Project Safety Plan

**Name of Project**

**Name of Contractor**

***Insert pictures of work area(s)/building(s) if available***

|  |  |
| --- | --- |
| **Project Name:** | Enter the name of the project |
| **Contract No.:** | Enter Bonneville Contract Number |
| **Location(s) of Project:** | Specific location(s) associated with this project [e.g. Bonneville facility(s), transmission line structures (GPS coordinates)] |
| **Estimated Start Date:** | Estimated first date working onsite |
| **Scope of the work to be performed** | Describe the full scope of work covered by this safety plan |
| **Safety Officials at Site (if any):** | Name and phone number of Contractor Safety Official on this project, if applicable |
| **COR Name & Phone No.:** | Name and phone number of Bonneville's Contracting Officer's Representative for this contract |
| **CO Name & Phone No.:** | Name and phone number of Bonneville's Contracting Officer for this contract |
| **Version Date:** | Date of this version of the Contractor's Safety Plan |

**I certify that this document accurately reflects our project plan, to include subcontractor work under this contract.**

|  |  |
| --- | --- |
| **Safety Plan Author** | Name, phone, and e-mail of the person responsible for creating this safety plan |
| **Signature** |  |
| **Date:** |  |

**I certify that this document accurately reflects our project plan and is a living document that will be updated as the plan changes. In addition, I will ensure this document is read by all on-site workers and subcontractors, and I will enforce these provisions by all workers and subcontractors. Safety plan will be updated at least annually as well as when conditions change.**

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| **Project Superintendent** | Name, phone, and e-mail of the project superintendent |
| **Signature** |  |
| **Date** |  |

Emergency Action Plans

*Note: If Safety Plan covers multiple sites, duplicate this for each site.*

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| --- | --- |
| **Nearest Medical Facility:** | Name and address of the nearest medical emergency facility |
| **Electrical Shock:** | Any employee receiving an electrical shock shall be transported to the nearest emergency medical facility (Bonneville strongly recommends Burn Center be notified):   * Legacy Emanuel Medical Center, Portland, OR, (888) 598-4232 * Harborview Medical Center, Seattle, WA, (888) 731-4791 * Eastern Idaho Regional Medical Center, Burn Center, Idaho Falls, ID (855) 863-9595 * Intermountain Burn Center, Salt Lake City, UT, (801) 581-2700 * Poison Control Center (800) 222-1222 |
| **Incidents:** | COR shall be notified in the event of an accident or incident on this project. In addition:   1. For incidents that involve Personal Injury, Illness, or Property Damage, the Contractor shall complete and file with the COR Bonneville Form 6410.15e (Contractor’s Report of Personal Injury, Illness, or Property Damage Accident) within 5 working days of such an occurrence. 2. For incidents that DO NOT involve Personal Injury, Illness, or Property Damage, the Contractor shall complete and file with the COR Bonneville Form 6410.18e (Contractor’s Report of Incident/Near-Miss) within 5 working days of such an occurrence. |
| **Location of nearest AED:** | Note if you will bring an AED onsite |
| **Location of First Aid Kits:** |  |
| **Location of Fire Extinguishers:** |  |
| **SDS Location:** | Specify where you keep Safety Data Sheets for all chemicals in on Bonneville property at the job site |
| **Additional Emergency Protocols:** | Other emergency processes such as life flight procedure and contact information if retained. If life flight will be used, coordinate with life flight servce to ensure sufficient level of detail. |

Emergency Action Plan Risk Assessment

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| **Provide validation of first aid response risk assessment** | Contract clause 15-13 requires adherence to the Contractor Safety and Health Requirements for Primes and Subcontractors. Section 36 – Medical Services and First Aid requires the contractor to conduct an assessment of the need for AEDs and Affirmation of First Aid/CPR/AED Training. Provide that assessment and affirmation here (Why or why not for first aid, CPR, AED, and AED placement). |

Medical Facilities

|  |  |
| --- | --- |
| **Direction to Medical Facility:** |  |

**Map to Medical Facility:**

*Place Map or Written Description of Medical Facility in this Section*

Fire/Evacuation Plan

***If work may take place in areas with potential fire danger, provide map and or written description of evacuation plan and both (P) Primary and (A) Alternate meeting locations. COR can provide site-specific information related to BPA’s evacuation plan for that facility.***

**Map or Evacuation Plan:**

*Place Map or Written Description of Evacuation Plan in this Section*

Responsibilities/Authorities

|  |  |  |
| --- | --- | --- |
| **Name, Title and Safety Representatives at both Site and Corporate Level** | **Phone #** | **Cell #** |
|  |  |  |
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| --- | --- |
| **Identification and Accountability:** | Provide assurance that contractor’s safety officer/representative on project to have either: (1) Completed the OSHA 30-hour certification; or (2) Document training to include OSH Act/General Duty Clause, 29 CFR 1904 Recordkeeping, Subparts C, CC, D, E, F K and M of OSHA |

Specific Assignment of Responsibilities for a minimum daily jobsite inspection

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| **Inspection Planning:** | List specific assignment of responsibilities for a minimum daily jobsite safety and health inspection during periods of work activity. Who will conduct, list inspectors training/qualifications/when inspections will be conducted procedures for documentation, deficiency tracking system and follow-up procedures. |

Bonneville Right to Decline and Stop Work Policy

Bonneville’s right to decline and stop work policy is contained in Clause 15-12, paragraph (g), of the contract and matches Bonneville’s federal employee requirements. Both Bonneville and Contract workers have the following rights:

**BONNEVILLE RIGHT TO DECLINE AND STOP WORK POLICY**

1. All workers have the following responsibilities on Bonneville property or projects:
   1. The responsibility and authority to stop work or decline to perform an assigned task without fear of reprisal and to discuss and resolve work and safety concerns. The Stop Work may include discussions with co-workers, supervision, or safety representative to resolve work related issues, address potential unsafe conditions, clarify work instructions, propose additional controls, etc.
   2. The responsibility and authority to initiate a temporary Stop Work IMMEDIATELY, without fear of reprisal, when the employee believes a situation exists, which places himself/herself, a coworker(s), or the environment in imminent danger.
      * 1. An "imminent danger" is defined as any condition or practice that could reasonably be expected to cause death or serious injury, or environmental harm.
   3. The responsibility to report any activity or condition the employee believes is unsafe or for which they have initiated a Stop Work. Notification should be made to the affected worker(s) and to the supervisor or their supervisor’s designee at the location where the activity or condition exists.
2. Steps for exercising this authority is as follows:
   1. Immediately inform the workers involved or could be affected by the perceived hazard and the on-site person in charge of the project or work activity and seek to address the issue. If the person raising this concern is not satisfied of the outcome, proceed to the next step.
   2. All of the following individuals will need to be immediately notified of the stop work:
      * 1. Local Safety Manager or the Safety Organization at (360) 418-2397.
        2. Contracting Officer’s Representative and Contracting Officer, if contractors are involved.
3. Safety has the responsibility to work as an agent of an employee that prefers to remain anonymous to work directly in the resolution of the stop work.

Safety Plan

***Note detail and site-specific instructions. For projects covering multiple sites, provide a plan for each individually. Provide method of addressing hazards concerns and any sub-plans identified in the safety plan checklist below. This plan should focus on the site-specific implementation and site-specific hazards associated with this project, not on general company program documentation.***

Major Phases of Work Anticipated

***Describe the major phases of work and those work activities that will require a JHA or equivalent. Focus on site-specific requirements.***

Project Hazard Analysis

***Check sections that apply to this project and fill out hazard assessment and how contractor intends to address that hazard in applicable sections. List all work activities in which PPE is required on this job. List any BPA procedural documents (work standards) to be referenced during work activities. For Arc Flash, Boots or other gear, note the rating that is required. (Example, 8 Cal rated Arc Flash Clothing)***

BPA uses Job Hazard Analysis as part of our work planning process. Contractors may use a standard Job Hazard Analysis template below or their own version of Job Hazard Analysis or Job Safety Analysis or similar; provided the data collected is the same as listed below:

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| **JOB STEPS** | **HAZARDS** | **CONTROLS** |
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*Additional Space for Contractor Documentation/Plans/JHA/JSA/Certification Information*

Safety Plan Checklist

The Contractor should use this checklist to assess completion of their Safety Plan. “Yes” means it is included in plan. “No” means it does apply to this project, but isn’t included in plan (explain why in remarks). “N/A” means it isn’t applicable, appropriate or part of the work covered in this plan. If the hazard exists, the goal is to provide enough detail to demonstrate an effective plan to manage the hazard and to provide coordination with Bonneville.

| **Item** | **Yes** | **No** | **N/A** | **Remarks** |
| --- | --- | --- | --- | --- |
| Plan covers all subcontracted work on this project |  |  |  |  |
| Identify process or source of fire condition information for wildfires |  |  |  |  |
| List process to prevent starting wildfires & associated equipment |  |  |  |  |
| Lists any BPA procedural documents that will be followed and where they’re located on site. |  |  |  |  |
| Include evacuation plan |  |  |  |  |
| Includes grounding plan |  |  |  |  |
| Includes fall protection strategy |  |  |  |  |
| How will lockout/tagout be performed: procedure and coordination with BPA |  |  |  |  |
| Includes the anticipated high-risk activities |  |  |  |  |
| Includes the names of competent (CP) and/or qualified persons (QP) |  |  |  |  |
| Includes job safety analysis or job hazard analysis |  |  |  |  |
| Includes policies and procedures regarding non-compliance with safety requirements |  |  |  |  |
| Lines of authority – safety issue escalation process |  |  |  |  |
| Subcontractors and suppliers |  |  |  |  |
| Includes safety responsibilities of subcontractors and suppliers |  |  |  |  |
| Includes site orientation requirements |  |  |  |  |
| Includes requirements for mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, vehicle operator, PPE) |  |  |  |  |
| Includes specific assignment of responsibilities for a minimum daily jobsite inspection during periods of work activity. |  |  |  |  |
| Includes the name(s) individual(s) responsible for conducting safety inspections (e.g., project manager, safety professional, supervisors, employees) |  |  |  |  |
| Includes fatigue management plan |  |  |  |  |
| Includes site sanitation/housekeeping plan |  |  |  |  |

| **Includes Equipment to be used** | **Yes** | **No** | **N/A** | **Remarks (Any NO or N/A item)** |
| --- | --- | --- | --- | --- |
| Includes worksite layout plan |  |  |  |  |
| Includes abrasive blasting plan |  |  |  |  |
| Includes heat stress monitoring Plan |  |  |  |  |
| Includes cold stress monitoring plan |  |  |  |  |
| Includes lighting plan for night operations |  |  |  |  |
| Includes temporary traffic control plan |  |  |  |  |
| Traffic control in accordance with MOUTCD |  |  |  |  |
| Includes hazardous energy control program and procedures |  |  |  |  |
| Includes erection and removal plan for formwork and shoring |  |  |  |  |
| Includes manufacturer’s installation instructions reviewed? |  |  |  |  |
| Includes subcontractor qualifications/training |  |  |  |  |
| Includes procedures for special tools or equipment checked? |  |  |  |  |
| Includes SDS and PPE requirements Listed? |  |  |  |  |
| Includes precast concrete plan |  |  |  |  |
| Includes material storage requirements |  |  |  |  |
| Includes steel erection plan |  |  |  |  |
| Includes explosives site safety plan |  |  |  |  |
| Includes tree felling plan or program |  |  |  |  |
| Includes confined space entry procedures |  |  |  |  |
| Includes HAZCOM plan and location at worksite where any SDS will be stored |  |  |  |  |
| Requires power tools/equipment to have appropriate guards and safety devices in place and operational |  |  |  |  |
| Contractor’s safety officer/representative at worksite to have either:  (1) Completed the OSHA 30-hour certification, or (2) Document training to include OSH Act/General Duty Clause, 29 CFR 1904 Recordkeeping, Subparts C, CC, D, E, F K and M of OSHA |  |  |  |  |
| Contractor’s corporate safety officer/representative on project to have either:  (1) Completed the OSHA 30-hour certification, or (2) Document training to include OSH Act/General Duty Clause, 29 CFR 1904 Recordkeeping, Subparts C, CC, D, E, F K and M of OSHA |  |  |  |  |
| Safety plan should outline delivery driver coordination with BPA personnel |  |  |  |  |
| Eyewash station check or portable eyewash equipment |  |  |  |  |

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| Right-of-Way/Energized Facility Vegetation Management | | | | |
| Include name and voltage of transmission lines, MAD distances, and any clearance or hold orders. |  |  |  |  |
| Processes to ensure minimum approach distances are not violated |  |  |  |  |
| Note use of laser rangefinders to determine heights and distances to determine height of trees |  |  |  |  |
| Describe controlled felling method to be used. |  |  |  |  |
| Process to ensure only qualified line clearance tree trimmers (QLCTT) can work on trees with potential to get into zones A&B |  |  |  |  |
| All spray to be directed downward, never upward towards transmission line conductors. |  |  |  |  |
| Prohibition against handling downed conductor |  |  |  |  |

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| Crane Operations | | | | |
| Includes a site-specific crane safety plan. |  |  |  |  |
| Identifies the lift director |  |  |  |  |
| Includes a critical lift plan for each critical lift. |  |  |  |  |

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| **Includes Equipment to be used** | **Yes** | **No** | **N/A** | **Remarks (Any NO or N/A item)** |
| High Voltage Safety | | | | |
| Plan for assignment and execution of clearances, work permits, and hold orders. |  |  |  |  |
| Requires adherence to BPA MAD distances |  |  |  |  |
| Reflects process for movement of vehicles in proximity to high voltage circuits |  |  |  |  |
| Defines when a safety watcher is required |  |  |  |  |
| Defines process for measuring the distances to energized conductors or equipment (laser range finders or other non-conductive measuring devices). |  |  |  |  |
| Reflects workers shall not “span” the edge of the ground grid with equipment, materials or tools. This could create differing ground potentials and be hazardous to workers. |  |  |  |  |
| Prohibit any work activities that are planned to intentionally span the edge of the ground grid (such as directional borings for piping or conduit installations) |  |  |  |  |
| Prohibit any extension cords or tools with cords greater than 6’ in length are to be connected to any receptacle within the substation. |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Includes Equipment to be used** | **Yes** | **No** | **N/A** | **Remarks (Any NO or N/A item)** |
| Require any extension cord used in an energized switchyard to have the cord’s grounding box clamped to a solidly grounded fixture before the extension cord is connected to a switchyard receptacle. If a solidly grounded fixture is not available within 10’ of the worksite, the grounding box shall be attached via ground rod. When using double-insulated tools, work may be done within 25’ of the grounding box. |  |  |  |  |
| Prohibit extension cords to be stretched from areas protected by a ground mat to areas off the ground mat. |  |  |  |  |
| Require equipment and vehicles to be re-fueled outside of energized substations. Fueling should not occur directly below energized high voltage conductors. |  |  |  |  |
| Require flammable liquids within 70’ of conductors energized at voltages of 345KV and higher shall not be transferred from one metal container to another unless the two have been electrically bonded together to eliminate arcing. |  |  |  |  |
| Require excavations that contact or damage the ground grid beneath the substation to notify the COR immediately. The Contractor’s personnel shall not attempt to repair the ground grid unless authorized by the COR to do so. Ground grid repair work can only be performed by Qualified Electrical Workers who are familiar with substation operations. |  |  |  |  |
| Current transformer safety training completed prior to work. |  |  |  |  |
| Copies of any reference specifications or procedures will be available onsite for reference. |  |  |  |  |
| BPA Building Occupant Emergency Plan incorporated into emergency plan. |  |  |  |  |
| Includes plan for ensuring adequate “Safety Watching” per contract specs. |  |  |  |  |
| Includes plan for providing escorting where needed per contract specs. |  |  |  |  |
| Includes process steps to ensure adjacent circuits are not impacted by pulling or installing cables. |  |  |  |  |
| For work within substations, identifies required coordination with district personnel. |  |  |  |  |
| Have you determined clearance holder needs and assignments for this project? |  |  |  |  |
| Is BPA’s clearance holder checklist required in this plan? |  |  |  |  |