

Attachment 2  **Minimum HSSE Requirements**
Contractor Statement of Compliance
(Please Print Clearly)

Employer:

(as it appears on Employee's W2 / 1099)

Start Date:



Project:

(if applicable)


Work End Date:

Lead/General Contractor:

(if applicable)

I certify that the employee, _____, and their listed employer, are aware of and fully compliant with the  Westlake Campus Minimum HSSE Requirements in their entirety. As an official representative* of our company, I am also aware that my company shall be responsible and liable for any failure for our employees or subcontractors who fail to meet these Minimum HSSE Requirements. I certify that upon completion of work, or termination of named employee, I will notify  and return the access card.

I, the authorized contracting company representative, confirm that the named employee, prior to this Badge Access Request:

- ☐ Has proof of authorization to work legally in the US, and background screening has been completed
- ☐ Is subject to and participates in our Substance Abuse Screening process.
- ☐ May be subjected to the client's Random Substance Abuse testing program
- ☐ Completed: Date _____
- ☐  New Employee and Contractor Orientation (NECO)
- ☐ Completed at minimum the OSHA 10 Hour Course (only applicable for construction work):
- ☐ Has been provided all the necessary PPE for safe completion of their work
- ☐ Has been deemed competent to perform their scope of work
- ☐ Is employed by a contractor or sub-contractor that has been "Approved" or "Conditionally Approved" by the OurWorkplace Sourcing & Procurement Team.

Authorized Contractor Representative Signature

Job Title

Date

Authorized Contractor Representative Printed Name

Company Name

 Sponsor Signature

Printed Name

Date

Internal Use Only

ACL Reviewed by:

ACL Date:

Contractor Status:

Badge Number:

Expiration Date:

*This form must be completed and signed by a person that is authorized or acts on behalf of the contractor company.

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