

Scope Of Work and Safety Programs

Complete and return to your Staging Solutions representative before

Company Name: _____

Contact Name & Number: _____

Event Name and Project #: _____

Venue Contact: _____

Location of Work: _____

Scope of Work: _____

Are you a new Contractor/Vendor with Staging Solutions? Yes No

If No, do you have an approved safety program on file with SSI? Yes No

If No, has your scope of work changed? Yes No

Check all that pertains to the scope of work to be performed (if not applicable, leave blank):

<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Use of Chemicals
<input type="checkbox"/> Cutting-Welding-Hot works	<input type="checkbox"/> Lock Out Tag Out (LOTO)
<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Personal Protection Equipment
<input type="checkbox"/> Fall Protection (Includes Scaffolding, Staging & Fall Arrest)	<input type="checkbox"/> Scissor Lift, Boom, Forklift, Pallet Jack (submit copies of certification)
<input type="checkbox"/> Fire Extinguisher (req'd for all hot work)	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Other (Specify) _____	

A copy of your Safety Program must be submitted to the Staging Solutions representative for review and approval, along with written verification that each employee who will perform work here has been trained on that program. This verification can be copies of their new hire orientation checklist, training session sign in sheets, certificates, or certification cards. In addition, supplemental written programs must be submitted for any item checked above that is part of your scope of work.

Received By:

Name Date

Review Completed By:

Staging Solutions Representative Date

Approved? Yes No

Comments: _____