

# Subcontractor Site-Specific Safety Plan Outline (SSSP)



**Purpose:** To create a brief, Site Specific Safety Plan for all subcontractors and tiered subcontractors working on a **BUSINESS NAME** project to help prevent the occurrence of injury or incident.

**Scope:** All subcontractors and tiered subcontractors working on a **BUSINESS NAME** project are required to complete a Site Specific Safety Plan (SSSP) prior to the commencement of work. **The SSSP is not to be a copy of the general corporate safety programs. The SSSP must include information specific to this project and the people involved with it.**

**Instructions:** Complete all sections of this form and submit through PM Web.

- Check all boxes acknowledging management agreement with section. If a particular section does not apply to your crew or your scope of work, select "N/A".
- Once complete, this form must be approved by **BUSINESS NAME** supervision and reviewed at the Pre-Construction meeting before work starts.
- Review the contents of this plan with all workers onsite

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

**Contractor Name:** \_\_\_\_\_

## CONTACTS

Main Office Number: \_\_\_\_\_

Corporate Safety Rep Name and Number: \_\_\_\_\_

Project Manager Name and Number: \_\_\_\_\_

Foreman Name and Number: \_\_\_\_\_

*(The Foreman or other supervisor acting as the "Competent Person" must be onsite full-time and hold an OSHA 30 certification.)*

## SCOPE OF WORK TO BE PERFORMED

Include specific work, tools, materials, methods, etc.

## MANAGEMENT COMPLETION AND AGREEMENT:

I, (NAME) \_\_\_\_\_, have read and agree that our management and employees will abide by the statements and plans outlined in this document in order to provide the safest and most-healthy workplace for our employees and those working around us.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **EMERGENCIES, INCIDENTS AND INJURIES**

ALL injuries/incidents regardless of the nature must be reported to **BUSINESS NAME** management immediately *without exception*. All employees are instructed to follow all emergency procedures that have been established for this project.

Management understands and agrees

## **DRUG TESTING**

All employees on site will comply with the **BUSINESS NAME** Substance Abuse Policy and have provided a negative test within 90 days of starting work on the project.

Management understands and agrees

**ORIENTATION & TRAINING**

All employees and tiered sub employees will attend the **BUSINESS NAME** work on this project.

**Management understands and agrees** project orientation before beginning

All workers will receive safety training for all scopes of work in a language and vocabulary they can understand. Training documentation & certifications will be provided to **BUSINESS NAME** at orientation or other point before employees start work on the site.

Check all training that employees will possess:

<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Signaling	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Electrical Safety
<input type="checkbox"/> Excavation	<input type="checkbox"/> Silica Dust/Resp.	<input type="checkbox"/> Scaffold	<input type="checkbox"/> LOTO
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Organic Vapor/Resp.	<input type="checkbox"/> Forklift	<input type="checkbox"/> Noise/Hearing Prot.
<input type="checkbox"/> Ladders	<input type="checkbox"/> Boom Lift	<input type="checkbox"/> HazCom (GHS) <i>Required</i>	<input type="checkbox"/> PPE
<input type="checkbox"/> Rigging	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Other:

**PARKING**

Parking will be in areas designated by the **BUSINESS NAME** Site Superintendent. Parking will be at the employee's risk out of the jobsite boundaries, until or unless the Site Superintendent provides for areas to be made available on the site and provides written notice to the sub-contractors. **BUSINESS NAME** will not be responsible for damage to vehicles. All employees will park in areas designated by **BUSINESS NAME**.

**Management understands and agrees**

**PAPERWORK, PERMITS AND INSPECTIONS**

All required safety paperwork will be completed and submitted to **BUSINESS NAME**. Including, but not limited to permits, inspections, incident reports, toolbox talks, and daily PTSAs.

**Management understands and agrees**

- All subcontractors are required to perform a safety audit each week and submit to **BUSINESS NAME** Supervision
- All subcontractors are required to complete their own Toolbox Talk each week and submit to **BUSINESS NAME** Supervision

**EQUIPMENT TO BE USED**

(Cranes, excavating or grading equipment, demolition equipment, aerial lifts, etc)

**Management understands and agrees**  **N/A**

- Fork truck (Lull/Telehandler)  Forklift  Skidsteer/Bobcat  Buckhoist  Backhoe/Trackhoe  Highlift/Dozer
- Drill Rig/Driver  Roller/Compactor  Motor Grader/Pan Grader  Scissor Lift/Boom Lift  Crane
- Other: \_\_\_\_\_

Annual, formal inspections for cranes, swing stages and non-rental aerial lifts will be completed and Submitted to **BUSINESS NAME**  
**Note: Employees must be prepared to present documentation of training on each piece of equipment at the **BUSINESS NAME** orientation or before starting associated work. Crane operator must present CCO card have a documented "Employer Evaluation" for type of crane being used. The evaluation shall outline the operator name, evaluator, date, make/model, and operator sign off.**

**HOUSEKEEPING**

Management understands and agrees

**ALL SCRAP MATERIALS & TRASH SHALL BE REMOVED TO DUMPSTERS DAILY!**

The purpose of this Housekeeping Safety Plan is to identify the means and methods to safely organize materials and remove construction debris from the project on a DAILY basis. All materials are to be staged off of the ground by means of cribbing or others identified below. Scrap material and debris needs to go in proper containment as soon as it is created and removed to dumpsters by the end of the work shift.

LIST MATERIALS	STAGING	CONTAINMENT	METHOD OF TRANSPORT	RESPONSIBLE PARTY
— — — — —	<input type="checkbox"/> Wheeled Carts <input type="checkbox"/> Wood Cribbing <input type="checkbox"/> Pallets <input type="checkbox"/> Will Require Bracing? <input type="checkbox"/> Protection from Wind and Weather? <input type="checkbox"/> Other:	<input type="checkbox"/> Trash Cans <input type="checkbox"/> Gondolas <input type="checkbox"/> Forked Trash Containers <input type="checkbox"/> Skid Pans <input type="checkbox"/> Trash Cans w/wheels (required inside building) <input type="checkbox"/> Other:	<input type="checkbox"/> Manually (must < 50lbs) <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Fork Lift/Telehandler <input type="checkbox"/> Trucks <input type="checkbox"/> Cranes <input type="checkbox"/> Other:	Responsible Party:
<b>Misc. Trash/Scrap Materials</b>  Cardboard, wood, plastic, banding, wire, misc. metals, etc...	<b>N/A</b>	<input type="checkbox"/> Trash Cans <input type="checkbox"/> Gondolas <input type="checkbox"/> Forked Trash Containers <input type="checkbox"/> Trash Cans w/wheels (required inside building) <input type="checkbox"/> Other:	<input type="checkbox"/> Manually (must be less than 50lbs) <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Fork Lift/Telehandler <input type="checkbox"/> Trucks <input type="checkbox"/> Other:	List whom is responsible to ensure that all material trash and debris is removed to dumpsters on a DAILY basis:

**ERGONOMICS/SOFT TISSUE INJURY**

**Management understands and agrees**

BUSINESS NAME *requires all subcontractor and tiered subcontractor employees to participate in daily Stretch & Flex session onsite.*

List Job Tasks	Body Position	Control Measures
	<b>Arms Overhead</b>	<input type="checkbox"/> Pre Fab work on ground <input type="checkbox"/> Raise Work Level <input type="checkbox"/> Job Rotate <input type="checkbox"/> List Other:
	<b>Bent Over</b>	<input type="checkbox"/> Use extended tool handle <input type="checkbox"/> Raise Work Level <input type="checkbox"/> Job Rotate <input type="checkbox"/> List Other:
	<b>Working on Knees</b>	<input type="checkbox"/> Knee pads <input type="checkbox"/> Raise work level <input type="checkbox"/> Job Rotate <input type="checkbox"/> Breaks <input type="checkbox"/> List Other:
	<b>Arms out away from body</b>	<input type="checkbox"/> Bring work close to body <input type="checkbox"/> Use Mech. means <input type="checkbox"/> 2-man job <input type="checkbox"/> List Other:
	<b>Strenuous Activities</b> <i>(Pushing, Pulling, Lifting &amp; Carrying – more than 50 lbs)</i>	<input type="checkbox"/> Add more workers <input type="checkbox"/> Mechanical Means <input type="checkbox"/> Job Rotate <input type="checkbox"/> List Other:

Other controls or work methods to address soft tissue Injuries:

**CHEMICALS**

**Management understands and agrees**

Provide a Chemical Inventory Sheet & hard copy of SDS sheets for each (not MSDS sheets) to BUSINESS NAME in a binder on the project.

All hazardous chemicals must be properly stored in approved containers. Flammable materials must be stored in accordance with OSHA requirements for storage of flammable materials. This includes requirements for fire protection, storage location and signage. **NO PLASTIC GAS CANS WILL BE ALLOWED ON SITE.**

**CLAYCO'S "RULES TO LIVE BY"**

**Management understands and agrees**

All violations of BUSINESS NAME safety rules and procedures are subject to disciplinary action. However, the following "RULES TO LIVE BY" will be enforced with Zero Tolerance. Violations of these rules WILL result in documented - Written Warning, Time off without Pay, or 12 Month Suspension.

***These rules apply when an employee is in the act of performing his/her task.***

**Eye Protection**

*ANSI Z87 Safety Glasses shall be worn at all times (including prescription eyewear).All grinding, saw cutting, work involving flying particles requires the use of double eye protection. (foam lined glasses & a face shield)*

**Head Protection**

*Hardhats are required at all times (including welding), except when in break areas or equipment cabs. Hard Hat Welding Hood Variances may only be obtained from BUSINESS NAME*

**Hand Protection**

*Gloves (ANSI cut level A5, puncture level 2 - minimum) are required to be worn at all times. Additional cut, puncture and impact protection may be required, depending on the task performed.*

**Fall Protection**

*100% Fall Protection is required on unguarded areas 6' or higher.*

**Pre Task Safety Analysis**

*Completing and signing the daily PTSA outlining the steps of the task, the hazards, and the controls.*

**Permits & Inspections**

*Complete and obtain BUSINESS NAME approval for Hot Work, Confined Space, Roof Work & Excavation permits. Complete equipment and aerial lift inspections prior to operation.*

**Verify Zero Energy**

*Employees must verify that all energy sources are at ZERO before working on equipment.*

**CHECK THIS BOX IF NO WORKERS ARE TO BE EXPOSED TO FALL HAZARDS 6 FEET OR MORE**

A fall protection plan is required when any workers will be exposed to **any** of the following items in your scope of work:

**100% Fall Protection is required at all times!!**

TASK/EXPOSURE	FALL EQUIPMENT	ANCHORAGE	ANCHORAGE LOCATION	RESCUE
<b>Leading Edge/Roof/ Open Holes</b> Min Fall Distance: ____ft.	<input type="checkbox"/> Guardrail System <input type="checkbox"/> Warning Lines <input type="checkbox"/> Rope Grab <input type="checkbox"/> Self-Retracting Lanyard <input type="checkbox"/> Retractable ____ft.	<input type="checkbox"/> D-Ring Strap <input type="checkbox"/> Concrete Anchor <input type="checkbox"/> Raptor Cart <input type="checkbox"/> Beamer List Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Aerial Lift Use</b> Type: <input type="checkbox"/> Boom <input type="checkbox"/> Scissor Min Fall Distance: ____ft.	<input type="checkbox"/> 4' Lanyard <input type="checkbox"/> Self-Retracting Lanyard <input type="checkbox"/> Retractable ____ft. <b>6' lanyards are not allowed</b>	<input type="checkbox"/> Required anchor point in basket.	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Scaffold Use</b> Type: _____ Min Fall Distance: ____ft.	<input type="checkbox"/> Guardrail System <input type="checkbox"/> Rope Grab <input type="checkbox"/> Self-Retracting Lanyard <input type="checkbox"/> Retractable Length ____ft.	<input type="checkbox"/> D-Ring Strap <input type="checkbox"/> Roof Davit <input type="checkbox"/> Scaffold Frame (Manufacture Approve) List Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Excavations</b> Depth of trench: ____ft.	<input type="checkbox"/> Guardrail System <input type="checkbox"/> Warning Lines <input type="checkbox"/> Self-Retracting Lanyard <input type="checkbox"/> Retractable Length ____ft.	<input type="checkbox"/> Dead man List Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Steel Erection</b> Connecting/Bolting <i>Must limit free-fall to 6'</i> Min Fall Distance Between Floors: ____ft.	<input type="checkbox"/> Self-Retracting Lanyard Brand/Model: _____ <input type="checkbox"/> Retractable ____ft.	<input type="checkbox"/> Horizontal Lifeline <input type="checkbox"/> Beam Clamp <input type="checkbox"/> Beam Slider <input type="checkbox"/> Choker - <i>Must limit free fall to 6'</i> List Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Steel Decking</b> <i>Must limit free-fall to 6'</i> Min Fall Distance Between Floors: ____ft.	<input type="checkbox"/> Self-Retracting Lanyard Brand/Model: _____ <input type="checkbox"/> Horiz. Lifeline (Waist High) <input type="checkbox"/> Retractable ____ft.	<input type="checkbox"/> D-Ring Strap <input type="checkbox"/> D-Ring Plate List Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Walking Steel</b> <i>Must limit free-fall to 6'</i> Min Fall Distance Between Floors: ____ft.	<input type="checkbox"/> Self-Retracting Lanyard Brand/Model: _____ <input type="checkbox"/> Horiz. Lifeline (Waist High) Retractable ____ft.	<input type="checkbox"/> Horizontal Lifeline <input type="checkbox"/> Beam Clamp <input type="checkbox"/> Beam Slider <input type="checkbox"/> Choker - <i>Must limit free fall to 6'</i> List Other:	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
<b>Wall Forms</b> Wall Form Height: ____ft.	<input type="checkbox"/> Self-Retracting Lanyard <input type="checkbox"/> Positioning Hook <input type="checkbox"/> Retractable Length ____ft.	<input type="checkbox"/> Required anchor point on forms.	<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:
Other:  Min Fall Hazard: ____ft.			<input type="checkbox"/> Overhead <input type="checkbox"/> Waist Height <input type="checkbox"/> Foot Height <i>Foot-level requires specially-rated equipment (example: Nano-Lok Edge)</i>	Steps:

**UNLOADING MATERIALS 6' OR HIGHER**

★ Describe how employees will safely unload materials from flatbed trucks being exposed to falls of 6' or higher.

<i>What is being unloaded?</i>	<i>Fall Exposure/Distance</i>	<i>Control Measures to keep employee from falling</i>

**TOOL TETHERING & DROPPED ITEM PROTECTION**

**A tool tethering system is required when workers meet the following criteria:**

- All activities at the perimeter edges of buildings.
- When working within 6ft of a slab edge at elevated heights.
- When working at elevated heights where there is a risk of tools falling below to workers.
- Tool tethering must follow the manufacturer’s recommendations for attachment points.
- All components of the tool tethering system must be capable of supporting the intended load of the tool.

<i>TASK/EXPOSURE</i>	<i>TOOLS TO BE TETHERED</i>	<i>TETHER ANCHOR POINT LOCATION</i>
		<input type="checkbox"/> Arm/Hand <input type="checkbox"/> Tool Belt <input type="checkbox"/> List Other:
		<input type="checkbox"/> Arm/Hand <input type="checkbox"/> Tool Belt <input type="checkbox"/> List Other:
		<input type="checkbox"/> Arm/Hand <input type="checkbox"/> Tool Belt <input type="checkbox"/> List Other:
		<input type="checkbox"/> Arm/Hand <input type="checkbox"/> Tool Belt <input type="checkbox"/> List Other:
		<input type="checkbox"/> Arm/Hand <input type="checkbox"/> Tool Belt <input type="checkbox"/> List Other:

**HAND INJURY PREVENTION PLAN**

★ Describe how employees will protect themselves from the following injuries and job tasks.

★ The goal of this sections is to protect workers using tools and equipment by keeping their hands out of the “line of fire”.

Refer to BUSINESS NAME Safety Work Rules for specific requirements on glove types for proper hand protection.

<i>INJURY</i>	<i>JOB TASK / TOOLS &amp; EQUIPMENT</i>	<i>CONTROL MEASURE / GLOVE TYPE</i>
Severe Cuts or Lacerations		
Contusions / Smashing		
Caught-Between / Rotating Equipment		
Punctures		
Chemical Burns		
Harmful Temperatures		

★ **BUSINESS NAME** requires all contractors to follow OSHA’s CFR 1926.1153 Table 1 “Specified Exposure Control Methods When Working with Materials Containing Crystalline Silica” unless the contractor can provide sampling data that deviates from these specified control measures.

Date control plan completed:			
Contractor:		Contact:	
Project Manager:		Contact:	
Project Foremen		Contact:	
Safety Director:		Contact:	
Project Name:		Trades:	
Scope of work to be completed:			
Work start date:		Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	
Workers trained in (training records must be available for review upon request):			
Proper use of all tools / equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Proper use of administration controls	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proper use of engineering controls	<input type="checkbox"/> YES <input type="checkbox"/> NO	Proper use of PPE	<input type="checkbox"/> YES <input type="checkbox"/> NO
Proper disposal methods of silica	<input type="checkbox"/> YES <input type="checkbox"/> NO	List other:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Respirators</b>			
Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Respirator training provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Annual Fit-testing provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ALL EMPLOYEES MUST BE ABLE TO SHOW PROOF OF FIT TESTING</b>			
PPE required for scope of work (other than respirator)			
<input type="checkbox"/> Tyvek <input type="checkbox"/> Anti-vibration Gloves <input type="checkbox"/> Rubber boots <input type="checkbox"/> Face Shield <input type="checkbox"/> Class 2 Vest <input type="checkbox"/> Hearing protection <input type="checkbox"/> Other:			
<b>Contractor Respiratory Protection Program</b>			
Program meets the requirements of OSHA 29 CFR 1926.103? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>ALL CONTRACTORS MUST FOLLOW TABLE 1</b>			
<b>OSHA TABLE 1: SPECIFIED EXPOSURE CONTROL METHODS WHEN WORKING WITH MATERIALS CONTAINING CRYSTALLINE SILICA</b>			
Equipment / Task	Engineering and Work Practice Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF)	
		≤ 4 hours /shift	> 4 hours /shift
<b>Stationary Masonry Saws</b> <i>Check box if performing this work</i> <input type="checkbox"/>	Use saw equipped with integrated water delivery system that continuously feeds water to the blade.  Operate and maintain tool in accordance with manufacturer’s instructions to minimize dust emissions.	None	None
<b>Handheld Power Saws (any blade diameter)</b> <i>Check box if performing this work</i> <input type="checkbox"/>	Use saw equipped with integrated water delivery system that continuously feeds water to the blade.  Operate and maintain tool in accordance with manufacturer’s instructions to minimize dust emissions.  – When used outdoors.  – When used indoors or in an enclosed area.	None APF 10	APF 10 APF 10

<p><b>Handheld power saws for cutting fiber- cement board</b> (with blade diameter of 8 inches or less)</p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>For tasks performed outdoors only:</p> <p>Use saw equipped with commercially available dust collection system.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p> <p>Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency.</p>	None	None
<p><b>Walk-Behind Saws</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>Use saw equipped with integrated water delivery system that continuously feeds water to the blade.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p> <p>– When used outdoors.</p> <p>When used indoors or in an enclosed area.</p>	None APF 10	None APF 10
<p><b>Drivable Saws</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>For tasks performed outdoors only:</p> <p>Use saw equipped with integrated water delivery system that continuously feeds water to the blade.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p>	None	None
<p><b>Rig-Mounted Core Saws or Drills</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>Use tool equipped with integrated water delivery system that supplies water to cutting surface.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p>	None	None
<p><b>Handheld &amp; Stand-Mounted Drills</b> (including impact and rotary hammer drills)</p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>Use drill equipped with commercially available shroud or cowling with dust collection system.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p> <p>Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter-cleaning mechanism.</p> <p>Use a HEPA-filtered vacuum when cleaning holes.</p>	None	None

<p><b>Dowel Drilling Rigs for Concrete</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>For tasks performed outdoors only:</p> <p>Use shroud around drill bit with a dust collection system. Dust collector must have a filter with 99% or greater efficiency and a filter-cleaning mechanism.</p> <p>Use a HEPA-filtered vacuum when cleaning holes.</p>	<p>APF 10</p>	<p>APF 10</p>
<p><b>Vehicle-Mounted Drilling Rigs for Rock and Concrete</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>Use dust collection system with close capture hood or shroud around drill bit with a low-flow water spray to wet the dust at the discharge point from the dust collector.</p> <p>OR</p> <p>Operate from within an enclosed cab and use water for dust suppression on drill bit.</p>	<p>None</p> <p>None</p>	<p>None</p> <p>None</p>
<p><b>Jackhammers and Handheld Powered Chipping Tools</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>Use tool with water delivery system that supplies a continuous stream or spray of water at the point of impact.</p> <ul style="list-style-type: none"> <li>– When used outdoors.</li> <li>– When used indoors or in an enclosed area.</li> </ul> <p>OR</p> <p>Use tool equipped with commercially available shroud and dust collection system.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p> <p>Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter-cleaning mechanism.</p> <ul style="list-style-type: none"> <li>– When used outdoors.</li> </ul> <p>When used indoors or in an enclosed area.</p>	<p>None</p> <p>APF 10</p> <p>None</p> <p>APF 10</p> <p>None</p> <p>APF 10</p>	<p>APF 10</p> <p>APF 10</p> <p>APF 10</p> <p>APF 10</p>
<p><b>Handheld Grinders for Mortar Removal (i.e., tuck-pointing)</b></p> <p><i>Check box if performing this work</i></p> <input type="checkbox"/>	<p>Use grinder equipped with commercially available shroud and dust collection system.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p> <p>Dust collector must provide 25 cubic feet per minute (cfm) or greater of airflow per inch of wheel diameter and have a filter with 99% or greater efficiency and a cyclonic pre-separator or filter-cleaning mechanism.</p>	<p>APF 10</p>	<p>APF 25</p>



<b>Handheld Grinders For Uses Other Than Mortar Removal</b>  <i>Check box if performing this work</i>  <input type="checkbox"/>	<p>For tasks performed outdoors only:</p> <p>Use grinder equipped with integrated water delivery system that continuously feeds water to the grinding surface.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p>	None	None
	<p>OR</p> <p>Use grinder equipped with commercially available shroud and dust collection system.</p> <p>Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.</p> <p>Dust collector must provide 25 cubic feet per minute (cfm) or greater of airflow per inch of wheel diameter and have a filter with 99% or greater efficiency and a cyclonic pre-separator or filter-cleaning mechanism.</p> <p>When used outdoors. -When used indoors or in an enclosed area.</p>		
		None	APF 10

**Other Tasks To Be Performed**

Task / Tool	Controls		Respirator Type
	Water Fed	Vacuum System	
	<input type="checkbox"/>	<input type="checkbox"/>	APF 10 <input type="checkbox"/> APF 50 <input type="checkbox"/> None <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	APF 10 <input type="checkbox"/> APF 50 <input type="checkbox"/> None <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	APF 10 <input type="checkbox"/> APF 50 <input type="checkbox"/> None <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	APF 10 <input type="checkbox"/> APF 50 <input type="checkbox"/> None <input type="checkbox"/>

Comments:

<b>Work Area &amp; Control Methods</b>		
<b>Work Area</b>		
Signage will be in place to warn other workers of a Silica Dust Hazard ( <i>Required if there is a potential to expose others</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Barricade tape will be installed around work area?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
A partial enclosure will be used around work areas?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
A full enclosure will be used around work areas?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
<b>Control Methods – Vacuum Methods</b>		
Tools will be equipped with commercially available shroud and dust collection system ( <i>Required</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Tools shall be operated and maintained in accordance with manufacturer's instructions ( <i>Required</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Dust collector must provide the air flow recommended by the tool manufacturer or greater ( <i>Required</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Vacuum systems must have a filter with 99% efficiency and a filter cleaning mechanism ( <i>Required</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
<b>Control Methods – Water Fed Systems</b>		
Use tool equipped with an <u>integrated water delivery system</u> that continuously supplies water to the blade or cutting surface ( <i>Required</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
<b>Housekeeping</b>		
Vacuum methods?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Wet sweeping methods?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Collection bags in place used in vacuum systems?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Silica dust disposed in approved container / location ( <i>Required</i> )	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Subcontractor Management Sign:		Date:
Foremen / Site Supervision Sign:		Date:
Clayco Sign-off:		Date:

**NOISE EXPOSURE/HEARING PROTECTION PLAN**

**Management understands and agrees**

TABLE D-2 - PERMISSIBLE NOISE EXPOSURES

Duration per day, hours	Sound level dBA slow response
8.....	90
6.....	92
4.....	95
3.....	97
2.....	100
1 1/2.....	102
1.....	105
1/2.....	110
1/4 or less.....	115

1926.52(d)(1)

✓ In all cases where the sound levels exceed the values shown in table D2, a continuing, effective hearing conservation program shall be administered.

✓ All Subcontractors are required to assess the noise exposures from their scopes of work, tools, and environments.

✓ OSHA recommends that hearing protection be provided when noise levels are above 85 decibels.

✓ Hearing protection must be provided to workers when noise levels cannot be reduced by engineering or other means.

**JOB HAZARD ANALYSIS (JHA)**

**Management understands and agrees**

Complete the following chart listing multiple tasks involved in your scope of work and the associated hazards and their controls/prevention methods. Cover all hazards associated with your scope of work.

Task Steps (Tools & Equipment)	Potential Hazards	Prevention Methods
<p><i>Identify the various tasks to be performed at the site?</i></p> <p><i>What tools and equipment will be used to perform the work?</i></p> <p><i>What materials are needed?</i></p> <p><i>Break the tasks down into steps to assist with hazard identification.</i></p>	<p><i>Identify known and potential hazards for each task.</i></p> <p><i>Identify hazards for each step</i></p> <p><i>Can any body part get caught in or between objects?</i></p> <p><i>Do tools, machines, or equipment present any hazards?</i></p>	<p><i>First consider revisiting the job task to reduce the amount of exposures.</i></p> <p><i>Do not use general statements such as "be careful" or "use caution".</i></p> <p><i>Describe what actions are to be taken and how it is to be performed.</i></p> <p><i>What is the best PPE we need to protect ourselves?</i></p> <p><i>Are all workers trained to perform the task safely?</i></p> <p><i>Do the controls meet OSHA requirements?</i></p>

