

# 1. Site Specific Safety Plan Summary

To be completed and handed to **(Main Contractor)** Site Management prior to commencement of work on site

To be read in conjunction with the Explanatory Notes

To: \_\_\_\_\_ (Main Contractor) For: \_\_\_\_\_ (Project)

From: \_\_\_\_\_ (Subcontractor) For: \_\_\_\_\_ (Subcontract Works)

We undertake as follows:

**1. On site Safety Supervisor/Contact** for this project is: .....(name).....(phone)

(Will maintain the Safety Plan on site and log safety activities on the Register in the site office)

**2. Notifiable Works:**

We have Notifiable Works associated with our subcontract  Yes  No DoL has been advised  Yes  No

(If yes, a copy of the Notification must be attached. Refer attached notes for supervisory requirements)

**3. Hazard Management:**

A Hazard Register identifying all new hazards and appropriate controls will be maintained  Yes  No

Task Analysis of the significant work associated with our subcontract works and the methods to control such hazards is attached  Yes  No

(Note: If not attached, then hazard ID and method of control must be submitted prior to starting work on site)

Hazardous products are associated with our subcontract works  Yes  No

(If yes, the appropriate Material Safety Data Sheets must be attached)

**4. Communication/Employee Participation:**

The methods of communicating safety information to our Employees are by: (tick methods used)

Toolbox Talks  Pre-task Planning Meetings  Notice Board  Co-ordination Meetings

Other.....(State)

**5. Emergencies:**

Our first aid kit is located: ..... (State where)

We have an emergency plan in place (If yes, a copy must be attached)  Yes  No

We have procedures in place and a trained First Aid person on site to render assistance in the event of an accident emergency  Yes  No

Our First Aid person is: .....(name)

In the event of an evacuation our Staff should report to: .....

and assemble at the evacuation area nominated by the (Main Contractor) Site Management (State whom)

**6. Accident/Incident: Reporting/Investigation/Recording:**

We have an Accident/Incident Reporting/Investigation system in place and keep an Accident Register  Yes  No

(All serious harm accidents and incidents will be reported to (Main Contractor) Site Management along with a copy of our Accident Investigation Report)

**7. Safety Inspections and Safety Reviews:**

Frequency of our Safety Inspections is:  Daily  Weekly

A sample of documentation of our Safety Inspections is attached  Yes  No

**8. Training/Induction:**

All persons under our control on site are trained to carry out their work safely  Yes  No

All persons under our control hold a current Site Safe Passport or Gold Card (See Training Register)  Yes  No

All persons under our control on site are given a Site Specific Safety Induction  Yes  No

All persons under our control on site are appropriately qualified, competent or fully supervised  Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Subcontractor Representative)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

(Main Contractor Site/Project Manager)