# GDSCC Environmental Health and Safety Plan

(EHSP)

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| Introduction |
| A complete, approved Environmental Health and Safety Plan (EHSP) is required for all subcontracted projects at GDSCC. A separate EHSP is required for each contract. In conjunction with a job hazard analysis (JHA), a site-specific environmental Health and Safety plan describes the methodologies for identifying and analyzing safety risks dealing with major process steps, operations, and facilities; approaches for mitigating identified risks; and the process for reporting safety events to the necessary parties. The plan must be kept current as part of the project and available to all persons involved, who must understand and comply with its requirements. The plan should be compatible with GDSCC’s safety program(s), health and safety manual(s) and other safety documents (such as injury illness prevention plan, code of safe practices, heat illness prevention plan etc.).  |
| Project Description |
| Project Name | Enter the name assigned to the project |
| Project Start / End | Enter estimated start date | Enter estimated completion date |
| Project Location | Enter the location of actual work area (building number, )  |
| Project Contacts | Name | Phone Number | Email |
| GDSCC Project Manager | Enter the name of GDSCC project manager (obtain from GDSCC point of contact, POC) | Enter number: xxx-xxx-xxxx | Enter: user@domain |
| GDSCC Project Point-of-contact (POC) | Enter the name of GDSCC POC (obtain from contact ) | Enter number: xxx-xxx-xxxx | Enter: user@domain |
| Contractor’s Safety Officer | Enter the name of contractor's safety officer | Enter number: xxx-xxx-xxxx | Enter: user@domain |
| Subcontractors | Company Name  |
| General | Enter company name |
| Sub-tier | Enter company name |
| Sub-tier | Enter company name |
| Sub-tier | Enter company name  |

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| Clinic / PhysicianWeed Army Community Hospital(EMERGENCIES ONLY) | Doctor’s Name | Phone | Email |
|       | 760-380-4357 |       |
| Inner loop St. and 4th StreetFort Irwin, CA 92310 | From: Goldstone security gate keep left on Goldstone Rd. approximately 4 miles Turn left onto Inner loop St. Hospital will be ahead on the right.  |

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| Clinic / PhysicianBarstow Community Hospital | Doctor’s Name | Phone | Email |
|       | 760-256-1761 |       |
| 555 South Seventh Ave.Barstow, CA 92311 | From: Goldstone Security Gate head south on NASA Rd. Approx. 4 milesTurn right onto Fort Irwin Road. Approx. 23 milesMerge onto I-15 south towards Barstow Approx. 6 milesTake Barstow Rd exit turn Right onto Barstow Rd. Approx. 0.5 milesTurn Right onto E. Mountain View St. Approx. 0.2 milesTurn left onto S. 7th street, Hospital is on the right. |

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| Project Tasks / Equipment / Competent Person |
| Scope of Work | Briefly describe scope of work: |
| Job Safety Analysis | Attach a completed job hazard analysis for each tasks listed below (See Figure 1.) |
| Tasks | Equipment | Competent Person |
| Enter task | List equipment that will be used | Name |
| Enter task | List equipment that will be used | Name |
| Enter task | List equipment that will be used |  Name |
| Enter task | List equipment that will be used |  Name |

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| Project Controls  |
| Controls | Applicable | N/A | Action If Applicable |
| DemolitionGDSCC procedures and additional information as appropriate | [ ]  | [ ]  | Attach demolition plan |
| Dust ControlSoil, sheet rock, sanding asbestos, etc. | [ ]  | [ ]  | Describe method for dust control and how it will be managed throughout project Describe:  |
| Material / Equipment StagingLocation for materials, location for contractor vehicles  | [ ]  | [ ]  | Attach diagram identifying locations where materials or equipment that is delivered or staged onsite will be located  |
| Waste DisposalGeneral debris, recycled materials, contaminated and hazardous wastes  | [ ]  | [ ]  | List wastes that will be generated while working at GDSCC and how waste material is to be managed. List:  |
| Control of Hazardous EnergyRadiation 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:  |

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| Emergency Response |
| Hazardous Materials List all hazardous materials that will be brought on-site |  Hazardous Materials:Attach current (no more than two (2) year old MSDS for all materials brought onto GDSCC property. |
| Other | List any other emergency procedures that pertain to the area or type of work being done that are not covered under the above categories. List: |
| **Emergency Notification at GDSCC –** All emergencies, accidents, incidents shall be reported by calling **333** on any complex phone. |
| Emergency Contacts | Name | Mobile Phone | Pager  | Work Phone  |
| On-Site Supervisor | Enter name  | Enter number: xxx-xxx-xxxx | Enter number: xxx-xxx-xxxx | Enter number: xxx-xxx-xxxx |
| First Responder(s) | Enter name | Enter number: xxx-xxx-xxxx | Enter number: xxx-xxx-xxxx | Enter number: xxx-xxx-xxxx |
| Subcontractor (including sub-tier) | Enter name | Enter number: xxx-xxx-xxxx | Enter number: xxx-xxx-xxxx | Enter number: xxx-xxx-xxxx |

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| GDSCC Special Work Permits / Plans (See your POC for all GDSCC Permits) |
| Permit | Applicable | N/A | Action If Applicable |
| Hot Work Permit: (Any open flame or spark creating work) | [ ]  | [ ]  | Attach permit |
| Confined Space Permit (All confined space work requires permit at GDSCC) | [ ]  | [ ]  | Attach permit |
| Hoisting and Rigging Plan | [ ]  | [ ]  | Attach plan |
| Energized Electrical Work Permit | [ ]  | [ ]  | Attach permit |
| Excavation Permit(All excavation work requires permit at GDSCC) | [ ]  | [ ]  | Attach permit: (if excavation will be 5ft or greater in depth attach  Cal/OSHA Title 8, Section 341 permit) |
| Work in Radiation Area | [ ]  | [ ]  | Attach permit |

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| Training Documentation |
| Employer to certify that employees have been trained in the following safety procedure and in accordance Cal/OSHA RegulationsTraining documents/licenses with employees names must be submitted to ESH with this EHSP |
| Qualification | Yes | N/A | Reference |
| Aerial Lift Operator  | [ ]  | [ ]  |       |
| Confined Space Entry | [ ]  | [ ]  |       |
| Crane Operator (NCCCO Certification) | [ ]  | [ ]  |       |
| Excavation Competent Person | [ ]  | [ ]  |       |
| Fall Protection Competent Person | [ ]  | [ ]  |       |
| Forklift Operator Certification | [ ]  | [ ]  |       |
| Heat Illness Prevention | [ ]  | [ ]  |       |
| Scaffold Competent Person | [ ]  | [ ]  |       |

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| Incident / Accident Rates  |
| Year 20\_\_ | Year 20\_\_ | Year 20\_\_ | Year 20\_\_ |
|       |       |       |       |

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| Safety Manual  |
| Attach a copy of your company safety manual here to complete your EHSPException: Per Cal/OSHA Title 8, section 3203 (a)(3)Employers having fewer than 10 employees are exempt from this requirement. |

Figure 1.

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| **JOB HAZARD ANALYSIS** | JOB / TASK:      | PAGE       OF       JHA NO.  | DATE:      |  [ ]  NEW  [ ]  REVISED |
| COMPANY/ORGANIZATION:      | BUILDING/LOCATION:      | DEPARTMENT:      |
| TITLE OF PERSON WHO DOES JOB:      | SUPERVISOR:      | REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:      |
| ANALYSIS BY:       | REVIEWED BY:       | APPROVED BY:       |
| GENERAL INSTRUCTIONS: List each step, (sequence) of task. List all potential hazards and the action you will take to control each hazard.  |
| Steps: (operational sequence) | EQUIPMENT, TOOLS, and MATERIALS: | POTENTIAL HAZARDS: | RECOMMENDED ACTION OR PROCEDURE: |
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| Competent Person(s) |  |       |  |       |  |       |