

PROJECT SITE SAFETY PLAN

Project:			
Job Location:			
Project Owner:	East Side Road Authority	Dates of Work:	
Contract Administrator	Name: Phone:		

1. Description of Work							
Project Contact Numbers	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Project Manager:</td> <td style="width: 40%;">Tel:</td> </tr> <tr> <td>Supervisor on site:</td> <td>Tel:</td> </tr> <tr> <td>Project Safety Administrator:</td> <td>Tel:</td> </tr> </table>	Project Manager:	Tel:	Supervisor on site:	Tel:	Project Safety Administrator:	Tel:
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Supervisor on site:	Tel:						
Project Safety Administrator:	Tel:						
Scope of Work / Major Tasks							
Subcontractor Contact information	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Project Manager:</td> <td style="width: 40%;">Tel:</td> </tr> <tr> <td>Supervisor on site:</td> <td>Tel:</td> </tr> <tr> <td>Project Safety Administrator:</td> <td>Tel:</td> </tr> </table>	Project Manager:	Tel:	Supervisor on site:	Tel:	Project Safety Administrator:	Tel:
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Subcontractor Scope of Work / Major Tasks							

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2. Equipment Involved		
Equipment	Number	Owner

3. Training Requirements and Qualifications	
All Personnel	
Subcontractors	
Other (i.e Task/Area Specific Requirements)	

4. Personal Protective Equipment	
All On-Site Personnel	
Area / Task Specific Requirements	
Other Requirements	

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5. Scope of work: Please supply all relevant Safe Work Procedures			
Work Activity	Hazards	Controls	Safe Work Procedures Included
			Yes <input type="checkbox"/> No <input type="checkbox"/>
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6. Safety Equipment Required to Complete Work	
Activity	Equipment

7. Control Measures to Protect Other Workers/Public: This section details how you will protect other workers and members of the public sharing the worksite, or working in areas adjacent to the worksite from any physical or chemical hazards that the work may generate. In the case of occupied office space chemical hazards include dust and odours.	
Hazard	Control Measure

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8. Emergency Contacts			
Fire:			
Fire Extinguisher Locations:			
Ambulance:			
First Aid Kit Locations:			
Police:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"></td> <td style="width: 50%; border: none; text-align: right;">Police Non Emergency:</td> </tr> </table>		Police Non Emergency:
	Police Non Emergency:		
Nearest Hospital:	Name: Phone Number:		
Driving Directions to Nearest Hospital			
Map Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency Contact List Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Manitoba Conservation:	Information: 945-6784 Environmental Accident Reporting: 945-4888		
Spill Kit Locations:			
Workplace Safety and Health Branch	945-3446		
Muster Point Location:			

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***Person drafting this
Project Site Safety Plan:***

Name Title Date

***Contractor's Project
Manager Approval:***

Name Title Date

***Contractor's Project Site
Safety Representative***

Name Title Date

This Project Site Safety Plan does not in anyway replace the Contractor's responsibilities under the Workplace Safety & Health Act and Regulations to ensure Workplace Safety and Health Programs are in place to protect workers and members of the public from potential hazardous conditions on the job.

This Project Site Safety Plan shall be posted at the project site and made available to Manitoba Floodway Authority Safety Coordinator. The Project Site Safety Plan will be used to monitor safety practices on site as required by the Workplace Safety and Health Act.

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