



# Subcontractor Site Specific Safety Plan

Subcontractor: \_\_\_\_\_ Project: \_\_\_\_\_

**Scope of Work/Work Activities to be Performed:**

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

**Anticipated Hazards:**

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

**Protective and/or Preventive Measures to be taken:**

Clothing & Equipment: \_\_\_\_\_

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

Procedures: \_\_\_\_\_

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

Emergency Procedures: \_\_\_\_\_

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

General Emergency Procedure: \_\_\_\_\_

Hospital Location: \_\_\_\_\_

Nearest Clinic Location: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Competent Person Designation: \_\_\_\_\_

Location of First Aid Kit: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_