

SAFETY VERIFICATION FORM

This document must be completed and turned in to Procurement prior to issuance of any contract.

Link to Airport Authority Safety Standards:

[www.metroairport.com/sites/default/files/business_documents/PDFs/RiskManagement/WCAA_Safety_Standards\(rev_Oct_2018\).pdf](http://www.metroairport.com/sites/default/files/business_documents/PDFs/RiskManagement/WCAA_Safety_Standards(rev_Oct_2018).pdf)

Company Name: _____

Have you sent a letter to the Wayne County Airport Authority (WCAA) assuring conformance to the Contractor Safety Guidelines?

Yes No

Will your Safety Plan cover work performed by all subcontractors of any tier?

Yes No

If NO please list those subcontractors that have their own Safety Plan:

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

(use additional sheets if required)

The contractor and all subcontractors of any tier shall indicate if they have an internal Drug and Alcohol testing Program or if they are a MUST Participant. Be advised if you or any of your subcontractors (all tiers) select Michigan and Unions Stand Together (MUST), you are required to provide the names of your employees to the Wayne County Airport Authority. If the Contractor or any of its subcontractors is using MUST for their drug and alcohol testing compliance for any employees, they must register those employees with the MUST portal using with the Wayne County Airport Authority Project (Project 757). The MUST roster must be updated on a monthly basis. Those names provided will be routinely checked during verification of Payroll.

Name	Internal Program	MUST
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

(use additional sheets if required)