

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 Station; Whiting to Indy Pipeline MP 86; Brooklyn Terminal, South Pass 89E platform

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 Facility Manager or site supervisor.

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 permits and licenses/certifications required on a step-by-step basis. For instance, placing a blind flange in a 12 inch overhead line inside a tank dike may require a manlift, a piping subcontractor, permits for working at heights and hot work. Certifications for LOTO, operating the manlift and Authorized Gas Tester will also be needed. Use the examples provided as a guide.

Site Safety, Health & Environmental Plan

Company Name: _____ **Phone:** _____

Project Name: _____ **Location:** _____

BP PRCW: _____ **Cell:** _____ **E-mail:** _____

Work Start Date: _____ **ISN JS #** _____

This is the Jobsite Number from ISNetworld 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.

BP USPL Site Contact:			Contractor Work Site Supervisor:		
Phone:	Cell:	E-mail:	Phone:	Cell:	E-mail:
Contractor Injury Case Manager:			Workman's Compensation/Claims Contact:		
Phone:	Cell:	E-mail:	Phone:	E-mail/Fax:	

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

Enter the name, phone numbers and e-mail for the person who manages worker's compensation claims for your company.

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

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

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 permits that apply to the work described in the Detailed Job Plan. USPL HSSE Policies can be viewed on ISNetworld > Messages > B...ing requirements will be validated prior to starting work.

ATW = Authorization to Work (Level 1 HITRA)	CW-EE = Cold Work - Energized Electrical Work
CL = Critical Lift	CW-DV = Cold Work - Diving
CS = Confined Space	CW-HE = Cold Work - Movement of Heavy Equipment inside a Facility
EX = Excavation	CW-RS = Cold Work - Radiation Source
HW = Hot Work (PSI and/or SSI)	CW-TE = Cold Work - Toxic Substance Exposure
CW-BC = Cold Work - Breaking Containment	CW-WH = Cold Work - Working at Heights

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

Show all permits required for each job step. Select from drop-down menu in each column. Abbreviations shown here.

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

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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 their ISNetworld account number on the SSHEP for BP's reference in place of document submittals.

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 the average of the last 3 years **Days Away, Restricted or Transferred**. This is the number of OSHA Recordable injuries and illnesses that resulted in Days Away; Restricted; Transferred X 200,000 / Employee hours worked. Also enter each 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 assure that subcontractors are trained and competent to perform the work required under this SSHEP. A few examples may include:

- Review Worker Certifications
- Audit subcontractor safety program
- Audit subcontractor training records
- Audit OQ records in ISNetworld, etc.

Subcontractor and Supplemental Craftsman Utilization/Information											
All subcontractors shall meet the minimum contractor selection requirements set by USPL, current year EMR ≤ 1.05 ; three-year average TRIR ≤ 2.0 and DART ≤ 1.0 ; 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	3-year Avg. DART	TRIR 20	TRIR 20	TRIR 20	Check box if no fatalities in past 3 yrs
				None Part Time Full Time	<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. This comes from the sub's Workers Compensation insurance carrier.

Hazard Communication		
<ul style="list-style-type: none"> • 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. 		
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.		

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

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

Use information from the MSDS and your experience and knowledge working with this chemical to enter details about special precautions that need to be taken when handling, storing, or using this chemical.

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: _____

HSSE review will be either the District Safety Coordinator or the HSSE Project Coordinator. Only one HSSE review is required.

This document must be accepted by the BP person responsible for the contracted work and is not final until both HSSE and PRCW acceptances are entered.