



# SITE SPECIFIC SAFETY PLAN

## EMERGENCY -- CALL 911

*and contact LeChase Safety Rep*

Contractor \_\_\_\_\_ Date Prepared \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prime to Owner  Sub to LCS  Sub to Sub \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Prepared by \_\_\_\_\_

Job Number: \_\_\_\_\_ Jobsite or Location: \_\_\_\_\_

Project Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Project Finish Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Scope of Services \_\_\_\_\_

Contractor Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Contractor Safety Rep \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

LeChase Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

LeChase Safety Rep \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Client \_\_\_\_\_

### ELECTRICAL Yes {1} 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**

GFCI \_\_\_\_\_

Power Tools \_\_\_\_\_

Power Cords \_\_\_\_\_

LT/TO Electrical {2} \_\_\_\_\_

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**

Safety Glasses + Side Shields \_\_\_\_\_

Fall Protection \_\_\_\_\_

Hard Hat \_\_\_\_\_

Face Protection \_\_\_\_\_

Hearing Protection \_\_\_\_\_

Protective Clothing \_\_\_\_\_

Respirator \_\_\_\_\_

Other (specify) \_\_\_\_\_

### CHEMICAL USE Yes No

**Hazard / Issue** **How Contractor Will Address**

Client Hazcom \_\_\_\_\_

Contractor Hazcom \_\_\_\_\_

MSDS (on jobsite) \_\_\_\_\_

Chemical Storage \_\_\_\_\_

Chemical Labeling \_\_\_\_\_

Proper Container \_\_\_\_\_

Biohazard \_\_\_\_\_

Combustible/Flammable Storage \_\_\_\_\_

Surface Applications \_\_\_\_\_



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### DISPOSAL (CHEMICAL AND MATERIALS)

**Hazard / Issue**

**How Contractor Will Address**

- Discharge to Sewer \_\_\_\_\_
- Discharge to Air \_\_\_\_\_
- Solid Waste \_\_\_\_\_
- Liquid Waster \_\_\_\_\_
- Rubbish/Trash/Waste Daily removal + \_\_\_\_\_

### GENERAL SAFETY (Mark all that apply with an )

**Hazard / Issue**

**How Contractor Will Address**

- Powder Actuated Tools Proper License + \_\_\_\_\_
  - Ladders \_\_\_\_\_
  - Man Lifts Proper License + \_\_\_\_\_
  - Excavation/Trenching {3} \_\_\_\_\_
  - Confined Space \_\_\_\_\_
  - Cranes/Hoists \_\_\_\_\_
  - Laser/Radiation Hazard \_\_\_\_\_
  - Leading Edge Protection  
*Skylights / Smoke Hatches MUST be treated as roof openings* \_\_\_\_\_
  - Overhead Protection \_\_\_\_\_
  - Eye Bath/Safety Shower \_\_\_\_\_
  - Explosion Proof Equipment \_\_\_\_\_
  - Designated Smoking Areas \_\_\_\_\_
  - Open Flame/Hot Work {3} \_\_\_\_\_
  - Fire Alarms \_\_\_\_\_
  - Fire Extinguishers \_\_\_\_\_
  - Fire Blankets \_\_\_\_\_
  - Fire Watch \_\_\_\_\_
  - Emergency Phones \_\_\_\_\_
  - Security \_\_\_\_\_
  - Exits \_\_\_\_\_
  - Emergency Evacuation \_\_\_\_\_
  - Barricades (Worker Safety) \_\_\_\_\_
  - Barricades (Public Safety) \_\_\_\_\_
  - Other (specify) \_\_\_\_\_
- {3} Permits may be required; see following section*

### PERMITS AND/OR AUTHORIZATIONS

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

Reviewed By \_\_\_\_\_ Date Reviewed \_\_\_\_ / \_\_\_\_ / \_\_\_\_



*Incident Report needed for all injuries or property damage. Report immediately to LeChase Field Personnel. Submit Site Specific Safety Plan to Contract Administrator to log into Expedition.*