

TURNER CONSTRUCTION COMPANY					
SWBU					
EMERGENCY CONTACT INFORMATION	Sec 1, Doc 1	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES 1 of 1

Emergency Telephone Numbers

Ambulance / Paramedics	911
Nearest Medical Center Garden Grove Hospital & Medical Center 12601 Garden Grove Blvd Garden Grove, CA 92843	714-634-4884
Nearest Emergency Center Golden West Medical Clinic 915 Katella Avenue, Suite 100 Anaheim, CA 92805	714-741-5106
Fire Department Non-emergency	911 714-741-5600
Garden Grove Police Department Non-emergency	911 714-741-5704
Turner Construction Company	714 940-9000
Under Ground Alert (Call before you dig)	811 or 800-642-2444
Electric Utility: So Cal Edison	800 611-1911
Gas Utility: The Gas Company	800-427-2200
Communications Utility: Verizon	800-483-5000
Water District After Hours Emergency	714-741-5395 714-741-5704

All accidents must be reported to Turner Construction Company Immediately

Turner Construction Company:

Field office:

Fax:

Turner Construction Company Staff:

Mobile Number

Brendan Murphy	Project Executive	714 279-9377
Paul Costa	Project Manager	213-216-4389
Richard Rivera	Project Superintendent	714-215-2491
Richard Salguero	Project Engineer	213-216-3169
Dave McGee	Project Safety Manager	213-216-5005

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PROJECT ORGANIZATION & RESPONSIBILITIES	SEC 1, DOC. 2	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES 1-3

A.

ORGANIZATION

1. **The Owner** - Project Team member for whom all services on the property are performed.
2. **Project Manager: Paul Costa**
3. **Project Superintendent: Mark Rivera**
4. **Project Safety Manager: TBD**
5. **Subcontractor Safety Representative** - Each Subcontractor shall appoint a responsible management employee as Project Safety Representative.
6. **All Project Employees**

B.

RESPONSIBILITIES

1. **Project Superintendent:**
 - a) Has overall authority for the project's Safety and Health Plan.
2. **Project Safety Manager (or designated project safety coordinator):**
 - a) Shall enforce compliance with Turner's Project Safety and Health Program, OSHA Standards, and all other Federal, State, and Local Safety Codes and Regulations.
 - b) Shall implement the Safety and Health Orientation process for all employees assigned to the Project.
 - c) Shall assist all Subcontractors in pre-planning their operations to prevent personal injury and property damage.
 - d) Shall schedule, distribute notification, and chair the Monthly/Weekly Safety Meetings.
 - e) Shall receive all safety-related correspondence and copies of all accident reports.
 - f) Shall regularly inspect the Project for safety compliance.

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- g) Shall notify Subcontractor of a safety noncompliance in writing. This written notification will state the allowable time limit for compliance or correction shall be made by Turner Construction Company and back charged to the Subcontractor.
- h) Shall investigate all accidents.

3. Subcontractor Safety and Health Representative

- a) Shall ensure that their employees comply with their Company's Safety Program and all Federal, State, and Local Codes and Regulations.
- b) Shall implement the Safety and Health Orientation process for all personnel assigned to the Project.
- c) Shall train their employees to perform their work in a safe manner and to recognize and correct potential and actual hazards and unsafe acts.
- d) Shall make a minimum of one (1) complete safety inspection of their work per week with a written report to the Project Superintendent/Safety Manager noting corrective action to identified hazards.
- e) Ensures their company's employees follow all aspects of this program. Shall ensure every one of their workers complete at a minimum one **"SWAT/SOAR CARD"** a week.
- e) Shall attend each monthly/weekly Project Safety Meeting.
- f) Shall chair each weekly Toolbox Talk and daily Stretch and Flex, with written minutes and provide copies weekly to the Project Superintendent
- g) Shall report all safety-related matters to the Project Safety and Health Manager and Superintendent.
- h) Shall be responsible for the Subcontractor Accident Reporting Requirements.
- i) Shall investigate any accident to their employee and submit accident investigation reports to the Project Superintendent within 24 hours.

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4. All Project Sub Employees

- a) Shall attend the Project Safety and Health Orientation and complete the orientation form prior to beginning work on this Project. (Approximately **Two and a half (2.5) hours**)
- b) Shall perform their work in a safe manner for prevention of accidents to themselves, fellow workers, the general public, and property of all concerned.
- c) Shall attend weekly Toolbox Talks and participate in daily Stretch and Flex.
- d) Shall alert their foremen of hazards and unsafe acts.
- e) Shall notify their foremen immediately of any accident.
- f) Shall comply with their company's Safety Program, Turner Construction Company's Safety Program, OSHA, Cal OSHA and all Federal, State, and Local Codes and Regulations.
- g) Comply with zero tolerance policy in regards to any means of harassment.
- h) Comply with zero tolerance policy on drug and alcohol abuse
- i) Comply with the Turner Code of Safe Practice and zero tolerance policies.

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PROJECT ORIENTATION	SEC 1, DOC 3	APPROVED BY	DATE	REV. #	PAGES
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All personnel assigned to the Great Wolf Lodge Project are required to provide and/or attend:

1. Attend a jobsite specific Safety and Health Orientation/Videos and complete the Safety and Health Orientation form prior to beginning work on the job site. **Participate in the Turner Continuous Safety Improvement Process known as “Building L.I.F.E. – Living Injury Free Everyday”**. This process has been established to inform all personnel of the historically significant uses of the property and of the existence of any known contaminants on the site. The information in this orientation is based on Turner Construction Company’s current knowledge regarding the specific physical hazards, which were known to exist.
2. Submit to Substance Abuse testing and other health related screening (i.e., tuberculosis testing) as required by contract.
3. Attend a Weekly Mass Safety Meeting
4. Conduct Weekly Toolbox Talks conducted by your employer
5. Recurrent training in regards to unsatisfactory safe work practices of an employee
6. Safety meetings due to unsafe act and/or conditions as requested by Turner Construction Company

Each employer on this Project is required to provide their employees adequate Safety and Health training for the specific work tasks to be performed by the employees.

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PROJECT SAFETY MEETINGS	SEC 1, DOC	APPROVED BY	DATE	REV. #	PAGES
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1. Weekly Project Safety Meeting, Approximately one (1) hour:

- a. The Project Superintendent/Safety Manager, shall schedule, distribute notification of, and chair the Weekly Safety Meetings, which will be held (day) at approximately (time).
- b. The following persons are required to attend:

All Turner Construction Company Field Staff and Turner Construction Company Foremen. (Union if applicable)

All Subcontractor's Safety Representatives, Foremen and employees
- c. The following is the quarterly project safety meeting agenda:
 1. Superintendent's observations, remarks, and recommendations regarding the project.
 2. Review weekly project inspections and what corrective action was taken.
 3. Review of insurance carrier surveys.
 4. Future safety planning.
 5. Review of accidents and or near misses.
 6. Open discussion
 7. Safety recognition

2. Weekly Tool Box Talks

- a. Each Subcontractor shall hold a Weekly Toolbox Talk.
- b. Toolbox talks shall be chaired by the Subcontractor's Safety Representative.
- c. Subcontractors Safety Representative MUST SUBMIT the weekly toolbox safety meeting minutes to the Project Safety Manager, by 3pm Friday each week.
- d. The Weekly Toolbox Talk Meeting Minutes shall contain the following:
 1. Name of Subcontractor and date
 2. Name of Subcontractor Safety Representative
 3. Subjects discussed
 4. Safety comments, suggestions from employees
- e. The agenda for these Weekly Toolbox Talks shall be as follows:
 1. Review minutes of monthly Project Safety and Health Meeting as they affect their work.

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PROJECT SAFETY MEETINGS	SEC 1, DOC 4	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES 1-2

2. Instruct employees in the safe and efficient planning and performance of their work.
3. Discuss the "Weekly Safety Meeting" topic distributed by Turner Construction Company the topic required by the Subcontractor's company, and/or other topics pertinent to Job Safety.
4. Review accidents, if any that have occurred on this project.
5. Solicit comments and suggestions relating to safety.
6. Conduct Stretch and Flex Daily.

3. Turner Construction Company can request for additional safety meetings:

In the event:

1. The Project Safety Manager and/or a Turner Construction Company Staff Member observe unsafe work practice repeatedly being performed.
2. A Subcontractor's Health and Safety Plan does not appear to be working.
3. A near-miss, incident or injury incident occurs.

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SITE LOGISTICS PROGRAM	SEC. 1, DOC 5	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES 1

Job Site Address:

TURNER CONSTRUCTION COMPANY

Telephone Number:

Fax Number:

**Mailing Address: 12681 Harbor Blvd
Garden Grove, CA 92840**

Job Staff:

Project Executive: Brendan Murphy
 Project Manager: Paul Costa
 Project Superintendent: Mark Rivera
 Project Safety Manager: TBD
 Sr. Project Engineer: Richard Salguero
 Project Engineer: Roxana Hernandez
 Project Administrator: Margret Turner

Deliveries

Due to limited storage space at the Turner Construction Company compound, all on-site storage of material must be assigned and approved in advance by Turner Construction Company.

Vehicle access is limited to company vehicles only which are required for the immediate performance of the work. All vehicles must have company signs and be registered to the company.

Prime Contractors or their Subcontractors must be present to receive material addressed to them. Turner Construction Company will not sign for deliveries to subcontractors or their subcontractors. Subcontractor's traffic control must be provided prior to vehicles entering the property.

Contractor deliveries assigned to Turner Construction Company will be returned.

The main entrance to the project site will be located 12681 Harbor Blvd, Garden Grove, CA. Subcontractor parking shall be offsite or as determined by Project Superintendent. Parking around the building will be strictly limited to vehicles carrying tools, equipment and/or materials.

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SITE SMOKING POLICY	SEC 1, DOC 6	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES 1

SMOKING POLICY

Site smoking policy to be determined by Project Superintendent/ Safety Manager and published here.
Smoking is prohibited in buildings.

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SUBCONTRACTOR INCIDENT REPORTING REQUIREMENTS	SEC 1, DOC 7	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES

SUBCONTRACTOR INCIDENT REPORTING REQUIREMENTS:

Incident Investigation and Reporting

I. Incident Reporting

For an incident involving personal injury, the subcontractor shall complete and submit to the Turner Project Safety Manager their incident report and Employer's First Report of Injury/Illness

The Project Safety Manager and/or Superintendent shall notify the Business Unit Claims Coordinator and BU Safety Director (BUSD) as soon as practical after the incident, but no later than 8 hours. A second Incident Investigation Report will also be completed by the Turner Project Superintendent and submitted within 24 hours to the Project Manager and BU Safety Director for their review.

II. Responsibilities

All incidents resulting in injury or property damage are to be reported at the time of occurrence to the Turner Project Superintendent. The contractor in charge of the person(s) involved or witnesses to the event will complete a TCCO incident investigation form and request each craft person involved to complete a written statement whenever such events take place. Turner and or the Owner may require a more detailed investigation and the Contractor shall comply with their directions.

III. Incident Reporting Procedures

1. Near Miss/ Injury Free Event

It is the responsibility of the prime contractor safety representative or Turner Project Superintendent to complete the investigation using their company's incident investigation report. This report will include recommendations / implementation of corrective actions. The report will be submitted to the Turner Project Manager as soon as reasonably possible (same work shift) but no later than 24 hours. A gathering of all involved will take place within 24 hours of the incident to review the case and determine if the steps taken to remediate the incident were appropriate. If applicable a Lesson Learned will also be developed and approved by TCCO to relay any information gathered that may assist in the elimination of a future similar occurrence.

2. First Aid Event

Any first aid event will result in a full incident investigation. TCCO feels that no injury is minor but an opportunity to learn and eliminate like occurrences. Daily records of all first-aid treatments not otherwise reportable shall be maintained on the site first aid log.

3. Medical Treatment Event

If the injury is considered an emergency call 911. It is the responsibility of the each contractor to immediately notify Turner Project Superintendent, and the Turner Project Safety

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Manager of any event requiring medical treatment. Failure to do so may result in subcontractor fine/disciplinary action. The Turner Safety Manager or Turner Project Superintendent will call in the claim to the assigned worker's compensation carrier. The subcontractor will call in all OCIP claims to the assigned workers' compensation carrier.

4. Serious Injury Event

It is the responsibility of the each contractor's safety representative to immediately notify the Turner Project Superintendent of a serious injury requiring medical treatment. The Turner Safety Manager or senior TCCO project representative will oversee the completion of required Turner reporting forms. The Turner Business Unit Safety Director and Claims Manager shall be notified as soon as possible. The Turner Business Unit Safety Director will contact OSHA when required, regardless of the of the contractor's requirement to notify. The BUSD will call the Turner Crisis Hotline when appropriate.

5. Fatality

It is the responsibility of the contractor safety representative to notify the Turner Project Superintendent or the Turner Safety Manager of an event resulting in a fatality. The Turner Project Superintendent will then implement the Turner Crisis Management Plan. All notifications must follow in accordance with the Turner Crisis Management Plan notifications flowchart. The BUSD, BU Claims Manager, General Manager, and Operations Manager must be notified immediately. All media inquiries are to be referred to the Owner or as the Site Specific Crisis Plan dictates.

6. Property/Environmental Damage

It is the responsibility of the Turner Project Superintendent to notify the Turner Project Manager and Owner of the incident and assist in the assessment of damages. The Turner Project Manager will be responsible for notifying applicable insurance carriers in accordance with policy provisions. The Business Unit Safety Director and Claims Manager shall be notified in all cases.

7. General Liability Accident

It is the responsibility of the subcontractor safety representative to immediately notify the Turner Project Superintendent of an event involving the general public. The Turner Project Manager will immediately notify the Owner. The subcontractor involved will complete an incident report and submit it to the Turner Superintendent or his designee. The Business Unit Safety Director and Claims Manager shall be notified. The BUSD and Claims Manager will determine if a Third Party Investigator will be needed.

In all cases of damage, an incident, or injury, a full investigation will be conducted by TCCO and the contractors to determine potential contributors to the incident in hopes of eliminating the conditions reoccurrence on this or any project. The intent of the investigation is not to affix blame but to learn from the event.

IV. Documentation for all Incidents Requiring Medical Treatment (Emergency and Non-Emergency)

The following forms must be completed and delivered to the Project Safety Manager. These will be made available at the site.

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- Subcontractor's incident report form
- Employee Incident Statement(s)
- Subcontractors Incident Report

All incidents, near misses, injuries, illnesses and unusual events that have occurred will be investigated thoroughly:

Projects are responsible to have onsite equipment to document the accident scene. Photos, sketches, schematics should be collected for report.

Except for rescue and emergency measures, the accident scene shall not be disturbed and should be barricaded until it has been released by the investigating official. The Contractor is responsible for obtaining appropriate medical and emergency assistance and to ensure timely response to injured worker or event.

Incident reports are to be submitted to the Business Unit Safety Director and Claim Coordinator, within 24 hours even though supplementary information may be necessary but not available for a period of time.

"Subcontractor" is intended to mean any contractor working under Turner's inspection, supervision and/or direction whether under contract to Turner or the Owner as on Construction Management. This policy will be used on all projects at all times.

In all cases, the Site Specific Crisis Management Plan and the Site Specific Health and Safety Plan will be the guiding document.

This project will have a **Modified Light Duty Policy** in effect. Each Contractor will submit their policy prior to the commencement of work.

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SUBCONTRACTOR REPLY FORMS	SEC 1, DOC 8	APPROVED BY D. McGee/ K. Wunder	DATE 10/25/13	REV. # 0	PAGES 1-5

SUBCONTRACTOR REPLY

When you have finished reviewing all documents and prior to start of construction on site, please return this page.

Turner Construction Company
 SoCal Business Unit Office
 1900 South State College Blvd., Suite 200
 Anaheim, CA 92806
 Phone: 714.940.9000
 Fax: 714.712.4400

Attn: Safety Director, Dave McGee
 Project Safety Manager, TBD

Re: Great Wolf Lodge Project
 Project # 131510

I have reviewed Turner Construction Company's **Environmental, Health and Safety Policy, Site Logistics Program, the Project's Site-Specific Safety Program, the Injury and Illness Prevention Program (IIPP), the Fire Prevention Program, and the Hazard Communication Program.** In addition, we acknowledge that the Subcontractor Agreement follows in depth, the requirements of the Site-Specific Safety Program. Our company and its employees fully agree to comply with all of the above referenced programs and will make certain our site supervision is knowledgeable as well.

We are attaching a copy of our company's **Injury and Illness Prevention Program, and, Hazard Communication Program** to this letter including, the fully completed **Subcontractor Safety Audit Profile** providing the required safety related information. This includes names of our company's Safety Director (if any), **Designated Safety Person on-site**, names of **Competent Person(s), Qualified Person(s)** and, **First-Aid/CPR Trained person(s)** having required knowledge and authority for any required work exposures inherent to our operations. We understand that Turner Construction Company makes no commitment that our program(s) meet required safety standards. In addition, the above referenced programs in no way relieve us, as the Contractor, of the responsibility to implement and enforce a comprehensive safety and health program in accordance with applicable standards.

 Subcontractor Signature

 (Print name & Title)

 Company Name

(Emergency Contact - After Hours)

Project Manager: Paul Costa
 Mobile Phone # 213-216-4389
 Home Phone #

Superintendent: Mark Rivera
 Mobile Phone # 714-215-2491
 Home Phone #

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SUBCONTRACTOR SAFETY PROFILE
PLEASE ANSWER ALL QUESTIONS

Date: __ / __ / __

Company: _____

Company Address: _____ City: _____ Zip: _____ State: _____

Phone: _____

Project: _____

Primary Job Contacts: _____

Title(s): _____

Principal(s): _____

Safety Professional: (if applicable) _____ (Full time safety professional required with an employee head count of 25 employees or more assigned to the project name, Project # _____)

Designated Competent Safety Representative (i.e., foreman): _____ (less than 25 employees assigned to project name Project # _____)

(Person responsible for implementing your IIPP) _____

YOUR COMPANY SAFETY ORGANIZATION

Written Safety Program/I.I.P.P. _____ HAZMAT: _____ Copy on project: _____

W/C Exp. Mod. _____ % (Cannot exceed 1%)

Safety Meetings/Training on-site: Wkly Tail-Gate-____ General-____ Supervisory-____ Documented-____

Site-Safety Inspections: Yes__ No__ Documented: Yes__ No__ Documentation Maintained: Yes__ No__

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MSDS's: On-Site (Specific) - Yes__ No__ Manufacturer's Manuals on-site: All
 Equipment used - Yes__ No__

Light-Duty/Return to Work Program: ____ First Aid/CPR trained personnel on-site:
 Yes__ No__

Name(s)
 On site: _____

Any Subs: Yes _____ No _____ Certificates of Insurance: Yes _____ No _____
 Additional Named Insured _____

Sub: _____

Names: _____

Name(s) Insurance Carriers: W/C _____ G/L _____

Insurance Carrier Safety Service Provided: Yes _____ No _____

Other Safety Service: Yes__ No__ Name: _____

COMMENTS:

(ATTACH / RETURN WITH CONTRACTOR REPLY)
OSHA COMPETENT AND QUALIFIED PERSON (S)

Per Federal and California Code of Safety Regulations, you are required to identify ALL COMPANY Competent and Qualified Person(s) to those operations your company will be engaged in on this project. Subcontractor is responsible for all designated names offered.

DEFINITIONS

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Competent Person: - One who is capable of identifying existing and predicable hazards of surrounding work conditions which may be unsanitary, hazardous, or dangerous to employees, and, who has the authorization to take prompt corrective measures to eliminate them.

Qualified Person: - One who by possession of a recognized degree, certificate, or professional standing, or by extensive knowledge, training and experience, has successfully demonstrated his/her ability to solve or resolve problems related to the subject matter, work, or project.

OSHA CONSTRUCTION SAFETY STANDARDS REQUIRE THE FOLLOWING
Below, names of Competent/Qualified Persons for your type operations which apply

- Accident Prevention Responsibility (Designated Person) _____
- Ionizing Radiation _____
- Asbestos _____
- Lead _____
- Hearing Protection _____
- Welding/Cutting _____
- Respiratory Protection _____
- Scaffolding _____
- Slings/Rigging/Chains _____
- Cranes/Derricks _____
- Electrical _____
- Material/Personnel Hoists/Elevators _____
- Fall Protection / Fall Protection Plan _____
- Trenching/Excavation _____
- Concrete/Forms/Shoring _____
- Bolting/Riveting, Planking up _____
- Underground Construction _____
- Demolition (Preparatory) _____
- Ladders _____

Subcontractor Documentation requirements
Status Report
Month of: _____

Company	Signed Contract	Insurance Certificate	Site Safety Program	IIPP	Pre Planning Form	Safety Profile Form	Reply Form	Competent & Qualified Persons	MSDS	Weekly Toolbox Talks	Weekly safety Inspection	Drug test Results

