**JOB Safety Work Plan**

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

**Scope of work**

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

**equipment and safety**

|  |
| --- |
| **Equipment Needs:**  (Identify and list heavy/mobile equipment, machinery and tools that are anticipated to be utilized to perform operation/task)  |
|       |
|  |
| **Safety Equipment Needs:** (Identify and list PPE and safety equipment required and will be provided to safely perform the operation/task)  |
|       |
|  |
| **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.)  |
|       |

|  |
| --- |
| **Coordination Requirement w/Other Trades:** (Identify other trade contractors that may be directly impacted by operations and/or where coordination of work is necessary)  |
|       |

**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**

|       |       |       |
| --- | --- | --- |

|  |  |  |
| --- | --- | --- |
|       |       |       |

|  |  |  |
| --- | --- | --- |
|       |       |       |

|  |  |  |
| --- | --- | --- |
|       |       |       |

|  |  |  |
| --- | --- | --- |
|       |       |       |

|  |  |  |
| --- | --- | --- |
|       |       |       |

**Signatures**

**Reviewed by**       **Date**

**Reviewed with Crew [ ]  Yes [ ]  No** **Date**

**Employee Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_