Contractor Short-Service Employee Form

*Contractor must complete and submit this form to the JO CEHSM Contract Owner for approval prior to mobilization/crew change. The JO CEHSM Contract Owner shall approve this form.*

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| I. SSE Information |
| Contractor Company Name:       | Date:       |
| SSE Name:       |
| Date of Employment:       | Current Job Title:       |
| Industry Experience:       Yrs       Months | Experience in Current Position: |       Yrs |       Months |
| Has the individual returned to work within their trade/craft after a break in service in the industry for more than one year? | [ ]  Yes | [ ]  No |
| Have site owner, contractor and EHS policies been reviewed with SSE? | [ ]  Yes | [ ]  No |
| Who has been assigned as the SSE’s mentor?       |
| Mentor’s Experience:       Yrs       Months |
| Training: |
| List all training provided to the SSE: | List any previous special training: |
|  |  |
|       |       |
| SSE(s) identified by: [ ]  Hard Hat – \_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other – Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **II. SSE Crew Composition Requirements** |
| Choose one of the crew types below.  |
| [ ]  Single person crew – cannot be an SSE  |
| [ ]  2 to 5 person crew – no more than one SSE  |
| [ ]  6 or more person crew – no more than 20% SSE(s) per crew |
| **III. SSE Review and Approval** |
| Contractor Management Rep: | Date:       |
| JO CEHSM Contract Owner: | Date:       |
| **IV. SSE Early Release** |
| Contractor Management Rep: | Date:       |
| JO CEHSM Contract Owner: | Date:       |

*This portion of the SSE form is to be filled out whenever the SSE conditions cannot be met.*

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| V. Variance Information |
| Variance Justification(What are the current circumstances and what will be done to ensure an acceptable level of risk?) |       |
| Alternatives to Variance(If the variance is denied, what are the alternatives to completing the scope of the work? Briefly detail the cost and operational impact of the alternatives.) |       |
| List the steps to be taken to manage/mitigate the SSE risk to an acceptable level:1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
 |
| VI. Variance Review and Approvals |
| Variance Expiration Date:       |
| JO CEHSM Contract Owner Signature: | [ ]  Approve [ ]  DenyDate:       |
| Contractor Management Rep Signature: | [ ]  Approve [ ]  DenyDate:       |

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| JO CEHSM Contract Sponsor Signature: | [ ]  Approve [ ]  DenyDate:       |

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