



Ocean Spray Cranberries, Inc.

Contractor Safety Program

EHS Corporate Policy 2-09

**Revision 5
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1. Introduction

1.1 Purpose and Objective

The purpose of this program is to outline expectations on the safety, security and good manufacturing practices for any contractor who is engaged to perform construction or other types of work or service on the premises of Ocean Spray Cranberries, Inc. or Ocean Spray of Canada, Ltd. or any of their affiliates and/or subsidiaries (collectively, “Ocean Spray”).

1.2 Scope of Application

This program applies to any contractor such as suppliers, consultants, repair/maintenance personnel, temporary help (hired through an outside agency) and construction contractors, utility & communications contractors, service representatives that work on Ocean Spray’s property. This program does not apply specifically to freight haulers as their requirements are covered by contracts generated and managed by Ocean Spray’s Corporate Supply Chain Department.

1.3 Program Basis

Ocean Spray takes pride in providing a safe and sanitary product in a safe and healthy environment for its employees. Therefore, Ocean Spray’s guidelines are strict and must be enforced to maintain the high-quality products that its consumers have come to expect, and the safe work environment that the organization demands. In this contractor safety program, there will be both safety and environmental requirements and food safety and security requirements while working at Ocean Spray premises.

1.4 Accountabilities

It is the responsibility of each individual to carry out their work in a manner that prevents injury to contractor employees, visitors, and/or Ocean Spray employees and to prevent damage to Ocean Spray property.

2. Contractor Responsibilities

2.1 Contractor Project/Service Coordinator

The Contractor shall designate a project/service coordinator (P/SC) who will be responsible to administer their on-site safety program, which has been reviewed with Ocean Spray. It is the responsibility of the Contractor's P/SC to direct, train, and assist his/her personnel to ensure their compliance with the Contractor's safety program, the guidelines contained herein, as well as, Ocean Spray's site-specific safety, security, and good manufacturing practice requirements.

The Contractor must address any acts or operations, which involve risks to these areas, prior to beginning the work. All contractor personnel **MUST** be trained, certified and/or licensed, when required, in the type of work that they are contracted to conduct.

If new situations arise during the progression of the work, which were not anticipated, and/or increase risk to the Contractor or Ocean Spray in the areas of Safety/Security/GMP's, then it is the responsibility of the Contractor's PS/C to proactively address the issues and review those planned actions with Ocean Spray prior to proceeding with the work.

Additional responsibilities of the Contractor's PS/C are as follows:

- Perform all work in accordance with, and ensure all Contractor work site conditions are in compliance with, governmental regulations/guidance and industry standards.
- Ensure that the Contractor's employees are furnished with the necessary personal protective equipment for the work, which they are to perform.
- Obtain all necessary permits from the Ocean Spray P/SC, including but not limited to confined space entry, "Hot Work", excavation, electrical safety, utility tie-in or service interruption.
- Immediately report and document all injuries and accidents to the Ocean Spray P/SC (see Section 7).
- Provide Safety Data Sheets (SDS's) to Ocean Spray on all substances planned to be brought on site. Pre-approval is required by the Ocean Spray P/SC or Environmental Health and Safety representative before these substances are allowed to be brought on-site.
- Ensure all tools are in good repair and properly maintained.
- Conduct medical surveillance for all employees as required by federal, state, and local laws and regulations (i.e. FDA, OSHA, etc.).
- Ensure daily housekeeping is performed and remove recognized hazards to keep the work place safe.
- As applicable, ensure distribution of and discussion of the Contractor's site-specific safety plan with EVERY contract employee, including subcontractors.

At the end of project work/service, a post completion survey will be performed by the Contractor's P/SC Coordinator and reviewed with the Ocean Spray P/SC. All punch list

items, which are detailed on the completion review, must be corrected prior to release of the final payment.

2.2 Subcontractors

To the extent permitted in any contract or purchase order governing the scope of work, the contractor may utilize sub-contractors or temporary help. It is the responsibility of the contractor to manage and supervise the subcontractor(s), and to effectively communicate and require adherence to the Contractor's and Ocean Spray's requirements contained within this document by the sub-contractor. The term "contractor" as used throughout this document shall include any subcontractors, agents or temporary employees hired by the contractor.

3. Security Access Management

Prior to any contractor entering an Ocean Spray facility, the company that the contractor represents must:

- Provide a list identifying (by name) all employees from the company who will be working at the Ocean Spray facility, including all names of subcontracting entities and their employees.
- Certify in writing using forms in either Appendix B (U.S.) Appendix D (British Columbia), or Appendix F (Quebec) whether criminal and drug screening background checks have been performed on all contractor/subcontractor employees listed by the company who will be working at the Ocean Spray facility. *Appendix B, D, or F must be re-submitted on an annual basis to Ocean Spray.*

All contractors working on Ocean Spray grounds or Ocean Spray facilities must:

- Be identified by name on the contractor's company listing of employees who will be working at the Ocean Spray facility.
- Have communicated their appointment with the Ocean Spray P/SC.
- Check-in upon arrival (Security gate/front desk) with their first and last name, date, time and company name, along with the first and last name of the Ocean Spray P/SC. Each contracted employee must check in individually with all of the information required above.
- Produce a valid photo ID such as a driver's license or government issued photo ID.
- Display and wear at all times the assigned contractor identification badge.
- Signing for and accepting a contractor badge to enter Ocean Spray facility is an acknowledgement of the contractor's willingness to comply with this Contractor Safety Program.
- Contractors may be provided access badges at facility level as follows:
 - Single day visit – access badge parameters expire at the end of the business day
 - Weekly visit access – access badge parameters during business day greater than one (1) day up to seven (7) days
 - High Tech Services access – access badge parameters must be approved in writing by the Plant/Receiving Station Manager (or Corporate Director of Security) in advance of a contractor on site continuously for one (1) month or longer
- Contractor access activation must be restricted by work zones
- Return their contractor identification badge at the time of departure.
- Document their departure time on the visitor in/out log **NOTE: FAILURE OF THE CONTRACTOR TO DOCUMENT BOTH THE ACCURATE ARRIVAL AND DEPARTURE TIMES WILL RESULT IN NON-PAYMENT OF SERVICES.**

All contractors entering operational areas of the facility must sign all paperwork reasonably required of them upon entering into an Ocean Spray facility, including but not limited to:

- A confidentiality agreement.

- A Good Manufacturing Practice (GMP) and Visitor Agreement certifying that they have read and understand the provided Ocean Spray policies.

Additionally, contractors shall also:

- Wear bump caps, safety glasses, hairnets, beard nets, safety shoes (steel-toe protection) and hearing protection, as applicable to the location where they have access to, and the nature of their work. Contractors are allowed to utilize their own bump caps (hard hats).
- NOT allow other contractors into operations areas who have not abided by these policies.
- NOT take photos or record audio/videos within the facility unless approved by permission of the Plant Manager, Receiving Station Manager, or Corporate Director of Security.

4. Contractor Safety Qualification and Certification

The purpose of the Contractor Safety Qualification and Certification form in Appendix A (U.S.), Appendix C (British Columbia), and Appendix E (Quebec) is to provide Ocean Spray with the safety history and background of the contractor's firm in advance of conducting any work on-site. The Ocean Spray P/SC will use this information to assess the acceptability of the contractor with respect to safety performance and guidelines. The form is to be completed by the contractor and submitted to the Ocean Spray P/SC as part of the bid submittal.

Contractors with recordable rates above their respective industry average or with any fatalities should be considered unacceptable unless interviews with the contractor help to allay safety concerns and/or the contractor develops a site-specific safety plan, which addresses the hazards associated with the contracted scope of work, for Ocean Spray's review and approval. After being qualified, the contractor may be required to resubmit the questionnaire and certification form on an annual basis when requested by the Ocean Spray P/SC.

5. Safety Hazard Review/Planning

5.1 Site Orientation

The Ocean Spray P/SC or his/her designee will conduct an orientation with each contractor prior to his or her commencement of any work on the site. The orientation shall include a briefing on general site safety, security and GMP requirements. Information provided will be specific to each Ocean Spray premise. The Ocean Spray P/SC or his/her designee provide the contractor their documented location-specific Contractor Safety Program briefing during this orientation. This can be in the form of a handbook, .pptx presentation, or other equally effective means. Contractors attending this orientation sign a sign-in sheet, which acknowledges their understanding of the information; the sign-in sheet record is maintained in Ocean Spray's file for that contractor.

Specific to the contractor's scope of work, the Ocean Spray P/SC and or his/her designee will review the hazards/Contractor's proposed procedures associated with the work prior to the contractor commencing work on the Ocean Spray property. Both the Ocean Spray P/SC and the Contractor's P/SC shall review all appropriate safety guidelines and procedures to ensure a safe project/service.

5.2 Site-Specific Safety Plan

A site-specific safety plan shall be developed by the Contractor for projects/services which include high hazard work [Confined Space, Fall Protection (e.g., crane work), work in electrical panels/live electricity, Ammonia, Utility work (water, gas, electrical). This plan shall be submitted to Ocean Spray for review for compatibility with Ocean Spray's specific facility requirements, prior to commencing the work.

The plan should include, but not be limited to the following:

- Scope and, if applicable, construction details
- Relevant contractor safety policies
- Responsibilities
- Identified safety hazards associated with the work and risk control measures
- First aid and injury management
- Emergency procedures
- Incident reporting and investigation
- Specialized work or licensing
- Training and orientation requirements
- List of equipment to be used
- Chemical management
- Safety inspections and monitoring
- Subcontractor management
- Environmental management

Contractor is at all times responsible for ensuring that its safety plans address all regulatory, legal, governmental, and industry standards; further Contractor shall ensure its employees/subcontractors/site conditions comply therewith.

6. Good Manufacturing Practices (GMPs)

High quality products require exacting standards. To continue to manufacture high quality products, Ocean Spray requires that Contractors adhere to good manufacturing practices (GMPs). Below are general guidelines, as amended; individual Ocean Spray facilities may have additional requirements that will be reviewed during site orientation (see Section 5.1) and must be followed.

6.1 Clothing

Clothing must be clean and neat and properly worn at all times; no shorts, tank tops, cut-offs, or mesh shirts are allowed. Work in production/warehouse areas at any Ocean Spray location require steel-toed shoes/boots. Open-toed sandals, sneakers, athletic or sport shoes may not be worn. Maximum heel height for shoes or boots is 2 inches.

Any personal protective equipment (PPE) required to work in a specific area, to conduct a specific task or to use specific chemicals (per the Safety Data Sheet), must be worn at all times. This includes, but is not limited to, safety glasses, bump caps, gloves, face shields, aprons, boots, earplugs, masks, fall protection equipment, hotwork, face shields, etc. Earplugs must have tie string or other such device attached to each earplug to prevent loss. PPE requirements will be discussed during Site Orientation, as described in Section 5.1.

Wearing of jewelry and watches varies by location. The Contractor shall follow the local Ocean Spray facility's requirements. Medical bracelets must be secured with tight fitting gloves.

Hairnets, as provided by Ocean Spray, must be properly (all hair in hairnet) worn by all individuals in production/warehouse areas. Beards and mustaches must be covered by an Ocean Spray-supplied net in designated beard net areas. A beard is defined as hair below the earlobes.

While in production/warehouse areas, no articles shall be kept in shirt pockets or be attached to garments above the waist or to hats (including pins, ornamental buttons, etc.).

Clothes and personal belongings must not be stored at Ocean Spray locations without pre-approval from Ocean Spray.

Pencils, etc., held behind the ear are not permitted.

6.2 Hygiene

Work areas shall be kept clean at all times.

Eating and drinking is only permitted in designated locations.

Smoking/Chewing tobacco is not permitted anywhere at any Ocean Spray location. There are designated smoking areas immediately off-site at some Ocean Spray locations.

Chewing gum or other foreign objects is not permitted in production/warehouse areas.

Spitting is not permitted anywhere at an Ocean Spray location.

Nothing is to be taken out of a trash bin. Contractors are responsible for removing their own trash from the site. This includes supplying their own trash receptacles for hauling debris from the premises unless otherwise negotiated with the Ocean Spray P/SC.

Anyone handling ingredients, products, or primary packaging material must have clean and sanitized hands at all times. Hands are to be washed before starting work, after each absence from the work area, and at any other time, hands have become soiled or contaminated.

Bandages on hands should be covered by a surgical type glove.

6.3 Product Protection

No Ocean Spray container (bottle, cases, drums, totes, etc.) may be used for any purpose other than for the food products for which they were first intended.

All doors and windows should be kept closed or screened at all times.

To protect against product or ingredient contamination, no person affected by disease in a communicable form or while a carrier of such disease or while affected with boils, sores or infected wounds, shall be allowed to work at a plant, receiving station, pilot plant or corporate labs.

7. Incident and Accident Report

Whenever an accident or safety violation occurs on-site, which involves, or is witnessed by, a Contractor, the Contractor shall immediately report it to the Ocean Spray PS/C, local EHS manager/specialist, or an Ocean Spray supervisor. The Contractor shall cooperate fully with the investigation including interviews, etc. and assist with the completion of the Accident Investigation and Root Cause Analysis.

8. Contractor Code of Conduct

Ocean Spray strives to maintain the highest level of safety and conduct in its operations and therefore requires Contractors to be held to those same standards. Contractors must adhere to Ocean Spray guidelines and any violations of conduct may be cause for dismissal from the facility as outlined below. Violations of conduct will be classified as major or minor. If a person has been dismissed from an Ocean Spray facility, then they will not be re-admitted until proper authorization has been received from the Ocean Spray facility manager. Ocean Spray will maintain a record of violations of contractors, which shall affect consideration for future work. (See Appendix G for sample notification letter).

8.1 Major Violations

Engagement in any of the following conduct will result in IMMEDIATE dismissal from the property.

- Performing an unsafe act, or failure to act, or creating an unsafe condition that in Ocean Spray managers/supervisor's reasonable estimation has or had the potential to cause or result in death, critical injury or illness, a catastrophic release or spill of hazardous substance or serious property damage or loss.
- Willfully creating an imminent danger situation (one that would likely cause critical injury) (i.e. fighting or sabotage).
- Violating any criminal law (i.e. using, selling or carrying illegal substances).
- Using alcohol or illegal drugs on site.

8.2 Minor Violations

Engagement in any of the following may, in Ocean Spray manager's/supervisor's reasonable estimation, result in dismissal from the property. In any event, if an employee is cited three times for minor violations, he/she may be dismissed from the property.

- Performing an unsafe act or failure to act, or creating an unsafe condition that could result in a near miss or minor accident injury (i.e. no hard hat, creating a trip hazard, poor housekeeping, and horseplay).
- Violating GMP rules (i.e. no hairnet).
- Using vulgar or obscene language and gestures.



APPENDIX A: Contractor Safety Qualification & Certification Form (U.S)

Please note that this is required to be filled out annually by the Contractor



U.S. CONTRACTOR QUALIFICATION FORM (Page 1 of 2)

[to be filled out annually]

Please check here if form is Not Applicable (N/A) because Contractor/Supplier does not come on-site to an Ocean Spray Location.

Ocean Spray Location: _____ **Firm Name:** _____

Project: _____ **Firm Address:** _____

Firm EIN: _____ **Date:** _____

List your firm's Worker Compensation Experience Modification (OSHA Recordable) Rates for the last three years as well as the following information from your last three OSHA-300 Forms:

Category	Year: _____	Year: _____	Year: _____
Worker Compensation Experience Modification (OSHA Recordable) Rate			
No. of Fatalities			
No. of Lost Time Cases			
No of Recordable Cases			
Employee Hours Worked			

Comparison with Recordable Rate for Contractor's Industry		
Contractor's North American Industry Classification System (NAICS) Code:		
Most Recent National OSHA Recordable Rate for Contractor's NAICS Code*: * https://data.bls.gov/gqt/ (choose: Annual Survey Summary Numbers & Rates and then Select most recent <u>Year</u> , and then Select applicable industry/NAICS Code)		
Safety Programs	Yes	No
Does your company have an Injury and Illness Prevention Program?		
Does your company have a Written Safety Program?		
Does your company have a Safety Orientation Program?		
Does your company hold daily tailgate safety briefings?		
Do you conduct documented field safety inspections of work in progress?		

Performance Evaluation	Yes	No
Is Safety a Criteria in evaluating the performance of:		
Foreman?		
Supervisor?		
Management?		



U.S. CONTRACTOR QUALIFICATION FORM (PAGE 2 of 2)

Have your employees been trained/licensed in the following procedures under 29 CFR 1910 & 1926 and 49 CFR? Provide applicable licenses/required training certificates for the proposed work.

1910.20	Access to Employee Exposure & Medical Records	Yes	No	Not Applicable	License/Training Cert. attached
1910.23	Fall Protection Program	Yes	No	Not Applicable	License/Training Cert. attached
1910.38	Emergency Plans & Fire Prevention Plans	Yes	No	Not Applicable	License/Training Cert. attached
1910.95	Hearing Conservation Program	Yes	No	Not Applicable	License/Training Cert. attached
1910.119	Hazardous Chemical Process Safety Mgmt	Yes	No	Not Applicable	License/Training Cert. attached
1910.120	Haz. Waste Ops & Emergency Response	Yes	No	Not Applicable	License/Training Cert. attached
1910.132/3	Personal Protective Equipment	Yes	No	Not Applicable	License/Training Cert. attached
1910.134	Respiratory Protection Program	Yes	No	Not Applicable	License/Training Cert. attached
1910.146	Confined Space Entry	Yes	No	Not Applicable	License/Training Cert. attached
1910.147	Lockout/Tag-out/Tryout Program	Yes	No	Not Applicable	License/Training Cert. attached
1910.151	Medical Services and First Aid	Yes	No	Not Applicable	License/Training Cert. attached
1910.252	Hot Work Permits	Yes	No	Not Applicable	License/Training Cert. attached
1910.304	Wiring Design and Protection	Yes	No	Not Applicable	License/Training Cert. attached
1910.331	Safety-Related Electrical Practices	Yes	No	Not Applicable	License/Training Cert. attached
1910.1200	Chemical Hazard Communication	Yes	No	Not Applicable	License/Training Cert. attached
29CFR 1904	Injury and Illness Record-Keeping	Yes	No	Not Applicable	License/Training Cert. attached
49CFR100-185	Hazardous Materials Transportation	Yes	No	Not Applicable	License/Training Cert. attached
49CFR391.121	Employee Assistance Program	Yes	No	Not Applicable	License/Training Cert. attached
29 CFR 1926	Safety & Health Regulations for Construction	Yes	No	Not Applicable	License/Training Cert. attached
List Sections specific to your construction activity: _____		Yes	No	Not Applicable	License/Training Cert. attached

I, an authorized representative of _____, hereby do certify that the above is true and correct. Further, I certify that all employees to be assigned to the above named project have received the training required under all federal and state job safety regulations, including the acquisition of any necessary licenses and certification, which may apply to the specific tasks to be undertaken by said employees in the execution of the project. This includes, but is not limited to, those related to the use of items of powered equipment and personal protection. I also certify that all employees are at least 18 years of age.

Signature of Contractor or Authorized Representative

Date



APPENDIX B: Security and Drug/Alcohol Screening (U.S.)

Please note that this is required to be filled out annually by the Contractor



U.S. CONTRACTORS
LETTER OF CERTIFICATION
CONTRACTOR SAFETY PROGRAM
SECURITY SCREENING AND DRUG/ALCOHOL SCREENING OF ALL EMPLOYEES
AND AGENTS*

This letter is to certify that all employees listed by _____ (Contractor Name) who will be working at the Ocean Spray facility have a completed I9 form on file, which can be produced for Ocean Spray upon request, and criminal background checks and drug screenings have been performed with acceptable results.

Additionally, _____ (Contractor Name) further certifies that all its subcontractors who will be working at the Ocean Spray facility have a completed I9 form on file, which can be produced for Ocean Spray upon request, and criminal background checks and drug screenings have been performed with acceptable results.

Authorized Representative

Date

* Required to re-certify annually

Please check here if form is Not Applicable (N/A) because Contractor/Supplier does not come on-site to an Ocean Spray Location.



APPENDIX C: Contractor Safety Qualification and Certification Form (Br. Columbia)

Please note that this is required to be filled out annually by the Contractor



BRITISH COLUMBIA CONTRACTOR QUALIFICATION FORM
(to be filled out annually)

Please check here if form is Not Applicable (N/A) because Contractor/Supplier does not come on-site to an Ocean Spray Location.

Ocean Spray Location: _____

Contractor Name: _____

Project: _____ Address: _____

Employee I.D. Number: _____ Date: _____

List the following Safety Incident Information for your Company for the last 3 calendar years

Category	Year: _____	Year: _____	Year: _____
No. of Fatalities			
No. of Serious Injuries*			
No. of Injuries requiring days away from Work			

* As defined in the guidelines for BC's Workers Compensation Act Part 172
<http://www2.worksafebc.com/publications/OHSRegulation/GuidelinesWorkersCompensationAct.asp#SectionNumber:G-D10-172-1>

Safety Programs	Yes	No
Does your company have an Injury and Illness Prevention Program?		
Does your company have a Written Safety Program?		
Does your company have a Safety Orientation Program?		
Does your company hold daily tailgate safety briefings?		
Do you conduct documented field safety inspections of work in progress?		

Performance Evaluation	Yes	No
Is Safety a Criteria in evaluating the performance of:		
Foreman?		
Supervisor?		
Management?		



British Columbia Contractors

Have your employees been trained in the following procedures under WorkSafe BC's Occupational Safety and Health (OHS) Regulations? Provide applicable licenses/training certificates for the proposed work.

OHS Regulation Part	Description	Yes / No / NA	License/Training Certificate Attached
3	Rights and Responsibilities	Yes / No / NA	
4	General Conditions	Yes / No / NA	
5	Chemical and Biological Agents	Yes / No / NA	
6	Substance Specific Requirements	Yes / No / NA	
7	Noise Vibration, Radiation, and Temperature	Yes / No / NA	
8	Personal Protective Clothing and Equipment	Yes / No / NA	
9	Confined Spaces	Yes / No / NA	
10	De-Energization and Lockout	Yes / No / NA	
11	Fall Protection	Yes / No / NA	
12	Tools, Machinery and Equipment	Yes / No / NA	
13	Ladders, Scaffolds and Temporary Work Platforms	Yes / No / NA	
14	Cranes and Hoists	Yes / No / NA	
15	Rigging	Yes / No / NA	
16	Mobile Equipment	Yes / No / NA	
19	Electrical Safety	Yes / No / NA	
20	Construction, Excavation and Demolition	Yes / No / NA	

List OHS Regulation Parts specific to your activity:

I, an authorized representative of _____, hereby do certify that the above is true and correct. Further, I certify that all employees to be assigned to the above named project have received the training required under all BC job safety regulations, including the acquisition of any necessary licenses and certification, which may apply to the specific tasks to be undertaken by said employees in the execution of the project. This includes, but is not limited to, those related to the use of items of powered equipment and personal protection. I also certify that all employees are at least 18 years of age.

Signature of Contractor's Authorized Representative

Date



APPENDIX D: Security and Drug/Alcohol Screening (Br. Columbia)

Please note that this is required to be filled out annually by the Contractor



BRITISH COLUMBIA CONTRACTORS
 LETTER OF CERTIFICATION
 CONTRACTOR SAFETY PROGRAM
 SECURITY SCREENING AND DRUG/ALCOHOL SCREENING OF ALL EMPLOYEES*

This letter is to certify that _____
 (Contractor Name), has conducted criminal background checks and drug/alcohol screenings on all employees/agents who shall be performing work at an Ocean Spray facility prior to such employees/agents entering onto any Ocean Spray facility or performing any work at an Ocean Spray facility.

Additionally, _____ (Contractor Name) further certifies that its subcontractors have conducted criminal background checks and drug/alcohol screenings on their own employees/agents who shall be performing work at an Ocean Spray facility prior to such employees/agents entering onto any Ocean Spray facility or performing any work at an Ocean Spray facility.

 Signature of Contractor's Authorized Representative Date

* Required to recertify annually

Please check here if form is Not Applicable (N/A) because Contractor/Supplier does not come on-site to an Ocean Spray Location.



APPENDIX E: Contractor Safety Qualification and Certification Form (Quebec)

Please note that this is required to be filled out annually by the Contractor



QUEBEC CONTRACTOR QUALIFICATION FORM
(to be filled out annually)

Please check here if form is Not Applicable (N/A) because Contractor/Supplier does not come on-site to an Ocean Spray Location.

Ocean Spray Location: _____

Contractor Name: _____

Project: _____ Address: _____

Employee I.D. Number: _____ Date: _____

Registration to the Commission for Occupational Health and Safety (CNESST)

**Ratio premium rate / unit rate (CNESST)

<http://www.csst.qc.ca/glossaire/Pages/donnees-experience-employeurs-unite.aspx>

List the following Safety Incident Information for your Company for the last 3 calendar years

Category	Year:	Year:	Year:	Year:	Year:
No. of Fatalities					
No. of accidents with lost time					
No. d'accidents avec assignation temporaire					
No. of Accidents with Medical Treatment					
Total (number of recorded accidents)					
Number of days off					
Total hours worked					
Frequency rate (all accidents)					
DART Rate					

Safety Programs	Yes	No
Does the subcontracting company have an OSH policy?		
Are there any written procedures for OSH work?		
Does your company have a Safety Orientation Program?		



Does the contractor perform risk analysis to determine potential hazards (SPA)?		
Does your company hold daily tailgate safety briefings?		
Do you conduct documented field safety inspections of work in progress?		

Performance Evaluation	Yes	No
Is Safety a Criteria in evaluating the performance of:		
Foreman?		
Supervisor?		
Management?		

Experience	Yes	No
What kind of experience does the subcontracting company in relation to our business sector?		
How much is the company familiar with the dangers and risks of our establishment?		

Supervision	Yes	No
How does the company plan supervise the work?		
Who will be responsible for supervision on the site?		
If an incident / accident occurs, how will it be declared?		
Does the company agree to follow our existing procedures and safety rules		



QUEBEC CONTRACTORS

Have your employees been trained in the following procedures under Quebec’s Regulations Respecting Occupational Health and Safety (OHS) Regulations? Provide applicable licenses/training certificates for the proposed work.

OHS Division Section	Description	Yes / No / NA	License/Training Certificate Attached
IV	Emergency Safety Precautions	Yes / No / NA	
V	Air Quality	Yes / No / NA	
VI	Respiratory Equipment	Yes / No / NA	
VII	Flammable Vapors and Gases	Yes / No / NA	
VIII	Combustible Dusts and Dry Materials	Yes / No / NA	
IX / X	Dangerous Substances	Yes / No / NA	
XI	Ventilation and Heating	Yes / No / NA	
XII	Heating Environment	Yes / No / NA	
XIII	Heat Stress	Yes / No / NA	
XIV	Lighting	Yes / No / NA	
XV	Noise	Yes / No / NA	
XX	Ergonomic	Yes / No / NA	
XXI	Machines	Yes / No / NA	
XXII	Hand Tools and Portable Power Tools	Yes / No / NA	
XXIII / XXIV	Handling/Transporting/Piling Material	Yes / No / NA	
XXVI	Enclosed Areas	Yes / No / NA	
XXVII	Welding and Cutting	Yes / No / NA	
XXVIII	Other High Risk Tasks	Yes / No / NA	
XXX	Means/Equipment for Individual/Group Protection	Yes / No / NA	

List OHS Regulation Division sections specific to your activity:

I, an authorized representative of _____, hereby do certify that the above is true and correct. Further, I certify that all employees to be assigned to the above named project have received the training required under all Quebec job safety regulations, including the acquisition of any necessary licenses and certification, which may apply to the specific tasks to be undertaken by said employees in the execution of the project. This includes, but is not limited to, those related to the use of items of powered equipment and personal protection. I also certify that all employees are at least 18 years of age.

Signature of Contractor’s Authorized Representative

Date



APPENDIX F: Security and Drug/Alcohol Screening (Quebec)

Please note that this is required to be filled out annually by the Contractor



QUEBEC CONTRACTORS
LETTER OF CERTIFICATION
CONTRACTOR SAFETY PROGRAM
SECURITY SCREENING AND DRUG/ALCOHOL SCREENING OF ALL EMPLOYEES*

This letter is to certify that _____
(Contractor Name), has conducted criminal background checks and drug/alcohol screenings on all employees/agents who shall be performing work at an Ocean Spray facility prior to such employees/agents entering onto any Ocean Spray facility or performing any work at an Ocean Spray facility.

Additionally, _____ (Contractor Name) further certifies that its subcontractors have conducted criminal background checks and drug/alcohol screenings on their own employees/agents who shall be performing work at an Ocean Spray facility prior to such employees/agents entering onto any Ocean Spray facility or performing any work at an Ocean Spray facility.

Signature of Contractor's Authorized Representative

Date

* Required to recertify annually

Please check here if form is Not Applicable (N/A) because Contractor/Supplier does not come on-site to an Ocean Spray Location.



APPENDIX G: Sample Notification of Violation



NOTIFICATION OF VIOLATION

Date:

Contractor's Name: Address:

City, State, ZIP: Worksite Location:

Dear:

(Enter description of violation) _____

This is in direct violation of Ocean Spray's Contractor Safety Program and Federal Safety Standards. As long as your firm or any subcontractor is on our property, we at Ocean Spray, value their safety. We have spent considerable effort developing a program, which we believe covers the requirements and responsibilities of our contractors.

Prior to starting on site, we provided a detailed program and have continually enforced it through [Observer's Name]. Our Environmental Health and Safety professional will periodically visit the site unannounced to verify that all parties are conforming to the program. Today's incident marks the first / second (circle one) time that [Contractor's Company Name] has been warned of not abiding by this Safety Program.

I am informing you that should any further incidents of violation occur; your firm will be asked to leave the premises. Ocean Spray Cranberries, Inc. Will then seek indemnification for any and all expenses incurred as a result of your breach of contract and dismissal from the premises. Please do not allow our good relationship to be jeopardized by any further incidents. Remember, safety is our highest priority!

Sincerely,

Title: