



# SITE-SPECIFIC RISK/SAFETY PLAN

REVISED 2-4-22

Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Date Submitted to WBTC: \_\_\_\_\_ Date Received by WBTC: \_\_\_\_\_

Contractor/Subcontractor's Name:	Phone:
Superintendent:	Phone:
Competent Person:	Phone:
Company Safety Manager:	Phone:
First Aid/CPR Person:	Phone:
Occupational Medicine Clinic:	Phone:
Hospital:	Phone:

## INSTRUCTIONS

This form SHALL be filled out, signed on page 6, and submitted to the WBTC Superintendent at least 7 days before work is started. All work activities shall be performed in accordance with all applicable OSHA standards, EPA/DEQ and WBTC safety standards.

The purpose of the site-specific risk/safety plan is to identify the supervisor/onsite competent person for this work and to;

- 1.0 Identify the type of work you will be performing.
- 2.0 Identify the hazards and risks associated with your work activities.
- 3.0 Verify a copy of your safety data sheets (SDS) for all hazardous materials have been submitted to WBTC.
- 3.0 Verify a fall protection plan is in place for work at heights.
- 4.0 Verify equipment operators are trained and inspections are conducted.
- 5.0 Verify power tools are used safely.
- 6.0 Verify hot and cold weather safety has been reviewed and communicated to your workers.
- 7.0 Verify the Emergency Action Plan has been reviewed and communicated to your workers.
- 8.0 Verify the workers performing this work have received training for this work and this plan.
- 9.0 Acknowledge OSHA safety requirements.

As new employees are added to the project, they SHALL receive training on this plan (i.e., at toolbox meetings). Return a copy of this to Wright Brothers and keep another copy at the project. This plan is required to be kept onsite by OSHA and WBTC.

### **1.0 WHAT WORK WILL YOU AND YOUR WORKERS BE PERFORMING?**

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## 2.0 HAZARDS

### 2.1 HOW DOES YOUR COMPANY PERFORM DAILY SAFETY/HAZARD OBSERVATIONS?





- We walk the work area each morning before work begins and look for hazards.
- We have a daily meeting each morning to discuss the hazards and safety.

### 2.2 HOW DOES YOUR COMPANY DO WEEKLY TOOLBOX MEETINGS WITH WORKERS?

- We participate in Wright Brothers weekly toolbox meetings.
- We conduct our own weekly toolbox meetings.

### 2.3 WHAT HAZARDS WILL YOU AND YOUR WORKERS BE EXPOSED TO ON THIS PROJECT?

Please submit an Activity Hazard Analysis (AHA) / Work Activity Safety Plan (WASP) for your work activities.

<b>OSHA'S Fatal Four Hazards</b> The top four hazards that injure and kill construction workers each day in the U.S.A.			
			
FALLS	STRUCK-BY	ELECTROCUTION	CAUGHT-IN BETWEEN
<input type="checkbox"/> working at elevated surface/roofs <input type="checkbox"/> floor/roof holes <input type="checkbox"/> ladders and stairs <input type="checkbox"/> boom lifts <input type="checkbox"/> scissor lifts <input type="checkbox"/> scaffolding <input type="checkbox"/> slips, trips at same level <input type="checkbox"/> other _____	<input type="checkbox"/> traffic control plan reviewed <input type="checkbox"/> vehicles/heavy equipment traffic <input type="checkbox"/> crane lift activity <input type="checkbox"/> falling objects <input type="checkbox"/> working above other workers <input type="checkbox"/> grinding <input type="checkbox"/> other _____	<input type="checkbox"/> overhead power lines <input type="checkbox"/> lock out-tag out procedures <input type="checkbox"/> electrical cords <input type="checkbox"/> electrical panels closed/installed <input type="checkbox"/> electrical panel knock outs <input type="checkbox"/> generators <input type="checkbox"/> working in wet areas/rain <input type="checkbox"/> energized equipment <input type="checkbox"/> other _____	<input type="checkbox"/> trench and excavations shoring <input type="checkbox"/> machinery moving parts <input type="checkbox"/> vehicles & heavy equipment <input type="checkbox"/> lock out-tag out procedures <input type="checkbox"/> working in a tight area <input type="checkbox"/> parts of body in line of fire <input type="checkbox"/> other _____
<b>Excavation/Underground Utility Work:</b> <input type="checkbox"/> Utilities required to be located and marked every 14 days. <input type="checkbox"/> Emergency Plan in place. <input type="checkbox"/> Daily excavation inspections at 5 feet and deeper <input type="checkbox"/> Cave in protection/sloping <input type="checkbox"/> Spoils 2' from edge			
<b>Concrete Work:</b> <input type="checkbox"/> Impalement (form stakes/rebar) <input type="checkbox"/> Concrete burns/eye injuries <input type="checkbox"/> Placing Concrete <input type="checkbox"/> Gasoline for equipment			
<b>Crane Activity:</b> <input type="checkbox"/> Setting trusses <input type="checkbox"/> Lifting equipment <input type="checkbox"/> Setting trusses <input type="checkbox"/> A pick plan is required for <u>all</u> crane activity			
<b>Confined Space Entry:</b> <input type="checkbox"/> Entering underground vault tank or manhole <input type="checkbox"/> Entering above ground vault, tank, or manhole.			
<b>Traffic Control:</b> <input type="checkbox"/> Traffic control required for your activity <input type="checkbox"/> Traffic control signs in place			
<b>Demolition &amp; Renovation Work.</b> Check all that apply: <input type="checkbox"/> Drywall <input type="checkbox"/> Drywall joint compound <input type="checkbox"/> Floor tiles <input type="checkbox"/> Floor tile adhesives <input type="checkbox"/> Stucco <input type="checkbox"/> Brick <input type="checkbox"/> Mortar <input type="checkbox"/> Roof materials <input type="checkbox"/> Ceiling tiles <input type="checkbox"/> Ductwork <input type="checkbox"/> Insulation <input type="checkbox"/> Pipe insulation <input type="checkbox"/> Other materials: _____			
Have these materials been tested for Asbestos & Lead? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why? _____ If yes, explain by who: _____ Will you be removing any load-bearing walls? <input type="checkbox"/> Yes <input type="checkbox"/> No Has 10-day NOI been sent to EPA before work starts?			

### 2.4 HAVE YOUR WORKERS RECEIVED SAFETY TRAINING FOR THEIR WORK ACTIVITIES?

Yes  No If no, please explain why? \_\_\_\_\_

### 2.5 HAVE YOU SUBMITTED YOUR SAFETY DATA SHEETS (SDS) TO WRIGHT BROTHERS?

Yes  No If no, please explain why \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **3.0 FALL PROTECTION PLAN**

#### 3.1 WILL YOUR WORKERS BE EXPOSED TO FALL HAZARDS?

Yes  No If yes, please complete the following sections 3.2 thru 3.7.

#### 3.2 WHAT TYPE OF FALL HAZARDS WILL YOUR WORKERS BE EXPOSED TO?

<input type="checkbox"/> Working at elevated surface/roofs <input type="checkbox"/> Floor openings/elevator shafts <input type="checkbox"/> Ladders and stairs <input type="checkbox"/> Slips, trips, and Falls	<input type="checkbox"/> Work from boom lifts (MEWP) <input type="checkbox"/> Work from scissor lifts (MEWP) <input type="checkbox"/> Work from scaffolding	<input type="checkbox"/> Placing trusses/Crane activity <input type="checkbox"/> Form work/walls <input type="checkbox"/> Roofing <input type="checkbox"/> Other _____
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#### 3.3 WHAT METHOD OF FALL PROTECTION WILL YOU USE?

Engineered	Administrative	Personal Protective Equipment
<input type="checkbox"/> Guardrail	<input type="checkbox"/> Training	<input type="checkbox"/> Full body harness
<input type="checkbox"/> Safety Cable with red flags	<input type="checkbox"/> Inspections	<input type="checkbox"/> Self-Retractable Lanyard
<input type="checkbox"/> Safety Net	<input type="checkbox"/> Warning Line	<input type="checkbox"/> Self-Tractable Lanyard (leading edge)
<input type="checkbox"/> Floor Opening Covers	<input type="checkbox"/> Danger Tape	<input type="checkbox"/> Shock Lanyard
<input type="checkbox"/> Floor Hole Covers	<input type="checkbox"/> Spotter	<input type="checkbox"/> Fall Restraint
		<input type="checkbox"/> Rope Grab

Other methods: \_\_\_\_\_  
\_\_\_\_\_

#### 3.4 LIST DETAILS OF YOUR FALL PROTECTION PLAN. WHAT WILL BE YOUR 5,000 POUND ANCHORAGE POINT, CAPACITY, ETC.?

\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Beam Clamp/Wrap <input type="checkbox"/> Floor strap <input type="checkbox"/> Roof strap <input type="checkbox"/> Roof anchor post <input type="checkbox"/> Choker cable <input type="checkbox"/> Static Line Bolt hole anchor
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- The manufacturer's recommended procedures for fall protection use will be adhered to at all times.
- A visual inspection of all fall protection safety equipment will be done daily before each use.
- Any defective equipment will be tagged and removed from service immediately.

#### 3.5 WHAT IS YOUR FALL RESCUE PLAN?

- We will use available equipment to rescue a fallen worker (boomlift, scissor lift, forklift).
- We will conduct fall rescue training for our workers when we arrive at the project.
- We will coordinate our rescue plan with the Wright Brothers Superintendent.

#### 3.6 HAVE YOUR WORKERS RECEIVED TRAINING FOR FALL PROTECTION AND RESCUE?

Yes  No If no, explain why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3.7 LADDERS

What type of ladders will you use?

A frame ladder  Extension ladder  Other \_\_\_\_\_

- We visually inspect ladder before each use.
- If a ladder is damaged, we will not use it.
- Ladders will be used as per the manufacturer's instructions.
- Our worker are trained on ladder safety.
- A frame ladders – no stepping on or above second step from top. Do not climb when leaned against wall.
- Extension ladders – set up 4:1 ratio, secure top and bottom, top set at 3 feet or 3 rungs above upper deck.
- We do not climb ladders with tools or other items in hand. Use a rope and bucket to raise items.

## **4.0 EQUIPMENT OPERATORS**

4.1 WILL YOUR COMPANY BE OPERATING A FORKLIFT, AERIAL WORK PLATFORM, SCISSOR LIFT, SKIDSTEER, EXCAVATOR, FRONT END LOADER OR OTHER EQUIPMENT?

Yes  No If yes, please provide the name and proof of certification for each operator

	Name	Type of equipment trained on	Date of Training
1.			
2.			
3.			
4.			
5.			

4.2 HOW DOES YOUR COMPANY PERFORM DAILY EQUIPMENT INSPECTIONS?

- We conduct a visual inspection each day before use.  
 We document our inspections each day/week.

## **5.0 POWER TOOLS**

5.1 HOW DOES YOUR COMPANY MANAGE POWER TOOL SAFETY

- We conduct power tool safety training/toolbox meetings  
 We keep guards in place.  
 We inspect cords for good condition.  
 We wear eye protection.

## **6.0 HEAT AND COLD ILLNESS PREVENTION**

6.1 HOW WILL YOUR WORKERS BE PROTECTED FROM HEAT AND COLD ILLNESS?

### Hot Weather

- Monitor the weather report  Drinking Water  Rest in shade  Frequent Breaks  Acclimation  
 Toolbox meetings on heat illness

### Cold Weather

- Monitor the weather report  Wear warm clothing  Toolbox meetings on cold illness

6.2 WHO PROVIDES DRINKING WATER FOR YOUR WORKERS?

- The company provides water  Workers provide their own water  Both

## **7.0 EMERGENCY ACTION PLAN (EAP)**

- 1. When the emergency alert signal is activated, all workers shall stop work and go to the assembly area for roll call. The emergency signal may be shouting, whistle, air horn, car horn or other device to get the workers attention.**
- 2. In the event of a life-threatening emergency or fire, call 911 immediately, and notify the Wright Brothers Superintendent.**
3. A person should be sent to the street to meet emergency response vehicles.
4. Assess the scene of incident before entering. If area is safe for entry, enter with caution.
5. The rescue and safe removal of an injured person will take priority over all other activities.
6. A trained person should perform First Aid/CPR (use personal protective equipment and First Aid kit).
7. Rescue equipment may include: first aid kit, boom lift, forklift, basket/stretchers, and ladders.
8. The removal of persons with suspected neck and spinal injuries will NOT be attempted unless keeping the person in place creates a greater hazard.

Our First Aid/CPR trained person is: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you provided a copy of your First Aid/CPR card to the Wright Brothers Superintendent?

- Yes  No

**8.0 ACKNOWLEDGEMENT OF WORKERS TRAINED ON THIS SITE SAFETY PLAN.**

The following workers have been trained on this Site-Specific Risk/Safety plan and the hazards associated with their work activities.

Please print and sign to indicate you have received training on this safety plan.

	Date	Print Name (Clearly)	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
18.			
19.			
20.			

## **9.0 SAFETY ACKNOWLEDGEMENT CHECKLIST**

*Please read and check each box to acknowledge you are aware of the following OSHA requirements.*

### 1. OSHA GENERAL DUTY CLAUSE 5 (a)(1)

- Each employer shall furnish to each of his employees' employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.

### 2. OSHA MULTI-EMPLOYER SECTION 6 OSHA FIELD OPERATIONS MANUAL (FOM)

- On multi-employer worksites (in all industry sectors), more than one employer can be cited for a hazardous condition that violates an OSHA standard.

### 3. WORK AT ELEVATED LEVELS

- 100% fall protection is required at six feet (6'), and at four feet [(4') in Washington state].
- Fall protection training is required before using fall protection equipment.
- Fall protection equipment must be inspected each day before each use.
- Only tie off to a 5,000-pound anchor point with an approved anchor point.
- If you take a fall, the fall protection equipment must be inspected by a competent person before use.

### 4. LADDERS

- Ladder training is required before use.
- The right size ladder must be used for the job.
- Ladders must be inspected each day before use.
- Damaged ladders must not be used.
- Extension ladders required 3 feet above roof or deck.
- Extension ladders must be secured top and bottom before use.

### 5. FORKLIFTS:

- Each operator is required to be trained.
- Daily inspections are required before use each day.
- If the forklift is damaged it should not be used.
- Do not overload the weight capacity.
- Do not rig or pick from the forks. (picking is only allowed by the carriage hook or an approved attachment).

### 6. BOOMLIFT AND SCISSOR LIFTS (MEWP)

- Each operator is required to be trained (re-evaluated every 3 years).
- Daily inspections are required for each boom lift/scissor lift. If damaged it should not be used.
- Fall Protection is required in the form of a restraint lanyard or a self-retractable lanyard (for boom lifts).
- Do not overload the basket at any time.

### 7. SCAFFOLDING

- Scaffolds training is required before use.
- Scaffolds must be erected by trained persons only.
- Scaffolds always require an inspection tag.
- Scaffolds must be inspected each day before use.
- Never remove guard rails or other parts of an erected scaffold.
- A copy of the scaffold plan is required to be kept onsite.

### 8. HAZARDOUS MATERIALS AND CHEMICALS

- A copy of the safety data sheet (SDS) for each product used onsite is required to be submitted to WBTBC.
- Workers are required to have access to the SDS and to be advised of the health hazards of its use.
- If required by the SDS, workers must use personal protective equipment (PPE) and be trained.

*The information submitted is complete and accurate to the best of my knowledge.*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Phone #

Signature

\_\_\_\_\_  
Date