NAME OF GENERAL CONTRACTOR

SITE -SPECIFIC SAFETY PLAN

NAME OF PROJECT

LOCATION ADDRESS

DATE:

INTRODUCTION

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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NAME OF CONTRACTOR

SITE -SPECIFIC SAFETY PLAN (SSSP)

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NOTE: Text in italics is instructional in nature and should not be included in a contractor's published SSSP. Highlighted sections are text that should be modified to meet specific needs.

STATEMENT OF COMPANY POLICY: WORKPLACE SAFETY AND HEALTH POLICY

(Insert Safety Policy Statement here.)

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: SCOPE OF WORK

Insert description of specific contract responsibilities. Briefly describe the scope of work; % remodel, % new construction; and duration of project.)

Describe the type of project/facility/# of sq. feet, # stories or max. height of construction; location/neighborhood description; residential, commercial, mixed use community, etc. Describe any unusual site conditions/exposures; include an overview of activities or tasks that subcontractors will perform.)

We are providing construction services for the scope of work as specified in. Construction services include the following:

Section 2: Safety and Emergency Contacts

See Appendix A for template

Section 3: Accident and Incident Investigation

All accidents/incidents are investigated by the Project Superintendent/ Safety Manager. Copies of these incident reports are provided to the METRO and are also reviewed by the METRO Safety during project visits.

See Appendix B & C for templates

Section 4: Training

Name of Contractor has a comprehensive safety and health training program tailored to the scope of work for this project. All employees receive a project safety orientation upon assignment to the project. Topics include but are not limited to:

- F*all Protection*
- *Scaffold Safety*
- *Ladder Safety*
- *Hazard Communication*
- *Housekeeping*
- *Lock Out/ Tag Out*

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.

"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.

Contractor shall conduct a project specific safety orientation for all Subcontractor personnel who work on the project.

Contractor shall conduct a pre-mobilization safety meeting with each trade prior to the trade commencing work and keep minutes of the meeting.

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 and must be documented

Section 5: Occupational Health

Medical Services

The following clinic and/or hospital provide emergency medical treatment to workers injured on this job.

Facility Name and Location Address + Telephone #.

Emergency Medical Response

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:

- *Hospital name, location, and number (consistent with selected medical treatment facilities)*
- *Physician name, location, and number (consistent with selected medical treatment facilities)*
- *Police department name, location, and number*
- *Fire department name, location, and number*

Medical Monitoring

Potential health hazards associated with this project require implementation of the following medical monitoring has been established (if necessary)

Labor Classification	Monitor for	Comments
All employees	Hearing	Pre-employment, annual, and exit exams
_____	_____	_____
_____	_____	_____

Section 6: Site Specific Safety Plan

These OSHA standards listed below should be included in your SSSP if they are applicable to your scope of work. Included in each element are questions that if applicable should be answered according to your company's safety policies.

- Section 6A: Hazard Communication Standard- 29 CFR 1910.1200
    1. Is there a list of hazardous substances used in your workplace and an MSDS readily available for each hazardous substance used?
    2. Is there an employee training program for hazardous substances that includes:
        a. an explanation of what an MSDS is and how to use and obtain one;
        b. MSDS contents for each hazardous substance or class of substances;
        c. explanation of "A Right to Know";
        d. identification of where an employee can see the written hazard communication program;
        e. location of physical and health hazards in particular work areas and the specific protective measures to be used; and
        f. details of the hazard communication program, including how to use the labeling system and MSDSs.
    3. Are employees aware of the potential hazards and trained in safe handling practices for situations involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols, etc.?
    4. Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protection, respirators, etc.)?
    5. Have appropriate control procedures been instituted for hazardous materials, including safe handling practices and the use of respirators and ventilation systems?

- Section 6B: Housekeeping- 29 CFR 1910.22 and/or 29 CFR 1926.25
    1. Are all worksites clean, sanitary and orderly?
    2. Are work surfaces kept dry and appropriate means taken to assure the surfaces are slip-resistant?
    3. Are all spilled hazardous materials or liquids, including blood and other potentially infectious materials, cleaned up immediately and according to proper procedures?
    4. Is combustible scrap, debris and waste stored safely and removed from the worksite promptly?

- Section 6C: Hand and Power Tools- 29 CFR 1926 Subpart I or 29 CFR 1910 Subpart P
    1. Are grinders, saws and similar equipment provided with appropriate safety guards?
    2. Are power tools used with proper shields, guards, or attachments, as recommended by the manufacturer?
    3. Are circular saw guards checked to ensure that they are not wedged up, leaving the lower portion of the blade unguarded?

4. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?
5. Are all tools and equipment used at the workplace in good condition?

- Section 6D: Mechanized Equipment- 29 CFR 1926 Subpart O
    1. Are employees properly trained in the use of the type of mechanized equipment they operate?
    2. Are only trained and/or licensed (if required) personnel allowed to mechanized equipment?
    3. Does the mechanized equipment have a warning horn, whistle, gong, or other device that can be clearly heard above normal noise in the areas where it is operated?
    4. If mechanized equipment is in need of repair removed from service immediately?

- Section 6E: Trenching and Shoring- 29 CFR 1926 Subpart P
    1. A "Competent Person" is on site to identify hazards at all times. Competent person name:
    2. Are Workers protected from cave-ins in all excavations by an adequately designed protective system?
    3. Is Work done only in areas protected by sloping and benching, a support system, a shield system, etc?
    4. Are material and equipment used for protective systems are the right size, in good condition, and free of defects?
    5. Does the Competent Person inspects (a) every day before work, (b) after every rainstorm, and (c) as needed, for evidence of possible cave-ins, failure of systems, hazardous atmospheres, etc?
    6. A lookout person is standing by at all times while employees are physically in the trench.

- Section 6F: Traffic Control- 29 CFR 1926 Subpart G
    1. Are aisles and passageways kept clear and marked as appropriate?
    2. Are holes in the floor, sidewalk, or other walking surface repaired properly, covered, or otherwise made safe?
    3. Are spilled materials cleaned up immediately?
    4. Are aisles or walkways that pass near moving or operating machinery, welding operations, or similar operations arranged so employees will not be subjected to potential hazards?

- Section 6G: Fall Protection- 29 CFR 1926 Subpart M and/or 29 CFR 1926 Subpart X
    1. Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached, and moveable parts operating freely without binding or undue play?
    2. Are non-slip safety feet provided on each metal or rung ladder, and are ladder rungs and steps free of grease and oil?
    3. Are employees prohibited from using ladders that are broken, have missing steps, rungs, or cleats, broken side rails, or other faulty equipment?

4. Are metal ladders inspected for damage?
5. Are floor openings guarded by a cover, a guardrail, or equivalent on all sides (except at stairways or ladder entrances)?

- Section 6H: PPE- 29 CFR 1910 Subpart I
    1. Has the employer determined whether hazards that require the use of PPE (e.g., head, eye, face, hand, or foot protection) are present or are likely to be present?
    2. Have both the employer and the employees been trained on PPE procedures, i.e., what PPE is necessary for job tasks, when workers need it, and how to properly wear and adjust it?
    3. Are protective gloves, aprons, shields, or other means provided and required where employees could be cut or where there is reasonably anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials?
    4. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns?
    5. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, or poisonous substances, falling objects, crushing, or penetrating actions?
    6. Are hard hats required, provided and worn where danger of falling objects exists?
    7. A Class II safety vest required to be worn at all times?

- Section 6I: Lock-out/ Tag-out- 29 CFR 1910.147
    1. Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked out during cleaning, servicing, adjusting, or setting up operations?
    2. If the power disconnect for equipment does not also disconnect the electrical control circuit, are the appropriate electrical enclosures identified and is a means provided to ensure that the control circuit can also be disconnected and locked out?
    3. Does the lockout procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked out for repairs?
    4. Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?
    5. Is it required that only the employee exposed to the hazard can place or remove the safety lock?

- Section 6J: Hot Work- 29 CFR 1910 Subpart Q
    1. Are only authorized and trained personnel permitted to use welding, cutting, or brazing equipment?
    2. Are signs posted reading "DANGER, NO SMOKING, MATCHES, OR OPEN LIGHTS," or the equivalent?
    3. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns?
    4. Do eye protection, helmets, hand shields and goggles meet appropriate standards?
    5. Is a check made for adequate ventilation in and where welding or cutting is performed?

6. Is suitable fire extinguishing equipment available for immediate use?

- Section 6K: Environmental- 29 CFR 1910 Subpart J
    1. Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and similar hazardous materials?
    2. Are exhaust stacks and air intakes located so that nearby contaminated air will not be recirculated within a building or other enclosed area?
    3. Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and similar hazardous materials?
    4. Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc.?

- Section 6L: Occupational Health- 29 CFR 1910 Subpart K
    1. Are employees prohibited from smoking or eating in any area where contaminants are present that could be injurious if ingested?
    2. Are medical personnel readily available for advice and consultation on matters of employees' health?
    3. Are emergency phone numbers posted?
    4. Are fully supplied first aid kits easily accessible to each work area, periodically inspected and replenished as needed?
    5. Is there an eye-wash station or sink available for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?

Appendix A

	Name	Office Phone	Pager	Mobile	Home Phone
Project Name:					
Project Location					
Project Start Date:					
Project Completion Date (estimated):					
VUMC Project Architect:					
VUMC Project Coordinator:					
General Contractor/Construction Manager					
Company Name:					
Project Manager:					
Project Superintendent					
Assistant Superintendent					
Safety Coordinator					
Mechanical Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Electrical Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Plumbing Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Sprinkler Contractor					
Company Name:					
Primary Contact					
Secondary Contact					
Fire Alarm Contractor					
Company Name:					
Primary Contact					
Secondary Contact					

Appendix B

Accident/Incident Investigation Form

Check one: ☐ Injury ☐ Incident ☐ Both injury and incident ☐ Fatality ☐ Vehicle ☐ 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. ☐ 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?	☐ Yes ☐ 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)*	☐ Root cause analysis ☐ 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? • *If **yes**, review the document(s), answer the following questions, and attach a copy to this report.* • *If **no**, please explain where hazards and controls were documented, and how the worker was authorized to perform work.*	☐ Yes ☐ No
b. Was person involved in incident in full compliance with new and refresher ESH training requirements? If not, please explain.	☐ Yes ☐ No
c. Were hazards sufficiently identified? If not, please explain.	☐ Yes ☐ No
d. Were identified controls adequate? If not, please explain.	☐ Yes ☐ No
e. Were the identified controls implemented? If not, please explain.	☐ Yes ☐ No

8. AUTHORIZING SIGNATURES

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

Appendix C

<Accident Investigation Report Template>

<Title Page: include name, date of the incident, location, and jurisdictional unit of accident.**>**
Example:

<Treetop Fire Burn Injury
Accident Investigation Report
<picture here>
Insert Date

Investigation Team:
< Include name, job title, company name, and team role for each team member. Include a signature and date line for the Team Leader at a minimum.>
Example:
Investigative Team:

_____ _____
NAME *Date*
Company
Title

_____ _____
NAME *Date*
Company
Title

_____ _____
NAME *Date*
Company
Title

Executive Summary:
< A brief narrative of the facts involving the accident including dates, locations, times, name of incident, jurisdiction(s), number of individuals involved, etc. Names of injured personnel or personnel involved in the accident are not to be included in this report (reference them by position).>
Example:
At approximately 2000 hrs on September 16, 2008, an accident occurred on the Green Monster Fire, BLM Elko District, Nevada. While driving from the fire en route to Midas station, Engine

XXXX attempted to drive a narrow portion of a two-track road adjacent to a ditch, slid into the ditch and tipped-over onto its side. The four person crew (engine captain, engine operator, engine operator (T) and crewmember), were not injured during the accident and did not require first aid treatment. All personnel were picked up by vehicle at the scene and transported to Midas Station.

Narrative:

< A detailed chronological narrative of events leading up to and including the accident, as well as rescue and medical actions taken after the accident. This section will contain who, what, and where.>

Example:

9/16/08 2000 hrs- Engine XXXX tips over into a ditch adjacent to two-track heading south to Scraper Springs road.

9/16/08 2010- Engine XXXX contacts Engine XXXX and reports an engine accident, no injuries. Contact made on tactical channel due to inability to hit a repeater from that location.

9/16/08 2017- XXXX contacts Dispatch, states Engine XXXX has rolled over, no injuries, need Helitack chase vehicle to provide crew ground transport. Helitack informed.

9/16/08 2107- Helitack has the crew from Engine XXXX, en route Midas station.

9/16/08 2129- Helitack and crew from Engine XXXX back at Midas station.

Investigation Process:

< A brief narrative of actions taken by the investigation team. This narrative should include investigation team membership, Delegation of Authority information (from who and contents), investigative actions and timeline (when the team conducted interviews, inspections, site visits, etc.), and if other sources were consulted (i.e. professional accident reconstruction experts, equipment manufacturers, etc.). This section should also address if environmental, equipment, material, procedural, and human factors were present, and state how findings/recommendations were developed.>

Example:

A four person BLM Review Team conducted the review. The investigation included an analysis of human, material, and environmental factors. The process included interviews, verification of documentation, visit to the accident scene, site photography, tire track analysis, examination of Engine XXXX and timeline review. The investigation team consisted of the following individuals:

NAME (Team Lead), Title

NAME (Safety SME), Title

NAME (Operations SME), Title

Name (Equipment SME), Title

NAME (Team Lead) received Delegation of Authority from Acting State Fire Management Officer on 9/17/08 at 0800 hrs.

The team received an in-briefing at the River Field Office by the Red River District Manager and Red River Zone FMO on 9/17/08 at 1300 hrs.

The team arrived at the accident scene at 1530 hrs the same day, and concluded team activities on 9/19/08.

Findings and Recommendations:

< Appropriate format is to list the finding, its discussion below it, and then the recommendation to address the finding.>

- <Findings are developed from the factual information. Each finding is a single event or condition. Each finding is an essential step in the accident sequence, but each finding is not necessarily causal or contributing. Do not include any more information in each finding than is necessary to explain the event occurrence. Findings must be substantiated by the factual data and listed in chronological order within the report. Do not include opinion or speculation.>
- <Discussion - Provide a brief explanation of factual and other pertinent information that lead to the finding(s).>
- <Recommendations - Recommendations are the prevention measures that should be taken to prevent similar accidents. Provide recommendations that are consistent with the findings, do not contain opinion or speculation, and identify who is responsible for completing the recommended action. If no action is required, state as such.>

Example:
Finding: *Injured firefighter was not wearing gloves when burns to hand occurred.*

Discussion: *Firefighter was attempting to assist saw squad to remove tree that was flaring up adjacent to completed fireline. Firefighter had removed gloves earlier and not put them back on. While pulling on branch of tree limb on uneven ground, branch broke causing firefighter to lose balance and put hand down into hot ashes.*

Recommendation:
The Red River District Fire Management Officer should ensure all fire crew members are appropriately wearing all Personal Protective Equipment (PPE), including gloves during fire suppression activities.

Conclusions and Observations:
< Investigation team's opinions and inferences, and "lessons learned" may be captured in the section.>
Example:
The XXXX Interagency Hotshot Crew was engaged in direct line construction operations on the XXXX Fire. The injured crewmember was extremely fortunate that his injuries were not worse. Only three days were lost due to the injury and at this time employee is back at work. Direct line construction remains one of the highest risk activities firefighters undertake in the accomplishment of their jobs. All employees of the Bureau of Land Management and the wildland fire service should be extremely mindful of what PPE they are using and when to have it on.
The wildland fire environment is constantly changing and so are the tasks that crews are asked to engage in. With that in mind, leaders need to be aware of what task their employees are engaged in at all times. Leaders should ensure their employees are following all agency policies and procedures related to the task they are performing. Employees are also to be mindful of the situation they are in and what task they are engaged in. Employees have a responsibility to themselves, their families, the agency and their leaders to follow all agency policies and procedures related to the operations they are involved in. These policies and procedures are in place for their safety and the welfare of the agency.
This incident should serve as an important lesson learned to all personnel engaged in fireline activities to utilize proper PPE. This was a minor injury but could have been much worse.

Even if the injured firefighter was wearing gloves, hot embers and material would have possibly got into his gloves and burned some portions of his hand. Wearing gloves may not have prevented all burns in this situation, but at least would have lessened the severity of the burns.

Maps/Photos/Illustrations

<Graphic information used to document and visually portray facts.>

Appendices:

<Reference materials (e.g. fire behavior analysis, equipment maintenance reports, agreements.) >

Records:

<Factual data and documents used to substantiate facts involving the accident.>

Example:

Time and attendance records- Crew 3

General Format/Structure Notes:

- *Use Times New Roman 12 point font.*
- *Single line space between paragraphs.*
- *Italicize publication names, and use full official title of the publication.*
- *Include page numbers in the lower right corner in the footer.*
- *Remember to spell out acronyms at tie first use, followed by the acronym in parentheses. The acronym only may be used in the rest of the document.*
- *Cover page should consist of "Accident Investigation", "Name of Accident" information. A representative picture may be included on this page.*
- *"Investigation Team" information should be on the first page following the cover page.*
- *"Executive Summary", "Narrative", "Investigation Process", "Findings and Recommendations", and "Conclusions and Observations" do not need to be separated by page breaks.*
- *"Maps/Photos/Illustrations", "Appendices", and "Records" sections should be separated by page breaks. All photos and records should be numbered, and captioned. Remember to compress photos to reduce file size.*
- *Text in this template in italics or denoted by "<" and ">" should be deleted; this text is presented to assist the writer.*