**Project Health, Safety & Environmental Plan (PHSEP)**

# *This document IS to be completed by contractors and subcontractors*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name:** |  | | **College:** |  |
| **Type of Project:** |  | | | |
| **Location of Work\*:** |  | | | |
| **Proximity from Contractor’s Home Office:** | |  | | |
| *\*If work activities will be conducted at several locations, each location should be specified and uniquely identified.* | | | | |

1. **CONTACT INFORMATION FOR CONTRACTOR / SUBCONTRACTOR REPRESENTATIVES ON SITE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Telephone No.** | **Describe their Involvement in the Project** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **SCOPE OF WORK:**

*Describe nature and scope of work, and the relationship with ongoing processes at the location. This breakdown, to include diagrams and pictures, should be detailed enough to provide sufficient information to perform the hazard assessment.*

|  |
| --- |
|  |

1. **PROJECT DURATION AND WORK FORCE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Normal Work Hours:** |  | **Shift Work Hours:** |  | | **Project Start Date:** |  | **Project Completion Date:** |  |  |  |  |  | | --- | --- | --- | | **Work Force** | **Contractor Personnel** | **Subcontractor Personnel** | | Anticipated Number: |  |  | | Anticipated Duration of Work: |  |  | |

1. **HSE COVERAGE:**

|  |  |  |
| --- | --- | --- |
| **Title** | | Name(s) of Personnel on Site |
| Operations Manager: | |  |
| Project Manager: | |  |
| Site Manager: | |  |
| Site HSE Manager(s): | |  |
| HSE Supervisors: | |  |
| Describe the functional and administrative reporting structure of site HSE professional(s): | | |
| Regional HSE Manager: | |  |
| Define frequency of visits and number of HSE Evaluations/Audits: | | |
| Program HSE Personnel: | |  |
|  | **The project management team is a joint venture and which partners will supply HSE personnel.** | |
|  | **Additional coverage will be required for increased activity.** | |
| Determine and describe the compliance evaluation of Sub-Contractors that will be conducted: | | |

1. **PERMIT REQUIREMENTS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Confined Space |  | Critical Lift |  | Hot Work |
|  | Lock Out/Tag Out |  | Soil Disturbance |  | Utility Clearance |
| Other Additional: | | | | | |

1. **TRAINING REQUIREMENTS:**

|  |
| --- |
| *A.* Specify training that is required by the regulations, or by District based on the nature of the project. Such training may include subjects related, but not limited to, basic orientation, hazard communication, fall protection, scaffolding, use of ladders and other specific training as required. |
|  |
| B. State the site-specific training that is required before site entry. |
|  |
| C. Identify additional special training such as that related to hazardous waste operations, asbestos awareness, lead, crane operator, etc. Provide a description of the training required to help management determine resource allocation. |
|  |
| D. Identify internal or external personnel needed to provide training*.* |
|  |

1. **SPECIAL REQUIREMENTS:**

|  |  |
| --- | --- |
| A. Identify District’s special HSE requirements that will apply to the project. | |
|  | |
| B. Identify and develop site-specific procedures established by the Project Manager and/or the Project HSE Manager, as a result of the hazard assessment. The procedures may address issues such as scaffold tagging methods, fall protection methods for specialty work (e.g. installing structural steel), and mentoring methods for new employees. | |
|  | |
| C. Address exposure-monitoring programs (chemicals, asbestos/lead, noise, etc.) and medical monitoring programs that are required for the work. | |
|  | |
|  | **A copy of the Campus HSE procedures was reviewed before the Project HSE Plan was completed.** |

1. **HAZARD ASSESSMENT PLAN:**

*Identify the potential physical, chemical and environmental hazards, corresponding control methods for the specific work and location.*

|  |  |
| --- | --- |
| **Hazard** | **Safe Plan** |
| **Slips, Trips Falls:** | Inspect for trip hazards.  Hazards marked.  Tools & Materials properly stored.  Extension cords properly secured.  Work zone free of debris.  Addnl. info below. |
| **Pinch Points:** | List potential pinch points:  Working near mobile equipment.  Hand/Body positioning.  Addnl. info below. |
| **Hand Hazards:** | List sharp tools, material, equipment:  PPE.  Protected sharp edges as necessary. Addnl. info below. |
| **Heavy Lifting:** | Reviewed proper lifting tech.  Identified material requiring lifting equipment.  Hand protection required.  Back support belts.  Addnl. info below. |
| **Crane or other Lifting Equipment:** | Signalman assigned.  Tag lines in use.  Area around crane barricaded.  Lifting equip. inspected.  Personnel protected from overhead load. |
| **Vehicular Traffic or Heavy Equipment:** | Traffic Barricades.  Cones.  Signs.  Flagmen.  Lane closure.  Communication with equipment operator.  Addnl. info below. |
| **Fire Hazard:** | Permit.  (2) 10lb (or equiv.) Fire Extinguishers.  Fire watch.  Adj. area protected.  Unnecessary flammable mat. Removed.  Addnl. info below. |
| **Hand & Power Tools:** | Inspect general cond.  GFCI in use.  Identified PPE required for each tool.  Reviewed safety requirements in operator’s manual(s).  Guarding.  Addnl. info below. |
| **Electrical:** | Lock Out/Tag Out.  Confirm that equipment is de-energized.  Reviewed electrical safety procedures.  Addnl. info below. |
| **Heat Stress Potential:** | Heat stress monitoring (>700).  Liquids available cool down periods.  Sun Screen.  Reviewed Heat Stress symptoms.  Addnl. info below. |
| **Cold Stress Potential:** | Proper clothing (i.e.. gloves, coat, coveralls).  Wind chill <320  Reviewed Cold Stress symptoms.  Warmup Periods.  Addnl. info below. |
| **Noise >85 dB:** | Hearing protection is required:  Ear plugs.  Ear Muffs.  Both.  Addnl. info below. |
| **Ladders:** | Inspect general cond. before use.  Ladder inspected within last quarter.  Ladder tied off.  Proper angle and placement.  Reviewed ladder safety. |
| **Excavations:** | Permits.  Inspected prior to entering.  Proper sloping/shoring.  Pedestal.  Access/egress provided.  Protection from accumulated water. |
| **Scaffolds:** | Inspect general condition before use.  Properly secured.  Toeboards.  Footings.  Materials stored on scaffold. |
| **Working w/ Chemicals:** | Review MSDS hazards and precautions.  Proper containers and labels.  Hazcom training. |
| **Underground Utilities:** | Reviewed as-built.  Subsurface surveys.  Received USA dig permit steps. |
| **Overhead Utilities:** | Power de-energization required.  Insulation blankets required.  Safe work zone Marked  Additional spotters required. Required clearance distance =       Ft. |
| **Environmental:** | Air emissions.  Water discharge.  Hazardous wastes.  Other wastes.  Pollution prevention.  Waste minimization. |
| **Work at Elevation:** | Describe fall protection if over 6 feet: |
| **Natural or Site Hazards:** | Weather.  Terrain.  Adjacent operations.  Biologicals (insects, rodents, snakes, Lyme Disease). |

*Provide any additional information needed for the specific work and location in the project.\**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Hazard** | **Mitigation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **\****Take consideration of (1)Potential uncontrolled releases of energy or chemicals, (2)Fall Hazards, Construction Equipment, (3)Noise, Barricades, General Public, (4)Hazards of construction activity and (5)Address mold mitigation training, proactive measures and abatement procedures.*  ***Note: Provide Task Specific Hazard Assessment Plan in Form CPS-0440 Task Hazard Analysis (THA).*** | | |

1. **PERSONAL PROTECTIVE EQUIPMENT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Body Protection:** | | | | | |
|  | Hard Hat, Class A |  | Hard Hat, Class B |  | Safety Vest |
| **Eye Protection:** | | | | | |
|  | Safety Glasses |  | Face Shield |  | Chemical Goggles |
|  | Welding Hood |  |  |  |  |
| **Hand Protection:** | | | | | |
|  | Work Gloves |  | Cut Resistant Gloves |  | Nitrile Gloves |
|  | Surgical Gloves |  | Rubber Gloves |  | Elect. Insulated Gloves |
|  | Arm Sleeves |  |  |  |  |
| **Foot Protection:** | | | | | |
|  | Sturdy Work Boots |  | Safety Toe Boots |  | Rubber Boots |
|  | Rubber Boot Covers |  | Dielectric Footwear |  |  |
| **Respiratory Protection:** | | | | | |
|  | Dust Mask |  | Air Purifying Respirator |  | Supplied Air Respirator |
|  | SCBA |  | Emergency Egress |  |  |
| **Coveralls:** | | | | | |
|  | Cotton Coveralls |  | Tyvek |  | Poly Coated Tyvek |
|  | Nomex |  | Saranex |  | Other |
| Other Additional: | | | | | |

1. **EMERGENCY ACTION PLAN AND MEDICAL SERVICES:**

|  |
| --- |
| A. Identify emergency contact person(s) who should be notified after an accident involving personal injury or property damage. |
|  |
| B. Define first aid and CPR requirements. Identify those responsible for providing medical care during work hours and after work hours. |
|  |
| C. Provide names, addresses, and phone numbers of primary and secondary medical doctors. Provide emergency phone numbers for hospital, ambulance, police, and fire services. |
|  |
| D. Include any special emergency notification procedures in this section. |
|  |
| E. List key personnel and their contact numbers (phone, pager, and cell phone). For guidance, refer to appropriate emergency evacuation and notification procedures. |
|  |

**ACKNOWLEDGEMENT:**

The signatures below acknowledge acceptance of, and agreement to, the PHSEP for the (Enter Project Name) Project. It is understood that during the course of this project, work conditions are subject to change, which may not have been anticipated during the development and implementation of this PHSEP. If significant change(s) are encountered that affect the content of the PHSEP, contractor will amend the PHSEP accordingly. This document is considered a “Living Document" and the content may change according to scope of work and conditions as warranted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **CONTRACTOR PRINCIPAL**  **(PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |
|  |  |  |  |  |
| **CONTRACTOR SITE MANAGER**  **(PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |
|  |  |  |  |  |
| **CONTRACTOR SAFETY REPRESENTATIVE**  **(PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |
|  |  |  |  |  |
| **COLLEGE PROJECT DIRECTOR**  **(PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |
|  |  |  |  |  |
| **CPT PROJECT MANAGER**  **(PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |
|  |  |  |  |  |
| **BUILD-LACCD SAFETY MANAGER**  **(PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |