

<h1>Work Specific Safety Plan</h1>	<b>FAP # (if applicable):</b>	
	<b>Submittal Date:</b>	
	<b>Revision #:</b>	

This template has been developed to assist contractors with the planning and execution of their work activities. It is not intended to absolve contractors of any statutory or regulatory duties, responsibilities or requirements relating to the safe performance of their work activities. Work must be planned and executed in compliance with all applicable regulatory requirements.

<b>PART 1: WORK SCOPE, LOCATION AND CONTACT INFORMATION</b>																									
<b>WORK INFORMATION</b>																									
Client/Initiator (Company & Contact Name):						E-mail:			Cell:																
Scope of Work																									
Location Details (as applies): <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; padding: 2px;">Groundside</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Airside</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Terminals</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Other</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Interior</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Exterior</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Roof</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>												Groundside	<input type="checkbox"/>	Airside	<input type="checkbox"/>	Terminals	<input type="checkbox"/>	Other	<input type="checkbox"/>	Interior	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	Roof	<input type="checkbox"/>
Groundside	<input type="checkbox"/>	Airside	<input type="checkbox"/>	Terminals	<input type="checkbox"/>	Other	<input type="checkbox"/>	Interior	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	Roof	<input type="checkbox"/>												
Start Date (mm/dd/yyyy):						Completion Date (mm/dd/yyyy):																			
Work Shift (Day/Night):						Work Duration (Start/End Time):																			
<b>CONTRACTOR INFORMATION</b>																									
Company Name																									
Project Manager						E-mail:			Cell:																
Project Coordinator						E-mail:			Cell:																
Supervisor*						E-mail:			Cell:																
Alternate Supervisor						E-mail:			Cell:																
Safety Representative						E-mail:			Cell:																
24/7 Emergency Contact						E-mail:			Cell:																
Subcontractor(s) & Others (as applicable)																									

\*The Supervisor listed above is the person responsible for overseeing the actual implementation of the Project / Work Specific Safety Plan, ensuring that it is available at the area(s) of work and that it has been reviewed with all workers on site.

## PART 2: TRAINING AND COMPETENCIES

### CONTRACTOR COMPETENCIES

<input type="checkbox"/>	Supervisor Responsibilities (O. Reg 297/13)	<input type="checkbox"/>	WHMIS
<input type="checkbox"/>	Worker Responsibilities (O. Reg 297/13)	<input type="checkbox"/>	First Aid / CPR
<input type="checkbox"/>	Worker Health and Safety Rep.	<input type="checkbox"/>	JHSC Member

### TASK SPECIFIC COMPETENCIES - (attach records of training as applicable)

<input type="checkbox"/>	Working At Heights (O. Reg 297/13)	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Elevating Work Platform	<input type="checkbox"/>	Confined Space Entry
<input type="checkbox"/>	Forklift	<input type="checkbox"/>	Hoisting & Rigging
<input type="checkbox"/>	Traffic Control / Signal Person	<input type="checkbox"/>	Scaffold (Erection/ Dismantling/ Alteration)
<input type="checkbox"/>	Mobile Crane Operator 1 (> 30,000 lbs) or 2 (16,000lbs - 30,000 lbs)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Trade Certificates (HVAC, Plumbing, Electrical, Steam Fitters, Hoisting Engineer, Sheet Metal, Sprinkler)		

### GTAA TRAINING / RISK MITIGATION REQUIREMENTS

Courses are available at: <https://www.torontoperson.com/en/operators-at-pearson/construction/before-you-start>

<input type="checkbox"/>	SMS Awareness Training	<input type="checkbox"/>	Airside Activity Permit
<input type="checkbox"/>	Foreign Object Debris (FOD) Training	<input type="checkbox"/>	Active Assailant Awareness Training
<input type="checkbox"/>	Human and Organizational Factors Training	<input type="checkbox"/>	Facility Control Measures and Evacuation Plan

Other Training (as applicable):

## PART 3: AFFECTED BUILDINGS, SERVICES, SYSTEMS AND EQUIPMENT

### OPERATIONAL IMPACT

 Airside Work

 Terminal Work

 Groundside Work

 Shutdown Request

Based on location, scope of work, and other factors, there are specific Airport processes and permissions required before any work proceeds. These requirements must be fulfilled by the contractor prior to commencing work to ensure that work is not delayed or stopped. Thus, a list of contact information and links are provided in the **Airport Construction Code** (ACC) to help contractors working on Airport Lands navigate through the GTAA/Airport requirements which includes: approvals, notifications, training, passes, etc., from the applicable GTAA Departments. Use this link for access to the Airport Construction Code – the complete list is in Appendix A - [airport-construction-code-v8-2023 \(torontopearson.com\)](http://airport-construction-code-v8-2023.torontopearson.com)

 Airside Activity Notice

 Utilities Locates & Damage Prevention Program

 Groundside Activity Permit

 Crane and Aerial Devices Permit

 Terminal Work Permit

 Material Movements

 System Shutdowns

 Fire Hydrant Use Request

 Roof Access Requests

 GTAA Contractor Safety Pre-Qualification (applies to GTAA contractors only)

To support Contractors in their awareness of GTAA requirements and protocols, the following guidelines have been developed:

- Airport FAP Application Guide
- FAP Closeout Checklist & Guide
- [Working Near the Automated People Mover](#)
- Hotwork Signoff Checklist & Airport Conditions Form
- Surface Penetration Signoff Form & Guidelines
- Utility Locates

## PART 4: PRE-START ASSESSMENT

The Contractor shall identify the following components for mobilization and/ or phasing (as applicable).

### PRE-WORK CONDITION ASSESSMENT (Mobilization, Access, Material Movement, etc.)

ITEM	COMPLETE	TBD	N/A	NOTES
Assessment of existing conditions				
Trailer or Office Location				
Source of any required power and/or communication service identified				
Traffic Control Plan				
Parking				
Pedestrian Safety Measures				
Material and/or Machinery Movement				
Material and/or Machinery Storage				
Waste Containers / Disposal Method				
Hazardous Material Storage / Identification				
Access / Egress / Detours				
Washroom Facilities				
Lunchroom, Break & Smoking Areas				
Fire, First Aid, Emergency Facilities, Evacuation Gathering Areas				

### VISUAL LAYOUT OF THE WORK AREA: Attach Sketches / Drawings / Maps as applicable:

## PART 5: TASK HAZARD ASSESSMENT











A hazard can be any activity, condition or substance that has the potential to harm a worker. Tasks that expose workers to a high degree of personal risk require special planning. The analysis and precautions to control or reduce the hazard must be communicated to workers prior to performing the tasks.

**The hazard assessment must be updated if/when additional scope is added, or site conditions vary from the original assessment.**

### WORK ACTIVITIES (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Work At Heights	<input type="checkbox"/>	Work In Public Space	<input type="checkbox"/>	Energy Control (LOTO)	<input type="checkbox"/>	Hoisting and Rigging
<input type="checkbox"/>	Roof Work	<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>	System Shutdown / Ops Impact	<input type="checkbox"/>	Confined Space Entry
<input type="checkbox"/>	Elevating Work Platform Use	<input type="checkbox"/>	Chemical Use / Storage	<input type="checkbox"/>	Cleaning / Waste Removal	<input type="checkbox"/>	Hot Work / Welding / Cutting
<input type="checkbox"/>	Other Mobile Equipment Use	<input type="checkbox"/>	Inspection / Testing	<input type="checkbox"/>	Surface Penetration (Interior)	<input type="checkbox"/>	Surface Penetration (Exterior)
<input type="checkbox"/>	Ladder Use	<input type="checkbox"/>	Scaffold Use	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

### PERSONAL PROTECTIVE EQUIPMENT (CSA APPROVED)

									
HEAD PROTECTION	FOOT PROTECTION	EYE PROTECTION	SKIN PROTECTION	FALL PROTECTION	RESPIRATORY PROTECTION	HEARING PROTECTION	HIGH-VIS PROTECTION	HAND PROTECTION	FACE PROTECTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ADDITIONAL PPE CONSIDERATIONS

- Additional Protection Listed in Controls
- Ensure workers wear CSA approved eye protection when completing tasks that may cause objects to fly or eject
- All workers using Chemicals must wear the required personal protective equipment set out in its MSDS.
- Seat belts must be worn by equipment operators when seat belts are provided.

JOB STEPS	HAZARDS	CONTROLS
<b>PRE-WORK (Mobilization, Access, Material Movement, Permits, etc.)</b>		

**PART 5: TASK HAZARD ASSESSMENT (continued)**

**DURING WORK (Consider site conditions, tools, equipment, and methods)**


**POST WORK (Restoring work area to pre work conditions, inspections, demobilization, etc.)**


## PART 6: EMERGENCY PREPAREDNESS & INCIDENT REPORTING

All emergencies and Occurrences must be reported through the Airport Operations Centre (AOC) for immediate dispatch of Airport medical, fire, and/or police assistance by calling **416-776-3033**. **DO NOT CALL 911**. An AOC operator is accessible 24 hours a day, 7 days per week including holidays. The caller must specify the location and nature of the Emergency, any personal injury, and their name and telephone number. The caller must remain on the phone and follow all instructions provided until advised otherwise.

Contractors shall report to the AOC all Unsafe Conditions that may result in a fire or other type of Incident causing property or facility damage, damage to Building services, or have the potential to disrupt Airport operations, by calling 416- 776-3055.

### BASIC EMERGENCY PROCEDURES / EMERGENCY RESPONSE (FIRE, POLICE, MEDICAL, SPILL)

First Aid Certified Personnel Name:		Contact number:
First Aid Kit Location:		
Evacuation Gathering Area:		
Fire Extinguisher Location:		

### INCIDENT NOTIFICATION & ESCALATION PROCEDURE (provide names and phone numbers as applicable)

NOTIFICATION:	NAME:	PHONE NUMBER:
GTAA Emergency Response:	Airport Operational Control (AOC)	416-776-3033
Supervisor:		
Manager:		
Client Contract Manager:		
CCPO Independent Safety Compliance Consultant (ISCC-TRH)	Jack Papadopoulos	416-705-0234

The Contractor shall report all occurrences or property damage incidents to the CCPO in the following timeframes:

- a. an immediate telephone call to CCPO's Independent Safety Compliance Consultant (ISCC-TRH),
- b. an emailed Occurrence summary within 24 hours to CCPO and CCPO's ISCC,

All occurrences or property damage incidents at the Place of Work shall be investigated by the Contractor and reported in writing to the GTAA Project Manager or Contract Administrator and to CCPO via email, [constructioncompliance@gtaa.com](mailto:constructioncompliance@gtaa.com).

### HOSPITAL INFORMATION

NAME:	ADDRESS:	PHONE NUMBER:

Directions to Hospital (attach map):

**PART 7: CONTRACTOR PROJECT / WORK SPECIFIC SAFETY PLAN PRE-START REVIEW & COMMUNICATION RECORD**

<b>Name: (Print)</b>	<b>Position</b>	<b>Date</b>	<b>Signature</b>