***INSTRUCTIONS:***PG&E contractor project manager, safety representative, requestor etc. will complete this form and provide PG&E with a written safety plan using this attached *Project Specific Safety Plan* *(PSSP)* form that will document how the contractor and subcontractor, at any tier, will address any anticipated and/or recognized hazards associated with their project/contract work.

This plan is an important step in the communication process to promote open communication between the contractor / subcontractors and PG&E on health and safety expectations and related issues and/or concerns. Detailed plans such as environmental protection, oil management, lift plan, spill mitigation etc. should be attached to this form separately, if applicable. This form along with its attachments, when completed, must be submitted to and approved by PG&E before starting work.

# 1.0 General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Detailed Project Scope Summary (Be as specific as possible):** | | | | |
| **Risk Level of Work** | | Medium  High | | |
|  | | **Name(s)** | **Email** | **Contact #** |
| **PG&E Contacts** | **Work Supervisor/Project Lead** |  |  |  |
| **Site Representative** |  |  |  |
| **Safety Representative** |  |  |  |
| **Contractor Contacts** | **Safety Plan Author** |  |  |  |
| **Project Lead** |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 1.1 Field Leadership and Safety Oversight Plan

Clearly identify the person(s) responsible for overseeing employees and subcontractors, including a plan for conducting observations and safety meetings:

# 1.2 General Personal Protective Equipment (PPE) Requirements

Contractors are required to provide and ensure that workers use Personal Protective Equipment (PPE) as required by Cal/OSHA (California Code of Regulations [CCR], Title 8, Section 3380) regulatory requirements to perform their work activities safely and when defined in their safety plan, hazard analysis or when required to access a specific PG&E location.

Minimum Personal Protective Equipment required on jobsite (as required and pertinent to scope of work):

* Hard hat rated for the scope of work and conditions (ANSI Z89)
* Safety glasses with side shields (ANSI Z87)
* Class 2 or 3 high visibility traffic vest or retroreflective fabric shirt (Arc Rated if appropriate for scope of work)
* Long sleeve shirts and long pants (flame resistant as required & pertinent to scope of work)
* Appropriate footwear (ASTM F2413-05)
* Gloves (as required & pertinent to task)
* Hearing protection (as required at or above 85 Db)
* COVID-19 face protection (Flame resistant as required & pertinent to task)
* Any additional PPE as required by your company’s IIPP, PG&E contract, or pertinent industry regulations not covered in the above bullets.

Additional PPE requirements must be evaluated when performing specific tasks and shall be identified in Section 3 of this document.

# 2.0 General Safety Checklist

| **Subject** | **Required** | | **Contractor Description and Details** |
| --- | --- | --- | --- |
| **Yes** | **No** |
| **LOCKOUT-TAGOUT (LOTO)** | **N/A** | |  |
| Will LOTO be required? |  |  | Inspect LOTO sources and ensure PG&E’s LOTO procedures and applicable training are followed |
|  |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** | **N/A** | |  |
| Will personnel be equipped with Fire Resistant or arc-rated clothing and vests? |  |  | Ensure compliance with PG&E jobsite PPE requirements. |
|  |
| Will respiratory protection be required? |  |  |  |
| Will any other special PPE be required? |  |  | Identify type: |
|  |
| Has personnel received training for special PPE requirements? |  |  |  |
| **HOT WORK** | **N/A** | |  |
| Will hot work activities be performed? (Any flame or spark producing task) |  |  |  |
| Will any special PPE be required? |  |  |  |
| Will fire blankets/protective shields/screens be required? |  |  |  |
| **FALL PROTECTION, ELEVATED SURFACES, SLOPES** | **N/A** | |  |
| Will rope access be required? |  |  | Provide competent person name, contact info and training verification: |
|  |
| Will fall protection be required? |  |  | If yes, then add details including anchor points to be utilized: |
|  |
| Will workers be exposed to fall hazards greater than 6 feet or 4 feet above the ground on poles, towers or similar structures (including trenches or excavations over 6 feet deep)? |  |  |  |
| Have all fall from heights hazards been identified? |  |  | Identify all fall hazards associated with this scope of work: |
|  |
| Have all fall protection barriers been put in place? |  |  | List all controls and mitigations as applicable: |
|  |
| Has all fall protection equipment and fall arrest systems (e.g. harnesses, lanyards, lifelines) been inspected? |  |  |  |
| Are competent/qualified persons identified to perform system and equipment inspections, identify hazards, and anchor points as needed? |  |  | Provide competent person(s) name and contact information: |
|  |
| **CONFINED SPACES** | **N/A** | |  |
| Will any confined space work be performed? |  |  |  |
| Will any Confined Space Entry permits be required? |  |  | Ensure compliance with PG&E permit-required confined space entry procedures. Provide entry supervisor name and training verification: |
|  |
| Have affected personnel been trained for confined space entry? |  |  |  |
| Will a dedicated or external rescue team services be used? |  |  | Identify rescue service provider: |
|  |
| Have all entry procedures been provided and documented? |  |  |  |
| Will air monitoring equipment or devices be utilized? |  |  |  |
| **CRANE AND RIGGING** | **N/A** | |  |
| Will crane operations be required? |  |  | Attach lift plan and identify engineer approving (critical) plan as applicable. |
|  |
| Will a PG&E overhead crane be used? |  |  |  |
| Have all overhead lines and hazards been identified and the locations appropriately communicated to personnel? |  |  |  |
| Will a Qualified Electrical Worker (QEW) be assigned to observe near electrical hazards? |  |  |  |
| Will any special lifting devices be needed? |  |  |  |
| Is all rigging in compliance with inspection requirements? |  |  |  |
| Is all equipment appropriate for the task(s)? |  |  |  |
| Have all required safety inspections been completed? |  |  | Ensure inspection logs are completed for equipment/ lift devices |
|  |
|  |
| Will traffic control be provided (pedestrian and vehicular)? |  |  | Provide flaggers’ name / training: |
| **SCAFFOLDING AND LADDERS** | **N/A** | |  |
| Will ladders be required? |  |  |  |
| Will scaffolding be required? |  |  | Provide competent person name, contact info and training verification: |
|  |
| Will fall protection be required? |  |  | List equipment to be used: |
|  |
| Will there be dropped-object hazards present? |  |  | If yes, provide hazard mitigation plan: |
|  |
| Will special structures or platforms be used or erected? |  |  | Describe, in detail: |
|  |
| **EXCAVATIONS** | **N/A** | |  |
| Has a USA Ticket been obtained? |  |  | Attach copy of ticket: |
|  |
| Will equipment be brought on site? Pleases specify type. |  |  | Provide competent person name, contact info and training verification: |
|  |
| Will a trench box/shoring be needed? |  |  | Ensure tabulated data for shoring/trench box is available onsite. |
|  |
| Does fencing/barricade need to be installed? |  |  |  |
|  |  |  |  |
| **MOBILE EQUIPMENT (POWERED FORK TRUCKS, LIFTS, BOOMS ETC.)** | **N/A** | |  |
| Will any mobile powered equipment be required? Type to be rented or brought on site? |  |  | Maintain daily/shift inspection logs on the equipment |
|  |
| Will any special attachments be used? Jibs, manlifts, etc. |  |  |  |
| Are operators trained/certified for operations of equipment? |  |  | Attach verification of training (submitted before starting work): |
|  |
| **POWDER ACTUATED TOOLS** | **N/A** | |  |
| Are operators/personnel trained/licensed in use? |  |  | Attach verification (submitted before starting work): |
|  |
| **CHEMICAL, BIOLOGICAL, MATERIAL, PHYSICAL HAZARDS** | **N/A** | |  |
| Are all personnel trained in hazard communication / GHS? |  |  |  |
| Are all SDS’s provided to PG&E and a copy easy to obtain at job site? |  |  |  |
| Are personnel trained to handle/use specific materials? |  |  |  |
| Does storage and use meet all PG&E, NFPA, Fed and State Regulations? |  |  |  |
| Do personnel working with OSHA regulated chemicals have proper training for job? (silica, asbestos, lead etc.) |  |  |  |
| Does demo/abatement plans meet applicable standards? |  |  |  |
| **PAINTING, ADHESIVES AND EXPOXIES** | **N/A** | |  |
| Are there any additional exhausts or fans needed during application/curing time? |  |  | Intrinsically safe exhaust fans are required for combustibles with low flash points |
|  |
| Are there special PPE/precautions for this job? |  |  |  |
| Will this require off-hours application? |  |  |  |
| **SIGNS, SIGNALS AND BARRICADES** | **N/A** | |  |
| Will barricade tape be used? |  |  | Ensure compliance with PG&E barricade tape policy |
|  |
| Will perimeter barricades be used? |  |  |  |
| Will any caution/danger signs be needed? |  |  |  |
| Will flammable gas/liquid labels be needed? Will material labels (GHS) be needed? |  |  |  |
| **WORK PERMITS** | **N/A** | |  |
| Will any pipe or vessel testing permits be required? |  |  |  |
| Will any excavation permits be required? |  |  |  |
| Will any utility interruption permits be required? |  |  |  |
| Will Hot Work (welding/cutting/grinding/ soldering/electrical) permits be required? |  |  |  |
| Will any lead/asbestos permits be required? |  |  |  |
| **FLAMMABLE GASES / LIQUIDS** | **N/A** | |  |
| Will any flammable gases and/or liquids be used? |  |  |  |
| Have provisions for their storage been made? |  |  |  |
| Will appropriate containers be utilized? |  |  |  |
| Will secondary containment and spill kits be required? |  |  |  |
| **WASTE MANAGEMENT** | **N/A** | |  |
| Is there a plan for waste disposal in place? |  |  |  |
| Are all characterization, containerization, segregation, storage and disposal requirements understood? |  |  |  |
| Is there a plan for water/wastewater discharges in place? |  |  | Attach plan: |
|  |
| Is there a spill plan in place? |  |  | Ensure compliance with PG&E’s jobsite SPCC Plan, if applicable |
|  |
| **WILDFIRE PREVENTION** | **N/A** | |  |
| Have all contractor/subcontractor foreman, crew leads or site representatives been trained on PG&E’s wildfire prevention and mitigation program? |  |  | Ensure compliance with [Based on Standard: TD-1464S Wildfire Prevention Contract Requirements](https://www.pge.com/pge_global/common/pdfs/for-our-business-partners/purchasing-program/suppliers/WildfirePrevention_ProgramRequirements.pdf) |
|  |
| **HELICOPTER OPERATIONS** | **N/A** | |  |
| Will helicopter operations be required? |  |  | Attach helicopter operations plan: |
|  |
| **MARINE AND UNDERWATER OPERATIONS** | **N/A** | |  |
| Will dredging activities be performed? |  |  |  |
| Will boats, rafts or pontoons be used? |  |  |  |
| Will floating platforms or barges be used? |  |  | Attach plan: |
|  |
| Are there diving operations, i.e. divers entering water? |  |  | Attach dive operations plan: |
|  |
| Are divers trained / certified to dive? |  |  | Attach verification of training (submitted before starting work): |
|  |
| **OTHER, SPECIFY:** | **N/A** | |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 2.1 Risk Assessment and Hazard Identification

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD IDENTIFICATION**: The hazards encountered as part of this scope could include, but are not limited to: | | | |
| **GENERAL HAZARDS**   * Uneven Ground/ Slips/ Trips & Falls * Confined Spaces * Driving * Power Tool / Equipment Use * Ergonomics * Loading / Off-loading Equipment and Material * Unstable Ground Conditions / Slopes / Uneven terrain * Safety-At-Heights / Scaffolding / Ladders * Cave-ins/ Excavating / Trenching / Shoring * Welding / Oxy Acetylene / Grinding * Hot work * Aggressive Animals / Dogs / Etc. * High Crime Areas * Access * No Cell Service * Night Operations * Wildfire Safety * Dropped Objects   **HEALTH HAZARDS**   * Chemical Exposure / Burns * Noise Exposure * Pesticides / Fumigation * PCB / Lead / Mercury * Asbestos * Other Soil Contaminants * Hazardous Material Transportation * Hazardous Waste Transportation * Radioactive Exposure | **PUBLIC SAFETY**   * Distracted, Impaired, Unsafe Motorists * Vehicular Traffic (Work Area Protection) * Pedestrian Traffic * Proximity to Railroads * Neighboring Facilities/Homeowner Issues   **EXCAVATION**   * Access / Proximity to Energized Equipment Proximity to Energized Circuits * OH/UG Energized Lines * Overhead Objects * Appropriate Tools & Equipment * Equipment Certifications * Blasting Safety / Certification * Confined Space * Open Excavation / Fall Restraint * Soil Type / Conditions / Shoring / Sloping * Slopes / Terrain * Spoils Management * USAs   **GAS HAZARDS**   * Oxygen Deficient Atmosphere * Explosive Atmosphere - Burns / Explosions * Clearance Procedures / LOTO * Dig-Ins / Line Strikes * Unmarked or Mismarked Utilities | **CRANE**   * Crane Capacity * Crane Size * Load Weight * Lift Plans * Traffic / Transport * Setup/Access * Stability / Terrain * Rigging * Cribbing * Dangerous Operations * Equipment Certification * Operational Certification * Electrical Hazards * Equipment Grounding * Clearances * Environmental issues * Suspended Loads * Weather Conditions   **TRAFFIC CONTROL / FLAGGING**   * Environmental Conditions * Non-Compliant Drivers * Pedestrian Safety * Permits * Public Safety * Qualifications / Certifications * Site Specific Hazards * Traffic Control Plan * Low Light Conditions * Weather * Work Site Protection | **ELECTRICAL HAZARDS**   * Clearance Procedures / LOTO / Grounding * Underground / Overhead Utilities * Proximity to Energized Equipment * Induction * Energized Work   **AVIATION**   * External Cargo * Landing Zone Safety * Rigging * Suspended Loads * Flying in a Wire Environment   **ENVIRONMENT HAZARDS**   * Weather Conditions * Poison Oak * Animals / Insects * Heat Illness * Working Near / Over Water   **MOTOR VEHICLE SAFETY**   * Driving * Backing * Mountainous Terrain * Rural Roads * Traffic * Transporting Loads/Cargo * Trailering/Towing * Inclement Weather Driving * Impaired Driving * Distracted Driving |

*HAZARD MITIGATION: Using your Injury and Illness Prevention Program (IIPP) and the above sample tasks/activity table as a guide, please complete the following JHA to capture actual hazards associated with each proposed activity. The specific hazard mitigation measures used on PG&E work will typically include: (Add task, hazard, mitigation and required training below for each medium and/or high risk major task performed on behalf of PG&E, including tasks performed by Subcontractors):*

|  |  |  |  |
| --- | --- | --- | --- |
| **Task/Activity Description** | **Hazard Description** | **Contractor’s Mitigation Plan** | **Required Training** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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***New Hazards and Hazards not previously recognized shall be addressed upon discovery. Changes shall be added to the Change Log in Section 8 of this document.***

# 3.0 Hazard Communication/Right to Know

Conduct a complete survey to determine what hazardous substances are present on the project. Request necessary SDSs from the manufacturer and keep a current SDS on hand for each hazardous substance used.

|  |  |  |
| --- | --- | --- |
| **Chemical Onsite** | **Location** | **Storage Plan** |
|  |  |  |
|  |  |  |
|  |  |  |
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# 4.0 Emergency Action Plan

*Purpose:* The following information shall be utilized to ensure effective and swift response to all emergencies. Please verify that location is still open and it’s the closest to job site. **An Emergency Action Plan must also be included on the daily JSSA/Tailboard for each jobsite/yard/meeting site.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinic (First Aid)** | | | **Hospital** | |
| Name: **\*** |  | | Name: **\*** |  |
| Address: **\*** |  | | Address: **\*** |  |
| Phone #: **\*** |  | | Phone #: **\*** |  |
| Hours of Service: **\*** |  | | Hours of Service: **\*** |  |
|  | | | | |
| **Fire Department** | | | **Ambulance** | |
| Name: **\*** |  | | Name: **\*** |  |
| Address: |  | | Address: |  |
| Phone #: **\*** |  | | Phone #: **\*** |  |
| Hours of Service: |  | | Hours of Service: |  |
|  | | | | |
| **Police/Sheriff** | | | **811 After Hours Emergency (**click <http://usanorth811.org/utility-operators/>) | |
| Name: **\*** |  | | PG&E (Gas/Electric) | (800) 743-5000 |
| Address: |  | |  |  |
| Phone #: **\*** |  | |  |  |
|  | |  | | | |
| First Aid Kit Location(s) \* | |  | | | |
| AED Location(s) \* | |  | | | |
| Fire Extinguisher Location(s) \* | |  | | | |
| SDS Location(s) \* | |  | | | |
| CPR Certified (who?) \* | |  | | | |
| Cell Phone Reception? If no, provide alternative communication method. **\*** | |  | | | |

**(\*) Denotes Required Field**

**Map View of Evacuation Plan – Print and Post**

*Show a map of the location with both primary and secondary meeting locations identified. Utilize Section 9 (Attachments) to provide additional maps as needed*

**

**Map of A and B Meeting Location**

|  |  |
| --- | --- |
| **Meeting Location A – please indicate on map (Primary)** | **Meeting Location B – please indicate on map (Secondary)** |
|  |  |

**Map View of Evacuation to Nearest Medical Facility – Print and Post**

*Show map with directions to the emergency center. Utilize Section 9 (Attachments) to provide additional maps as needed.*

|  |  |
| --- | --- |
| **Directions to Medical Facility** | **Map to Medical Facility** |
|  |  |

# 5.0 Certifications and Licenses

All contract employees, including Subcontractors, covered under this Safety Plan are trained and qualified to perform the task(s) they have been assigned.

Contractors shall ensure that their personnel (including those of Subcontractors) have completed all training required by law and any required PG&E specific courses, including the Contractor Safety Program Orientation (SAFE-0101) and any specific LOB required safety orientations, prior to conducting work for PG&E.

Training qualifications shall be provided to PG&E for each contract employee prior to the start of work for PG&E.

Workers must carry their ISN ID cards at all times while working for PG&E and display to PG&E upon request.

All training materials must be made available to PG&E upon request that shall train all Contractor and Subcontractor personnel on all PG&E’s Contractor Safety Program, Contractor’s safety program, all job related hazards, and Applicable Laws.

# 6.0 Managing Subcontractors No Subcontractors Anticipated

The Prime contractor shall ensure that all Subcontractors have an accepted hard copy of the Safety Plan on site at all times; the scope of work conducted by all Subcontractors shall be covered in this Safety Plan. All Subcontractors shall also be added to Section 1A of the contract.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subcontractor Name** | **Subcontractor Scope** | **ISN ID #** | **Risk Level** | **Subcontractor Contact Name** | **Subcontractor Contact Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# 7.0 Site Orientation

All site personnel, including subcontractors, are required to be introduced and trained on the content and hazard mitigation measures included in this Safety Plan prior to beginning work on the project. Contractors shall document personnel who have completed a review of this Safety Plan, including each worker’s name, signature, classification, company name and date. This record must be maintained by the Prime contractor and available by request of PG&E.

# 8.0 Change Log

Indicate changes made on the Safety Plan in the table below. For each date a change is made, an additional section 8.0 will need to be completed and shall be added as an additional page to the overall Safety Plan. Multiple changes may be required for each date, *please copy additional pages as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Reason for Change** | **Change Description** | **Section(s) Changed** | **PG&E Representative Who Accepted Change** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Once the crew has reviewed the changes above, please maintain a signed record that documents the review. This record must be maintained by the Prime contractor and available by request of PG&E.

# 9.0 Attachments

|  |  |
| --- | --- |
| **INCLUDED ATTACHMENTS:** | |
|  | Directions to medical facility\* |
|  | Evacuation plans\* |
|  | Parking / Laydown plans |
|  | Maps\* |
|  | Other safety submittals; please specify: |

**(\*) Denotes Required Field**