



*Please place your company logo in the box above.

Site Specific Safety Plan Index

*Please select which sections of **your company's** Accident Prevention Plan that you ratify for the _____ project Site-Specific Safety Plan.

Company Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Project Manager: _____ Phone Number: _____

Email Address: _____

Superintendent: _____ Phone Number: _____

Email Address: _____

Foremen: _____ Phone Number: _____

Email Address: _____

Mission Statement	Rigging & Signaling
Responsibilities & General Instructions	Unified Fall Protection
Substance Abuse	Voluntary Respiratory Protection
Progressive Discipline	Outdoor Heat Exposure
New-Hire Orientation Procedure	Wildfire Smoke Inhalation
a. Sub-Contractor Orientation Procedure	Scaffolding
Emergency Action Plan	Confined Space/Alternate Entry
Personal Protective Equipment	Demolition
Hearing Conservation	Powder Actuated Tools
Blood Borne Pathogens	Respiratory Protection
Job Hazard Analysis	Respirable Crystalline Silica
Environmental Protection & Waste Management	Fleet Safety
Fire Prevention & Protection Plan	Stretch & Flex
Assured Grounding – Ground Fault Circuit Program	Asbestos Abatement
Hazardous Communications (HAZCOM)	Lead Abatement
Hand & Portable Power Tool Safety & Ergonomics	
Heavy & Mobile Equipment	
Trenching & Excavation	

*Please Check & fill all that applies to your scope companies of work & confirm training is current for effected employees & lower tier sub-contractors. Please print legibly.

Yes No

Fall Protection		
Will your company utilize Fall Protection in your scope of work?		
Has a written fall protection plan been created? (A 10' fall potential makes it mandatory in most cases)		
Has a rescue plan been created?		
Have both plans been reviewed by the crews?		
Competent Persons Name:		
Will a competent person always be on site?		
Scaffolding		
Will your company utilize Scaffolding in your scope of work?		
Competent Person overseeing assembly/disassembly of system?		
Competent Persons name & phone number:		
Competent Person completing daily, weekly & adverse condition inspections as required?		
Will a competent person always be on site?		
Aerial Lift		
Will your company utilize an Aerial Lift in your scope of work?		
Operator's name:		
Training up to date?		
Forklift		
Will your company utilize a Forklift in your scope of work?		
Operator's name:		
Training up to date?		
Crane		
Will your company utilize a Crane in your scope of work?		
Annual examination & crane certification completed for this season year?		
Has a Pre-Lift Plan been created & submitted?		
Has Form F416-043-000 Construction Mobile Crane Worksheet been completed & submitted?		
Equipment		
Will your company utilize Heavy Equipment?		
Will your company utilize Mobile equipment?		
Will your company utilize Powered Equipment?		
Will your company utilize Hand Tools?		
Powder Actuated Tools (PAT)		
Will your company utilize a PAT in your scope of work?		
Name of Persons certified to utilize the PAT:		

Yes No

	Yes	No
Rigging		
Will your company utilize rigging?		
Competent Person's name & number:		
Competent Person completing daily inspections as required?		
Will a competent person always be on site?		
Signaling		
Will your company utilize Signaling?		
Competent Person's name & number:		
Competent Person completing daily area inspections as required?		
Will a competent person always be on site?		
Ladder Safety		
Will your employees or lower tier subcontractors utilize ladders?		
Do your employees & lower tier subcontractors' complete inspections of ladders prior to use?		
Walking Working Surfaces & House Keeping		
Have your companies' employees & lower tier subs been trained to keep aisles & escape ways clear?		
Have your companies' employees & lower tier subs been trained to clean up after themselves daily?		
Confined Space /Alternate Entry		
Will your company perform any Alternate or Confined Space Entry activities in your scope of work?		
Entry Supervisors name & number:		
Entry Supervisor completing all documentation, inspections, & monitoring as required?		
Will the Entry Supervisors always be on site?		
Traffic Control		
Will your company or a lower tier subcontractor utilize traffic control?		
Traffic Control Supervisor name & number:		
TCS certification current?		
Asbestos Abatement		
Will your company or a lower tier subcontractor abate Asbestos on this project?		
Name of Qualified Person or lower tiered subcontractor:		
Training & certifications been checked?		
Lead Abatement		
Will your company or a lower tier subcontractor abate Lead on this project?		
Name of Qualified Person or lower tiered subcontractor:		
Training & certifications been checked?		

Yes No

Trenching & Excavation		
Will your company perform any Excavation activities in your scope of work?		
Will your company perform any Trenching activities in your scope of work?		
Will the excavation or trench be over 4' in depth?		
Will the excavation or trench be over 10' in depth?		
Is shoring required?		
Competent Person's name & number:		
Competent Person completing daily, weekly & adverse condition inspections as required?		
Will a competent person always be on site?		
Safe Communication		
Do all employees & lower tier subcontractors competently understand & speak English?		
If answer is no – see below:		
Will an interpreter be available at each location, so we can safely communicate?		
Name & number of Interpreter:		

<p>Please provide a moderately detailed description of your company's scope of work on this project below.</p> <p>Scope of Work:</p>
<p>Please list Personal Protective Equipment your scope of work usually requires, & in addition please list any PPE that your company considers mandatory.</p> <p>PPE:</p>

By completing this form, you are agreeing that your company's employees & any lower tier subcontractor brought on by your company are competently trained in accordance with all manufacturer recommendations, local, state & federal rules, standards, & guidelines that apply to the scope of work in your contracts.

Safety Representative/Person completing Site Specific Safety Plan:

Print name: _____

Signature: _____

Date: _____