

# Site Safety Plan

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## 1. General Information

Contractor Name:	
Project Manager:	Phone:
General Foreman:	Phone:
Job Address:	
City:	
Job Number:	
Project Start Date:	Project End Date:
PSE Project Contact:	Phone:

### PSE Plan Review/Approval\*

Construction Management Representative	Print Name	Date
Safety Department Representative	Print Name	Date

\* This plan should be reviewed by Construction Management prior to being reviewed by the Safety Department

## 2. Emergency Contacts

Fire/Police/Ambulance	Call 911	
Contractor Safety Contact		<b>Phone:</b>
PSE substation Safety Watch Contact		<b>Phone:</b>
Nearest Hospital/Address		
Hazardous Materials contact		<b>Phone:</b>

## 3. General Contractor

- Is there a written company safety program?  Yes  No
- Will a copy of the safety program be provided?  Yes  No
- Company trained in PSE substation entry guidelines?  Yes  No
- Is there a company incident reporting and investigation process?  Yes  No
- Project tailgate meetings held daily?  Yes  No

Contractor's EMR: \_\_\_\_\_

Contractor's three year OSHA recordable rate: \_\_\_\_\_



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## 6. Hazard Assessment/Controls

Hazards	√	Controls
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### Height/Overhead Work:

Bucket Trucks		
Cranes/Hoists		
Ladders		
Elevated Work Platforms		
Lifting/Rigging		

### Trenches/Confined Space:

Pits and Trenches/Shoring		
Tanks		
Confined Spaces		
Erosion		
Contaminated Soils		

### General Environment:

One-Call		
Signage/Barriers		
Hazardous Materials		
Chemicals		
Exposure to Weather		
Traffic		
Noise		
Dust/Debris		
Explosion/Fire		
Machinery		
Hand/Power Tools		
Vehicle Safety		
Sanitation		
R/W Restoration		

### Personal Protective Equipment:

Head Protection		
Eye Protection		
Hearing Protection		

High Visibility Clothing		
Foot Protection		
Fall Protection		
FR Clothing		
Hand Protection		
Rubber Protective Equipment		
Live Line Tools		

**Electric:**

Energized Work		
Load Office Communication		
Hazardous Energy Control		
Switching/Clearances		
Protective Materials & Hardware		
Materials/Handling/Storage		

Contractor Representative: \_\_\_\_\_  
PSE Safety Representative: \_\_\_\_\_

**7. Communication**

Provide a plan for facilitating field communication procedures whenever the scope of the project changes or whenever non project personnel are brought in to assist and perform project tasks (e.g. PSE or third party personnel).

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**Person responsible for executing communication plan:**

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Name Signature Date

## 8. Site Safety Plan Management

Provide methods for compliance with this Site Safety Plan, including names and responsibilities of persons tasked with ensuring compliance.

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<b>Responsibility</b>	<b>Name</b>	<b>Signature</b>
Field Superintendant		
Site Safety Coordinator		
Other		
Other		