

Appendix 5-6

ESRA's Safe Work Plan

SAFE WORK PLAN

Contract For:	<input style="width: 95%;" type="text" value="Enter COMPANY name"/>		
Contract Number:	<input style="width: 95%;" type="text" value="Enter Contract Number, an example P4-BR-B4 (P4 is the project area, BR is the First Nation, B4 is brush clearing contract 4)"/>		
Location:	<input style="width: 95%;" type="text" value="Enter location of Work"/>		
Project Owner:	East Side Road Authority	Dates of Work:	<input style="width: 95%;" type="text" value="Enter dates of work based on Work Plan or Contract schedule"/>
Contract Administrator	Name:	<input style="width: 95%;" type="text" value="Enter name of CA and phone #'s"/>	
	Phone:		

1. Description of Work			
Prime Contractor Contact Information	Project Manager:		Tel:
	Site Supervisor:	As the PRIME CONTRACTOR, Enter the name and phone number of the designated project manager, site supervisor, safety officer, environment officer, and worker safety representative.	Tel:
	Safety Officer:		Tel:
	Environment Officer:		Tel:
	Worker Safety Representative:		Tel:
Scope of Work / Major Tasks If applicable refer to Supplemental Conditions 2.00 AND Add Additional Tasks	Enter the scope of work. Scope of work may be found in the Contract (see Supplemental Conditions 2.00) or Work Plan. Write/type as is provided in the Contract or Work Plan, or provide a brief description. Be sure to include all primary tasks.		
Sub-Contractor Contact Information	Project Manager:		Tel:
	Site Supervisor:	As the SUB- CONTRACTOR, Enter the name and phone number of the designated project manager, site supervisor, safety officer, environment officer, and worker safety representative.	Tel:
	Safety Officer:		Tel:
	Environment Officer:		Tel:
	Worker Safety Representative:		Tel:
Subcontractor Scope of Work / Major Tasks	Enter the scope of work of the sub-contractor. Scope of work may be found in the Contract or Work Plan. Write/type as is provided in the Contract or Work Plan, or provide a brief description. Be sure to include all primary tasks.		

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2. Equipment Involved		
Equipment	Number	Owner
<div style="border: 1px solid red; padding: 5px; margin: 0 auto; width: 80%;"> Enter each piece of equipment individually involved with this contract. Include the unit number and the owner of the equipment. If there are two dozers, use one line for each dozer to identify unit number. </div>		

3. Training Requirements and Qualifications	
All Personnel	<div style="border: 1px solid red; padding: 5px;"> Enter the training requirements and qualifications for all personnel. Example: WHMIS, first aid, company orientation, safe work plan, task specific certifications, etc. </div>
Subcontractors	<div style="border: 1px solid red; padding: 5px;"> Enter the training requirements and qualifications for all subcontractors. Example: WHMIS, First Aid, task related certifications, company orientations, safe work plans, etc. </div>
Other (i.e Task/Area Specific Requirements)	<div style="border: 1px solid red; padding: 5px;"> Enter the training requirements and qualifications related to specialized work activities for all personnel and subcontractors. Example: Fall Protection Training, Excavation, Flagging Coordinator/ Person, etc. </div>

Training Records Available: YES NO

4. Personal Protective Equipment	
All On-Site Personnel	<div style="border: 1px solid red; padding: 5px;"> Enter the personal protective equipment (ppe) to be worn on-site and the class / type of PPE. </div>
Area / Task Specific Requirements	<div style="border: 1px solid red; padding: 5px;"> Enter the personal protective equipment (ppe) that is to be for specific tasks, include class / type and /or the CSA standard. </div>
Other Requirements	<div style="border: 1px solid red; padding: 5px;"> Enter any additional personal protective equipment (ppe) to be worn for specific tasks, include class / type and /or the CSA standard. </div>

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Hazard Rating System	
Severity 1) Fatality or Disability 2) Loss Time Injury 3) Reportable Injury - No loss Time 4) Minor Medical Treatment	Probability a) Immediate b) Probable c) Possible d) Remote

5. Scope of work: Please supply all relevant Safe Work Procedures

Work Activity	Hazards (Ranked by Severity and probability)	Controls	Safe Work Procedures Available
Enter the work activity. Enter one work activity per line, using the scope of work activities. Examples of work activities would be Installing Culvert OR Mechanical Brush Clearing.	Enter all the hazards associated with the work activity listed. ← Once all hazards are identified for the identified work activity, use the Hazard Rating System above to identify the severity and probability for each identified hazard.	For each hazard, provide or plan for a control measure, such as: <u>Eliminate (including substitute)</u> – e.i. remove the hazard or substitute (replace) hazardous material or machines <u>Engineering</u> – e.i. designs, modifications, processes <u>Administrative Control</u> – e.i. alter the way work is done, policies, rules, including safe work practices and operating procedures <u>Personal Protection Equipment</u> – e.i. reduce exposure such as contact with chemicals and noise.	<input type="checkbox"/> Yes <input type="checkbox"/> No Check Yes or No for each activity identified.
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. Control Measures to Protect Other Workers/Public: This section details how you will protect other workers and members of the public sharing the worksite, or working in areas adjacent to the worksite from any physical or chemical hazards that the work may generate. In the case of occupied office space chemical hazards include dust and odours.

Hazard	Control Measure
Identify the hazard(s) that may affect workers or the public.	For each hazard identified, provide a control measure to eliminate the hazard.

7. Emergency Contacts

Local Fire Department:	Provide the phone number for the local fire department. If none, make inquiries on the next possible resources. A source must be identified.
Ambulance Service: (If Available)	Provide a number. If not, provide reference on how the procedure.
RCMP/Band Constable:	Provide local police detachment phone number(s).
Nearest Hospital / Nursing Station:	Name: _____ Phone Number: Provide phone number to nearest hospital or nursing station.
Driving Directions to Nearest Hospital / Nursing Station:	Provide written instructions to hospital / nursing station or attach the written driving instructions.
Map Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/> Attach map to nursing station.
Manitoba Conservation:	Information: (204) 945-6784 Environmental Accident Reporting: (204) 945-4888 or 1-800-214-6497
Workplace Safety and Health Branch i.e. Serious Incidents Reporting	(204) 957-7233 or 1-855-957-7233

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8. On Site Emergency Responders and Equipment	
On-Site Emergency Coordinator	Identify the on-site Emergency Coordinator.
Back-up On-Site Emergency Coordinator	Identify the BACK-UP on-site Emergency Coordinator.
Emergency Communication Device(s) a) Summoning Assistance b) Site Evacuation	List the devices used to communicate (CALL) for emergency assistance and to evacuate. If protocol has been attached, please identify in this area.
Standby Emergency Transportation Vehicle(s)	Identify the mode of emergency transportation available on-site.
List of all 1st Aiders on site	Identify level of first aiders and post.
Location of First Aid Kits	Identify location of all first aid kits.
Location of Fire Extinguishers	Identify location of all fire extinguishers.
Location of Spill Kits	Identify location of all spill kits.
Location of Portable Eye Wash Station	Identify location of potable eye wash station OR protocol.
Location of Material Safety Data Sheet(s)	Identify location of Material Safety Data Sheets.
Location of Muster Point	Identify MUSTER POINTS.

SAFE WORK PLAN

John Doe

Safety Officer

January 1, 2000

**Person drafting this
Safe Work Plan:**

John Doe, Safety Officer, January 1, 2000

Name

Title

Date

**Project Manager
Approval:**

Susie Doe

General Manager

January 1, 2000

Susie Doe, General Manager, January 1, 2000

Name

Title

Date

**Contractor's Safety
Person :**

John Doe

Safety Officer

January 1, 2000

John Doe, Safety Officer, January 1, 2000

Name

Title

Date

**Worker Safety
Representative(s):**

Willy Doe

Safety Worker Rep.
/Equipment Operator

January 1, 2000

Willy Doe, Safety Worker Representative / Equipment Operator, January 1, 2000

Name

Title

Date

This Safe Work Plan does not in any way replace the Contractor's responsibilities under the Workplace Safety & Health Act and Regulations to ensure Workplace Safety and Health Programs are in place to protect workers and members of the public from potential hazardous conditions on the job.

This Safe Work Plan shall be posted at the project site and made available to East Side Road Authority Safety and Environment Officers, and Construction Inspectors. The Safe Work Plan will be used to monitor safe practices on site as required by the Workplace Safety and Health Act.