

Contractor Work-Site Safety Planning Package

Introduction:

The Atlas Machine and Supply, Inc. Project Coordinator shall complete this method statement along with the entire project team, regarding all client/contractor work-site activities, which outlines the work to be undertaken and the method(s) for preventing injury and maintaining compliance with safety regulations.

Client/Contractor Information:

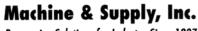
Client/Contractor:	
Contact:	
Phone Number:	
Fax Number:	
E-Mail:	
Atlas Project Lead:	
Job Number:	
Start/End Date:	
Job Description	

Safety Metrics (Last 3 calendar years.)

These items may be found on your OSHA 300/300A Forms or from your WC insurance carrier.

	Hours Worked	Deaths (G)	Days away from Work (H)	Job Transfer or Other Recordable (I/J)	Total Number of Days Away (K)	Total Number of days of Job Transfer or Restriction	TRIR	LTR	EMR
20						(L)			
20									
20									





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Work Method Statement:

Respond to the following questions: [use additional space where required]

This method statement must be completed, signed, and returned to the EHS Director before work commences.

Work Description

Briefly describe the work to be performed on-site.

Aerial Lift Will the work you perform require the use of an aerial lift? □YES IF YES, how will the risk for a fall be eliminated or greatly minimized?	
Chemicals Will the work to be performed require the use of chemicals? YES IF YES, what precautions will be taken to ensure the safe handling of chemicals and com	pressed gases to prevent injury?
Confined Space Will the work you perform require entry into a confined space? □YES □NO IF YES, what precautions will be taken to ensure that the space is safe and that risk of inj	ıry is minimized?
Hazardous Energy Will the work you perform involve hazardous energy? ☐YES ☐NO IF YES, explain how all energy sources will be controlled to prevent injury:	



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□YES □NO

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Fall Protection

Will the work you perform create an opportunity for a fall? IF YES, how will the risk for a fall be eliminated or greatly minimized?

Forklift

Will the work you perform require the use of a forklift? IF YES, what precautions will be taken to prevent injury?

□YES □NO

Hand and Portable Power Tools

Will the work you perform require the use of hand and portable power tools? IF YES, describe the precautions that will be taken to prevent injury:

Lifting and Rigging

Will the work you perform require rigging and lifting?	□YES □NO
IF YES, Describe the precautions that will be taken to rig	and lift in such a way that the objects being lifted cannot fall:

Overhead Crane and Hoists

Will the work you perform require the use of overhead cranes, hoists, or other types of lifting equipment?

□YES □NO





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Personal Protective Equipment

What PPE will be worn to protect all employees from injuries to the head, eyes, hearing, face, respiratory system, hands, and feet?

Welding, Cutting, and Brazing (Hot Work)

Training

Your employees should be trained on the proper handling of materials and equipment, and the proper response to incidents involving these materials. Describe the training your employees have received:

Other

Are there any other ways in which your work could create an opportunity for injury?	
f so, please describe below.	

Other

Describe methods to prevent injury to those not involved in the work such as other employees, visitors, contractors, etc.

Contractor Signature:	Date:	
Approval Certification Signature: (Atlas Project Lead or Safety)	Date:	