SITESAFE

The Site-Specific Safety Plan

April 2016

prepared for

Site-Specific Safety Plan

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All the documents you need can be accessed through the menu below. Click on the icon to go to the section that applies to you. Once in the section you can easily click the back to top to get back to the main menu again. These documents can be printed out and filled in, or they can be filled in and signed digitally. You will need to save a copy to your computer by clicking File, Save As in the top left hand corner of the page. If you want to email it, open your usual email account and attach it as a file.

Plain Safe: A straight talking guide to...

Everything you need to know on how to complete a Site-Specific Safety Plan.

- Read pre-start

GO TO GUIDE

Site-Specific Health & Safety Agreement

Agreement between businesses working on a specific site on how health and safety will be managed.

- Complete pre-start

GO TO FORM

Site Job Hazard & Risk Register

Live document for PCBU 2 to record significant hazards that cannot be eliminated. Keep updated.

- Complete pre-start
- On-site

GO TO FORM

Task Analysis & Safe Work Method Statement

Job-planning tool for notifiable works or other higher-risk activities. Use pre-work and update.

- Complete pre-start
- On-site

GO TO FORM

Hazardous Products & Substances Register

Records products, substances and materials with hazardous ingredients. Use pre-work then update.

- Complete pre-start
- On-site

GO TO FORM

Emergency Response Plan

Work needing Task Analysis/Safe Work Method Statement or Permit to Work. Use pre-work and update.

- Complete pre-start
- On-site

GO TO FORM

On-site Training and Competency Register

Records training, qualifications and competencies of workers on-site. Use pre-work and update.

- Complete pre-start
- On-site

GO TO FORM

Site Safety Briefing Toolbox Meeting Minutes

Records who was responsible for what and by when; proves that a practice or hazard was discussed.

- After start
- Frequently used

GO TO FORM

Site Incident & Injury Register

Records incidents that caused, or could have caused, harm to people on-site. For on-site reporting.

- After start
- On-site

GO TO FORM

Site Inspection checklist - generic

Tailored to meet specific requirements of a job. Use pre-work and on-site as agreed by all parties.

- After start
- On-site

GO TO FORM

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 our '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:

PCBU 1 (Principal/Main contractor)

Business name

Main contact on site | Main contact phone

Type of business
○ Main contractor ○ Client ○ Principal ○ Contractor ○ Subcontractor ○ Other

Onsite-safety representative | Onsite-safety representative phone

First-aid representative | First-aid representative phone

And

PCBU 2 (Subcontractor)

Business name

Main contact | Main contact phone

Type of business
○ Main contractor ○ Client ○ Principal ○ Contractor ○ Subcontractor ○ Other

Onsite-safety representative | Onsite-safety representative phone

First-aid representative | First-aid representative phone

The agreement

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

A Task Analysis is required

- For high risk work, for example: notifiable work, permit-to-work systems, work that requires a Ceriticate of Competence, as defined by regulation or when a risk assessment is undertaken resulting in critical or high level of risk for the job.
- For any new or complex activity
- When its required by contract.

Task Analysis/SWMS

Is Task Analysis required for the activities covered by this agreement?	Yes	N/A
If yes, have you provided a copy (or copies) with this agreement?	Yes	N/A
And, have you provided an emergency response plan?	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

How will you be communicating health and safety information and activities to your employees, subcontractors and other PCBUs?

Communication

Type of communications			**Frequency**
Toolbox talks	Yes	N/A	
Project pre-start briefings	Yes	N/A	
Daily pre-start briefing	Yes	N/A	
Progress meetings	Yes	N/A	
Other			

We agree to report the following types of incidents to PCBU 1 (Main principal/contractor):

Type of incident	Frequency		Comments
Serious injury	Immediately	Within 24hrs	
Injury requiring first-aid	Immediately	Within 24hrs	
Near miss - serious	Immediately	Within 24hrs	
Near miss - minor	Immediately	Within 24hrs	
Damage to plant/equipment/ machinery (serious)	Immediately	Within 24hrs	
We will report these incidents using	Our own system or paperwork	PCBU 1's system and paperwork	

We agree to carry out the following inspections and report the findings to PCBU1 (Principal/Main contractor):

Type of inspection	Applicable	Frequency		Comments
Pre-start inspection	N/A	Before start	By:	
Site inspection	N/A	Weekly	Day of week:	
Major plant or equipment	N/A	Weekly	Day of week:	
Vehicles	N/A	Weekly	Day of week:	
Specialist (MEWP/Cranes)	N/A	Daily	Comment:	
Other inspection				

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 two of this agreement, 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

Briefly describe high risk activity and corresponding competency.

Activity type	Competency required

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.

Will vehicles or plant be refuelled on site? ◯ Yes ◯ N/A

If yes –

1. Has a refuelling zone been designated? If yes, state where.

2. Explain how potential for fire and explosion during refuelling will be controlled?

3. Explain how fuel leaks or spills will be controlled?

How will you manage construction waste?

Subcontractors to PCBU2

Subcontractors working on this site and not covered by this SSSP Agreement must supply their own agreement. ◯ Yes ◯ N/A

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

Declaration

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 *(If signing electronically please type your name here)*

Date

PCBU 2 (Subcontractor)

We agree to act according to the content of the Site-Specific Safety Plan as outlined above.

Signed *(If signing electronically please type your name here)*

Date

Approval to start work

To be signed by a representative of PCBU 1 when all pre-start documentation has been provided and approved.

Signed on behalf of PCBU 1 (Principal)

Signed *(If signing electronically please type your name here)*

Date

Date:	Company	Site Name	Complete pre-start	Onsite

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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 risk assessment?** *Use risk assessment matrix*	**Controls** *e.g. Build a ramp*	**Level of control** *Use hierarchy of controls table*	**What is the residual risk assessment?** *Use risk assessment matrix*	**For discussion at a toolbox talk/ safety meeting?**
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

Identified hazard or harm *e.g. Trip hazard on top step*	**What is the initial risk assessment?** *Use risk assessment matrix*	**Controls** *e.g. Build a ramp*	**Level of control** *Use hierarchy of controls table*	**What is the residual risk assessment?** *Use risk assessment matrix*	**For discussion at a toolbox talk/ safety meeting?**
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes 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

Hierarchy of controls

Most Effective → Least Effective

ELIMINATE:		
1	**Eliminate the hazard** - remove it completely from your workplace.	*If this isn't reasonably practicable, then...*
MINIMISE:		
2	**Substitute the hazard** - with a safer alternative.	*If this isn't reasonably practicable, then...*
3	**Isolate the hazard** - as much as possible away from the workers.	*If this isn't reasonably practicable, then...*
4	**Use engineering controls** - adapt tools or equipment to reduce the risk.	*If this isn't reasonably practicable, then...*
5	**Use administrative controls** - change work practices and organisation.	*If this isn't reasonably practicable, then...*
6	**Use personal protective equipment (PPE)** - this is the last option after you have considered all the other options for your workplace.	

Date:	Company	Site Name

Complete pre-start
Onsite

Task Analysis (TA) and Safe Work Method Statement (SWMS)

Use the Risk Assessment Matrix and Hierarchy of Controls tools to complete this document.

This Task Analysis (TA) has an Emergency Response Plan ◯ Yes ◯ N/A

Subcontractor company name			
Name of subcontractor		Phone	
Office address			
Date			

Site name	
Site address	
Work activity - task description	
PPE required for activity/task	
Administrative Controls	

Task Analysis/Safe Work Method Statement sign-on

All workers must sign this register to show that they have been trained in the processes and will work to the requirements of this TA/SWMS.

Worker name	Worker signature	Worker name	Worker signature

Sequence of basic steps *Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.*	**Potential hazards and risks** *Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.*	**Initial risk assessment** *Before the controls are in place. Refer to the risk assessment matrix.*	**Control methods and level of control** *Describe the key/significant way to control the risk and then refer to the hierarchy of controls* *Control method*	*Level*	**Residual risk assessment** *After all controls are in place. Refer to the risk assessment matrix.*
Step No.					

Step No.					

Sequence of basic steps *Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.*	**Potential hazards and risks** *Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.*	**Initial risk assessment** *Before the controls are in place. Refer to the risk assessment matrix.*	**Control methods and level of control** *Describe the key/significant way to control the risk and then refer to the hierarchy of controls* *Control method*		**Residual risk assessment** *After all controls are in place. Refer to the risk assessment matrix.*
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Step No.					

Step No.					

Date:	Company	Site Name

Complete pre-start
Onsite

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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 data sheets held?**	**What is the related harm?** *e.g. risk of explosion*	**What is the initial risk assessment?** *Use risk assessment matrix*	**Is personal protective equipment required?**	**What other measures are required?** *e.g. store in a locked space away from any ignition source*	**What is the residual risk assessment?** *Use risk assessment matrix*
		Yes No			Yes No		
		Yes No			Yes No		
		Yes No			Yes No		
		Yes No			Yes No		
		Yes No			Yes No		

Special storage requirements

Product	Storage requirements	Location of product or substance

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

Special storage requirements

Product	Storage requirements	Location of product or substance

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

Hierarchy of controls

Most Effective

Least Effective

ELIMINATE:		
1	**Eliminate the hazard** - remove it completely from your workplace.	*If this isn't reasonably practicable, then...*
MINIMISE:		
2	**Substitute the hazard** - with a safer alternative.	*If this isn't reasonably practicable, then...*
3	**Isolate the hazard** - as much as possible away from the workers.	*If this isn't reasonably practicable, then...*
4	**Use engineering controls** - adapt tools or equipment to reduce the risk.	*If this isn't reasonably practicable, then...*
5	**Use administrative controls** - change work practices and organisation.	*If this isn't reasonably practicable, then...*
6	**Use personal protective equipment (PPE)** - this is the last option after you have considered all the other options for your workplace.	

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 Safe 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 in current job, see below*
Name *Site Safe ID No.*						

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:

1 = Under direct supervision, is not competent (watch all the time); **2** = Under supervision, is partially competent (line of sight); **3** = Indirect or occasional supervision, is partially competent (supervision nearby); **4** = Fully competent to work unsupervised; **5** = Competent to train.
LULU - ∟ under supervision, is partially competent (line of ishgt); ⊔ Indirect or occasional supervision, is partially competent (upervision nearby); ☐ Fully competent to work unsupervised; ☒ Competent to train.

Name and ID No. *First and last name*	**Site Safe 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 in current job, see below*
Name *Site Safe ID No.*						

Date:	Company	Site Name

Complete pre-start · Onsite

Emergency response plan

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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 (PCBU2) 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
e.g. Fall from height while wearing a harness

Describe work activity
e.g. Working from MEWP and fall off

Describe the rescue method
e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground

Location

PCBU1

PCBU2

Supervisor

Date

List any equipment required
e.g. MEWP, cherry picker, scissor lift, ladder, breathing apparatus etc.

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*

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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 and investigations 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

Includes permits to work, Task Analysis, SWMS or other documented work-planning process

Job/task	Action/outcome

Operational issues

Day-to-day site management issues/items for discussion

Issue	Action

Other business

Item	Action

Attendees

Name	Signature

Review by management

Party 1	Party 2

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Site inspection checklist - generic

Location

Name of inspector | Time | Date

Y = Yes N= No N/A = not applicable

1. Site control

- Hazard board and signage up-to-date
- Environmental plan – issues
- Toolbox talk last date / /
- Safety inductions for all on site
- Safety notice board current

2. Site facilities

- Offices clean, adequate & good lighting
- Smoko sheds – clean, potable water
- Toilets – clean, washing water
- Tool/equipment sheds adequate

3. General site tidiness and accessways

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

4. Personal safety equipment

- Signage displayed and legible
- Hardhats being worn
- Correct footwear being worn
- Glasses/ear muffs/vests/masks used

5. First aid/fire prevention

- First aid box *Available*
- Accident register
- Fire extinguishers *Available*
- *Current (12 mth)*
- *Sufficient number*
- Evacuation *Procedure current*
- *All emergencies incl*

6. Cranes/hoist/lifting equipment

- Proper lift assessment plan done
- Crane certification current
- Slings/chains certified
- Operator procedures in place
- Inspections being done
- Man cage available
- Emergency plan in place

7. Compressed air equipment

- In good condition
- Appropriate guards fitted
- Trained user

8. Excavations

- Correctly shored

9. Welding/gas cutting

- Hot work permits being issued
- Fire extinguishers on hand
- Operators using PPE

10. Electrical equipment

- Main board lockable/weatherproof
- Current tagged and damage-free leads
- Current tagged plant
- Current tagged lifeguards
- Leads safely placed
- Equipment in good condition
- Appropriate guards on equipment
- Adequate temporary lighting

11. Chemicals

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

12. Tools

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

13. Scaffolding

- Notifiable weekly Scaftag/current
- Handrails/mid-rails
- Toe boards
- Platforms
- Ladders/stairs
- Base sound
- Work platforms clear
- Platforms trip free
- Planks tied down
- Headroom clear
- Ties/bracing adequate

14. Ladders

- Good condition
- Secured top and bottom
- Stays to step ladders
- Working 2 steps down

15. Fall hazards

- Floor edges *Floor openings*
- Lift shafts *Stairs*

Site inspection checklist - Remedial Action Required

Item	Comments/Action Description	Person to Action	Complete

Date: | Company | Site Name | After start | Onsite

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 or observer), description of accident/incident/near miss, 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 ◯ Yes ◯ N/A Corrective action ◯ Yes ◯ N/A Update/ review hazard register ◯ Yes ◯ N/A Review hazard register ◯ Yes ◯ N/A	◯ Yes ◯ N/A	◯ Yes ◯ N/A	◯ Yes ◯ N/A	
		First aid ◯ Yes ◯ N/A Corrective action ◯ Yes ◯ N/A Update/ review hazard register ◯ Yes ◯ N/A Review hazard register ◯ Yes ◯ N/A	◯ Yes ◯ N/A	◯ Yes ◯ N/A	◯ Yes ◯ N/A	
		First aid ◯ Yes ◯ N/A Corrective action ◯ Yes ◯ N/A Update/ review hazard register ◯ Yes ◯ N/A Review hazard register ◯ Yes ◯ N/A	◯ Yes ◯ N/A	◯ Yes ◯ N/A	◯ Yes ◯ N/A	
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