**PART B**

**COMPANY**

**LOGO**

**“PROJECT TITLE”**

**PROJECT**

**SAFETY AND HEALTH
PLAN**

**Contract No.**

**JKR/XXX/XXX/XXX**

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |
| **TENDER NO.** |  |

**TENDERER’S PROJECT SAFETY AND HEALTH PLAN DOCUMENT DECLARATION**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name), representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name), hereby declare that we have reviewed and understood all requirements stated in the checklist for the Project Safety and Health Plan (PSH) document.
2. We acknowledge that submission of all required documents listed in the checklist is a prerequisite for tendering. We fully understand that failure to provide any mandatory documents may result in disqualification from the tendering process and rejection from award consideration.
3. For any documents that require later submission, we commit to providing them to the best of our ability upon award. Additionally, we acknowledge our responsibility to update and maintain the accuracy of the submitted documents throughout the contract duration, ensuring that they remain relevant and aligned with the project’s evolving work activities and safety and health requirements.
4. We confirm our commitment to upholding the highest standards of workplace safety in accordance with the project’s requirements and Workplace Safety and Health Act Chapter 277.

Signature :

Authorised

Representative Name :

Designation :

Company :

Date :

COMPANY STAMP

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**PROJECT DESCRIPTION**

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |
| **LOCATION** |  |
| **PROJECT DURATION** | **WEEKS/MONTHS/YEARS** | **START DATE** | **END DATE** |
| **CLIENTS** |  |
| **ARCHITECT** |  |
| **CONSULTANT** |  |
| **MAIN CONTRACTOR** |  |

|  |
| --- |
| **PROJECT SAFETY AND HEALTH PLAN REVIEWS** |
| **Prepared by:****(Workplace Safety and Health Officer/Coordinator)** | **Reviewed & Approved by:****(Project Manager)** |
|  |  |
| **Date:** | **Date:** |

1

1. **PROJECT MANAGEMENT ORGANISATION CHART WITH CONTACT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO.** | **DESIGNATION** | **NAME** | **PHONE NO.** | **EMAIL ADDRESS** |
| 1 | Officer In-Charge(PWD Officer) |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
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| 12 |  |  |  |  |
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2

**PROJECT MANAGEMENT ORGANISATION CHART**

3

1. **WORKPLACE SAFETY AND HEALTH COMMITTEE (SHC) ORGANISATION CHART**

4

2.1 **Workplace Safety and Health Committee (SHC) Activity Plan**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITIES** | **ACTION BY** | **M1/W1** |  |  |  |  |  |  |  |
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1. **WORKPLACE SAFETY AND HEALTH OFFICER (WSHO) or
WORKPLACE SAFETY AND HEALTH COORDINATOR (WSHC)**

3.1 Copy of Certificate of Approval from SHENA (Workplace Safety and Health Coordinator)

6

3.2 Copy of Certificate of Approval from SHENA (Workplace
Safety and Health Officer)

7

3.3 List of Duties and Responsibilities (2022/IGN/02(01)
Refer Requirements of Workplace Safety and Health Officer (WSHO) & Workplace Safety and Health Coordinator (WSHC)

8

3.4 Safety and Health-Related Scope of Work Checklist for
WSH Officer & Co-Ordinator. Refer the job scope of WSHO/WSHC issued by any current NTI by completing **ANNEX B** (currently 2023/NTI/14)

<https://shena.gov.bn/assets/publication_and_resources/safety-and-health-related-scope-of-work-checklist---wsh-officer-and-co-ordinator.pdf>

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1. **DESIGN OF PLANT AND TEMPORARY STRUCTURES**
	1. Site Layout Plan/Temporary Work Zone (TWZ)

10

* 1. Design of Plant and Temporary Structures

[ ]  Formwork and support system;

[ ]  Scaffolding;

[ ]  Catch platform;

[ ]  Construction rubbish/debris disposal chute;

[ ]  Runways and ramp used by vehicles;

[ ]  Support for stability of structure where adjoining area to be excavated or piled;

[ ]  Loading platform;

[ ]  Material and passenger hoist;

[ ]  Gondola;

[ ]  Tower crane foundation

[ ]  Others : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11

1. **RECORD OF MEDICAL CHECK-UP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **NAME** | **IC/PASSPORT NO.** | **NATIONALITY** | **CURRENT POSITION** | **GOVERNMENT MEDICAL STATUS** | **REMARKS** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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12

1. **RECORD OF SAFETY AND HEALTH TRAINING**
	1. Training Plan

|  |  |  |
| --- | --- | --- |
| **NO.** | **COURSE TITLE** | **PLAN DATE and/or FREQUENCY OF TRAINING** |
| 1 | Site Induction |  |
| 2 | Toolbox Talk | Daily |
| 3 |  |  |
| 4 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROGRAMS** | **MONTH 1** | **MONTH 2** | **MONTH 3** | **MONTH 4** | **MONTH 5** |
|  |  |  |  |  |  |
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13

6.2 Employees Training Matrix

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME | CURRENT POSITION |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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1. **EMERGENCY RESPONSE PLAN (PREPAREDNESS, RESPONSE
AND EVACUATION)**
	1. Types of Emergencies :

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fire |  | Natural Disaster |
|  | Medical |  | Animal Attack |
|  | Flood  |  | Adverse weather |
|  | Chemical Spillage / Toxic Release |  | Other: |

15

7.2 Procedure

16

7.3 Emergency Response Team & Contact Number
*(attach copy of training certificate)*

17

7.4 Site Evacuation Plan

18

7.5 First Aid Facilities

Total number of first aid room : \_\_\_\_\_\_\_\_\_\_

Total number of first aid box : \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **LOCATION** | **EXPIRY DATE** | **PERSON IN-CHARGE** |
|  |  |  |  |
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|  |  |  |  |
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19

7.6 Fire Fighting Equipment

 Total number of fire extinguisher : \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LIST** | **TYPE** | **LOCATION** | **NEXT INSPECTION DATE** | **PERSON IN-CHARGE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **HAZARDS IDENTIFICATION, RISK ASSESSMENT AND RISK
CONTROL (INCLUDE PPE) or JOB SAFETY ANALYSIS (JSA)**

8.1 List of Activities

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

8.2 Risk Assessment of Each Activity

21

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Hazards** | **Impact and Consequence** | **Current Controls** | **Severity** | **Likelihood** | **Risk Ranking(P,A,E,R)** | **Additional Control and Mitigation Measures** | **Severity** | **Likelihood** | **Residual Risk** | **Recovery Measures** |
|   |   |   |   |   |   | 0 |   |   |   |   | 0 |   |
| 1 |  |  |  |  |  |  |   |  |   |   |  |  |
| 2 |  |  |  |  |  |  |   |  |   |   |  |  |
| 3 |  |  |  |  |  |  |   |  |   |   |  |  |
| 4 |   |   |   |   |   |  |   |  |   |   |  |  |
| 5 |   |   |   |   |   |  |   |   |   |   |  |  |
|   |   |   |   |   |   |  |   |   |   |   |  |  |
|   |   |   | Overall |  |  | Overall |  |  |

|  |  |  |
| --- | --- | --- |
| **REVIEWED BY** | **VERIFIED BY** | **APPROVED BY** |
|  |  |  |
|  |  | **Project Manager** |

22

1. **SAFETY AND HEALTH PERFORMANCE MONTHLY REPORT
(OBJECTIVES AND TARGETS)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TARGET** | **\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **REACTIVE KPI** |  | **M1** | **M2** | **M3** | **M4** | **M5** | **M6** | **M7** | **M8** | **M9** | **M10** | **M11** | **TOTAL** |
| **MLTI** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PROACTIVE KPI** |  | **M1** | **M2** | **M3** | **M4** | **M5** | **M6** | **M7** | **M8** | **M9** | **M10** | **M11** | **TOTAL** |
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23

1. **DETAILS OF SITE SAFETY AND HEALTH INFORMATION BOARD**
	1. Content

24

* 1. Location

25

1. **PROCEDURE OF NOTIFICATION AND REPORTING OF NEAR MISS, ACCIDENT AND DANGEROUS OCCURRENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **STEPS/PROCEDURES** | **RESPONSIBILITY** | **WHEN?** | **OUTPUT** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
|  |  |  |  |  |

11.1 Procedure

26

11.2 Flow Chart

27

1. **FIRST AID FACILITIES (INCLUDE LIST OF FIRST AIDER)**

Total number of first aid room : \_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of first aid box : \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **LOCATION** | **EXPIRY DATE** | **PERSON IN-CHARGE** |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **List of First Aiders:**

|  |  |  |
| --- | --- | --- |
| **N0** | **FIRST AIDER** | **CONTACT NO** |
| **1.** |  |  |
| **2.** |  |  |

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1. **LIST OF FIRE FIGHTING EQUIPMENT**

Total number of fire extinguisher : \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LIST** | **TYPE** | **LOCATION** | **NEXT INSPECTION DATE** | **PERSON IN-CHARGE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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