Zone 7 Water Agency
Health and Safety Program
2009

CONTRACTOR PROCEDURES MANUAL

Rev. 3/2014
OVERVIEW

This document is intended to provide all Contractors, including subcontractors, inspectors, and contract employees (collectively “the Contractor”) with the essential health and safety standards required to successfully complete tasks while working on and/or adjacent to Zone 7 Water Agency job sites. It highlights some of the key regulatory requirements and is not intended to replace or limit health and safety requirements imposed by federal, state, or local regulations or to preempt standard industry practice.

Zone 7 Water Agency (“the Agency”) constantly strives to maintain a safe and healthy workplace for employees and Contractors. Additionally, the Agency is cognizant that our operations may impact the environment and our goal is to minimize any adverse environmental effects. To meet these goals we need assistance from our Contractors. The Contractor will report any unsafe work condition or environmental condition which has or could have an adverse impact. The Contractor’s employees must refuse to work if an unsafe condition is not corrected.

Contractors are required to

- Comply with all applicable health and environmental regulations including all Agency site-specific policies and procedures and those specific to the scope of work being conducted.
- Have, and adhere to, their own Injury and Illness Prevention Plan (IIPP).
- Read and sign the “Affidavit of Safety Compliance” (or equivalent) attached to this document prior to the start of any work activity at Agency facilities and/or projects.

It is essential that these rules and safety responsibilities are understood before starting work on Agency property and/or projects. Violations could jeopardize the welfare of the Contractor and/or Agency employees and could result in termination of a contract for breach.

The Agency updates these procedures periodically. The most current copy can be found on the Agency website at:


Additional information specific to Contractor safety can be accessed through California Department of Industrial Relations, Division of Occupational Safety & Health (DOSH) website at:

www.dir.ca.gov/dosh/

This website allows access to the various forms available to achieve documentation requirements such as the Contractors Accident /Injury Report, and OSHA Form 5020.
CONTRACTOR PROCEDURES

Contractors will follow the procedures detailed in this manual and any specific procedures unique to facility or department where Contractor work is being performed. It is understood and agreed that compliance with this program does not relieve the Contractor from its sole responsibility to provide a safe work place and to fully comply with the California Occupational Safety and Health (Cal/OSH) standards.

1.0 Responsibilities

1.1 Develop and maintain an Injury and Illness Prevention Program (IIPP). The IIPP must confirm to the General Industrial Safety Orders (CCR Title 8, Division 1, Chapter 4, Subchapter 7, Section 3203), and the California Labor Code (Section 6401.7) and must include at a minimum:

- Identity of the person(s) with authority and responsibility for implementing the IIPP for the work.
- A system for ensuring that employees apply safe and healthy work practices.
- A system for communicating information, hazard identification, and environmental conditions without fear of reprisal.
- Procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions.
- Procedures for investigating occupational injury and occupational illness.
- Methods and/or procedures for correcting unsafe or unhealthy conditions.
- Records of scheduled and periodic inspections aimed at identifying unsafe conditions.
- Documentation of health and safety training for each employee, including employee name, training dates, type(s) of training, and training provider.

1.2 Ensure that all subcontractors on this project maintain an IIPP or similar program. The Agency considers subcontractor personnel as employees of the general Contractor.

1.3 Familiarize themselves with all information contained in this document, as well as local, state, and federal laws and regulations applicable to the project.

1.4 Review all of the applicable policies and procedures contained within this manual, in addition to those other applicable procedures noted by the Agency Representative, with their employees prior to the start of actual work. Exemptions to procedures contained in this manual must have prior written approval of the Agency.

1.5 Ensure the cooperation and compliance of all Contractor personnel with Agency’s policies. The Contractor must correct all safety violations immediately. If violations continue, the Contractor will remove the offending personnel from the project.
1.6 Cooperate fully with Agency personnel as required to maintain an accident-free project.

1.7 Conduct safety briefings for all employees before allowing them to work on the job. Documentation of safety briefing must be provided to Agency Safety Department if requested.

1.8 Identify location of telephone nearest to job site in case Agency assistance for Contractor injury or emergency is required.

1.9 Know where to obtain copies of SDSs.

1.10 Provide Contractor employees with all safety supplies and equipment necessary to accomplish work.

1.11 Establish and maintain a 24-hour per day phone number which the Agency may utilize to contact Contractor personnel.

2.0 Housekeeping

2.1 All Contractor areas (trailers and jobsites) must be cleaned on a regular basis.

2.2 Clear access must be maintained to all emergency response equipment (safety showers, fire extinguishers, pull stations, etc.)

2.3 The area used by Contractor personnel for lunch and breaks must be cleaned of all bottles, cans, bags, and other trash daily. This trash is to be placed in appropriate containers and hauled away from the facility as necessary by the Contractor.

2.4 If a designated smoking area has been established (see Section 3.4 below), the Contractor is responsible for proper disposal of all cigarette-generated waste.

2.5 Waste generated from materials brought on-site by the Contractor (chemicals, food wastes, etc.) must be disposed of in accordance with and all applicable state and federal regulations and remains the responsibility of the contractor.

2.6 Cords and hoses 7 feet or longer must be placed overhead or laid flat outside of walkways. Cords and hoses that lay a cross roads or walkways must be protected.

2.7 All materials, tools and equipment must be kept in a stable position (tied, stacked, or blocked) to prevent rolling or falling.
3.0  **General Conduct**

3.1  Unsafe workmanship or behavior, hazardous risk-taking or "horseplay" will not be tolerated at any time.

3.2  All facility areas except immediate project work areas are to be considered "Off-Limits" to all Contractor personnel except areas required to be passed through coming to and going from work.

3.3  Fighting, gambling, possession of firearms, possession or use of alcohol or unauthorized drugs will be reasons for Contractor personnel to be barred from Agency facilities.

3.4  Smoking is allowed in designated areas only, in accordance with the Agency's smoking policy.

3.5  Contractors will not bypass safety switches and interlocks on equipment.

4.0  **Material handling**

4.1  Contractor employees using industrial trucks or mobile equipment must be trained by the Contractor in the proper use and care of such equipment. Documentation of such training must be provided to Agency Safety Department if requested.

4.2  Routine inspection of material handling equipment will be conducted in accordance with appropriate OSHA standards.

4.3  Visible working load limit signs must be installed on all material handling equipment.

4.4  High visibility lighting must be available in all areas of material handling.

4.5  Safety latches or suitable substitutes must be installed on all hoist hooks.

4.6  Frayed, kinked or rusted wire rope, chain, cable or worn rope or slings must not be used for material handling.

4.7  Materials will not be lifted overhead of Agency employees or other Contractor personnel. If necessary, areas will be barricaded to prevent people from walking underneath material handling operations.
5.0 Minor Injuries/Illnesses

5.1 The Agency cannot assume responsibility for the treatment of injuries or illnesses suffered by Contractor employees engaged in construction or other work on the facility or property.

5.2 In case of severe injuries 911 should be called (see Section 6.0 below.)

5.3 The contractor must notify designated facility personnel of all injuries occurring on the job. First aid cases typically do not require a formal investigation; however, the Contractor is responsible for providing a Cal/OSHA (form 5020) written report of the incident to the Agency Safety Department. The Agency Safety Department may decide to initiate a formal investigation.

6.0 Serious Injuries/Illnesses

6.1 Contractor is to immediately notify 911, provide basic first aid or CPR, and request assistance. State the exact location of injured person including kind of injury (such as a fall from a scaffold or electrical shock) and condition of victim (such as unconscious or trapped beneath machinery). Give your name and telephone number.

6.2 For all Cal/OSHA-recordable injuries, Contractor must promptly notify the Agency Safety Department that a serious injury has occurred in addition to any investigations performed by the Contractor.

6.3 If unsafe conditions exist which pose a hazard to Agency employees, Contractor personnel, vendors, subcontractors, or visitors, the Contractor must promptly inform a department supervisor so that immediate corrective action can be initiated to eliminate or reduce further injuries or illnesses.

6.4 In the event that a response is required by the Agency, any individual may request such assistance by calling the designated Agency Representative (determined at Pre-Job Briefing) and notifying the Agency Safety Department. A detailed description of the situation must be given to the Agency Safety Department who will then notify appropriate personnel.
7.0 Hazard Communication

7.1 The contractor is responsible to assure compliance with the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard regarding hazardous materials (i.e. labeling, SDS, hazard determination, and training).

7.2 The Contractor will ensure that all hazardous materials and chemicals it brings onto Agency property will be labeled in accordance with the requirements of the OSHA Hazard Communication Standard (29 CFR 1926.59).

7.3 The Contractor will obtain, or have access to, the appropriate process chemical hazard information through the Agency Safety Department. The contractor is required to maintain SDSs for chemicals being used during the job.

7.4 Using the chemical hazard information, the contractor must train personnel on chemical hazards, detection methods, symptoms of exposure, first aid measures, spill procedures, and methods used to prevent exposure including: good work practices, housekeeping, engineering controls, and required personal protective equipment (PPE).

7.5 Contractor must ensure employee understanding of hazard communication training by appropriate verification/test methods. Documentation may be requested by the Agency Safety Department.

7.6 Contractor must conduct training for all employees at the start of the job, and subsequently for any new employees hired. When a new chemical hazard is introduced to the workplace, training on the hazards associated with that material must be performed prior to its use.
8.0 Emergency Action Plan (EAP) Requirements

8.1 Purpose:
The purpose of an Emergency Action Plan (EAP) is to protect employees, contractors, and Visitors from serious injury, and provide for an effective response to a site-specific facility emergency such as fire, hazardous materials spill, life safety (medical or workplace violence), or other major disaster.

8.2 Scope:
Contractors are required to submit a site-specific EAP that identifies the following elements:
1. Means of reporting fires and other emergencies
2. Evacuation procedures and emergency escape route assignments
3. Procedures to be followed by Contractor’s employees who remain to operate critical operations before they evacuate
4. Procedures to account for all Contractor’s employees after an emergency evacuation has been completed
5. Rescue and medical duties for those employees who are to perform them
6. Names or job titles of persons who can be contacted for further information or explanation of duties under the plan

The Contractor’s EAP shall be integrated within existing facility plans (if applicable), and reviewed by the Agency Representative to determine applicability. If the construction activity is new, the Contractor’s EAP is the primary document. Generally, this can be developed at the Pre-Job Safety Briefing and Site Orientation.

It is impossible to provide specific information for all situations. There is no guarantee implied within this EAP that a perfect response to disaster emergency incidents will be practical or possible. Rather, the EAP serves partly as a reference checklist for Contractors to assist their employees and help to familiarize themselves with basic emergency planning, response functions, and procedures. Following is a sample that can be used as a guide:
Sample Contractor Emergency Action Plan (EAP) Checklist:

Pre-planning preparation will increase the margin of safety in an emergency.

To evacuate successfully:
1. Train employees in ways of assisting others.
2. Inform employees how to communicate in an emergency.
3. Assign specific tasks.
4. Identify employees with specific needs.
5. Provide a site-specific or building specific plan.
6. Evacuation route maps are posted in the building. Employees should know at least two evacuation routes. The following information should be marked on the maps:
   a) Emergency and accessible exits
   b) Evacuation routes
   c) Location of fire extinguishers
   d) Fire alarm pull station locations
   e) Shelter-in-place locations
   f) Areas first searched

ATTACHMENTS:
1. Affidavit of Safety Compliance (with Certificate of Acknowledgement for Notary)
2. Contractor Safety Operations Requirements (Parts A – E)
ATTACHMENT 1 – AFFIDAVIT OF SAFETY COMPLIANCE
NAME OF BIDDER___________________

AFFIDAVIT OF SAFETY COMPLIANCE
(To Accompany Bid)

(PROJECT NO.)
(PROJECT NAME)

The Contractor agrees in accordance with the requirements of the Agency Health and Safety Program, that for purposes of California Labor Code Section 6400 and related provisions of law, the Contractor, the Contractor's privities, and any other entities acting pursuant to this Contract will be "employers" responsible for furnishing employment and a place of employment that is safe and healthful for the employees, if any, of such entities acting pursuant to the Contract and that the Agency will not be responsible for having hazards corrected and/or removed at the location where the work under the Contract is to be performed.

The Contractor hereby acknowledges receipt of the Agency Contractor Procedure Manual outlining the Contractor's safety obligations at the Project worksite. The Contractor shall conduct its operations to eliminate or reduce hazards and risks associated with Contractor's activities, to prevent accidents and injuries, and to prevent property damage. Therefore, the Contractor is fully responsible for and shall be in compliance with all of the most current safety, health and environmental regulations (federal, state and local). Non-compliance with these regulations may result in suspension or termination of work in progress. The Contractor's Safety Program must accomplish the foregoing objectives. The Contractor certifies that its Safety Program complies with and will satisfy these requirements. The Contractor also certifies that each subcontractor at any tier and other parties engaged in the performance of work on the Project worksite will also comply with and will satisfy these requirements.

Parts A, B, C and D of the attached "Contractor Safety Operations Requirements" are not required to be completed and submitted with the Bid. The completed forms shall be submitted for the Agency review with the Contractor's Safety Program prior to commencement of work on the Project as required in the Agency Health and Safety Program. The Contractor certifies that it can furnish satisfactory evidence of compliance with the elements identified in the attached Contractor Safety Operations Requirements and the Contractor's Safety Program. The Contractor further acknowledges that its subcontractors at any tier will provide all Safety Compliance documents to Contractor in accordance with the Agency Health and Safety Program.

Executed On: ________________, ______

_________________________________  ______________________________
    Signature                                      Name of Bidder

_________________________________  ______________________________
    Print Name                                      Title

Attach to this Affidavit following “Certificate of Acknowledgement” completed by Notary.
NAME OF BIDDER ________________________

CERTIFICATE OF ACKNOWLEDGMENT

State of California  }  ss
                   |
County of }  

On ________________________ __________ before me ________________________________

a Notary Public, personally appeared ____________________________________________

Name(s) of Signer(s)

who proved to me on basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

______________________________
Signature of Notary
ATTACHMENT 2 – CONTRACTOR SAFETY OPERATIONS REQUIREMENTS
## CONTRACTOR SAFETY OPERATIONS REQUIREMENTS

(To be submitted with Contractor's Safety Program prior to Pre-Construction Briefing)

### PART A: SAFETY PROGRAMS

Please indicate below whether your firm has the following written safety programs. If any of the programs listed do not apply to your operations or this project, please make note of this in the “Comments” column. Include any information that you think would be helpful to the Agency in making this assessment. Those programs that are indicated as mandatory must be available for review before commencing work on this project. Other safety programs may be requested if it is later determined that they are applicable to the Project, and as such, must be made available for review upon request, at no additional charge to the Agency.

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Program</th>
<th>Do you have a written program?</th>
<th>Program meets Cal/OSHA Criteria</th>
<th>Have project employees been trained?</th>
<th>Is the training documented?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Injury and Illness Prevention</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Hazard Communication</td>
<td>No</td>
<td></td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Confined Space Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiratory Protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Emergency Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Hearing Conservation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Lockout/Tagout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>New Employee Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Excavation Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Code of Safe Practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Personal Protective Equipment (PPE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Drugs/Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Traffic Control Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Fall Prevention Plan (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 If conventional fall protection measures cannot be used. Prime contractor responsible for safety of all Subcontractors.
PART B: SAFETY EQUIPMENT - Identify what safety equipment will be available and used for this project.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Gas detectors</td>
<td></td>
</tr>
<tr>
<td>[ ] Ventilation equipment</td>
<td></td>
</tr>
<tr>
<td>[ ] Approved harnesses and lanyards</td>
<td></td>
</tr>
<tr>
<td>[ ] Mechanical hoists</td>
<td></td>
</tr>
<tr>
<td>[ ] Fire extinguishers</td>
<td></td>
</tr>
<tr>
<td>[ ] First aid kits</td>
<td></td>
</tr>
<tr>
<td>[ ] Respirators</td>
<td></td>
</tr>
<tr>
<td>[ ] Hard hats</td>
<td></td>
</tr>
<tr>
<td>[ ] Hearing protectors</td>
<td></td>
</tr>
<tr>
<td>[ ] Safety goggles</td>
<td></td>
</tr>
<tr>
<td>[ ] Steel toed footwear</td>
<td></td>
</tr>
<tr>
<td>[ ] Hand protection</td>
<td></td>
</tr>
<tr>
<td>[ ] Fall protection</td>
<td></td>
</tr>
<tr>
<td>[ ] Confined space equipment</td>
<td></td>
</tr>
</tbody>
</table>

PART C: SPECIALIZED TRAINING AND CERTIFICATION - Identify the areas of specialized training or certification that will have been completed by employees who will be assigned to this project. Be prepared to provide documentation as requested.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] CPR/first aid</td>
<td>Confined space operations and rescue</td>
</tr>
<tr>
<td>[ ] Fork lift operation</td>
<td>Respirators: Air-Supplying Air-Purifying</td>
</tr>
<tr>
<td>[ ] Cranes/hoists operation</td>
<td>Trenching and shoring competent person</td>
</tr>
<tr>
<td>[ ] Heavy equipment operation</td>
<td>Welding</td>
</tr>
<tr>
<td>[ ] Powder-actuated tools use</td>
<td>Asbestos abatement</td>
</tr>
</tbody>
</table>
PART D - JOBSITE SAFETY PRACTICES

1. Name of person who will have responsibility for jobsite safety (Identify names of competent person as defined by Cal/OSHA):

2. Name of person responsible for conducting and documenting accident investigations:

3. Does your company perform near-miss investigations? ________
   (If yes, please provide sample copy of investigation forms.)

4. How often are jobsite safety audits or inspections performed? ________________

5. Name of person who performs these audits/inspections: _______________________

6. Does the person who is responsible for jobsite safety have authority to take immediate action to correct unsafe conditions or work practices? _________

7. Name of person designated the “competent person” for excavation safety on the project:

   (Attach substantiation and/or certificate of current training for the competent person.)

8. How often are jobsite tailgate or toolbox safety meetings held? ________________

9. Briefly describe how you will ensure that workers comply with safety programs and Cal/OSHA requirements:

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

10. Please list any Cal/OSHA citations and penalties you have received in the last three years:

    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

11. Have there been any on-the-job fatalities at any job site managed by the Contractor in the last five years? _________
    If yes, please explain:

    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

12. Does your company have a safety incentive program? _________
    If yes, please explain: _______________________________________________________________________

Rev. 3/2014
## PART E: EVALUATION WORKSHEET

**FOR USE BY THE AGENCY ONLY**

<table>
<thead>
<tr>
<th>Item</th>
<th>Program is Mandatory</th>
<th>Contractor has Written Program</th>
<th>Contractor States Program meets Cal/OSHA Criteria</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART A: Safety Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury and Illness Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazard Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confined Space Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Conservation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lockout/Tagout</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Employee Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excavation Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code of Safe Practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs/Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traffic Control Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall Prevention Plan[^1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PART D: Jobsite Safety Practices</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible Person Named</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worksite Safety Inspections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competent Person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance With Safety Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cal/OSHA Citations/Penalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Incentives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>