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| **Contractor Site Specific Safety Plan**  **All safety plans must be sent to Penn EHRS for review at least two weeks prior to the project start date.**  **FRES Safety Manager: Christine Zalewski - czal@upenn.edu** | | | |
| Complete the Penn Site Specific Safety Plan (SSSP), checking all programs and requirements that apply to the scope of the project. Provide additional details and/or attachments as requested in the comment/actions/reference section. In addition to the Penn SSSP please submit your company’s Safety and Health Program.  Contractors shall comply with all applicable federal, state, and local Environmental, Health and Safety Regulations. | | | |
| Project Name |  | | |
| Penn Project Manager |  | | |
| Contractor Company(s)  (List All Contractors / Sub-Contractors) |  | | |
| Project Start Date |  | Project Completion Date |  |
| Project/Job Location: |  | | |
| Description / Scope of Work |  | | |

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| --- | --- | --- | --- | --- |
| **Organizational Requirements** | | | | |
| Planned number of workers: | |  | | |
| List Name(s) of Contractor Project Manager / Foreman / Superintendent | | | Title | Emergency Contact Number |
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|  | | |  |  |
| List Name of Safety Manager/Director | | | | Emergency Contact Number |
|  | | | |  |
| **Emergency Response –** | **Penn’s Emergency Line: 215-573-3333 / 511 (campus phone)**  **Penn Public Safety General Information: 215-898-7297** | | | |

| ES Requirement | Does Requirement Apply? (Yes / No) | Comments / Actions / References |
| --- | --- | --- |
| Personal Protective Equipment | Does the project require the use of personal protective equipment?  Yes  No | What PPE will be required when on the jobsite? |
| Heat Stress Awareness | If work takes place in an Outdoor or Indoor Environment where workers are exposed to heat, ensure a Heat Stress Management Program is in place. |  |
| Barricading Work Zone & Safety Hazards | Does the project require barricading the work zone and safety hazards?  Yes  No | What type of barricade(s) will be used? |
| Site Control | Does the project require site security/sprinkler systems to be disabled?  Yes  No | Review with project manager if fire watch or additional security resources are required. |
| Traffic Control/Vehicular Movement | Does the project require sidewalk closures, lane impositions or traffic interruptions?  Yes  No |  |
| Powered Industrial Trucks (Fork Trucks, Lulls, etc.) | Does the project require use of Powered Industrial Trucks?  Yes  No | What powered industrial vehicles will be used during this project? |
| Asbestos Management | Penn is responsible for all asbestos inspection and abatement activities. | * If suspected asbestos containing materials are found, stop work, and notify your Project Manager. * EHRS Asbestos Program Coordinator - Marc Heim (445)-246-2479. * Contractors should have Awareness Level Training. |
| Lead Management | All contractors are expected to comply with OSHA standard 1926.62. |  |
| Respiratory Protection | Will this work result in respiratory exposure to any substance that may exceed regulatory exposure limits?  Yes  No |  |
| Air Management (Dust Control) | Will the work require a Dust Control Permit?  Yes  No | * Ensure compliance with the City of Philadelphia, Air Management Code. |
| Chemical Management / Hazard Communication | Will the work require the use of any hazardous chemicals?  Yes  No | List hazardous materials to be used and maintain SDSs onsite. |
| Laboratory Work | Will the work involve entering any University Laboratories?  Yes  No | * Contractors must go through the Penn Hazard Communication and Safety Awareness Training   <https://ehrs.upenn.edu/health-safety/general-safety/hazard-communication-contractors-entering-labs>   * EHRS, upon notification from the Penn Project Manager, will advise contractors of any chemical hazards which may be encountered in the normal course of their work on premises. |
| Utility Shutdown Request | Will the work involve shutting down any building utilities?  Yes  No | * A Utility Shutdown Request Form must be completed and approved by the Penn Project Manager. |
| Lock Out Tag Out | Will the work involve de energization of equipment or the need to control other hazardous energy sources?  Yes  No |  |
| Electrical Work | Will the project involve work on electrical systems?  Yes  No | * Live electrical work over 50 volts requires an Energized Electrical Work Permit and Penn Approval. |
| Electrical Work  (Temporary Power, Lighting and Welding Installations) | Will the work involve the need for a Temporary Power?  Yes  No | * Ensure compliance with the National Electric Code (NFPA 70). |
| Confined Space Entry | Will the work involve entry into a confined space?  Yes  No | * Ensure confined space entry plan is compliant with OSHA 1926 Subpart AA and 1910.146. |
| Hot Work | Will the work involve welding, cutting, grinding, soldering or open flames/sparks (ignition source)?  Yes  No | * Hot Work Permits are managed through Penn’s Division of Public Safety - Fire & Emergency Services (FES). Hot Work Permits are available through your Penn Project Manager. |
| Earth or Floor Penetration | Will the work require excavations, trenching, pole setting, drilling, digging, coring or saw cutting of interior floors or exterior grounds?  Yes  No | * Ensure compliance with OSHA standard 1926 Subpart P and the City of Philadelphia Code. * Ensure PA One Call is Complete. (Dial 811) * Please provide the name of your Qualified Site Safety Manager: |
| Working at Heights  (Roof Work) | Will the work require access to a roof for any purpose?  Yes  No | How will access to the roof be secured during the project? |
| Working at Heights  (Fall Protection) | Will personnel be working at heights or performing work that requires fall protection?  Yes  No | Please list all fall protection equipment and systems that will be used.  (anchorages, railing, etc.) |
| Working at Heights  (Swing Scaffold, Boatswain's Chair, etc.) | Will personnel be performing work that requires use of a swing scaffold, bosun’s chair or similar system?  Yes  No | * Please provide information on the type of system that will be used along with the set up and anchorage plan. |
| Scaffolding | Will the work require use of scaffolding?  Yes  No | * Please provide the name of the competent person overseeing the work and performing/documenting the inspections. |
| Mobile Elevated Working Platforms (MEWP) | Will the work result in use of mobile elevated working platforms to include articulating boom lifts, scissors lifts, or safety cages?  Yes  No | What type of MEWPs will be used? |
| Ladders | Will the work require use of ladders?  Yes  No |  |
| Cranes and Derricks | Will the work require use of a crane and/or derrick?  Yes  No | * Please attach/provide site-specific lift plan before work takes place. |