

Project Safety Plan

Date Form Completed:		Block/Project:	
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Check off all that apply:	<input type="checkbox"/> Site Hazard Assessment	<input type="checkbox"/> Site Inspection	<input type="checkbox"/> Pre-Work	<input type="checkbox"/> Daily Pre-Shift Safety Meeting
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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:	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
(b) Job functions, work processes and tools:	Typical of industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Types of injuries that can potentially occur:	Typical of industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Rating adjustment: if hazard rating is adjusted, provide documentation:	Overall workplace hazard rating: <input type="checkbox"/> Low* <input type="checkbox"/> Moderate <input type="checkbox"/> High
2. Surface travel time to hospital:	<input type="checkbox"/> Greater than 20 minutes <input type="checkbox"/> 20 minutes or less
3. Total number of workers per shift:	<i>All workers on site</i>
4. Barriers to first aid:	

ASSESSMENT RESULTS:

5. Supplies/equipment/facilities required:	
6. Number and level of first aid attendants:	
7. 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 <ul style="list-style-type: none"> Call / radio First Aid attendant to the scene. Ensure site is safe, comfort patient, assist FA attendant as needed.	
Ambulance			
Hospital		Fatality <ul style="list-style-type: none"> 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.	
Helicopters			
<i>Driving directions to site & where to meet ambulance/heli.</i>		Forest Fire <ul style="list-style-type: none"> Notify the BC Forest Service at 1-800-663-5555 If reasonable to do so, take action on all fires.	
WorkSafeBC After Hours 1-866-922-4357	1-888-621-7233 Mon – 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		Natural disaster- high winds, floods Ensure you and others are safe; safety takes precedence over other priorities.	
FortisBC	1-800-663-9911		

SITE INSPECTION- KNOWN HAZARDS (may be ID'd on Map):

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> Avalanche Zone | 2. <input type="checkbox"/> Blasting zone | 3. <input type="checkbox"/> Communication issues |
| 4. <input type="checkbox"/> Congestion | 5. <input type="checkbox"/> Danger Tree(s) | 6. <input type="checkbox"/> Safe Work Zone ID'd |
| 7. <input type="checkbox"/> Roads | 8. <input type="checkbox"/> Powerlines | 9. <input type="checkbox"/> Steep Grade |
| 10. <input type="checkbox"/> Rock Bluffs | 11. <input type="checkbox"/> Rock Fall Hazard | 12. <input type="checkbox"/> Other: |
| 13. <input type="checkbox"/> Sensitive Terrain | 14. <input type="checkbox"/> Windfall Areas | 15. <input type="checkbox"/> Other: |
| 16. <input type="checkbox"/> Steep Terrain | 17. <input type="checkbox"/> Radio Dead Zones | 18. <input type="checkbox"/> Other: |

KNOWN HAZARDS & CONTROLS:

<i>Describe Hazard and Location</i>	<i>Describe Controls in Place</i>
<i>i.e.: 5. Danger Trees</i>	<i>No work zone ribboned off; Faller contacted to remove</i>

INITIAL SAFETY MEETING DOCUMENTATION:

The following safety information has been reviewed with the workers listed below:

<input type="checkbox"/> Workplace hazards	<input type="checkbox"/> Safety Shut-down criteria
<input type="checkbox"/> Others who are in the workplace	<input type="checkbox"/> Signage
<input type="checkbox"/> Emergency Response Procedures	<input type="checkbox"/> Other:
<input type="checkbox"/> PPE	<input type="checkbox"/> Other:
<input type="checkbox"/> How to report hazards	<input type="checkbox"/> 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.
- Traffic control/signage and gating
- Record introduction &/or coordination of phases/people/machinery
- Emergency Response Plan (ERP)
- First Aid Coverage/Fire Equipment/ETV relocation
- Radio frequency changes
- Man check 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