



# SUBCONTRACTOR SITE-SPECIFIC SAFETY ORIENTATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Orientation Conducted by: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
 Competent Person/Foreman's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_



**We do Safety the Wright way.**

Please follow all **Safety** rules and go home **Safe** each day to your families.



## CONSTRUCTION ZONE

### AUTHORIZED PERSONS ONLY

Visitors and new workers please report to the jobsite office upon entry.

DANGER

DANGER

PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS							
							
<b>HARDHAT (289.1)</b>	<b>HI VISIBILITY VEST OR SHIRT</b>	<b>STURDY WORK BOOTS</b>	<b>SAFETY GLASSES (287.1)</b>	<b>GLOVES</b>	<b>HEARING PROTECTION</b>	<b>RESPIRATORY PROTECTION</b>	<b>FALL PROTECTION</b>
100%	100%	100%	Per Activity	Per Activity	Per Activity	Per Activity	Per Activity

READY FOR WORK

All workers shall be mentally and physically ready; have identification, personal protective equipment, and training certifications.

EMERGENCY ACTION PLAN (EAP)

Each contractor is required to have an Emergency Action/Rescue Plan (including Fall Rescue Plan). One trained First Aid/CPR person, First Aid Kit and Fire Extinguishers for their specific work activity/hot work. All workers MUST go to the designated evacuation assembly area when you hear the Emergency Alert Signal.

SITE-SPECIFIC RISK/SAFETY PLAN & WORK ACTIVITY SAFETY PLAN (WASP)

All contractors are required to complete and submit a Site-Specific Risk/Safety Plan and a Work Activity-Safety Plan (WASP) to the WBTC superintendent at least five days before work is started. The WASP should be reviewed when work changes and immediately after lunch breaks. Personal Protective Equipment (PPE) required per activity.

OSHA GENERAL DUTY CLAUSE - SEC. 5 Duties (a)(1)

All contractors are required to conduct hazard observations and to correct/report unsafe work conditions. OSHA General Duty Clause - Sec. 5 Duties (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."





OSHA MULTI-EMPLOYER POLICY

OSHA Multi-Employer Worksites Section 6 (OSHA Field Operations Manual) On multi-employer worksites (in all industry sectors), more than one employer can be cited for a hazardous condition that violates an OSHA standard.

HAZARDOUS MATERIALS AND WASTE

Hazardous materials require Safety Data Sheet (SDS) onsite and stored as per the SDS and the WBTC site safety rules. Hazardous materials and waste shall be stored and disposed of as per the SDS and local regulations.


OSHA Identify, Evaluate, and Control the Fatal Four Hazards

			
<b>FALLS</b>	<b>STRUCK-BY</b>	<b>ELECTROCUTION</b>	<b>CAUGHT-IN BETWEEN</b>
roofs, ladders, stairs, scaffolding, scissor lifts, boom lifts. Fall & Rescue Plan Required.	vehicles, trucks, heavy equipment, forklifts, overhead objects, cranes. Traffic Control Plan Required.	overhead powerlines, electrical cords, tool cords, water, lightning. Overhead Powerline Signs Required.	excavation, trenches, equipment, machinery, tools. Daily Inspections Required.

NOTICE

- ✓ NO Drugs or Alcohol.
- ✓ NO Weapons.
- ✓ NO SMOKING (except in designated areas).
- ✓ NO Poor Housekeeping (clean-ups required as per WBTC).
- ✓ NO Loud Music/No Earphone use (music allowed per WBTC).
- ✓ NO Damaged equipment, electrical cords, or tool cords.
- ✓ NO Damaged ladders. Inspect ladders before use.

Safety Suggestions & Reporting:  
WBTC Risk/Safety Dept: (208) 985-6487



SMOKE IN DESIGNATED AREAS

DANGER

Caps required for rebar and other implemet hazards.

Safety Resources Website here:

1. I understand Wright Brothers is an OSHA VPP Worksite, and I agree to follow all VPP Safety Rules and Standards.
2. I understand that safety is my personal responsibility, and my most important job.
3. I acknowledge I have received a site-specific safety orientation/training on the subjects listed on the safety banner above.
4. I understand and agree that all potential hazards are required to be identified and control methods are in place before work starts.
5. I understand that I am required to wear PPE such as: hardhat, hi-visibility vest or t-shirt, safety glasses, (fall protection and respiratory protection when required).
6. I agree to follow all safety rules to use equipment as per the manufacturer's manual.
7. I acknowledge the Fatal 4 hazards are the top four hazards that injury and kill construction workers in the United States.
8. I understand I am not allowed to operate equipment/tools without proper training and approval from my supervisor.
9. I understand I am required to report all injuries, equipment damage, and near misses to my supervisor immediately.
10. I understand I am required to report unsafe conditions and have the authority to stop any unsafe work conditions.
11. I understand that falsely reporting an injury that did not occur at work is a felony and may result in immediate dismissal or termination.
12. I understand that OSHA requires employers to take disciplinary action for employees who do not follow the safety rules.
13. I understand OSHA's multi-employer rule where all employers may be cited for a hazard that was created by another employer.
14. I understand the 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.
15. I understand the OSHA General Duty Clause 5 (b) "Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct."

Print Name (clearly)	Signature	Employers Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		