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**Site-Specific Safety Plan** 

*Required for ‘Follow safe workplace practices, and contribute to a health and safety culture, in a BCATS environment’*

*(Unit standard 29677)*

As mentioned in your student handbook, a Site-Specific Safety Plan (SSSP) is the usual method by which site safety is managed on a building and construction site. They record the safety activities a Person (in charge of) Conducting a Business or Undertaking (PCBU) will undertake on a specific site. The SSSP is updated as tasks change because the hazards change with each task. It is normally referred to at the beginning of each day in ‘toolbox’ meetings. Toolbox meetings are where objectives for the day are discussed, the status of any hazards updated, issues raised and resolved, and tasks allocated.

It is normally the PCBU who has to complete the SSSP. However, to achieve this unit standard, you need to complete a SSSP as though you were the PCBU.

Completing an SSSP will help you to:

* identify any hazards
* think about how to keep the risk of hazards causing harm as low as possible
* think about how to keep your class and workmates safe
* gain experience in completing an SSSP from the perspective of someone responsible for getting a job finished while keeping everyone safe. Even though you’re unlikely to be formally in this role for a few years to come, understanding what an employer has to consider will help make you a better, safer employee and colleague.

This SSSP is a shortened version of Site Safe NZ’s one. You can use this version instead of the full one because you are a student in a learning programme and not expected to be commercially competent.

You can find guidance on how to complete it this on Site Safe’s website: [www.sitesafe.org.nz](http://www.sitesafe.org.nz)

 A full SSSP would normally include:

* A Site-Specific Health and Safety Agreement (the one in this document is shortened)
* Site Job Hazard and Risk Register
* Task Analysis/Safe Work Method Statement
* Hazardous Products and Substances Register
* Emergency Response Plan
* On-site Training and Competency Register
* Site Briefing/Toolbox Meeting Minutes
* Site Incident and Injury Register
* Site Inspection Checklist – generic
* Hazardous Works Notification (if relevant)

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**Site Specific Health and Safety Agreement**

This agreement establishes the basis on which businesses (including trades and other organisations) agree to work on a specific construction site. A Site-Specific Safety Plan (SSSP) forms part of this agreement. For more information on how to complete this agreement, please refer to Site Safe’s ‘How to’ guide.

|  |  |  |  |
| --- | --- | --- | --- |
| **The site this****agreement relates to:** |  | Site address |  |
|  |       |  |
|  |  |  |
| **Site activities this****agreement covers:** |  | Brief outline of agreed activities |  |
|  |       |  |
|  |  |  |
| **This agreement****is between:****And** |  | **PCBU 1 (Principal/Main contractor – make this your teacher’s or employer’s name)**Business name |  |
|  |       |  |
|  | Main contact on site |  | Main contact phone |  |
|  |       |  |       |  |
|  | Type of business |  |
|  |       |  |
|  | **PCBU 2 (Subcontractor – make this your name)**Business name |  |
|  |       |  |
|  | Main contact |  | Main contact phone |  |
|  |       |  |       |  |
|  | Type of business |  |
|  |       |  |
|  | Onsite-safety representative |  | Onsite-safety representative phone |  |
|  |       |  |       |  |
|  | First-aid representative |  | First-aid representative phone |  |
|  |       |  |       |  |
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| --- | --- | --- | --- |
| **The agreement** |  | **Notifiable works** |  |
|  | Does WorkSafe need to be notified of any onsite activities? |  |  |  |
|  | **If yes,** have you provided a copy of the notification (or receipt from WorkSafe) with this agreement? |  |  |  |
|  | **Hazard and risk management** |  |  |  |
|  | Have you provided a hazard register for activities on this site? |  |  |  |  |
|  | **If no,** you must use a hazard board on site. |  |  |  |
|  | **Hazardous products and substances** |  |  |  |
|  | Will any hazardous products or substances be brought onto the site to perform any agreed activities? |  |  |  |
|  | **If yes,** we agree to record these products in a hazardous products and substances register. |  |  |  |
|  | **If yes,** we agree to have the relevant safety data sheets available onsite. |  |  |  |
| *How will you becommunicating healthand safety informationand activities to youremployees, subcontractors and other PCBUs?* |  | **Communication** |  |
|  | **Type of communications** | **Frequency** |  |
| Toolbox talks |   |  |  |  |
|  |       |
|  |  |
| Project pre-start briefings |   |  |  |  |
|  |       |
|  |  |
| Daily pre-start briefing |   |  |  |  |
|  |       |
|  |  |
| Progress meetings |   |  |  |  |
|  |       |
|  |  |
| Other |  |  |  |
|  |       |
|  |  |
|  | We agree to report the following types of incidents to PCBU 1 (Main principal/contractor) immediately:* Serious injury
* Injury requiring first aid
* Near miss – serious
* Near miss – minor
* Damage to plant/equipment/machinery
 |  |
|  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  |  | **Training/experience/competency** |  |  |  |
| We agree that every worker under our control on site will hold a current site safety card. |  |  |
| We agree that every worker under our control on site will be given a job-specific safety induction. |  |  |
| We agree that every worker under our control on site will be appropriately qualified, competent, or fully supervised. |  |  |
| For the agreed activities set out on page three, we will providePCBU1 with evidence of competency (on-site training and competency register) for any workers participating in those activity types of activities (list below). |  |  |
| *Briefly describe high risk activity and correspondingcompetency.* |  | **Activity type** | **Competency required** |  |
|  |  |  |  |  |
|  |       |  |       |  |
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|  | **Environmental** |  |  |  |
| Is there an environmental plan required for this site? |  |  |
| Is a resource consent required for any of the activities you will undertake on this site? |  |  |
| **If yes,** is a copy of the consent attached to this SSSP? |  |  |
| Will dust or fumes or smoke be generated that could affect members of the public or others in the vicinity? |  |  |
| **If yes –** Explain how this will be controlled. |  |  |
|  |       |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Will noise be generated that could affect members of the public or others in the vicinity? |  |  |  |
|  | **If yes –** Explain how this will be controlled. |  |
|  |       |  |
|  | Will your activity potentially cause dirty water or wash-down runoff, silt or other contaminants to be released? |  |  |  |
|  | **If yes –** Explain how this will be controlled. |  |
|  |       |  |
|  | How will you manage construction waste? |  |
|  |       |  |
|  |  |  |
|  | **Emergencies** |  |  |  |
|  | We agree that we will respond to any emergencies as outlined in PCBU1 induction and emergency response plan. |  |  |  |
|  | **If N/A,** we agree to provide our own emergency response plan for this site. |  |  |  |
|  | We will need specialist equipment for an emergency response. |  |  |  |
|  | **If Yes,** then please outline the equipment required: |  |
|  | **Equipment description** |  | **Provided by** |  |
|  |  |  |  |  |
|  |       |  |       |  |
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| **Declaration***To be signed whenagreement is reached.* |  | **PCBU 1 (Principal/Main contractor)** |  |
|  | We have read the Site-Specific Safety Plan information provided by Party 2 and agree that it is the appropriate approach to health and safety on this site for the duration of the contract. |  |
|  | Signed |  | Date |  |
|  |       |  |       |  |
|  | **PCBU 2 (Subcontractor)** |  |  |  |
|  | We agree to act according to the content of the Site-Specific Safety Plan as outlined above. |  |
|  | Signed |  | Date |  |
|  |       |  |       |  |
|  |  |  |  |  |

In a proper Site Specific Health and Safety Agreement, the PCBU would also need to sign that they give their approval for work to begin. We have removed this section because you are completing this as part of a learning programme – your teacher will let you know when you can get start your project.

|  |  |  |  |  |  |  |
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**Site/Job Hazard and Risk Register**

This Site/Job Hazard Register is used by the contractor (PCBU 2) and relates to site or job-specific hazards only. It does not replace a company’s overarching Health and Safety Hazard Register. This document relates to any activities, procedures, processes or equipment that a contractor brings to the site, or is working on. To successfully complete this register, you must also use the Risk Assessment Matrix and Hierarchy of Controls (overleaf).

| Identified hazard or harm*e.g. Trip hazard on top step* | What is the initial riskassessment?*Use risk assessment matrix* | Controls*e.g. Build a ramp* | Level of control*Use hierarchy of**controls table* | What is the residual riskassessment?*Use risk assessment matrix* | For discussion ata toolbox talk/safety meeting? |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |  |
|       |       |       |       |       |  |
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**Hazardous Products and Substances Register**

Hazardous products and substances include glues, resins, solvents, fuels, expanders, adhesives, bonding agents and cleaning agents. You are required by law to have a completed Hazardous products and substances register for every substance you bring to or use on site. Link to where to find SDS (online or via supplier). To successfully complete this register, you must also use the Risk Assessment Matrix and Hierarchy of Controls (overleaf).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Identified*DD/MM/YY* | Product or Substance*e.g. petrol* | Are safety datasheets held? | What is the related harm?*e.g. risk of explosion* | What is the initial riskassessment?*Use risk assessment matrix* | Is personal protectiveequipment required? | What other measures are required?*e.g. store in a locked space away from any ignition source* | What is the residual riskassessment?*Use risk assessment matrix* |
|       |       |  |       |       |  |       |       |
|       |       |  |       |       |  |       |       |
|       |       |  |       |       |  |       |       |

**Special storage requirements**

|  |  |  |
| --- | --- | --- |
| Product | Storage requirements | Location of product or substance |
|       |       |       |
|       |       |       |
|       |       |       |

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**Onsite Training and Competency Register**

Complete the register for each employee working on this site, noting Site Safe training that has been completed, along with other safety and trade training. This register is a record of training, qualifications, experience and competencies for your employees working on this site. It is not simply a copy of your company’s comprehensive Training and Competency Register.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name and ID No.*First and last name* | Site card type | Key role or tasks | Site inductiondate*DD/MM/YY* | Training/qualifications*(Any Site Safe training, trade and skills training, formal qualifications - certificates, licences, unit standards, etc relevant to the key role or task).* | Experience*No. of years**experience relating to the key role or task* | Competence*Level of competence**related to task* |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**Types of qualifications, certificates, licences, unit standards, other:**

**EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units)

**Competence designation:**

LULU - under supervision, is partially competent (line of sight); Indirect or occasional supervision, is partially competent (supervision nearby); Fully competent to work unsupervised; Competent to train

|  |  |  |  |  |  |  |
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**Emergency Response Plan**

You need to have an emergency response plan to deal with any incidents that arise from activities requiring a rescue as identified in the Site-Specific Safety Plan Agreement. Please
complete an emergency response plan for each identified activity. The subcontractor (PCBU 2) completes the plan, which does not replace any overarching emergency response plans
in place. Consider the roles and responsibilities for yourself, trained specialists, equipment operators, and emergency services.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | Type of emergency*eg. Fall from height while wearing a harness* |       |  | Location |       |  |
|  |  |  |  |  |
|  |  | Main Contractor/Principal |       | Company |       |  |
|  |  |  |  |  |
|  | Describe work activity*e.g. Working from MEWP and fall off* |       |  |  |  |  |
|  |  | Supervisor |       |  Date |       |       |       |  |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Describe the rescuemethod*e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground* |       |  | List any equipmentrequired*e.g. MEWP, cherry picker,scissor lift, ladderbreathing apparatus etc.* |       |  |
|  |  |  |  |  |  |  |

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| --- |
| **Name each person involved in the rescue** *First name and last name*  |

 | Their role or responsibility in the rescue is to:*e.g. release the bleed valve* | List the training required*e.g. competence using MEWP* | Provide contact details*Phone number* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| Plan reviewed by: |       | **Signed by:** |       | **Date:** |     |     |     |  |
|  |

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**Site Briefing/Toolbox Meeting Minutes**

This document is a companion document to the site inspection checklist.

|  |  |
| --- | --- |
| **Site-specific Briefing** |  |
| **Project****Information** |  | Site name |  | Office location |  |
|  |       |  |       |  |
|  |  |  |  |  |
| **Who is running this****meeting?** |  | Name |  | Company |  | Date |  |
|  |       |  |       |  |       |       |       |  |
|  |  |  |  |  |  |  |
| **Agenda items** |  | Agenda items |  | Theme of the week |  |
|  |       |  |       |  |
|  |  |  |  |  |
| **Health and safety****Issues** *Site activities/safe work practices/incident reports andinvestigations discussed* |  | Issues raised from site safety inspection | Actions | By who and when |  |
|  |       |       |       |  |
|  | Issues outstanding from previous briefings | Actions | By who and when |  |
|  |       |       |       |  |
|  | Employee-raised issues | Actions | By who and when |  |
|  |       |       |       |  |
|  | Positive safe-action observations | Actions | By who and when |  |
|  |       |       |       |  |
|  | Incidents or injuries | Actions | By who and when |  |
|  |       |       |       |  |
|  |  |  |  |  |
| **Job plans reviewed** *Site activities/safe work practices/incident reports andinvestigations discussed* |  | Job/task | Action/outcome |  |
|  |       |       |  |
|       |       |
|  |  |  |  |
| **Operational issues** *Day-to-day sitemanagement issues/itemsfor discussion* |  | Issue | Action |  |
|  |       |       |  |
|       |       |
|  |  |  |  |
| **Other business** |  | Item | Action |  |
|  |       |       |  |
|       |       |
|  |  |  |  |
| **Attendees** |  | Name | Signature |  |
|  |       |       |  |
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|       |       |
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|  |  |  |  |
| **Review by****management** |  | PCBU 1  |  | PCBU 2 |  |
|  |       |  |       |  |
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**Site Inspection Checklist - Generic**

|  |  |  |
| --- | --- | --- |
|  | Location |  |
|  |       |  |
|  | Name of inspector | Time | Date |  |
|  |       |  |       |  |       |       |       |  |
|  | Y = Yes N = No NA = Not Applicable |  |  |  |  |  |
|  |  |  |
|  | **1. Site control** |  | **6. Cranes/hoist/lifting equipment** |  | **11. Hazardous products/substances** |  |
|  | 1. Hazard board and signage up-to-date
 |[ ]   | 1. Proper lift assessment plan done
 |[ ]   | 1. Correctly stored
 |[ ]   |
|  | 1. Environmental plans/measures
 |[ ]   | 1. Crane certification current
 |[ ]   | 1. Safety Data Sheet (SDS) available
 |[ ]   |
|  | 1. Toolbox talk last date
 |[ ]   | 1. Slings/chains certified
 |[ ]   | 1. Operators using PPE
 |[ ]   |
|  | 1. Safety inductions for all on site
 |[ ]   | 1. Operator procedures in place
 |[ ]   |  |  |
|  | 1. Safety notice board current
 |[ ]   | 1. Inspections being done
 |[ ]   | **12. PAT’s and Nailers** |  |
|  |  |  | 1. Man cage available
 |[ ]   | 1. PAT tool WoF current and secure
 |[ ]   |
|  | **2. Site facilities** |  | 1. Emergency plan in place
 |[ ]   | 1. Staff trained in tool use (SWPS)
 |[ ]   |
|  | 1. Offices clean, adequate & good lighting
 |[ ]   |  |  | 1. PAT signage on site
 |[ ]   |
|  | 1. Smoko sheds – clean, potable (drinkable) water
 |[ ]   | **7. Compressed air equipment** |  |  |  |
|  | 1. Toilets – clean, washing water
 |[ ]   | 1. In good condition
 |[ ]   | **13. Scaffolding**  |  |
|  | 1. Tool/equipment sheds adequate
 |[ ]   | 1. Appropriate guards fitted
 |[ ]   | 1. Notifiable weekly Scaftag/current
 |[ ]   |
|  |  |  | 1. Trained user
 |[ ]   | 1. Handrails/mid-rails
 |[ ]   |
|  | **3. General site tidiness and accessways** |  |  |  | 1. Toe boards
 |[ ]   |
|  | 1. Clear, safe access to work areas
 |[ ]   | **8. Excavations** |  | 1. Platforms
 |[ ]   |
|  | 1. Stairways and accessways clear
 |[ ]   | 1. Correctly shored
 |[ ]   | 1. Ladders/stairs
 |[ ]   |
|  | 1. Hoardings/fence and gates secure
 |[ ]   | 1. Access controlled
 |[ ]   | 1. Base sound
 |[ ]   |
|  | 1. Loose materials secure from wind
 |[ ]   |  |  | 1. Work platforms clear
 |[ ]   |
|  |  |  |  | **9. Hotworks** |  | 1. Platforms trip free
 |[ ]   |
|  |  |  | 1. Hot work permits being issued
 |[ ]   | 1. Planks tied down
 |[ ]   |
|  | **4. Personal safety equipment** |  | 1. Fire extinguishers on hand
 |[ ]   | 1. Headroom clear
 |[ ]   |
|  | 1. Signage displayed and legible
 |[ ]   | 1. Operators using PPE
 |[ ]   | 1. Ties/bracing adequate
 |[ ]   |
|  | 1. Hardhats being worn
 |[ ]   |  |  |  |  |  |
|  | 1. Correct footwear being worn
 |[ ]   | **10. Electrical equipment/plant** |  |  |  |
|  | 1. Glasses/ear muffs/vests/masks used
 |[ ]   | 1. Main board lockable/weatherproof
 |[ ]   | **14. Ladders** |  |
|  |  |  | 1. Current tagged and damage-free leads
 |[ ]   | 1. Good condition
 |[ ]   |
|  | **5. First aid/fire prevention** |  | 1. Current tagged plant
 |[ ]   | 1. Secured top and bottom
 |[ ]   |
|  | 1. First aid box
 | *Available* |[ ]   | 1. Current tagged lifeguards
 |[ ]   | 1. Stays to step ladders
 |[ ]   |
|  | 1. Accident register
 |  |[ ]   | 1. Leads safely placed
 |[ ]   | 1. Working 2 steps down
 |[ ]   |
|  | 1. Fire extinguishers
 | *Available* |[ ]   | 1. Electrical equipment/plant – good condition
 |[ ]   |  |  |
|  |  | *Current (12mth)* |[ ]   | 1. Electrical equipment/plant – appropriate guards on plant
 |[ ]   | **15. Fall hazards**  |  |
|  |  | *Sufficient number* |[ ]   | 1. Adequate temporary lighting
 |[ ]   | 1. Floor edges
 | *Floor openings* |[ ]   |
|  | 1. Evacuation
 | *Procedure current* |[ ]   |  |  | 1. Lift shafts
 | *Stairs* |[ ]   |
|  |  | *All emergencies incl* |[ ]   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Site Inspection Checklist - Remedial Action Required** |  |
|  |  |  |
|  | Item | Comments/Action Description | Person to Action | Complete |  |
|  |       |       |       |       |  |
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**Site Incident and Injury Register**

You are required by law to record these incidents in your company’s own incident and injury register. This document is for site-specific reporting only.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date and time*DD/MM/YY* | Details*Name of person (injured and observer), description of incident, type of injury/disease (if any). How did it happen? (briefly).* | Immediate action taken? | Does this incidentrequire a WorkSafe notification? | Should this incident be investigated by your company (PCBU 2)? | Is this incident thesubject of a toolboxtalk? | Signature and date*DD/MM/YY* |
|       |       | First Aid Corrective action Update/ review hazard register Review hazard register  |  |  |  |       |
|       |       | First Aid Corrective action Update/ review hazard register Review hazard register  |  |  |  |       |