This includes erectors, connectors and decking installers. Pepper Construction further requires that decking be installed every two stories (or thirty (30) feet), **whichever is less**. Should constructability constraints not allow for this, the Pepper Construction Safety Department and site Superintendent must approve any variation.

## **UTILITIES**

The responsibility of contacting a “One Call Locate” service rests with the contractor performing the work. Notification of this call must be made to the Pepper Site Supervisor. In addition, a “Critical Dig” must have a second, independent locate performed. Sufficient advance notice must be provided to allow the opportunity to properly plan the work.

## **WELDING & CUTTING**

Any welding or torch cutting operations shall be performed with appropriate PPE to include goggles, helmet, flash protection and anti back flow valves. Sufficient ventilation, daily inspections of hoses, leads and gauges is critical. Tanks must be secured at all times.  
**Never store or transport tanks lying down!**

## **COMPRESSED GAS**

All hoses, fittings and associated devices must be inspected daily. It is required that all couplings and fittings are secured with wire, pins or chain. Use only reinforced hose unless excess flow valves are utilized.

Subcontractor  
SAFETY HANDBOOK  
TERMS AND CONDITIONS ACCEPTED BY:

---

Subcontractor

---

Authorized Signature

---

Owner, Partner, Officer

Date: \_\_\_\_\_

Project: \_\_\_\_\_

Pepper Project#: \_\_\_\_\_