



## SITE SPECIFIC SAFETY PLAN

Subcontractor: \_\_\_\_\_ Start Date: \_\_\_\_\_

Job Name and Address: \_\_\_\_\_

### Scope of Work/Activities to be Performed:

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### Anticipated Hazards:

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### Protective and/or Preventive Measures:

Clothing & Equipment: \_\_\_\_\_

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Procedures: \_\_\_\_\_

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### Emergency Procedures:

General Emergency Procedure: \_\_\_\_\_

Hospital Location: \_\_\_\_\_

Nearest Clinic Location: \_\_\_\_\_

Location of First Aid Kit: \_\_\_\_\_

Competent Person Designation (Name & Phone #): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_