SITE SPECIFIC WORK PLAN (SSWP) TEMPLATE

(ODC to complete highlighted sections and fields.)

SSWP Summary				
SSWP Number:		Project Start Date & Time:		
Revision Number:		Project End Date & Time:		
SSWP Status:		Date Created:		
Expiration Date:				
Title:	(PCN Number and Title)			
Summary Statement:	(Example: K01 - JDAC 251xxx Monitoring of OB tunnel adjacent to 2001 Clarendon Blvd by ABC Monitoring Inc.)			
SSWP Summary/	/Distribution:			
Requested From:	(Contractor and contractor representative	e submitting this SSWP)		
Contract/Project Number	er: (PCN Number)			
Project Manager:				
Work:	Work2:			
Cell:	Home:			
Distribution:				
Description of Work (Work Plan):				
Purpose: (Type as much as necessa	nry)			
Scope of Work: (Provide details. Type as much as needed)				

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Location:					
Location:	(Wayside, Non-Wayside, Other)				
Location Type:	(Station, Electrical Rooms,	Comm Rooms, etc)			
Track Access:	☐ Yes ☐ No				
	Track 1 Track 2 Track 3 Yard Lead	From Chain Marker:	To Chain Marker:		
Station:	(Ex: Van Ness/UDC Station	n Traction Power Substation)			
Power Outage:	(Supervisory, Red Tag, No	ne)			
Project Date	es/Support/Equipn	nent:			
Project Start Dat	e:	Proposed Work Stort Date	9 Time.		
		Proposed Work Start Date	& rime:		
Project End Date: Proposed Work End Date & Time:					
Equipment:					
Staging:					
ESCORT Group	Crew Size				
TRST/STR SMNT/PWR SMNT/COMM PLNT ELES Other:					
Safety Plan:					

Safety Plan:

1 The contractor shall comply with all applicable WMATA cofety procedures. No small

- The contractor shall comply with all applicable WMATA safety procedures No smoking is allowed within WMATA facilities and/or 25 feet from WMATA property. The contractor is required to provide a Job Hazard Analysis with all SSWPs.
- 2. All Contractor Personnel will be in possession of a Valid WMATA-Issued ID card. (Dependent on work activity RWP training may be required.)
- 3. A list of emergency phone numbers will be provided for all contractor supervisory personnel for WMATA use if needed in an emergency. WMATA's phone numbers will also be included on this list.
- 4. Review meetings will be held on a regular basis to discuss the upcoming elements of the work plan and place an emphasis on safety.
- 5. A tool box talk specially written for the type of work being performed will be given to workers before each shift to review the work plan and other activities.
- 6. WMATA escorts will be given an opportunity during the safety briefing at the beginning of each shift to explain and review WMATA procedures and safety requirements.
- 7. The following types of information, as applicable, will be kept by the contractor's onsite representative for reference by involved parties:

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- Installation Drawings
- This site specific work plan (SSWP)
 Emergency Telephone numbers for WMATA
- Emergency Telephone numbers for all contractor supervisory personnel Schedule of the Installation
- (Add additional items as necessary for the specific work involved) 8.

PPE and Other Safety	y Equipment:
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RWPT badge, hard hats, safety vests, work boots, eye protection, flash lights (Add additional items as necessary for the work involved)

Work Activity S	<mark>chedule:</mark>		
Activity Name:		Start Date:	End Date:
Person/Dept:	(Contractor & contractor onsite representative)		
Work Location:			
Locations:			
Critical Milestones:			
Contingency Plans:			
Work Activity S	chedule:		
Activity Name:		Start Date:	End Date:
Person/Dept:	(Contractor & contractor onsite representative)		
Work Location:			
Locations:			
Critical Milestones:			
Contingency Plans:			
Work Activity S	chedule:		
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Person/Dept:	(Contractor & contractor onsite representative)		
Work Location:			
Locations:			
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Contingency Plans:			

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Work Activ	ity Schedul	<mark>e:</mark>					
Activity Name:				Start Date:		E	nd Date:
Person/Dept:	(Contracto	r & contractor onsite	e representative)				
Work Location:							
Locations:							
Critical Mileston	es:						
Contingency Pla	ins:						
(Add additional ad	ctivities using sam	ne format as abo	ove)				
Norksite Conta	<mark>acts:</mark>						
Date/Hours:	Name:	Organization:	Title:	Phone:	Work Phone:	Cell Phone:	Email:
All Times	Thomas Majestic		Field Projects		301-955-7020	202-494-5537	r tmajestic@wmata.com
Supporting documents: (List all attachments in support of this work)							
Title		Description		Locatio	n	Contact	Contact Information