

SITE-SPECIFIC SAFETY PLAN (SSSP) FOR SUBCONTRACTORS

Project Information

Project Name: _____

General Contractor (GC): _____

Project Location: _____

Subcontractor Company Name: _____

Project Start Date: _____

Subcontractor Supervisor Name: _____

Expected Completion Date: _____

Subcontractor Contact Information: _____

Scope of Work

Description of Work to be Performed:

Job Site Hazards

Identify Site-Specific Hazards:

Control Measures:

Personal Protective Equipment (PPE) Requirements

PPE Required for the Job Site:

PPE Provided By: _____

Safety Training Requirements

Training Completed

- Fall Protection Training
- Confined Space Entry Training
- Hazard Communication (HazCom) Training
- Equipment Operation Training
- First Aid and CPR Training
- Other: _____

On-Site Safety Orientation

- Introduction to site-specific hazards
- Review of the Site-Specific Safety Plan
- Emergency response procedures and muster points
- Location of first aid kits and fire extinguishers
- Communication protocols and incident reporting process
- Other: _____

Emergency Procedures

Emergency Contact Information:

Project Manager: _____

Site Safety Officer: _____

First Aid Attendant: _____

Emergency Services: _____

Evacuation Plan:

First Aid Procedures:

Incident Reporting:

Job Safety Analysis (JSA) / Job Hazard Analysis (JHA)

Tasks (Specific tasks to be performed by the subcontractor):

1.		2.	
3.		4.	

Sign-Off and Acknowledgement

Subcontractor Acknowledgment

I, the undersigned, have reviewed and understand the Site-Specific Safety Plan. I agree to adhere to all safety procedures and policies outlined in this document and ensure that all subcontractor employees comply with these requirements.

Subcontractor Company Name:	
Subcontractor Supervisor Name:	
Subcontractor Supervisor Signature:	
Date:	

General Contractor Approval

I, the undersigned, have reviewed the Site-Specific Safety Plan provided by the subcontractor and approve it for the work to be performed. I will ensure that the subcontractor follows all safety protocols outlined in this document.

General Contractor Company Name:	
General Contractor Representative Name:	
General Contractor Representative Signature:	
Date:	