

PROJECT SPECIFIC SAFETY PLAN

The purpose of this project specific safety plan is to assist in the evaluation of project specific safety hazards and safety requirements that may not already be adequately addressed by the Nycom, Inc. Safety & Health Management Program (SHMP). **This executed Project Specific Safety Plan will serve as an amendment to the SHMP and together form a complete Project Specific Safety Plan.**

GENERAL INFORMATION

Project: _____ Date: _____

Client: _____

General Contractor: _____

Nycom Field Operations Manager: _____ Phone: _____

Nycom Foreman/Lead Installer: _____ Phone: _____

Nycom Site Safety Representative: _____ Phone: _____

PROJECT SAFETY EVALUATION CHECKLIST

	Yes	No	N/A
1. Review of client/general contractor safety requirements complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any contract safety requirements more stringent than Nycom policies? If yes, describe applicable policies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the client/general contractor developed a site Emergency Action Plan? If yes, obtain copy and incorporate into Nycom Emergency Action Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Nycom project Emergency Action Plan been developed? (Appendix I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will any new chemical materials be used by Nycom that are not already included in the current Nycom Hazard-Communication/SDS manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If Yes, have SDS's been obtained for new products & chemical list updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SDS's and chemical list submitted to client/contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will Nycom employees potentially be exposed to any hazardous chemicals belonging to the client/contractor or in process piping, vessels, etc? If yes, obtain SDS and evaluate hazards and necessary controls to be implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will motorized equipment be used on this project? Describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are temporary power outlets GFCI protected? If no, Nycom must provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there any fall hazards? (open holes, shafts, unprotected edges, etc.) If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the client/general contractor require attendance of safety orientation? If yes, describe schedule, procedure and contact person _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PROJECT SPECIFIC SAFETY REQUIREMENTS

1. In addition to hard hats & safety glasses, list the minimum PPE requirements for the project

2. Does the project require Fall Protection at a threshold height of other than 6 feet as required by Nycom? If yes, at what height will fall protection be required? _____

3. Location(s) first aid kits will be kept on the project: _____
4. Location(s) Safety Data Sheets & Chemical List will be kept on the project: _____

PROJECT SPECIFIC SAFETY RESPONSIBILITY ASSIGNMENTS

<u>Responsibility Description</u>	<u>Competent Person Responsible</u>
1. Incident/Injury Reporting (Appendix B)	_____
2. Tool Box Safety Training Meetings (Appendix D)	_____
3. General Site Safety Inspections (Appendix E – Weekly)	_____
4. Forklift Safety Inspections (Appendix F)	_____
5. Trained and Authorized Forklift Operator(s)	_____
6. Pre-Task Safety Plans (Appendix H)	_____
7. Overall safety enforcement on the project (Foreman)	_____
8. Person(s) Responsible for First Aid on this project	_____
9. Other Safety responsibilities (Describe): _____	_____

CREW ACKNOWLEDGEMENT

By signing below I have read, understand and agree to comply with the requirements of this Project Specific Safety Plan in addition to the requirements established by the overall Nycom, Inc. Safety & Health Management Program (SHMP).

<u>Signature</u>	<u>Date</u>	<u>Signature</u>	<u>Date</u>
1) _____	_____	11) _____	_____
2) _____	_____	12) _____	_____
3) _____	_____	13) _____	_____
4) _____	_____	14) _____	_____
5) _____	_____	15) _____	_____
6) _____	_____	16) _____	_____
7) _____	_____	17) _____	_____
8) _____	_____	18) _____	_____
9) _____	_____	19) _____	_____
10) _____	_____	20) _____	_____

APPROVAL SIGNATURES

Nycom Inc. Foreman/Lead Installer: _____ Date: _____
 Nycom, Inc. Field Operations Manager: _____ Date: _____
 Nycom, Inc. Operations Manager: _____ Date: _____

Cc: Safety Files