



School Construction Authority

SCA Safety Division

Site Safety Plan Submission Form

Project Officers to complete this form and attach it to the site safety plan before submitting it to the Safety Unit. Plans without this form will not be accepted. Plans must be an 11 x 17, color, PDF attachment sent via email. Submit plans to : DL-SAFETYDIRECTOR@nycsca.org

- 1) School/Site: _____ 2) District: _____ 3) LLW #: _____
4) Address: _____ 5) Date submitted: _____
_____ 6) No.of Copies Submitted _____
7) Initial Submission Resubmission (If so, please explain changes: _____)
*Note: Please **highlight** the changes on submitted SSP.*

If phasing is required, each phase shall be on a separate page.

8) Scope of Work (check all that apply- for additional information use extra sheets):

- a . Internal b. External c. New School/Addition

Science Lab	Playground Upgrade	RPZ Valves
Auditorium Upgrade	Parapet	Paved area
P.A. System	Roof	Retaining walls
Fire Alarm system	Exterior Masonry	Window replacement
Surveillance Cameras	Emergency Shed	Demolition
Flood Elimination	Lighting Fixtures Replacement	Elevator /
Other _____		Accessibility

9) If noted as an interior job, is there any roof work (roof exhaust, roof AC system, roof vents, etc.)?:

Yes No

10) Did PO review the site and confirm this SSP being consistent with current phasing stage?

Yes No

11) Has the Site Safety Plan been reviewed in the field with SCA Safety prior to this submission?

Yes No

12) Crane on site: Yes No

13) Are exit closures required to complete work? Yes No

13a) Is there an approved alternate egress plan attached? Yes No

14) Does S.S.P. include statement regarding D.O.B. Local Law 196 of 2017, which states that all workers employed on the site shall have a current NYC DOB recognized SST card?

Yes No

15) Contractor: _____ Phone: _____

16) NYC Site Safety Manager/& License No.: _____
(Company/Consultant Name)

17) Submitted by:

a). S.C.A. Project Officer - (Print Name/Signature) _____

Cell. No. _____ E-mail address: _____

b). Construction Manager - (Print Name/Signature) _____

Cell. No. _____ E-mail address: _____