Site Safety Plan

Date: _____________________  Block: _____________________  Site: _____________________

Check off all that apply:  □ Site Hazard Assessment  □ Site Inspection  □ Pre-Work Meeting  □ Daily Pre-Shift Safety Meeting

Persons Present:

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Signature</th>
<th>Check off if employee</th>
<th>Contractor (name)</th>
<th>Sub-contractor (name)</th>
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Discussion with crew:

Emergency Muster Point:

Latitude and Longitude for Helicopter Evacuation Site:

Barriers to providing First Aid to an injured worker on any part of the work site (long walks, steep slopes etc.):

Potential time/logistic difficulties in transporting an injured worker to a treatment facility:

Description of evacuation route:

Any safety incidents including close calls relating to those changing conditions?

Communications devices checked?  □ Radio  □ Sat Phone  □ Cell Phone  □ Other

Radio channel confirmed:

ETV checked and positioned correctly?  ETV location:

Name of first aid attendant for shift:

Types of injuries likely to occur today:

Equipment Inspected? Equipment requiring repair today:

Check in frequency agreed to:  Check in person:

Personal protective equipment being worn and in good condition by all?

Warning signage placed? Barriers positioned?
Safety Alerts discussed (name)?

Risks and hazards on site (Any significant changes to work site and operational conditions? e.g. steep slopes, danger trees, wind, road conditions, new activities?).

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<tr>
<th>Identified Problem</th>
<th>Required Corrective Action</th>
<th>By Whom</th>
<th>By When</th>
<th>Date Done</th>
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Supervisor Name

Signature