

SITE-SPECIFIC SAFETY PLAN EVALUATION FORM (SSSP)

This form can be used by Ryman to review a contractors SSSP and/or as a self-evaluation tool for contractors

- Risk assessments, Training and Qualification Registers and Hazardous Substances Inventory Registers must be reviewed every 3 months, or if the work changes
- Depending on your work you may need to provide additional detail e.g., lifting/equipment register/s
- SSSP's need to be reviewed and provided to Ryman at minimum of annual intervals

Ryman use - keep this form with the approved SSSP onsite.

Project:	Contractor:	Date:
Assessment #:	Assessed by:	Next review:
Project/Senior Site Manager:		Signature:

Item	Description	Review	Notes
Agreement	<i>SSSP be signed by the contractor contact and, the Ryman Project Manager (once approved)</i>	Yes / No	
Pre-qualification	<i>Please provide a copy of your Health and Safety Pre-qualification e.g., SiteWise, IMPAC, ISN</i>	Yes / No	
Scope of Works	<i>Description of works this SSSP covers e.g., intended works</i>	Yes / No	
Risk Assessments e.g., JSA, TA, SWMS	<i>Hazards, risks and controls documented and adequate. If not attached, must be in place and reviewed by Ryman prior, and signed by your workers prior to works commencing and ongoing</i>	Yes / No / NA	
Notifiable Works	<i>Copies of required notifications are attached</i>	Yes / No / NA	
Hazardous Substances Inventory	<i>Register and SDS attached</i>	Yes / No / NA	
Training and Qualification Register	<i>Site Safe/Construct Safe for all workers, role specific training/competency including first aid</i>	Yes / No / NA	
Site Inspection Checklist	<i>Arrangements for monitoring health and safety and frequency included</i>	Yes / No / NA	
Toolbox Talks	<i>Form/arrangements detailed and how these will be provided to Ryman weekly</i>	Yes / No / NA	
Emergency Response Plan/s	<i>E.g., height rescue plans, first aid response, trench collapse. If not attached these must be provided prior to works commencing</i>	Yes / No / NA	
Incident and Injury Reporting Details	<i>How workers report incident and injuries and arrangements for reporting these to Ryman</i>	Yes / No / NA	
Sub-contractor Details	<i>Any sub-contractors are listed (to be approved) and details of how you manage them</i>	Yes / No / NA	
Name of Safety Supervisor/Rep provided	<i>E.g. Health and Safety Manager, Advisor and/or representative/s</i>	Yes / No / NA	
General Comments			