

Contractor Environmental, Health & Safety Record (form HSF4-4.4.2-4)

Waupaca Foundry, Inc.

Contracting Company Name: _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone: (____) _____ - _____ FAX _____ EMAIL _____

Check all Plants that your company conducts work in: __ Waupaca, WI __ Marinette, WI __ Tell City, IN __ Etowah, TN

What is the frequency of your work in Waupaca Foundry, Inc. facilities?

Daily Weekly Monthly Quarterly Other _____

Describe the work your company performs for Waupaca Foundry, Inc. ("x" all that apply).

concrete electrical excavation general HVAC landscape mechanical paving
 plumbing roofing steel erection steel fab wall/siding

Other_(please specify) _____

How many workers are normally on site? _____ Do you intend on using any WF equipment? _____yes _____no

Subcontractors Used by Your Company (*they must also complete this training) :

General Health & Safety information reviewed @ Contractor Meeting

Review of Visitor Video	Purpose/Scope of Contractor Program	OHSAS 18001/ISO 14001
Risk Management Hierarchy	CAST policy	Pre Job Meetings
Behavior Based Safety	Injury/Incident reporting	Bloodborne Pathogens
Emergency Planning/Response	Confined Space Entry	Hoists and Cranes
Scaffolds, Aerial lifts, Ladders	Demolition work	Excavation /Trench work
Fall Protection	Fire Protection / Hotwork	Electrical Safety
Energy Control & Lockout	Powered and Non powered hand tools	Hazardous Chemicals/spills
Material Safety Data Sheets (MSDS)	Air/Water emissions	Hazard Communication
*Personal Protective Equipment (PPE)	Signs/Signals/Barricades	Railroad Safety
Security / Sign in & out / Parking	Equipment Loan Agreements	Insurance Requirements
Hot Zone Review		

Forms/Policies etc. available @ www.waupacafoundry.com

HR Policy Review: Affirmative Action, Harassment Policy, Union Officials, Workplace Violence, Drug Testing, Smoking Areas

***New in 2014 - Tight fitting goggles or gasket type seal safety glasses (tight fitting) and proper gloves are required throughout the plant.**

I have participated in and understand the requirements of the Waupaca Foundry, Inc. contractor program as outlined above.

Signatures of Contract Employee(s) completing the training:
(Additional participants may be listed on the reverse side of this form.)

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

COMPLETE THIS FORM AND RETURN WHITE COPY TO:
Annette Klick, Waupaca Foundry, Inc., PO Box 249, 1955 Brunner Dr., Waupaca, WI 54981