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| Subcontractor Site Safety Plan |
| Project: Subcontractor Name:Subcontractor Address:Date: |

**A Corporate Safety Plan will not be accepted as a Subcontractor Site Safety Plan. Only the following documents or equivalent will be accepted.**

### Subcontractor Safety Submittals

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| **Project Name:**  |
| **Subcontractor Safety Manager or Contact:**  |
| **Contact Pone #:**  |
| **Email:**  |

**Prior to beginning work, each subcontractor shall submit to MAPP the following:**

|  |  |
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| 1. Complete the Subcontractor Site Safety Plan.
 | [ ]  |
| 1. Name of designated on-site safety representative or professional and qualifications.
 |  |
| **<30 workers:** Subcontractor that has less than fifty workers on site will designate an on-site safety representative that will be a competent worker who has at least OSHA 10hr training and who may have other onsite duties. **Please provide training documentation.**Name:      Phone:       | [ ]  |
| **>30 workers:** Subcontractors that will have more than and for every fifty workers (including sub tier subcontractors) will provide a full time on-site safety professional per 30 workers upon mobilization or increase in work force. This person shall have no other responsibilities. **Subcontractor shall provide resume of proposed safety professional to MAPP for review.** Name:      Phone:       | [ ]  |
| 1. Name and training verification of designated competent persons as required by the scope of work. **Please use the attached Competent Person Log.**
 | [ ]  |
| 1. Training verification of OSHA general awareness project required training and scope specific required training shall be provided. Verification shall include a signed Compliance Access Form by the subcontractor.
 | [ ]  |
| 1. Name(s) and training verification of trained and qualified equipment operators as required by the scope of work. **Please use the attached Qualified Person/Equipment and Operator Log**.
 | [ ]  |
| 1. Names(s) and training verification of on-site employees trained in first aid and CPR. **Please attach training verification. A minimum of one person for every 50 assigned to the project must possess current acceptable first aid training and be on site during all working hours.**

Name(s):       | [ ]  |
| 1. Emergency response and notification contact information. **Please complete the attached Emergency Notification Contact List.**
 | [ ]  |
| 1. Project specific Master Chemical and Substance Inventory Sheet and Safety Data Sheets (SDS) for all hazardous chemicals and materials to be used or stored on the project. **Please fill out and attached inventory sheet and include SDSs.**
 | [ ]  |

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| 1. **Competent Person Log**
 |
| Instructions: Please indicate your company's "Competent Person" for each section below. |
| *OSHA defines a "competent person" as one who is capable of identifying existing & predictable hazards in the surroundings or working conditions which are unsanitary, hazardous or dangerous to employees and who has authorization to take prompt corrective measures to eliminate them.* | **Qualification Key**Documented Training = TValid Education = VE |
| **Please attach all training and/or education documentation** |
| **Competent Person Category** | **Required by Scope** | **Name(s)** | **Qualifications** | **Remarks** |
| **General Safety:** | [ ]  |       |       |       |
| **PPE:** | [ ]  |       |       |       |
| **Material Handling & Storage:** | [ ]  |       |       |       |
| **Welding and Cutting:** | [ ]  |       |       |       |
| **Electrical:** | [ ]  |       |       |       |
| **Scaffolds:** | [ ]  |       |       |       |
| **Fall Protection:** | [ ]  |       |       |       |
| **Cranes, Forklifts & Motorized Equipment:** | [ ]  |       |       |       |
| **Excavations:** | [ ]  |       |       |       |
| **Concrete Construction:** | [ ]  |       |       |       |
| **Masonry:** | [ ]  |       |       |       |
| **Steel Erection:** | [ ]  |       |       |       |
| **Demolition:** | [ ]  |       |       |       |
| **Blasting:** | [ ]  |       |       |       |
| **Ladders:** | [ ]  |       |       |       |
| **Asbestos:** | [ ]  |       |       |       |
| **Confined Spaces:** | [ ]  |       |       |       |
| **Other:** | [ ]  |       |       |       |

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| 1. **Emergency Contact List**

Project #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Name:****Position:** | **Office Phone:** | **Cell/Alternate Phone:** | **Email:** |
|  |  |  |  |
| Superintendent |
|  |  |  |  |
| Assistant Superintendent |
|  |  |  |  |
| Project Manager |
| **Anna Holland** |  | 225.266.7525 | aholland@mappconstruction.com  |
| MAPP Corporate HSE Director |
|  |  |  |  |
| MAPP Other: |
|  |  | 911 |  |
| Fire Department |
|  |  | 911 |  |
| Police Department |
|  |  | 911 |  |
| Local Hospital |
|  |  |  |  |
| Local Occupational Clinic |
| **National Poison Control Center** | 800.222.1222 | 911 |  |
| **State Of :**  |  |  |  |
| Department of Environmental Quality |

**SUBCONTRACTOR EMERGENCY NUMBERS**Project #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Subcontract Company:** |  |
| **Foreman:** |  |
| **Foreman Cell Phone:** |  |
| **Foreman Email:** |  |
| **Project Manager:** |  |
| **PM Cell Phone:** |  |
| **PM Email:** |  |
| **Subcontractor Other:** |  |
| **Subcontractor Other:** |  |
| **Subcontractor Other:** |  |

1. **Trained and Qualified Person/Equipment Operators Log**
 |
| Instructions: Please indicate your company's Trained and Qualified Persons & Equipment Operators for each section below as per your scope. |
| **Please attach all training records, Operators Cards or a list of employees qualified to operate equipment.** |
| **Qualified Operator Category** | **Required by Scope** | **Name(s)** | **Qualifications** | **Remarks** |
| **Aerial Lifts:** | [ ]  |       |       |       |
| **Cranes:** | [ ]  |       |       |       |
| **Forklifts:** | [ ]  |       |       |       |
| **Powder Operated Tools:** | [ ]  |       |       |       |
| **Rigger(s):** | [ ]  |       |       |       |
| **Signal Person(s):** | [ ]  |       |       |       |
| **Qualified Electrical Workers:** | [ ]  |       |       |       |
| **Qualified Confined Space Entrant/ Supervisor/****Attendant:**  | [ ]  |       |       |       |
| **Other:** | [ ]  |       |       |       |

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| Master Chemical & Substance Inventory ListDate of Update:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Brand Name** | **Manufacturer** | **Chemical Name** | **Hardcopy or link** |
|       |       |       |       |       |
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1. **Project Specific Environmental, Health and Safety Plan**
 |

Prior to mobilization, each subcontractor’s project management and first-line supervision will develop and submit a written detailed project specific environmental, health and safety plan that will describe how they and their sub-tier subcontractors intend to implement and conform to the project PHSEP. It is imperative that the Project HSE Plan is reviewed to ensure relevant policies and procedures of the PHSEP are included. This plan shall not be handwritten.

The environmental, health and safety plan will:

1. Identify scope of work

2. Identify schedule activities (utilize the project’s schedule of activities to assist with ensuring all activities are addressed)

3. Utilizing the following forms, complete a separate pre work hazard assessment (PWA) for each identified activity. The PWA shall be created using the following steps.

a. List steps of activity,

b. List the potential environmental, health and safety hazards associated with the steps of activity,

c. Identify hazard controls for each associated hazard

d. Identify equipment to be used, the equipment inspection requirements and equipment training requirements for the activity.

The following shall be taken into consideration when development the pre work hazard assessment:

**General**

Documentation of company specific environmental health & safety orientation

**Safety**

Fall Protection Plan – Rescue, identify anchor points, fall clearance distances, equipment (6’ shall only be use when safe fall clearance is present),

Electrical – LO/TO, GFCI use, working in energize lines, inspecting energize equipment, temporary lighting plan, NFPA 70E chapter 1,

Ladder use –with 10’ of any interior/exterior opening is prohibited, working over 20’ requires fall arrest system.

Scaffold - daily scaffold tagging, outriggers and guardrails are required at any height, no knots on suspended scaffolds, paper hanger scaffolding prohibited and Mast Climber requires emergency decent device and erection/dismantling plan provided by the manufacturer

Crane – Written lift plans, critical lifts, 3rd party inspection and overhead power line identification.

Fire Protection – Flash arrestors required at torch head and at regulator & striker required no lighters

**Environmental/Health**

Fuel Storage – Dual Containment, Fire Extinguisher, self-closing dispensing nozzle, hazard labeling and fueling procedures

Hazardous Materials – SDSs provided to HSE Group.

Silica – Wet cutting, respiratoratory program

Lead – Lead backed drywall – written plan

Upon completion of the plan

Reviewed with all project personnel and submitted as part of the SSSP for review prior to mobilization.