

Policy Owner: NA EHS	Operating Policy No.: NA-SP-05-211A	
Approval(s): Mike Nieman	Effective Date: 10/01/10	
	Rev. No.: 2	Scope: North & Central America
DDC / Designated Representative: NA EHS	Page: 1 of 4	Controlled
SUBJECT: Contractor Method Statement and Assessment		

This form is to be completed by contractor prior to arriving on-site to begin work. Completed forms should be presented to the Tower Plant Engineering Manager or designated management representative before ANY work begins.

Project Name:		
Requisition Number:		
Tower International Project Coordinator:		
(name)		(phone number)
<p>All contractor services will be managed through the Tower International project coordinator listed above. Tower International has final interpretive authority of this document in all cases where a dispute or question occurs. Tower Management has the right to inspect our activities and those of our Contractors with regards to on-site activities.</p> <p>This document and all associated documents referenced in this standard are valid until the end of the project or for six months from the date of the purchase order, whichever comes first. Certification renewal for blanket contracts is required annually. Re-certification is required upon changes to local, state/provincial, and federal legislation, regulations or directives, which would amend this document.</p>		
Contractor Certification		
<p>I have read and understand the <i>Contractor Method Statement</i>, and completed the <i>Contractor Services Agreement</i>. As a representative of the contractor, I agree that all employees of the contractor and any sub-contractor and sub-contractor employees will follow this standard at all times during the project.</p> <p>Failure to follow this standard will result in punitive actions, including dismissal of individuals involved and a potential cost penalty assessed to the contractor.</p>		
Name of Contractor Representative	Signature	Date
Tower International Project Coordinator	Signature	Date
Signed Copy returned to - Tower International Project Coordinator,		

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Scope of Work: The IRFQ and Scope of Work may be included with this form. Additional information is to included and review pertaining to services or activities to be performed:

Wastes Generated Type(s):	List Quantities Expected:	List Disposal/Recycle Location & Methods:

Describe methods for minimizing waste:

Contractor Contact Information:

Name of Contractor Firm:	President/General Manager:
Address:	City:
	State/Zip Code:
Facility Site Coordinator:	Phone Number:
Email Address:	Mobile Number:
24 Hour Emergency Contact:	Phone Number:
Email Address:	Mobile Number:

Sub-Contractor Contact Information: (List as applicable)

Type Service	Firm Name
Architectural/Engineering	
Mechanical	
Electrical	
HVAC	

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Industrial/Janitorial Services	
Painting	
Roofing	
Asbestos/Lead Abatement	
Sampling/Testing/Laboratory	
Waste Disposal	
Demolition Disposal	
Scrap/Salvage Dealer	
Other (specify)	

Contractor Method Statement			
<i>This method statement must be completed, signed, and returned to the facility's Environmental Management Representative before contracted work commences.</i>			
1. Work Description			
Briefly describe the work to be performed while on-site including the activities of each of the suppliers/contractors.			
2. Air Emissions			
Will the work you perform produce or cause the release of any air emissions?	YES	NO	
IF YES, list air emissions and method for preventing, and reducing impact to the environment.			
3. Water Discharges			
Will the work you perform produce or cause the release of any wastewater?	YES	NO	
IF YES, how will the wastewater be handled?			

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4. Training
Your employees should be trained on the proper handling of materials and equipment, all associated tasks, and the emergency response to incidents involving these tasks and materials. Describe the training your employees receive and provide documentation as needed.
5. Energy
Will the work you perform consume energy? (electricity, compressed air, natural gas, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, explain what type of energy will be consumed, and how you will minimize consumption:
6. Other
Are there any legal requirements or other ways your work will affect the environment? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, List:

REVISION:

Revised in entirety.