



**HOFFMAN CONSTRUCTION COMPANY  
OF OREGON**

805 SW Broadway, Ste 2100, Portland, OR 97205  
Phone: (503) 221-8811 Fax: (503) 221-8934  
License Number: 28417

**Project Name:**  
**Job Number:**  
Job  
Address:  
Job Phone:

**SUBCONTRACTOR SAFETY PLAN CHECKLIST**

Prior to beginning work on the project the subcontractor is to submit a **DETAILED SITE SPECIFIC SAFETY PLAN** to the Hoffman Project Superintendent. The Site Specific Safety Plan is to be specific, addressing anticipated/potential hazards that will be encountered while performing the contracted work. The plan is to identify the procedures and methods for controlling the project-specific safety hazards identified and **not referenced to your Safety Manual. DO NOT SEND YOUR SAFETY MANUAL.** Material Safety Data Sheets (MSDS) and an **INDEX** of the MSDS's are to be submitted to the Hoffman Project Superintendent when requested. When requested, copies of the subcontractor's safety manual/safety programs are to be submitted to the Superintendent. The below Safety Plan Checklist is to assist the subcontractor in identifying and developing a project – specific safety plan. This checklist is to be submitted to the Hoffman Purchasing department before beginning work.

**Subcontractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Specific Project/Task:** \_\_\_\_\_

**Potential Work Hazards Identified:**

<input type="checkbox"/> Chemical Hazards	<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Confined Space(s)	<input type="checkbox"/> Fall Hazards	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Silica Hazard	<input type="checkbox"/> Machine Guarding	<input type="checkbox"/> Welding/Cutting	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Floor/Wall Openings
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Leading Edge Work	<input type="checkbox"/> Asbestos Hazard	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Material Handling
<input type="checkbox"/> Roofing Hazards	<input type="checkbox"/> Lockout/Tag out	<input type="checkbox"/> Demolition	<input type="checkbox"/> Public Protection	

**PPE Required for Hazards Identified:**

<input type="checkbox"/> Helmet	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Goggles	<input type="checkbox"/> Anchor Devices	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Boots
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Respirator	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Gloves	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Other	

**Other Equipment/Materials/Tools:**

<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Ladders	<input type="checkbox"/> Stairways	<input type="checkbox"/> Hoists	<input type="checkbox"/> First Aid	<input type="checkbox"/> Task Lighting	<input type="checkbox"/> Temp Power	<input type="checkbox"/> Cranes	<input type="checkbox"/> Barricades
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**Permits/Plans Required to Accomplish Project:**

<input type="checkbox"/> CIPP	<input type="checkbox"/> Pre-Task Planning	<input type="checkbox"/> Open Flame Permit	<input type="checkbox"/> Hot Work Permit (Electrical)	<input type="checkbox"/> Chemical Use Plan
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Excavation Permit	<input type="checkbox"/> Fall Protection Plan	<input type="checkbox"/> Hot Work (Welding, etc.)	<input type="checkbox"/> Critical Lift Plan (Cranes)

The Competent Person responsible ON SITE for implementation of this plan is listed below. This individual will be available at all times to monitor work being performed on this project.

Name/Title	Phone: Mobile/Pager/Office	Date
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By submitting this document, I affirm that my personnel have received or will receive the required OSHA safety training prior to performing the work on this project. A detailed site-specific safety plan shall be submitted to the Hoffman Corporate Safety Office prior to work beginning on the project.

Subcontractor's Project Manager	Phone: Mobile/Pager/Office	Date
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**Based on the above Information, the contractor may proceed with their work on this project.**

**COMMENTS: (HOFFMAN SAFETY DEPARTMENT):**

**COMMENTS: (HOFFMAN PROJECT SUPERINTENDENT):**

Received By: Hoffman Project Superintendent	Date
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**Note: Additional specific safety plans may be required as noted in the safety manual index.**

**SEND ORIGINAL PLAN TO HOFFMAN CORPORATE OFFICE FOR REVIEW**