

Chapter 42: Subcontractor Safety

# Site-specific Safety Plan Content and Approval Form

Product ID: <u>97</u> | Revision ID: 2366 | Date Published: 21 May 2021 | Date Effective: 21 May 2021 URL: <a href="https://www-group.slac.stanford.edu/esh/eshmanual/references/subcontractorFormSSSP.pdf">https://www-group.slac.stanford.edu/esh/eshmanual/references/subcontractorFormSSSP.pdf</a>

This form is required for *construction* and *high-risk service* projects. It is to be completed by the SLAC project manager (or designee) and the prime subcontractor. The SLAC project manager indicates the required documents and records (in the SSSP Required Contents, Hazardous Materials, and Training Records sections); the subcontractor attaches them when submitting the completed form. Once approved, these combined documents/records and related documents comprise the site-specific safety plan (SSSP) for this project. All approvals are needed before work may begin. Approved SSSPs are maintained at the work site.

For projects with sub-tier subcontractors, the prime subcontractor (1) ensures each sub-tier directly contracted to it completes an SSSP for its scope of work (the prime prepares a site-specific safety plan content and approval form for each sub-tier and then submits the separate SSSPs to SLAC for approval) and (2) completes a separate SSSP covering the work it self-performs, in addition to the SSSP that addresses the overall project. (See Subcontractor Safety: Non-green Work Procedure [SLAC-I-730-0A21C-024].)

Project Name		PR#	
4 CLAC Droin of Co			
1 SLAC Project Co	ntacts		
SLAC Project Manager			
Phone	Cell	E-mail	
SLAC Field Construction (FCM) / Service N	Manager (SM)		
Phone	Cell	E-mail	
SLAC ESH Division Representative			
Phone	Cell	E-mail	
2 Prime Subcontra	ClOi		
Company Name			
Company Name Superintendent / Foreman			
• •	Cell	E-mail	
Superintendent / Foreman	Cell	E-mail	
Superintendent / Foreman Phone	Cell	E-mail	
Superintendent / Foreman  Phone  Safety Representative (if required)  Phone	Cell		
Superintendent / Foreman  Phone  Safety Representative (if required)  Phone	Cell		
Superintendent / Foreman  Phone  Safety Representative (if required)  Phone  3 Sub-tier Subcont	Cell ractor □ N/A		
Superintendent / Foreman  Phone Safety Representative (if required)  Phone  3 Sub-tier Subcont  Company Name	Cell ractor □ N/A	E-mail	
Superintendent / Foreman Phone Safety Representative (if required) Phone  3 Sub-tier Subcont Company Name License Classifications (if construction use	Cell ractor □ N/A	E-mail	
Superintendent / Foreman  Phone  Safety Representative (if required)  Phone  3 Sub-tier Subcont  Company Name  License Classifications (if construction use  Superintendent / Foreman	California License Classification):	E-mail  License #:	

### 4 Project Activities

To be completed by subcontractor. Provide a brief overview of activities and equipment to be used. A more detailed list of job steps, hazards, and controls will be completed on the job safety analysis forms required for work planning and control once the work has begun.

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Activity	Subcontractor Performing the Activity	Equipment to be Used

5	SSSP	Required	Contents
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Form	Required Initially	Required Later	Form	Required Initially	Required Later
Job Safety Analyses (by task)			Confined Space Entry Permit		
Demolition Plan			Fire Protection/Prevention Plan		
Traffic Control Plan			Hoisting and Rigging Plan		
Environmental Protection Plan: Spills and Release Prevention			CARB Registration Documentation for Portable Engines		
Storm Water Protection Plan			Elevated Surface Work Plan		
Dust Control Plan			Laser SOP or JSA		
Barricade / Signage Plan			Radiation Generating Devices Authorization		
Material / Equipment Staging Plan			Control of Hazardous Energy Plan		
Waste Disposal / Recycling Plan			Penetration Permit		
Electrical Work Plan			Other:		
Excavation Permit			Other:		
License(s)	$\boxtimes$		Sub-tier License(s)		

#### 6 Hazardous Materials

List and attach safety data sheets (SDSs).

1.	2.
3.	4.

7 Training and Related Records

Scissor / Boom Lift Operator	CPR / First Aid
Fork Lift Operator	Control of Hazardous Energy (LOTO)
Crane Operator	Electrician (California-certified journeyman)
Permit Required Confined Space Entry (for entrants, attendants, and entry supervisor)	Electrical Worker – Qualified (employer letter asserting employee's knowledge/training per NFPA 70E 110.2
Scaffolding	Laser Worker Safety (Class 3b and 4)
Scaffolding Competent Person	Laser Operator Training (Class 2 and 3a and 3R)
Fall Protection	Explosive-actuated Tool Operation
Fall Protection Competent Person	Respiratory Protection (training, fit test, and medically qualified)
Excavation Competent Person	Asbestos Worker
OSHA 30-hour Construction Safety (superintendent / foreman)	Hazwoper
OSHA 30-hour Construction Safety (safety representative)	Other:
Heat Illness Prevention	Other:

## 8 SSSP Approval

Your signature below indicates you have reviewed the attached SSSP documents and records, agree that they adequately address controls for identified hazards and related requirements, and approve this SSSP.

Prime Subcontractor			
Superintendent / Foreman	Name	Signature	Date
Safety Representative (if required)	Name	Signature	Date
Sub-tier Subcontractor			
Superintendent / Foreman	Name	Signature	Date
Safety Representative (if required)	Name	Signature	Date
SLAC			
SLAC Project Manager	Name	Signature	Date
SLAC FCM / SM	Name	Signature	Date
SLAC ESH Coordinator or ESH Division Representative	Name	Signature	Date
SLAC Laser Safety Officer (only required for projects involving lasers)	Name	Signature	Date

#### 9 SSSP Amendments

Amendment #			Date		
Description					
Prime Superintendent / Foreman	Initials	Date	Prime Safety Representative (if required)	Initials	Date
Sub-tier Superintendent / Foreman	Initials	Date	Sub-tier Safety Representative (if required)	Initials	Date
SLAC Project Manager	Initials	Date	SLAC FCM / SM	Initials	Date
SLAC ESH Coordinator or ESH Division Representative	Initials	Date	SLAC Laser Safety Officer (only required for projects involving lasers)	Initials	Date
Amendment #			Date		
Description					
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Sub-tier Superintendent / Foreman	Initials	Date	Sub-tier Safety Representative (if required)	Initials	Date
SLAC Project Manager	Initials	Date	SLAC FCM / SM	Initials	Date
SLAC ESH Coordinator or ESH Division Representative	Initials	Date	SLAC Laser Safety Officer (only required for projects involving lasers)	Initials	Date
Amendment #			Date		
Description					
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Sub-tier Superintendent / Foreman	Initials	Date	Sub-tier Safety Representative (if required)	Initials	Date
SLAC Project Manager	Initials	Date	SLAC FCM / SM	Initials	Date
SLAC ESH Coordinator or ESH Division Representative	Initials	Date	SLAC Laser Safety Officer (only required for projects involving lasers)	Initials	Date