

# Attachment 1

## Sample Site Specific Work Plan (SSWP)

Work Order Package No. \_\_\_\_\_ SSWP # \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Work Date(s) \_\_\_\_\_

Work Location: \_\_\_\_\_ and Hours: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

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Muni Operating Facility Affected by This Work: \_\_\_\_\_

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Submitted by: \_\_\_\_\_

Contractor's Project Manager

Date

\_\_\_\_\_  
City Representative

Date

\_\_\_\_\_  
Muni Operations Liaison

Date



Work Order Package No.:\_

SSWP #: \_\_\_\_\_

## Pre-Construction Condition Drawing

Work Order Package No. \_\_\_\_\_  
SSWP #: \_\_\_\_\_

## Proposed Work Drawing

Work Order Package No. \_\_\_\_\_  
SSWP #: \_\_\_\_\_

Schedule of SSWP Milestone Events  
(From Hourly Work Plan)

Date

Event

Scheduled Completion

Work Order Package No. \_\_\_\_\_  
SSWP #: \_\_\_\_\_

Contingency Plan:

(List steps necessary to restore overhead catenary system, traction power, train control, and communications to operational readiness)

Hourly Work Plan

Start Date:  
Completion Date:

Work Order Package No. \_\_\_\_\_  
SSWP #: \_\_\_\_\_

	Hours																							
Activity	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	8	9	10	11



Work Order Package No. \_\_\_\_\_  
SSWP #: \_\_\_\_\_

Contractor's Field Superintendent:

Date/Hours

Name

Telephone No.

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Central Control:

Fire Department:

Police:

Ambulance: