

ACC CONTRACTOR SAFE WORK PLAN

Project Name: _____

Company Name: _____

Project Number: _____

Contractor's Project Manager: _____

Phone # _____

1. Scope of Work	
Scope of Work and Major Tasks	
Project Location <small>Provide as much detail as possible</small>	
Contractor's Supervisor (at project location) Phone Number	
Subcontractors and their scope of work	
Equipment involved:	
Dates of the work:	
What are the major hazards associated with each definable work activity?	<p>Work Activity:</p> <p>Hazard(s):</p> <p>Safe Work Practices or Procedures relevant to this Activity:</p>

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1. Scope of Work	
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	<p>Work Activity:</p> <p>Hazard (s):</p> <p>Safe Work Practices or Procedures relevant to this Activity:</p>
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2. Emergency Contacts	
Fire	Contact Campus Police Dispatch at 223-7999 or 222 from an ACC phone
Police	Contact Campus Police Dispatch at 223-7999 or 222 from an ACC phone
Medical	Contact Campus Police Dispatch at 223 -7999 or 222 from an ACC phone
Nearest Hospital	Name: Phone Number:
Directions to Nearest Hospital (Map Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO)	
Emergency Evacuation Rally Point (Map Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO)	
ACC Project Manager	XXXXXXXX
ACC Environmental Health Safety & Ins. Director	Becky Cole 223-1015 (office), 849-5537 (d/p)

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3. Training Requirements and Qualifications	
All personnel	
Subcontractors	
Other (i.e. Task/Area Specific Requirements)	

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

5. Safety Equipment Required to Complete Work	
Activity	Equipment

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6. Other Control Measures Identified are:	
Hazard	Control Measure

7. Control Measures to Protect Other Workers/Public:	
Hazard	Control Measure

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.

Person drafting this Safe Work Plan:

Name	Title	Date
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Contractor's Project Manager Approval:

Name	Title	Date
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Contractor's Safety Representative

Name	Title	Date
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This Safe Work Plan does not in anyway replace the Contractor's responsibilities under the Workplace Safety & Health Act and Regulations, or the Criminal Code to ensure Health and Safety Programs are in place to protect workers and members of the public from potential hazardous conditions on the job.

This Safe Work Plan will be used by the ACC to monitor contractor safety practices on site.