

Island Installations Inc.

Safe Work Plan

Project Name:		Project Number:	
		Contractor Project #:	
Project Fabricator:			
Project Manager:			
Contact Email and Phone number:			
General Contractor:			
Superintendent:			
Contact Email and Phone number:			
Other: Site PM			
HSE:			

Note: Prior to start of task, this safe work plan will be reviewed with all workers to ensure the complete understanding of the tasks required for the project, their hazards and the controls to be used to eliminate or minimize the potential risks. By signing the attached sheet; workers are agreeing to not deviate from this plan unless changes are required and approved by the supervisor and Island Industries Safety Coordinator. At all times will workers follow all applicable Occupational Health and Safety requirements, Island Industries safety policies and client or General Contractor safety programs.

Scope of work: .

Project Description	
Project Location	
On site Management/Foreman	
Subcontractors/ Tasks	
Specialty Equipment	
Projected Dates	

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Step One:

What are the foreseen potential hazards associated with this activity?	
What Safe Work Practices, Procedures and controls will be implemented?	

Step Two:

What are the foreseen potential hazards associated with this activity?	
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What Safe Work Practices, Procedures and controls will be implemented?	
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Step Three:

What are the foreseen potential hazards associated with this activity?	
What Safe Work Practices, Procedures and controls will be implemented?	

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Step Four:

What are the foreseen potential hazards associated with this activity?	
What Safe Work Practices, Procedures and controls will be implemented?	

Step Five:

What are the foreseen potential hazards associated with this activity?	
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What are the foreseen potential hazards associated with this activity?	
What Safe Work Practices, Procedures and controls will be implemented?	

Step Six:

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What Safe Work Practices, Procedures and controls will be implemented?	
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Step Seven:

What are the foreseen potential hazards associated with this activity?	
What Safe Work Practices, Procedures and controls will be implemented?	

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Step Eight:

What are the foreseen potential hazards associated with this activity?	
What Safe Work Practices, Procedures and controls will be implemented?	

Emergency Contact is 911 unless noted below.

Hospital and Clinic	Address	Number

Attach maps to clinic and hospital

This document is to be used in conjunction with the Engineered Erection Procedure, Fall Protection Plan, Emergency Response Plan and Pre- job Plan any site-specific procedures or requirements as well as applicable Safe Work Practices and Procedures (including pertinent PPE requirements) to create an overall safe work site.

Document Approval:		
Name:	Title:	
Name:	Title:	

After site review and acceptance, please sign below:

Name:	Signature:

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