

Physical Plant 89 Freedman Crescent Winnipeg, MB Canada R3T 2N2

Phone: 204-272-1634 Fax: 204-474-7565

Project Information		Fax: 204-474-7565
Project Name:		
Project Location(s):		
U of M Project Coordinator:	Prime Contrac	tor:
Requisition Number:	Projected Start Date:	Projected Completion Date:
Hours of Work (check all the apply): Days Even	nings Weekends Does your con	npany have a working alone policy?
Contractor Information		
Company Name:		Certificate of Recognition (COR) Number:
Project Manager:	Phone Number:	E-mail Address:
Site Supervisor:	Phone Number:	E-mail Address:
Emergency Contact:	Phone Number:	E-mail Address:
Scope of Work		
Describe the scope of work to be performed:		
If there are sub-contractors, please list them below and briefl	y state their role in the project:	
Company Name:		Role:



Job Hazard Analysis

Based on the work to be performed, check off the potential hazards introduced to the University of Manitoba by the project:				
Excavation/Trenching Hazards:	Working at Heights Hazards:	Chemical and Environmental Hazards:	Other Hazards (please identify):	
Excavation pit	Falling items	Hazardous products		
Underground utilities	Pedestrian traffic	Spill potential		
Pedestrian traffic	Vehicular traffic	Vehicle exhaust		
Vehicular traffic	Others working overhead/below	Equipment exhaust		
Equipment Hazards:	Access/Egress Hazards:	Welding fumes		
Slip/trip	Limited building access/egress	Silica dust		
Pedestrian traffic	Restricted or reduced emergency exits			
Vehicular traffic		Noise		
		Ventilation modification		
Hazard Mitigation		Low lighting levels		
	e address which work activity introduces this	hazard, and the control measures to be put in plac	ce to reduce the associated risk.	
	,			
Hazard 1:		Work Activity:		
Control Measures:				
Hazard 2:		Work Activity:		
Control Measures:				
Hazard 3:		Work Activity:		
Control Measures:				
Hazard 4:		Work Activity:		
Control Measures:				
Hazard 5:		Work Activity:		
Control Measures:				
Hazard 6:		Work Activity:		
Control Measures:				
Hazard 7:		Work Activity:		
Control Measures:				

Site Plan



Where applicable, include a diagram(s) or map(s) of the work site in the space below, and indicate items such as:

- Building entrances and exits
- Important walkways/tunnels/roads
- Known emergency exits, fire lanes, fire hydrants
- Muster point
- Utility locations (electrical, water, sewar, natural gas etc.)
- Fence, hoarding, and barricade lines for site securement
- Material off-loading, loading, and storage (including waste material)
- Storage location of flammable and combustible materials
- Placement of cranes, heavy equipment, or specialized equipment
- Areas pertinent to University of Manitoba operations (fuel tanks, liquid nitrogen dispensing stations)



Emorgoney Contact/s



Below are emergency contact numbers required by the University to be posted for ease of worker access. Please populate the blank areas appropriately if any additional emergency contact numbers are required for your company, for hospital route information, and information to be provided to first responders in case of emergency.

EMERGENCY PHONE NUMBERS

Emergency Services (Fire/Police/Ambulance): 911

Security Services: 204-474-9312 (Fort Garry Campus)

204-789-3330 (Bannatyne Campus)

Red Phones located in University buildings Code Blue stations across campus grounds

University Emergency Information: 204-943-8636

Workplace Safety & Health: 204-945-0581 (Emergency Line) 1-855-957-7233 (Toll Free)

NON-EMERGENCY PHONE NUMBERS

Physical Plant: 204-474-8912 (Fort Garry Campus)

204-789-3636 (Bannatyne Campus)

Environmental Health and Safety: 204-474-6633

Winnipeg Police: 204-986-6222

COMPANY	EMERGENCY PHO	JENCY PHONE NUMBERS	
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Linergency Contact/3	FIIOHE NUMBER/3	Emergency Contact/s	Phone Number/s
	HOSPITAL INF	ORMATION AND RO	UTE
Name of Nearest Hospital	Address of Nearest Hos	pital	Phone Number of Nearest Hospital
Directions to Nearest Hospital (F	Please provide and post map in	addition to written directions)	

DESCRIPTION OF EMERGENCY AND REQUIRED INFORMATION

In case of emergency, the fo	ollowing information will assist first respo	nders in properly locating the	he worker(s) requiring attention.
1. Name of Caller		2. Name of Company	
3. Type of Emergency		4. Building Address	
5. Job Site Location			



Outside Personnel Requirements

Please indicate below any red construction.	quirements (e.g. PPE, training) for outside personn	el (e.g. Physical Plant staff, consultants, stakeł	nolders) that might visit the site <i>during</i>
Signatures			
	Print Name	Signature	Date
Site Safety Plan Developer:			
Contractor Project Manager:			
Contractor Safety Ren			