



Site Specific Safety Plan Procedure

Revised September 2017

DISCLAIMER:

This Site Specific Safety Plan Procedure is offered in good faith and is believed to be accurate and reliable at the time of completion. However, the program is made without warranty, claims, or guarantees as to its accuracy or the completeness, either expressed or implied, as to its condition or fitness for a particular purpose, merchantability, or any other matter. M Squared Safety, LLC assumes no liability for any loss, whether direct, indirect, special, consequential, exemplary, incidental, or of any kind or for any reason whatsoever arising out of its use.



Project Number: _____ Date: _____

Project Title: _____

Subcontractor Name: _____

Site Specific Safety Plan Procedure Form

Updated 01.11.2017

Procedure Intent:

This procedure will:

Help identify and document EHS (Environmental, Health, and Safety) issues and/or concerns in the project specifications/bidding process so that Subcontractors will be prepared to provide Contractor with a Specific **Site Specific Safety Plan**. The advantages are:

- a. Open communications between Contractor site representatives and Subcontractors regarding the potential safety hazards well in advance of job/task execution.
- b. Subcontractor will be informed of Contractor's EHS expectations
- c. Any associated costs for EHS compliance issues will be captured ahead.

Intended Output:

The Subcontractor will provide Contractor with a written Site Specific Safety Plan using the attached **Site Specific Safety Plan Form** that will document how the Subcontractor will address any anticipated and/or recognized hazards associated with their project/contract work. This is an important step in the communication process to promote open communication between the Service provider/Subcontractor and Contractor.

Contractor Life Saving Commitments Program:

Contractor has developed the Life Saving Commitments program, which focuses on eliminating serious injury and death on the jobsite. This program identified eight of the most prevalent high-hazard activities or "commitments" encountered on Contractor projects. Sections pertaining to any of the eight commitments in the Site Specific Safety Plan are labeled with the corresponding Life Saving Commitment symbol and highlighted in orange.



#1: Stored Energy



#2: Fall Protection



#3: Cranes & Rigging



#4: Confined Spaces



#5: Excavations



#6: Mobile Equipment



#7: Caught-in / Struck-by



#8: Drugs & Alcohol

A Site Specific Safety Plan shall be completed and submitted for all field work performed.



Project Number: _____ Date: _____

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Site Specific Safety Plan Form

The Contractor project manager/requestor, etc. should assist the Subcontractor in completing this form.

Use Contractor Subcontractor Safety Program Document as a reference and resource and consult with the Contractor EHS Department.

All required signatures must be obtained by the Subcontractor and/or Contractor/Project Manager/Requestor/etc. prior to submittal. The completed form must be submitted to and approved by the Contractor EHS PRIOR to ANY work taking place.

NAME OF PROJECT/WORK:	<input type="text"/>	DATE:	<input type="text"/>
PROJECT/WORK LOCATION:	<input type="text"/>	PROJECT #:	<input type="text"/>
CONTRACTOR PROJECT MANAGER:	<input type="text"/>	PHONE:	<input type="text"/>
CONTRACTOR SUPERINTENDENT:	<input type="text"/>	PHONE:	<input type="text"/>
CONTRACTOR FOREMAN:	<input type="text"/>	PHONE:	<input type="text"/>
NAME OF SUBCONTRACTOR TO CONTRACTOR:	<input type="text"/>		
PREPARED BY:	<input type="text"/>	PHONE:	<input type="text"/>
EMAIL:	<input type="text"/>		
SUBCONTRACTOR SAFETY REPRESENTATIVE:	<input type="text"/>	PHONE:	<input type="text"/>
EMAIL:	<input type="text"/>		
NAME OF SUBCONTRACTOR TO SUBCONTRACTOR:	<input type="text"/>		
PREPARED BY:	<input type="text"/>	PHONE:	<input type="text"/>



Project Number: _____ Date: _____

Project Title: _____

Subcontractor Name: _____

BRIEF SCOPE / DESCRIPTION OF PROJECT / WORK:

Empty space for project description.

EMERGENCY EVACUATION PLAN AND LOCATION (TO BE DETERMINED BY CONTRACTOR SITE SUPERVISION):

Empty space for emergency evacuation plan.



Project Number: _____ Date: _____

Project Title: _____

Subcontractor Name: _____



LIFE SAVING COMMITMENTS

#1: STORED ENERGY

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
LOCKOUT / TAGOUT (LOTO):	N/A <input type="checkbox"/>		If yes, Contractor Superintendent will inspect LOTO source and ensure LOTO procedures are followed.
Will LOTO be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Are LOTO procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a responsible person been assigned for overseeing LOTO requirements?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
PIPE AND VESSEL PRESSURE TESTING	N/A <input type="checkbox"/>		
Will any pipe / vessel pressure testing be required? <small>** NOTE: Hydrostatic testing is Contractor's preferred testing medium.</small>	<input type="checkbox"/>	<input type="checkbox"/>	
Will pipe/vessel testing be performed within design specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
Has Pressure Testing Safety Plan been developed and approved in accordance with the Stored Energy Procedure? <small>** NOTE: All Pressure Testing Safety Plans will be submitted to Project Management Team for approval. EHS will review as needed. Hydrostatic is the preferred testing method.</small>	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
COMPRESSED GAS	N/A <input type="checkbox"/>		Type of Cylinders and Quantity:
Will cylinders be brought on site?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there plans for safe use and storage on site?	<input type="checkbox"/>	<input type="checkbox"/>	



Project Number: _____ Date: _____

Project Title: _____

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LIFE SAVING COMMITMENTS
#2: FALL PROTECTION

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
LADDERS / SCAFFOLDING	N/A <input type="checkbox"/>		Metal ladders will be approved by Contractor Superintendents. Provide Competent Person(s) name, contact information, and training verification.
Will ladders be required? (All ladders – min. 300 lb. rating)	<input type="checkbox"/>	<input type="checkbox"/>	
Will scaffolding be require? (Scaffold Tags and inspections are required per Contractor policy.)	<input type="checkbox"/>	<input type="checkbox"/>	
Will fall protection be required? List equipment to be used.	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
FALL PROTECTION, LEADING EDGE WORK, ELEVATED SURFACES (no safety monitors):	N/A <input type="checkbox"/>		Systems to be used: Provide Competent Person(s) name and contact information.
Has a Fall Protection Rescue Plan been developed? Attach and describe plan.	<input type="checkbox"/>	<input type="checkbox"/>	
Will fall protection be required? (No safety monitors.) 100% protection > 6 feet	<input type="checkbox"/>	<input type="checkbox"/>	
Are competent/qualified persons identified to perform system and equipment inspections, identify hazards, and anchor points as needed?	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
ROOF WORK (No safety monitors):	N/A <input type="checkbox"/>		Approved by: _____
Will roof access be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a plan in place to get materials on/off roof?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a method for securing materials to prevent “blow offs” been identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Are chemicals or flammable/combustible materials going on roof?	<input type="checkbox"/>	<input type="checkbox"/>	



Project Number: _____ Date: _____

Project Title: _____

Subcontractor Name: _____



LIFE SAVING COMMITMENTS
#3: CRANES & RIGGING

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
CRANES AND RIGGING:	N/A <input type="checkbox"/>		
Will crane operations be required? ** NOTE: If yes, all crane plans will be reviewed by Regional Safety Manager 1 week prior to the lift.	<input type="checkbox"/>	<input type="checkbox"/>	Attach crane lift plan, operator, rigger, and signaler verification of training. Provide 3 rd party annual inspections.
Have all overhead lines been identified and the locations appropriately communicated?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any special lifting devices be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any Critical Lifts take place? ** Note: Contractor defines a Critical Lift as meeting any of the following criteria: (1) Exceeds 75% of the capacity of the crane or derrick; (2) Requires more than one crane or derrick; (3) Involves lifts over people or critical work processes	<input type="checkbox"/>	<input type="checkbox"/>	Attach and describe critical lift plan and activity.
Has all rigging equipment been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	Attach verification of training (to be submitted prior to work).
Is all equipment appropriate for the task(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all required safety inspections been completed?	<input type="checkbox"/>	<input type="checkbox"/>	Inspection logs completed for equipment/lift devices
Will traffic control be provided (pedestrian & vehicular)?	<input type="checkbox"/>	<input type="checkbox"/>	Attach flaggers/ names/training (2 minimum)



Project Number: _____ Date: _____

Project Title: _____

Subcontractor Name: _____



LIFE SAVING COMMITMENTS

#4: **CONFINED SPACES**

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
CONFINED SPACES:	N/A <input type="checkbox"/>		
Will any confined space work be performed? **NOTE: Atmospheric testing must be conducted daily prior to entry into a Confined Space.	<input type="checkbox"/>	<input type="checkbox"/>	
Will any Confined Space Entry Permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Have affected personnel been trained for confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>	
Will external rescue team services be used? Please specify the name of the provider.	<input type="checkbox"/>	<input type="checkbox"/>	
Have all entry procedures been provided and documented?	<input type="checkbox"/>	<input type="checkbox"/>	Attach Confined Space Plan. (Submitted prior to work)



LIFE SAVING COMMITMENTS

#5: **EXCAVATIONS**

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
EXCAVATIONS (all soil type is C)	N/A <input type="checkbox"/>		
Will equipment be brought on site? Please specify type.	<input type="checkbox"/>	<input type="checkbox"/>	
Will any work activities involve excavations greater than four feet?	<input type="checkbox"/>	<input type="checkbox"/>	Provide Competent Person name, contact info, and training verification.
Will a trench box/shoring be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Does fencing/barricade need to be installed?	<input type="checkbox"/>	<input type="checkbox"/>	



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Project Title: _____

Subcontractor Name: _____



LIFE SAVING COMMITMENTS

#6: MOBILE EQUIPMENT

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
MOBILE EQUIPMENT / POWERED INDUSTRIAL FORK TRUCKS / LIFTS / BOOMS	N/A <input type="checkbox"/>		
Will any mobile-powered equipment be required? Type to be brought on site?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, keep daily shift/inspection logs on the equipment.
Will you be using any special attachments?	<input type="checkbox"/>	<input type="checkbox"/>	
Are operators trained / certified for operations of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	Attach verification of training (To be submitted prior to work)
Is there a plan for fuel transfer / storage or battery changes?	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit / containment pad required containing 80% equipment capacity.



LIFE SAVING COMMITMENTS

#7: CAUGHT-IN / STRUCK-BY

SUBJECT	REQUIRED		SPECIFIC & DETAILED INFORMATION / DESCRIPTION REQUIRED FOR ALL QUESTIONS:
	YES	NO	
CAUGHT-IN / STRUCK-BY	N/A <input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	