

City of Grand Junction Contractor Safety Plan

1. Introduction

Project Name: _____

Location: _____

Contract Number: _____

The purpose of this Safety Plan is to ensure all work performed under this contract is conducted in compliance with **OSHA, state, and local safety requirements** and to protect the health and safety of all workers, subcontractors, and the public.

2. Roles and Responsibilities

- **Contractor Company Name:** _____
 - Responsible for overall safety management and compliance.
- **Project Manager/Supervisor:** _____
 - Oversees daily operations and ensures safety procedures are followed.
- **Site Safety Officer/Coordinator:** _____
 - Conducts inspections, safety meetings, and incident reporting.
- **Subcontractors (if any):** _____
 - Must comply with this Safety Plan and all safety regulations.

3. Hazard Identification & Risk Assessment

- Job Hazard Analysis (JHA) will be conducted for: _____
- Hazards anticipated for this project: _____
- Process for reporting hazards: _____

4. Training & Communication

- All employees will attend site-specific orientation on: _____
- Required training (check all that apply):
 - ☐ Fall Protection ☐ Confined Space ☐ Lockout/Tagout
 - ☐ Respiratory Protection ☐ Equipment Operation ☐ Other: _____
- Toolbox talks will be held: (daily/weekly/other) _____

5. Personal Protective Equipment (PPE)

- Minimum PPE required: _____
- Specialized PPE required for specific tasks: _____

6. Safe Work Practices & Procedures

Specific procedures for this project include:

- General Work Rules: _____
- High-risk tasks (excavation, hot work, electrical, etc.): _____
- Equipment/vehicle use procedures: _____

7. Emergency Preparedness

- Nearest hospital/medical facility: _____
- Emergency contact number(s): _____
- Evacuation assembly point: _____
- First aid kits located at: _____

8. Incident Reporting & Investigation

- All incidents, including near-misses, will be reported to: _____
- Reports must be completed within: _____ hours
- Person responsible for investigations: _____

9. Inspections & Audits

- Safety inspections will be performed: (daily/weekly/other) _____
- Person responsible: _____

10. Subcontractor Management

- Subcontractors required to follow this plan: ☐ Yes ☐ No
- Orientation will be provided to subcontractors on: _____

11. Disciplinary Policy

- First violation consequence: _____
- Repeat violation consequence: _____
- Severe violation (immediate termination, removal from site, etc.): _____

12. Acknowledgment

We, the undersigned, acknowledge receipt of this Safety Plan and agree to comply with all requirements.

Contractor Representative: _____ **Date:** _____
Subcontractor Representative: _____ **Date:** _____