OSHA Health & Safety/Illness & Injury Prevention Plan (IIPP)

Selected pages (not a complete plan)

Sample includes:

- ✓ Health & Safety/IIPP Sample Pages
- ✓ Risk-specific Hazard Plan Sample Pages
- ✓ Forms Examples

Contact:
First Time Quality
410-451-8006

www.firsttimequalityplans.com

[CompanyName]

Health and Safety/Illness & Injury Prevention Plan

[ProjectName]
[ProjectNumber]

Management acceptance

This Site Health and Safety/Illness & Injury Prevention Plan has been reviewed and accepted.

Endorsed By: (Name / Title)	[SafetyManagerName], Safety Manager		
Signature:	*[SafetyManagerName]*	Date:	[Date]
Version	1.0	Notes	Initial Issue

PROJECT HEALTH AND SAFETY PLAN

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6. TRAINING

All Project personnel must undergo all training required by this plan before they may perform project work.

As the project proceeds, newly hired employees and new employees assigned to the project must undergo training required by this plan before they may perform project work.

The Training Plan and Log form lists the training required by this project.

(1) SAFETY TRAINING RECORDS

Records will be kept on training activities including training topics and participants.

Training records will be kept on the Training Record form included as an exhibit in this subsection.

b. REQUIREMENTS FOR NEW HIRE SOH ORIENTATION TRAINING

The Safety Manager conducts a meeting with the Project Manager, Superintendent, and other key management and safety personnel. Topics to discuss include:

- Details of the HSP and how they will be incorporated plans, programs, and procedures.
- A listing of anticipated AHAs that will be developed and implemented during the performance of the contract. This list of proposed AHAs will be reviewed and agreed upon.
- A schedule for the preparation, submittal, review, and acceptance of AHAs to preclude project delays.
- Deficiencies in the submitted HSP

The functions of the Pre-construction Safety Conference may be incorporated into other planning meetings. Customer safety training on operation and maintenance

During the project closeout phase, the Safety Manager trains customers on the safety aspects of operation and maintenance of the completed project.

The Safety Manager ensures that all employees receive training relevant to their safety responsibilities including job hazards and activity hazards.

The Safety Manager ensures that all subcontractors receive training on relevant elements of the [CompanyName] Safety System, Project Health and Safety Plan, and safety standards.

The Safety Manger identifies the training needs of all personnel performing activities that affect safety. Training topics may include:

- The [CompanyName] Safety System
- The [CompanyName] Safety Policy
- Specific operating policies identified in the Safety Manual
- Specific safety standards cited in the Safety Manual, or project documents, or records
- Specific safety standard operating procedures
- Customer operation and maintenance training

- Job hazard analysis
- Activity hazard analysis
- Safety communications

The Safety Manager develops a Site-specific Safety Training and Communications Plan that describes methods of communications among the customer, subcontractors, suppliers, and [CompanyName]. The Site-specific Safety Communications Plan includes:

- Distribution of the assigned responsibility and authority of the Project Manager, Safety Manager, and Superintendent and the Project Organization Chart.
- Customer points of contact including engineers, architects, and safety assurance personnel.
- Subcontractors and supplier points of contact
- Project pre-construction meeting participants, date, and location
- Work Task safety plan meeting participants, and nominal location.
- Weekly project communication meeting participants, and nominal day of week, time, and location
- Daily construction report distribution, frequency, and due date
- Monthly project status report distribution and due date
- Distribution of safety inspection and test records, and due date
- Nonconformance report distribution and customer approval authority
- Location of Site-specific Safety records storage and point of contact for records access

The Safety Manager indoctrinates each employee into the safety program goals, responsibilities, authority, policies, requirements, rules, and procedures.

Prior to commencement of construction activities, all construction personnel assigned to the project will have completed safety indoctrination training including:

- Requirements and responsibilities for incident prevention and maintaining safe and healthful work environments
- General safety and health policies and procedures and pertinent provisions of the Federal and State standards and regulations
- Employee and supervisor responsibilities for reporting all incidents
- Provisions for medical facilities and emergency response and procedures for obtaining medical treatment or emergency assistance
- Procedures for reporting and correcting unsafe conditions or practices
- Job hazards and the means to control/eliminate those hazards, including applicable activity hazard analysis.
- Specific training as required by Federal, State and Local regulations.

All site personnel will sign the acknowledgement page and have the signed page placed in their training files. The Safety Manager has the responsibility of ensuring that personnel assigned to this project comply with these requirements.

C. Requirements for Mandatory Training and Certifications

7. 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.

Should an incident occur, or an inspection identifies a safety issue, we systematically contain the issue and quickly make corrections.

(1) Control the Continuation of Work

Our first action is to prevent further injuries or harm by clearly mark the area with a warning system such as signs, tags, and labels, or other easily observable signal to prevent entry to a hazardous area or use of hazardous equipment and materials.

After the warning system is in place, the Safety Manager or Superintendent determines if work can continue in the affected area:

> CONTINUE WORK: When continuing work does not adversely affect safety, work may continue in the affected area while the disposition of the item is resolved. The Safety Manager may place limitations on the continuation of work.
>
> STOP WORK ORDER: When continuing work can adversely affect safety, work must stop in the affected area until the disposition of the item resolved. The Safety Manager identifies the limits of the affected area. The Safety Manager quickly and clearly marks the stop work area.

(2) Recording of Nonconformances

If safety nonconformances or observed items are not immediately corrected, the Safety Manager records the nonconformances on a nonconformance report.

Nonconformances and their resolution are recorded on a Nonconformance Report form. A Nonconformance Report form exhibit is included in this subsection.

The Safety Manager assigns a planned date by which the deficiencies will be corrected on the Nonconformance Report Control Log included in this section. The date may be assigned for all items or individual items as necessary.

The Safety Manager will conduct a follow-up inspection and verify that all nonconforming items have been corrected.

(3) Corrective Actions

We expedite a corrective action that brings the safety issue into conformance. Similar hazards are reinspected for similar nonconformances.

Fixing a safety problem is not sufficient. [CompanyName] systematically prevents recurrences to improve safety. First enhanced controls and management monitoring are put into place to assure work proceeds without incident. Then using a structured problem-solving process, we identify root causes and initiates solutions. Solutions may involve a combination of enhanced process controls, training, upgrading of personnel qualifications, improved processes, and/or the use of higher-grade materials. Follow-up ensures that a problem is completely resolved. If problems remain, the process is repeated.

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) Work Task Safety Inspections

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

a) In advance of work
b) Immediately prior to work beginning
c) Material safety inspection and tests
d) As work continues, follow-up work in process safety inspections
e) At the completion of the work task, a completion safety inspection

Material safety inspections and tests ensure that purchased materials meet purchase contract quantity and safety standards. The Superintendent inspects or ensures that a qualified inspector inspects materials prior to use for conformance to Site-specific Safety standards.

The Superintendent ensures that each work task that uses the source-inspected materials proceed only when the material has been accepted by the material safety inspection or test.

Work in process safety inspections continuously verify compliance Site-specific Safety standards beginning at the start of a work task, as work is conducted, and continues until the work task is complete.

For each work task, the Superintendent or a qualified inspector performs job-ready safety inspections to ensure that construction activities begin only when they should begin. Job-ready safety inspections verify that conditions conform to the Site-specific Safety standards.

[CompanyName] Monthly Safety Evaluation Checklist			
FEAD/ROC C OFFICE		DATE	
CONTRACTOR		CONTRACT % COMPLETE	
CONTRACT TITLE		QC MANAGER	
SUPERINTENDENT		PERSON COMPLETING INSPECTION	
SITE SAFETY MGR		FINAL OVERALL SCORE	

ALL QUESTIONS ANSWERED "NO" WILL BE ENTERED INTO THE SAFETY and OCCUPATIONAL HEALTH TRACKING SYSTEM FOR CORRECTION

Preparatory Phase/Planning

Yes	No	N/A	
☐	☐	☐	ACCEPTED INCIDENT PREVENTION PLAN ON SITE and UPDATED TO REFLECT CURRENT MANAGEMENT?
☐	☐	☐	COMPETENT PERSON EMPLOYED AS SITE SAFETY and HEALTH OFFICER? (SSHO)
☐	☐	☐	SAFETY and HEALTH BULLETIN BOARD ERECTED IN AREA COMMONLY ACCESSED BY WORKERS?
☐	☐	☐	SAFETY and OCCUPATIONAL HEALTH DEFICIENCY TRACKING SYSTEM ESTABLISHED and UPDATED DAILY?
☐	☐	☐	QUALIFIED PERSON CONDUCTING/DOCUMENTING SAFETY INDOCTRINATION TRAINING FOR NEW EMPLOYEES?
☐	☐	☐	ACTIVITY HAZARD ANALYSIS (AHA) with COMPETENT PERSON IDENTIFIED and PROOF OF QUALIFICATIONS ATTACHED and ACCEPTED BY GOVERNMENT DESIGNATED AUTHORITY FOR EACH WORK ACTIVITY ON SITE?
☐	☐	☐	ACTIVITY HAZARD ANALYSIS REVIEWED DURING PREPARATION and INITIAL PHASE MEETING?
☐	☐	☐	ARE WEEKLY SAFETY MEETINGS FOR ALL WORKERS BEING HELD ON SITE and DOCUMENTED?
☐	☐	☐	ARE MONTHLY SAFETY FOR ALL SUPERVISORS ON THE PROJECT DOCUMENTED?
☐	☐	☐	HAZARD COMMUNICATION PROGRAM SUBMITTED and IMPLEMENTED IAW 29 CFR 1910.1200 or 29 CFR 1926.59?
☐	☐	☐	MSDS FOR EACH HAZARDOUS SUBSTANCE MAINTAINED WITH SITE MAP ATTACHED?
☐	☐	☐	PRIME CONTRACTOR ASSURING SUBCONTRACTOR COMPLIANCE WITH REQUIREMENTS OF SAFETY PROGRAM?
			Other ☐ Extra Credit ☐

Office Trailer

Yes	No	N/A	
☐	☐	☐	OFFICE and STORAGE TRAILERS ANCHORED?
☐	☐	☐	EMERGENCY PHONE NUMBERS POSTED?
☐	☐	☐	PHONE AVAILABLE ON SITE?
☐	☐	☐	COPY OF CONTRACTOR SIGNIFICANT INCIDENT REPORT FORM ON-SITE?

☐	☐	☐	CONTRACTOR AWARE IMMEDIATE NOTIFICATION OF ALL INJURIES REQUIRED BY OSHA?
☐	☐	☐	EMERGENCY PLANS IN CASE OF FIRE OR OTHER EMERGENCY PREPARED IN WRITING and REVIEWED?
☐	☐	☐	DRINKING WATER WITH DISPOSABLE CUPS and A WASTE RECEPTACLE AVAILABLE?
☐	☐	☐	TOILET FACILITIES WITH WASHING FACILITIES AVAILABLE?
☐	☐	☐	MAP DELINEATING BEST ROUTE TO NEAREST MEDICAL FACILITY POSTED ON SAFETY BULLETIN BOARD?
☐	☐	☐	FIRST AID KIT, TYPE III, 16 UNITS, and ONE POCKET MOUTHPIECE OR CPR BARRIER PROVIDED and MAINTAINED WITH INVENTORY LOG AVAILABLE?
☐	☐	☐	SITE POSTED "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc.?
☐	☐	☐	GARBAGE CANS and DUMPSTERS AVAILABLE?
☐	☐	☐	WORK AREAS INSPECTED DAILY FOR ADEQUATE HOUSEKEEPING and RECORDED ON DAILY INSPECTION REPORTS?
☐	☐	☐	TRAFFIC CONTROL AROUND SITE ADEQUATE?
			Other ☐ Extra Credit ☐

Fire Prevention

Yes	No	N/A	
☐	☐	☐	WRITTEN FIRE PREVENTION PLAN ON SITE and USED TO BRIEF EMPLOYEES?
☐	☐	☐	FIRE EXTINGUISHERS AVAILABLE, FULLY CHARGED, EASILY VISIBLE WITHIN 75 FEET FOR LOW HAZARD AREAS?
☐	☐	☐	FIRE EXTINGUISHERS INSPECTED MONTHLY, RECORDED ON TAGS, and INITIALED?
☐	☐	☐	FUEL STORED IN SAFETY CANS LABELED/LISTED and PAINTED RED WITH YELLOW BAND and CONTENTS INDICATED?
☐	☐	☐	ARE HOT WORK PERMITS BEING OBTAINED?
☐	☐	☐	ARE FIRE WATCHES PROVIDED?
			Other ☐ Extra Credit ☐

Scaffold Safety

Yes	No	N/A	
☐	☐	☐	COMPETENT PERSON SUPERVISES ALL ERECTION, MOVING, DISMANTLING, OR ALTERING OF ALL SCAFFOLDING?
☐	☐	☐	PLANKS OVERLAPPED NOT LESS THAN 6" OR MORE THAN 12" OVER END SUPPORTS WITH TOE BOARDS IN PLACE?
☐	☐	☐	SCAFFOLD PINNED PROPERLY and ALL CROSS BRACING IN PLACE?
☐	☐	☐	SCAFFOLD HEIGHT 4 TIMES SMALLEST BASE DIMENSION IS SYSTEM SECURED TO STRUCTURE?
☐	☐	☐	ALL GUARDRAILS ARE IN PLACE?
☐	☐	☐	FULL WORK PLATFORM OR DECKS AT EACH WORKING LEVEL WITH NO CRACKS/SPLITS?
☐	☐	☐	WORK PLATFORM OR DECK SECURELY FASTENED TO THE SCAFFOLD?
☐	☐	☐	SAFE ACCESS PROVIDED TO EACH WORKING LEVEL?
☐	☐	☐	SCAFFOLD and COMPONENTS NOT OVERLOADED?
☐	☐	☐	IS SCAFFOLD SYSTEM PLUMB and LEVEL?
☐	☐	☐	SUSPENDED SCAFFOLD SYSTEMS USING INDEPENDENT PERSONAL FALL ARREST SYSTEM?

☐	☐	☐	PERSONNEL PROHIBITED FROM RIDING ON MANUALLY PROPELLED SCAFFOLDS?
			Other ☐ Extra Credit ☐
Fall Protection			
Yes	**No**	**N/A**	
☐	☐	☐	ARE EMPLOYEES TRAINED FOR FALL PROTECTION SYSTEMS IN USE?
☐	☐	☐	HAS THE CONTRACTOR DESIGNATED A COMPETENT PERSON FOR FALL PROTECTION?
☐	☐	☐	FALL PROTECTION PPE PROVIDED FOR ALL WORKING IN AREAS WHERE THEY COULD FALL 6' OR MORE?
☐	☐	☐	IS FULL BODY HARNESS USED WHERE APPLICAPLE?
☐	☐	☐	ALL WORKERS ALOFT TIED OFF AT ALL TIMES TO STRUCTURAL ELEMENT CAPABLE OF SUPPORTING 5,000 LBS?
☐	☐	☐	HAVE STANDARD GUARDRAILS BEEN PROVIDED WHERE NEEDED?
☐	☐	☐	HAVE HORIZONTAL LIFELINES BEEN DESIGNED and INSTALLED UNDER SUPERVISION OF A QUALIFIED PERSON?
☐	☐	☐	MARINE (VESSEL) DECKS 6 FEET OR MORE ABOVE OTHER SURFACES TYPE A OR TYPE B FALL PROTECTION PROVIDED?
			Other ☐ Extra Credit ☐
Ladder Safety			
Yes	**No**	**N/A**	
☐	☐	☐	LADDERS EXTEND 3' ABOVE LANDING PLATFORM and TIED TO STRUCTURE?
☐	☐	☐	LADDERS OVER 20 FOOT NOT USED ON PROJECT?
☐	☐	☐	ARE LADDERS USED WITH HAND TOOLS ONLY?
☐	☐	☐	ARE LADDER BASE DISTANCES FROM STRUCTURE 1/4 HEIGHT?
☐	☐	☐	ARE FLOOR OPENINGS EITHER COVERED OR SURROUNDED BY A GUARDRAIL?
☐	☐	☐	ELECTRICIANS NOT USING CONDUCTIVE LADDERS?
☐	☐	☐	STAIRWAYS PROVIDED ON ALL STRUCTURES OVER 20' DURING CONSTRUCTION/WITH GUARDRAIL?
☐	☐	☐	PORTABLE STEP LADDERS OVER 20' NOT USED ON THE SITE?
☐	☐	☐	ARE LADDERS PROPERLY USED?
			Other ☐ Extra Credit ☐
Excavations			
Yes	No	N/A	
☐	☐	☐	DIGGING PERMITS OBTAINED WHEN REQUIRED?
☐	☐	☐	COMPETENT PERSON INSPECTED and DOCUMENTED EXCAVATION DAILY?
☐	☐	☐	HIGH VISIBILITY APPAREL WORN BY ALL WORKERS EXPOSED TO VEHICLE TRAFFIC OR WORKING AROUND EQUIPMENT
☐	☐	☐	EXCAVATOR, BACKHOE OPERATING MANUAL FOR HYDRAULIC EQUIPMENT and ATTACHMENTS ON-SITE?
☐	☐	☐	EXCACATOR EQUIPMENT USED AS HOISTING EQUIPMENT ON CONTRACTS AWARDED SINCE JUNE 2005 FOLLOW NEW EM-385 SECTION 16.N.01 REQUIREMENTS BELOW
☐	☐	☐	A. WRITTEN PROOF OF QUALIFICATION OF EQUIPMENT OPERATORS, RIGGERS INVOLVED IN HOISTING, TRANSPORTING OPERATIONS

☐	☐	☐	B. OPERATIONAL TEST PERFORMED WITH EQUIPMENT?
☐	☐	☐	C. MANUFACTURERS OPERATING MANUAL WITH EQUIPMENT?
☐	☐	☐	D. MANUFACTURERS LOAD RATING CHART?
☐	☐	☐	E. PROPER USE OF RIGGING, INCLUDING POSITIVE LATCHING DEVICES?
☐	☐	☐	F. INSPECTION OF RIGGING
☐	☐	☐	G. COMMUNICATION BETWEEN WORKERS INVOLVED?
☐	☐	☐	H. USING TAG LINES?
☐	☐	☐	I. BARRICADE SWING RADIUS OF EQUIPMENT and LOAD?
☐	☐	☐	J. SURFACE BENEATH EQUIPMENT STABLE?
☐	☐	☐	OVER 4' DEEP MUST HAVE A LADDER WITHIN 25' and TWO MEANS OF EGRESS?
☐	☐	☐	HAS PROPER SLOPE OR TRENCH BOX/SHORING BEEN PROVIDED?
☐	☐	☐	IS WATER CONTROLLED/REMOVED?
☐	☐	☐	IS EXCAVATED MATERIAL AT LEAST 2' BACK FROM TRENCH EDGE?
☐	☐	☐	BARRICADED, ETC., TO PREVENT WORKERS and PUBLIC FROM FALLING INTO TRENCH/HOLE?
☐	☐	☐	IN LOCATIONS OF KNOWN OR SUSPECTED CONTAMINATION, IS EXCAVATION ATMOSPHERE MONITORED?
			Other ☐ Extra Credit ☐
Electrical			
Yes	**No**	**N/A**	
☐	☐	☐	HAS A SKETCH OF TEMPORARY POWER DISTRIBUTION BEEN SUBMITTED /ACCEPTED BY GDA?
☐	☐	☐	ELECTRICAL WORK PERFORMED BY QUALIFIED PERSONNEL WITH VERIFIABLE CREDENTIALS?
☐	☐	☐	ARE ARC FLASH REQUIREMENTS KNOWN and ADHERED TO?
☐	☐	☐	PROTECTIVE/TEMPORARY GROUNDS CONNECTED ON EQUIPMENT TO BE WORKED ON?
☐	☐	☐	ARE TEMPORARY POWER PANEL and RECEPTACLES PROTECTED FROM WEATHER?
☐	☐	☐	GFCI'S IN USE FOR SITE TOOLS - APPLIES TO EXISTING OUTLETS IN RENOVATION PROJECTS AS WELL?
☐	☐	☐	TEMPORARY LIGHTS INSULATED FROM SUPPORTS PROPERLY WITH ALL LAMPS WORKING and GUARDED?
☐	☐	☐	OVERHEAD POWER LINES IN AREA, OPERATIONS PROHIBITED UNLESS MAINTAINING AT LEAST 10' DISTANCE OR ISOLATION?
☐	☐	☐	IS LOCKOUT/TAGOUT PROGRAM IN EFFECT?
☐	☐	☐	VERTICAL CLEARANCE OF TEMPORARY WIRING LESS THEN 600 VOLTS AT LEAST 10 FEET MAINTAINED ?
☐	☐	☐	ALL FLEXIBLE CORDS INSPECTED AT LEAST DAILY? DOCUMENTED?
☐	☐	☐	FLEXIBLE CORDS NOT SPLICED EXCEPT HARD SERVICE CORDS # 12 OR LARGER WITH MOLDED OR VULCANIZED SPLICES BY QUALIFIED ELECTRICIAN?
			Other ☐ Extra Credit ☐
Cranes			
Yes	**No**	**N/A**	

☐	☐	☐	IS CRANE OPERATOR QUALIFIED IAW EM 385-1-1, APP. G, and IS CRANE CERTIFICATION POSTED IN CAB?
☐	☐	☐	ARE APPENDIX H DAILY START UP INSPECTIONS PERFORMED BY OPERATOR and SUBMITTED WITH DRI?
☐	☐	☐	HAS PERIODIC INSPECTION BEEN PERFORMED PRIOR TO USE ON SITE IAW EM-385-1-1, APP.H?
☐	☐	☐	IS CRANE EQUIPPED WITH ANTI TWO-BLOCK DEVICE IF REQUIRED?
☐	☐	☐	IS THE CRANE LEVEL and ON FIRM GROUND and OUTRIGGERS IN USE WITH APPROPRIATE CRIBBING?
☐	☐	☐	IF NEAR ELECTRIC POWER SOURCES, ARE RULES FOLLOWED FOR CLEARANCE/ISOLATION IN OPERATING ZONE? 10 FOOT MINIMUM REQUIRED
☐	☐	☐	IS CRANE SIDE LOADING PROHIBITED?
☐	☐	☐	ARE RIGGING CABLES and SLINGS INSPECTED BY A COMPETENT PERSON BEFORE EACH SHIFT?
☐	☐	☐	ARE WORKERS PROTECTED FROM THE CRANE SWING RADIUS and PREVENTED FROM PASSING UNDER THE LOAD?
			Other ☐ Extra Credit ☐

Confined Space

Yes	No	N/A	
☐	☐	☐	HAS ENTRY PLAN IAW 29 CFR 1910.146 and EM-385 BEEN SUBMITTED and ACCEPTED?
☐	☐	☐	IS COMPETENT PERSON, IN WRITING, IDENTIFIED?
☐	☐	☐	IS ATMOSPHERE BEING MONITORED?
☐	☐	☐	IS SPACE BEING VENTILATED?
☐	☐	☐	ARE ENTRANTS, ATTENDANTS and ENTRY SUPERVISOR PROPERLY TRAINED?
☐	☐	☐	IS RESCUE/RETRIEVAL SYSTEM IN PLACE FOR PERMIT REQUIRED CONFINED PLACES?
☐	☐	☐	ARE ENTRY PERMITS POSTED AT POINT OF ENTRY and SIGNED BY ENTRY SUPERVISOR?
☐	☐	☐	IS POINT OF ENTRY POSTED "DANGER CONFINED SPACE"?
☐	☐	☐	HAS BLANKING OR LOCKING OUT OF SYSTEMS TAKEN PLACE?
			Other ☐ Extra Credit ☐

Roofing

Yes	No	N/A	
☐	☐	☐	HAS STRUCTURAL ANALYSIS OF THE ROOF BEEN CONDUCTED BY A QUALIFIED PERSON ?
☐	☐	☐	HAS COMPETENT PERSON COMPLETED A DAILY INSPECTION OF EACH JOB SITE?
☐	☐	☐	HAS COMPETENT PERSON DEVELOPED A FALL PROTECTION PLAN, SUBMITTED/ACCEPTED BY GDA?
☐	☐	☐	ARE KETTLES AT LEAST 25 FEET AWAY FROM BUILDINGS?
☐	☐	☐	IS KETTLE ATTENDANT WEARING PROPER PPE AT ALL TIMES?
☐	☐	☐	ARE TWO FIRE EXTINGUISHERS AT THE KETTLE?
☐	☐	☐	ARE SKYLIGHTS and ROOF PENETRATIONS COVERED OR BARRICADED APPROPRIATELY?
☐	☐	☐	HAS THE ROOF BEEN EVALUATED FOR ITS ABILITY TO SUPPORT THE INTENDED CONSTRUCTION LOADS?
☐	☐	☐	ARE WARNING LINES ON LOW SLOPED ROOFS IN PLACE and PROPERLY INSTALLED/MAINTAINED?

☐	☐	☐	FUEL CYLINDER A MINIMUM OF 10' FROM OPEN FLAME?
			Other ☐ Extra Credit ☐

Equipment			
Yes	**No**	**N/A**	
☐	☐	☐	ALL MACHINERY OR EQUIPMENT INSPECTED DAILY, WHEN IN USE, BY COMPETENT PERSONS?
☐	☐	☐	ARE OPERATORS TRAINED and AUTHORIZED TO OPERATE POWERED INDUSTRIAL TRUCKS, LIFT TRUCKS, and SIMILAR EQUIPMENT?
☐	☐	☐	MOBILE EQUIPMENT EQUIPPED WITH BACKUP ALARMS? ROLLOVER CAGES/ MOVING PARTS ADEQUATELY GUARDED?
☐	☐	☐	ARE EQUIPMENT OPERATIONS MAINTAINING SAFE CLEARANCE FROM ELECTRICAL POWER LINES?
☐	☐	☐	MODIFICATIONS MEET SAFETY RATING IAW MANUFACTURER (I.E., LIFTING PERSONNEL WITH FORKLIFT)?
☐	☐	☐	ARE SAFETY LASHINGS PROVIDED FOR HIGH PRESSURE HOSE CONNECTIONS, I.E., AIR COMPRESSORS?
☐	☐	☐	ARE WORKERS CLEAR OF BLIND SPOTS ASSOCIATED WITH MOBILE CONSTRUCTION EQUIPMENT?
☐	☐	☐	ARE DAILY WALK AROUND INSPECTIONS OF AERIAL LIFTS PERFORMED and DOCUMENTED BY QUALIFIED OPERATORS?
☐	☐	☐	DO AERIAL LIFTS HAVE BASKET/PLATFORM WITH GUARDRAIL?
☐	☐	☐	WORKERS NOT EXTENDING OVER GUARDRAIL OF AERIAL LIFTS?
☐	☐	☐	ARE ARTICULATING BOOM PLATFORMS (JLG TYPE) USED WITH FULL BODY HARNESS ATTACHED TO PROPER ATTACHMENT POINTS ON BOOM OR BASKET?
☐	☐	☐	ARE DUMP TRUCK CHECKLISTS BEING USED and COPIES KEPT ON SITE?
			Other ☐ Extra Credit ☐

Demolition			
Yes	**No**	**N/A**	
☐	☐	☐	HAS DEMOLITION PLAN, BASED ON ENGINEERING, LEAD, and ASBESTOS SURVEY BY A REGISTERED PROFESSIONAL ENGINEER BEEN ACCEPTED?
☐	☐	☐	WASTE NOT BEING DROPPED > 6' UNLESS IN AN ENCLOSED CHUTE and AREA SECURED FROM TRAFFIC?
☐	☐	☐	FOR BUILDING DEMOLITION, HAS NOTIFICATION BEEN MADE TO STATE HAVING JURISDICTION?
☐	☐	☐	ARE NAILS REMOVED FROM SCRAP LUMBER/MATERIALS?
☐	☐	☐	FRAGMENTATION OF GLASS CONTROLLED?
☐	☐	☐	MATERIAL CHUTES AT AN ANGLE GREATER THAN 45º FROM THE HORIZONTAL ENCLOSED?
			Other ☐ Extra Credit ☐

8. INCIDENT REPORTING

a. INCIDENT INVESTIGATION REPORTS AND LOGS

All accidents, injuries and work-related illnesses occurring incidentally to this project are investigated, reported, and analyzed.

(1) INCIDENT REPORTS

The Safety Manager will report all incidents and injuries no matter how slight. The Safety Manager will notify the OSHA Area Director as soon as practical, but not later than 24 hours after any incident that results in:

- A fatal injury (notification within 8 hours)
- Fatality of a worker with a confirmed, work-related case of COVID-19 (notification within 8 hours of the fatality or of learning of the fatality)
- Any amputation
- Loss of an eye
- Hospitalization of a worker
- In-patient hospitalization of a worker with a confirmed, work-related case of COVID-19

Except to the extent necessary to protect workers and the public, evidence at the scene of an accident shall be left untouched until inspectors have an opportunity to examine it.

(2) LOG OF WORK-RELATED INCIDENTS AND INJURIES

All OSHA Recordable work-related incidents and injuries occurring on this project will be recorded on the OSHA 300 Log of Work-related Incidents. OSHA Recordable injuries and illnesses include:

- Any work-related fatality. Only fatalities occurring within 30 days of the work-related incident must be reported to OSHA.
- Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job.
- Any work-related injury or illness requiring medical treatment beyond first aid.
- Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums.
- There are also special recording criteria for work-related cases involving: needlesticks and sharps injuries; medical removal; hearing loss; and tuberculosis.
- COVID-19 work-related illnesses, if:
    - The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC).
    - The case is work-related as defined by 29 CFR § 1904.5; and
    - The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.

(3) INCIDENT INVESTIGATION

Should an accident, injury and work-related illness occur incidentally to this project, the Safety Manager will thoroughly investigate the incident. Incident investigations will focus on identifying and correcting

root causes, not on finding fault or blame. The Safety Manager will conduct. The Safety Manager records results of the investigation on the Incident Investigation Form included as an exhibit in this subsection.

(4) Corrective Actions

Corrective Actions will be taken following the procedures identified in the Inspection section of this plan. The Safety Manager follows up on each corrective actions and records findings on the Incident Investigation Report.

b. Annual Summary Posting and Reporting

Annually, the Safety Manager will compile a summary of work-related injuries and illnesses that occurred incidentally on this project and post the summary in the jobsite trailer or other area where project notices are customarily posted. Furthermore, the Safety Manager will submit an annual summary of project-specific work-related injuries and illnesses to OSHA as required by law.

Summary of Work-Related Injuries and Illnesses are reported using OSHA's Form 300A included as an exhibit in this subsection.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ __

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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)		
(1) Injuries	_____	(4) Poisonings	_____
		(5) Hearing loss	_____
(2) Skin disorders	_____	(6) All other illnesses	_____
(3) Respiratory conditions	_____		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

___ ___ ___ ___ ___ ___

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____
Company executive Title

( ) - / /
Phone Date

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** ____/____/____

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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.

Year 20__ __

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

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name ______________________

City ______________ State ________

Identify the person			**Describe the case**			**Classify the case** — CHECK ONLY ONE box for each case based on the most serious outcome for that case:				**Enter the number of days the injured or ill worker was:**		**Check the "Injury" column or choose one type of illness:** (M)					
								Remained at Work									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
					Page totals	___	___	___	___	___	___	___	___	___	___	___	___
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

APPENDIX A: INCIDENT INVESTIGATION FORM

Form Section	*Systems Approach*
Section A: Information	*Step 1*

Company Name: _____ Date: _____

Investigator (or) Team Name (s) and Titles:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Section B: Incident Description/Injury Information *Step 1 and Step 2*

1) Name and Age of Injured Employee: _____

   Employee's first language: _____

   Employees Job Title: _____

   Job at time of injury: _____

   Type of employment: ❑ Full-time ❑ Part-time❑ Temporary ❑ Seasonal ❑ Other: _____

   Length of time with Company: _____

   Length in current position at the time of the incident: _____

   Description and severity of injury: _____

2) Date and time of incident: _____
3) Location of Incident: _____

NOTE: Items 4, 5, and 6 are used for both Step 1 and Step 2

4) Detailed description of incident: Include relevant events leading up to, during, and after the incident. *(It is preferred that the information is provided by the injured employee.)*

_____

_____

_____

_____

_____

_____

Use additional pages if needed

A-1

Section C: Identify the Root Causes: What Caused or Allowed the Incident to Happen? *Step 3*

The Root Causes are the underlying reasons the incident occurred, and are the factors that need to be addressed to prevent future incidents. If safety procedures were not being followed, **why were they not being followed**? If a machine was faulty or a safety device failed, **why did it fail**? It is common to find factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures, training or lack of training, and work environment. If these factors are identified, you must determine why these factors were not addressed before the incident.

Use additional pages if needed

Section D: Recommended Corrective Actions to Prevent Future Incidents *Step 4*

Use additional pages if needed

Section E: Corrective Actions Taken/ Root Causes Addressed *Step 4*

Use additional pages if needed

9. Plans (Programs, Procedures) Required by the Safety Manual

(1) Project Risk Assessment

The Safety Manager performs a project risk assessment to identify Site-specific Safety hazards as part of the [CompanyName] Illness and Injury Prevention Program. The Safety Manager records findings on the Project Risk Assessment form included as an exhibit in this subsection.

(2) Project Hazard Analysis

The Safety Manager prepares a hazard analysis for Site-specific Safety hazards identified in the Project Hazard Risk Assessment.

The project hazard analysis is recorded on the AHA form included as an exhibit in this subsection.

(3) Identify Applicable Safety Risk Management Plans

Based on the safety hazard analysis, the Safety Manager identifies which risk management plans are necessary to control the hazard. The Safety Manger records required risk management plans from the project hazard analyses on the Plans, Programs, and Procedures in the form included as an exhibit in this subsection.

Each plan applicable to the start of this project is included as an appendix to this Health and Safety Plan. When a required plan is not applicable to the start of the project, the plan will be prepared when indicated in the note's column of the Plan, Programs and Procedures form and included as an addendum to the appendix of this HSP.

(4) [CompanyName] Safety Policies and Procedures

Policies and procedures that specify requirements of the [CompanyName] Safety System are documented by the [CompanyName] Safety Manual.

(5) Site-specific Safety Records and Documentation Plan

The Safety Manager defines any safety records that will be maintained during the planning and execution of the project in addition to those appearing in other sections of this HSP.

Project Risk Assessment

Contract Name and Number: [ProjectName] [ProjectNumber]	Location:
Contractor Inspector:	Date:

Risk/Hazard	Detail	Present
Occ. Health Exp.	PCB, Lead, Asbestos	☐
	☐	☐
	UXO	☐
	Airborne Contaminants (dust, mists, fumes)	☐
	Bio. Haz./Blood borne P	☐
	Chemical Hazards	☐
Process Safety/ Haz. Com	Work is on or adjacent to operations involving listed highly hazardous chemicals	☐
	Haz. Com/MSDS	☐
Confined Space	Permit Required	☐
	Entry Supv.	☐
	Atmos. Test./Alarm	☐
	Rescue	☐
Energy Control	LOTO/Isolation	☐
	Inspection Proc.	☐
Hand/Power Tools	Heads/Handles	☐
	Cords/Plugs/Recept.	☐
	GFCI	☐
	Guards/Hoses	☐
	Powder Actuated	☐
Cranes-Mobile, Bridge, Tower, Derricks/Hoists	Rigging, Hooks, Shackles	☐
	Load Capacity	☐
Aerial Platforms, Powered Industrial Trucks, Aerial Lifts	Hand/Radio Signals	☐
	Cert. Operators	☐
	Inspection/Maint.	☐
Scaffolds	Guardrails, C.Bracing	☐
	Platforms, Ladders	☐

Risk/Hazard	Detail	Present
Ladders/Stairs	Cleats, Rungs	☐
	Tied Off	☐
Utility Disruption	U/G Locates	☐
	O/H Distribution	☐
Signs, Signals, Barricades	Traffic Control	☐
	MUTCD/Flagmen	☐
	Signs/Tags	☐
		☐
Underground/ USTs	Caissons/Cofferdams	☐
	Tunnels/Shafts	☐
	Trench/Excavation	☐
	UST Removal	☐
Hot Work	Torching, Welding, Soldering, Brazing	☐
	Hot Work Permit	☐
PPE	Hard Hats	☐
	Safety Glasses	☐
	Hearing Protection	☐
	Respirators/SCBA	☐
	Protective clothing	☐
	Fall Protection	☐
Common Hazards	Housekeeping	☐
	Falling Objects	☐
	Protruding Objects	☐
	Illumination	☐
	Sanitation	☐
Special Hazards/ Waste	Handling, removal or site storage	☐
	Debris/rubbish	☐
Fire Protection/ Life Safety	Extinguishers	☐
	Evac. Routes	☐

Notes:

10. Risk Management Processes

a. Work Task Activity Hazard Analysis

As the project proceeds, the Safety Manager prepares an Activity Hazard Analysis (AHA) for each work 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.

[CompanyName]
Activity Hazard Analysis (AHA)

Activity/Work Task:	**Risk Assessment Code (RAC) Rating Matrix**
Project Location:	
Contract Number:	
Date Prepared:	
Prepared by (Name/Title):	
Reviewed by (Name/Title):	
Notes: (Field Notes, Review Comments, etc.)	

Severity	Probability				
	Frequent	Likely	Occasional	Seldom	Unlikely
Catastrophic	E	E	H	H	M
Critical	E	H	H	M	L
Marginal	H	M	M	L	L
Negligible	M	L	L	L	L

Step 1: Review each "Hazard" with identified safety "Controls" and determine RAC rating (above).
"Probability" is the likelihood to cause an incident or near miss, and identified as: Frequent, Likely, Occasional, Seldom or Unlikely.
Severity" is the outcome/degree if an incident or near miss 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.

RAC Rating
E = Extremely High Risk
H = High Risk
M = Moderate Risk
L= Low Risk

Job Steps	Hazards	Controls	RAC

Equipment to be Used	Training Requirements/Competent or Qualified Personnel name(s)	Inspection Requirements

Risk-specific Hazard Plan Templates

TABLE OF CONTENTS

[CompanyName]
Fatigue Management Plan (01.A.20)

Project Name	Project Number	Prepared By:	Date:
[ProjectName]	[ProjectNumber]		

01.A.20.a Fatigue Management Plan is requirements because of the selected work conditions apply

[Place a checkmark next to work conditions that apply to this project]

Exceed 10-hours a day for more than 4 consecutive days ___
Exceed 50-hours in a 7-day work week ___
Exceed 12-hours a day for more than 3 consecutive days, or ___
Exceed 58-hours a week for sedentary (to include office) work ___

01.A.20.b.1 Equipment Operators

The work schedule of equipment operators does not exceed 12-hours of duty time in any 24-hour period with a minimum of 8 consecutive hours provided for rest in each 24-hour period.

01.A.20.b.2 Motor Vehicle Operators

Operators of motor vehicles, while on duty, shall not operate vehicles for a continuous period of more than ten 10-hours in any 24-hour period; moreover, no employee, while on duty, may operate a motor vehicle after being in a duty status for more than 12-hours during any 24-hour period. A minimum of 8 consecutive hours shall be provided for rest in each 24-hour period.

01.A.20.b.3 Floating Plant

Not applicable to this project

01.A.20.c. Affected workers, management responsibility, training and the controls established at the worksite

A Fatigue Management Training Plan is included as part of the [CompanyName] Accident Prevention/Safety Plan for this project. [Use the “Training Plan” form to provide a description of Fatigue Management Training along with a list of required participants and their job positions]

01.A.20.c.1 Fatigue Management Training
Fatigue Management Training is conducted as part of the Hazard Plan Training for is project and will include training on symptoms of fatigue, habits and actions the worker may take to avoid fatigue, actions workers should take if they observe fatigue in a co-worker, and controls in place to prevent fatigue.
01.A.20.c.2 Fatigue Management Controls
[Describe your fatigue management controls here. Controls may include work scheduling limits relating to jobs to prevent repetitive work, breaks at critical times in the work cycle, control of environmental factors (heat, cold, use of personal protective equipment, buddy check-in for individuals working along, and alternate transportation for long commutes.]

[CompanyName]
Emergency Response Plan (01.E)

Project Name	Project Number	Prepared By:	Date:
[ProjectName]	[ProjectNumber]		

01.E.01.a.1 Escape procedures:

In the event of an emergency evacuation, [describe procedures for escape from the emergency area].

01.E.01.a.2 Escape routes:

Routes of escape will depend upon the emergency. In general, [describe escape routes]. [include site maps if applicable]

01.E.01.a.3 Critical plant operations:

Not applicable

01.E.01.a.4 Employee accounting following an emergency evacuation:

After meeting at the designated emergency evacuation area, employees will be accounted for by [describe employee accounting method here, i.e.: attendance taken from time sheets used that day]

01.E.01.a.5 Rescue and medical duties:

[If using internal rescue and medical team, describe their duties here.]

[If using external rescue and medical team, i.e.: plant rescue team or emergency medical services, note that here. You may be using a combination of the two depending on the tasks.]

01.E.01.a.6 Means of reporting emergencies:

Emergencies will be reported to the GDA after first aid or other emergency services are rendered. Reporting will be done within the timeline specified by the contract.

[include any specific emergency reporting details here, i.e.: who is responsible for reporting emergencies to the emergency medical services and the GDA, including timeline for reporting per contract]

01.E.01.a.7 Persons to be contacted for information or clarification:

[Names of those who can be reached for information on project emergencies, i.e.: project manager, superintendent, SSHO or another responsible person. Include their phone numbers if applicable.]

01.E.01.b.1 Names, training organization, and training dates for personnel certified in first aid/CPR/blood borne pathogens.
[list this information here or include as separate attachment with copies of certifications]
01.E.01.b.2 Location of list(s) identifying personnel trained in first aid/CPR/blood borne pathogens.
A list of trained personnel is available at [note project location here].
01.E.01.b.3 Rescue and medical duties for those employees who perform them.
[if your onsite employees are to be responsible for rescue and medical duties, list those duties here]
01.E.01.b.4 Location of first-aid kits.
First aid kits will be provided on the project at [list locations here]. [include site map if applicable]
01.E.01.b.5 Location of list(s) identifying emergency telephone numbers.
Emergency telephone numbers will be posted [note posting location here, i.e.: near all jobsite phones and designated posting areas.]
01.E.04 Emergency alert systems
In the event of an emergency, employees on the project will be notified by [note notification method here, i.e.: air horn or public address system announcement]. The project emergency alert system will be tested [note testing timeline here, i.e. monthly or quarterly].
01.E.05 Emergency telephone numbers and reporting instructions for ambulance, physician, hospital, fire, and police
These phone numbers will be posted conspicuously on the project. [list the emergency telephone numbers applicable to your project here] Employees will be instructed on how to report emergencies to these authorities. [include details on how employees will be trained, i.e.: employees will understand how to give clear instructions to emergency responders for how to access jobsite, or only designated employees can report emergencies]
01.E.06 Provisions an effective means of emergency communications for employees working alone in a remote location or away from other workers.

[CompanyName]
Site-Specific Fall Protection & Prevention Plan (21.C)

Project Name	Project Number	Prepared By:	Date:
[ProjectName]	[ProjectNumber]		

Project site and location of hazard:

[describe work sites where falls of over 6' could be expected, i.e.: access ways, platforms, unprotected sides or edges]

21.C.01. a. Duties and responsibilities. Identify Competent and Qualified Persons for fall protection and their responsibilities and qualifications;

Competent Person(s):

Qualified Person(s):

[attach certifications or other proof of qualification as necessary]

21.C.01. b. Description of the project or task performed;

[describe projects or tasks that are to be performed with a 6' or greater exposure to falling]

21.C.01. c. Training requirements to include the safe use of fall protection equipment;

[describe training methods for personnel, i.e.: site orientation, AHA review, classroom training]

21.C.01. d. Anticipated hazards and fall hazard prevention and control;

The following hazards could be present on this project, controls are noted:

[list the hazards and their controls, i.e.: unprotected sides and edges – guardrails will be erected]

21.C.01. e. Rescue plan and procedures;

Based on the exposures on the project, the following rescue procedures will be used:

[list methods of rescue, i.e.: extension ladder]

21.C.01. f. Design of anchorages/fall arrest and horizontal lifeline systems:

Anchor points used on this project will be capable of supporting 5000 pounds. Some examples include:

- [list examples of anchor points you may use on this project, i.e.: structural steel beams]

[if horizontal lifeline systems will be used, note the manufacturer for any pre-engineered systems or list the engineering specifications for project-engineered systems]

21.C.01. g. Inspection, maintenance and storage of fall protection equipment;

Fall protection equipment will be inspected, maintained and stored per manufacturers' specifications.

[note any specific inspection, maintenance, or storage details]

21.C.01. h. Incident investigation procedures;

Fall protection incidents will be investigated per GDA requirements.

[note any company-specific incident investigation details, including timelines for reporting specific to the project]

21.C.01. i. Evaluation of program effectiveness

The program will be evaluated [monthly, quarterly, annually].

21.C.01. j. Inspection and oversight methods employed

The worksite will be inspected [daily, weekly] for compliance with this program.

[describe specific oversight methods including who will conduct inspections, how they will be documented, and how often they will be conducted]

For More Information:

Visit our Online Store at:

www.firsttimequalityplans.com

or

Contact: First Time Quality

410-451-8006

edc@firsttimequality.com