PROJECT SITE SAFETY PLAN
(To be completed by Successful Bidder prior to starting work on site)

Project Name: _____ Company Name: _____

Project Number: _____ Contractor's Project Manager: _____ Phone # _____

1. Description of Work	
Project Description	
Project Location **(Provide as much detail as possible)**	
Dates of Work	
Contractor's Project Site Safety Supervisor Phone Number	
Subcontractors and their scope of work	
Equipment involved	
List Major Work Activities:	

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2. Scope of Work
What are the major hazards associated with each definable work activity?
Complete Hazard Assessments and Safe Work Procedures for specific work tasks.

JOB HAZARD ASSESSMENT & SAFE WORK PROCEDURE WORKSHEET

WORK ACTIVITY: _____

Sequence of Steps	Potential Accidents or Hazards	Preventive Measures

Note: Please forward all Job Hazard Assessment Worksheets to Safety Co-ordinator

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3. Training Requirements and Qualifications	
All personnel	
Subcontractors	
Task/Area Specific Requirements	

4. Emergency Contacts	
Fire	
Police	
Medical	
Nearest Hospital	Name: Phone Number:
Directions to Nearest Hospital (Map Attached? ☐ YES ☐ NO)	
MIT Project Manager	Name: Phone Number:
Workplace Safety and Health Branch	945-3446 or 945-0581 (24 Hour)
Manitoba Conservation	Information Inquires 945-6784 Environmental Accident Reporting 945-4888

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5. Personal Protective Equipment	
All On Site Personnel	
Area Specific Requirements	
Task Specific Requirements	

6. Safety and Environmental Protection Equipment Required to Complete Work	
Activity	**Equipment**

7. Traffic Accommodation Requirements	
Hazard	**Control Measure**

8. Control Measures to Protect Other Workers/Public: This section details how you will protect other workers and members of the public sharing the worksite, or working in areas adjacent to the worksite from any physical or chemical hazards that the work may generate. In the case of occupied office space chemical hazards include dust and odours.

Hazard	**Control Measure**

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Work Site Orientation Checklist

Implemented by (print) _____**Date:** _____

	Yes	No	N/A
Explanation of the workplace site & work to be performed			
Emergency Procedures:			
Emergency Exits			
Muster Point			
Reporting of ALL Incidents			
Shown Location Of:			
First Aid Kit			
Fire Extinguishers			
Emergency Telephone and Phone Numbers			
Material Safety Data Sheets			
Washroom			
Lunchroom			

List & Review of Site Specific Hazards

_____

_____

_____

_____

_____

List of Required Personal Protective Equipment

_____

_____

_____

Explanation of Safety Rules

Tool Handling / Storage / Tag-Out System

Explanation of Employee Rights and Duties

Disciplinary Procedures

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Training Certification **(photocopies for records)** **Yes** **No**

First Aid / CPR
Fire Extinguishers Use
WHMIS
Hearing Conservation
Lockout / Tagout
Forklift
Bobcat
Confined Space
Fall Protection
Fire Explosive Actuated Gun
Scaffolding
Mould and Asbestos
Aerial Lift Training

Worker Signatures accompanied by Company name:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

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Note: Please forward all orientation checklists to the Branch Safety Co-ordinator.

Person drafting this Project Site Safety Plan:

Name	Title	Date

Contractor's Project Manager Approval:

Name	Title	Date

Contractor's Project Site Safety Representative

Name	Title	Date

This Project Site Safety Plan does not in anyway replace the Contractor's responsibilities under the Workplace Safety and Health Act and Regulations to ensure Workplace Safety and Health Programs are in place to protect workers and members of the public from potential hazardous conditions on the job.

This Project Site Safety Plan shall be posted at the project site and made available to Manitoba Infrastructure and Transportation's Project Manager upon request.

PROJECT SITE SAFETY PLAN
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MANAGING PROJECT SITE SAFETY
Pre-Construction Meeting Safety Agenda
(Contracted Employer is the designated Prime Contractor)

Project: _____

Start Date: _____ **Duration:** _____ **# of Workers:** _____

MIT Project Manager: _____ **Meeting Date:**_____

Prime Contractor: _____

Prime's Project Site Safety Representative:_____

Prime WCB Account #: _____ **Prime Contractor's COR #:** _____

Subcontractor(s):_____

PART 1 – PRIME CONTRACTOR RESPONSIBILITIES

As the designated **Prime Contractor** for this construction project site you are responsible:

- ❑ To review MIT's Managing Project Site Safety Workplace Safety and Health Information Package.
- ❑ To co-ordinate, organize and oversee the safety performance of all work at the construction project site and conduct your own activities in such a way as to ensure, so far as is reasonably practicable, that no person is exposed to risks to his or her safety or health arising out of, or in connection with activities at the construction project site.
- ❑ **To obtain Job Hazard Analysis from all trades prior to the commencement of any work and made readily available for review by all workers on site.**
- ❑ To ensure, so far as is reasonably practicable, that every person involved in work on the project site complies with Manitoba's Workplace Safety and Health Act W210 and Workplace Safety and Health Regulation 217/2006.
- ❑ To provide MIT's Project Manager with a copy of the Monthly Project Site Safety Summary Report.

PART 2 – CONTRACTED EMPLOYER RESPONSIBILITIES

All **employers**, their supervisors and all self-employed persons working on this project site are directly responsible:

- ❑ To be knowledgeable of and comply with Manitoba's Workplace Safety and Health Act W210, Workplace Safety and Health Regulation 217/2006 and applicable standards, practices and codes applicable to the work being performed on the project site.
- ❑ To provide and maintain safe equipment and tools and ensure the work is being performed by your workers and/or any of your subcontracted workers in a safe and responsible manner at all times.

PROJECT SITE SAFETY PLAN
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Contracted Employer is Prime

- ❑ To ensure your workers and/or any of your subcontracted workers are trained to perform the work in a safe manner.
- ❑ To ensure your workers and/or any of your subcontracted workers are supervised by a person who is deemed competent, because of knowledge, training or experience, to ensure that work is performed in a safe manner.
- ❑ For taking direct and complete control and responsibility for identifying and rectifying hazards and ensuring that every work process or procedure performed by your workers and/or any of your subcontracted workers on the project site does not create a risk to the safety or health of any person working on the project site.
- ❑ For providing the Prime Contractor's Site Safety Representative with a copy of the MSDS for all controlled products brought onto the project and ensuring your workers and/or any of your subcontracted workers are trained in the correct usage of all required personal protective equipment.
- ❑ For conducting accident investigations, toolbox meetings and worksite safety inspections of your work area in accordance with the Workplace Safety and Health Act and providing copies to the project site's designated Prime Contractor.

PART 3 - COMMUNICATING UNSAFE WORK PRACTICES AND CONDITIONS

If an unsafe practice or condition is observed by the Department's representative while monitoring the quality or progress of the work, the Department's representative will communicate the concern to the Prime Contractor's Site Safety Representative and/or contracted employer's Job Superintendent and/or on-site supervisor.

The document "Communicating Unsafe Work Practices and Conditions on the Project" outlines the process that will be followed by the Department's representative to communicate and resolve observed unsafe practices or conditions. This process will be discussed at the Project Pre-Construction Meeting.

PART 4 - PROJECT SPECIFIC ISSUES DISCUSSED

_____

_____

MIT's Representative Signature: _____ **Date:** _____

Prime Contractor's Signature: _____ **Date:** _____

Employer/Self Employed Person Signature: _____ **Date:** _____

Employer/Self Employed Person Signature: _____ **Date:** _____

PROJECT SITE SAFETY PLAN
(To be completed by Successful Bidder prior to starting work on site)

MANAGING PROJECT SITE SAFETY

MONTHLY PROJECT SITE SAFETY SUMMARY

PROJECT: _____ **MONTH OF:** _____

TYPE OF WORK_____

PRIME CONTRACTOR: _____

PRIME CONTRACTOR SITE REPRESENTATIVE: _____

MIT PROJECT MANAGER:_____

1. **Number of Workers Hired:** _____
   Number who completed Orientation: _____
2. **Number of Tool Box Meeting Conducted:** _____
3. **Number of Inspections Completed:** _____
   Total Unsafe Acts/Conditions Identified: _____
   Number Outstanding _____
4. **Number of Incidents/Accidents Reported** _____
   - **Property Damage:** _____
   - **Injury: First Aid** _____
     - **Medical Aid** _____
     - **Loss Time** _____
   - **Injury and Damage:** _____
   - **Near Miss:** _____

   Number of Incident/Accident Investigations Completed: _____

   Were corrective measures required? _____

   Comments: _____

   _____

   _____

   _____

Prime Contractor's Site Representative: _____ **Date:** _____

Copy to: MIT Project Manager