



SITE-SPECIFIC SAFETY PLAN

Site-Specific Safety Plan - This document outlines the basic Site-Specific Safety Plan requirements for each jobsite. The Site-Specific Safety plan should identify all hazards associated with the scope of work and provide safe work practices and personnel protection methods.

NOTE: Text in italics and/or brackets ([]) is instructional in nature and may need to be edited (or in some cases deleted) if it is to be included in the contractors published SSSP.

[TITLE PAGE]

[NAME OF GENERAL CONTRACTOR]

SITE-SPECIFIC SAFETY PLAN

[NAME OF PROJECT]

LOCATION OF PROJECT: [ADDRESS]

DATE: (DATE SUBMITTED)

Add a footer for each page, sample "page 1 of 30";

INTRODUCTION

[Include the statement below]

The Contractor shall have sole and complete responsibility for the implementation of a worksite safety plan and shall take necessary precautions for the health and safety of employees and fully comply with applicable provisions of all sections of 29 CFR 1926-OSHA Construction Industry Safety and Health Standards, 29 CFR 1910-OSHA General Industry Safety and Health Standards, National Fire Protection Association codes, and all standards or codes referred to in the listed document and any other applicable standards.

Due to the changing nature of health and safety regulations, and because new information is constantly becoming available, this plan is subject to change.

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Statement of Company's Safety & Health Policy

(Insert Safety Policy Statement here.)

[Sample company Safety Policy below]

XYZ Construction Company Safety Policy

[XYZ Construction Company] believes employee and project safety awareness coupled with a well written and complete plan makes for a truly worthwhile and effective program. Our goal is to have zero incident projects, going beyond basic compliance with safety requirements to attain a safety culture at our projects where a true commitment to working safely is evident. We, the management and employees of *[XYZ Construction Company]*, believe that while risks exist:

- ✓ Accidents and injuries are preventable.
- ✓ Each of us has a personal responsibility for safety.
- ✓ No business objective is so important that it will be pursued at the sacrifice of safety.
- ✓ A job is well done only if it is done safely.
- ✓ *[XYZ Construction Company]* should have the best safety performance in the construction industry.

Noncompliance with this policy can be considered grounds for dismissal for employees or removal from the project for subcontractors and/or suppliers. Our policy is to profit from well-planned, closely controlled work methods—never from shortcuts that could injure an employee, subcontractor, supplier or a member of the public.

This policy statement may be amended, monitored, and added to from time to time and a copy will be issued to all employees. In addition, a copy will be displayed at each jobsite.

The Site-Specific Safety Plan (SSSP)

Name of Contractor has the project goal of ZERO accidents and ZERO injuries, with work tasks designed to minimize or eliminate hazards to personnel, processes, equipment, and the general public. No worker should ever perform a task that may endanger their own safety and health or that of others.

This SSSP outlines the Environment, Safety, and Health (ES&H) requirements and guidelines developed for ***Name of Project***. These requirements are written to help protect site personnel, visitors, and the general public from exposure to potential E S &H hazards on this job site. There are several plans and actions that are included to ensure that we act to protect the environment, the general public, as well as our workforce during the construction phase of this project. This plan shall be updated if there are major changes to project conditions, situations, or exposures, and those revisions shall be noted on the document. An employee acknowledgement form documents that each employee understands the SSSP and will implement these safety and health requirements on this job site.

Section 1: Purpose and Scope of Work

(Insert a description of specific contract responsibilities. Briefly describe the scope of work; including the duration of project. Describe any unusual site conditions/exposures; include an overview of activities or tasks that subcontractors will perform.)

Section 2: Safety and Emergency Contacts

Table of information below includes: Key Personnel with their contact information (name, mobile and office phone numbers, email addresses). It also includes the same information for subcontractors that are working on this project/job site.

TITLE	NAME	MOBILE PHONE #	OFFICE PHONE #	EMAIL ADDRESS
Owner's Contact Information				
Project Manager				
QA Inspector				
Facility Foreman				
Safety Manager				
Competent Person(s)				
Contractor's Contact Information				
Project Manager				
Superintendent				
Foreman				
Safety Manager				
Subcontractor Foreman – (name)				
Project Foreman				
Subcontractor Foreman – (name)				
Project Foreman				

Section 3: Accident/Incident Investigation & Report

All accidents, incidents, and near misses will be investigated by the Project Manager/Project Superintendent/Safety Manager. Copies of the incident reports will be provided to METRO and reviewed by METRO Safety during Project Visits. All safety reports will reference the applicable JSA/AHA for that activity to verify all safety procedures and PPE were being followed and utilized respectively.

See Attachments A for a sample or template of the accident form that could be used. (Contractor shall attach a copy of the form(s) they use or use the one provided).

Section 4: Training

1. **Name of Contractor** has a comprehensive safety and health training program tailored to the scope of work for this project. All employees receive training and instructions. This includes but is not limited to:
 - a. Training and instructions on general safety rules and regulations, and health practices.
 - b. Housekeeping
 - c. LOTO
 - d. Accident Reporting
 - e. Personal Protective Equipment.
 - f. OSHA's Hazard Communication Policy
 - g. JSA/AHA development and initiation
 - h. Emergency Action Plan
3. Training records are maintained electronically and/or on site in the job site office. Should OSHA visit our job site, these training records are one indication of our implementation of an active safety program on this site.
4. "All hands" safety meetings are scheduled to review safety inspections, findings, and corrective actions taken; critical safety procedures, discuss recent workplace incidents, and to celebrate safety milestones. The Project Manager/Superintendent should schedule routine "all hands" meetings in advance or set a regular date/time to be sure that all workers can plan to attend this safety meeting. Records of these meetings are on file in the job site office with attached attendance sheets.
5. Contractor shall conduct a project specific safety orientation for all Subcontractor personnel who work on the project.
6. Contractor shall conduct a pre-mobilization safety meeting with each trade prior to the trade commencing work and keep minutes of the meeting.
7. **Contractor shall hold daily "toolbox" safety meetings prior to the start of each work shift. The meeting shall have a duration of 10 to 15 minutes must and be documented.** Job Safety Analysis (JSA) risk assessment shall be performed before work is started. *(Provide a copy of the JSA form your use.)*

Section 5: Occupational Health

1. Medical Services:

- a. *(Non-emergency and non-life threatening injuries): The following clinic / hospital will provide emergency medical treatment to workers injured on the job:*
- b. *Facility Name, Location Address, telephone #.*

2. Emergency Medical Response

- a. *Dial 911*

3. Other Emergencies

- a. *Police department name, location, and number*
- b. *Fire department name, location, and number*
- c. *Contact METRO's police dispatcher 713-881-3104 (as needed)*

4. All emergencies; In case of a life or death EMERGENCY – ALWAYS DIAL 911 (Medical Response, Police, and Fire)

5. *The Contractor displays posters with emergency telephone numbers and locations of emergency facilities in visible locations and at selected phone locations throughout the project area (including subcontractor facilities). The following information is provided:*

6. **Health Related Items:** (Make a statement stating how the following items will be provided for during the project):

Section 6: Job Specific Elements

These checklists below are by no means all-inclusive and not all the checklists will apply to your project. You might want to start by selecting the areas that apply to your project, then expanding your self-inspection checklists over time to fully cover all areas that pertain to your project. Remember that a checklist is a tool to help, not a definitive statement of what is mandatory. Use checklists only for guidance.

Don't spend time with items that have no application to your project. Make sure that each item is seen by you or your designee and leave nothing to memory or chance. Write down what you see or don't see and what you think you should do about it.

A. Required Job Specific Elements

The sub-sections below are **REQUIRED** to be address for all construction projects. This list includes, but is not limited to the items listed below:

1. Hazard Communication Standards / GHS
2. Traffic Control & Vehicle Safety

3. Personal Protection Equipment
4. Blood Borne Pathogens
5. Housekeeping, walking working surfaces
6. Hand and Power Tools
7. Pedestrian Control
8. Safety Awareness Meetings
9. Drug and Alcohol
10. Pre-Job Hazard Assessment (JHA)
11. Fire Protection and Prevention
12. Fire Extinguisher use.
13. Electrical Safety
14. Emergency Procedures / Action
15. Motor Vehicles

B. Optional Job Specific Elements

The following sub-sections below are **OPTIONAL** and should be included based on the scope of work that is to be performed. This list includes, but is not limited to the items listed below:

1. Ladders
2. Traffic Control & Vehicle Safety
3. Mechanized Equipment
4. Excavating, Trenching and Shoring
5. Scaffold.
6. Aerial Work Platforms (Boom Lifts & Scissor Lifts)
7. Fall Protection
8. Lock-out / Tag-Out, Control of hazardous energy (electricity, gas, compressed air, hydraulic pressure, steam).
9. Hot Work: welding, cutting, grinding, etc.
10. Environmental *or tanks when not in use.*
11. Confined space
12. Crane Lifts & Rigging Operations
13. *The load will check be ensure that it does not exceed the crane's rated capacity.*
14. Demolition
15. Track Safety – Required when work is performed in the METRORail Safety Zone.

Attachment A – Accident/Incident Investigation Form

<i>Accident/Incident Investigation Form</i>				
Check one: <input type="checkbox"/> Injury <input type="checkbox"/> Incident <input type="checkbox"/> Both injury and incident <input type="checkbox"/> Fatality <input type="checkbox"/> Vehicle <input type="checkbox"/> Close call / near hit				
1. SUPERVISOR CONTACT INFORMATION				
a. Supervisor / investigator / UTR / POC name:		b. Title:	c. Directorate/dept:	d. Ext: e. M/S:
f. Place / location		g. Date of incident: (mm/dd/yy)	h. Time of incident: (military time)	i. Date and time of first knowledge of incident (if different than incident time): j. Creation date of this report:
m. Subcontractor involved? If yes, name and contact information				
2. INJURED PARTY/DRIVER				
a. If no injury, check box and skip this section. <input type="checkbox"/> No injury	b. Injured party / driver name:		c. Injured party / driver contact information:	
Injury description:				
3. WITNESSES AND/OR WITNESS STATEMENT				
a. Witnesses (name and contact information)				b. Witness statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. PROPERTY DAMAGE				
a. List property / material damaged:		b. Nature of damage:		
c. Object / substance inflicting damage:		d. Approximate cost:		

5. THE INCIDENT

Causal analysis type: (to be determined by Incident Investigation program manager)

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Root cause analysis |
| <input type="checkbox"/> | Apparent cause |

a. Briefly describe what happened (*description of occurrence*) Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how. Attach photos if available.

b. Why did it happen? (*description of cause*) What actually caused the illness, injury, or incident?

c. What did you do in response? What were the results? List actions taken and results. (Do not enter corrective actions. See Section 6.)

d. What should be done to prevent a recurrence? Brief final evaluation and lessons learned

Use descriptive constructive statements (such as “worker should wear safety glasses”; “worker needs training in lifting techniques”; “a ladder should have been used”). Primary focus should be on engineering controls, where possible.

6. CORRECTIVE ACTIONS TRACKING SYSTEM ITEMS

List action(s) that have or will be taken to prevent a recurrence. There should be a corrective action for each item identified in 5.d. above. Add additional lines as needed.

	By whom	Target completion date	Actual completion date
1.			
2.			
3.			

7. WORK PLANNING AND CONTROL (WPC) AUTHORIZATION REVIEW

a. Is there a JSA, or SOP that authorized the task being performed when the injury or incident occurred? • <i>If yes, review the document(s), answer the following questions, and attach a copy to this report.</i> • <i>If no, please explain where hazards and controls were documented, and how the worker was authorized to perform work.</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
b. Was person involved in incident in full compliance with new and refresher ESH training requirements? If not, please explain.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
c. Were hazards sufficiently identified? If not, please explain.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
d. Were identified controls adequate? If not, please explain.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
e. Were the identified controls implemented? If not, please explain.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

8. AUTHORIZING SIGNATURES

Investigation completed by _____	Date _____
a.	
Reviewed by Title _____	Date _____
b.	
Investigation approved by Job Title _____	Date _____
c.	
Investigation reviewed Job Title _____	Date _____
d.	