

Site Specific Safety Plan Template

Introduction:

In accordance with Section 107.08 of the City of Cincinnati Supplement and Specification 01 31 21 of the Detailed Provisions, the contractor must submit this completed DETAILED SITE SPECIFIC SAFETY PLAN as well as a copy of their Corporate Safety Program that covers the information/topics listed below. The Site Specific Safety Plan is to be specific, addressing anticipated/potential hazards that will be encountered while performing the contracted work. The Plan is to identify the procedures and methods for controlling the project-specific safety hazards identified. The CONTRACTOR is totally responsible for ensuring compliance with all federal, state, and local safety laws and regulations including, but not limited to, OSHA requirements. Acceptance of this Site Safety Plan by the City does NOT release the Contractor of responsibility. The duty and liability for safety shall remain with the Contractor. The Contractor may be required to provide additional information and/or clarification of information included in the Site Safety Plan. A copy of the Site Safety Plan will be filed with the City and the Contractor must have a copy available at the work site at all times.

Template Intent:

This template will:

Help identify and document Environmental, Health, and Safety issues and/or concerns in the project specifications/bidding process so that Contractors will be prepared to provide the City with a specific **Safety Plan**. The advantages are:

- > Open communications between City representatives and Contractors regarding the potential safety hazards well in advance of job/task execution.
- > Contractor will be informed of City's Safety expectations; and
- Any associated costs for EHS compliance issues will be captured ahead.

Intended Output:

The Contractor will provide the City with a written Site Specific Safety Plan using the following **Site Specific Safety Plan Template** that will document how the Contractor 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 Contractor and the City. This procedure identifies the most prevalent high-hazard activities encountered on City projects. This is NOT all inclusive and is NOT intended to replace the Contractors Corporate Safety Program, it is intended to be a guide and used in conjunction with their program.

A Site Specific Safety Plan shall be completed for all fieldwork performed.

| Contractor Name: | | |
|------------------------|-----------------------|--|
| Project: | Date Submitted: | |
| Project Location: | Site Map Included: | |
| Project Manager: | Phone: | |
| Project Foreman: | Phone: | |
| Competent | | |
| Person: | Phone: | |
| Project Safety Rep: | Phone: | |

| <u>Identify the Project's Definable Work Activities.</u> (i.e., Scope of Work, Equipment Utilized on the Project, Depth of Excavations/Trenches, Protective Systems to be Utilized, Existing Utilities within area, Safety Equip Used, etc.) | | | | | |
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|---|-----|------|---|
| Subject | Yes | No | |
| Caught-In / Struck-By Hazards: | | | Applicable to Site? |
| Are employees familiar with pinching and crushing points? | | | All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. |
| Are employees aware of the hazards associated with overhead loads and swing radius? | | | All documentation shall be submitted to MSD Document for proper review and retention per OSHA requirements. |
| Are all vehicles equipped with appropriate back-up alarms, horns, and lights? | | | |

| Subject | | uired | Specific & detailed information / description |
|--|--|-------|---|
| | | No | required for all questions. |
| Compressed Gas: | | | Applicable to Site? |
| Will cylinders be brought on site? | | | |
| Are there plans for safe use and storage on site? | | | |
| Will portable torch sets be required? (All gas cylinders and welding machines must be left outside of excavations and long enough leads provided.) | | | |

| Subject | | iired | Specific & detailed information / description |
|---|--|-------|---|
| | | No | required for all questions. |
| Control of Hazardous Energy: | | | Applicable to Site? |
| Will utilities such as gas, water, or electricity be affected by the work | | | |
| Will work occur near a Wastewater lift station or in Sewer (Sanitary Wastewater or Storm or Combined)? | | | |
| Is there a plan to control the release of hazardous energy (Electric, Water, Gas, Pneumatic, Wastewater)? | | | All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. |

| Subject | | uired | Specific & detailed information / description |
|---|--|-------|---|
| | | No | required for all questions. |
| Confined Spaces: | | | Applicable to Site? |
| Will any confined space work be performed? **NOTE: Atmospheric testing must be conducted daily prior to entry into a Confined Space. | | | |
| Will any Confined Space Entry permits be required? | | | All documentation shall be submitted to MSD Document for proper review and retention per OSHA requirements. |
| Have affected personnel been trained for confined space entry? | | | |
| What equipment will be provided for non-entry rescue? | | | |
| Will external rescue team services be used? Please specify the name of the provider. | | | |
| Have all entry procedures been provided and documented? | | | Attach Confined Space Plan. All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. |

| | Requ | uired | |
|---|------|-------|---|
| Subject | Yes | No | required for all questions. |
| Cranes and Rigging: | | | Applicable to Site? |
| Will crane operations be required? | | | Attach crane lift plan, operator, rigger, and signaler verification of training. Provide third party annual inspections. |
| Have all overhead lines been identified and the locations appropriately communicated? | | | |
| Will any special lifting devices be needed? | | | |
| Will any Critical Lifts take place? | | | Attach and describe Critical Lift Plan and activity. All documentation shall be submitted to MSD Document for proper review and retention per OSHA requirements. |
| Has all rigging equipment been inspected? | | | |
| Is all equipment appropriate for the task(s)? | | | |
| Have all required safety inspections been completed? | | | Inspection logs completed for equipment/lift devices. All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. |
| Will traffic control be provided (pedestrian & vehicular)? | | | Attach flaggers' names / training (2 minimum). |

| Subject | | uired | Specific & detailed information / description |
|---|--|-------|---|
| | | No | required for all questions. |
| Emergency Preparedness: | | | Applicable to Site? |
| Have the appropriate number of fire extinguishers been identified? Inspections will be performed monthly. | | | |
| Have emergency phone numbers been identified? | | | |
| Have adequate security measures been identified? | | | |
| Has an emergency evacuation plan been developed? | | | ** Include Emergency Action Procedures and Site Map along with the Corporate Safety Program. |
| Will emergency responders have easy access if needed? | | | |

| Subject | | iired | Specific & detailed information / description |
|--|--|-------|---|
| | | No | required for all questions. |
| Fall Protection, Leading Edge Work & Elevated Surfaces: | | | Applicable to Site? |
| Has a Fall Protection Rescue Plan been developed? Attach and describe plan. | | | All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. |
| Will fall protection be required? 100% protection > 6 feet. | | | |
| Are competent/qualified persons identified to perform system and equipment inspections, identify hazards, and anchor points as needed? | | | |

| Subject | | uired | Specific & detailed information / description |
|--|--|-------|---|
| | | No | required for all questions. |
| Flammable Gases / Liquids: | | | Applicable to Site? |
| Will any flammable gases and/or liquids be used? | | | |
| Have provisions for their storage been made? | | | |
| Will appropriate containers be utilized? Safety cans are required. | | | |
| Are secondary containment and spill kits required? | | | |

| Subject | | uired | Specific & detailed information / description |
|--|--|-------|---|
| | | No | required for all questions. |
| Hand and Power Tools: | | | Applicable to Site? |
| Will all grinders, saws and similar equipment have appropriate safety guards? | | | |
| Are power tools used with proper shields, guards, or attachments, as recommended by the manufacturer? | | | |
| Power tools must be equipped with a constant- pressure switch or control that shuts off the power when pressure is released. | | | |
| Will all cord-connected, electrically operated tools and equipment be properly grounded or of the approved double insulated type? | | | |

| Subject | | uired | Specific & detailed information / description |
|---|--|-------|---|
| | | No | required for all questions. |
| HAZCOM: | | | Applicable to Site? |
| Are all employees trained in Hazard Communication / GHS? | | | |
| Are all MSDS/SDS provided to MSD and a copy easy to obtain at job site? | | | Provide MSD with a Chemical Inventory of all chemicals to be utilized onsite and maintain primary copy at the job site. |
| Are employees trained to handle/use specific materials? | | | |
| Does storage and use meet all MSD, NFPA, Federal and State Regulations? | | | |
| Will flammable gas/liquid labels be needed? Will material labels be needed? GHS | | | |

| | | uired | Specific & detailed information / description | |
|---|-----|-------|---|--|
| Subject | Yes | No | required for all questions. | |
| Hot Work: | | | Applicable to Site? | |
| Are hot work activities to be performed? (Any flame or spark producing task.) Briefly describe. | | | | |
| Will any special PPE be required? | | | | |
| Will fire blankets/protective shields/screens be required? | | | | |
| Are fire watch personnel current with actual training? | | | | |

| | | iired | Specific & detailed information / description | |
|---|--------|-------|--|--|
| Subject | Yes No | | required for all questions. | |
| Housekeeping and Waste | | | Applicable to Site? | |
| Management: | | | | |
| All projects are to be maintained clean, sanitary, and orderly. | | | | |
| Is there a plan for waste disposal in place? | | | | |
| Are all characterization, containerization, segregation, storage, and disposal requirements understood? | | | All combustible scrap, debris and waste shall be stored safely and removed promptly. | |
| Is there a plan for water/wastewater discharges in place? Describe or attach plan. | | | | |
| Is there a spill plan in place? | | | Spill kits will be on site. | |

| | | uired | Specific & detailed information / description |
|--|--------|-------|---|
| Subject | Yes No | | required for all questions. |
| Ladders: | | | Applicable to Site? |
| Will ladders be required? (All ladders – min 300 lb. rating.) The ladder chosen must be long enough to provide access to the work area without necessitating standing on the top two steps of a stepladder or the top three rungs of a straight ladder. | | | |
| Will fall protection be required? List equipment to be used. | | | |

| | Required | | Specific & detailed information / description | |
|--|----------|----|--|--|
| Subject | Yes | No | required for all questions. | |
| Mobile Equipment / Powered Industrial Trucks / Lifts / Booms: | | | Applicable to Site? | |
| Will any mobile powered equipment be required? Type to be brought on site? | | | If yes, keep daily/shift inspection logs on the equipment. All documentation shall be submitted to MSD Document for proper review and retention per OSHA requirements. | |
| Will you be using any special attachments? ex. jibs, man lifts, etc. | | | | |
| Are operators trained / certified for operations of equipment? | | | Attach verification of training. All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. | |
| Is there a plan for fuel transfer/storage or battery changes? | | | Spill kit/containment pad required containing 80% equipment capacity. | |

| | | uired | Specific & detailed information / description required for all questions. | |
|--|--------|-------|---|--|
| Subject | Yes No | | | |
| Personal Protective Equipment: | | | Applicable to Site? | |
| What type of PPE will be used for this project? | | | | |
| Will any special PPE be required, i.e., respirators? What type? | | | Attach Respiratory Protection Plan if required. | |
| Have portable eye wash stations been set up on the jobsite? | | | | |
| Have personnel received training for special PPE requirements? NOTE: Hi Vis (yellow shirt) clothing is required. | | | | |
| Is there verification of medical respiratory protection clearance submitted / attached? | | | All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. | |
| Will respirators be worn on a voluntary use? (Half mask, paper, etc.) | | | Attach Appendix D for each employee. | |

| Re | | uired | Specific & detailed information / description |
|--|-----|-------|---|
| Subject | Yes | No | required for all questions. |
| Signs, Signals and Barricades: | | | Applicable to Site? |
| Describe site control measures, especially in high public areas such as playgrounds, parks, etc. | | | |
| Will perimeter barricades be used? | | | |
| Will any caution/danger signs be needed? | | | |

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| Subject | Yes | No | required for all questions. | |
| Temporary Traffic Control | | | Applicable to Site? | |
| Has a Traffic Control Plan been created? | | | Include Traffic Control Plan. | |
| Will construction activities affect pedestrian traffic? | | | | |
| Will flagging operation be needed? | | | Attach flaggers' names / training (2 minimum). | |

| Requi | | iired | | |
|---|-----|-------|---|--|
| Subject | Yes | No | required for all questions. | |
| Trenching and Excavations | | | Applicable to Site? | |
| Will all soil will be classified as type C: | | | | |
| Will trenching / excavation activities exceed a depth of 3ft? | | | ft is the MAXIMUM depth(s) of the trench(s)/ excavation(s) be on this project. | |
| Will any work activities involve trenches or excavations greater than four (4) feet in depth? | | | Provide Competent Person(s) name(s), contact info and training verification. Third party certification preferred. (Optional form included for contractor to assume all responsibility.) All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. | |
| Will trenching or excavation protection systems be needed onsite? | | | Please specify type (i.e., shoring, shielding, trench boxes, etc.). | |
| Has Tabulated Data / Engineering Specs for the protection system been submitted? | | | All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. | |
| Does fencing/barricade need to be installed? | | | Barricades, walkways, lighting, and signs must be provided for the protection of the public before the start of excavation operations. Guardrails, fences, or barricades will be provided adjacent to walkways, driveways and other pedestrian or vehicle. thoroughfares. | |
| Will daily inspections of excavations, adjacent area and protective systems for evidence that result in cave-in, failure of protective systems, hazardous atmospheres or other hazardous conditions be conducted before the start of work and as needed throughout the shift? | | | Inspections must be documented. All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. | |

| Subject | | uired | Specific & detailed information / description | |
|--|--------|-------|--|--|
| Subject | Yes No | | required for all questions. | |
| Underground Utilities | | | Applicable to Site? | |
| Have employees been trained in the protection of underground utilities in accordance with ORC 3781.261? | | | Submit training records. All documentation shall be submitted to MSD Document for proper review and retention per OSHA requirements. | |
| Will the construction activities occur on public or private property? | | | Specify Public or Private: | |
| Will a locator service be used to mark underground utilities? | | | Name of locator service? | |
| Will other methods be used to locate utilities (Ground Penetrating Radar, Review of As-builts, Potholing, etc) | | | Specify Method | |

| | | uired | Specific & detailed information / description | |
|--|--------|-------|---|--|
| Subject | Yes No | | required for all questions. | |
| Work Permits: | | | Applicable to Site? | |
| Will work take place at an MSD Wastewater Treatment plant or related location? | | | | |
| Will any utility interruption permits be required? | | | | |
| Will work activities occur near an active railroad line? | | | | |
| Will Hot Work (welding/cutting/grinding/ soldering/electrical) permits be required? | | | All documentation shall be submitted to MSD Document Control for proper review and retention per OSHA requirements. | |

COMPETENT PERSON DESIGNATION FORM INSTRUCTIONS

Read the statement at the top of the Competent Person Designation Form.

Employee Information:

Company: Write the name of the company. Name: Print the employee's full name.

Competent Person Designation(s):

Check the box to indicate which area the employee is being designated as a "Competent Person." (More than one box may be checked.)

Credentials Reviewed and Verified for Designation: (Completion of this section is mandatory. Be as detailed as possible – list specifics.)

- Review and verify the credentials of the employee.
- List any applicable formal training in the space provided.
- List the number of years of experience the employee has relevant to the Competent Person designations marked above.
- Check the appropriate box if the employee has completed a union apprenticeship.
- List any applicable informal training.
- Check the appropriate box if the designation is based on "On-The-Job" Performance.

Standards and Practices Training: (Completion of this section is mandatory.)

- Ensure the employee has read the relevant standards and practices governing the designations marked in the sections above.
- Ensure the employee fully understands the roles, responsibilities, and authority he/she will be expected to execute.
- Check the box indicating which standards and practices the employee read during the designation process.

Signatures:

- The Competent Person must sign and date the form accepting the responsibilities associated with the designations.
- The employee's supervisor, general foremen, or superintendent should sign and date the form acknowledging the designation.
 - The area construction manager must sign and date the form.

BACKGROUND

- Competent Person is a specifically defined designation from the federal OSHA standards and MUST NOT BE CONFUSED with a person who is competent (proficient and/or trained) to perform a job/activity.
- 2. Competent Persons must be designated for the following tasks/activities:
 - Aerial Lift Trainer
 - Asbestos Abatement
 - Demolition (large scale)
 - Excavation, Trenching and Shoring
 - Fall Protection Use Trainer
 - Fall Protection Equipment Inspection and Trainer
 - Lead Abatement
 - Ladder Inspection (portable)
 - Scaffold Erection and Inspection
 - Safety Monitor (roof)
 - Steel Erection
- 3. A Competent Person designation is predicated on an individual being <u>exceptionally</u> <u>well qualified</u> in his/her subject area, and NOT SIMPLY training, education, experience, or on-the-job training in/of themselves.
- 4. A Competent Person must demonstrate he/she is (a) highly knowledgeable on the subject and (b) capable of using consistently good judgment in carrying out the appointed responsibilities in the subject area; one may be competent, and not be a Competent Person.
- 5. We should LIMIT THE NUMBER of Competent Persons to no more than three per craft, per subject area, per project less if possible/appropriate. An exception may be in the subject areas such as excavation, trenching and shoring, and scaffold inspection.

In most cases, a Competent Person should be considered Competent from one project to another.

| COMPETENT PERSON DESIGNATION | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| An evaluation has determined that the perso procedures, proper use, inspection, manufac designated below. Consequently, this person delegated the responsibility and authority for | turer's recommendations and instru has been designated as a "Compe | uctions, and maintenance for the activities tent Person" per OSHA guidelines and | | | | | | | |
| Company: | | | | | | | | | |
| Name: | | | | | | | | | |
| Competent Person Designation(s) | | | | | | | | | |
| Check as appropriate: | | | | | | | | | |
| | Aerial Lift Trainer | Ladder | | | | | | | |
| | Asbestos | Lead Abatement | | | | | | | |
| | Demolition Scaffolds | | | | | | | | |
| | Excavation, Trenching and Shoring Steel Erection | | | | | | | | |
| | Fall Protection | Other: | | | | | | | |
| Credentials Reviewed and Verified for E Formal Training (describe, with year completed): | Designation | | | | | | | | |
| Years of Experience (give number of years): | | | | | | | | | |
| Union Apprenticeship | | | | | | | | | |
| Informal Training (describe): | | | | | | | | | |
| On-The-Job Performance (OJT, OJE): | | | | | | | | | |
| Signatures: | | | | | | | | | |
| Competent Person Date | | | | | | | | | |
| Foreman/General Foreman/Superintendent/Supervisor Date | | | | | | | | | |