**COMPANY**

**LOGO**

**“PROJECT TITLE”**

**PROJECT**

**SAFETY AND HEALTH
PLAN**

**Contract No.**

**JKR/XXX/XXX/XXX**

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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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| 10 |  |  |  |  |
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| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |

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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5

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>

9

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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14

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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19

7.6 Fire Fighting Equipment

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

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

20

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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **List of First Aiders:**

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

28

1. **LIST OF FIRE FIGHTING EQUIPMENT**

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

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

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