



Essentials Health & Safety Plan Sample

Good for smaller projects and bid qualifications

*Has All the Essential Elements of a well-founded
Health & Safety Assurance Plan*

Contact:

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PROJECT HEALTH AND SAFETY PLAN

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8. SAFETY AND HEALTH INSPECTIONS

[CompanyName] will conduct a coordinated array of safety inspections and tests that will verify that work processes and results conform to this Health and Safety Plan, contract requirements, and [CompanyName] safety standards.

Inspections are necessary to verify that work processes and results conform to both contract requirements and [CompanyName] safety standards.

Qualified personnel inspect every project throughout the construction process. Additional reviews validate the accuracy of the field safety inspections and ensure that the safety standards apply uniformly.

An inspection and test plan defines the safety inspections and tests required for a specific project.

Personnel may only inspect construction activities for which they have been qualified by the Safety Manager.

a. INSPECTIONS

(1) DAILY SAFETY INSPECTIONS

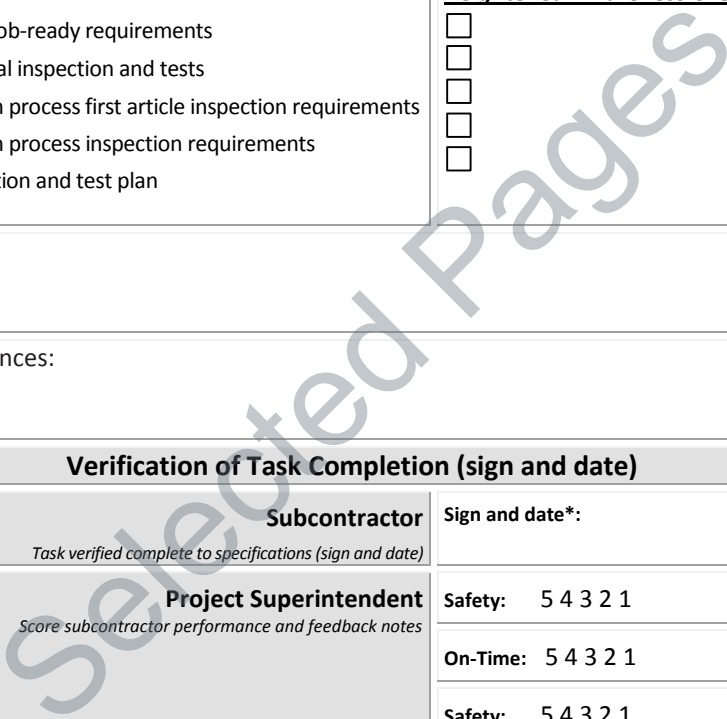
The Safety Manager or Superintendent, both competent persons, will conduct daily site safety inspections every day that there is work activity on the jobsite. Any noted deficiencies will be identified on that day's Daily Report shown as an exhibit in this subsection.

(2) TASK SAFETY INSPECTIONS

The Superintendent will conduct a series of safety inspections for each Task identified in this HSP:

- a) In advance of work, a Preparatory Site Inspection
- b) Immediately prior to work beginning, an Initial Job-Ready Safety Inspections
- c) Material safety inspection and tests

[CompanyName] Task Inspection Form Version June 1, 2012			
_____ Task (Section#)			
Project: Id# [ProjectNumber]	Project Name: [ProjectName]	Location/Area:	Subcontractor Company ID#: _____ Name: _____
Reference Specifications:		Reference drawings:	Crew ID/Name
<u>Compliance Verification</u> <input type="checkbox"/> Compliance with initial job-ready requirements <input type="checkbox"/> Compliance with material inspection and tests <input type="checkbox"/> Compliance with work in process first article inspection requirements <input type="checkbox"/> Compliance with work in process inspection requirements <input type="checkbox"/> Compliance with inspection and test plan		<u>Heightened Awareness Checkpoints</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Production Notes:			
Reported Nonconformances:			
Verification of Task Completion (sign and date)			
Subcontractor <i>Task verified complete to specifications (sign and date)</i>		Sign and date*:	
Project Superintendent <i>Score subcontractor performance and feedback notes</i>		Safety: 5 4 3 2 1	
<i>Task verified complete to specifications (sign and date)</i>		On-Time: 5 4 3 2 1	
Safety Manager <i>Score subcontractor performance and feedback notes</i>		Safety: 5 4 3 2 1	
<i>Task verified complete to specifications (sign and date)</i>		Sign and date*:	
* On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.			



9. ACCIDENT REPORTING

a. EXPOSURE DATA

The Safety Manager will submit Monthly Man-hour Exposure Reports to the Contracting Officer no later than the 5th workday of each month. The report encompasses on-site work including all hourly and salaried employees. The report will include all subcontractors working on this project.

Exposure data will be reported on the Man-Hour Exposure Reports form included as an exhibit in this subsection.

b. ACCIDENT INVESTIGATION REPORTS AND LOGS

(1) ACCIDENT REPORTS


All accidents occurring incidentally to the project is investigated, reported, and analyzed. The Safety Manager will report all accidents and injuries no matter how slight. The Safety Manager will notify the Contracting Officer as soon as practical, but not later than 24 hours, after any accident. The accident notification will include: contractor name; contract title; type of contract; name of activity, installation or location where accident occurred; date and time of accident; names of personnel injured; extent of property damage, if any; extent of injury, if known; and brief description of accident (to include type of construction equipment used, PPE used, etc.).

The Safety Manager will notify the Contracting Officer as soon as practical, but not later than four hours, after any accident that

- Meets the definition of Recordable Injuries or Illnesses or High Visibility Accidents
- Property damage equal to or greater than \$2,000
- Weight handling equipment accident in accordance with NASA NPG 8621.1.

Preserve the conditions and evidence on the accident site until the Government investigation team arrives on-site and Government investigation is conducted.

The Safety Manager will notify the Contracting Officer immediately when there is:

- A fatal injury
 - A permanent total disability
 - A permanent partial disability
 - The hospitalization of three or more people resulting from a single occurrence
 - Property damage of \$200,000 or more
- 

OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
 Title _____
 Phone (____) _____-____ Date ____/____/____

Information about the employee

- 1) Full name _____
- 2) Street _____
 City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____

- 7) If treatment was given away from the worksite, where was it given?
 Facility _____
 Street _____
 City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
 Yes
 No

- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*
- 18) **If the employee died, when did death occur?** Date of death ____/____/____

10. RISK MANAGEMENT PROCESSES

a. TASK ACTIVITY HAZARD ANALYSIS

As the project proceeds, the Safety Manager prepares an Activity Hazard Analysis (AHA) for each Task. AHAs will be prepared using the form on the following page and will be presented and discussed at the Preparatory Phase Meeting prior to starting the definable feature of work.

Selected Pages

[CompanyName] Activity Hazard Analysis (AHA)

Activity/Work Task:	Risk Assessment Code (RAC) Rating Matrix					
Project Location:						
Contract Number:	Severity	Probability				
Date Prepared:		Frequent	Likely	Occasional	Seldom	Unlikely
Prepared by (Name/Title):	Catastrophic	E	E	H	H	M
	Critical	E	H	H	M	L
Reviewed by (Name/Title):	Marginal	H	M	M	L	L
	Negligible	M	L	L	L	L
Notes: (Field Notes, Review Comments, etc.)		<p>Step 1: Review each "Hazard" with identified safety "Controls" and determine RAC rating (above). "Probability" is the likelihood to cause an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely. Severity" is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible Step 2: Identify the RAC (Probability/Severity) rating as E, H, M, or L for each "Hazard" on AHA. Annotate the overall highest RAC at the top of AHA.</p>			<p>RAC Rating E = Extremely High Risk H = High Risk M = Moderate Risk L = Low Risk</p>	

Job Steps	Hazards	Controls	RAC
Equipment to be Used	Training Requirements/Competent or Qualified Personnel name(s)	Inspection Requirements	



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