

SITE SAFETY AND HEALTH PLAN

A. SITE DESCRIPTION:

Site Name: _____ Effective Date: _____ Expires: _____

Location: _____

Prepared by: _____ Signature: _____

Version: ☐ Original ☐ Revision

Original plan dated: _____

SITE DESCRIPTION AND CONTAMINATION CHARACTERIZATION:

SITE TYPE: (Check as many as applicable)

<input type="checkbox"/> Active	<input type="checkbox"/> Landfill	<input type="checkbox"/> Residential	<input type="checkbox"/> Recreational
<input type="checkbox"/> Inactive	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Industrial	<input type="checkbox"/> Natural Area
<input type="checkbox"/> Secure	<input type="checkbox"/> Commercial	<input type="checkbox"/> Military	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unsecured	<input type="checkbox"/> Other (specify) _____		

SURROUNDING POPULATION:

<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Urban
<input type="checkbox"/> Rural	<input type="checkbox"/> Other (specify) _____	

TOPOGRAPHY: _____

DESCRIPTION OF ON-SITE ACTIVITIES:

<input type="checkbox"/> Preliminary Assessment	<input type="checkbox"/> Remedial Action
<input type="checkbox"/> Site Inspection	<input type="checkbox"/> Remedial Design
<input type="checkbox"/> Remedial Investigation and Feasibility Study	<input type="checkbox"/> Remedial Action Study/Pilot
<input type="checkbox"/> Emergency Action	<input type="checkbox"/> Other (specify) _____

B. OBJECTIVES: _____

C. ON-SITE ORGANIZATION AND COORDINATION:

The following personnel are designated to carry out job functions on-site; as stated in this safety plan [specify name; company; contact number].

Project Team Leader: _____

Project Safety Officer: _____

Site Safety Officer: _____

Field Team Leader: _____

Fig. 6-1 Site-specific HASP

Field Team Members: _____

Federal Agency Reps: _____

State Agency Reps: _____

Local Agency Reps: _____

Contractors: _____

All personnel arriving or departing the site will log in and out with the Site Safety Officer. All activities on site must be cleared through the project Team Leader. The Site Safety Officer will maintain a job log.

D. ON-SITE CONTROL:

_____ has been designated to coordinate access control and security on site. A safe perimeter has been established at _____

No unauthorized person should be within this area.

The on-site control point and staging area have been established at _____

Control boundaries have been established, and the Exclusion Zone (the contaminated area), Contamination Reduction Zone (CRZ) and Support Zone (clean area) have been identified and designated as follows:

Support Zone: _____

CRZ: _____

Exclusion Zone: _____

Fig. 6-1 Site-specific HASP—*cont'd*

These boundaries are identified by: _____

E. HAZARD ASSESSMENT AND RISK ANALYSIS:

HAZARD EVALUATION: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Cold Stress | <input type="checkbox"/> Work at Heights |
| <input type="checkbox"/> Oxygen Deficiency | <input type="checkbox"/> Radiological | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Toxic Materials | <input type="checkbox"/> Other Chemical Hazards | <input type="checkbox"/> Biological |
| <input type="checkbox"/> Explosion/Flammable | <input type="checkbox"/> Danger - Wildlife | <input type="checkbox"/> Excavation/Trenching |
| <input type="checkbox"/> Surface/Terrain | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Other (specify): _____ | | |

The following substance(s) are known or suspected to be on-site. The primary hazards of each are identified.

Substances Involved

Concentrations

Primary Hazards

OVERALL HAZARD EVALUATION:

- ☐ High ☐ Medium ☐ Low ☐ Unknown

This site Safety and Health Plan addresses all hazards identified in Section E through the following program elements:

F. PERSONAL PROTECTIVE EQUIPMENT:

NOTE: Completion of this section certifies hazard assessment, the effective date of this plan, in compliance with the requirements of 29CFR1910.132.

Fig. 6-1 Site-specific HASP—*cont'd*

EMERGENCY RESPONSE OPERATIONS

Based on evaluation of potential hazards, the following levels of personal protection have been designated for the applicable work areas or tasks:

Location	Job Function	Level of Protection			
Exclusion Zone	_____	A	B	C	D
	_____	A	B	C	D
Contamination Reduction Zone	_____	A	B	C	D
	_____	A	B	C	D

Specific protective equipment for each level of protection is as follows: [A safety factor of (2) has been assigned to all skin protection devices.]

[Respirators selected meet the requirements of certification and protection factors issued by the National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention: U.S. Public Health Service]. [All respirators will be used in compliance with the Coccia and Associates, Inc./other written respirator program].

Level A	_____	Level C	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
Level B	_____	Level D	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
Other:	_____		_____
	_____		_____

NON-EMERGENCY OPERATIONS

Site Characterization And Inspection: _____

Remedial Operations: _____

Post Remedial Operations: _____

NOTE: Completion of this section certifies hazard assessment, the effective date of this plan, in compliance with the requirements of 29CFR1910.132.

Fig. 6-1 Site-specific HASP—*cont'd*

PERSONAL PROTECTIVE EQUIPMENT: (cont'd)

Based on evaluation of potential hazards, the following levels of personal protection have been designated for the applicable work areas or tasks:

Location	Job Function	Level of Protection			
Exclusion Zone	_____	A	B	C	D
	_____	A	B	C	D
	_____	A	B	C	D
	_____	A	B	C	D
Contamination Reduction Zone	_____	A	B	C	D
	_____	A	B	C	D
	_____	A	B	C	D
	_____	A	B	C	D

Specific protective equipment for each level of protection is as follows: [A safety factor of (2) has been assigned to all skin protection devices.]

Level A	_____	Level C	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
Level B	_____	Level D	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
Other:	_____		_____
	_____		_____

NOTE: Completion of this section certifies hazard assessment, the effective date of this plan, in compliance with the requirements of 29CFR1910.132.

G. COMMUNICATION PROCEDURES:

The following standard hand signals will be used in case of failure of radio communications:

- Hand gripping throat-----Out of air, can't breathe
- Grip partner's wrist-----Leave area immediately

Fig. 6-1 Site-specific HASP—*cont'd*

- Hands on top of head----Need assistance
- Thumbs up----OK, I'm all right, I understand
- Thumbs down----No, negative

Telephone communication to the control point should be established as soon as practicable. The control point phone number is:

Channel _____ has been designated as the radio frequency for personnel in the Exclusion Zone. All other on-site communications will use channel _____ .

H. DECONTAMINATION PROCEDURES:

Personnel Decontamination: [] Not needed

The following procedure shall be utilized in decontamination of personnel:

Sampling Equipment Decontamination: [] Not needed

The following stations shall be utilized in decontamination of sampling equipment:

Heavy Equipment Decontamination: [] Not needed

The following stations shall be utilized in decontamination of heavy equipment:

Emergency Decontamination will include the following stations:

Fig. 6-1 Site-specific HASP—*cont'd*

The following decontamination equipment is required:

I. SITE SAFETY AND HEALTH PROCEDURES:

1. _____ is the designated Site Safety Officer and is directly responsible to the Project Team Leader for safety recommendations on site.
2. Emergency Medical Care
_____ are the certified First Aide/CPR/Emergency Medical Technicians/Paramedic/Occupational Health Nurse/Physician on-site. [Circle as Appropriate] and can be contacted on site by _____.

These individuals have been trained in the requirements of the Bloodborne Pathogen Standard 29CFR1910.130. First Aid medical procedures are performed under the Cocciaardi and Associates, Inc./other Exposure Control Plan and evaluation.

The name of the Closest Acceptable Medical Facility:

Directions to Medical Facility: _____

Phone: _____ Other Contact: _____

Minutes from site: _____

The following person(s) was contacted and briefed on the situation, the potential hazards, and the substances involved:

Name: _____ Medical information on-site is maintained
at: _____

Date: _____

The municipal ambulance service is: _____

Phone: _____

Fig. 6-1 Site-specific HASP—*cont'd*

Response Time: _____
Safe Meeting Point: _____

The following person(s) was contacted and briefed on the situation, and the potential hazards:

Name: _____
Date: _____

First-Aid equipment is available on-site at the following locations:

First-aid kit _____
Emergency eye wash _____
Emergency shower _____
O₂ _____

Emergency medical information for items identified in Section E: Hazard Assessment

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First-aid Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

An accident report is required to be filed with the site safety officer and project manager for all incidents requiring first aid; all incidents resulting in property damage, or exposure/potential exposures to individual not covered by this safety plan.

3. Fire & Rescue Equipment, as listed below, is available: (Trained individuals only will utilize fire extinguishers).

Fire Extinguishers:

Location: _____	Rating: _____
_____	_____
_____	_____
_____	_____
_____	_____

Other emergency response equipment: _____

A fire brigade/rescue team is/is not available for response: _____

Alerting Procedures: _____

Fig. 6-1 Site-specific HASP—*cont'd*

Authorized Actions: _____

HOT WORK PROCEDURES:

As a minimum, this requires compliance with all rules as stated in section 5; Site Safety Rules; and the following:

- a) A fire watch will be maintained during & 30 minutes after hot work activities occur. The fire watch will be trained in the area of fire suppression equipment.
- b) All combustibles, will be cleared a minimum of 30 ft. from hot work.
- c) No oxidizers or combustible/flammable vapors will be present while hot work occurs. (Less than 10% LEL); or inerted atmospheres.
- d) Additional requirements: _____

The following fire safety/rescue/emergency official was contacted and briefed on the situation, the potential hazard and the substances involved:

NAME: _____ DATE: _____
ORGANIZATION: _____
RESPONSE TIME: _____ MEETING POINT: _____

4. List of emergency phone numbers:

<u>Agency/Facility</u>	<u>Phone</u>	<u>Contact</u>
Police _____		
Fire/Rescue _____		
Hospital _____		
Ambulance _____		
Public Health Advisor _____		

5. Environmental Monitoring

The following environmental monitoring instruments shall be used on site at the specified intervals.

Combustible Gas Indicator	<input type="checkbox"/> continuous	<input type="checkbox"/> hourly	<input type="checkbox"/> periodic
Oxygen Monitor	<input type="checkbox"/> continuous	<input type="checkbox"/> hourly	<input type="checkbox"/> periodic
Colormetric Tubes	<input type="checkbox"/> continuous	<input type="checkbox"/> hourly	<input type="checkbox"/> periodic
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HNU/OVA	<input type="checkbox"/> continuous	<input type="checkbox"/> hourly	<input type="checkbox"/> periodic
Other _____	<input type="checkbox"/> continuous	<input type="checkbox"/> hourly	<input type="checkbox"/> periodic
_____	<input type="checkbox"/> continuous	<input type="checkbox"/> hourly	<input type="checkbox"/> periodic

Fig. 6-1 Site-specific HASP—*cont'd*

A log of environmental test dates, equipment calibrations and results will be maintained by site safety officer, and is found at Appendix A.

6. Emergency Procedures and Emergency Action Plan

The following standard emergency procedures will be used by on-site personnel. The Site Safety Officer shall be notified of any on-site emergencies and be responsible for ensuring that the appropriate procedures are followed.

Emergency Alarm Signal: _____

Secondary Emergency Alarm Signal: _____

Designated Meeting Location: _____

Emergency Rescue/Firefighting/First Aid will be provided on site as designated in Section I.3.

Personnel Injury in the Exclusion Zone: In the event of an injury in the Exclusion Zone, the emergency signal shall be sounded. Injured employees shall be removed through decon or emergency decon. All site personnel shall assemble at the designated meeting location. No persons shall reenter the Exclusion Zone until the cause of the injury or symptoms is determined and work continuation is authorized by the site safety officer and project manager.

Upon notification of an injury in the contamination reduction or Support Zone, the Project Team Leader and Site Safety Officer will assess the nature of the injury and rescue/emergency services will be provided as designated in I.3. If the cause of the injury or loss of the injured person does not affect the performance of site personnel, operations will continue. If the injury increases the risk to others, the designated emergency signal shall be sounded and all site personnel shall evacuate for further instructions. Activities on-site will stop until approval to continue by the project manager and site safety officer.

Fire/Explosion: In the event of a fire or explosion on-site, the designated emergency signal shall be sounded and all site personnel shall be evacuated through standard decon to the designated location. The fire response/rescue team/fire department shall be alerted.

Equipment Failure: If any site worker experiences a failure or alteration of protective equipment that affects the protection afforded by the equipment, that person and his/her buddy shall immediately evacuate to support areas through standard decon. Reentry shall not be permitted until the equipment has been repaired or replaced. The team approved for re-entry by the site safety officer. If any other equipment on-site fails to operate properly, the Project Team Leader and site Safety Officer shall be notified and determine the effect of this failure on continuing operations on-site. If the failure affects the safety of personnel or

Fig. 6-1 Site-specific HASP—*cont'd*

prevents completion of the Work Plan tasks, all personnel shall leave the Exclusion Zone until the situation is evaluated and appropriate actions taken.

The following emergency (secondary) escape routes are designated for use in those situations where egress from the Exclusion Zone cannot occur through the decontamination line:

In all situations, when an on-site emergency results in evacuation of the Exclusion Zone, personnel shall not reenter until:

1. The conditions resulting in the emergency have been corrected.
2. The hazards have been reassessed.
3. The Site Safety Plan has been reviewed.
4. Site personnel have been briefed on any changes in the Site Safety Plan.

7. Site Safety Rules

- A. No smoking is permitted on-site, or within controlled areas (exclusion and contamination reduction zones).
- B. Eating, drinking or the application of cosmetics may only be permitted in areas approved by the site safety officer.
- C. In the event air monitoring shows atmospheres in excess of 10% L.E.L. on site, no sources of ignition will be allowed on-site, until the hazard is reduced to levels below 10% LEL. This occurrence shall be indicated by a designated sign, and communicated by the site safety officer.
- D. In the event I.D.L.H. atmospheres are present, trained and equipped standby personnel will be available on-site (mandatory rescue team of two people, minimum). This includes work in atmospheres in excess of 10% L.E.L., <19.5% Oxygen or in excess of published IDLH (NIOSH) levels. Work with shock sensitive or reactive materials shall be considered IDLH. This includes crystallized laboratory chemicals and overpressurized or stressed cylinders, drums or containers. In these situations only necessary employees will be permitted in exclusion zones; remote operations shall be used; where possible and a signal will be used to designate the initiation of these handling activities.
- E. 15 feet wide driveways will be maintained on-site at all times.
- F. No combustible materials will be stored within 10 feet of any structure.
- G. No oxidizers will be stored/used on grounds without amendment to this site safety plan.
- H. All hot work must first be approved by the site safety and health officer.
- I. Sanitary facilities:
Hand washing facilities located at: _____
Shower facilities are located at: _____
Change/locker facilities are located at: _____
Toilets are located at: _____
Drinking water is located at: _____

Fig. 6-1 Site-specific HASP—*cont'd*

J. All individual working on this project designated as hazardous waste workers or technicians will be medically pre-approved to work with hazardous wastes, toxic materials, or specialized personal protective equipment. This includes site safety personnel. Any individual utilizing respiratory protection equipment shall be medically pre-approved to use a respirator. Each contractor will be responsible for maintaining this approved documentation. An approved fit test will be provided for all individuals using both negative and positive pressure respirators, within six months of use. The site safety officer shall audit this program and may request this information.

8. Personal Monitoring

Engineering controls; administrative procedures and personal protective equipment will be upgraded/downgraded at the following action levels: _____

The following personal monitoring will be in effect on-site:

Personal exposure sampling (air):

EMPLOYEE CLASS

TYPE

DATE/SHIFT

Posting of monitoring results shall be at: _____

Maintenance of monitoring results shall be at: _____

Medical Monitoring (biological exposure indices): _____

Heat stress monitoring is/is not required; the following procedures shall be followed [anticipated air temperature _____]:

Fig. 6-1 Site-specific HASP—*cont'd*

A Heat Alert Program is/is not required on site. The following procedures shall be followed [NOAA/NWS: Heat Wave Alert issued for _____]:

All site personnel have read the above plan and are familiar with its provisions.

	<u>Name</u>	<u>I.D. #</u>	<u>Signature</u>	<u>Company</u>
Project Team Leader	_____	_____	_____	_____
Site Safety Officer	_____	_____	_____	_____
Other Site Personnel	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

The following Appendices are attached to this plan:

- . Appendix A - Instrument Calibration Log
 - . Results of On-Site Monitoring
 - . On-Site Sample Collection Log
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Fig. 6-1 Site-specific HASP—*cont'd*