

DECLARATION of OCCUPATIONAL MEDICINE PROVIDER GENERAL INFORMATION

PURPOSE

All Contractors and their lower-tier subcontractors must comply with the Department of Energy's Worker Safety and Health Program regulation, 10 CFR 851, "Worker Safety and Health Program (WSHP). The WSHP enforces worker safety and health requirements including, but not limited to, standards of the Occupational Safety and Health Administration (OSHA), American National Standards Institute (ANSI) and Workers Compensation Laws as incorporated in the SNL WSHP.

APPLICABILITY

Contractors at all tiers which meet the applicability criteria must establish and provide comprehensive occupational medicine services to workers employed at DOE-controlled premises. To assist in ensuring contractors meet the worker safety and health provisions of 10 CFR 851-Occupational Medicine functional area, SNL requires contractors to provide a completed "Declaration of Occupational Medicine Provider" (attached).

Criteria:

1. Work on a DOE site for more than **30 days in a 12-month period; OR**
2. Are **enrolled** for any length of time in a **medical or exposure monitoring program** required by this rule and/or any other applicable Federal, State or local regulation, or other obligation [Examples in "General Requirements: Summary Information" Section]

Action:

- If the contractor **does meet** the applicability criteria, the Declaration must be completed and provided to the Sandia Delegated Representative (SDR) prior to performing work. The Declaration is maintained with the project files. **THE COMPANY SHALL MAINTAIN A COPY OF THE COMPLETED DECLARATION.**
- If the contractor **does not meet** the applicability criteria, no further action is necessary.

GENERAL REQUIREMENTS: SUMMARY INFORMATION

Contractors at all tiers must have an Occupational Medical Provider for performing hazard-based medical monitoring and surveillance; qualification-based fitness for duty medical evaluations; and injury and illness case management. Occupational health personnel providing services must maintain current license, registration and/or certifications as required. **The contractor is responsible for maintaining the appropriate documentation to demonstrate compliance with the administration of necessary medical and health care programs and may be subject to assessments and audits.**

Hazard Based Medical Monitoring and Surveillance Programs include, but are not limited to:

- OSHA Specifically Regulated Substances ("Expanded Health Standards") including: Asbestos, Arsenic, Cadmium, Chromium, Lead, Methylene Chloride, etc.
- OSHA Occupational Noise Exposure

Qualification-Based Fitness for Duty (FFD) Evaluations include, but are not limited to:

- OSHA/ANSI Respiratory Protection
- Department of Transportation (FMCSA) Commercial Drivers License -CDL

Injury and Illness Case Management includes, but is not limited to:

- Determination of work-relatedness; Work restrictions; Rehabilitation; Return to Work

ADDITIONAL INFORMATION

Complete information on 10 CFR 851 requirements, including Occupational Medicine, may be located at: <http://www.hss.doe.gov/HealthSafety/WSHP/rule851/851final.html>

REQUIRED SUBMITTAL
DECLARATION of OCCUPATIONAL MEDICINE PROVIDER

INSTRUCTIONS: Determine if the 10 CFR 851 requirements for an Occupational Medicine Program apply based on the applicability criteria.

- If the company **does meet** the applicability criteria, complete the form and provide the document to the SNL Sandia Delegated Representative (SDR) prior to initiating work. **THE COMPANY SHALL MAINTAIN A COPY OF THE COMPLETED DECLARATION.**
- If your company **does not meet** the applicability criteria, no further action is necessary.

APPLICABILITY CRITERIA: Contractors who meet the applicability criteria must establish and provide comprehensive occupational medicine services to workers employed at DOE-controlled premises, in accordance with the Department of Energy's regulation, 10 CFR 851 "Worker Safety and Health Program". Contractors who will perform any work on a DOE site, and who meet the applicability criteria, shall provide a written Declaration identifying their Occupational Medicine Provider.

If either condition exists, the Declaration must be completed and provided to the SDR:

1. Work on a DOE site for more than **30 days in a 12-month period; OR**
2. Are **enrolled** for any length of time in a **medical or exposure monitoring program** required by this rule and/or any other applicable Federal, State or local regulation, or other obligation. (Examples on Page 1)

ADDITIONAL INFORMATION

Complete information on 10 CFR 851 requirements, including Occupational Medicine, may be located at:
<http://www.hss.doe.gov/HealthSafety/WSHP/rule851/851final.html>

THIS SECTION TO BE COMPLETED BY CONTRACTING COMPANY

(5/11)

1. Identify the Date, Name, Address, Contact Information and the Primary Point of Contact (management representative) for your **Company**:

Date: _____

Company Name: _____

Address: _____

Contact Information (Office Phone; Cell Phone): _____

Primary Point of Contact: _____

2. Identify the **Hazard Based Medical Monitoring** and/or **Qualification Based Fitness for Duty (FFD) Program(s)** in which personnel *are currently* enrolled:

Respiratory Protection

Hearing Conservation (Occupational Noise)

Commercial Driver's License

Other: Specify: _____

Not Applicable

3. Identify the **Occupational Medicine Provider** including Name, Address and Contact Information:

NOTE: If different Occupational Medicine Providers are used for different needs (Medical Monitoring; FFD Examinations; Injury/Illness Case Management) please identify each provider.

Name: _____

Address: _____

Contact Information (Office Phone; Cell Phone): _____

Additional Information: _____