**JOB Safety Work Plan**

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| **Project Name:**  **Date:** |  | **Subcontractor:**  **Job Number:** | |  | |
| **Anticipated Start Date:** |  | **Anticipated Completion Date:** | |  |
| **Superintendent:**  **Superintendent Phone #:** |  | **Foreman:**  **Foreman Phone #:** | |  | |
| **Competent Person:**  **Competent person Phone #:** | | |
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**Scope of work**

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| **Scope of Work:** (Provide a concise overview of the scope of work associated with the operation.) |
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**equipment and safety**

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| **Equipment Needs:**  (Identify and list heavy/mobile equipment, machinery and tools that are anticipated to be utilized to perform operation/task) |
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| **Safety Equipment Needs:** (Identify and list PPE and safety equipment required and will be provided to safely perform the operation/task) |
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| **Safety Programs:** (Identify safety related programs that will be implemented to safely perform the operations/task, i.e., fall management, respiratory protection, LOTO, confined space etc.) |
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| **Coordination Requirement w/Other Trades:** (Identify other trade contractors that may be directly impacted by operations and/or where coordination of work is necessary) |
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**Hazard Identification Awareness**

**Activity involves work at heights in excess of 6 feet**  **Yes**  **No**

**Activity involves hot work (i.e. welding, burning or cutting)  Yes  No**

**Activity requires the use of crane(s)  Yes  No**

**Activity requires working in a confined space  Yes  No**

**Activity results in airborne exposures requiring respiratory protection  Yes  No**

**Activity requires the use of scaffolds  Yes  No**

**Activity requires the use of ladders  Yes  No**

**Activity requires the use of aerial or scissor lifts Yes  No**

**Activity involves excavation of trenches  Yes  No**

**Activity results in potential exposure to the general public  Yes  No**

**All necessary permits have been procured**  **Yes**  **No**  **N/A**

**All required and approved shop drawings/specifications have been issued**  **Yes**  **No**  **N/A**

**Quality Control & Assurance and controlled inspections procedures in place  Yes  No  N/A**

**Activity involves working on or near energized electrical systems Yes  No**

**Activity Involves Overhead Operations Requiring Establishing Controlled Access Zone (CAZ)  Yes  No**

**Hazards and solutions**

**(List step by step sequencence of each task associated with the operation/activity, anticipated hazards to be encountered for each and controls to be implemented to eliminate/mitigate the hazards)**

**Task Hazard Solution/Controls**

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**Signatures**

**Reviewed by**       **Date**

**Reviewed with Crew  Yes  No** **Date**

**Employee Signatures**

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