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Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBCONTRACTOR SAFETY PLAN CHECKLIST**

Prior to beginning work on the project, the Subcontractor must submit a DETAILED SITE SPECIFIC SAFTY PLAN to the Marion Project Superintendent. The Site Specific Safety Plan is to be specific, addressing anticipated/ potential hazards that will be encountered while performing the contracted work. The plan is to identify the procedures and methods for controlling the project-specific safety hazards identified and not referenced to your Safety Manual. PLEASE DO NOT SEND YOUR SAFETY MANUAL. Material Safety Data Sheets (MSDS) and an INDEX of the MSDS’s are to be submitted to the Marion Construction Company Project Superintendent prior to starting work. The below Safety Plan Checklist is to assist the Subcontractor in identifying and developing a project-specific safety plan. Please note that this checklist is not comprehensive and it is your responsibility to ensure that all the safety aspects of your work are covered. This checklist is to be submitted to the Marion Construction Company’s main office before beginning work.

Subcontractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific Project/Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potential Work Hazards Identified:

🞏 Chemical Hazards 🞏 Fire Hazards 🞏 Confined Space(s) 🞏 Fall Hazards 🞏 Electrical Hazards

🞏 Silica Hazards 🞏 Machine Guarding 🞏 Welding/Cutting 🞏 Scaffolding 🞏 Floor/Wall Openings

🞏 Traffic Control 🞏 Leading Edge Work 🞏 Asbestos Hazard 🞏 Heavy Equipment 🞏 Material Handling

🞏 Roofing Hazards 🞏 Lockout/Tagout 🞏 Demolition 🞏 Public Protection 🞏 Excavation

PPE Required for Hazards Identified:

🞏 Hard Had 🞏 Safety Glasses 🞏 Face Shield 🞏 Goggles 🞏 Anchor Devices 🞏 Dust Mask 🞏 Boots

🞏 Ventilation 🞏 Respirator 🞏 Fall Protection 🞏 Gloves 🞏 Hearing Protection 🞏Other

Other Equipment/Materials/Tools:

🞏 Scaffolds 🞏 Ladders 🞏 Stairways 🞏 Hoists 🞏 First Aid 🞏 Temp Power 🞏 Cranes 🞏 Barricades

Permits/Plans Required to Accomplish Project:

🞏 CIPP 🞏 Pre-Task Planning 🞏 Open Flame Permit 🞏 Hot Work Permit (Electrical)

🞏 Confined Space 🞏 Excavation Permit 🞏 Fall Protection Plan 🞏 Hot Work (Welding, etc.)

🞏 Chemical Use Plan 🞏 Critical Lift Plan (Cranes)

The Competent Person responsible ON SITE for implementation of this plan is listed below. This individual will be available at all times to monitor work being performed on this project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title Phone: Mobile/Pager/Office Date

By submitting this document, I affirm that my personnel have received or will receive the required OSHA safety training prior to performing the work on this project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub Safety Contact Name/Title Phone: Mobile/Pager/Office Date