

Town of { Insert Town Name }

# *SITE SPECIFIC HEALTH & SAFETY PLAN*

Pickup of Ice Control Materials  
From Department of Transportation and Works Depot

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## EMERGENCY INFORMATION SHEET

**In Case of Emergency Dial 911 or**

Ambulance	{ Insert number }
Fire Department	{ Insert number }
Hospital	{ Insert number }
Poison Control	1-709-722-1110
Department of Environment	1-800-563-2444
ServiceNL OHS Branch	{ Insert number }
Town Office	{ Insert number }

### Project Contact Information

Contact Information	Address & Numbers
Project Location:	Department of Transportation and Works Depot: { Insert TW Depot Address } { Insert Postal Code } Phone #: { Insert TW Depot number } <b>Remember to call 24 hours prior to pick-up</b>
Town Information	Town of {Town Name} { Insert Town address } {Postal Code} Phone # { Insert Town number }
Town Supervisor or Designate Name	{ Insert Supervisor or Designate name }
Town Supervisor or Designate Number	{ Insert Supervisor or Designant number }
Contractor Information	Company: { Insert contractor name } Address: { Insert Contractor Address } {Insert Postal Code} Phone # { Insert Contractor number }
Contractor Supervisor or Designate Name	{ Insert Contractor Supervisor or Designate Name }
Contractor Supervisor or Designate Number	{ Insert Contractor Supervisor or Designate number }

## 1.0 Introduction

This Site-Specific Health and Safety Plan (SSSP) has been prepared to provide the Town of { Insert Town Name }, staff, contractors and sub-contractors retained by the Town of { Insert Town Name } with the necessary information to ensure that all field work associated with the collection of salt and sand at the Department of Transportation and Works Depot are completed in a safe manner in accordance with the Occupational Health & Safety Act & Regulations, CSA Standards, Manufactures Specifications, and Safe Work Procedures set forth by the Department of Transportation and Works and all other applicable legislation and requirements.

As required by the Department of Transportation and Works this SSSP was prepared by the Town of { Insert Town Name } for activities to be completed in conjunction with the pickup of ice control materials for the winter months from the TW Depot.

The specific activities to be conducted by the Town of { Insert Town Name } at the Department of Transportation and Works depot located at { TW Depot Address } worksite for pickup of ice control materials are as follows:

- Before entering a departmental workplace, all visitors shall identify themselves to the workplace supervisor or designate, provide proof of authority to receive materials, and receive permission to enter.
- While on Departmental premises, the visitor is bound by all obligations described under the Occupational Health & Safety Act & Regulations and other requirements stipulated by the Department.
- The workplace supervisor or designate shall review hazard assessments and safety requirements with the visitor.
- Where instructed to do so by a departmental employee or designate, the visitor shall follow specific safe work procedures related to the work being undertaken and the hazards being present.
- Personal protective equipment required by the *Occupational Health and Safety Act and Regulations* or by the Department's Occupational Health and Safety Program or Safe Work Procedures must be worn at all times while at the workplace. Restricted work areas will be identified by appropriate signage, and may require the wearing of protective headgear, high-visibility safety vest, footwear, hearing protection, and eyewear.

The contents of this SSSP are a minimum expectation and shall be exceeded where site specific practice, government regulations or common sense dictates. A fundamental aspect of site safety is awareness and practicality. The Town of { Insert Town Name } and/or its Contractors will have regular communication with the appropriate departmental supervisor or designate within the Department of Transportation and Works personnel, and will be maintained while on the Site.

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## 2.0 REQUIREMENTS FOR THE TOWN OF{ Insert Town Name } EMPLOYEES CONTRACTORS AND SUBCONTRACTORS

Municipal Endorsement approved/passed by council which indicates that all measures are in place to meet Occupational Health and Safety Compliance regarding collection of Ice Control Materials from TW (Appendix A)

### Site Specific Safety Plan – SSSP

This SSSP has been developed specifically for the Pickup of Ice Control Materials from the Department of Transportation and Works Depot. The SSSP will meet or exceed Legislative requirements for municipalities picking up ice control materials from a provincially-owned storage location for the winter of 2016 – 2017.

### Safety Certification Requirements

The Town of { Insert Town Name } and/or contractor shall commit to:

- Contact TW Depot 24 hours prior to entry to collect ice control materials.
- Conduct operations in accordance with the latest edition of the Newfoundland and Labrador Occupational Health and Safety (OH&S) Act and Regulations and other applicable legislation with specific reference to codes and standards referenced therein.
- Prepare a detailed SSSP for the owner pertaining to the pick-up of Ice Control Material from the TW Depot. **This plan shall include but not limited to:**
  - Review and understand Safe Work Practice – Loading salt, Sand and Granular Material (Appendix B)
  - Conduct a detailed hazard assessment, this has to be completed, reviewed, signed and dated for the date of entry to enter TW Depot. (Appendix C)
  - Sign and date the Worker Review Sign in Sheet, each day prior to entry (Appendix E)
  - Conduct a vehicle Pre-Trip inspection this has to be completed, reviewed, signed and dated for the date of entry to enter TW Depot (Appendix D)
  - Outline of the equipment to be utilized (Appendix D)

- Provide an organizational structure, in the form of an organizational chart with contact information of the key positions within the Town (Page 3)
- Provide an organizational structure, in the form of and organizational chart with contact information of key positions for the Contractor or Sub contractor (if applicable). (Page 3)
- Provide an organizational structure of drivers, licenses and training requirements (powerline hazards) needed to enter the TW Depot. (Appendix F)
- A commitment to comply with Personal Protective Equipment (PPE) requirements within The Department of Transportation and Works depot.
- A commitment to comply with the Department of Transportation and Works' Emergency Preparedness and Response Plan and Emergency Response protocol as directed by the Department of Transportation and Works.
- A commitment to comply with First Aid Regulations
- A commitment to comply with Fire Protection Regulations
- The Town, Contractor or Sub-Contractor shall provide with the SSSP a recent (current year) inspection form for all mobile equipment that will be used in the collection of ice control materials. The inspection form shall, at a minimum, state that the equipment is in a safe operating condition. Confirmation of the inspection shall be provided and the "Record of Inspections" shall be attached and signed by a person qualified to do so.
- The Town, Contractor or Sub-Contractor shall ensure the maintenance of all equipment is conducted in accordance with the Manufacture's specification and or as required by the CSA standard adopted by the OHS Regulations specific to the equipment.
- The Town, Contractor or Sub-Contractors shall attend applicable safety training review and submit requested information of the SSSP prior to entry onto the TW Depot to pick up ice control materials from TW Depot and sign the form contained in "Appendix D" to document attendance of the meeting (training).

**The Town of { Insert Town Name } Employees, Contractors and/or Sub-Contractors shall:**

Review and be fully aware of the following documented policies and procedures before entering the Site for the first time:

- The town of { Insert Town Name } Site Specific Health and Safety Plan (contained herein).
- The Town of { Insert Town Name } Safe Work Practice “Loading Salt, Sand and Granular Material” (Appendix B).
- The Town of { Insert Town Name } Hazard Assessment “Loading Salt, Sand and Granular Material” (Appendix C)
- The Town of { Insert Town Name } Employee Statement of Compliance – Review of SSSP. Employees shall comply with the SSSP provided by the Town of { Insert Town Name } and all Department of Transportation and Works Health and Safety Policies. Employees will attend all required site safety meetings as conducted by either the Town or the Department of Transportation and Works. A Statement of Compliance shall be completed and submitted with the SSSP to the Department of Transportation and Works.
- The Town of { Insert Town Name } Contractors Statement of Compliance - Review of SSSP. Contractors and Sub-Contractors shall comply with the SSSP provided by the Town of { Insert Town Name } and all Department of Transportation and Works Health and Safety Policies. Employees will attend all required site safety meetings as conducted by either the Town or the Department of Transportation and Works. A Statement of Compliance shall be completed and submitted with the SSSP to the Department of Transportation. (Appendix F)
- It is the understanding of the Department of Transportation and Works that the Town of { Insert Town Name } and or Contractors hired by the Town are responsible for the health and safety of its employees for the Pickup of Ice Control Materials from TW Depot and the owner shall not be responsible for injury or damage associated by failure to adhere to these provisions. (Appendix G)

### **3.0 Hazard Identification**

The attached hazard assessment is of the actual and potential hazards that have been identified at the Site, and measures that shall be undertaken to minimize the potential for impacts to health and safety. Site Specific Hazard Assessment. (Appendix C)

### **4.0 Emergency Preparedness and Response**

In any emergency, the site supervisor or designate from The Department of Transportation and Works Depot shall inform the Town of { Insert Town Name } employee, contractor and/or sub-contractor of what to do in an emergency situation. The TW Supervisor or designate has primary responsibility for informing about the emergency. This includes taking appropriate measures to ensure the safety of site personnel and the public, ensure the corrective measures have been implemented, appropriate notification of personnel and other authorities as required, and completion of any required follow-up reports. The Town of { Insert Town Name } is of the understanding that a muster point will be identified for the site by the Department of Transportation and Works supervisor or his/her designate.

### **5.0 FIRST AID**

A general first aid kit shall be available in all vehicles entering the worksite and shall contain the basic supplies to attend to minor work place injuries. # 1 First aid kit. The Town employee, contractor or sub-contractor shall follow the Accident/Incident Policy and complete the required paperwork required from the Department of Transportation and Works.

### **6.0 FIRE PROTECTION – EMERGENCY PREPAREDNESS AND RESPONSE PLAN**

In case of a fire or explosion, the Town, Contractor or sub-contractor shall comply with the Department of Transportation's Emergency Preparedness and Response Plan. Each vehicle entering the Depot of TW worksite is required to have a Class ABC Fire extinguisher located in their vehicle.



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# APPENDIX

A/B/C/D/E/F/G/H

SSSP Compliance Forms

Appendix "A"

<b>Occupational Health and Safety Policy Statement</b>	<b>Town of { Insert Town Name }</b>
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**Pickup of Ice Control Materials from TW**

Policy number:	001	Version	001
Drafted by	MSCNL	Approved by Council	{ insert Date Approved }
Municipal Safety Advisor	Natasha Sharpe	Scheduled review date	{ Insert 1 year from date approved }

**PURPOSE:**

**TO COMPLY WITH SAFETY CERTIFICATION REQUIREMENTS – PICKUP OF ICE CONTROL MATERIALS FROM THE DEPARTMENT OF TRANSPORTATION AND WORKS DEPOT**

The Town of { Insert Town Name } is entirely committed to providing and maintaining a safe and healthy working environment. In achieving this commitment, Management, Supervisors, Employees, Contractors and Sub-Contractors shall commit that all measures are in place to meet Occupational Health and Safety compliance standards related to the pickup of ice control materials from the Department of Transportation and Works Depot.

**POLICY:**

- Municipal Endorsement – This SSSP shall be passed by council ensuring all measure is in place to meet Occupational Health and Safety compliance standards related to the pickup of ice control materials from the Department of Transportation Depot.
- The Town of { Insert Town Name } is fully committed, recognizes and accepts the overall responsibility for occupational health and safety of its employees or contractors related to the pickup of ice control materials from the Department of Transportation and Works.
- All workers are entitled to workplaces that are safe, fair and healthy. The Town of { Insert Town Name } it’s contractors and sub-contractors shall promote health and safety by complying with all Occupational Health and Safety compliance standards and shall commit that all work will be performed in accordance with the requirements of The Department of Transportation and Works.

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- The Town of { Insert Town Name } employees, contractors and/or sub-contractors shall review the Site Specific Safety Plan (SSSP) contained herein and sign off on the required documented policies and procedures before entering the Department of Transportation Depot for the collection of Ice Control Materials
  
  - The Town of { Insert Town Name } employees, contractors and/or sub-contractors shall comply with Personal Protective Equipment (PPE) requirements within The Department of Transportation and Works depot.
  
  - The Town of { Insert Town Name } employees, contractors and/or sub-contractors shall comply with the Department of Transportation's Emergency Preparedness and Response Plan.
  
  - The Town of { Insert Town Name } employees, contractors and/or sub-contractors shall comply with First Aid Regulations
  
  - The Town of { Insert Town Name } employees, contractors and/or sub-contractors shall comply with Fire Protection Regulations

Mayor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION**

DATE APPROVED: { INSERT DATE APPROVED }

**APPENDIX B**

<b>Safe Work Practice</b> <b>Loading Salt, Sand and Granular Material</b>			<b>Town of</b> <b>{ Insert Town Name }</b>	
<b>Department</b> { Insert Department eg. Public Works or Contractor }	<b>Created by:</b> MSCNL	<b>Approved by:</b> ( Supervisor or Management name }	<b>Date Created:</b> Sept 19, 2016	<b>Date of Last Revision:</b> { Only when you review insert date }

***This task may only be performed by trained and authorized personnel.***

<b>Hazard Present:</b> <ul style="list-style-type: none"> <li>• Uneven terrain</li> <li>• Unstable materials</li> <li>• Equipment rollover</li> <li>• Falling Debris</li> <li>• Crushing injuries</li> <li>• Collapse of overhanging material</li> <li>• Slips and falls</li> </ul>	<b>Personal Protective Equipment (PPE) or Devices Required:</b> <ul style="list-style-type: none"> <li>• Class II or Higher High Visibility Safety Apparel</li> <li>• Approved footwear – CSA Z195 Standard</li> <li>• Hard hat – CSA Z94.1 Standard</li> <li>• Safety glasses, hearing protection and safety gloves if applicable</li> </ul>	<b>Additional Training Requirements:</b> <ul style="list-style-type: none"> <li>• Required Licenses</li> <li>• Safety Orientation – Depot of TW</li> <li>• Powerline Hazards Certification</li> <li>• Review of SSSP – Collection of Ice Control Materials from Depot of TW</li> </ul>
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***NOTE: All practices obtained from MSCNL, must have the consultation of workers and be thoroughly reviewed to ensure they are accurate for your workplace and your jobs!***

- 1) Ensure a pre-trip inspection is completed on the equipment to be loaded prior to arriving at the TW Depot.
- 2) Follow designated route, and observe and obey traffic control signs. Wear seat belts. Park or stop at designated areas. Receive hazard training as required. Obtain loading instructions, including locations, traffic patterns, and other pertinent information once arriving onsite.
- 3) Once arriving onsite, the workplace supervisor shall review relevant hazard assessments and safety requirements with the visitor (truck operator)
- 4) Follow designated instruction to loading area. Stay on the designated route.
- 5) Drive into loading area correctly
- 6) Obey posted traffic patterns and speed limits to loading point
- 7) Make eye contact with loader operator to make sure that he/she sees you
- 8) Stay in cab of truck, make sure truck is positioned correctly so material does not strike cab
- 9) Follow emergency safety procedures applicable to equipment and the Department of Transportation and Works Emergency plan
- 10) Make sure material is loaded evenly
- 11) Follow designated route to exit loading site
- 12) Comply with any requirements presented by the workplace supervisor.

**REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR**

**Guidance Documents:**

- Operator's Manual

**Regulations, Standards and References:**

- OHS Regulation- 68 Noise Hazards
- OHS Regulations – Part VII PPE, Part XII – Powered Mobile Equipment

**This Safe Work Practice will be reviewed any time the task, equipment, or materials change and at a minimum every three years**

**Signed by:**

**(Please Print)**

**Position:**

**Signature:**

**Date:**

**APPENDIX C**

<b>Hazard Assessment</b> <b>Loading Salt, Sand and Granular Material</b>	<b>Town of</b> <b>{ Insert Town Name }</b>
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<b>Department</b> <b>{ Insert Department</b> <b>eg. Public Works or</b> <b>Contractor }</b>	<b>Created by:</b> <b>MSCNL</b>	<b>Approved by:</b> <b>{ Supervisor or</b> <b>Management</b> <b>Name }</b>	<b>Date</b> <b>Created:</b> <b>Sept 19, 2016</b>	<b>Date of Last Revision:</b> <b>{ Only when you review insert</b> <b>date }</b>
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***This task may only be performed by trained and authorized personnel.***

<b>Hazard Present:</b> <ul style="list-style-type: none"> <li>• Uneven terrain</li> <li>• Unstable materials</li> <li>• Equipment rollover</li> <li>• Falling Debris</li> <li>• Crushing injuries</li> <li>• Collapse of overhanging material</li> <li>• Slips and falls</li> </ul>	<b>Personal Protective Equipment (PPE) or Devices Required:</b> <ul style="list-style-type: none"> <li>• Class II or Higher High Visibility Safety Apparel</li> <li>• Approved footwear – CSA Z195 Standard</li> <li>• Hard hat – CSA Z94.1 Standard</li> <li>• Safety glasses, hearing protection and safety gloves if applicable</li> </ul>	<b>Additional Training Requirements:</b> <ul style="list-style-type: none"> <li>• Required Licenses</li> <li>• Powerline</li> <li>• Safety Orientation – Depot of TW</li> <li>• Review of SSSP – Collection of Ice Control Materials from Depot of TW</li> </ul>
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***NOTE: All Hazard Assessments obtained from MSCNL, must have the consultation of workers and be thoroughly reviewed to ensure they are accurate for your workplace and your jobs!***

<b>Task</b>	<b>Potential Hazards</b>	<b>Controls</b>
Perform a Pre-Trip Inspection	Slips, trip and falls. Bad weather conditions. Working in the dark (outside) and poor lighting. Exposure to gas/vapors, struck by other equipment	Wear appropriate PPE for the task and weather conditions. Ensure the safe operation of the vehicle via performing pre- and post-trip inspections. These actions involve accessing the engine compartment, inspecting tires and other vehicle components, checking brakes, box-operations etc. and completing the pre-vehicle inspection checklist.
Enter Truck	Slips, trip and falls	Have 3-point contact when entering and exiting the vehicle. Safety boots are laced and have good treads. Make sure the steps of the truck are clear of ice/snow/dirt. Do not have anything in your hands.
Driving to the TW Depot	Unsafe driving by the public or other truck drivers. Bad weather, road conditions or poorly maintained roads, wildlife or fatigue	Follow safe driving habits and be alert of others. Obey traffic rules. Drive defensively. No talking or texting on cell phones. Be well rested and aware of the road conditions ahead.
Getting materials loaded	Improper loading may cause loss of control due to instability. Heavy equipment, workers and other trucks in use around the job site. Slip and fall hazards when exiting and entering the truck (if applicable)	Be certain the dump gate or tailgate is properly secured or latched prior to loading. Make sure load materials are properly placed towards the middle of the dump bed or pan bed. Stay inside the vehicle while truck is being loaded.

<b>Task</b>	<b>Potential Hazards</b>	<b>Controls</b>
Unload materials at site	Contact with powerlines, trees and others obstructions. Operating truck in revers may create blind spots for driver's visibility. Soft shoulders and uneven ground, Co-workers standing around, Hydraulic leaks and truck malfunction. Tailgate open.	Conduct a visual assessment when entering the worksite and be aware of the hazards around your truck and the dumpsite. Use a spotter when available. Do not dump when your truck is on uneven ground. Follow proper emergency procedures and safe work practices.
Leave site when the task is completed	Hazards remain the same before, during and after task completion.	Always use safe working and driving habits Refer to SWP in SSSP for the pickup of ice control materials from TW
Other:		

### Hazard Ranking

<b>Assessment</b> HR = Hazard Rating PR = Priority Ranking HR = Severity X Probability	<b>Severity</b> 1. No injury or loss 2. Minor Injury or damage 3. Lost time injury or damage 4. Permanent disability or damage	<b>Probability</b> 1. Low 2. Moderate 3. High	<b>Priority Ranking</b> <b>Minor – Manage through routine practices (1-4)</b> Serious – May cause severe injury, illness or property damage (5-9) Critical – Detailed action plan ( 10-12)
<b>Severity (circle)</b> 1, 2, 3 <span style="border: 1px solid green; border-radius: 50%; padding: 2px;">4</span> X	<b>Probability (circle)</b> <span style="border: 1px solid green; border-radius: 50%; padding: 2px;">1</span> 2, 3 = 4	<b>Hazard Ranking</b> Severity X Probability = <u>4</u> Priority ranking	<b>Priority Ranking <u>4</u></b> Critical 10 – 12 Serious 5 – 9 Minor 1 -- 4

#### REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

<b>Guidance Documents:</b> <ul style="list-style-type: none"> <li>• Operator's Manual</li> </ul> <b>Regulations, Standards and References:</b> <ul style="list-style-type: none"> <li>• OHS Regulation- 68 Noise Hazards</li> <li>• OHS Regulations – Part VII PPE, Part XII – Powered Mobile Equipment</li> </ul>	<p><b>This Safe Work Practice will be reviewed any time the task, equipment, or materials change and at a minimum every three years</b></p>
<b>Signed by:</b>  <b>(Please Print)</b>	<b>Position:</b>
<b>Signature:</b>	<b>Date:</b>

**Appendix D: Vehicle Inspection Checklist** (use this inspections checklist if you don't have one)

Vehicle description.....
Vehicle registration..... Vehicle plate number.....
Insurance Information.....
Date of inspection..... Driver's name: .....

What should I check before operating the vehicle	Yes	No
Oil level		
Brake fluid level		
Water level		
Windscreen washer level		
Adjust seat and controls		
Seat belts – check for operation (all)		
Parking brake – hold against slight acceleration		
Foot brake – holds, stops vehicle smoothly		
Clutch and gearshift – shifts smoothly without jumping or jerking		
Mirrors clean and adjusted		
Doors and door locks operate correctly		
Steering – moves smoothly		
Lights – clearance, headlights, tail, license plate, brake, indicator turn signals, hazard, reverse		
Dash control panel – all lights and gauges are operational		
Horn optional		
Vehicle reverse alarm (if fitted)		
Hydraulic systems – (if applicable) no evidence of leaks and systems operate smoothly		
Check spare tire (if applicable)		
Check tow bar (where fitted)		
Fire extinguisher class ABC		
First aid kit		
Emergency equipment, spill kits, etc		
Others:		
Notes:		

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Name of Worker undertaking vehicle inspection.....

Signature..... Date: .....

Vehicle faults to be reported immediately.....

.....  
.....

**REMBERMBER – What should I do before vehicle operation?**

- **Initially read, understand and follow the manufacturer’s operating manual. This will provide a wide range of information relative to the vehicle.**
- **Know how to operate the vehicle and use and related equipment or attachments safely**
- **Be familiar with the location and function of all controls**
- **Develop a routine method of inspecting the vehicle**
- **Before moving off, adjust the seat and mirrors and fasten seat belt/s**

MSC



APPENDIX F

EMPLOYEES NAMES, DRIVER'S LICENSES CLASSIFICATION, EXPIRY DATE AND ENDORSEMENTS  
(Training Information)

Employee Names	Powerline Hazard Certification #	Expire Date	Drivers Licenses (not the numbers) the Class #	SSSP Review Yes/No

This must be reviewed and signed off by Management Personnel

Town or Contractors Name: \_\_\_\_\_ (Please Print)

Management Position: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX G

**TOWN OF { Insert Town Name } EMPLOYEE**

**STATEMENT OF COMPLIANCE - Review of SSSP**

Project Name: Pickup of Ice Control Materials from Department of TW Depot

TW Depot Location: { Insert Location of TW Depot }

By signing this Statement of Compliance form in the space provided below, I hereby confirm that I have thoroughly reviewed and am fully aware of the provisions contained within the Site Specific Safety Plan (SSSP) prepared by MSCNL. I understand the actual and potential hazards at the above-referenced Project Location. I agree to fully abide by the requirements of the Town of { Insert Town Name } SSSP to minimize these hazards.

Name (print)	Department	Job Function	Signature	Date

Name of reviewer of SSSP to workers: \_\_\_\_\_ (please print)

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX H

**CONTRACTOR / SUB-CONTRACTOR**

**STATEMENT OF COMPLIANCE - Review of SSSP**

Project Name: Pickup of Ice Control Materials from Department of TW Depot

TW Depot Location: { Insert Location of TW Depot }

Contractor/ Sub-Contractor Name: { Insert Contractor Name }

By signing this Statement of Compliance form in the space provided below, I hereby confirm that I have thoroughly reviewed and am fully aware of the provisions contained within the Site Specific Safety Plan (SSSP) prepared by MSCNL. I understand the actual and potential hazards at the above-referenced Project Location. I agree to fully abide by the requirements of the Town of { Insert Town Name } SSSP to minimize these hazards.

Name (print)	Department	Job Function	Signature	Date

Name of reviewer of SSSP to workers: \_\_\_\_\_ (please print)

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_