

How to Start a Site Specific Safety Plan (SSSP)

1. Subcontractor completes/submits the required SSSP plans and training records – which become attached to SSSP.
2. PM reviews/approves.
3. PM or designee coordinates additional review and approval.
4. After approval, PM provides to Procurement to provide Notice to Proceed.

Site Specific Safety Plan

SLAC National Accelerator Laboratory
 Environment, Safety, Health, and Quality Division
 Chapter 42 | Site-specific Safety Plan Content and Approval Form

SSSP Required Contents

| Form | Required Initially | Required Later | Form | Required Initially | Required Later |
|--|-------------------------------------|-------------------------------------|--|--------------------------|--------------------------|
| Job Safety Analyses (by task) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Confined Space Entry Permit | <input type="checkbox"/> | <input type="checkbox"/> |
| Demolition Plan | <input type="checkbox"/> | <input type="checkbox"/> | Fire Protection/Prevention Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Traffic Control Plan | <input type="checkbox"/> | <input type="checkbox"/> | Hoisting and Rigging Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Protection Plan: Spills and Release Prevention | <input type="checkbox"/> | <input type="checkbox"/> | CARB Registration Documentation for Portable Engines | <input type="checkbox"/> | <input type="checkbox"/> |
| Storm Water Protection Plan | <input type="checkbox"/> | <input type="checkbox"/> | Elevated Surface Work Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust Control Plan | <input type="checkbox"/> | <input type="checkbox"/> | Laser SOP or JSA | <input type="checkbox"/> | <input type="checkbox"/> |
| Barricade / Signage Plan | <input type="checkbox"/> | <input type="checkbox"/> | Radiation Generating Devices Authorization | <input type="checkbox"/> | <input type="checkbox"/> |
| Material / Equipment Staging Plan | <input type="checkbox"/> | <input type="checkbox"/> | Control of Hazardous Energy Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Waste Disposal / Recycling Plan | <input type="checkbox"/> | <input type="checkbox"/> | Penetration Permit | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Work Plan | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Permit | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| License(s) | <input checked="" type="checkbox"/> | | Sub-tier License(s) | <input type="checkbox"/> | <input type="checkbox"/> |

Hazardous Materials

List and attach safety data sheets (SDSs).

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |

Training and Related Records

| | |
|--|---|
| <input type="checkbox"/> Scissor / Boom Lift Operator | <input type="checkbox"/> CPR / First Aid |
| <input type="checkbox"/> Fork Lift Operator | <input type="checkbox"/> Control of Hazardous Energy (LOTO) |
| <input type="checkbox"/> Crane Operator | <input type="checkbox"/> Electrician (California-certified journeyman) |
| <input type="checkbox"/> Permit Required Confined Space Entry (for entrants, attendants, and entry supervisor) | <input type="checkbox"/> Electrical Worker – Qualified (employer letter asserting employee's knowledge/training per NFPA 70E 110.2 and 29 CFR 1910.332 (b)) |
| <input checked="" type="checkbox"/> Scaffolding | <input type="checkbox"/> Laser Worker Safety (Class 3b and 4) |
| <input checked="" type="checkbox"/> Scaffolding Competent Person | <input type="checkbox"/> Laser Operator Training (Class 2 and 3a and 3R) |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Explosive-actuated Tool Operation |
| <input type="checkbox"/> Fall Protection Competent Person | <input type="checkbox"/> Respiratory Protection (training, fit test, and medically qualified) |
| <input type="checkbox"/> Excavation Competent Person | <input type="checkbox"/> Asbestos Worker |
| <input type="checkbox"/> OSHA 30-hour Construction Safety (superintendent / foreman) | <input type="checkbox"/> Hazwoper |
| <input type="checkbox"/> OSHA 30-hour Construction Safety (safety representative) | Other: |
| <input type="checkbox"/> Heat Illness Prevention | Other: |

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SSSP Approval

Your signature below indicates you have reviewed the attached SSSP documents and records, agree that they adequately address controls for identified hazards and related requirements, and approve this SSSP.

| Prime Subcontractor | | | |
|---|------|-----------|------|
| Superintendent / Foreman | Name | Signature | Date |
| Safety Representative (if required) | Name | Signature | Date |
| Sub-tier Subcontractor | | | |
| Superintendent / Foreman | Name | Signature | Date |
| Safety Representative (if required) | Name | Signature | Date |
| SLAC | | | |
| SLAC Project Manager | Name | Signature | Date |
| SLAC FCM / SM | Name | Signature | Date |
| SLAC ESH Coordinator or ESHQ Division Representative | Name | Signature | Date |
| SLAC Laser Safety Officer (only required for projects involving lasers) | Name | Signature | Date |

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Job Safety Analysis (JSA) by Contractor



ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 2: [Work Planning and Control](#)

Job Safety Analysis Form

Product ID: [513](#) | Revision ID: 1262 | Date Published: 17 December 2010 | Date Effective: 17 December 2010

URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/wpcFormJSA.pdf> | [.doc](#)

| | | | | |
|--|--------------------------|----------------------------------|-------------|----------------|
| Job / Activity Name: | | JSA # (optional): | Start Date: | Valid Through: |
| Department / Group Name: | Bldg / Area Location(s): | Other Information or References: | | |
| Scope of Work (reference attachment <input type="checkbox"/>) | | | | |

| Step Number | Step | Hazard | Control |
|-------------|------|--------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Construction Tailgate/ Release Form

| 1ST TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
|---------------------|--------------------|-------------------------|
| | | |
| 2ND TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 3RD TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 4TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 5TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 6TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |

| 7TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
|----------------------|--------------------|-------------------------|
| | | |
| 8TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 9TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 10TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |
| 11TH TASK OF THE DAY | WHAT CAN HURT YOU? | HOW WILL YOU STAY SAFE? |
| | | |