

SECTION 1 - PROJECT DESCRIPTION & EMERGENCY CONTACTS			
Contract / Purchase Order Number	Enter contract and/or purchase order number		
Project Start / End Dates	Start:	Complete:	
Project Location	Enter the work location(s) at The City		
Scope of Work	Enter breakdown and description of work activities		
A map of Emergency Assembly Points and Hospital Route is attached to the back of this Project Plan and shall be posted at the work site.			
FOR ALL EMERGENCIES CALL:			
City of Calgary Emergency Contact number: 9-1-1 and 3-1-1 from a cell phone			
For all serious incidents as defined under <i>Alberta Occupational Health & Safety Act</i> , contact Alberta OHS at 1-866-415-8690. The following personnel MUST be immediately contacted upon scene stabilization:			
Project Personnel	Name	Phone Number(s)	Email
The City Project Manager	Enter the name of The City Project Manager	Enter number: xxx-xxx-xxxx	Enter: user@calgary.ca
The City Project Health & Safety Representative	Enter the name of The City Project Health and Safety Representative	Enter number: xxx-xxx-xxxx	Enter: user@calgary.ca
OTHER CONTACT INFORMATION			
Contractor Project Manager	Enter the name of Contractor Project Manager	Enter number: xxx-xxx-xxxx	Enter: user@domain
Contractor Site Supervisor Shift Cycle #1	Enter the name of Contractor Site Supervisor	Enter number: xxx-xxx-xxxx	Enter: user@domain
Contractor Site Supervisor Shift Cycle #2 (if applicable)	Enter the name of Contractor Site Supervisor	Enter number: xxx-xxx-xxxx	Enter: user@domain
Contractor Site Supervisor Shift Cycle #3 (if applicable)	Enter the name of Contractor Site Supervisor	Enter number: xxx-xxx-xxxx	Enter: user@domain
Contractor Health & Safety Representative **	Enter the name of Contractor Health & Safety Representative	Enter number: xxx-xxx-xxxx	Enter: user@domain
Subcontractors - Company Name	Name of Designated Safety Representative **	Phone Number	
Enter Subcontractor company name	Enter name of individual**	Enter number: xxx-xxx-xxxx	
Enter Subcontractor company name	Enter name of individual**	Enter number: xxx-xxx-xxxx	
Enter Subcontractor company name	Enter name of individual**	Enter number: xxx-xxx-xxxx	
HEALTH & SAFETY PLAN REVIEWS			
Reviewed & Approved by: (Contractor)	Health & Safety Plan (HSP) Reviewed & Accepted by: (THE CITY)	Health & Safety Plan (HSP) Reviewed & Accepted by: (THE CITY)	
Enter name of Contractor - Company Officer YYYY-MM-DD	Enter name of The City Project Manager or designee YYYY-MM-DD	Enter name of The City Project Health and Safety Representative YYYY-MM-DD	
<i>Signature and date</i>	<i>Signature and date</i>	<i>Signature and date</i>	

SECTION 2 - ACKNOWLEDGMENT of PRE-QUALIFICATION AND AWARENESS

Option 1: As a Contractor to The City, you as an employer, and your workers, must meet the requirements of the Alberta Occupational Health and Safety Act, Regulation and Code. Meeting requirements in the HSP, work procedures, and Field Level Hazard Assessments (FLHA) is the responsibility of all employers and workers on the project site.

Option 2: As the Contractor agrees to perform the role of Prime Contractor on behalf of The City as the owner, the Contractor must ensure all employers, workers, and visitors within the work site or in proximity to the work, those groups that may be impacted by the work activities, meet the requirements of the Alberta Occupational Health and Safety [Act](#), [Regulation](#) and [Code](#).

Pursuant to the provisions of the Alberta Occupational Health and Safety Act, and the Agreement entered into between The City of Calgary and the Contractor, the Contractor's Authorized Representative hereby acknowledges the Contractor will act in the role of designated Prime Contractor for Safety for the Project Site, on behalf of The City of Calgary. No change in designation of Prime Contractor is permitted without prior written authorization from The City.

By signing the *Notice of Acknowledgement of Prime Contractor for Safety Designation (X711)*, the Contractor agrees to actively manage, coordinate and monitor the work conducted at the Project site to ensure all requirements of the Alberta Occupational Health and Safety Act, Regulation and Code are met. Completion of this Notice must be done prior to the actual commencement of the Work and a copy of the completed X711 must be posted on the Project Site.

Acknowledgment	I, (the author of this HSP), certify that a Notice of Acknowledgement of Prime Contractor for Safety Designation (X711) has been signed and approved by the Contractor and The City.	Yes	No	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: If The City is maintaining Prime, check "N/A"				

SECTION 3 - JOINT WORK SITE HEALTH AND SAFETY COMMITTEE (JWHSC) OR HEALTH AND SAFETY REPRESENTATIVE

JWHSC: Yes No

Health and Safety Representative: Yes No

Representative Name:

List name of Chair and Co-Chair of JWHSC or name of Health and Safety Representative

Project Duration: <90 days >90 days

Number of workers on site: 1-4 5-19 20+

SECTION 4 - SAFETY ORIENTATIONS, MEETINGS AND INSPECTIONS

Safety Orientations:

What are the requirements, frequency and who will participate?

Safety Meetings:

What are the requirements, frequency and attendance of safety meetings on the project for The City?

Safety Inspections:

What are the requirements, frequency and involvement of the regular site inspections during this project for The City?

Refer to the *Standard General Conditions and Special Conditions* for additional information and requirements.

SECTION 5 – PROJECT CHARACTERIZATION		
Identify the project’s Definable Work Activities.		
(e.g., mobilization, excavations, concrete, structural steel erection, dry-walling, electrical install, painting, roofing, landscaping, etc.)		
Mobilization (-describe as necessary)		Anticipated Start Date
Enter Activity		Anticipated Start Date
Enter Activity		Anticipated Start Date
Enter Activity		Anticipated Start Date
Enter Activity		Anticipated Start Date
Enter Activity		Anticipated Start Date
Enter Activity		Anticipated Start Date
Enter Activity		Anticipated Start Date
Check all of the hazards/activities below that apply to this Project.		
Yes	No	Hazard/Activity with project-specific health and safety plan control measures.
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous material use, alteration, removal or storage (E.g.: Asbestos, silica, lead)
<input type="checkbox"/>	<input type="checkbox"/>	Blocking Exits or Exit Pathways
<input type="checkbox"/>	<input type="checkbox"/>	Building surface penetration
<input type="checkbox"/>	<input type="checkbox"/>	Confined spaces
<input type="checkbox"/>	<input type="checkbox"/>	Crane Use
<input type="checkbox"/>	<input type="checkbox"/>	Discharges to sanitary/stormwater system will occur – A Stormwater Drainage Permit will be required – ECO Plan required
<input type="checkbox"/>	<input type="checkbox"/>	Energized electrical work, and/or arc-flash
<input type="checkbox"/>	<input type="checkbox"/>	Excavation – An Excavation Permit is required to break or dig into the surface of a City of Calgary road right-of-way
<input type="checkbox"/>	<input type="checkbox"/>	Explosives
<input type="checkbox"/>	<input type="checkbox"/>	Falls from elevation and working at heights > 3 metres or < 3 metres when a unique hazard is present (e.g.: vertical/unprotected rebar, water hazard, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Fire protection system outage or modification
<input type="checkbox"/>	<input type="checkbox"/>	Flushing of waterlines, storm/sanitary lines, fire suppression systems or fire hydrants will be performed – A Stormwater Drainage Permit will be required – ECO Plan required
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waste Storage or generation on construction site – ECO Plan required
<input type="checkbox"/>	<input type="checkbox"/>	Hoisting/Rigging
<input type="checkbox"/>	<input type="checkbox"/>	Hoarding Permit – Required to occupy space on City owned right-of-way (i.e. alley, sidewalk, boulevard, and street) for the purpose of storing building materials and equipment (i.e. cranes, concrete trucks, forklifts, material delivery vehicles) around a construction site
<input type="checkbox"/>	<input type="checkbox"/>	Hot work
<input type="checkbox"/>	<input type="checkbox"/>	Lasers (Class 3B and 4)
<input type="checkbox"/>	<input type="checkbox"/>	Isolation of Hazardous Energy
<input type="checkbox"/>	<input type="checkbox"/>	Night work and/or poor lighting conditions
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor work to be performed between mid-March and mid-September
<input type="checkbox"/>	<input type="checkbox"/>	Pesticides and/or herbicides use, and/or storage on site
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive materials or Ionizing radiation-generating devices
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding/working from heights > 3 metres, or < 3 metres when a unique hazard is present (e.g.: vertical/unprotected rebar, water hazard, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel Erection
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control – Apply for Street Use Permit when impacting City roadways and walkways
<input type="checkbox"/>	<input type="checkbox"/>	Excavation near Underground Utilities
<input type="checkbox"/>	<input type="checkbox"/>	Shift work required
<input type="checkbox"/>	<input type="checkbox"/>	Wetlands, drainage channels, streams, groundwater seeps occur within construction site – ECO Plan required
<input type="checkbox"/>	<input type="checkbox"/>	Violence/harassment at the worksite
<input type="checkbox"/>	<input type="checkbox"/>	Other concerns:

SECTION 6 – REQUIRED TRAINING/QUALIFICATIONS

Training Records Location:

Identify Site Supervisor certification/competency

Identify where you will maintain training/certification records related to your project for The City

Identify the hazard/activities involved on your project which have competence-based requirements:

Yes	No	Activity	Certification Requirements	Competent Person(s)
<input type="checkbox"/>	<input type="checkbox"/>	Hazard Materials Safe Handling and Use Activities		
<input type="checkbox"/>	<input type="checkbox"/>	Aerial Lift Operation		
<input type="checkbox"/>	<input type="checkbox"/>	Crane Operation		
<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry		
<input type="checkbox"/>	<input type="checkbox"/>	Energized Electrical Work		
<input type="checkbox"/>	<input type="checkbox"/>	Excavation		
<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection Equipment		
<input type="checkbox"/>	<input type="checkbox"/>	Forklift Operation/Powered Industrial Truck Use		
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Operation (Keep Safety Fitness Certificates on all NSC* vehicles) List equipment to be used:		
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Vehicle Operation (Keep Safety Fitness Certificates on all NSC* vehicles) List equipment to be used:		
<input type="checkbox"/>	<input type="checkbox"/>	Working from heights		
<input type="checkbox"/>	<input type="checkbox"/>	Isolation of hazardous energy – working with energy and/or arc-flash		
<input type="checkbox"/>	<input type="checkbox"/>	Noisy Operations requiring Hearing Conservation training		
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding Erection, Use		
<input type="checkbox"/>	<input type="checkbox"/>	Hot work		
<input type="checkbox"/>	<input type="checkbox"/>	Lasers		
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Materials / Ionizing radiation generating devices		
<input type="checkbox"/>	<input type="checkbox"/>	Other: (List...)		

*NSC – National Safety Code

SECTION 7 - WHMIS and GHS*

MSDS and/or SDS Location:

Identify where you will maintain your hazardous and controlled products list, and the MSDSs and/or SDSs at the project for The City.

Method of notifying affected The City employees:

If the chemicals being used on the project may affect The City employees, other employers, or other subcontractor employees, describe the method that will be used to manage the hazards and notify the groups of them.

SECTION 8 - PROJECT SUPPORT FEATURES, SITE CONTROL & LOGISTICS	
Check all of the following facilities and equipment that are required for safe completion of work. *See ECO Plan	
Facility/Equipment	Description
<input type="checkbox"/> Project Office	Describe office to be used (room/trailer, location, etc.)
<input type="checkbox"/> Materials Receiving Location	Describe (location, size, delivery times, etc.)
<input type="checkbox"/> Materials Storage Location	Describe (location, etc.)
<input type="checkbox"/> Portable Restrooms/wash stations	Describe (number, location, etc.)
<input type="checkbox"/> Supplementary Illumination	Describe Supplementary Illumination (Type(s), indoor/outdoor, distribution, etc.)
<input type="checkbox"/> Emergency Eyewash/Shower	Describe (type, location, distribution, etc.)
<input type="checkbox"/> First Aid Supplies	Describe (type, size, location, etc.)
<input type="checkbox"/> Fire Extinguishers	Describe (type, size, location, etc.)
<input type="checkbox"/> Hazardous Material Storage*	Describe (materials, amounts, location, etc.)
<input type="checkbox"/> Spill Containment/Clean-up*	Describe (materials, location, etc.)
<input type="checkbox"/> Other: Enter Other Type	Describe item, location, number, etc.
<input type="checkbox"/> Other: Enter Other Type	Describe item, location, number, etc.

Site Control / Logistics	
Task / Location	Specify your task-specific site control/access control measures below.
Enter work task and location	Enter specific site/area control procedure
Enter work task and location	Enter specific site/area control procedure
Enter work task and location	Enter specific site/area control procedure
<input type="checkbox"/> Check here if you are ALSO attaching additional site control / logistics documentation for your activities. Additional documentation is attached in Appendix #____	
<input type="checkbox"/> Check here if you are ALSO attaching an ECO Plan for your activities. ECO Plan is attached in Appendix #____	

*WHMIS – Workplace Hazardous Materials Information System
 GHS – Globally Harmonized System of Classification and Labelling of Chemical
 ECO Plan – Environmental Construction Operations Plan

SECTION 9 - PLAN ATTACHMENTS	
For each activity or hazard checked in Section 5, list and attach your additional corporate, site- or project-specific programs/plans.	
Attachment	Reference Procedure or Program
#	List Reference Procedure or program
#	List Reference Procedure or program
#	List Reference Procedure or program
#	List Reference Procedure or program

SECTION 10 - ACTIVITY HAZARD ASSESSMENT
Complete an Activity Hazard Assessment (HA) for each of your project's Definable Activities
Note: A completed, signed Hazard Assessment must be submitted to THE CITY PROJECT MANAGER for review prior to the start of the project or upon request, in order to proceed.

Hazard Assessment Activity Tracking Table				
(reference and attach other documents if there are other hazard assessment documentation for the project)				
1	Enter Activity Anticipated Start Date	Responsible contractor	HA Submittal Date	Date HA accepted by The City
2	Enter Activity Anticipated Start Date	Responsible contractor	HA Submittal Date	Date HA accepted by The City
3	Enter Activity Anticipated Start Date	Responsible contractor	HA Submittal Date	Date HA accepted by The City
4	Enter Activity Anticipated Start Date	Responsible contractor	HA Submittal Date	Date HA accepted by The City
5	Enter Activity Anticipated Start Date	Responsible contractor	HA Submittal Date	Date HA accepted by The City
6	Enter Activity Anticipated Start Date	Responsible contractor	HA Submittal Date	Date HA accepted by The City
#	(Add others as necessary)			



ACTIVITY HAZARD ASSESSMENT

(Project Name)	HA #: (Number)
----------------	----------------

Activity Hazard Assessment Reviews

Reviewed & Approved by: (Contractor - Project Manager)	Reviewed & Approved by: (Contractor - Project Superintendent)	Reviewed & Approved by: (Contractor - Safety Representative)
Enter name of Contractor - Project Manager YYYY-MM-DD <i>Signature and date</i>	Enter name of Contractor - Project Superintendent YYYY-MM-DD <i>Signature and date</i>	Enter name of Contractor - Safety Representative YYYY-MM-DD <i>Signature and date</i>
<i>All signature blocks completed indicate authorization to perform THIS work.</i>		

Drawings Attached: Yes No

Definable Work Activity: Enter Activity Title	Revision: Enter revision number or Date
--	--

Work Task	Potential Hazard(s)	Hazard Assessment Rating	Control Measure(s), Required Training, The City-required Permits or Plans, and Competent Person(s)

HA REVIEW/PRE-JOB MEETING ATTENDANCE ROSTER

By signing below, I agree to the following:

- I agree to follow the work steps and implement the controls as written.
- I agree to stop work when conditions or hazards change or when I encounter unexpected conditions during the execution of work, or when work cannot be performed as written, or instructions become unclear during execution.
- I confirm that I am authorized, qualified and fit to perform the work.

Worker (Print / Sign / Date) Worker name YYYY-MM-DD	Worker (Print / Sign / Date) Worker name YYYY-MM-DD
--	--



Worker (Print / Sign / Date) Worker name YYYY-MM-DD	Worker (Print / Sign / Date) Worker name YYYY-MM-DD
Worker (Print / Sign / Date) Worker name YYYY-MM-DD	Worker (Print / Sign / Date) Worker name YYYY-MM-DD
Worker (Print / Sign / Date) Worker name YYYY-MM-DD	Worker (Print / Sign / Date) Worker name YYYY-MM-DD

SECTION 11 - INCIDENT REPORTING AND MANAGEMENT

Provide a program/plan that addresses procedures for managing and reporting incidents

SECTION 12 - EMERGENCY PREPAREDNESS AND RESPONSE

Provide a program/plan that addresses preparedness and response for potential emergencies, including

- identification of potential emergencies
- emergency response personnel, roles and responsibilities, contact information
- emergency communication
- other resources available (fire department, police, hospitals, air transport vendors etc.)
- emergency equipment (identification, location and operational procedures)
- emergency response procedures
- emergency response training
- evacuation and rescue
- fire protection
- first aid services
- map showing project office, trailers, equipment, material drop-off and storage locations
- response plan (activation, mobilization)

Emergency Preparedness and Response plan is attached in Appendix # _____

Provide Emergency Assembly Points and Medical Map

Project Emergency Contacts (X712) completed and posted onsite

Personal information is being collected and used for the purpose of facilitating compliance with the Alberta Occupational Health and Safety Act, Regulations and Code and The City of Calgary's Occupational Health and Safety Policy. This information is being collected and used pursuant to section 33 of the Freedom of Information and Protection of Privacy Act and sections 3 to 13 and 23 of the Occupational Health and Safety Act of Alberta. If you have any question about the collection and use of your personal information, please contact the Leader, Strategic OH&S, The City of Calgary, P.O. Box 2100, Station M, #8020, Calgary, AB T2P 2M5 / 403-268-6710.



(Project Name)
Emergency Assembly Points and Medical Map