

# Site Safety, Health & Environmental Plan (SSHEP) Form Guide

Enter the name of the contracting company whose work will be performed under the SSHEP

Enter the project title e.g. API 653 inspection of Tank 10

Enter the business phone number for the BP PRCW

Enter the mobile phone number for the BP PRCW

Enter the facility or pipeline location where the work will be performed, e.g., "Dubuque Terminal"; "Whiting to Indy Pipeline MP 86"; "Allen Station"; "BP# 1 Multiple Locations - See Job Scope document for complete list".

Enter the e-mail address for the BP PRCW

Enter the date that the work is scheduled to begin

Enter the BP Person Responsible for the Contracted Work (PRCW) to be done under this SSHEP

Enter the name, phone numbers and e-mail for the person who is your site contact for the work to be done. This is often the Asset Operator, Asset Operator Designee, or O&M Team Lead.

Enter the name, phone numbers and e-mail for the person who handles medical case management for your Company. This is the person who interfaces with medical service providers for things such as:

- Assuring the injured worker receives proper treatment
- Properly classifying the injury (e.g. first-aid, recordable injury, etc.)
- Making the attending physician aware of light-duty that may be available to a worker.

Break down the scope of work for your job into manageable steps for the purpose of identifying equipment needed, subcontractors, work checklists and licenses/certifications required on a step-by-step basis. For instance, installing a new pipe spool in a 12-inch line inside a containment vault may require a crane, a crane subcontractor, checklists for a Category 3 lift, confined space entry and hot work. Certifications for LOTO, Lift Operator, Confined Space Roles, Authorized Gas Tester and Fire Watch will also be needed. Use the examples provided as a guide and refer to USPL Safety Policies. If more than 10 steps are needed to complete the detailed job plan, please select the expanded detail job plan version of the form.

## Site Safety, Health & Environmental Plan

**Company Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**BP PRCW:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Work Start Date:** \_\_\_\_\_ **ISN JS #** \_\_\_\_\_

This is the Jobsite Number from ISNetwork for any work regulated under federal DOT requirements. Enter N/A for non-DOT work.

**Incident Notification**  
Contractor employees must immediately notify the BP USPL Site Contact and Contractor Work Site Supervisor of any injury or illness sustained while performing work in the BP environment. They must follow their employer's medical treatment policies and plans in the event of an injury or illness. Contractor companies shall provide their own case management for their employees' medical situation and return-to-work status.

Enter the name, phone numbers and e-mail for your Company's representative who will supervise work at the jobsite.

<p><b>BP USPL Site Contact:</b></p> <p><b>Phone:</b> _____ <b>Cell:</b> _____ <b>E-mail:</b> _____</p> <p><b>Contractor Injury Case Manager:</b></p> <p><b>Phone:</b> _____ <b>Cell:</b> _____ <b>E-mail:</b> _____</p>	<p><b>Contractor Work Site Supervisor:</b></p> <p><b>Phone:</b> _____ <b>Cell:</b> _____ <b>E-mail:</b> _____</p> <p><b>Workman's Compensation/Claims Contact:</b></p> <p><b>Phone:</b> _____ <b>E-mail/Fax:</b> _____</p>
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Enter the name, phone numbers and e-mail for the person who manages worker's compensation claims for your company.

Detailed Job Plan <small>Describe, in steps, work to be performed.</small>	Major Equipment Needed for Task <small>eg. Crane, Manlift</small>	Subcontracted Task <small>(company name)</small>	USPL Work Checklist(s)*	Certificate, License Required**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Detailed Job Plan example:**

- Kick off job with BP USPL Representative.
- Review LOTO of equipment and verify Zero Energy state with BP USPL Operations. Crew to apply individual locks & tags.
- Remove existing floating roof seals
- Demo existing floating roof
- Remove existing steam coils and floating roof drain system
- Build new steel back slope pontoon floating roof
- Install new secondary and primary seals
- Re-install floating roof drain system and steam coils
- Misc. repairs and modifications to put tank back into service

\* Select the CoW checklists that apply to the work described in the Detailed Job Plan. Checklist requirements will be validated prior to starting work. USPL HSSE Policies can be viewed on ISNetwork > Messages > Bulletin Board or on the USPL Contractor website.

PTW Only = Permit to Work (Level 1 HITRA) Select "PTW Only" if no other checklists are applicable.

CS = Confined Space  
DP = Demolition / Decommissioning Plan  
EX = Excavation

HW-PSI = Hot Work - Primary Source Ignition  
LIFT = Category 2 or 3 Lift  
WH = Working at Heights

\*\* List certificates or licenses required to perform task, e.g. Crane Operator, Rigger, Forklift Operator, DOT OQs, etc.

For each certification shown, provide documentation to the SSHEP reviewer, e.g. Copy of:

- Certificate of course completion
- Professional credential
- Applicable training card
- License card or document
- Company training record
- Company training affidavit

If a step in the Job Plan will be subcontracted, show the name of the subcontractor here.

Show all checklists required for each job step. Select from drop-down menu in each column. Abbreviations shown here are defined in the reference section at the bottom of the form. Refer to USPL's Safety Policies to determine checklist applicability. If no checklists are applicable, then select "PTW Only" Leave blank if task does not require a risk assessment (e.g. Review job scope with BP representative).

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If the subcontractor is a member of ISNetworld and their account is complete with current safety statistics and safety programs, then the primary contractor may provide the contractor's ISNetworld account number on the SSHEP for BP's reference in place of submitting supporting documentation.

Will the primary contractor provide full-time, part-time or no supervision of subcontractor? Select from drop-down menu.

Check 'YES' if the subcontractor will submit their own SSHEP. Check 'NO' if the subcontractor will be included on the SSHEP for the primary contractor.

Enter each of last three year's **Total Recordable Incident Rate**. This is the total number of OSHA recordable incidents X 200,000 / Employee hours worked. Insert the corresponding year in the column header.

How will the contractor ensure that subcontractors are trained and competent to perform the work required under this SSHEP? Select one:

- An **Internal Review** which includes an audit of your subcontractor's safety statistics (EMR, TRIR and fatalities), written safety programs, and worker certifications and OQs.
- Review **ISNetworld** records.

Subcontractor and Supplemental Craftsman Utilization/Information										
All subcontractors shall meet the minimum contractor selection requirements set by USPL; current year EMR ≤1.04, three-year average TRIR ≤2.0 and no fatalities in past three years. Documentation as evidence including OSHA 300 and 300A logs for the last three years and a current letter from the workers' compensation insurer/state agency or an active ISNetworld account number must be provided to the BP Person Responsible for Contracted Work (PRCW) and HSSE for formal review prior to work being awarded. Evidence of training, certification and licensure for subcontractors and any craftsman not directly employed by your company that is performing work on your behalf must also be provided to the BP USPL Representative prior to the commencement of work they perform.										
Contractor Name or Labor Union	Trade/Area of Expertise	Method Contractor will use to identify and verify craft/safety training	ISNetworld Account Number (if applicable)	Level of Supervision required	Will the Subcontractor prepare their own SSHEP?	Current Year EMR	TRIR 20	TRIR 20	TRIR 20	Check box if no fatalities in past 3 yrs.
					<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/>
					<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/>
					<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/>
					<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/>

Check this box if the service provider has worked during the current year and for the past three TRIR reporting years without a fatality.

The most current period **Experience Modification Rate (EMR)** for the subcontractor. The rate is calculated by the subcontractor's Workers Compensation insurance carrier.

**Hazard Communication**

- Plan for communicating the hazards of the chemicals you bring on site, including pre-job or pre-task review of chemicals used, and required precautions and PPE for specific chemicals.
- Safety Data Sheets (SDS) that detail flammability, toxicity, exposure limits, environmental, etc. of each product listed below shall be made available to employees and BP USPL for review prior to starting work. All job specific SDS must be present on-site for chemicals used at the job site.
- Upon request, BP USPL shall provide copies of SDS to Contractor for review of any process chemical hazards which may be present in the work area.
- If inhalation (breathing) exposures are likely from gases (e.g. Hydrogen Sulfide), vapors (e.g. benzene), welding fume (e.g. hexavalent Chromium), or particulate (e.g. lead), data from jobs with similar exposures must be provided along with the respiratory protection to be used. If data is not available, exposure monitoring must be performed (at no expense to BP) during the job with employees using SCBA or supplied air until data is available for respirator selection.

Trade name or chemical name for all chemicals to be brought to the facility or jobsite. Contact the BP HSSE Coordinator for a list of chemicals banned for BP work

	Chemical/Product Name	Special Handling - Add notes or comments for each	Estimated Quantity (eg. gal/pounds)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Estimate the quantity of the chemical/product that will be used for the detailed job steps shown in the document. Enter units of measure such as gallons, pounds, tons instead of descriptors like "bags", "drums", "pallets"

**Work shall not proceed until SSHEP is accepted as verified by signature below.**

*I have reviewed and accepted the Contractor SSHEP.*

BP USPL HSSE (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BP USPL PRCW (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use information from the Safety Data Sheet and your experience and knowledge working with the chemical to enter details about special precautions that need to be taken when handling or storing it.

This document must be accepted by the BP Person Responsible for the Contracted Work. Work is not authorized to proceed until both HSSE and PRCW acceptances are entered.