



ENVIRONMENT, SAFETY, HEALTH, AND
QUALITY DIVISION

Chapter 42: [Subcontractor Safety](#)

Site-specific Safety Plan Content and Approval Form

Product ID: [97](#) | Revision ID: 1575 | Date Published: 26 November 2013 | Date Effective: 26 November 2013

URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/subcontractorFormSSSP.pdf>

This form is required for *construction* and *high risk service* projects. It is to be completed by the SLAC project manager (or designee) and the prime subcontractor. The SLAC project manager indicates the required documents and records (in the SSSP Required Contents, Hazardous Materials, and Training Records sections); the subcontractor attaches them when submitting the completed form. Once approved, these combined documents/records and related documents comprise the site-specific safety plan (SSSP) for this project. All approvals are needed before work may begin. Approved SSSPs are maintained at the work site.

For projects with sub-tier subcontractors, the prime subcontractor (1) ensures each sub-tier directly contracted to it completes an SSSP for its scope of work (the prime prepares a site-specific safety plan content and approval form for each sub-tier and then submits the separate SSSPs to SLAC for approval) and (2) completes a separate SSSP covering the work it self-performs, in addition to the SSSP that addresses the overall project. (See [Subcontractor Safety: Non-green Work Procedure](#) [SLAC-I-730-0A21C-024].)

Project Name	PR #
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SLAC Project Contacts

SLAC Project Manager		
Phone	Cell	E-mail
SLAC FCM / SM		
Phone	Cell	E-mail
SLAC ESHQ Division Representative		
Phone	Cell	E-mail

Prime Subcontractor

Company Name		
Superintendent / Foreman		
Phone	Cell	E-mail
Safety Representative (if required)		
Phone	Cell	E-mail

Sub-tier Subcontractor ☐ N/A

Company Name		
License Classifications (if construction use California License Classification):		License #:
Superintendent / Foreman		
Phone	Cell	E-mail
Safety Representative (if required)		
Phone	Cell	E-mail

Project Activities

To be completed by subcontractor. Provide a brief overview of activities and equipment to be used. A more detailed list of job steps, hazards, and controls will be completed on the job safety analysis forms required for work planning and control once the work has begun.

Activity	Subcontractor Performing the Activity	Equipment to be Used

SSSP Required Contents

Form	Required Initially	Required Later	Form	Required Initially	Required Later
Job Safety Analyses (by task)	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry Permit	<input type="checkbox"/>	<input type="checkbox"/>
Demolition Plan	<input type="checkbox"/>	<input type="checkbox"/>	Fire Protection/Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	Hoisting and Rigging Plan	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Protection Plan: Spills and Release Prevention	<input type="checkbox"/>	<input type="checkbox"/>	CARB Registration Documentation for Portable Engines	<input type="checkbox"/>	<input type="checkbox"/>
Storm Water Protection Plan	<input type="checkbox"/>	<input type="checkbox"/>	Elevated Surface Work Plan	<input type="checkbox"/>	<input type="checkbox"/>
Dust Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	Laser SOP or JSA	<input type="checkbox"/>	<input type="checkbox"/>
Barricade / Signage Plan	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Generating Devices Authorization	<input type="checkbox"/>	<input type="checkbox"/>
Material / Equipment Staging Plan	<input type="checkbox"/>	<input type="checkbox"/>	Control of Hazardous Energy Plan	<input type="checkbox"/>	<input type="checkbox"/>
Waste Disposal / Recycling Plan	<input type="checkbox"/>	<input type="checkbox"/>	Penetration Permit	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Permit	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
License(s)	<input checked="" type="checkbox"/>		Sub-tier License(s)	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Materials

List and attach safety data sheets (SDSs).

1.	2.
3.	4.

Training and Related Records

<input type="checkbox"/>	Scissor / Boom Lift Operator	<input type="checkbox"/>	CPR / First Aid
<input type="checkbox"/>	Fork Lift Operator	<input type="checkbox"/>	Control of Hazardous Energy (LOTO)
<input type="checkbox"/>	Crane Operator	<input type="checkbox"/>	Electrician (California-certified journeyman)
<input type="checkbox"/>	Permit Required Confined Space Entry (for entrants, attendants, and entry supervisor)	<input type="checkbox"/>	Electrical Worker – Qualified (employer letter asserting employee's knowledge/training per NFPA 70E 110.2 and 29 CFR 1910.332 (b))
<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Laser Worker Safety (Class 3b and 4)
<input type="checkbox"/>	Scaffolding Competent Person	<input type="checkbox"/>	Laser Operator Training (Class 2 and 3a and 3R)
<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	Explosive-actuated Tool Operation
<input type="checkbox"/>	Fall Protection Competent Person	<input type="checkbox"/>	Respiratory Protection (training, fit test, and medically qualified)
<input type="checkbox"/>	Excavation Competent Person	<input type="checkbox"/>	Asbestos Worker
<input type="checkbox"/>	OSHA 30-hour Construction Safety (superintendent / foreman)	<input type="checkbox"/>	Hazwoper
<input type="checkbox"/>	OSHA 30-hour Construction Safety (safety representative)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Heat Illness Prevention	<input type="checkbox"/>	Other:

SSSP Approval

Your signature below indicates you have reviewed the attached SSSP documents and records, agree that they adequately address controls for identified hazards and related requirements, and approve this SSSP.

Prime Subcontractor			
Superintendent / Foreman	Name	Signature	Date
Safety Representative (if required)	Name	Signature	Date
Sub-tier Subcontractor			
Superintendent / Foreman	Name	Signature	Date
Safety Representative (if required)	Name	Signature	Date
SLAC			
SLAC Project Manager	Name	Signature	Date
SLAC FCM / SM	Name	Signature	Date
SLAC ESH Coordinator or ESHQ Division Representative	Name	Signature	Date
SLAC Laser Safety Officer (only required for projects involving lasers)	Name	Signature	Date

SSSP Amendments

Use this sheet to record approval of amendments. Attach additional sheets as necessary.

Amendment #			Date		
Description					
Prime Superintendent / Foreman	Initials	Date	Prime Safety Representative (if required)	Initials	Date
Sub-tier Superintendent / Foreman	Initials	Date	Sub-tier Safety Representative (if required)	Initials	Date
SLAC Project Manager	Initials	Date	SLAC FCM / SM	Initials	Date
SLAC ESH Coordinator or ESHQ Division Representative	Initials	Date	SLAC Laser Safety Officer (only required for projects involving lasers)	Initials	Date

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