

SUPPLIER SAFETY PROGRAM VARIANCE REQUEST

Purpose of form: this form is used by BPA to grant contractors who are registered in ISN a variance from the contractor safety performance metric (letter grade). This form will assist in ensuring all required supplier contractual elements have been considered and reviewed. Please submit requests via email to the Contractor Safety Committee inbox, contractorsafety@bpa.gov.

Name of Requestor	Date	
Initial Facility or Site	Initial Project Title	
Project Manager (Name)	Contracting Representative (COR) (Name)	Type of Project

Describe the Scope-of-Work in Detail

SUPPLIER CONTACT INFORMATION

(Provide contact information for the company or individual this form is intended to cover.)

BPA Contract Number	Company Name				
Primary Contact	Address				
Contact Numbers:	Office Phone Number	Office Fax Number	Work Cell Phone Number	Small Business	
				Yes	No

Attach all required written programs, training, or other records submitted by supplier that have been reviewed by the appropriate SME. List each document below separately. Attach additional information to this form if needed.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

REASON FOR REQUESTING VARIANCE

(To be filled out by supplier.)

Deficiency (for example, OSHA Citation is incorrect)	Evaluation

Notes:

SUPPLIER SAFETY PROGRAM VARIANCE REQUEST

COMPLIANCE PLAN

Additional controls used to ensure appropriate mitigation of identified risk factors <i>(be specific)</i> .	1.
	2.
	3.
	4.

BPA CONTRACTOR SAFETY COMMITTEE APPROVAL

(To be filled out by Contractor Safety Committee.)

Signing below means you agree that the contractor is approved for a variance and that the appropriate controls will be implemented to manage business risks.

Has this supplier received a variance within the last three years?	Yes (if yes, explain below)	No
---	-----------------------------	----

	Approved	Rejected	Need more information
Approved Request Type:	BPA Wide	Project Specific	

ROLE	NAME	DATE	EXPIRATION DATE	SIGNATURE
CSC Approving Official				

LENGTH OF VARIANCE NOT TO EXCEED ONE YEAR FROM APPROVAL DATE

Additional Comments

(to be filled out by CSC Approving Official)

Notes:

Paperwork Reduction Act Burden Statement:

This data is being collected by BPA to grant contractors registered in ISN a variance from the contractor safety performance metric (letter grade). This form will assist in ensuring all required supplier contractual elements have been considered and reviewed. Public reporting burden for this collection of information is estimated to average 30 minutes (.5 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining that data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Enterprise Policy Development & Implementation Office, IM-22, Paperwork Reduction Project (OMB control number 1910-5190), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (OMB control number 1910-5190), Washington, DC 20503.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

The Paperwork Reduction Act (PRA) of 1995 requires each Federal agency to seek and obtain approval from the Office of Management and Budget (OMB) before undertaking a collection of information directed to 10 or more persons of the general public, including persons involved in or supporting the operations of Government-owned, contractor-operated facilities.

Submission of this data is voluntary.