NATIONAL ACCELERATOR LABORATORY

ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 42: Subcontractor Safety

Injury and Illness Prevention Plan Acknowledgement Form

Product ID: 509 | Revision ID: 2361 | Date Published: 21 May 2021 | Date Effective: 21 May 2021
URL: https://www-group.slac.stanford.edu/esh/eshmanual/references/subcontractorFormIIPP.pdf

This form is used for documenting subcontractor acknowledgement of injury and illness prevention program requirements and capturing occupational medicine information. The form is required for both *green* and *non-green* work. Procurement maintains the completed form for the awarded subcontractor. (See Subcontractor Safety: Green Work Procedure [SLAC-I-730-0A21C-025] and Subcontractor Safety: Non-green Work Procedure [SLAC-I-730-0A21C-024].)

1. Prime subcontractors must flow these requirements down to sub-tier subcontractors they hire.
2. All subcontractors, prime and sub-tier, must complete a separate form.
3. The form must be completed by an authorized representative of the subcontractor, preferably the supervisor / foreman for the job.
4. Submission of this completed form with the proposal is a prerequisite for issuance of the notice to proceed.

Project Name FEH Optics Lab Construction		Purchase Requisition Number 366145
Company Name		
Superintendent / Foreman		
Name	Phone	E-mail
Point of Contact		
Name	Phone	E-mail

1 Injury and Illness Prevention Program Compliance

While their workers are physically located at SLAC, subcontractors to SLAC must comply with the requirements of the Department of Energy (DOE) Worker Safety and Health Program (10 CFR 851). These requirements are more stringent in some areas than Cal/OSHA IIPP requirements (8 CCR 1509 and 8 CCR 3203). (See Subcontractor Safety: Additional IIPP Requirements [SLAC-I-730-0A21S-062] for the differences.)

Subcontractors have the option to adopt SLAC's 851-compliant IIPP or to submit their own 851-compliant IIPP to SLAC for review and approval.

This information is provided only as a guide: it is your responsibility to ensure you have read and understood the regulatory requirements.

I certify that that I have read the requirements of the SLAC IIPP and attest that

☐ Our work on this subcontract will comply with the requirements of the SLAC IIPP, or

☐ We have developed an IIPP that is as protective as the SLAC IIPP (attach)

Prepared by (foreman / supervisor for the job if possible)		
Name	Signature	Date

2 Occupational Medicine

Will you have any employees that will work on-site at SLAC for 30, 8-hour days in a 12-month period, or are enrolled for any length of time in a medical or exposure monitoring program required by federal, state, or local regulations (for example, hearing conservation, respiratory protection, lead exposure, or beryllium exposure)? ☐ No ☐ Yes

If yes, you must

1. Have comprehensive occupational medicine services for your workers and comply with the occupational medicine requirements of the SLAC IIPP.
2. Provide your occupational medicine provider (clinic / physician) contact information:

Name	Phone	E-mail