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| --- |
| **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.) |

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| **SSWP Summary/Distribution:** |
|  |  |
| **Requested From:** | (Contractor and contractor representative submitting this SSWP) |
|  |  |
| **Contract/Project Number:** | (PCN Number) |
|  |  |
| **Project Manager:**  |  |
|  |  |
| **Work:** | **Work2:** |
|  |  |
| **Cell:** | **Home:** |
|  |  |
| **Distribution:** |  |

|  |
| --- |
| **Description of Work (Work Plan):** |
|  |  |
| Purpose: |  |
| (Type as much as necessary) |
|  |  |
| Scope of Work: |  |
| (Provide details. Type as much as needed) |

|  |
| --- |
| **Location:** |
|  |  |
| **Location:** | **(**Wayside, Non-Wayside, Other) |
|  |  |
| **Location Type:** | **(**Station, Electrical Rooms, Comm Rooms, etc) |
|  |  |
| **Track Access:** | [ ]  Yes[ ]  No |
|  |  |
|  | From Chain Marker: | To Chain Marker: |
| Track 1 |  |  |
| Track 2 |  |  |
| Track 3 |  |  |
| Yard Lead |  |  |
|  |  |  |
| **Station:** | (Ex: Van Ness/UDC Station Traction Power Substation) |
|  |  |  |
| **Power Outage:** | (Supervisory, Red Tag, None) |
|  |  |

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| **Project Dates/Support/Equipment:** |
|  |  |  |  |
| **Project Start Date:** |  | **Proposed Work Start Date & Time:**  |  |
|  |  |  |  |
| **Project End Date:** |  | **Proposed Work End Date & Time:**  |  |
|  |  |  |  |
| **Equipment:** |  |  |  |
|  |  |  |  |
| **Staging:** |  |  |  |
|  |  |  |  |
| **ESCORT Group** | **Crew Size** |  |  |
|  |  |  |  |
| TRST/STR |  |  |  |
| SMNT/PWR |  |  |  |
| SMNT/COMM |  |  |  |
| PLNT |  |  |  |
| ELES |  |  |  |
| Other: |  |  |  |

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| **Safety Plan:** |
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| **Safety Plan:** |  |
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| 1. | 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: - 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  |
| 8. | (Add additional items as necessary for the specific work involved) |
|  |  |
| **PPE and Other Safety Equipment:** |
|  |  |
| RWPT badge, hard hats, safety vests, work boots, eye protection, flash lights (Add additional items as necessary for the work involved) |

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| **Work Activity Schedule:** |
|  |  |  |
| **Activity Name:**  | **Start Date:** | **End Date:** |
|  |  |  |
| **Person/Dept:** | (Contractor & contractor onsite representative) |
|  |  |  |
| **Work Location:** |  |
|  |  |  |
| **Locations:** |  |
|  |  |  |
| **Critical Milestones:** |  |
|  |  |
| **Contingency Plans:** |  |
|  |  |

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| **Work Activity Schedule:** |
|  |  |  |
| **Activity Name:**  | **Start Date:** | **End Date:** |
|  |  |  |
| **Person/Dept:** | (Contractor & contractor onsite representative) |
|  |  |  |
| **Work Location:** |  |
|  |  |  |
| **Locations:** |  |
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| **Critical Milestones:** |  |
|  |  |
| **Contingency Plans:** |  |
|  |  |
| **Work Activity Schedule:** |
|  |  |  |
| **Activity Name:**  | **Start Date:** | **End Date:** |
|  |  |  |
| **Person/Dept:** | (Contractor & contractor onsite representative) |
|  |  |  |
| **Work Location:** |  |
|  |  |  |
| **Locations:** |  |
|  |  |  |
| **Critical Milestones:** |  |
|  |  |
| **Contingency Plans:** |  |
|  |  |
| **Work Activity Schedule:** |
|  |  |  |
| **Activity Name:**  | **Start Date:** | **End Date:** |
|  |  |  |
| **Person/Dept:** | (Contractor & contractor onsite representative) |
|  |  |  |
| **Work Location:** |  |
|  |  |  |
| **Locations:** |  |
|  |  |  |
| **Critical Milestones:** |  |
|  |  |
| **Contingency Plans:** |  |
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(Add additional activities using same format as above)

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| **Worksite Contacts:** |
| **Date/Hours:** | **Name:** | **Organization:** | **Title:** | **Phone:** | **Work Phone:** | **Cell Phone:** | **Email:** |
|  |  |  |  |  |  |  |  |
| All Times | Habib Habibullah | WMATA/JDAC | Construction Manager | 301-955-2567 | 301-955-2567 |  202-680-2992 | hhabib@wmata.com  |
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**Supporting documents:** (List all attachments in support of this work)

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| --- | --- | --- | --- | --- |
| **Title** | **Description** | **Location** | **Contact** | **Contact Information** |
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