

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 by thinking about all the tasks that need to be done
- think about keeping 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 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

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)



SITE SAFE

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 <input type="text"/>
Site activities this agreement covers:	Brief outline of agreed activities <input type="text"/>
This agreement is between:	PCBU 1 (Principal/Main contractor – make this your teacher's or employer's name) Business name <input type="text"/> Main contact on site <input type="text"/> Main contact phone <input type="text"/> Type of business <input type="radio"/> Main contractor <input type="radio"/> Client <input type="radio"/> Principal <input type="radio"/> Contractor <input type="radio"/> Subcontractor <input type="radio"/> Other PCBU 2 (Subcontractor – make this your name) Business name <input type="text"/>
And	Main contact <input type="text"/> Main contact phone <input type="text"/> Type of business <input type="radio"/> Main contractor <input type="radio"/> Client <input type="radio"/> Principal <input type="radio"/> Contractor <input type="radio"/> Subcontractor <input type="radio"/> Other Onsite-safety representative <input type="text"/> Onsite-safety representative phone <input type="text"/>

The agreement

First-aid representative

First-aid representative phone

Notifiable works

Does WorkSafe need to be notified of any onsite activities? Yes N/A

If **yes**, have you provided a copy of the notification (or receipt from WorkSafe) with this agreement? Yes N/A

Hazard and risk management

Have you provided a hazard register for activities on this site? No Yes N/A

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? Yes N/A

If **yes**, we agree to record these products in a hazardous products and substances register. Yes N/A

If **yes**, we agree to have the relevant safety data sheets available onsite. Yes N/A

i How will you be communicating health and safety information and activities to your employees, subcontractors and other PCBU's?

Communication

Type of communications		Frequency
Toolbox talks	<input type="radio"/> Yes	<input type="text"/>
	<input type="radio"/> N/A	
Project pre-start briefings	<input type="radio"/> Yes	<input type="text"/>
	<input type="radio"/> N/A	
Daily pre-start briefing	<input type="radio"/> Yes	<input type="text"/>
	<input type="radio"/> N/A	
Progress meetings	<input type="radio"/> Yes	<input type="text"/>
	<input type="radio"/> N/A	
Other		<input type="text"/>

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

i Briefly describe high risk activity and corresponding competency.

Training/experience/competency

We agree that every worker under our control on site will hold a current site safety card. Yes N/A

We agree that every worker under our control on site will be given a job-specific safety induction. Yes N/A

We agree that every worker under our control on site will be appropriately qualified, competent, or fully supervised. Yes N/A

For the agreed activities set out on page three, we will provide PCBU1 with evidence of competency (on-site training and competency register) for any workers participating in those activity types of activities (list below). Yes N/A

Activity type	Competency required
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Environmental

Is there an environmental plan required for this site? Yes N/A

Is a resource consent required for any of the activities you will undertake on this site? Yes N/A

If yes, is a copy of the consent attached to this SSSP? Yes N/A

Will dust or fumes or smoke be generated that could affect members of the public or others in the vicinity? Yes N/A

If yes – Explain how this will be controlled.

Will noise be generated that could affect members of the public or others in the vicinity? Yes N/A

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? Yes N/A

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. Yes N/A

If N/A, we agree to provide our own emergency response plan for this site. Yes N/A

We will need specialist equipment for an emergency response. Yes N/A

If Yes, then please outline the equipment required:

Equipment description	Provided by
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Declaration

i To be signed when agreement 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.

Date:

Company

Site Name



Complete pre-start



Onsite



SITE SAFE

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 <i>e.g. Trip hazard on top step</i>	What is the initial risk assessment? <i>Use risk assessment matrix</i>	Controls <i>e.g. Build a ramp</i>	Level of control <i>Use hierarchy of controls table</i>	What is the residual risk assessment? <i>Use risk assessment matrix</i>	For discussion at a toolbox talk/safety meeting?
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

Risk Assessment Matrix

Consider the likelihood of a hazardous event occurring

Consider the severity of injury/illness

	Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical
Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical
Moderate (e.g Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High
Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate
Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate

<p>Most effective</p> <p>Least effective</p>	ELIMINATE:	
	1	<p>Eliminate the hazard remove it completely from your workplace</p> <p>If this isn't reasonably practicable, then...</p>
	MINIMISE:	
	2	<p>Substitute the hazard (wholly or partly) with a safer alternative</p> <p>Isolate the hazard using physical barriers, time or distance</p> <p>Use engineering controls adapt tools or equipment to reduce the risk</p> <p>Minimise the risk, so far as reasonably practicable, by taking 1 or more of these actions that is the most appropriate</p>
3	<p>Use administrative controls develop methods of work, processes and procedures</p> <p>If a risk then remains, you must minimise the remaining risk, so far as reasonably practicable</p>	
4	<p>Use personal protective equipment (PPE) this is the last option after you have considered all the other options for your workplace</p> <p>If a risk then remains, you must minimise the remaining risk by using PPE</p>	

Date:

Company

Site Name



Complete pre-start



Onsite



SITE SAFE

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 <i>DD/MM/YY</i>	Product or Substance <i>e.g. petrol</i>	Are safety data sheets held?	What is the related harm? <i>e.g. risk of explosion</i>	What is the initial risk assessment? <i>Use risk assessment matrix</i>	Is personal protective equipment required?	What other measures are required? <i>e.g. store in a locked space away from any ignition source</i>	What is the residual risk assessment? <i>Use risk assessment matrix</i>
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		

Special storage requirements

Product

Storage requirements

Location of product or substance

Date:

Company

Site Name



Complete pre-start



Onsite



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 induction date 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

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

Date:

Company

Site Name



Complete pre-start



Onsite



SITE SAFE

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 <i>eg. Fall from height while wearing a harness</i>	<input type="text"/>	Location	<input type="text"/>		
Describe work activity <i>e.g. Working from MEWP and fall off</i>	<input type="text"/>	Main Contractor/ Principal	<input type="text"/>	Company	<input type="text"/>
Describe the rescue method <i>e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground</i>	<input type="text"/>	Supervisor	<input type="text"/>	Date	<input type="text"/>
		List any equipment required <i>e.g. MEWP, cherry picker, scissor lift, ladder breathing apparatus etc.</i>	<input type="text"/>		

Name each person involved in the rescue <i>First name and last name</i>	Their role or responsibility in the rescue is to: <i>e.g. release the bleed valve</i>	List the training required <i>e.g. competence using MEWP</i>	Provide contact details <i>Phone number</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan reviewed by:	<input type="text"/>	Signed by:	<input type="text"/>	Date:	<input type="text"/>
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Date:

Company

Site Name



After start



Frequently used

Site Briefing/Toolbox Meeting Minutes


SITE SAFE

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

Site-specific Briefing		
Project Information	Site name <input type="text"/>	Office location <input type="text"/>
Who is running this meeting?	Name <input type="text"/>	Company <input type="text"/>
		Date <input type="text"/> <input type="text"/> <input type="text"/>
Agenda items	Agenda items <input type="text"/>	Theme of the week <input type="text"/>
Health and safety Issues	Issues raised from site safety inspection	Actions
<p>i Site activities/ safe work practices/ incident reports and investigations discussed</p>	<input type="text"/>	<input type="text"/>
	Issues outstanding from previous briefings	Actions
	<input type="text"/>	<input type="text"/>
	Employee-raised issues	Actions
	<input type="text"/>	<input type="text"/>
	Positive safe-action observations	Actions
<input type="text"/>	<input type="text"/>	
Incidents or injuries	Actions	
<input type="text"/>	<input type="text"/>	

<p>Job plans reviewed</p> <p>i Site activities/ safe work practices/ incident reports and investigations discussed</p>	<table border="1"> <thead> <tr> <th data-bbox="464 120 927 159">Job/task</th> <th data-bbox="927 120 1458 159">Action/outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 159 927 277"></td> <td data-bbox="927 159 1458 277"></td> </tr> <tr> <td data-bbox="464 277 927 396"></td> <td data-bbox="927 277 1458 396"></td> </tr> </tbody> </table>		Job/task	Action/outcome																				
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<p>Operational issues</p> <p>i Day-to-day site management issues/items for discussion</p>	<table border="1"> <thead> <tr> <th data-bbox="464 465 927 504">Issue</th> <th data-bbox="927 465 1458 504">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 504 927 600"></td> <td data-bbox="927 504 1458 600"></td> </tr> <tr> <td data-bbox="464 600 927 696"></td> <td data-bbox="927 600 1458 696"></td> </tr> </tbody> </table>		Issue	Action																				
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<p>Other business</p>	<table border="1"> <thead> <tr> <th data-bbox="464 772 927 810">Item</th> <th data-bbox="927 772 1458 810">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 810 927 907"></td> <td data-bbox="927 810 1458 907"></td> </tr> <tr> <td data-bbox="464 907 927 1025"></td> <td data-bbox="927 907 1458 1025"></td> </tr> </tbody> </table>		Item	Action																				
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<p>Attendees</p>	<table border="1"> <thead> <tr> <th data-bbox="464 1102 927 1140">Name</th> <th data-bbox="927 1102 1458 1140">Signature</th> </tr> </thead> <tbody> <tr><td data-bbox="464 1140 927 1189"></td><td data-bbox="927 1140 1458 1189"></td></tr> <tr><td data-bbox="464 1189 927 1238"></td><td data-bbox="927 1189 1458 1238"></td></tr> <tr><td data-bbox="464 1238 927 1288"></td><td data-bbox="927 1238 1458 1288"></td></tr> <tr><td data-bbox="464 1288 927 1337"></td><td data-bbox="927 1288 1458 1337"></td></tr> <tr><td data-bbox="464 1337 927 1386"></td><td data-bbox="927 1337 1458 1386"></td></tr> <tr><td data-bbox="464 1386 927 1435"></td><td data-bbox="927 1386 1458 1435"></td></tr> <tr><td data-bbox="464 1435 927 1485"></td><td data-bbox="927 1435 1458 1485"></td></tr> <tr><td data-bbox="464 1485 927 1534"></td><td data-bbox="927 1485 1458 1534"></td></tr> <tr><td data-bbox="464 1534 927 1583"></td><td data-bbox="927 1534 1458 1583"></td></tr> <tr><td data-bbox="464 1583 927 1632"></td><td data-bbox="927 1583 1458 1632"></td></tr> </tbody> </table>		Name	Signature																				
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<p>Review by management</p>	<p>PCBU 1</p> <div data-bbox="464 1720 906 1823" style="border: 1px solid black; height: 46px;"></div>	<p>PCBU 2</p> <div data-bbox="943 1720 1458 1823" style="border: 1px solid black; height: 46px;"></div>																						

Date:

Company

Site Name



After start



Frequently used

Site Inspection Checklist - Generic

Location

Name of inspector

Time

Date

Y = Yes N = No NA = Not Applicable

1. Site control

- a) Hazard board and signage up-to-date
- b) Environmental plans/measures
- c) Toolbox talk last date
- d) Safety inductions for all on site
- e) Safety notice board current

2. Site facilities

- a) Offices clean, adequate & good lighting
- b) Smoko sheds – clean, potable (drinkable) water
- c) Toilets – clean, washing water
- d) Tool/equipment sheds adequate

3. General site tidiness and accessways

- a) Clear, safe access to work areas
- b) Stairways and accessways clear
- c) Hoardings/fence and gates secure
- d) Loose materials secure from wind

4. Personal safety equipment

- a) Signage displayed and legible
- b) Hardhats being worn
- c) Correct footwear being worn
- d) Glasses/ear muffs/vests/masks used

5. First aid/fire prevention

- a) First aid box *Available*
- b) Accident register
- c) Fire extinguisher: *Available*
- Current (12mth)*
- Sufficient number*
- d) Evacuation *Procedure current*
- All emergencies incl*

6. Cranes/hoist/lifting equipment

- a) Proper lift assessment plan done
- b) Crane certification current
- c) Slings/chains certified
- d) Operator procedures in place
- e) Inspections being done
- f) Man cage available
- g) Emergency plan in place

7. Compressed air equipment

- a) In good condition
- b) Appropriate guards fitted
- c) Trained user

8. Excavations

- a) Correctly shored
- b) Access controlled

9. Hotworks

- a) Hot work permits being issued
- b) Fire extinguishers on hand
- c) Operators using PPE

10. Electrical equipment/plant

- a) Main board lockable/weatherproof
- b) Current tagged and damage-free leads
- c) Current tagged plant
- d) Current tagged lifeguards
- e) Leads safely placed
- f) Electrical equipment/plant – good condition
- g) Electrical equipment/plant – appropriate guards on plant
- h) Adequate temporary lighting

11. Hazardous products/substances

- a) Correctly stored
- b) Safety Data Sheet (SDS) available
- c) Operators using PPE

12. PAT's and Nailers

- a) PAT tool WoF current and secure
- b) Staff trained in tool use (SWPS)
- c) PAT signage on site

13. Scaffolding

- a) Notifiable weekly Scafftag/current
- b) Handrails/mid-rails
- c) Toe boards
- d) Platforms
- e) Ladders/stairs
- f) Base sound
- g) Work platforms clear
- h) Platforms trip free
- i) Planks tied down
- j) Headroom clear
- k) Ties/bracing adequate

14. Ladders

- a) Good condition
- b) Secured top and bottom
- c) Stays to step ladders
- d) Working 2 steps down

15. Fall hazards

- a) Floor edges *Floor openings*
- b) Lift shafts *Stairs*

Date:

Company

Site Name



After start



Onsite



SITE SAFE

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 incident require a WorkSafe notification?	Should this incident be investigated by your company (PCBU 2)?	Is this incident the subject of a toolbox talk?	Signature and date DD/MM/YY
		First Aid <input checked="" type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	
		First Aid <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Corrective action <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Update/ review hazard register <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Review hazard register <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	