**SITE SPECIFIC SAFETY PLAN (3SP)**

**For:** Name of Project

Name of Contractor

Address of Project

**By:** Subcontractor

Address of Subcontractor

Phone Number of Subcontractor

**PRESIDENT:**

**Name: Email: Phone #**

**VICE PRESIDENT & SAFETY OFFICER**

**Name: Email: Phone #**

**VICE PRESIDENT OF OPERATIONS**

**Name: Email: Phone #**

**PROJECT MANAGER**

**Name: Email: Phone #**

**GENERAL SUPERINTENDENT**

**Name: Email: Phone #**

**PROJECT FOREMAN**

**Name: Email: Phone #**

**PROJECT SAFETY COORDINATOR**

**Name: Email: Phone #**

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# SECTION 1 EXECUTIVE SAFETY COMMITMENT

**Purpose**

**Scope**

**Policy**

Senior Executive, Superintendent/ Foreman and Onsite safety coordinator all sign and date this page stating they have read this document and will comply with all contained herein.

# SECTION 2 ON-SITE SAFETY COORDINATOR

Name this person along with their cell phone number. Attach certificates to include OSHA 30 within the past 5 years and First Aid/CPR within the past 2 years

# SECTION 3 SCOPE OF WORK:

## Subcontractor’s Scope of Work

## Subcontractor’s subcontractor’s Scope of Work

## Subcontractor’s safety obligation

 All terms and conditions of the contractor’s safety programs will be flowed down to all subcontractors and all tertiary tiers of subcontractors.

# SECTION 4 EMERGENCY ACTION PLANS

I. Objective –

1. Fire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Police/Sheriff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Ambulance/EMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. Assignment of Responsibility

III. Plan Implementation

A. Reporting Fire and Emergency Situations

B. Emergency Contact Information

C. Evacuation Routes

D. Securing Property and Equipment

E. Advanced Medical Care

F. Accounting for Employees/Visitors after Evacuation

G. Re-entry

H. Sheltering in Place

I. Severe Weather

J. Map and directions to nearest hospital

IV. Training

# SECTION 5 DRUG-FREE WORKPLACE PROGRAM

Must be in accordance with the Construction Industry Substance Abuse Program (CISAP) or more stringent.

# SECTION 6 COMPETENT/QUALIFIED PEOPLE

Include a list of all personnel who will serve as a competent person, what craft/hazard they are competent in, and include certification documentation for training in this area of expertise

# SECTION 7 SAFETY VIOLATION DISCIPLINE PROCEDURES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_intends to follow the discipline policies as outlined by contractor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_project:

Safety Violation Category 1**:** (could result in serious injury or property damage)

1st Offense – Minimum of 24-hour suspension, verbal warning to supervisor and

retraining for employee required prior to resuming work.

2nd Offense – Indefinite suspension of employee and written warning to

supervisor.

Safety Violation Category 2**:** (could result in injury or property damage)

1st Offense – documented verbal warning and notification of supervisor.

2nd Offense - Written warning and verbal warning and formal violation

notification of supervisor. Retraining will be required to resume

work.

3rd Offense - Suspension determined by severity of violation and written

warnings. Both the employee and supervisor will need retrained to

resume work.

**Negligence/Disregard/Sabotage:** (dangerous, violent, destructive or defiant behavior)

1st Offense – immediate removal from project

# SECTION 8 JOB HAZARD ANALYSIS (JHA)

* **EXAMPLE:**

****

# SECTION 9 SPECIFIC SAFETY PROTOCALS

Provide details of how you will conduct work relative to your scope while interacting with these hazards. Do not let this list limit those procedures that you may address. This list is merely to jog your thought process. These items may be incorporated into the JHA.

• **Hazard Analysis**

• **Personal Protective Equipment**

• **Fall Protection Program -** 100% tie off will be maintained whenever working 6’ (measured at feet) or greater

• **Cranes & Rigging –** Must include all certifications of A/D Director, operator, signaling and rigging personnel

• **Daily and Pre-Shift Inspections**

• **Special Procedures**

• **Excavations and trenches**

• **Scissor & Articulating lifts**

• **Material Handling**

• **Barricades**

• **Electrical**

• **Electric – Temporary**

• **Lockout / Tag out Procedures**

• **Lockout Devices**

• **Phone Use**

• **Powder Actuated Tool Use**

• **Scaffolding to include mobile and suspended**

• **Motorized Equipment to include fork lifts/Lull –** include current within the past 3 years all training certificates of any forklift operator especially rough terrain extendable reach FL

• **Environmental Hazards**

• **Confined Space Entry**

# SECTION 10 HAZARDOUS MATERIAL COMMUNICATION

Include brief detail on how employer will educate employees prior to coming on to this project. Also, include all MSDSs in this document. If more than 4, provide a table of contents with all MSDSs page numbered or tabbed.

# SECTION 11 MANDATORY SAFETY ORIENTATION

* All subcontractor employees will attend the safety orientation on their first day at the project site.
* All subcontractor employees will show their photo ID and up-to-date/current drug-free card at orientation.

# SECTION 12 RECURRING SAFETY REQUIREMENTS

### Weekly tool-box training

* Conduct weekly safety tool-box-talks
* Copies of the discussion and attendance will be turned in weekly to the contractor

### Incident Reporting and Investigation

* The investigation shall begin promptly after the incident.
* Preliminary results of any accident / incident / near miss will be shared with the contractor by the end of the day.
* Copies of all accident reports must be available to the contractor Project Superintendent.
* The contractor must be made aware of third party presence upon arrival, and in any case as soon as possible, of the purpose and results of such visits which relate to safety.
* Reporting and investigation forms included in this document
* Any incident resulting in injury greater than first aid or damage to material greater than $1,000 must result in an incident investigation that identifies root causes of the incident, and corrective actions taken by employer. This incident investigation shall be completed and turned in to the contractor no later than four days after the incident unless otherwise coordinated.

### Daily Task Safety Analysis/Job Hazard Analysis

* Turned in to the contractor daily

### Weekly routine safety inspections

* Daily safety inspections are to be conducted by the onsite safety coordinator, but only one per week is required to be turned in to the contractor’s superintendent by the end of each week

### Excavation and Trenching Daily Checklist

### Aerial lift/Scissor lifts/Any powered vehicle Pre-use Inspection Daily Checklist

### Daily scaffold inspection checklist