



FACILITIES & CONSTRUCTION MANAGEMENT
SAFE WORK PLAN

This document must be submitted with typed responses. Hand written forms will not be acceptable. All responses must be completed or filled in with N/A for ‘not applicable’.

SAFE WORK PLANS MUST BE SIGNED AT LEAST ONE WEEK PRIOR TO THE START OF ANY WORK. PLANS SHOULD BE SUBMITTED TO THE NYU PROJECT MANAGER

Each Contractor shall ensure that their subcontractors, employees and suppliers, regardless of tier, comply with the Contractor’s Company Safety Program and all applicable Federal, State and Local Codes, laws, Orders, Rules ,Regulations and NYU FCM Work Rules and Policies.

Nothing in the Safe Work plan shall be construed to relieve persons from compliance with the Contractor’s Company Safety Program and all applicable Federal, State and Local Codes, laws, orders, Rules, Regulations and NYU FCM Work Rules and Policies.

Contractor Name: _____

Foremen/Superintendent on-site: _____

email: _____

phone: _____

24 Hr Emergency Contact Person: _____

24 Hr Phone# _____ Email: _____

Project Address: _____

Floor(s) _____

Project of:

Construction Alterations Demolition Number of Stories _____
