

ISN Contractor Variance Form

Purpose of Form: Used by JLL/Genentech Account personnel to grant contractors a variance from a required program or other contractor performance metric.

CONTRACTOR CONTACT INFORMATION

Provide contact information for the company or individual that the variance will cover:

Company Name:		TK Elevator		ISN Company ID #		400-140017	
Primary Contact Person:		Scott Silitsky		Review Date:		9/28/2021	
Current ISN Grade:		C					
Phone Numbers:	Office:	954-621-8826	Fax:		Cell:		
Describe the Scope-of-Work: Elevator & Escalator Service and Repair							
<input type="checkbox"/> Attach all required written programs, training or other records submitted by Contractor (Sub-Contractor, if applicable) that have been reviewed by the appropriate EHS Leader. List each document below separately.							

REASON FOR REQUESTING VARIANCE *(check all that apply)*

- Contractor's grade is less than a B (either in ISNworld or via Internal Vetting)
- Contractor, consultant, or service provider has been requested to, or is in the process of submitting updated COI
- Contractor, consultant, or service provider does not meet all required criteria and client is mandating use
- Need client approval due to scope / grade

ISN GRADE COMPONENT REVIEW

Category	Criteria	Evaluation
Total Recordable Incident Rate (TRIR)	Yearly rate is equal to or less than the BLS average for the industry	Investigate the rate and ensure the performance does not suggest an unacceptable risk. Action: If the risk is acceptable, provide variance and establish an action to review performance in three to six months for CAPA implementation to ensure there is no deterioration, or one-year if no additional follow up needed.
BLS Industry Avg: Actual TRIR:		<input checked="" type="checkbox"/> N/A
<u>Program Review:</u> Review statistics and determine applicability to site operations. Describe mitigating factors, as needed. <u>Action Plan:</u>		
Experience Modification Rate (EMR)	≤ 1.0	Investigate the rate and ensure the performance does not suggest an unacceptable risk. Action: If the risk is acceptable, provide variance and establish an action to review performance in six months to ensure there is no deterioration

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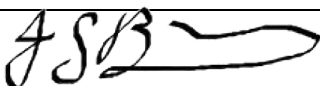
Actual EMR: <input checked="" type="checkbox"/> N/A <u>Program Review:</u> EHS does not evaluate EMR – refer to Sourcing / Risk Management. If no EMR submitted, request vendor to submit for review (via ISN Assist). <u>Action Plan:</u>		
Safety Questionnaire (Policies, Programs, Procedures)	All required Health and Safety policies are in place	Review the questionnaire completion to ensure it does not suggest an unacceptable risk. Action: If the risk is acceptable, provide variance and establish an action to review performance in three months to ensure there is no deterioration
Missing / Incomplete Questions: <input type="checkbox"/> N/A <u>Program Review:</u> Request vendor to submit complete questionnaire for review (via ISN Assist). <u>Action Plan:</u>		
Citations	No citations within the last 3 years	Review the citation and determine that the nature of the citation does not present an unacceptable risk. Additionally ensure appropriate abatement actions are in place. Action: If the risk is acceptable based on the review of the citation, establish an action to follow up on completion of the abatement actions that are in place. Provide variance for six months to one year , depending on review.
<u>Program Review:</u> List citations and applicability (if any) to site operations. <u>Action Plan:</u> C to B variance to allow time for citation to time out <input type="checkbox"/> N/A		
Written Program Score (RAVS)	All required written programs are in place	Determine if the program gap presents an unacceptable compliance situation or risk of incident(s). Action: If the risk of the gap is considered acceptable, then establish appropriate action items for closure. Follow up to ensure the action item is completed and take appropriate actions. Provide variance for three to six months , depending on review.
Missing / Deficient Programs: <input checked="" type="checkbox"/> N/A <u>Program Review:</u> Request vendor to submit missing programs for review (via ISN Assist). Review program deficiencies to determine applicability to site operations / scope. <u>Action Plan:</u>		

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Insurance	Current insurance documents are accepted	Review insurance information and determine if compliant COI been submitted. Action: Escalate to Corporate Risk (through Sourcing) as needed.
		<input checked="" type="checkbox"/> N/A
<p><u>Program Review:</u> Request vendor to submit compliant COI for review (via ISN Assist).</p> <p><u>Action Plan:</u></p>		
Fatalities	No fatalities within the last 3 years	Investigate and ensure the performance does not suggest an unacceptable risk. Action: If the risk is acceptable, provide variance and establish an action to review performance in three to six months for CAPA implementation to ensure there is no deterioration, or one-year if no additional follow up needed.
		<input type="checkbox"/> N/A
<p><u>Program Review:</u> Review statistics and determine applicability to site operations. Describe mitigating factors, as needed.</p> <p><u>Action Plan:</u> C to B variance to allow for recorded fatality to time out.</p>		

All Contractors must have an MSA. Signing below means you agree that the contractor, consultant, or service provider can work at the facility listed above and that the appropriate controls will be implemented to manage the EHS or business risks.

MANAGEMENT APPROVAL

Role	Name	Signature	Date:
Facility Manager Approval:	Jim S Bisson		28SEP2021
EHS Approval:			
Other Required Approval:			

Grade "C" Contractors – Site Approval (Site/Facility Manager)

Grade "D" Contractors – Site Approval (Site/Facility Manager & EHS Manager)

Grade "F" Contractor –

COI extension only – Site Approval (Site/Facility Manager & EHS Manager)

Other Deficiencies – Site Approval (Site/Facility Manager & EHS Manager) and Client Approval (Site or EHS)

This variance is valid upon completion of required signatures and upload to ISN.

Variance Expiry Date*: 1/1/2023

*Expiry date MUST be entered