



SITE SAFETY PLAN SUBMISSION FORM

Project Officers to complete this form and attach it to the site safety plan before submitting it to the Safety Unit. Plans without this form will not be accepted. Minimum **Four (4)** copies of Plans are to be submitted.

1) School/Site: _____ 2) District: _____ 3) LLW #: _____

4) Address: _____ 5) Date submitted: _____

_____ 6) No. of Copies Submitted _____

7) Initial Submission Resubmission

8) **Scope of Work (check all that apply- for additional information use extra sheets):**

a. Internal b. External c. New School/ Addition

- | | | |
|---|--|---|
| <input type="checkbox"/> Science lab | <input type="checkbox"/> Safety system | |
| <input type="checkbox"/> Auditorium upgrade | <input type="checkbox"/> Parapet | <input type="checkbox"/> Paved area |
| <input type="checkbox"/> P.A. System | <input type="checkbox"/> Roof | <input type="checkbox"/> Retaining walls |
| <input type="checkbox"/> Fire alarm system | <input type="checkbox"/> Exterior Masonry | <input type="checkbox"/> Window replacement |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Flood elimination | <input type="checkbox"/> Other _____ |

9) Staging required: Interior Exterior 10) Phasing required: Yes No

11) Crane on site: Yes No

12) Does S.S.P include statement relating to D.O.B -790A : Yes No

13) Contractor: _____ Phone: _____

14) NYC Site Safety Manager/ & License No.: _____
(Company/Consultant Name)

15) Submitted by:

a). S.C.A Project Officer - (Print Name/Signature) _____

Cell. No. _____ e-mail address: _____

b). Construction Manager - (Print Name/Signature) _____

Cell. No. _____ e-mail address: _____

FOR OFFICE USE ONLY

Date submitted to Reviewer: _____ Date returned to PO: _____

Date Returned from Reviewer: _____

Approved Approved as noted Disapproved Revise & Resubmit

Resubmittal No.: _____