



**TITLE: Site Specific Safety Plan**

**Project Number:**

**Date:**

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## Site Specific Safety Plan Procedure Form

Updated 10.17.14

### Procedure Intent:

This procedure will:

1. Help identify and document EHS (Environmental, Health, and Safety) issues and/or concerns in the project specifications/bidding process so that Subcontractors will be prepared to provide Contractor with a specific **Site Specific Safety Plan**. The advantages are:

- a. Open communications between Contractor site representatives and Subcontractors regarding the potential safety hazards well in advance of job/task execution
- b. Subcontractor will be informed of Contractor's EHS expectations
- c. Any associated costs for EHS compliance issues will be captured ahead.

### Intended Output:

The Subcontractor will provide Contractor with a written Site Specific Safety Plan using the attached **Site Specific Safety Plan Form** that will document how the Subcontractor will address any anticipated and/or recognized hazards associated with their project/contract work. This is an important step in the communication process to promote open communication between the Service provider/Subcontractor and Contractor.

### Contractor Life Saving Commitments Program:

Contractor has developed the Life Saving Commitments program which focuses on eliminating serious injury and death on the job site. This program identifies eight of the most prevalent high-hazard activities, or "commitments", encountered on Contractor projects. Sections pertaining to any of the eight commitments in the Site Specific Safety Plan are labeled with the corresponding Life Saving Commitment symbol and highlighted in orange.



#1: Stored Energy



#2: Fall Protection



#3: Cranes & Rigging



#4: Confined Spaces



#5: Excavations



#6: Mobile Equipment



#7: Caught-in / Struck-by



#8: Drugs & Alcohol

**A Site Specific Safety Plan shall be completed and submitted for all field work performed.**



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### Site Specific Safety Plan Form

The Contractor project manager/requestor/etc. should assist the Subcontractor in completing this form.

Use the Contractor Subcontractor Safety Program Document as a reference and resource and consult with the Contractor EHS Department.

All required signatures must be obtained by the Subcontractor and/or Contractor project manager/requestor/etc. prior to submittal. The completed form must be submitted to and approved by the Contractor EHS PRIOR to ANY work taking place.

**NAME OF PROJECT/WORK:**  **DATE:**

**PROJECT/WORK LOCATION:**  **PROJECT #:**

**CONTRACTOR PROJECT MANAGER:**  **PHONE:**

**CONTRACTOR SUPERINTENDENT:**  **PHONE:**

**CONTRACTOR FOREMAN:**  **PHONE:**

**NAME OF SUBCONTRACTOR TO CONTRACTOR:**

**PREPARED BY:**  **PHONE:**

**EMAIL:**

**SUBCONTRACTOR SAFETY REP:**  **PHONE:**

**EMAIL:**

**NAME OF SUBCONTRACTOR TO SUBCONTRACTOR:**

**PREPARED BY:**  **PHONE:**



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**BRIEF SCOPE/ DESCRIPTION OF PROJECT/WORK:**

**Emergency Evacuation Plan and Location (to be determined by Contractor Site Supervision):**



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**LIFE SAVING COMMITMENTS**

**#1: STORED ENERGY**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>LOCKOUT / TAGOUT (LOTO):</b>	N/A <input type="checkbox"/>		
Will LOTO be required?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Contractor Superintendent will inspect LOTO source and ensure LOTO procedures are followed.
Are LOTO procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a responsible person been assigned for overseeing LOTO requirements?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>PIPE AND VESSEL PRESSURE TESTING:</b>	N/A <input type="checkbox"/>		
Will any pipe/vessel pressure testing be required? <small>**NOTE: Hydrostatic testing is Contractor's preferred testing medium.</small>	<input type="checkbox"/>	<input type="checkbox"/>	
Will pipe/vessel testing be performed within design specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
Has Pressure Testing Safety Plan been developed and approved in accordance with the Stored Energy Procedure? <small>**NOTE: All Pressure Testing Safety Plans will be submitted to Project Management Team for approval. EHS will review as needed. Hydrostatic is the preferred testing method.</small>	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>COMPRESSED GAS:</b>	N/A <input type="checkbox"/>		
Will cylinders be brought on site?	<input type="checkbox"/>	<input type="checkbox"/>	Type of cylinders and quantity:
Are there plans for safe use and storage on site?	<input type="checkbox"/>	<input type="checkbox"/>	



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**LIFE SAVING COMMITMENTS**  
**#2: FALL PROTECTION**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>LADDERS / SCAFFOLDING:</b>	N/A <input type="checkbox"/>		
Will ladders be required? (All Ladders - min 300 lb rating.)	<input type="checkbox"/>	<input type="checkbox"/>	Metal ladders will be approved by Contractor Superintendents.
Will scaffolding be required? (Scaffold Tags and inspections are required per Contractor policy.)	<input type="checkbox"/>	<input type="checkbox"/>	Provide Competent Person(s) name, contact information and training verification.
Will fall protection be required? List equipment to be used.	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>FALL PROTECTION, LEADING EDGE WORK, ELEVATED SURFACES (no safety monitors):</b>	N/A <input type="checkbox"/>		
Has a Fall Protection Rescue Plan been developed? Attach and describe plan.	<input type="checkbox"/>	<input type="checkbox"/>	
Will fall protection be required? (No safety monitors.) 100% protection > 6 feet	<input type="checkbox"/>	<input type="checkbox"/>	Systems to be used:
Are competent/qualified persons identified to perform system and equipment inspections, identify hazards, and anchor points as needed?	<input type="checkbox"/>	<input type="checkbox"/>	Provide Competent Person(s) name and contact information.

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>ROOF WORK (no safety monitors):</b>	N/A <input type="checkbox"/>		
Will roof access be required?	<input type="checkbox"/>	<input type="checkbox"/>	Attach Fall Protection Plan and Emergency Rescue Plan (primary and alternate) (to be submitted prior to work).
Is there a plan to get materials on/off roof in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a method for securing materials to prevent "blow offs" been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Are chemicals or flammable / combustible materials going on roof?	<input type="checkbox"/>	<input type="checkbox"/>	Approved by:



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**LIFE SAVING COMMITMENTS**  
**#3: CRANES & RIGGING**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>CRANES AND RIGGING:</b>	N/A <input type="checkbox"/>		
Will crane operations be required? **NOTE: If yes, all crane plans will be reviewed by Regional Safety Manager 1 week prior to the lift.	<input type="checkbox"/>	<input type="checkbox"/>	Attach crane lift plan, operator, rigger and signaler verification of training. Provide 3 <sup>rd</sup> party annual inspections.
Have all overhead lines been identified and the locations appropriately communicated?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any special lifting devices be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any Critical Lifts take place? **Note: Contractor defines a Critical Lift as meeting any of the following criteria: 1) exceeds 75% of the capacity of the crane or derrick; 2) requires more than one crane or derrick; or 3) involves lifts over people or critical work processes.	<input type="checkbox"/>	<input type="checkbox"/>	Attach and describe critical lift plan and activity.
Has all rigging equipment been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	Attach verification of training (to be submitted prior to work).
Is all equipment appropriate for the task(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all required safety inspections been completed?	<input type="checkbox"/>	<input type="checkbox"/>	Inspection logs completed for equipment/lift devices.
Will traffic control be provided (pedestrian & vehicular)?	<input type="checkbox"/>	<input type="checkbox"/>	Attach flaggers' names / training (2 minimum).



**LIFE SAVING COMMITMENTS**  
**#4: CONFINED SPACES**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>CONFINED SPACES:</b>	N/A <input type="checkbox"/>		
Will any confined space work be performed? **NOTE: Atmospheric testing must be conducted daily prior to entry into a Confined Space.	<input type="checkbox"/>	<input type="checkbox"/>	
Will any Confined Space Entry permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Have affected personnel been trained for confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>	



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SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
Will external rescue team services to be used? Please specify the name of the provider.	<input type="checkbox"/>	<input type="checkbox"/>	
Have all entry procedures been provided and documented?	<input type="checkbox"/>	<input type="checkbox"/>	Attach Confined Space Plan (submitted prior to work).



**LIFE SAVING COMMITMENTS**

**#5: EXCAVATIONS**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>EXCAVATIONS (all soil type is C):</b>	N/A <input type="checkbox"/>		
Will equipment to be brought on site? Please specify type.	<input type="checkbox"/>	<input type="checkbox"/>	
Will any work activities involve excavations greater than four feet?	<input type="checkbox"/>	<input type="checkbox"/>	Provide Competent Person name, contact info and training verification.
Will a trench box/shoring be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Does fencing/barricade need to be installed?	<input type="checkbox"/>	<input type="checkbox"/>	



**LIFE SAVING COMMITMENTS**

**#6: MOBILE EQUIPMENT**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>MOBILE EQUIPMENT / POWERED INDUSTRIAL FORK TRUCKS / LIFTS / BOOMS:</b>	N/A <input type="checkbox"/>		
Will any mobile powered equipment be required? Type to be brought on site?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, keep daily/shift inspection logs on the equipment.
Will you be using any special attachments? ex. jibs, manlifts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Are operators trained / certified for operations of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	Attach verification of training (to be submitted prior to work).
Is there a plan for fuel transfer/storage or battery changes?	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit/containment pad required containing 80% equipment capacity.



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**LIFE SAVING COMMITMENTS  
#7: CAUGHT-IN/STRUCK-BY**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>CAUGHT-IN / STRUCK-BY HAZARDS:</b>	N/A <input type="checkbox"/>		
Are employees familiar with pinching and crushing points?	<input type="checkbox"/>	<input type="checkbox"/>	
Are special precautions taken when working around belts, pulleys, chains, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees aware of the hazards associated with overhead loads and swing radius?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all vehicles equipped with appropriate back-up alarms, horns and lights?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>POWDER ACTUATED TOOLS:</b>	N/A <input type="checkbox"/>		
Are operators/employees trained / licensed in use?	<input type="checkbox"/>	<input type="checkbox"/>	Attach verification (submitted prior to work).



**LIFE SAVING COMMITMENTS  
#8: NO DRUGS OR ALCOHOL**

In accordance with the Subcontractor Safety Responsibilities document, subcontractors must agree to adhere to the Contractor Drug and Alcohol policy. Drugs and alcohol are strictly forbidden from all Contractor jobsites.





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**Additional Focus Areas:**

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>PERSONAL PROTECTIVE EQUIPMENT</b> 			
What type of PPE will be used for this project?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any special PPE be required, i.e. respirators? What type?	<input type="checkbox"/>	<input type="checkbox"/>	Attach Respiratory Protection Plan:
Have eye wash and shower stations been set up on the jobsite?	<input type="checkbox"/>	<input type="checkbox"/>	
Has personnel received training for special PPE requirements? NOTE: Hi Vis (yellow shirt) clothing is required.	<input type="checkbox"/>	<input type="checkbox"/>	
Is there verification of medical respiratory protection clearance submitted / attached?	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor to maintain copy on site.
Will respirators be worn on a voluntary use? (Half mask, paper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Attach Appendix D for each employee.
Is a de-con area required for suiting up/down?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>SIGNS, SIGNALS AND BARRICADES:</b> 	N/A <input type="checkbox"/>		
Will yellow or red barricade tape be used? (Barricades will be built in accordance with Contractor policy)	<input type="checkbox"/>	<input type="checkbox"/>	
Will perimeter barricades be used?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any caution/danger signs be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will flammable gas/liquid labels be needed? Will material labels be needed? GHS	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>WORK PERMITS:</b> 	N/A <input type="checkbox"/>		
Will any pipe or vessel testing permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any excavation permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	Attach Plan.
Will any utility interruption permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Will Hot Work (welding/cutting/grinding/soldering/electrical) permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any lead/asbestos permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	



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SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
Will any Fire System Sprinkler/Alarm Out-of-Service Permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>CHEMICAL, BIOLOGICAL, MATERIAL PHYSICAL HAZARDS:</b>	N/A <input type="checkbox"/>		
Are all employees trained in hazard communication / GHS?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all MSDS/SDS provided to Contractor and a copy easy to obtain at job site?	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees trained to handle/use specific materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Does storage and use meet all Contractor, NFPA, Fed and State Regulations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do employees working with OSHA regulated chemicals have proper training for job? (silica, asbestos, RCS's, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Does demo/abatement plans meet applicable standards?	<input type="checkbox"/>	<input type="checkbox"/>	Attach Plan:

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>HOT WORK:</b>	N/A <input type="checkbox"/>		
Are hot work activities to be performed? (Any flame or spark producing task.) Briefly describe.	<input type="checkbox"/>	<input type="checkbox"/>	
Will any special PPE be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Will fire blankets/protective shields/screens be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Are fire watch personnel current with actual training?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>PAINTING, ADHESIVES, EXPOXIES:</b>	N/A <input type="checkbox"/>		
Are there any additional exhausts or fans needed during application/curing time?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there special PPE/precautions for this job?	<input type="checkbox"/>	<input type="checkbox"/>	
Will sealant be applied to this job? Please specify quantity and job type.	<input type="checkbox"/>	<input type="checkbox"/>	
Will this require off-hours application?	<input type="checkbox"/>	<input type="checkbox"/>	



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SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>FLAMMABLE GASES / LIQUIDS:</b>	N/A <input type="checkbox"/>		
Will any flammable gases and/or liquids be used?	<input type="checkbox"/>	<input type="checkbox"/>	
Have provisions for their storage been made?	<input type="checkbox"/>	<input type="checkbox"/>	
Will appropriate containers be utilized? Safety cans are required.	<input type="checkbox"/>	<input type="checkbox"/>	
Are secondary containment and spill kits required?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>EMERGENCY PREPAREDNESS:</b>	N/A <input type="checkbox"/>		
Have designated smoking areas been identified and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Have fire alarms been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Have the appropriate number of fire extinguishers been identified? Inspections will be performed monthly.	<input type="checkbox"/>	<input type="checkbox"/>	
Have emergency phone numbers been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Have adequate security measures been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Have emergency exits been identified and marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an emergency evacuation plan been developed?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		Specific & detailed information / description required for all questions.
	YES	NO	
<b>WASTE MANAGEMENT:</b>	N/A <input type="checkbox"/>		
Is there a plan for waste disposal in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all characterization, containerization, segregation, storage and disposal requirements understood?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a plan for water/wastewater discharges in place? Describe or attach plan.	<input type="checkbox"/>	<input type="checkbox"/>	
Is an Erosion Control Plan in place?	<input type="checkbox"/>	<input type="checkbox"/>	Approved by: <input type="text"/>
Is there a spill plan in place?	<input type="checkbox"/>	<input type="checkbox"/>	Spill kits will be on site. <input type="text"/>
Is a special permit(s) needed? Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	Attach copies. <input type="text"/>



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**SUBCONTRACTOR SITE SPECIFIC SAFETY PLAN APPROVALS**

\* indicates approval required

	Print Name	Signature	Date
* Contractor ESH:	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Contractor PM or Superintendent:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subcontractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Representative:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup> Tier Subcontractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Representative:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <sup>rd</sup> Tier Subcontractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Representative:	<input type="text"/>	<input type="text"/>	<input type="text"/>