**Project Safety Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Form Completed:** |  | **Block/Project:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check off all that apply:** | **[ ]  Site Hazard Assessment** | **[ ]  Site Inspection** | **[ ]  Pre-Work** | **[ ]  Daily Pre-Shift Safety Meeting** |

|  |
| --- |
| **Physical location of workplace:** |
| **Block No.:** | **Road Name:** |
| **Physical Area:** | **Facility/Structure:** |

|  |
| --- |
| **workplace Communication:** |
| **Lat:** | **Radio Channel(s):** |
| **Long:** | **GPS Coordinates:** |

|  |
| --- |
| **Workplace Supervisor’s Contact Info:** |
| **Name:** |
| **Tel:** |  | **Cell:** |  | **Radio Channel:** |  |

|  |
| --- |
| **PERSONS PRESENT:** |
| **Name (Print)**Use reverse of sheet if necessary | **Signature** | **Name (Print)** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **First Aid AssesSMENTS: (**Logging or any heavy equipment operations = HIGH HAZARD) |
| 1. (a) Hazard rating on Assigned Hazard Rating List:
 | [ ]  Low | [ ]  Moderate | [ ]  High |
| (b) Job functions, work processes and tools: |  Typical of industry? [ ]  Yes [ ]  No |
| (c) Types of injuries that can potentially occur: |  Typical of industry? [ ]  Yes [ ]  No |
| (d) Rating adjustment: if hazard rating is adjusted, provide documentation: | Overall workplace hazard rating:[ ]  Low\* [ ]  Moderate [ ]  High |
| 1. Surface travel time to hospital:
 | [ ]  Greater than 20 minutes [ ]  20 minutes or less |
| 1. Total number of workers per shift:
 |  | *All workers on site* |
| 1. Barriers to first aid:
 |  |
| **Assessment Results:** |
| 1. Supplies/equipment/facilities required:
 |  |
| 1. Number and level of first aid attendants:
 |  |
| 1. Transportation needs:
 |  |

|  |
| --- |
| **Emergency Response Plan:** |
| **Location of First** **Aid Attendant(s):**  |  | **Location of Ambulance/ETV(s):** |  |
| **Location of Fire Tools and Equipment** |  |
| **Emergency Numbers** | **Response**: \***NOTIFY SITE SUPERVISOR\*** |
| **Life Threatening Emergency Situations** | *911 (or local #)* | **First Aid*** Call / radio First Aid attendant to the scene.

Ensure site is safe, comfort patient, assist FA attendant as needed. |
| Ambulance |  | **Fatality*** Ensure site is safe.
* Phone 911 or alternate number if using the satellite phone, or RCMP.

Call WSBC at 1-888-621-7233 Mon – Fri 0830-1630 After Hours 1-866-922-4357.* Do not disturb the site, cover the body, ribbon off the area, and block access with machine if needed.

Nobody is to make any statements to anyone except to the Supervisor. Do no share on any type of social media. |
| Hospital |  |
| Helicopters |  |
| *Driving directions to site & where to meet ambulance/heli.* |
| **Forest Fire*** Notify the BC Forest Service at 1-800-663-5555

If reasonable to do so, take action on all fires. |
| WorkSafeBCAfter Hours 1-866-922-4357 | 1-888-621-7233Mon – Fri 0830-1630 |
| Spill reporting | 1-800-663-3456 | **Equipment Fire**Immediately shut off power. [Activate fire suppression system.] Clear the area. If possible, eliminate fuel supply and attempt to extinguish fire. |
| RCMP |  |
| BC Hydro |  |
| FortisBC | 1-800-663-9911 | **Natural disaster- high winds, floods**Ensure you and others are safe; safety takes precedence over other priorities. |
|  |  |

|  |
| --- |
| **SITE INSPECTION- KNOWN HAZARDS** (may be ID’d on Map)**:** |
| * 1. 🞎 Avalanche Zone
 | * 1. 🞎 Blasting zone
 | * 1. 🞎 Communication issues
 |
| * 1. 🞎 Congestion
 | * 1. 🞎 Danger Tree(s)
 | * 1. 🞎 Safe Work Zone ID’d
 |
| * 1. 🞎 Roads
 | * 1. 🞎 Powerlines
 | * 1. 🞎 Steep Grade
 |
| * 1. 🞎 Rock Bluffs
 | * 1. 🞎 Rock Fall Hazard
 | * 1. 🞎 Other:
 |
| * 1. 🞎 Sensitive Terrain
 | * 1. 🞎 Windfall Areas
 | * 1. 🞎 Other:
 |
| * 1. 🞎 Steep Terrain
 | * 1. 🞎 Radio Dead Zones
 | * 1. 🞎 Other:
 |
| **Known Hazards & CONTROLS:** |
| ***Describe Hazard and Location*** | ***Describe Controls in Place*** |
| *i.e.: 5. Danger Trees* | *No work zone ribboned off; Faller contacted to remove* |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **INITIAL SAFETY MEETING DOCUMENTATION:** |
| The following safety information has been reviewed with the workers listed below: |
| * Workplace hazards
 | * Safety Shut-down criteria
 |
| * Others who are in the workplace
 | * Signage
 |
| * Emergency Response Procedures
 | * Other:
 |
| * PPE
 | * Other:
 |
| * How to report hazards
 | * Other:
 |
| **Topics Discussed: (safety alerts, local issues, weather, employee concerns)** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Incident/close calls:** |
|  |
|  |

|  |
| --- |
| **Block Log:** |
| *Identify new hazards and changes to the Plan.**Describe details of new or updated controls – take into consideration the items listed below:* |
| * Record any hazards that were not identified during pre-work below.

Record introduction &/or coordination of phases/people/machinery* First Aid Coverage/Fire Equipment/ETV relocation
* Man check changes
 | * Traffic control/signage and gating
* Emergency Response Plan (ERP)
* Radio frequency changes
* Safe working distances/blast zones
 |
| **Date** | **Change SAFE work permit/plan** | **Communicated To** | **Initial** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Record hazards or other items to be addressed on Corrective Action Log (CAL) below** |
| **Identified Problem** | **Required Corrective Action** | **By Whom** | **By When** | **Date Done** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |