



GOVERNMENT OF BERMUDA

Ministry of Public Works

## CONSTRUCTION PROJECT SAFETY PLAN

### Introduction

This document is to be completed by the primary contractor and forwarded to the Ministry of Public Works, 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.

Office: 297-7651

Email: [dwsimmons@gov.bm](mailto:dwsimmons@gov.bm)

### Project Description

Project Name			
Building Permit #			
Project Start / End dates	Mm/dd/yyyy	Mm/dd/yyyy	
Project Location			
<b>Project Contacts</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>
Primary Contractor			
Project Manager			
<b>Principle Contractors</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>
Excavation			
Structural			
Electrical			
Mechanical			
Roofing			
Others			



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<b>Project Controls</b>			
Controls	Applicable	N/A	Action If Applicable
<b>Demolition</b> Procedures and additional information as appropriate			Attach demolition plan
<b>Traffic Control</b> 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
<b>Environmental Protection</b> Potential for spills			Describe what release might be anticipated and how mitigation will occur. Describe:
<b>Dust Control</b> 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:



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Controls	Applicable	N/A	Action If Applicable
<b>Barricades/Signage</b> 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:
<b>Working at Heights</b> Provision and use of fall protection equipment and measures to eliminate/reduce the occurrence falls (persons or materials).			Describe how fall hazards will be controlled throughout the project. Identify the active and passive fall systems to be utilized.
<b>Material/Equipment Stage</b> Location for materials, location for contractors vehicles			Describe what signage will be used and where it will be located. Describe:
<b>Waste Disposal</b> General debris, recycled materials, contaminated and hazardous wastes			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:
<b>Control of Hazardous Energy</b> Radiation controls: shielding, monitoring; lock out/tag out: electrical, chemical, pneumatic, pressure, thermal, mechanical			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:



Emergency Response	
<b>Accident /injury Response</b> Trained responders, first aid supplies, etc	List method of notifying EMS and what onsite resources are available. This might include first aid kits, fire extinguishers, trained responders etc. List:
<b>Fire Protection/Prevention</b> Building fire systems coordination, hot work, general construction, storage of flammable materials	List any combustible/flammable materials used and how they will be managed. List:
<b>Evacuation</b> Assembly areas, egress routes	Identify under what conditions evacuation of the immediate work site would occur. List:  Specify who can issue evacuation notice or how evacuation will occur. List:  List where assembly exists are located and who will be responsible for ensuring head count and accountability exists. List:  Provide explanation or diagram.



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<b>Hazardous Materials Release</b> Spoil piles, chemicals brought onsite, vehicles, product transfer, asbestos, etc	Describe what hazardous materials will be brought onsite or what may be generated as part of the work process. Describe:  Attach current MSDS for all materials brought onto project. Include methods to control release, spills, off gassing or other unwanted exposures to work crew.
<b>Other</b>	List any other emergency procedures that pertain to the type of work being done that are not covered under the above categories. List:

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	