

CONNOR HAAS SITE SPECIFIC SAFETY PLAN

**EMERGENCY
CALL 911
CONTACT LECHASE SAFETY REP**

Contractor:	Connor Haas Electric		Date Prepared: 04/15/07
Office Phone:	482-0200		
Job #/Description:	480041	Prepared by: Andy Effinger	
Scope of Services:	Canal Ponds Electrical Power & Cooling Tower		
	Expansion power supply to load center		

Contractor Supervisor:	Andy Effinger	Phone:	265-1810	Cell:	738-0645
Contractor Safety Rep:	Same	Phone:		Cell:	
LeChase Supervisor:	Bob Fox	Phone:		Cell:	202-4088
LeChase Safety Rep:	Eric Rogers	Phone:		Cell:	585-415-8900

Client: Johnson & Johnson Ortho Clinical Diagnostics Project Start: 04/23/07, Finish: 06/30/07

ELECTRICAL Yes No

*{1} If Yes, electrical inspections must be coordinated with the LeChase PM. A qualified electrician **MUST** perform work.*

Hazard/Issue	How Contractor Will Address
<input checked="" type="checkbox"/> GFCI	All power tools will have a GFCI protected supply
<input checked="" type="checkbox"/> Power Tools	All power tools will be in good operational condition, insulated & repairs or tape on cord
<input checked="" type="checkbox"/> Power Cords	In good condition with no repairs or tape on cord
<input checked="" type="checkbox"/> LO/TO Electrical {2}	See plan submitted
<input type="checkbox"/> LO/TO Mechanical {2}	

{2} If LO/TO is necessary, please submit your company's LO/TO procedure with this plan.

PERSONAL PROTECTIVE EQUIPMENT

Hazard/Issue	How Contractor Will Address
<input checked="" type="checkbox"/> Safety Glasses + Side Shields	Approved Z87 glasses with approved side shields will be provided & worn by mechanics
<input type="checkbox"/> Fall Protection	N/A
<input checked="" type="checkbox"/> Hard Hat	Approved hard hat provided and worn by mechanics
<input checked="" type="checkbox"/> Face Protection	Goggles and full face shield will be worn during all load center or panel work
<input checked="" type="checkbox"/> Hearing Protection	To be worn for all work over 80db
<input checked="" type="checkbox"/> Protective Clothing	Long sleeve cotton shirt will be during all load center or panel work as required
<input type="checkbox"/> Respirator	N/A
<input type="checkbox"/> Other (Specify)	

CHEMICAL USAGE Yes No

Hazard/Issue	How Contractor Will Address
<input type="checkbox"/> Client Hazcom	
<input type="checkbox"/> Contractor Hazcom	
<input checked="" type="checkbox"/> MSDS (On job site)	Shall be on site for any sealers, solvents, paint or caulks brought on site
<input type="checkbox"/> Chemical Storage	
<input type="checkbox"/> Chemical Labeling	
<input checked="" type="checkbox"/> Proper Container	Any materials will be labeled and stored in an approved container and location
<input type="checkbox"/> Biohazard	
<input checked="" type="checkbox"/> Combustible/Flammable Storage	Any materials will be labeled and stored in an approved container and location
<input type="checkbox"/> Surface Applications	N/A

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DISPOSAL (CHEMICAL & MATERIALS)

Hazard/Issue	How Contractor Will Address
<input type="checkbox"/> Discharge to Sewer	
<input type="checkbox"/> Discharge to Air	
<input type="checkbox"/> Solid Waste	
<input type="checkbox"/> Liquid Waste	
<input checked="" type="checkbox"/> Rubbish/Trash/Waste	Daily removal in appropriate container supplied by owner

GENERAL SAFETY (Mark those that apply)

Hazard/Issue	How Contractor Will Address
<input type="checkbox"/> Powder Actuated Tools	Proper license +
<input type="checkbox"/> Ladders	
<input checked="" type="checkbox"/> Man Lifts	Proper license and training using approved Fall Restraint PPE
<input checked="" type="checkbox"/> Excavation/Trenching {3}	No digging without "Stake Out" or Excavation Permit, follow regulations for shoring
<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Cranes/Hoists	
<input type="checkbox"/> Laser/Radiation Hazard	
<input type="checkbox"/> Leading Edge Protection	
<input checked="" type="checkbox"/> Overhead Protection	Hard Hats will be worn and coordinate work area with LeChase Superintendent
<input checked="" type="checkbox"/> Eye Bath/Safety Shower	Portable unit to be supplied by Contractor at designated location
<input type="checkbox"/> Explosion Proof Equipment	
<input checked="" type="checkbox"/> Designated Smoking Areas	Outside as designated by Owner
<input type="checkbox"/> Open Flame/Hot Work {3}	
<input checked="" type="checkbox"/> Fire Alarms	Audible and visual
<input type="checkbox"/> Fire Extinguishers	
<input type="checkbox"/> Fire Blankets	
<input type="checkbox"/> Fire Watch	Coordinate with LeChase Superintendent
<input checked="" type="checkbox"/> Emergency Phones	Cell Phone dial 911 and LeChase Superintendent
<input checked="" type="checkbox"/> Security	Follow J&J sign in/out procedure at front desk daily
<input checked="" type="checkbox"/> Exits	Building designated signage in place
<input checked="" type="checkbox"/> Emergency Evacuation	Flee building through nearest exit and assemble in parking lot north east corner
<input type="checkbox"/> Barricades (Worker Safety)	
<input checked="" type="checkbox"/> Barricades (Public Safety)	As required for pedestrians around open trenches
<input checked="" type="checkbox"/> Other (Specify)	NO SMOKING IN CANAL POND SITE, only outside in designated areas

{3} Permits may be required; see following listing

PERMITS/AUTHORIZATIONS

<input type="checkbox"/> Asbestos/Lead	<input type="checkbox"/> Open Flame	<input type="checkbox"/> Surface Sealer/Adhesives
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Cutting/Coring	<input type="checkbox"/> Sprinkler Impairment
<input type="checkbox"/> Plumbing	<input checked="" type="checkbox"/> Utility Interruption	<input type="checkbox"/> Road/Sidewalk Closure
	<input type="checkbox"/> Excavation	

Reviewed by: Peter Sidell Date: 04/16/07

Incident report required for all injuries or property damage. Report immediately. Contact LeChase field personnel.