

**Safety Requirements**

May 25, 2011

Dear Subcontractor:

As a general contractor, Lusardi Construction Company is dedicated to ensuring a safe working environment for all personnel on our projects. But you, as a subcontractor, are responsible for the implementation and enforcement of your own safety program.

As a subcontractor for Lusardi Construction Company you are required to adhere to Lusardi Construction safety policies; State, local and Federal regulations; and your own company safety policies.

Your superintendent or foreman should have a copy of your company's Safety program and MSDS for your chemicals on the project site at all times, for review by your employees and OSHA if they visit the project.

Your employees must be trained in the use and operation of all tools and equipment they will use. All tools and equipment shall be maintained in safe operating condition. If tools are equipped with guards, they should be in place and operable.

Provide copies of all crane certifications and operator's training certification shall be given to the Project Superintendent. All riggers must be qualified.

Personal Protective Equipment -Hard hats, long pants, shirts and work boots are required on all projects. Personnel working near vehicular traffic must wear Hi-Visibility vests or shirts. Safety glasses shall be worn whenever the potential for eye injury exists. Shorts and cut off shirts are not allowed.

Fall protection is required above 6 feet (federal) and 7.5 feet (California). Personnel must be trained in the proper use of fall protection devices. If you expect to use a fall protection plan, the plan must be submitted to our Safety Manager before work may begin.

If your scope of work requires a Cal/OSHA annual permit, you must forward a copy of the permit, Activity Notification Form, and a list of competent persons to our office, Attention: Safety Manager. If you need more information go to: <http://www.dir.ca.gov/title8/341.html>

Please complete the attached form and return it to the Lusardi corporate office, Attention: Safety Manager, within ten working days of receipt of your subcontract. **This form is to be completed for each project** and will be kept on file in our office. If you have any questions, please contact me at (760) 744-3133 ext. 1239.

Sincerely,



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Eric Schuster  
Safety Manager



Building Construction  
 Engineering Construction  
 Civil Engineering  
 CA State License 207287

Lusardi Builds...

## Injury & Illness Prevention Program

*(This form must be completed for each Lusardi project you are working on)*

LUSARDI PROJECT NAME: \_\_\_\_\_ LUSARDI PROJECT #: \_\_\_\_\_

SUBCONTRACTOR NAME: \_\_\_\_\_

SUBCONTRACTOR ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

SUBCONTRACTOR TELEPHONE: \_\_\_\_\_

SUBCONTRACTOR OWNER/OPERATOR NAME: (please print) \_\_\_\_\_

SUBCONTRACTOR OWNER/OPERATOR SIGNATURE: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

The following is the status of our company's safety program:

FEWER THAN 10 EMPLOYEES

WRITTEN INJURY & ILLNESS PREVENTION PROGRAM \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Please provide a copy of the "Table of Contents" to your safety manual*

WRITTEN HAZARD COMMUNICATION PROGRAM \_\_\_\_\_ Yes \_\_\_\_\_ No

WRITTEN CODE OF SAFE PRACTICES \_\_\_\_\_ Yes \_\_\_\_\_ No

SAFETY TRAINING PROGRAM FOR EMPLOYEES \_\_\_\_\_ Yes \_\_\_\_\_ No

DRUG AND / OR ALCOHOL TESTING PROGRAM \_\_\_\_\_ Yes \_\_\_\_\_ No

COMPANY EXPERIENCE MODIFICATION RATE (EMR) \_\_\_\_\_  
*Please provide documentation from your workers compensation carrier*

If you need assistance with obtaining information or developing any of the above mention written programs, the following are other suggested sources:

- Workers Compensation Insurance Carrier
- General Liability Insurance Carrier
- Construction Trade Associations or Specialty Groups
- OSHA Consultation Office

Please complete this form legibly and return it to our corporate office (Attention: Safety Manager) within ten working days of receipt of your subcontract.

Thank You,  
 Eric Schuster