City of Grand Junction Contractor Site-Specific Safety Plan (SSSP)

1. Introduction	
Project Name:	
Location: Contract Number:	
Contract Number:SSSP Prepared By:	
Contact Information for Site	Safety Officer/Coordinator
Phone:	Email:
Date of Submission:	Date of Revision(s):
this contract is conducted in co requirements and to protect the	ic Safety Plan ("SSSP") is to ensure all work performed under mpliance with federal, state, local, and all other applicable safety health and safety of all workers, subcontractors, and the public. ies – Explain the duties of each as they relate to this
• Contractor Company	Name:
 Project Manager/Super 	ervisor:
o Duties:	
• Site Safety Officer(s)/0	Coordinator(s):
o Duties:	
• Subcontractor(s) (ii ai	ny):

3. Hazard Identification & Risk Assessment – Identify any potential hazards associated with a site, a job, or a work process. Identify a process for reporting hazards.				
•	Job Hazard Analysis (JHA) will be conducted for: Hazards anticipated for this project: Process for reporting hazards:			
•				
•				
4. Tr	raining & Communication			
•	All employees will attend site-specific orientation on: Specific topics covered in orientation:			
•	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) ersonal Protective Equipment (PPE)			
•	Minimum PPE required for each job:			
•	Specialized PPE required for specific tasks:			
6. Sa	fe Work Practices & Procedures			
Speci	fic procedures for this project include:			
•	Job Specific Safeguards, including the task/step, the hazard, controls/procedures, PPE, and responsible person:			

Equipment/vehicles to be used:
Traffic & Pedestrian Control:
Utilities & Damage Prevention:
Housekeeping: debris control, dust suppression, water management, storage height walkways, overhead protection:
Security: after-hours controls, lighting, lock-up, public interface:
ergency Preparedness Nearest hospital/medical facility:
Nearest hospital/medical facility: Emergency contact number(s): Primary/Secondary evacuation route: Evacuation assembly point:
Nearest hospital/medical facility: Emergency contact number(s): Primary/Secondary evacuation route:
Nearest hospital/medical facility: Emergency contact number(s): Primary/Secondary evacuation route: Evacuation assembly point: First aid kits located at:

Person responsible for investigations:	
9. Inspections & Audits	
 Safety inspections will be performed: (daily Person responsible: Records maintained by: 	
10. Subcontractor Management	
Orientation will be provided to subcontract	ors on:
11. Disciplinary Policy	
 First violation consequence: Repeat violation consequence: Severe violation (immediate termination, reserved) 	emoval from site, etc.):
12. Acknowledgment	
I have read and approve of this SSSP, and I a acknowledge and approve of this SSSP throu	* * *
Contractor Representative:	Date:
Site Safety Officer(s)/Coordinator(s):	Date:
Subcontractor Representative:	Date:
Attachment List:	