



Safety Pledge, Safety Cards and Hard Hat Stickers

Step 1: Each employee completes the Safety Pledge Video and Signs the Safety Pledge electronically via the link or QR Code below. Scan the QR Code or click the link below to complete.



[2025 Shea Homes Safety Pledge - Promesa de Seguridad de Shea Homes](#)

Step 2: Using the attached safety certified card format, print cards for each employee that has completed the safety video and conduct pledge. The card expires one year after the date is issued. The cards can be printed on Avery 28371 or 8371 printable business cards [Avery 28371 Business Cards](#) or on cardstock and laminated. Cards are to be printed with the safety absolutes on the back in English or in Spanish.

Step 3: Once complete, email Jennifer Blake (Jennifer.blake@sheahomes.com) with the list of employees who will need hard hat stickers. On the list, identify which employees are apprentices, leads, foreman or managers.

- ✓ Mantenga su Casco puesto siempre que se requiere.
- ✓ Use gafas de seguridad en todo momento.
- ✓ Utilice la Escalera apropiada para el trabajo y consiga ayuda cuando sea necesario. Recuerde proporcione 4x1 inclinación en Escaleras Extensibles, 3 pies pasando del borde y utilice Escaleras con barra estabilizadora o amarradoras cuando no tenga ayuda.
- ✓ Grapadoras y Clavadoras Neumáticas deben tener un aparato de seguridad que previene que la herramienta opere cuando no se está usando; como los resortes en Clavadoras.
- ✓ No permite que personas sin autorización maneje una Carretilla Elevadora. Revise la Carretilla antes de cada turno y que las alarmas retroceden estén trabajando.
- ✓ Aseguré que la Protección contra Caídas estén en su lugar y úselas adecuadamente incluyendo Barandillas, Arneses, Correas de Techo y Cordones.
- ✓ Aseguré que todos los Cables Eléctricos estén en buenas condiciones, sin cortes y los dientes para el enchufe estén en su lugar.
- ✓ Nunca use Serruchos/Sierras sin la guarda de protección adecuada.
- ✓ Siempre llegue al trabajo con suficiente Agua y bazos por cada día.

Los contratistas deben cumplir plenamente con todos los requisitos aplicables en materia de salud y seguridad ocupacional, prevención de accidentes, equipo de seguridad y prácticas seguras.

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Los contratistas deben cumplir plenamente con todos los requisitos aplicables en materia de salud y seguridad ocupacional, prevención de accidentes, equipo de seguridad y prácticas seguras.

- ✓ Wear a Hard Hat, and Wear Safety Vest or Reflective shirt at all times.
- ✓ Use gafas de seguridad en todo momento.
- ✓ Use the proper size ladder for the job and get help when needed. Remember 4X1 lean ratio on extension ladders, 3 feet past leading edge & use ladder stabilizer bar or tie off ladders when help is not provided.
- ✓ Pneumatic nailers and staplers must have a safety device that prevents the tool from operating when the muzzle is not in contact with the work surface. i.e., Like springs needed in Framing Nail Guns.
- ✓ Don't let unauthorized personnel drive a lift truck. Ensure the lift truck is checked before each shift and that the backup alarm is working.
- ✓ Be sure Fall Protection is up, in place and used properly. Guard Rails, Harnesses, Roof Straps & Lanyards.
- ✓ Ensure ALL Electrical cords are in good condition with no cuts and all prongs in place.
- ✓ Never use saws or angle grinders without proper guarding.
- ✓ Always arrive to the Jobsite with enough water and cups for the day.

Contractors must fully comply with all applicable requirements with respect to Occupational Health and Safety, Accident Prevention, Safety Equipment and Safe Practices.

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Storm Water Pollution Prevention Plans (SWPPP)

SWPPP is extremely important on all our Shea Homes job sites, and we rely on our trades to follow all of our SWPPP rules and plans every day. The following trainings are required to be taken by all employees prior to entering the job site and then annually thereafter. Upon request, annual storm water specific hard hat stickers to those participants who have completed these trainings.

Liquid Waste Management - English 	Liquid Waste Management - Spanish 
Solid Waste Management - English 	Solid Waste Management - Spanish 
Tracking Controls - English 	Tracking Controls - Spanish 
The Three C's - English 	The Three C's - Spanish 
Respecting BMPs - English 	Respecting BMPs - Spanish 

Links and QR Codes for Northern California Division





Stormwater Management:

Administración de aguas pluviales

The 3 C's of Stormwater

Las 3 Reglas de Aguas Pluviales

SIGN IN SHEET

Hoja de registro

No	Full Name (Print) Nombre completo (en letra de imprenta)	Signature Firma	Company Compañía	Date Fecha
1	AARON HOSMER		SOUTH BAY GRADING	3/24/25
2	KEVIN SPORER		SOUTH BAY GRD	3/24/25
3	JERED DEAN		SOUTH BAY GRADING	3/24/25
4	Shawn Dean		SBC	3/24/25
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20				

Email copy to: Russell.Foster@JFShea.com

Division: _____

Site Name: _____

Date: _____

Clean | Cover | Contain
Limpiar | Cubrir | Contener

www.sheahomes.com



Stormwater Management:

Administración de aguas pluviales

Tracking Controls

SIGN IN SHEET

Hoja de registro

No	Full Name (Print) Nombre completo (en letra de imprenta)	Signature Firma	Company Compañía	Date Fecha
1	AARON HOSMER		SOUTH BAY GRADING	3/24/25
2	KERVIN SPORER		SOUTH BAY GRD	3/24/25
3	JERED DEAN		SOUTH BAY GRADING	3/24/25
4	Shawn Dean		SBG	3/24/25
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Save this Sign In Sheet for annual stormwater compliance audit.

Respecting Stormwater BMPs
Respetando los BMPs de Aguas Pluviales
www.sheahomes.com



Stormwater Management:

Administración de aguas pluviales

Solid Waste Management

Manejo de residuos sólidos

SIGN IN SHEET

Hoja de registro

No	Full Name (Print) Nombre completo (en letra de imprenta)	Signature Firma	Company Compañía	Date Fecha
1	AARON HOSMER		SOUTH BAY GRADING	3/24/25
2	KEVIN SPORER		SOUTH BAY GRD	3/24/25
3	JERED DEAN		SOUTH BAY GRADING	3/24/25
4	Shawn Dean		SBL	3/24/25
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Email copy to: Russell.Foster@JFShea.com

Division: _____

Site Name: _____

Date: _____

Clean | Cover | Contain
Limpiar | Cubrir | Contener
www.sheahomes.com



Stormwater Management:

Administración de aguas pluviales

Liquid Waste Management

Manejo de liquido residuos

SIGN IN SHEET

Hoja de registro

No	Full Name (Print) Nombre completo (en letra de imprenta)	Signature Firma	Company Compañía	Date Fecha
1	AARON HOSMER		SOUTH BAY GRD	3/24/25
2	KEVIN SPORR		SOUTH BAY GRD	3/24/25
3	JERED DEAN		SOUTH BAY GRADING	3/24/25
4	Shawn Dean		SBL	3/24/25
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Save this Sign In Sheet for annual stormwater compliance audit.

Follow all onsite SWPPP Rules

www.sheahomes.com



Stormwater Management:

Administración de aguas pluviales

Respecting BMPs

Respetando los BMPs

SIGN IN SHEET

Hoja de registro

No	Full Name (Print) Nombre completo (en letra de imprenta)	Signature Firma	Company Compañía	Date Fecha
1	AARON HOSMER		SOUTH BAY GRADING	3/24/25
2	KEVIN SPORER		SOUTH BAY GRP	3/24/25
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Respecting Stormwater BMPs

Respetando los BMPs de Aguas Pluviales

www.sheahomes.com

Field Managers, Supervisors and Assistant Field Manager Procedures for Reporting Accidents**Immediate Actions and Notifications:**

1. If it is an emergency, call 911 and then contact Division Safety Manager and Construction Manager immediately.
 - a. Division Safety Manager to follow up with trade to ensure that they contact Cal-OSHA District Office, and the trade injury results in death, loss of an eye, amputation, or hospitalization for other than medical observation within 8 hours and make internal and external notifications if necessary.
2. For non-emergency or report only injuries, notify via phone call the following team members:
 - a. Shea Homes Field Manager and Construction Manager
 - b. Shea Division Safety Manager, Jennifer Blake (925) 783-7443
3. For non-emergency injuries, the trade partner Foreman and Shea Field Manager will provide necessary medical attention (ice packs, gauze, wraps and or band aids).
 - a. If injured worker is seeking further medical attention:
 - i. Complete authorization form and send injured worker to the closest approved Shea Homes clinic for medical attention. See attached list of clinics.
 - ii. Trade safety contact (ex. HR or Office Manager, or Safety Manager) to call in the accident to Liberty Mutual 1-888-526-5758 immediately and receive a WC number.
 - b. Report Only: If injured worker is only reporting the injury to Shea Homes, the trade safety contact (ex. HR or Office Manager or Safety Manager) calls Liberty Mutual at 1-888-526-5758 as a report only. Trade will receive a WC number for the report only and will indicate the employee reported the injury but declined medical treatment.
 - c. Shea Field Manager or Assistant Field Manager to follow-up until WC number is received and forward it to the Shea Division Safety Manager
4. Give trade a copy of the Shea Homes Trade Partners Accident (Injury)/Incident Investigation Report and request it be 100% complete by the end of the workday. Trades may include their own internal investigation form; however, they must still complete the Shea Homes form.

By Close of Business Actions:

5. Complete the attached Field Manager & Assistant Field Manager Incident Investigation report and send it to the Shea Division Safety Manager with the following information:
 - a. WC Number obtained from Trade Partner Safety or Office Manager
 - b. Trade partners completed copy of the Shea Homes accident form and their own accident investigation form.
 - c. In the event there is an incident where the trade partner declines medical aid the process is the same. All reports need to be completed noting they are declining medical aid as well as the trade needs to call and report the incident to Liberty Mutual as a report only receiving a WC number.
 - d. If a clinic medical note is obtained on the same day, include it in the packet you send to the Safety Manager.
 - e. For injuries that happen towards the end of the workday, an exception for the reporting process may be made, however a WC number must still be obtained before end of the day.
6. Division Safety Manager forwards completed report to Liberty Mutual by close of business, or the next morning for injuries that occur at the end of the day. In some cases, such as serious injuries or hospitalization, the WC Number and the Field Manager & Assistant Field Manager Incident Investigation

report is all we can submit as we wait for further documentation. This is an exception only, not the rule. Shea trade partners understand this reporting requirement. If you have a new trade relationship that needs to be trained or coached in this area, please contact your Division Safety Manager.

- a. Division Safety Manager to follow-up with the trade on the injured workers status with trade Safety Manager, office manager, foreman and Liberty Mutual. Follow-up includes, return to work, medical referrals, and trade partner questions.

7. Approved Clinics by Job Site:

The Dunes and The Enclave Marina and Seaside	Serenity and Aura Livermore	Langston – Mountain House Orchard Grove, Orchard Trails and Meadows Brentwood and Mountain House	Hillcrest Pleasant Hill and Walnut Creek
Doctors On Duty Medical Group 501 Lighthouse Ave Monterey, CA 93940 (831) 649-0770	Concentra Urgent Care 5635 W. Las Positas Blvd. Suite 401 Pleasanton, CA 94588 (925) 520-0055	Concentra Urgent Care 3140 Balfour Road Suite C Brentwood, CA 94513 (925) 626-3801	Concentra Urgent Care 1855 Gateway Blvd Suite 100 Concord, CA 94520 (925) 685-7744

Alternative locations are available for the East Bay based off employee's proximity to the job site and injury type:

Concentra Urgent Care 702 W Hammer Lane Stockton, CA 95210 (209) 546-7767	Concentra Urgent Care 1524 McHenry Avenue, Suite 135 Modesto, CA 95350 (209) 575 – 5801
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8. Cal-OSHA Contact Information for Division Safety Manager:

Marina and Seaside	Serenity and Aura- Livermore	Langston – Mountain House	Hillcrest, Orchard Grove, Orchard Trails and Meadows Brentwood – Pleasant Hill
Cal-OSHA Fremont District Office 39141 Civic Center Dr. Suite 310 Fremont, CA 94538 (510) 794-2521	Cal-OSHA Oakland District Office 1515 Clay Street Suite 1303 Oakland, CA 94612 (510) 622-2916	Cal-OSHA Modesto District Office 4206 Technology Drive Suite 3 Modesto, CA 95356 (209) 545-7310	Cal-OSHA American Canyon District Office 3419 Broadway Street Suite H8 American Canyon, CA 94503 (707) 649-3700
Follow up: caloshaaccidentreport@tel-us.com			

Shea Homes Projects – Approved Liberty Mutual Insurance Medical Clinics

Project	Project Location	Clinic Location
The Dunes and The Enclave	Marina and Seaside	Doctors On Duty Medical Group 501 Lighthouse Ave Monterey, CA 93940 (831) 649-0770
Langston II	Mountain House	Concentra Urgent Care 3140 Balfour Road Suite C Brentwood, CA 94513 (925) 626-3801
Orchard Grove	Brentwood	Concentra Urgent Care 3140 Balfour Road Suite C Brentwood, CA 94513 (925) 626-3801
Orchard Trails	Brentwood	Concentra Urgent Care 3140 Balfour Road Suite C Brentwood, CA 94513 (925) 626-3801
Meadows at Marsh Creek	Brentwood	Concentra Urgent Care 3140 Balfour Road Suite C Brentwood, CA 94513 (925) 626-3801
Hillcrest	Pleasant Hill	Concentra Urgent Care 1855 Gateway Blvd Suite 100 Concord, CA 94520 (925) 685-7744
Serenity and Aura	Livermore	Concentra Urgent Care 5635 W. Las Positas Blvd. Suite 401 Pleasanton, CA 94588 (925) 520-005
Alternative locations are available for the East Bay based off employee's proximity to the job site and injury type:		
Concentra Urgent Care 702 W Hammer Lane Stockton, CA 95210 (209) 546-7767	Concentra Urgent Care 1524 McHenry Avenue Suite 135 Modesto, CA 95350 (209) 575 – 5801	
Concentra Urgent Care 190 Leavesley Rd Suite 102 Gilroy, CA 95020 (408) 848-0444		

Shea Homes Trade Partners Accident (Injury)/ Incident Investigation Report

The Trade Partner Supervisor shall complete this form within 24 hours for injuries, illness and serious near misses.

1. **Liberty Mutual WC Number:** _____ (Call 1-888-526-5758 to Report)
2. Verbal notification to SheaHomes Project Manager or Superintendent (s) is required for all injuries medical attention.
Date of notification: ____/____/____ Time of notification: ____:____(am/pm)
2. Incident Date: ____/____/____
3. Time: ____:____(am/pm)
4. Incident type: ☐ Injury ☐ Illness ☐ Serious ☐ Near - Miss
5. Date & time injured first sought medical attention: ____/____/____ at ____:____(am/pm)
6. Trade Partner Supervisor in Charge: _____
7. Name of person (s) injured: _____
8. Sex: _____
9. Home Address: _____
10. Phone Number: (____)____ - _____
11. Job Title: _____
12. Trade Partners Employer name: _____
13. Nature of injury/Illness: _____
14. Incident Location: (Project name, Street name, lot#) _____
15. Give detail description of events of the incident (use back side if necessary): Who was injured, where did he/she fall onto, was he/she climbing, was he/she carrying any tools, How much weight was he/she lifting, what floor level, what type of ladder. Do not just say he/she got hurt!

16. Witness Name & Company: _____
17. Were pictures taken? ☐ Yes ☐ No
If Yes, by whom? _____ Date: ____/____/____ at ____:____(am/pm)
- 18: Preliminary Summary
 - ☐ Unsafe Act (What unsafe act?) _____
 - ☐ Unsafe Condition (What unsafe condition?) _____
 - ☐ Unauthorized to work
 - ☐ Failure to use PPE (What did he/she fail to wear?) _____
 - ☐ Procedure Violation (What Safety Procedure?) _____
 - ☐ Equipment Failure
 - ☐ External Condition
 - ☐ Other (Explain): _____

19. Root Cause (s) (i.e. that single cause which if corrected would prevent recurrence of this and similar incidents).

Choose One:

- ☐ Attention diverted (distracted)
- ☐ Personal Protective not available/not used
- ☐ Equipment Problem

Training Deficiencies:

- ☐ Person Error
- ☐ No SOP or inadequate/defective SOP
- ☐ No training
- ☐ Refresher training required.
- ☐ Insufficient hands-on experience
- ☐ Employee(s) did not follow established procedure(s)
- ☐ External phenomenon (e.g., power failure, weather, theft)
- ☐ Other (explain – use attachments if necessary)

- ### Training Deficiencies:

- ☐ Person Error
- ☐ No SOP or inadequate/defective SOP
- ☐ No training
- ☐ Refresher training required.
- ☐ Insufficient hands-on experience
- ☐ Employee(s) did not follow established procedure(s)
- ☐ External phenomenon (e.g., power failure, weather, theft)
- ☐ Other (explain – use attachments if necessary)

21. Recommended Corrective Action(s) (Use attachment if necessary)

Due to: ☐ Lost time ☐ Restrictive Duty ☐ Medical Treatment

Does employee or personnel involved have a history of similar incidents or incidents due to similar causes?

☐ No ☐ YES If yes, when?

Comments:

22. Investigated by: _____
- | | | | |
|----------|-------|-----------|------|
| Name (s) | Title | Signature | Date |
|----------|-------|-----------|------|