

Appendix C: Contractor Acknowledgement

The following is a summary of the Contractor expectations as outlined in this Contractor Safety Program and should be reviewed and acknowledged by an appropriate representative of the contracting company.

Contractors agree to:

- Provide the university Project Team with emergency contact phone number(s), usable 24 hours a day, for the contractor's representative
- Bear sole responsibility for the health and safety of his or her employees
- Promptly report incidents to include injuries, significant near-misses, property damage or regulatory visits to the UVA project manager and/or FM-OHS.
- Provide required or requested safety and health documentation to the university Project Team upon request, which may be reviewed by FM-OHS to include written programs, training or SDS.
- Take all steps necessary to protect the safety and health of University employees, students, and visitors during the performance of their work by establishing, administering, and enforcing safety rules that meet all federal, state, local and UVA regulatory requirements to include, but not limited to:
 - 29 CFR 1910 OSHA Standards for General Industry
 - 29 CFR 1926 OSHA Standards for the Construction Industry
 - Virginia State-Specific Programs outlined by VOSH
 - 10.3 § 56-265.14 et seq. VA Underground Utility Damage Prevention
 - UVA Design Guidelines
 - FM OHS Programs, Policies and Procedures
<https://www.fm.virginia.edu/depts/ohs/programs.html>
- Abide by the requirements outlined herein when coordinating the work of subcontractors
- Bear sole responsibility for communication of safety information & requirements to subcontractors.
- Prepare and have available for review a Site Safety Plan to include COVID protocol and procedures.
- Comply with all FM PPE requirements when working at a UVA job-site

By signing below, you are indicating that you have read, understand and agree to comply with this program when working as a contractor for the University of Virginia. Additionally, you are confirming that you are in position to acknowledge this on behalf of your company or organization and agree to the expectations summarized on this form.

Please complete the form and return a copy to UVA Project Team for recordkeeping.

Company Name: _____ **Date:** _____

Company Representative Name (print): _____ **Title:** _____

Company Representative (sign): _____