

Site Specific Safety Plan

Company Information

Company:			
Company address:	Street:		
	State:		Zip:
Date:			
Person preparing this document:			
Competent person(s) that will be onsite when work is being performed:			

Jobsite Information

Jobsite Name:			
Jobsite Address:			
Nearest Hospital Name:			
Nearest Hospital Address:	Street:		
	State:		Zip:

Emergency Contacts

(If a catastrophic event were to happen who would be called at your company and in what order)

Emergency Contact Name	Phone Number	Email
1.)		
2.)		
3.)		
4.)		
5.)		

Emergency Response Procedures

Who is getting contacted, in what order, what are the field processes, etc.

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Site Specific Safety Plan

Specific Scope

Details of the work being performed on this project. Room names, locations, quantities and other relevant descriptions.

Hazards in Specific Scope

Identify all hazards associated with the specific scope described above. (Height issues, confined space, etc.)

Work Plan

How the work will be performed, and how each of the hazards stated above will be removed, reduced, and/or protected against.

Site Specific Safety Plan

Fall Protection Plan

(Only required if performing work over 6 feet above the ground)

Acknowledgements

Check all boxes

- 100% PPE Required
 - 100% Glasses
 - 100% Gloves
 - Hard Hats
 - Long Pants
 - Leather Work Boots
 - High Visibility Shirt
- Pre- Task Plans will be filled out daily
- Everyone on site will attend morning huddles/ stretch & flex
- Company equipment will be inspected daily