



Project Planning

Project:			
Department:			
Location:			
Address/physical location:			
Start Date:		Completion Date:	
Scope: <input type="checkbox"/> New construction <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Mechanical upgrade <input type="checkbox"/> Landscaping <input type="checkbox"/> Roof repair <input type="checkbox"/> Painting <input type="checkbox"/> Playground install <input type="checkbox"/> Concrete work <input type="checkbox"/> Other _____			
Description:			
Contact Numbers			
Contact person		Name and/or Company Name	
Principal:			
Dept. Director			
Project Manager:			
Contractor in charge:			
Site foreman:			
Lead hand:			
Contractor #1:			
Contractor #2:			
Contractor #3			
Contractor #4:			
Contractor #5			
Custodian:			
PHRD Health and Safety: 780-307-4065		Gary Hove	
Emergency Numbers			
Police, Fire, Ambulance: 9-1-1			
Hospital	Barrhead 780-674-2221	Swan Hills 780-333-7000	Westlock 780-349-3301
Poison Centre: 1-800-332-1414 if busy call 403-944-1414			
Occupational Health and Safety: 1-866-415-8690			
PHRD Plant Operations: 780-674-8510			
PHRD Regional Office: 780-674-8500			
Location of First Aid station:			
On Site Supervisor			
<input type="checkbox"/> Director of Plant Operations		<input type="checkbox"/> PHRD Project manager	<input type="checkbox"/> PHRD foreman
<input type="checkbox"/> PHRD Lead hand		<input type="checkbox"/> Contractor in charge	<input type="checkbox"/> Other _____
Project Safety Committee			
Is a project safety committee needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give names			
Name:	Name:	Name:	
Name:	Name:	Name:	
Project safety meetings will be: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____			
Date of meeting:	Date of meeting:	Date of meeting:	
Date of meeting:	Date of meeting:	Date of meeting:	
Date of meeting:	Date of meeting:	Date of meeting:	



Site Safety Meetings		
Site safety meetings will be held? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
Safety meetings will be held on: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri at Time of day: _____ Location: _____		
Safety minutes will be posted at: _____		
Site Hazard Assessment (SHA)		
Has a site SHA been completed? Date _____		
Has the SHA been communicated to all involved? Date _____		
Is there a copy of the SHA kept on site by the supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Protective Equipment Requirements		
All persons working on site must have these items accessible or at the discretion of the site supervisor be wearing these items when on site. Workers not compliant with site PPE requirements may be asked to leave the site until requirements have been met. It is the responsibility of the worker or contractor and their employees to be fit and ready for work on the project. The supervisor of the project must ensure that these PPE project requirements are complied with. At any time a worker or contractor may exercise the option to protect themselves, their staff or other workers to a higher level of protection to ensure compliance with current OHS legislation or opinion of hazard risk.		
<input type="checkbox"/> Safety boots or shoes with a protective tow cap. This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion to task <input type="checkbox"/> at supervisors discretion	<input type="checkbox"/> Safety glasses This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion to task <input type="checkbox"/> at supervisors discretion	<input type="checkbox"/> High visibility vest or clothing This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion
<input type="checkbox"/> Hearing protection This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion	<input type="checkbox"/> Body protection i.e. coveralls This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion	<input type="checkbox"/> Respiratory protection This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion
<input type="checkbox"/> Head protection i.e. hard hat This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion	<input type="checkbox"/> Other _____ This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion	<input type="checkbox"/> Other _____ This item will be worn <input type="checkbox"/> at all times <input type="checkbox"/> at worker discretion <input type="checkbox"/> at supervisors discretion
Site Training Requirements		
Workers must have or work under the direct supervision of a competent worker trained in:		
<input type="checkbox"/> Construction safety training system <input type="checkbox"/> Confined space entry and monitor <input type="checkbox"/> Aerial lift <input type="checkbox"/> TDG <input type="checkbox"/> asbestos abatement <input type="checkbox"/> Other _____	<input type="checkbox"/> Fall protection <input type="checkbox"/> Scaffolding awareness <input type="checkbox"/> WMHIS <input type="checkbox"/> Power actuated tools <input type="checkbox"/> SCBA <input type="checkbox"/> Other _____	



Site Safety inspections		
Safety inspections will be preformed: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
Safety inspections:		
Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____
Temporary utility		
<input type="checkbox"/> Electricity _____ <input type="checkbox"/> Gas/heat _____		
<input type="checkbox"/> Water _____ <input type="checkbox"/> Other _____		
Emergency planning		
In the event of an emergency call 9-1-1 and notify school office		
Location of site map: _____		
Emergency Muster point: _____		
First aid requirements Number of first aiders required on site: _____ Level of first aid kit. <input type="checkbox"/> No. 1 <input type="checkbox"/> No. 2 <input type="checkbox"/> No.3 Location of first aid kit: _____		
Fire protection requirements <input type="checkbox"/> Class ABC extinguisher <input type="checkbox"/> Fire hose <input type="checkbox"/> Fire truck on stand by		
Location of fire protection equipment		
1. _____		
2. _____		
3. _____		
Pre-project meeting with site occupants over site emergency plan		
Date of meeting: _____		
Who attended meeting: 1. _____		
2. _____		
3. _____		
4. _____		
Changes to site emergency plan:		



Emergency drills:		
Date:	Date:	Date:

Completed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:
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