



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

Project Name: _____

Tracs Number: _____

Project Location: _____

A copy of the contractors written company safety program, including a site specific safety plan, shall be provided as required by the Standard Specifications for Road and Bridge Construction. This checklist is a tool for the supervising engineer or project manager to evaluate the contractor's site specific programs.

For all projects:

For any No responses, the contractor is to submit additional information to satisfy the engineer.

Contact information	
<input type="checkbox"/> Yes <input type="checkbox"/> No	On-site safety supervisor/responsible person identified for project Name provided on contact sheet Contact information, including 24 hour phone provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corporate safety manager/responsible person Name of corporate safety person provided on contact sheet Contact information provided

Comments: _____

Emergency response plan	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List of emergency phone numbers provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of nearest medical facility identified
<input type="checkbox"/> Yes <input type="checkbox"/> No	Method to provide first aid supplies and trained personnel identified

Comments: _____

Safety training and education program	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Will the contractor have a site orientation for workers
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Description of OSHA 10/30 hour, SSTA, or other training for key employees
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Jobsite safety meetings will be conducted

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

Fire prevention/protection program	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking policy provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Housekeeping and jobsite inspection plan provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure for issuing hot work permits For activities such as welding, cutting, and grinding performed in areas other than designated control areas
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is fire fighting equipment provided on the project For example: Fire extinguishers, water drums, water canons on water trucks, etc

Comments: _____

Personal Protective Equipment (PPE)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of required PPE for project. (Hard hats, high visibility apparel, work boots, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of specific PPE for unique hazards (noise, chemicals, respirators, etc)

Comments: _____

Incident reporting	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure to notify ADOT of recordable or fatal injuries included
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure to notify ADOT of incidents involving the public included

Comments: _____

OSHA and regulatory inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure for managing unplanned OSHA or regulatory inspections
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure includes notification to ADOT when inspectors arrive
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor will notify ADOT when any actions are settled or corrective actions implemented.

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

Accident Prevention Program

Indicate those subject areas that are relevant to the project by indicating Yes or N/A (not applicable). It is expected that not all subject areas will be relevant for all projects. If a subject is relevant, then review the submitted safety plan to determine if the contractor has provided the necessary detail.

For any No answers, request additional information from the contractor. The contractor may specify a specific paragraph(s) or section(s) of their company safety plan that would be applied to the subject, or can prepare supplemental plans as needed to satisfy the engineer.

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Fall protection plan	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Qualified person identified to oversee fall protection program, list of qualifications provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of key fall hazards and work procedures is provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of inspection procedure and documentation for job made ladders

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Sanitation program	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Means to provide potable water identified
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toilet facilities will be provided

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Site security	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan for securing the project from unauthorized people or vehicles
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan for preventing vandalism or theft

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Trenching and excavations	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Competent person identified and a statement of qualifications provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of how the contractor will document daily inspections
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of specific security measures in compliance with Road and Bridge Construction Specification 72" chain link fencing Steel plate covers Other specific plan provided for RE review and approval
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location identified where tabulated data for trench boxes / shoring will be kept

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION

SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST



<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Scaffolding (Temporary platforms including temporary decking between bridge beams)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site specific safety plan provided for engineer review
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Competent person identified and a statement of qualifications provided
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of how the contractor will document daily inspections
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of how the contractor will provide training to any worker who will enter the scaffold is provided (including ADOT inspectors)

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	False work (structural support system)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of the method of work provided
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard assessment will be completed before work commences, includes the work crew
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of method to secure area underneath false work during work activity including that non-essential work is not to take place in secured area
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of training that will be provided to work crew and other site workers
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Qualified person to oversee work activity identified and a statement of qualifications provided
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of how the contractor will document daily inspections

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Equipment operations	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure and documentation for inspecting equipment before use on the project
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Forklift operator certification – description of how operators are documented (card, roster, etc)

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Earth moving equipment	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Haul roads – how will traffic pattern be communicated
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dust control procedure to prevent hazard to traffic included

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Cranes:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crane operator, Riggers, and Signal Persons identified and qualifications provided, Description of communications systems provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location identified where crane and rigging inspection reports will be kept
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Critical lift criteria identified and procedure for lift plan documented
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure for evaluating the stability of ground conditions and underground utilities is provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overhead utilities on the project are clearly identified and the procedure for working around the overhead utilities is provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Personnel hoisting plan and procedures provided. (Personnel basket)

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Bridge beams	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic control plan for truck haul operations provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan to block and secure beams as they are installed is provided.

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Traffic control	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	How certified flaggers will be documented is provided
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Name and statement of qualifications for traffic control supervisor provided
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Description of maintenance plan for traffic control devices, including those left unattended
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Procedure identified for 24 hour emergency vehicle access onto and through project

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Hazard communication:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	List of chemicals that will be used on the project provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location where SDS will be kept identified
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedures for chemical delivery, storage and spill control identified

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

<input type="checkbox"/> Yes <input type="checkbox"/> No	Radiological equipment will be used on the site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Radiation safety officer identified and statement of qualifications provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure to secure devices described in program

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos containing materials will be handled, abated or installed on the project.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure to notify workers of the presence or location documented
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control plan submitted to Environmental Services and Safety Section for review

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead based materials will be handled, abated or installed on the project.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure to notify workers of the presence or location documented
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control plan submitted to Environmental Services and Safety Section for review

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Control of Hazardous Energy (lock out/tag out)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of how program will be implemented included
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any energized work to be performed (JSA or safety procedure provided)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Arc flash program required

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Confined spaces	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Known confined spaces identified	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Competent person identified and statement of qualifications provided	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of how the contractor will document daily inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of training for any worker who will enter a confined space	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of permit/checklist program and an emergency rescue plan provided	

Comments: _____

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Subcontractors	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Subcontractor activities and hazards are addressed in the general's safety plan or,	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	General contractor will review and pass through a subcontractors safety plan	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Competent person identities and qualifications included where required	
<input type="checkbox"/> Yes <input type="checkbox"/> No	General contractor provided a letter stating that they have reviewed and accepted the subcontractor's safety plan	

Comments: _____



ARIZONA DEPARTMENT OF TRANSPORTATION



SITE SPECIFIC SAFETY PLAN REVIEW CHECKLIST

Special Hazards		
For each area that applies to the project, indicate if a site specific plan is attached (Yes) or contractor needs to provide one (No)		
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work over or adjacent to water
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial diving
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Canals or other unusual structures
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coffer Dams or other similar structures
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Buried gas/fuel/chemical pipes
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fiber optic lines
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Overhead electrical or power transmission lines
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rail roads or other unusual traffic
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	High wall, scaling, or any other unusual elevated hazards
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underground construction
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting/use of explosives
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	On-site living quarters for workers Provide security, sanitation, weapons and alcohol policies
<input type="checkbox"/> Applies <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

Comments: _____

Engineer shall review safety documents submitted, then sign below to acknowledge review of both the company safety program and project site specific safety plans. The Contractor shall modify or provide additional information for their safety plan if indicated for re-submittal to the Engineer. Review by the Engineer is not intended to ensure the Contractor is in compliance with OSHA and other regulatory standards, it is the Contractor's responsibility to comply with all rules, laws, and standards that apply to the work. The Contractor shall not commence work until the safety plans have been reviewed and work is authorized by the Engineer.

ADOT Engineer Signature

Print Name

Date