SITE-SPECIFIC SAFETY PLAN (SSSP)

Keep a copy on site at all times. Revise whenever the scope, crew, phase or hazards change.

1. PROJECT INFORMATION

Project name		**Project number**		**Plan revision**	
Project address		**Owner / client**		**Revision date**	
General contractor		**Prepared by**		**Peak crew size**	
Start date		**Completion date**		**Contract scope**	

2. SCOPE OF WORK COVERED BY THIS PLAN

3. ROLES AND RESPONSIBILITIES

Role	Name	Company	Phone	Certifications
Project manager				
Site supervisor				
Safety representative				
Competent person - excavation				
Competent person - fall protection				
Competent person - scaffolding				
First aid / CPR responder				
Emergency coordinator				

4. HIGH RISK ACTIVITIES ON THIS PROJECT

Activity	On this job?	Permit req?	Competent person	Control summary
Work at height / fall protection				
Excavation and trenching				
Confined space entry				
Hot work / welding				
Energized electrical / LOTO				
Crane and rigging				
Scaffolding				
Aerial and scissor lifts				
Demolition				
Silica generating work				
Lead / asbestos				
Heavy equipment and traffic				
Chemical handling				
Heat and cold stress				

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SITE RULES, EMERGENCY PROCEDURES AND APPROVAL

5. SITE RULES IN FORCE

Inspection item	Pass	Fail	N/A	Corrective action / owner
Site orientation required before any worker starts				
Hard hat, eye protection and hi-vis at all times				
100% tie-off above 6 feet, no exceptions				
Daily pre-task plan / JHA before each task				
Weekly documented toolbox talk				
Daily housekeeping and debris removal				
Equipment inspected before each shift				
Permits issued and closed out each shift				
All incidents and near misses reported the same day				
Drug and alcohol policy in force				
Designated smoking areas only				
Cell phone and distraction policy in force				

6. EMERGENCY PROCEDURES

Assembly point		**First aid station**	
AED location		**Evacuation route**	
Severe weather procedure		**Spill response**	
Rescue plan for work at height		**Eye wash location**	

7. EMERGENCY CONTACTS

Contact	Name / organisation	Phone	Address
Emergency (fire / ambulance / police)		911	
Nearest emergency room			
Occupational clinic			
Project superintendent			
Site safety representative			
Utility locate (call before you dig)			
Rescue service			
Workers compensation carrier			

8. PLAN APPROVAL

Project manager		**Date**	
Site supervisor		**Date**	
Safety representative		**Date**	
GC / owner acceptance		**Date**	

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