STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

PROJECT SAFETY PROGRAM STATEMENT

CEM-0602 (REV 4/2001)

FIELD OFFICE OR JOB STAMP

1. CODE OF SAFE PRACTICES *(Mark the sections of the C.O.S.P. which apply to this project)*

- ☐ GENERAL SAFETY
- ☐ EQUIPMENT
- ☐ ELEVATED WORK AREAS
- ☐ HAZARDOUS MATERIALS
- ☐ VEHICLE OPERATIONS
- ☐ TRAFFIC CONTROL SYSTEMS
- ☐ EXCAVATIONS
- ☐ NIGHT WORK
- ☐ FACILITIES
- ☐ PROJECT SPECIFIC REQUIREMENTS
- ☐ OTHER SPECIAL CONSIDERATIONS
- ☐ ELECTRICAL
- ☐ FIELD TESTING
- ☐ CONFINED / ENCLOSED SPACE
- ☐ MATERIAL PLANT SITES

2. PLANNED, PERIODIC INSPECTIONS (*Planned, periodic safety inspections will be conducted as follows)*

STAGE	INTERVAL	STAGE	INTERVAL
	WORK DAYS		WORK DAYS
	WORK DAYS		WORK DAYS

3. PROJECT SAFETY COORDINATOR IS:

4. PROGRAM AGREEMENT

RESIDENT ENGINEER'S SIGNATURE	DATE
CONSTRUCTION ENGINEER'S SIGNATURE	DATE
CONSTRUCTION SAFETY COORDINATOR'S SIGNATURE	DATE

5. EMPLOYEE'S ACKNOWLEDGMENT - *(Each employee shall acknowledge reading the C.O.S.P. by their signature)*

I HAVE READ THE APPLICABLE CODE OF SAFE PRACTICES

SIGNATURE	DATE	SIGNATURE	DATE

FM 91 1329

USE AN ATTACHED SHEET FOR ADDITIONAL SIGNATURES

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