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: | | |
| VI. Variance Review and Approvals | | |
| Variance Expiration Date: | | |
| JO CEHSM Contract Owner Signature: | | Approve  Deny  Date: |
| Contractor Management Rep Signature: | | Approve  Deny  Date: |

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| |  |  | | --- | --- | | JO CEHSM Contract Sponsor Signature: | Approve  Deny  Date: | |