



Ericsson 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:
FirstTimeQuality
410-451-8006**

PROJECT HEALTH AND SAFETY PLAN

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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 accident 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 by tape, tag, or other easily observable signal to prevent entry to a hazardous area, or use of hazardous equipment and materials.

After the item is marked, 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.

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(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) ACCIDENT INVESTIGATION INSPECTIONS

Should an accident occur, Safety Manager will conduct an Accident Investigation Inspection following the procedures identified in the Inspection section of this plan. The Safety Manager records results of the investigation on the Accident Investigation Report included as an exhibit in the Accident Reporting section of this plan.

(2) 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.

(3) WORK TASK SAFETY INSPECTIONS

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(Sub) Contractor Behaviors & Conditions Assessment				Attachment 3-4 Page 1 of 3
Site:		(Sub) Contractor:		
Date		Supervisor:		
Project No:		Inspector:		
Is Contractor Meeting The Following Requirements?				
	YES	NO	N/A	ITEMS ASSESSED
PERSONAL PROTECTIVE EQUIPMENT				
1				Are employees wearing hardhats?
2				Are employees dressed properly?
3				Are employees wearing sturdy steel toe-work shoes?
4				Are employees utilizing earplugs when required?
5				Are employees wearing gloves when required?
6				Are employees wearing face shields when required?
7				Are employees wearing eye protection when required?
HOUSEKEEPING				
1				Is the work site clean?
2				Are trash containers available?
3				Are process materials stored properly?
4				Are Hazardous Materials stored properly?
5				Are storage load limits of floors, mezzanines, and racks followed?
6				Are Combustibles and Flammables stored properly?
7				Are compressed gas cylinders transported and stored properly?
8				Have you ensured that safe walking and working surfaces have been provided?
TOOLS & EQUIPMENT				
1				Are tools/equipment being used correctly?
2				Is equipment on stable ground?
3				Are hoses and cords in good condition?
4				Are tools/equipment in good working order?
ELECTRICAL				
1				Are employees familiar with energy isolation & lock-out/tag-out procedures?
2				Is the tower, shelter, and fence grounded?

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8. 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

Accidents will be reported on OSHA Form 301 Injury and Illness Incident Report included as an exhibit in this subsection.

(2) LOG OF WORK-RELATED ACCIDENTS AND INJURIES

All work-related accidents and injuries occurring incidentally to this project, no matter how slight, will be recorded on the OSHA 300 Log of Work-related Accidents.

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All work-related accidents and injuries occurring incidentally to this project, no matter how slight, will be recorded on the OSHA 300 Log of Work-related Accidents included as an exhibit in this subsection.

(3) ACCIDENT INVESTIGATION

Should an accident occur, the Safety Manager will thoroughly investigate the accident. The Safety Manager will conduct an Accident Investigation Inspection following the procedures identified in the Inspection section of this plan. The Safety Manager records results of the investigation on the Accident Investigation Report 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 action and records findings on the Accident

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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 ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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Incident Investigation Report					Attachment 3-1 Page 1 of 3
Name:		(Sub) Contractor Name:	GC	1 st Tier	2 nd Tier 3 rd Tier
Project Name/Number:		Date Requested:	Time Reported:		Supervisor Name:
Incident Date:		Incident Time:	Employer:	Date of birth:	Date of Hire:
New Hire:	Yes	No	Total Years of Service:		
Incident Type					
Injury/Illness	Property Damage	Vehicle	Environmental	Other	
Employee Type:					
Injury Sustained (Body Part):					
Injury Sustained (Type, Sprain/Fracture, etc):					
Severity:	First Aid Case: Restricted Duty:	Recordable: Fatality:	Lost Time		
Was a pre-job safety briefing held before work began?			Yes	No	If yes Please attach
Describe the work activity in progress at time of incident:					
Describe the Incident: Attach additional pages as required.					
Contributing Causes of the Incident: Attach additional pages as required					
1.			2.		

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**[CompanyName]
Activity Hazard Analysis (AHA)**

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

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Job Safety Analysis				Attachment 4-1	
Complete Daily:				Page 1 of 2	
Job Information:					
Date:	Site Name:	Site No:	Address:	Supervisor:	
Project Personnel					
Name:	Company:	CPR/First Aid	Name:	Company:	CPR/First Aid
Emergency Procedures					
List telephone numbers and attach directions to the site:					
Are 911 systems functional with cell phone use?			Yes	No	
Tower Rescue Procedures to be used:					
Fire Department:		In House Crew		Other	
Ambulance:		Telephone Co:			
Local Hospital:		Police:			
Evacuation Point:		Utility Co:			
Job Task for Today					
Check which is being performed:					
Line and Antennas	Tower Erection	Civil/Concrete	Electrical		
Job/Tasks	Potential Hazards		Preventive Measures		

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10. SUPPORTING PLANS, POLICIES, AND PROCEDURES

<u>Service Provider's SOW will involve the following EHS Activities</u>	
	
Check all that apply	
You must have OSHA compliant policies and procedures in place for all applicable services or your application may be delayed or denied!	
*If you select Tower Climbing, Trenching and Excavating, Electrical/Power Work then you Must ensure there is a section inside your safety manual.	
<input type="checkbox"/>	Tower Work/Climbing (Must submit Climbing Certificates If Selected)
<input type="checkbox"/>	Rooftop Work
<input type="checkbox"/>	Aerial Lift Devices
<input type="checkbox"/>	Crane Operations
<input type="checkbox"/>	EFI
<input type="checkbox"/>	Civils/Construction
<input type="checkbox"/>	Working at other heights (i.e. inside a stadium)
<input type="checkbox"/>	Trenching and Excavating
<input type="checkbox"/>	Electrical/Power Work
<input type="checkbox"/>	Managing Sub-Contractors
<input type="checkbox"/>	Night Work

f. TRENCHING AND EXCAVATING PLAN

[CompanyName] trenching and excavating operations complies with OSHA safety requirements as well as Ericsson Site Development Safety and Health Program Requirements.

A Trenching and Excavating Plan form exhibit is included in this subsection.

Selected Pages

[CompanyName] Trenching and Excavating Plan Version 20140601			
Project Name	Project Number	Prepared By:	Date:
[ProjectName]	[ProjectNumber]		
1) [CompanyName] trenching and excavating operations complies with OSHA safety requirements as well as Ericsson Site Development Safety and Health Program Requirements.			
2) General description of the trenching and excavating including depth and width (include diagram).			
3) Permits (required for excavations and trenches 5 feet wide or greater) and other regulatory compliance documents (note documents that have been obtained):			
4) Competent person that will be available during trenching and excavating activities, keep a copy of the excavation permit on-site, conduct daily inspections, and complete the Daily Trench Safety Report, and remove employees when increased hazards exist.			
5) Plan for locating underground utilities and their support or removal.			
6) Type and location of warning barricades, protective barricades, and warning signage (indicated on diagram above)			
7) Means of exit (if more than 4 ft. deep)			

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8) Walkways (if used to cross excavation or trench).
9) Description of surface obstacles that will be removed or means of secured.
10) For excavations over 4 feet deep, the potential for developing a hazardous atmosphere. For each, testing for hazardous atmosphere before entry, and rescue equipment that will be provided.

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Daily Trench Safety Report		Attachment 4-5	
Program:		Project No.:	
Date		Competent Person:	
Location of Excavation:		Rainfall amounts previous 24 hrs	
Weather Conditions			
"I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection."			
1	All open trenches were inspected.	Y	N
2	Surcharge was located proper distance from toe of slopes?	Y	N
3	Were any tension cracks observed along top of any slopes?	Y	N
4	Were slopes cut at design angle of repose?	Y	N
5	Was any water seepage noted in trench walls or bottom?	Y	N
6	Was bracing system installed in accordance with design?	Y	N
7	Was there evidence of significant fracture planes in soil or rock?	Y	N
8	Was there any evidence of caving or sloughing of soil since the last field inspection?	Y	N
9	Were there any zones of unusually weak soils or materials not anticipated?	Y	N
10	Was there any evidence of significant fracture planes in soil or rock?	Y	N
11	Were there any noted dramatic dips in bedrock?	Y	N
12	Where all short-term trenches covered within 24 hours?	Y	N
13	Non-Compliance items photographed?	Y	N
14	Trench boxes certified?	Y	N
15	Were hydraulic shores pumped to design pressure?	Y	N
16	Type shoring being used: _____ Secure?	Y	N
17	Did shoring plan include adequate safety factor to allow for equipment actually being used?	Y	N
18	Traffic in area adequately away from trenching operations with barricades?	Y	N
19	Trees, boulders, or other hazards in area?	Y	N
20	Vibrations from equipment or traffic too close to trenching operation?	y	N
21	List heavy equipment near operation		

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