



SITE SPECIFIC SAFETY PLAN (SSSP)

This plan shall be completed and reviewed with the Corporate Safety Department before work commences. Completed plans shall be maintained and kept on site with the project file.

Section 1: Company and Project Information	
Contractor Company:	
Contractor Address:	
Project Name:	
Project Address:	
Mobilization Date:	

Section 2: Contractor Info	Name	Phone	Email
Project Manager			
Superintendent			
Corporate Safety Representative			
General Foreman			
Site Safety Representative(s)			
Shifts working throughout project: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>	Maximum number of workers on site per shift: 1 st 2 nd 3 rd	Number of safety representatives on site per shift: 1 st 2 nd 3 rd	

Job Responsibilities:	
Titles:	Description of Job Duties

Section 3: Site Emergency Information	
3.1	Identify the nearest medical facility (e.g. hospital, urgent care, occupational clinic etc.): Address: _____ Phone # _____ Note: Location and directions (including maps) to the nearest facility are required to be on this jobsite.
3.2	List the local Fire & Rescue Squad Phone # _____ List the Police Phone # _____
3.3	Describe your emergency action plan for the project (e.g.: response to fire, severe weather, etc):

Section 4: Company Safety Mission Statement

Section 5: Scope of Work

Describe the activities your company will be performing while on this project. Ensure that all activities are referenced on the AHA of this plan, see Section 13.

Section 6: Subcontractor Information

Will subcontractor(s) be used on this project?

If yes, please provide the information below (add extra copies of this page as needed):

Note: All subcontractors are required to submit a Site Specific Safety Plan.

Subcontractor(s) Name:	Contact Person	Scope of Work	Phone	Email

Section 7: General Information

7.1	Describe how you will secure your jobsite, equipment, and materials to protect public safety and to prevent theft.
7.2	Will there be persons on site trained in First Aid and CPR?
7.3	Will there be ANSI Z308.1 compliant First Aid Kit(s) and Bloodborne Pathogens Kit(s) located in strategic areas on this project:
7.4	Will restrooms and wash facilities be brought on site?
7.5	How will housekeeping be managed? Describe the control measures to be used and how often they will be performed.
7.6	Do you have a map of the worksite location that includes roads, waterways, railways, bridges, etc.?
	<i>Please provide a copy of the map when submitting this document</i>

Sections 8: Project Safety Management

Owner shall have the authority to immediately stop contractor's work indefinitely for operations which, in the opinion of owner, constitute a safety concern. It is the responsibility of the contractor to adequately satisfy owner of any remediation necessary to provide a safe and healthful workplace. Contractor must have qualified and competent supervision at the site at all times to direct and observe the work.

8.1 Do you require your supervision to successfully complete the OSHA 30-Hour Construction Training?

8.2 Do you require your employees to successfully complete the OSHA 10-Hour Construction Training?

8.3 Outline the initial employee orientation on the job site:

8.4 Describe the process that you will use to verify that training within your scope of work has successfully been completed. *Note: Employee training records do not have to be submitted. Ameren reserves the right to review training records which must be readily available upon request.*

8.5 Describe your procedures for Contractor Event Reporting (CER) to Ameren.

8.6 Describe your Job Observation Process in detail:

8.7 Describe your Job Briefing Process in detail:

8.8 Will you have a Hazard Communication Program with a chemical inventory list and Safety Data Sheets (SDS) for chemicals used on site?:

NOTE: Chemical inventory list must be on site at the beginning of the work and Safety Data Sheets (SDS) shall be kept on file at the site by the contractor. SDSs must be available for the contractor and subcontractor employees' review and for review by the owner upon request.

Section 9: Rules To Live By Hazards and Controls	
9.1	Explain how you will communicate Ameren "Rules to Live By" to your employees on this project and describe the procedures you will follow when a violation occurs.
9.2	Explain your company's disciplinary action protocol as it relates to jobsite safety rules:

Section 10: Employee Engagement and Communication	
10.1	Identify steps your company is going to take to engage your workforce in safety:
10.2	Explain how your company is going to communicate safety information and expectations to your employees?

Section 11: Personal Protective Equipment (PPE)	
List the minimum PPE required to access the job site:	

Section 12: Safety and Health – Describe how hazards are controlled in the AHA for each yes answer (see Section 13)	
Will the work scope require any traffic or pedestrian disruptions?	
Will your work require you to penetrate into any surface at any depth?	
Will your work involve any excavations/trenches?	Select yes, no or N/A
Will the work scope require work at heights greater than 6 feet?	Select yes, no or N/A
Will wire rope guardrail systems be used on this project to protect workers from fall hazards and will an inspection program be implemented to verify safe installation/condition?	Select yes, no or N/A
Will the project involve electrical line construction, maintenance or repair activities?	

Section 12: Safety and Health – Describe how hazards are controlled in the AHA for each yes answer (see Section 13)	
Will the project involve substation or switchyard construction, maintenance or repair activities?	
Will there be worksite obstructions that may create a hazard to workers such as railroads, bridges, powerlines or waterways?	
Will the work scope involve the need to control hazardous energy sources?	
Will the project include work on pressurized vessels or pipes that may affect the integrity of the system such as welding, cutting, brazing, etc?	Select yes, no or N/A
Will steel erection be part of the scope of this project?	
Will there be potential impalement hazards such as protruding reinforcing steel (rebar)?	
Will any roofing be performed on this project?	
Will earthmoving or drilling equipment be used on this project?	
Will cranes, derricks, or other equipment be used on this project?	
Will a helicopter be used on this project?	
Will the work scope require the need for a critical lift plan that will include the safe rigging practices and prohibit work under suspended loads?	
Will hoists, elevators or conveyors be used on this project?	
Will employees be involved in erecting, disassembling, moving, operating, repairing, maintaining, or inspecting a scaffold system?	Select yes, no or N/A
Will the work scope include diving?	Select yes, no or N/A
Will the work scope require you to work in a confined space?	Select yes, no or N/A
Will welding, cutting, or brazing be performed on this worksite?	Select yes, no or N/A
Will the work involve the use of chemicals such as paints, solvents, adhesives, epoxy coatings, corrosives, fuels or other hazardous materials?	Select yes, no or N/A
Will lead based materials be used or disturbed on this project?	Select yes, no or N/A
Will asbestos containing materials be used or disturbed on this project?	Select yes, no or N/A
Will you be working in or generating a hazardous atmosphere?	Select yes, no or N/A
Will appreciable levels of dust be generated that will require control measures?	Select yes, no or N/A
Will abrasive blasting be performed on this project?	Select yes, no or N/A
Will the work scope involve any environmental hazards that generate flying debris, excessive noise levels, or any other air contaminants not mentioned above?	Select yes, no or N/A
Do you have a heat stress prevention program in place?	Select yes, no or N/A
Will radioactive materials/sources be used on this project?	Select yes, no or N/A
Will hazardous waste (e.g. lead, asbestos, contaminated soils) be generated and properly disposed of on this project?	Select yes, no or N/A

Section 13: Risk Management

ANTICIPATED HAZARD ANALYSIS (AHA)

Use this form to identify activities that will occur on this project. List all potential hazards associated with that activity. Use the Risk Assessment Code table to determine the risk level of the activity/hazards. Lastly, list all of the controls that will be implemented to control those hazards. When a Job Hazard Analysis is needed, it must be performed, documented, and communicated to workers prior to the start of that activity, see footnote 2.

Contractor Name: ACME Contractor	Project Name/Number: 123456		Project Location: Anywhere, Missouri
	Date Prepared: 1/1/2014	Prepared By: ACME Manager	Reviewed By: John Doe

Risk Assessment Code (RAC) Color Ratings – include color and numeric alpha characters for rating Red =Extremely High Risk (Critical), e.g. Red 1A Orange = High Risk (Serious), e.g. Orange 2B Yellow = Moderate Risk (Moderate), e.g. Yellow 3C Blue = Low Risk (Minor), e.g. Blue 3D Green = Extremely Low Risk (Negligible), e.g. Green 3E		PROBABILITY (how often the activity occurs)				
		<u>Frequent (A)</u> Occurs very often, known to happen regularly.	<u>Likely (B)</u> Occurs several times, a common occurrence.	<u>Occasional (C)</u> Occurs sporadically, but is not uncommon.	<u>Seldom (D)</u> Remotely possible, could occur at some time	<u>Unlikely (E)</u> Can assume it will not occur, but it is not impossible
Severity	Catastrophic (1) – Imminent and immediate danger of death or permanent disability to the public, employees or property.	Red (1A)	Red (1B)	Red (1C)	Orange (1D)	Yellow (1E)
	Critical (2) – Permanent partial disability, hospitalized injury, temporary total disability.	Red (2A)	Orange (2B)	Orange (2C)	Yellow (2D)	Blue (2E)
	Significant (3) – Reversible injury that would need ER care, reversible illness.	Orange (3A)	Yellow (3B)	Yellow (3C)	Blue (3D)	Green (3E)
	Negligible (4) – First aid or minor medical treatment	Yellow (4A)	Blue (4B)	Blue (4C)	Green (4D)	Green (4E)

Activity Category	Potential Hazards	RAC Rating ¹	JHA Required? ²	Controls
Cutting on steam pipe located 15 ft. above ground level.	Explosion, thermal burns, fire, fall from heights, lacerations, flying debris	1B	Yes	1. Lockout equipment, bleed/cool/drain line, blow air through line 2. Use aerial lift with anchor point, full body harness, lanyard 3. Hot work permit, fire watch, fire extinguisher, no combustibles within 35 ft. 4. PPE (safety glasses, faceshield, leather gloves, hardhat)

¹ RAC Rating – Risk Assessment Code Rating. Use the Risk Assessment Matrix to list the color and numeric alpha code
² JHA required if red or orange RAC color (See sample JHA; JHA is not required to be submitted with this plan)

JOB HAZARD ANALYSIS (JHA) FORM

JOB HAZARD ANALYSIS	COMPANY NAME:	JOB:	DATE
	JOB TITLE OF WORKERS WHO DO THIS JOB:		ANALYSIS BY:
LOCATION:	REQUIRED PERSONAL PROTECTIVE EQUIPMENT:		

SEQUENCE OF BASIC JOB STEPS	Critical Task	POTENTIAL ACCIDENTS OR HAZARDS	RECOMMENDED-SAFE-JOB-PROCEDURES.
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SAFETY HAZARDS CONTROL REVIEW OF CHECK-LIST:

DATE SUBMITTED:

REVIEW STATUS: UNSATISFACTORY, RESUBMITTAL REQUIRED SATISFACTORY

This plan is considered satisfactory if there are no comments below.

Ameren Corporate Safety Review Comments:

Sections	Comments
Section 1:	
Section 2:	
Section 3:	
Section 4:	
Section 5:	
Section 6:	
Section 7:	
Section 8:	
Section 9:	
Section 10:	
Section 11:	
Section 12:	
Section 13:	

Reviewed By:	
Review Date:	
Resubmit Date:	
Final Review Date:	

Did Ameren Project Manager provide the contractor with the Transfer of Information sheet?

Ameren Project Manager and Date:	
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