

# ***MBAA Safety Toolbox Talk***



## **Onboarding 2.0: New Employees and Contractors**

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## **Introduction**

Onboarding is the process of integrating a new employee with a company and its culture, as well as getting an individual the tools and information needed to become a productive member of the team. The process of onboarding new employees can be one of the most critical factors in ensuring recently hired talent will be productive, satisfied workers. Introductions to both employee and contractor onboarding can be found in previous Tool Box Talks listed below:

- [Introduction to New Hire Onboarding.pdf](#)
- [Contractor Hiring Process.pdf](#)

Effective onboarding is about planning; it should not begin and end on the first day of employment, or contract award. Having a strong onboarding process promotes a welcoming environment for new hires and contractors. It sets up a solid foundation for allowing expectations to be laid out in a clear and concise manner.

How employers handle the first few days and months of a new employee experience is crucial to ensuring high retention. Similarly, detailing contractor expectations will ensure both parties are on the same page before a project begins. This document will outline a formal onboarding process for both employees and contractors and provide examples of several forms mentioned within.

## Stages of Onboarding - Employees

Not all onboarding has to follow the same program and different companies have different hiring capabilities. If a company is just starting out in developing an onboarding process, they might benefit from breaking it up into 5 stages.

- Hiring
- Extending the offer
- Paperwork
- First Day
- Evaluation

### Stage 1: Hiring

New hires get their first impressions of a company during the hiring process so efforts during this stage should be thoughtful and organized. Prepare a comprehensive, written statement of the candidate's responsibilities and objectives. If possible, have this available during the interview process to reduce the potential for misunderstandings. The company should give candidates their full attention at interviews and respond to any questions they may have. Communicate clearly throughout the hiring process without over-promising. Tell the candidate what to expect, including reference and background checks, and give them a timeline for how long each stage may take.

### Stage 2: Extending the Offer

Making a job offer to a candidate requires time, effort, and a great deal of coordination with Human Resources and management. After approval from management opt for a phone call, if possible, to let the candidate know they are receiving an offer. Phone calls allow the candidate to hear enthusiasm and come across more personalized than an email. During the phone call let the candidate know they can expect an official offer letter in the future (example attached). Set a start date and share it with the new hire's team so they can prepare to welcome their new colleague.

After the offer letter is sent, salary negotiations may be the next step. It is important to remain open and courteous during salary negotiations. If done badly, they can turn a good situation tense and confrontational. If done well, they can help solidify the new employee's value on the team and build a foundation of mutual respect.

### Stage 3: Paperwork

Prior to a new hire's first day, take time to prepare the paperwork so everything is ready to go upon their arrival. If your company utilizes an online onboarding platform, ensure credentials are ready and there is a station set up for their use. Consider including the following policies and forms for new employees to fill out and sign:

- Emergency Contact Information (example attached)
- Benefits Election Form
- Insurance Information
- Authorization for Automatic Payroll Deposits (example attached)
- W-4: Employee's Withholding Certificate (example attached)
- Safety Policies
- Ergonomic Requirements – job specific
- Harassment & Discrimination Policies
- Employee Handbook

### Stage 4: First Day

When new hires arrive for their first day on the job, they have the right to have their work area ready to go. Make sure the phone is working, the computer is functioning, and that the area is clean. Have someone ready to welcome your new hire when they get to the brewery.

The new hire's manager should arrange for a welcome meeting to provide an overview of their new team, their role and how their success will be measured. Give the new hire a detailed tour and make them aware of their schedule for their first few days. Choose a peer of the new hire to assist with orientation and acclimation. Be sure to choose someone who would be a good role model for the new hire and who will have a good attitude about the assignment.

Ensure adequate time is scheduled with HR for new hire paperwork. During this time, details about benefits, company holidays and policies, company structure and culture/values should be covered.

First days can be daunting so, if possible, allow the new hire some downtime to set up their new equipment and get acclimated to their surroundings.

### Stage 5: Evaluation

It is important to evaluate employees on a regular basis, including new hires. Managers should schedule regular one-on-one meetings with the new hire, so they can set clear goal and performance objectives for the first 3 months and beyond. If there are large projects coming up, lay out a roadmap for them to

understand what they will be working on at that time. Schedule meaningful work tasks that get them up and running during a set evaluation period. Provide quick feedback on their initial work tasks and establish management expectations for their performance moving forward. It may be beneficial to hold an informal 30 day check in to address any immediate concerns followed by a 90 day check in to see how everything is going. Finally, ask for feedback on your onboarding process so you can improve for future new hires.

## Onboarding – Contractors

Similar to onboarding employees, bringing in new contractors should be done in an organized manner and can be tailored to each company's needs. This process can be approached in similar stages as discussed above.

- Bidding & Paperwork
- Contract Negotiations
- First Day
- Evaluations

### Stage 1: Bidding & Paperwork

Once a project is approved internally, it is the employer's responsibility to hire a contracting company that is proficient in the job at hand. This can be achieved by submitting a Request for Bid (RFB) and asking a contractor to provide additional information so you can assess them for the proposed job. In addition to the project information (scope) this is the stage to ask contractors to sign non-disclosure agreements. Also ask about references, insurance, and the contractor's safety records. Attached is a basic contractor qualification form that can be used as pre-screening tool for vetting contractors. If the project requires specialized work, it is best to ask the contractor for certifications at this stage.

This stage can also be the time for an employer to submit all safety-related policies, or requirements, the contractor will have to follow once onsite. Some employers submit a copy of their standard contract along with the RFB so contractors can have their legal team read through and provide a seamless transition into negotiations.

### Stage 2: Contract Negotiations

Once a project has been awarded to a contracting company, contract negotiations should begin shortly thereafter. Ironing out the terms and conditions, and having both parties sign off in agreement, will go a long way if any issues arise in the future.

This is the time to bring in any legal counsel, and managers/employees who are vested in/will be involved with the project; and who pay great attention to detail. Both parties must agree to compensation (deposits, percentage breakdown, etc.), project milestones, responsibilities (including site safety and sub-contractors), communication preferences, change orders, etc. There is a lot to cover and both parties need to be diligent and read through the details prior to signatures.

### Stage 3: First Day

On day one, host a team meeting with both the contractor, and any managers/employees they may be interacting with while onsite. Go over safety information in detail, discuss specific hazards, and review deliverable timelines. This is also the time to go over who the point of contact will be moving forward in the project. Make sure neither party has outstanding questions, so the project starts out on the right foot.

### Stage 4: Evaluations

Setting performance goals, and meeting regularly with the contractor manager to specifically address performance, will ensure the contractor achieves the desired outcome on time. Periodic safety evaluations should also be done to assess how the contractor is following the site safety protocols. Holding contractors accountable will go a long way in ensuring the project continues safely with no injury-related delays.

### LEARN MORE!

FOR MORE INFORMATION ON  
BREWERY SAFETY, PLEASE VISIT THE  
MBAA BREWERY SAFETY WEBSITE AT:  
[http://www.mbaa.com/brewresources/bre  
wsafety](http://www.mbaa.com/brewresources/brewsafety)

## Example Offer Letter

Email subject line: [Company\_name] Job Offer / Job Offer from [Company\_name]

Dear [Candidate\_name],

We were all very excited to meet and get to know you over the past few days. We have been impressed with your background and would like to formally offer you the position of [Job\_title].

This is a [full/part] time position [mention working days and hours.] You will be reporting to the head of the [Department\_name] department. [If applicable: Please note that [Company\_name] is an at-will employer. That means that either you or [Company\_name] are free to end the employment relationship at any time, with or without notice or cause.]

We will be offering you an annual gross salary of [\$X] and [mention bonus programs, if applicable.] You will also have [mention benefits as per company policy, like health and insurance plan, corporate mobile or travel expenses] and [X] days of paid vacation per year.

[optional: I am attaching a letter with more details about your compensation plan.]

Your expected starting date is [date.] You will be asked to sign a contract of [contract duration, if applicable] and [mention agreements, like confidentiality, nondisclosure and noncompete] at the beginning of your employment.

We would like to have your response by [date.] In the meantime, please feel free to contact me or [Manager\_name] via email or phone on [provide contact details], should you have any questions.

We are all looking forward to having you on our team.

Best regards,

[your name]

[Signature]

# Emergency Contacts

We are requesting the information listed below to be placed in your personnel file in case of an emergency. Please fill in the requested information and return to Human Resources.

**This information will remain confidential.**

**Employee Name:**

**Person to be Contacted in Case of Emergency:**

Address:

Home Phone:

Cell Phone: \_\_\_\_\_

Relation:

-----

**Alternate Emergency Contact:**

Address:

Home Phone:

Cell Phone:

Relation:

\*\*If these phone numbers or addresses change, please send the updated information to the Human Resources Department so that your file can be updated appropriately.

# Authorization for Automatic Payroll Deposits

[Company Name] is pleased to offer direct deposit of employee paychecks to the financial institution and account of your choice. To arrange for direct deposit, you should complete this form, attach a voided personal check and/or personalized deposit slip to this form for verification, and return the completed form to Payroll.

Your direct deposit should begin within two pay periods after we receive your completed form.

**\*\*\*Please notify Payroll if you close or change any of your depository accounts\*\***

## TO BE COMPLETED BY EMPLOYEE:

I hereby authorize [Company Name] to directly deposit my pay into the account listed below in the manner specified. I have attached a voided personal check (checking accounts) or deposit slip (savings accounts) for each account. This authorization is to remain in force until [Company Name] has received written authorization from me of its termination or change. Also, I hereby grant [Company Name] the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name \_\_\_\_\_ Social Security# \_\_\_\_\_

(Please print your name as it appears on your account)

<b>Deposit #1</b>		
Account Type (circle one)	Checking	Savings
Amount to be Deposited (circle one)	Entire Check	Portion of Check (specify: \$ _____)
Financial Institution Name:		
Transit/Routing # _____ Account # _____		
<b>Deposit #2</b>		
Account Type (circle one)	Checking	Savings
Amount to be Deposited (circle one)	Entire Check	Portion of Check (specify: \$ _____)
Financial Institution Name:		
Transit/Routing # _____ Account # _____		
<b>Deposit #3</b>		
Account Type (circle one)	Checking	Savings
Amount to be Deposited (circle one)	Entire Check	Portion of Check (specify: \$ _____)
Financial Institution Name:		
Transit/Routing # _____ Account # _____		

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# W-4

Form **W-4**  
(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		> Does your name match the name on your social security card? If not, to ensure you get the credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**

**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld .....

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
<b>Claim Dependents</b>	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ..... ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect (optional): this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
<b>Adjustments</b>	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the	<b>4(b)</b>	\$

result here

.....

4(c) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period**

**Step 5:**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**SignHere**

▶ \_\_\_\_\_ ▶  
**Employee's signature** (This form is not valid unless you sign it.)

**Employers Only**

Employer's name and address

First date of employment

Employer identification number (EIN)

**For Privacy Act and Paperwork Reduction Act Notice, see page 3**

## Contractor Pre-Qualification Form

<b>Contractor Pre-Qualification Form (PQF)</b> <b>Complete all information and return to the Safety Department</b>			
<b>Company Name</b>		Phone Fax	
Street Address		Mailing Address	
<b>Company Name</b> Officers' Information		Years with Company Name	
President			
Vice President			
Treasurer			
How many years has your organization been in business under your present firm name?			yrs.
How many years has your organization been in under the current management?			yrs.
Parent Name			
Address		Subsidiaries	
Contact for Requesting Bids		Name	
Title	Phone	Fax	
PQF Completed by		Name	
Title	Phone	Fax	
INSURANCE INFORMATION			
Contact for Insurance Information			
Title	Phone	Fax	
Insurance Carrier(s)			
Name	Type of Coverage	Telephone	
Are you self-insured for Worker's Compensation Insurance			Yes
			No

<b>ORGANIZATION</b>				
Form of Business:		Sole Owner	Partnership	
Percent Minority/Female Owned:		EEO Category		
SIC Code _____ Describe Services Performed <input type="checkbox"/> Construction <span style="margin-left: 200px;"><input type="checkbox"/> Original Equipment Manufacturer</span> <input type="checkbox"/> Construction Design <span style="margin-left: 150px;"><input type="checkbox"/> Maintenance</span> <input type="checkbox"/> Installer <span style="margin-left: 150px;"><input type="checkbox"/> Service Work (janitorial, clerical)</span> <input type="checkbox"/> Project Maintenance <span style="margin-left: 100px;"><input type="checkbox"/> Manpower and Resource</span> <input type="checkbox"/> Other Describe				
Describe additional services performed:				
List other types of work within the services you normally perform that you subcontract to others				
Attach a list of major equipment (e.g., cranes, JLG's, forklifts) your company has available for work at this facility and the method of establishing competency to operate				
Do you normally employ?		- Union Personnel		
If union, list trades/ locals				
Annual Dollar Volume for the past three years	Yr.	Yr.	Yr.	
	\$	\$	\$	
Largest job during the past three years \$				
Your firm's desired project size	Max \$		Min \$	
D&B Financial Rating	Annual Sale		Net Worth	
<b>Company Name WORK HISTORY</b>				
Major jobs in progress				
Customer/Location	Type of Work	Size \$	Contact	Phone

Major jobs completed in past three years				
Customer/Location	Type of Work	Size \$	Contact	Phone
Are there any judgments, claims, or suits pending or outstanding against your company			yes	
			no	
Are you now or have you ever been involved in any bankruptcy or reorganization proceedings			yes	
			no	
SAFETY AND HEALTH PERFORMANCE				
Workers Compensation Experience Modification Rate (EMR) Data				
a. EMR is:		b. EMR for last three years		
<input type="checkbox"/> Interstate Rate <input type="checkbox"/> Intrastate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate		_____ for year _____		
		_____ for year _____		
		_____ for year _____		
c. State or Origin		d: EMR Anniversary Date		
Accident Experience Data				
OSHA DATA	THIS YEAR		LAST YEAR	
Recordable(Medical)				
Restricted Duty				
Lost Time				
Of Day Lost				
INJURY INDICES	THIS YEAR		LAST YEAR	
Rate				
Recordable				
Lost Time				
Severity				

<b>ANSWER THE FOLLOWING QUESTIONS</b>	<b>YES</b>	<b>NO</b>
Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?		
Have you experienced any construction fatalities within the past (3) years?		
Do you have or provide a full time Safety / Health Director, Supervisor, or Coordinator?		
Full time Safety/Health Director, Supervisor		
Full time Safety/Health Supervisor		
-Management commitment and expectations		
-Employee participation		
-Accountabilities and responsibilities for managers, supervisors, and employees		
-Resources for meeting safety and health requirements		
-Periodic safety and health performance appraisals for all employees		
Does the program include work practices and procedures such as lock out tag out, confined space entry, fall protection, or other related procedures?		
Is Personal Protection Equipment provided for employees?		
Do you conduct safety and health inspections, audits, and do you document corrective actions?		
Do you have safety and health and skills training for your employees?		
<b>CONTRACTOR CERTIFICATION</b>		
I certify that the above safety, health and related information are true, correct, and complete to the best of my knowledge		
Name (printed) _____ Title _____		
Signed _____ Date _____		
<b>PQF EVALUATION</b>		
Contractor is:     Acceptable for Approved Contractor List Conditionally Acceptable for Approved Contractor List Conditions:		
Reviewer:		Date:

# Contractor Qualifications and Reference Questionnaire

## I. ORGANIZATION

- A. Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year Established: \_\_\_\_\_  
Business Type:  
 Partnership       Corporation       Sole Proprietorship  
 Other (list): \_\_\_\_\_  
Officers:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

## II. BIDDING INTEREST

- A. What percentage of your work is:  
Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_  
Other (specify): \_\_\_\_\_
- B. Type of work you are interested in bidding:  
\_\_\_\_\_ Construction (Craft): \_\_\_\_\_  
\_\_\_\_\_ General Contractor  
\_\_\_\_\_ Design/Build  
\_\_\_\_\_ Other (Specify: \_\_\_\_\_)
- C. Type of Client: (Experienced with):  
\_\_\_\_\_ Processing Plant  
\_\_\_\_\_ Power Plant  
\_\_\_\_\_ Warehousing

## III. REFERENCES

- A. Please list related projects in process or which have been completed in the past five (5) years or other references below: (additional references may be attached)
1. Client: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_  
Telephone #: \_\_\_\_\_
  2. Client: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_  
Telephone #: \_\_\_\_\_
  3. Client: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Approximate Value: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

**IV. SAFETY**

A. Experience Modification Rating (EMR):

(This is an annual safety rating of how a specific contractor compares to other contractors, in the same type of contracting, in the state where the Contractor is working. Contractor should have this rating since it is provided by their insurance company).

Show your EMR's as applicable for this current year and for the last two (2) years, as follows:

EMR for	This Year	Last Year	Year Before
Home State:			
Interstate			
Other States (List)			

B. Accident Experience

Summarize the data shown on your OSHA Forms for all construction related (not shop) injuries for all jobs year-to-date and for last year.

	This Year	Last Year
Recordable (Medical)		
Restricted Duty		
Lost time		
# of Days Lost		

List construction related injury incidence rates for year-to-date and for last year:

*Rate* = Number of injuries x 200,000 divided by Total Man-hours Worked

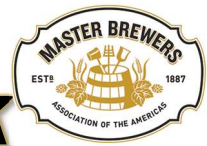
*Severity* = Number of lost days x 200,000 divided by Total Man-hours Worked

Note: The number of recordable injuries includes the number of light-duty, plus lost time, injuries.

	This Year	Last Year
Rate		
Recordable		
Lost Time		
Severity		



# MBAA Safety Toolbox Talk



Have you experienced any construction fatalities within the past three (3) years?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, attach a full discussion of cause and results.

Have you received an OSHA (or State OSHA) citation within the last three (3) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a full report on event and results.

## C. Safety and Health Programs

Do you have a written safety and health program in compliance with the applicable requirements of OSHA 29 CFR Part 1926:

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please attach a copy of your written safety and health program.**

## D. Process Safety Management:

Do you have experience working on or around process systems that contain [insert chemical]

Yes \_\_\_\_\_ No \_\_\_\_\_

Any other material listed in 29CFR1910.119, Appendix A:

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please list): \_\_\_\_\_

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Any flammable material process covered by 29CFR1910.119

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please list): \_\_\_\_\_

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## E. Qualifications:

Do you have written documentation that demonstrates that you are trained and qualified to perform work such as welding on pressure vessels:

Yes \_\_\_\_\_

No \_\_\_\_\_