



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

CONSTRUCTION PROJECT SAFETY PLAN

Introduction

This document is to be completed by the primary contractor and forwarded to the Occupational Safety and Health Office prior to the commencement of works. It must be kept current as part of the project and available to all persons involved, who must understand and comply with its requirements.

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Project Description

Project Name	Demolition and Asbestos Abatement of Derelict Building		
Building Permit #			
Project Start / End dates	Mm/dd/yyyy	Mm/dd/yyyy	
Project Location	#1 Base Gate, Kindley Field, Southside, St. George's		
Project Contacts	Name	Phone Number	Email
Primary Contractor			
Project Manager	Richard Wilson	501-3020	rewilson@gov.bm
Principle Contractors	Name	Phone Number	Email
Demolition and Excavation			
Asbestos Abatement			



Project Controls			
Controls	Applicable	N/A	Action If Applicable
Demolition Procedures and additional information as appropriate			Attach demolition plan
Traffic Control Flaggers/lane closure or access restricted			Attach traffic control plan, including diagram, identifying how flaggers will be used and specifying signage, clothing, and illumination as appropriate
Environmental Protection Potential for spills			Describe what release might be anticipated and how mitigation will occur. Describe:
Dust Control Sheet rock, soil, asbestos, etc			Describe how dust control is managed throughout project and identify what type of dust and any special monitoring/equipment that will occur. Describe:
Controls	Applicable	N/A	Action If Applicable
Barricades/Signage Powder actuated tools, lasers, construction site, danger tape, caution tape, fencing, hole and wall openings, trenches			Describe what signage will be used and where it will be location. Describe:



<p>Material/Equipment Stage Location for materials, location for contractors vehicles</p>			<p>Describe what signage will be used and where it will be located. Describe:</p>
<p>Waste Disposal General debris, recycled materials, contaminated and hazardous wastes</p>			<p>List wastes that will be generated while working at the project and determine location and size of debris boxes/recycling container, or how waste materials are to be managed. List:</p>
<p>Control of Hazardous Energy Radiation controls: shielding, monitoring; lock out/tag out: electrical, chemical, pneumatic, pressure, thermal, mechanical</p>			<p>Describe how hazardous energy is controlled throughout the project: identify what type of energies and any special monitoring/equipment that will occur/be used. Describe:</p>
<p>Emergency Response</p>			
<p>Accident /injury Response Trained responders, first aid supplies, etc</p>	<p>List method of notifying EMS and what onsite resources are available. This might include first aid kits, fire extinguishers, trained responders etc. List:</p>		
<p>Fire Protection/Prevention Building fire systems coordination, hot work, general construction, storage of flammable materials</p>	<p>List any combustible/flammable materials used and how they will be managed. List:</p>		



<p>Evacuation Assembly areas, egress routes</p>	<p>Identify under what conditions evacuation of the immediate work site would occur. List:</p> <p>Specify who can issue evacuation notice or how evacuation will occur. List:</p> <p>List where assembly exists are located and who will be responsible for ensuring head count and accountability exists. List:</p> <p>Provide explanation or diagram.</p>
<p>Hazardous Materials Release Spoil piles, chemicals brought onsite, vehicles, product transfer, asbestos, etc</p>	<p>Describe what hazardous materials will be brought onsite or what may be generated as part of the work process. Describe:</p> <p>Attach current MSDS for all materials brought onto project. Include methods to control release, spills, off gassing or other unwanted exposures to work crew.</p>
<p>Other</p>	<p>List any other emergency procedures that pertain to the type of work being done that are not covered under the above categories. List:</p>



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Plan Review			
Position	Name (Print)	Signature	Date (mm/dd/yyyy)
Primary Contractor			

- FOR OFFICIAL USE ONLY -			
	Name (Print)	Signature	Date (mm/dd/yyyy)
Reviewed by			
Follow-up Action	YES	NO	