

# Site Safety and Health Plan ICS-208-CG (rev 9/06)

Incident Name: \_\_\_\_\_

Date/Time Prepared: \_\_\_\_\_ Operational Period: \_\_\_\_\_

**Purpose.** The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations.

Questions on the document should be addressed to the Coast Guard Office of Incident Management and Preparedness (G-RPP).

## Table of Forms

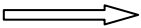
| FORM NAME                          | FORM # | USE                                          | REQUIRED | OPTIONAL | ATTACHED |
|------------------------------------|--------|----------------------------------------------|----------|----------|----------|
| Emergency Safety and Response Plan | A      | Emergency response phase (uncontrolled)      | X        |          |          |
| Site Safety Plan                   | B      | Post-emergency phase (stabilized, cleanup)   | X        |          |          |
| Site Map                           | C      | Post-emergency phase map of site and hazards | X        |          |          |
| Emergency Response Plan            | D      | Part of Form B, to address emergencies       | X        |          |          |
| Exposure Monitoring Plan           | E      | Exposure monitoring Plan to monitor exposure | X        |          |          |
| Air Monitoring Log                 | E-1    | To log air monitoring data                   | X*       |          |          |
| Personal Protective Equipment      | F      | To document PPE equipment and procedures     | X*       |          |          |
| Decontamination                    | G      | To document decon equipment and procedures   | X*       |          |          |
| Site Safety Enforcement Log        | H      | To use in enforcing safety on site           |          | X        |          |
| Worker Acknowledgement Form        | I      | To document workers receiving briefings      |          | X        |          |
| Form A Compliance Checklist        | J      | To assist in ensuring HAZWOPER compliance    |          | X        |          |
| Form B Compliance Checklist        | K      | To assist in ensuring HAZWOPER compliance    |          | X        |          |
| Drum Compliance Checklist          | L      | To assist in ensuring HAZWOPER compliance    |          | X        |          |
| Other:                             |        |                                              |          |          |          |
|                                    |        |                                              |          |          |          |
|                                    |        |                                              |          |          |          |
|                                    |        |                                              |          |          |          |
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|                                    |        |                                              |          |          |          |

\* Required only if function or equipment is used during a response

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|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
|---------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------|------------------------------------------|---------------------------------|------------------------|-------------------|------------------|--------------------|------------------|------------|--|
| <b>EMERGENCY SAFETY and RESPONSE PLAN</b>   |                    | 1. Incident Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 2. Date/Time Prepared                           |                                           | 3. Operational Period          |                                     | 4. Attachments: <b>Attach MSDS for each Chemical:</b> |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| 5. <u>Organization</u> IC/UC:               |                    | Safety:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | Entry Team:                                     |                                           | Backup Team:                   |                                     | Decon Team:                                           |                                          |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    | Div/Group Supv:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| 6.a. <u>Physical Hazards and Protection</u> |                    | 6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/><br>Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify) |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| 6.c. Tasks & Controls                       |                    | 6d. Entry Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6.e. Ventilate                          | 6f. Hearing Protection                          | 6g. Shoes (type)                          | 6.h. Hard Hats                 | 6i. Clothing (cold wx)              | 6j. Life Jacket                                       | 6l. Work/ Rest (hrs)                     | 6.m. Fluids (amt/time)          | 6.n. Signs & Barricade | 6.p. Fall Protect | 6.q. Post Guards | 6.r. Flash Protect | 6.s. Work Gloves | 6.t. Other |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
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|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
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|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| 7.a. Agent                                  |                    | 7.b. Hazards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                                 | 7.c. Target Organs                        |                                |                                     | 7.d. Exposure Routes                                  |                                          | 7.f. PPE                        |                        | 7.g. Type of PPE  |                  |                    |                  |            |  |
|                                             |                    | Explosive <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Radioactive <input type="checkbox"/>    | Eyes <input type="checkbox"/>                   | Nose <input type="checkbox"/>             | Skin <input type="checkbox"/>  | Ears <input type="checkbox"/>       | Inhalation <input type="checkbox"/>                   | Face Shield <input type="checkbox"/>     |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    | Flammable <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Carcinogen <input type="checkbox"/>     | Central Nervous System <input type="checkbox"/> |                                           |                                |                                     | Absorption <input type="checkbox"/>                   | Eyes <input type="checkbox"/>            |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    | Reactive <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Oxidizer <input type="checkbox"/>       | Respiratory <input type="checkbox"/>            | Throat <input type="checkbox"/>           |                                |                                     |                                                       | Ingestion <input type="checkbox"/>       | Gloves <input type="checkbox"/> |                        |                   |                  |                    |                  |            |  |
|                                             |                    | Biomedical <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Corrosive <input type="checkbox"/>      | Lungs <input type="checkbox"/>                  | Heart <input type="checkbox"/>            | Liver <input type="checkbox"/> |                                     | Injection <input type="checkbox"/>                    | Inner Suit <input type="checkbox"/>      |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    | Toxic <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Specify Other: <input type="checkbox"/> | Kidney <input type="checkbox"/>                 | Blood <input type="checkbox"/>            | Lungs <input type="checkbox"/> |                                     | Membrane <input type="checkbox"/>                     | Splash Suit <input type="checkbox"/>     |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | Circulatory <input type="checkbox"/>            | Gastrointestinal <input type="checkbox"/> |                                |                                     |                                                       | Level A Suit <input type="checkbox"/>    |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | Bone <input type="checkbox"/>                   | Other Specify: <input type="checkbox"/>   |                                |                                     |                                                       | SCBA <input type="checkbox"/>            | APR <input type="checkbox"/>    |                        |                   |                  |                    |                  |            |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       | SAR <input type="checkbox"/>             |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       | Cartridges <input type="checkbox"/>      |                                 |                        |                   |                  |                    |                  |            |  |
|                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       | Fire Resistance <input type="checkbox"/> |                                 |                        |                   |                  |                    |                  |            |  |
| 8. Instruments:                             | 8.a. Action Levels | 8.b. Chemical Name(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8.c. LEL/UEL %                          | 8.d. Odor Thresh Ppm                            | 8.e. Ceiling/ IDLH                        | 8.f. STEL/TLV                  | 8.g. Flash Pt/ Ignition Pt (F or C) | 8.h. Vapor Pressure (mm)                              | 8.i. Vapor Density                       | 8.j. Specific Gravity           | 8.l. Boiling Pt F or C |                   |                  |                    |                  |            |  |
| O2 <input type="checkbox"/>                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| CGI <input type="checkbox"/>                |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| Radiation <input type="checkbox"/>          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| Total HCs <input type="checkbox"/>          |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| Colorimetric <input type="checkbox"/>       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| Thermal <input type="checkbox"/>            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |
| Other <input type="checkbox"/>              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                 |                                           |                                |                                     |                                                       |                                          |                                 |                        |                   |                  |                    |                  |            |  |

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| <b>EMERGENCY SAFETY and<br/>RESPONSE PLAN (Cont)</b>                                                                                                                                                                                                           | 1. Incident Name                                                                                                                                                                                               | 2. Date/Time Prepared                                                                                                                                                                | 3. Operational Period                                                                                                                                                             | 4. Attachments: <b>Attach MSDS for each Chemical</b> |
| 9. <u>Decontamination</u> :<br>Instrument Drop Off <input type="checkbox"/><br>Outer Boots/Glove Removal <input type="checkbox"/><br>Suit/Gloves/Boot Disposal <input type="checkbox"/>                                                                        | Suit Wash <input type="checkbox"/><br>Decon Agent: Water <input type="checkbox"/><br>Other <input type="checkbox"/><br>Specify:                                                                                | Bottle Exchange <input type="checkbox"/><br>Outer Suit Removal <input type="checkbox"/><br>Inner Suit Removal <input type="checkbox"/><br>SCBA/Mask Removal <input type="checkbox"/> | SCBA/Mask Rinse <input type="checkbox"/><br>Inner Glove Removal <input type="checkbox"/><br>Work Clothes Removal <input type="checkbox"/><br>Body Shower <input type="checkbox"/> | Intervening Steps <input type="checkbox"/> Specify:  |
| 10. <u>Site Map</u> . Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North<br><input type="checkbox"/> Attached, <input type="checkbox"/> Drawn Below: |                                                                                                                                                                                                                |                                                                                                                                                                                      |                                                                                                                                                                                   |                                                      |
| 11.a. <u>Potential Emergencies</u> :<br>Fire <input type="checkbox"/><br>Explosion <input type="checkbox"/><br>Other <input type="checkbox"/>                                                                                                                  | 11.b. Evacuation Alarms:<br>Horn <input type="checkbox"/> # Blasts <input type="checkbox"/><br>Bells <input type="checkbox"/> #Rings <input type="checkbox"/><br>Radio Code <input type="checkbox"/><br>Other: | 11.c Emergency Prevention and Evacuation Procedures:<br>Safe Distance:                                                                                                               |                                                                                                                                                                                   |                                                      |
| 12. a. <u>Communications</u> :<br>Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                 | 12.b. Command #:                                                                                                                                                                                               | 12.c. Tactical #:                                                                                                                                                                    | 12.d. Entry #:                                                                                                                                                                    |                                                      |
| 13.a. <u>Site Security</u> :<br>Personnel Assigned                                                                                                                                                                                                             | 13.b. Procedures:                                                                                                                                                                                              |                                                                                                                                                                                      | 13.c. Equipment:                                                                                                                                                                  |                                                      |
| 14.a. <u>Emergency Medical</u> :<br>Personnel Assigned                                                                                                                                                                                                         | 14.b. Procedures:                                                                                                                                                                                              |                                                                                                                                                                                      | 14.c Equipment:                                                                                                                                                                   |                                                      |
| 15. <u>Prepared by</u> :                                                                                                                                                                                                                                       | 16. <u>Date/Time Briefed</u> :                                                                                                                                                                                 |                                                                                                                                                                                      | <b>ICS-208-CG SSP-A Page 2.</b><br><b>(rev 9/06):</b> Page ____ of ____                                                                                                           |                                                      |

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|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>CG ICS SITE<br/>SAFETY PLAN (SSP)<br/>HAZARD<br/>ID/EVAL/CONTROL</b> | 1. Incident Name                                                                                    | 2. Date/Time Prepared                                                                                                                                                                                                                        | 3. Operational Period                                                                                                                                                                                                   | 4. Safety Officer (include method of contact)               |
| 5. Supervisor/Leader                                                    | 6. Location and Size of Site                                                                        | 7. Site Accessibility<br>Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/><br>Comments:                                                                                                              | 8. For Emergencies Contact:                                                                                                                                                                                             | 9. Attachments: <b>Attach MSDS for each Chemical</b>        |
| 10.a.<br>Job Task/Activity                                              | 10.b.<br>Hazards*  | 10.c. Potential Injury & Health Effects                                                                                                                                                                                                      | 10.d. Exposure Routes                                                                                                                                                                                                   | 10.e.<br><u>Controls</u> : Engineering, Administrative, PPE |
|                                                                         |                                                                                                     |                                                                                                                                                                                                                                              | Inhalation <input type="checkbox"/><br>Absorption <input type="checkbox"/><br>Ingestion <input type="checkbox"/><br>Injection <input type="checkbox"/><br>Membrane <input type="checkbox"/><br><input type="checkbox"/> |                                                             |
|                                                                         |                                                                                                     |                                                                                                                                                                                                                                              | Inhalation <input type="checkbox"/><br>Absorption <input type="checkbox"/><br>Ingestion <input type="checkbox"/><br>Injection <input type="checkbox"/><br>Membrane <input type="checkbox"/><br><input type="checkbox"/> |                                                             |
|                                                                         |                                                                                                     |                                                                                                                                                                                                                                              | Inhalation <input type="checkbox"/><br>Absorption <input type="checkbox"/><br>Ingestion <input type="checkbox"/><br>Injection <input type="checkbox"/><br>Membrane <input type="checkbox"/><br><input type="checkbox"/> |                                                             |
|                                                                         |                                                                                                     |                                                                                                                                                                                                                                              | Inhalation <input type="checkbox"/><br>Absorption <input type="checkbox"/><br>Ingestion <input type="checkbox"/><br>Injection <input type="checkbox"/><br>Membrane <input type="checkbox"/><br><input type="checkbox"/> |                                                             |
|                                                                         |                                                                                                     |                                                                                                                                                                                                                                              | Inhalation <input type="checkbox"/><br>Absorption <input type="checkbox"/><br>Ingestion <input type="checkbox"/><br>Injection <input type="checkbox"/><br>Membrane <input type="checkbox"/><br><input type="checkbox"/> |                                                             |
| 11. Prepared By:                                                        | 12. Date/Time Briefed:                                                                              | <b>*HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving |                                                                                                                                                                                                                         | <b>ICS-208-CG SSP-B (rev 9/06):</b><br>Page _____ of _____  |

|                                                                                               |                              |                                                                                                                                                                                                                                             |                                |                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CG ICS SSP: SITE MAP</b>                                                                   | 1. Incident Name             | 2. Date/Time Prepared                                                                                                                                                                                                                       | 3. Operational Period          | 4. Safety Officer (include method of contact)                                                                                                                |
| 5. Supervisor/Leader                                                                          | 6. Location and Size of Site | 7. Site Accessibility<br>Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/><br>Comments:                                                                                                             | 8. For Emergencies<br>Contact: | 9. <u>Include</u> :<br>- Work Zones<br>- Security Perimeter<br>- Decontamination Line<br>- Locations of Hazards<br>- Places of Refuge<br>- Evacuation Routes |
| 10. Sketch of Site:<br><input type="checkbox"/> Attached. <input type="checkbox"/> Drawn Here |                              |                                                                                                                                                                                                                                             |                                |                                                                                                                                                              |
| 11. Prepared By:                                                                              | 12. Date/Time Briefed:       | <b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving |                                | <b>ICS-208-CG SSP-C (rev 9/06):</b><br>Page _____ of _____                                                                                                   |

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| <b>CG ICS SSP:<br/>EMERGENCY<br/>RESPONSE PLAN</b> | 1. Incident Name                      | 2. Date/Time Prepared                                                                                                                                                                                                                       | 3. Operational Period                                 | 4. Safety Officer (include method of contact)                                   |
| 5. Supervisor/Leader                               | 6. Location and Size of Site          | 7. For Emergencies Contact:                                                                                                                                                                                                                 |                                                       | 8. Attachments: <b>INCLUDE ICS FORM 206 and EMT Medical Response Procedures</b> |
| 9. Emergency Alarm (sound and location)            | 10. Backup Alarm (sound and location) | 11. Emergency Hand Signals                                                                                                                                                                                                                  | 12. Emergency Personal Protective Equipment Required: |                                                                                 |
|                                                    |                                       |                                                                                                                                                                                                                                             |                                                       |                                                                                 |
| 13. Emergency Notification Procedures              |                                       | 14. Places of Refuge (also see site map form 208B)                                                                                                                                                                                          | 15. Emergency Decon and Evacuation Steps              | 16. Site Security Measures                                                      |
|                                                    |                                       |                                                                                                                                                                                                                                             |                                                       |                                                                                 |
| 17. Prepared By:                                   | 18. Date/Time Briefed:                | <b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving |                                                       | <b>ICS-208-CG SSP-D<br/>(rev 9/06)</b><br>Page ____ of ____                     |

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| <b>CG ICS SSP: Exposure Monitoring Plan</b> |                    | 1. Incident Name    |                                                                                                                                                                                                                                                                                                                                                                                                     | 2. Date/Time Prepared:                                                                | 3. Operational Period:                                                                                                                                                                                                                                                        |                          | 4. Safety Officer (Method of Contact): |                                                                                                                                                                                                                                                              |                                     |
| 5. Specific Task/Operation                  | 6. Survey Location | 7. Survey Date/Time | 8. Monitoring Methodology                                                                                                                                                                                                                                                                                                                                                                           | 9. Direct-Reading Instrument                                                          | 10. Air Sampling                                                                                                                                                                                                                                                              | 11. Hazard(s) to Monitor | 12. Monitoring Duration                | 13. Reasons to Monitor                                                                                                                                                                                                                                       | 14. Laboratory Support for Analysis |
|                                             |                    |                     | <input type="checkbox"/> Personal Breathing Zone<br><input type="checkbox"/> Area Air Monitoring<br><input type="checkbox"/> Dermal Exposure Monitoring<br><input type="checkbox"/> Biological Monitoring:<br><input type="checkbox"/> Blood<br><input type="checkbox"/> Urine<br><input type="checkbox"/> Other<br><input type="checkbox"/> Obtain bulk samples<br><input type="checkbox"/> Other: | <u>Model:</u><br><br><u>Manufacturer:</u><br><br>Last Mfr<br><u>Calibration Date:</u> | Sampling/Analysis Method:<br><br><u>Collecting Media:</u><br><input type="checkbox"/> Charcoal Tube<br><input type="checkbox"/> Silica Gel<br><input type="checkbox"/> 37 mm MCE Filter<br><input type="checkbox"/> 37 mm PVC Filter<br><input type="checkbox"/> Other: _____ |                          |                                        | <input type="checkbox"/> Regulatory Compliance<br><input type="checkbox"/> Assess current PPE adequacy<br><input type="checkbox"/> Validate engineering controls<br><input type="checkbox"/> Monitor IDLH Conditions<br><input type="checkbox"/> Other _____ |                                     |
|                                             |                    |                     | <input type="checkbox"/> Personal Breathing Zone<br><input type="checkbox"/> Area Air Monitoring<br><input type="checkbox"/> Dermal Exposure Monitoring<br><input type="checkbox"/> Biological Monitoring:<br><input type="checkbox"/> Blood<br><input type="checkbox"/> Urine<br><input type="checkbox"/> Other<br><input type="checkbox"/> Obtain bulk samples<br><input type="checkbox"/> Other: | <u>Model:</u><br><br><u>Manufacturer:</u><br><br>Last Mfr<br><u>Calibration Date:</u> | Sampling/Analysis Method:<br><br><u>Collecting Media:</u><br><input type="checkbox"/> Charcoal Tube<br><input type="checkbox"/> Silica Gel<br><input type="checkbox"/> 37 mm MCE Filter<br><input type="checkbox"/> 37 mm PVC Filter<br><input type="checkbox"/> Other: _____ |                          |                                        | <input type="checkbox"/> Regulatory Compliance<br><input type="checkbox"/> Assess current PPE adequacy<br><input type="checkbox"/> Validate engineering controls<br><input type="checkbox"/> Monitor IDLH Conditions<br><input type="checkbox"/> Other _____ |                                     |
|                                             |                    |                     | <input type="checkbox"/> Personal Breathing Zone<br><input type="checkbox"/> Area Air Monitoring<br><input type="checkbox"/> Dermal Exposure Monitoring<br><input type="checkbox"/> Biological Monitoring:<br><input type="checkbox"/> Blood<br><input type="checkbox"/> Urine<br><input type="checkbox"/> Other<br><input type="checkbox"/> Obtain bulk samples<br><input type="checkbox"/> Other: | <u>Model:</u><br><br><u>Manufacturer:</u><br><br>Last Mfr<br><u>Calibration Date:</u> | Sampling/Analysis Method:<br><br><u>Collecting Media:</u><br><input type="checkbox"/> Charcoal Tube<br><input type="checkbox"/> Silica Gel<br><input type="checkbox"/> 37 mm MCE Filter<br><input type="checkbox"/> 37 mm PVC Filter<br><input type="checkbox"/> Other: _____ |                          |                                        | <input type="checkbox"/> Regulatory Compliance<br><input type="checkbox"/> Assess current PPE adequacy<br><input type="checkbox"/> Validate engineering controls<br><input type="checkbox"/> Monitor IDLH Conditions<br><input type="checkbox"/> Other _____ |                                     |
|                                             |                    |                     | <input type="checkbox"/> Personal Breathing Zone<br><input type="checkbox"/> Area Air Monitoring<br><input type="checkbox"/> Dermal Exposure Monitoring<br><input type="checkbox"/> Biological Monitoring:<br><input type="checkbox"/> Blood<br><input type="checkbox"/> Urine<br><input type="checkbox"/> Other<br><input type="checkbox"/> Obtain bulk samples<br><input type="checkbox"/> Other: | <u>Model:</u><br><br><u>Manufacturer:</u><br><br>Last Mfr<br><u>Calibration Date:</u> | Sampling/Analysis Method:<br><br><u>Collecting Media:</u><br><input type="checkbox"/> Charcoal Tube<br><input type="checkbox"/> Silica Gel<br><input type="checkbox"/> 37 mm MCE Filter<br><input type="checkbox"/> 37 mm PVC Filter<br><input type="checkbox"/> Other: _____ |                          |                                        | <input type="checkbox"/> Regulatory Compliance<br><input type="checkbox"/> Assess current PPE adequacy<br><input type="checkbox"/> Validate engineering controls<br><input type="checkbox"/> Monitor IDLH Conditions<br><input type="checkbox"/> Other _____ |                                     |
| 15. Prepared By:                            |                    |                     | 16. Date/Time Briefed:                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | <b>HAZARD LIST:</b> <u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning                        |                          |                                        |                                                                                                                                                                                                                                                              |                                     |
| 18. Safety Officer Review:                  |                    |                     | <u>Reporting:</u> Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction.                                                                                                    |                                                                                       |                                                                                                                                                                                                                                                                               |                          |                                        | <b>ICS-208-CG SSP-E (rev 9/06)</b><br>Page ____ of ____                                                                                                                                                                                                      |                                     |

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|-----------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>CG ICS SSP: AIR<br/>MONITORING LOG</b>                 | 1. Incident Name               | 2. Date/Time<br>Prepared                                                                                                                                                                                                                     | 3. Operational Period | 4. Safety Officer (include method of contact)                                                                      |                                                                      |
| 5. Site Location                                          | 6. Hazards of Concern          | 7. Action Levels (include references):                                                                                                                                                                                                       |                       | 8. <u>Weather</u> :<br>Temperature:                  Precipitation:<br>Wind:<br>Relative Humidity:<br>Cloud Cover: |                                                                      |
| 9.a. Instrument, ID Number<br>Calibrated? Indicate below. | 9.b. Monitoring Person Name(s) | 9.c. Results (units)                                                                                                                                                                                                                         | 9.d. Location         | 9.f. Time                                                                                                          | 9.g. Interferences and<br>Comments                                   |
|                                                           |                                |                                                                                                                                                                                                                                              |                       |                                                                                                                    |                                                                      |
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|                                                           |                                |                                                                                                                                                                                                                                              |                       |                                                                                                                    |                                                                      |
| 10. Safety Officer Review:                                |                                | <u>Potential Health Effects</u> : Bruise/Lacerations, Organ Damage, Central<br>Nervous System Effects, Cancer, Reproductive Damage, Low Back<br>Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone<br>Breaks, & Eye Burning |                       |                                                                                                                    | <b>ICS-208-CG SSP-E-1</b><br><b>(rev 9/06):</b><br>Page ____ of ____ |

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| <b>CG ICS SSP:<br/>PERSONAL<br/>PROTECTIVE<br/>EQUIPMENT</b> | 1. Incident Name     |                         | 2. Date/Time Prepared        |                                                                                                                                                                                                                           | 3. Operational Period |                                                                     | 4. Safety Officer (include method of contact) |  |
|                                                              | 5. Supervisor/Leader |                         | 6. Location and Size of Site |                                                                                                                                                                                                                           | 7. Hazards Addressed: |                                                                     | 8. For Emergencies Contact:                   |  |
|                                                              | 9. Equipment:        |                         |                              |                                                                                                                                                                                                                           |                       |                                                                     | 10. References Consulted:                     |  |
|                                                              |                      |                         |                              |                                                                                                                                                                                                                           |                       |                                                                     |                                               |  |
|                                                              |                      |                         |                              |                                                                                                                                                                                                                           |                       |                                                                     |                                               |  |
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|                                                              |                      |                         |                              |                                                                                                                                                                                                                           |                       |                                                                     |                                               |  |
| 11. Inspection Procedures:                                   |                      | 12. Donning Procedures: |                              | 13. Doffing Procedures:                                                                                                                                                                                                   |                       | 14. Limitations and Precautions (include maximum stay time in PPE): |                                               |  |
|                                                              |                      |                         |                              |                                                                                                                                                                                                                           |                       |                                                                     |                                               |  |
| 15. Prepared By:                                             |                      | 16. Date/Time Briefed:  |                              | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning |                       | ICS-208-CG SSP-F:<br>(Rev 9/06)<br>Page ____ of ____                |                                               |  |

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| <b>CG ICS SSP:<br/>DECONTAMINATION</b> |                              | 1. Incident Name                                                                           | 2. Date/Time Prepared                                                                                                                                                                                                     | 3. Operational Period | 4. Safety Officer (include method of contact)   |
| 5. Supervisor/Leader                   | 6. Location and Size of Site | 7. For Emergencies Contact:                                                                |                                                                                                                                                                                                                           |                       | 8. Hazard(s) Addressed:                         |
| 9. Equipment:                          |                              |                                                                                            |                                                                                                                                                                                                                           |                       | 10. References Consulted:                       |
|                                        |                              |                                                                                            |                                                                                                                                                                                                                           |                       |                                                 |
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|                                        |                              |                                                                                            |                                                                                                                                                                                                                           |                       |                                                 |
| 11. Contamination Avoidance Practices: |                              | 12. Decon Diagram: <input type="checkbox"/> Attached, <input type="checkbox"/> Drawn below |                                                                                                                                                                                                                           |                       | 13. Decon Steps                                 |
|                                        |                              |                                                                                            |                                                                                                                                                                                                                           |                       |                                                 |
| 14. Prepared By:                       |                              | 15. Date/Time Briefed:                                                                     | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning |                       | ICS-208-CG SSP-G<br>(rev 9/06):<br>Page      of |

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|----------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>CG ICS SSP:<br/>ENFORCEMENT LOG</b> | 1. Incident Name            | 2. Date/Time Prepared                                                                                                                                                                                                                       | 3. Operational Period | 4. Safety Officer (include method of contact) |                                                              |
| 5. Supervisor/Leader                   | 6. For Emergencies Contact: |                                                                                                                                                                                                                                             |                       | 7. Attachments:                               |                                                              |
| 8.a. Job Task/Activity                 | 8.b. Hazards                | 8.c. Deficiency                                                                                                                                                                                                                             | 8.d. Action Taken     | 8.e. Safety Plan Amended?                     | 8.f. Signature of Supervisor/Leader                          |
|                                        |                             |                                                                                                                                                                                                                                             |                       |                                               |                                                              |
|                                        |                             |                                                                                                                                                                                                                                             |                       |                                               |                                                              |
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|                                        |                             |                                                                                                                                                                                                                                             |                       |                                               |                                                              |
| 9. Prepared By:                        | 10. Date/Time Briefed:      | <b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving |                       |                                               | <b>ICS-208-CG SSP-H<br/>(rev 9/06):</b><br>Page ____ of ____ |

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| CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A) | 1. Incident Name                                                 | 2. Date/Time Prepared | 3. Operational Period    | 4. Site Supervisor/Leader | 5. Location of Site |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------|--------------------------|---------------------------|---------------------|
| 6.a. Cite: 1910.120                                                                 | 6.b. Requirement(sections that duplicate or explain are omitted) | 6.c. ICS Form         | 6.d. Check               | 6.e. Comments             |                     |
| (q)(1)                                                                              | Is the plan in writing?                                          | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (1)                                                                                 | Is the plan available for inspection by employees?               | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (q)(2)(i)                                                                           | Does the plan address pre-emergency planning and coordination?   | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (ii)                                                                                | Does it address personnel roles?                                 | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (ii)                                                                                | Does it address lines of authority?                              | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (ii)                                                                                | Does it address communications?                                  | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (iii)                                                                               | Does it address emergency recognition?                           | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (iii)                                                                               | Does it address emergency prevention?                            | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (iv)                                                                                | Does it identify safe distances?                                 | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (iv)                                                                                | Does it address places of refuge?                                | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (v)                                                                                 | Does it address site security and control?                       | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (vi)                                                                                | Does it identify evacuation routes?                              | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (vi)                                                                                | Does it identify evacuation procedures?                          | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (vii)                                                                               | Does it address decontamination?                                 | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (viii)                                                                              | Does it address medical treatment and first aid?                 | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (ix)                                                                                | Does it address emergency alerting procedures?                   | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (ix)                                                                                | Does it address emergency response procedures                    | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (x)                                                                                 | Was the response critiqued?                                      | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (xi)                                                                                | Does it identify Personal Protection Equipment?                  | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (xi)                                                                                | Does it identify emergency equipment?                            | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (q)(3)(ii)                                                                          | All the hazardous substances identified to the extent possible?  | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (ii)                                                                                | All the hazardous conditions identified to the extent possible?  | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (ii)                                                                                | Was site analysis addressed?                                     | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (ii)                                                                                | Were engineering controls addressed?                             | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (ii)                                                                                | Were exposure limits addressed?                                  | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (ii)                                                                                | Were hazardous substance handling procedures addressed?          | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (iii)                                                                               | Is the PPE appropriate for the hazards identified?               | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (iv)                                                                                | Is respiratory protection worn when inhalation hazards present?  | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (v)                                                                                 | Is the buddy system used in the hazard zone?                     | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (vi)                                                                                | Are backup personnel on standby?                                 | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (vi)                                                                                | Are advanced first aid support personnel standing by?            | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (vii)                                                                               | Has the ICS designated safety official been identified?          | SSP-A                 | <input type="checkbox"/> |                           |                     |
| (vii)                                                                               | Has the Safety Official evaluated the hazards?                   | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (viii)                                                                              | Can the Safety Official communicate with IC immediately?         | N/A                   | <input type="checkbox"/> | Performance based         |                     |
| (ix)                                                                                | Are appropriate decontamination procedures implemented?          | N/A                   | <input type="checkbox"/> | Performance based         |                     |

| <b>CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)</b> |                                                                  | 1. Incident Name | 2. Date/Time Prepared    | 3. Operational Period           | 4. Site Supervisor/Leader | 5. Location of Site |
|-----------------------------------------------------------|------------------------------------------------------------------|------------------|--------------------------|---------------------------------|---------------------------|---------------------|
| 6.a. Cite: 1910.120                                       | 6.b. Requirement(sections that duplicate or explain are omitted) | 6.c. ICS Form    | 6.d. Check               | 6.e. Comments                   |                           |                     |
| 1910.120 (b)(1)(ii)(A)                                    | Organizational structure?                                        | 203              | <input type="checkbox"/> |                                 |                           |                     |
| (B)                                                       | Comprehensive workplan?                                          | IAP              | <input type="checkbox"/> | Incident Action Plan            |                           |                     |
| (C)                                                       | Site Safety Plan?                                                | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (D)                                                       | Safety and health training program?                              | N/A              | <input type="checkbox"/> | Responsibility of each employer |                           |                     |
| (E)                                                       | Medical surveillance program?                                    | N/A              | <input type="checkbox"/> | Responsibility of each employer |                           |                     |
| (F)                                                       | Employer SOPs?                                                   | N/A              | <input type="checkbox"/> | Responsibility of each employer |                           |                     |
| (G)                                                       | Written program related to site activities?                      | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (b)(1)(iii)                                               | Site excavation meets shored or slope requirements in 1926?      | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (b)(2)(i)(D)                                              | Lines of communication?                                          | 201 203 205      | <input type="checkbox"/> |                                 |                           |                     |
| (b)3(iv)                                                  | Training addressed?                                              | N/A              | <input type="checkbox"/> | Responsibility of each employer |                           |                     |
| (v)-(vi)                                                  | Information and medical monitoring addressed?                    | N/A              | <input type="checkbox"/> | Responsibility of each employer |                           |                     |
| (b)4(i)                                                   | Site Safety Plan kept on site?                                   | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (ii)(A)                                                   | Safety and health hazard analysis conducted?                     | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (B)                                                       | Properly trained employees assigned to right jobs?               | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (C)                                                       | Personnel Protective Equipment issues addressed?                 | SSP-F            | <input type="checkbox"/> |                                 |                           |                     |
| (E)                                                       | Frequency and types of air monitoring addressed?                 | SSP-E            | <input type="checkbox"/> |                                 |                           |                     |
| (F)                                                       | Site control measures in place?                                  | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (G)                                                       | Decontamination procedures in place?                             | SSP-G            | <input type="checkbox"/> |                                 |                           |                     |
| (H)                                                       | Emergency Response Plan in place?                                | SSP-D            | <input type="checkbox"/> |                                 |                           |                     |
| (I)                                                       | Confined space entry procedures?                                 | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (J)                                                       | Spill containment program                                        | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (iii)                                                     | Pre-entry briefings conducted?                                   | SSP-I            | <input type="checkbox"/> |                                 |                           |                     |
| (iv)                                                      | Site Safety Plan effectiveness evaluated?                        | SSP-H            | <input type="checkbox"/> |                                 |                           |                     |
| (c)(1)                                                    | Site characterization done?                                      | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (c)(2)                                                    | Preliminary evaluation done by qualified person?                 | N/A              | <input type="checkbox"/> |                                 |                           |                     |
| (c)(3)                                                    | Hazard identification performed?                                 | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (c)(4)(i)                                                 | Location and size of site identified?                            | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (ii)                                                      | Response activities, job tasks identified?                       | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (iii)                                                     | Duration of tasks identified?                                    | SSP-B            | <input type="checkbox"/> | Operational period              |                           |                     |
| (iv)                                                      | Site topography and accessibility addressed?                     | SSP-C            | <input type="checkbox"/> |                                 |                           |                     |
| (v)                                                       | Health and safety hazards addressed?                             | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (vi)                                                      | Dispersion pathways addressed?                                   | SSP-B            | <input type="checkbox"/> |                                 |                           |                     |
| (vii)                                                     | Status and capabilities of medical emergency response teams?     | 206              | <input type="checkbox"/> |                                 |                           |                     |
| (c)(5)(i)(iv)                                             | Chemical protective clothing addressed and properly selected?    | SSP-F            | <input type="checkbox"/> |                                 |                           |                     |
| (ii)                                                      | Respiratory protection addressed?                                | SSP-B and F      | <input type="checkbox"/> |                                 |                           |                     |
| (iii)                                                     | Level B used for unknowns?                                       | N/A              | <input type="checkbox"/> |                                 |                           |                     |

| CG ICS SSP: 1910.120<br>COMPLIANCE<br>CHECKLIST Form B (cont) | 1. Incident Name                                                  | 2. Date/Time Prepared | 3. Operational Period    |                            |  |
|---------------------------------------------------------------|-------------------------------------------------------------------|-----------------------|--------------------------|----------------------------|--|
| 6.a. Cite: 1910.120                                           | 6.b. Requirement(sections that duplicate or explain are omitted)  | 6.c. ICS Form         | 6.d. Check               | 6.e. Comments              |  |
| 1910.120 (c)(6)(i)                                            | Monitoring for ionization conducted?                              | SSP-E                 | <input type="checkbox"/> |                            |  |
| (ii)                                                          | Monitoring conducted for IDLH conditions?                         | SSP-E                 | <input type="checkbox"/> |                            |  |
| (iii)                                                         | Personnel looking out for dangers of IDLH environments?           | N/A                   | <input type="checkbox"/> |                            |  |
| (iv)                                                          | Ongoing air monitoring program in place?                          | SSP-E                 | <input type="checkbox"/> |                            |  |
| (c)(7)                                                        | Employees informed of potential hazard occurrence?                | SSP-B                 | <input type="checkbox"/> |                            |  |
| (c)(8)                                                        | Properties of each chemical made aware to employees?              | SSP-B                 | <input type="checkbox"/> |                            |  |
| (d)(1)                                                        | Appropriate site control procedures in place?                     | IAP, SSP-B            | <input type="checkbox"/> |                            |  |
| (d)(2)                                                        | Site control program developed during planning stages?            | IAP, SSP-B            | <input type="checkbox"/> |                            |  |
| (d)(3)                                                        | Site map, work zones, alarms, communications addressed?           | IAP, SSP-B            | <input type="checkbox"/> |                            |  |
| (g)(1)(i)                                                     | Engineering, admin controls considered?                           | SSP-B                 | <input type="checkbox"/> |                            |  |
| (iii)                                                         | Personnel not rotated to reduce exposures?                        | N/A                   | <input type="checkbox"/> |                            |  |
| (g)(5)(i)                                                     | PPE selection criteria part of employer's program?                | N/A                   | <input type="checkbox"/> | Responsibility of employer |  |
| (ii)                                                          | PPE use and limitations identified?                               | SSP-F                 | <input type="checkbox"/> |                            |  |
| (iii)                                                         | Work mission duration identified?                                 | SSP-F                 | <input type="checkbox"/> |                            |  |
| (iv)                                                          | PPE properly maintained and stored?                               | N/A                   | <input type="checkbox"/> | Responsibility of employer |  |
| (vi)                                                          | Are employees properly trained and fitted with PPE?               | N/A                   | <input type="checkbox"/> | Responsibility of employer |  |
| (vii)                                                         | Are donning and doffing procedures identified?                    | SSP-F                 | <input type="checkbox"/> |                            |  |
| (viii)                                                        | Are inspection procedures properly identified?                    | SSP-F                 | <input type="checkbox"/> |                            |  |
| (ix)                                                          | Is a PPE evaluation program in place?                             | SSP-F                 | <input type="checkbox"/> |                            |  |
| (h) (3)                                                       | Periodic monitoring conducted?                                    | SSP-E                 | <input type="checkbox"/> |                            |  |
| (k)(2)(i)                                                     | Have decontamination procedures been established?                 | SSP-G                 | <input type="checkbox"/> |                            |  |
| (ii)                                                          | Are procedures in place for contamination avoidance?              | SSP-G                 | <input type="checkbox"/> |                            |  |
| (iii)                                                         | Is personal clothing properly deconned prior to leaving the site? | SSP-G                 | <input type="checkbox"/> |                            |  |
| (iv)                                                          | Are decontamination deficiencies identified and corrected?        | SSP-H                 | <input type="checkbox"/> |                            |  |
| (k)(3)                                                        | Are decontamination lines in the proper location?                 | SSP-C                 | <input type="checkbox"/> |                            |  |
| (k)(4)                                                        | Are solutions/equipment used in decon properly disposed of?       | N/A                   | <input type="checkbox"/> |                            |  |
| (k)(6)                                                        | Is protective clothing and equipment properly secured?            | N/A                   | <input type="checkbox"/> |                            |  |
| (k)(7)                                                        | If cleaning facilities are used, are they aware of the hazards?   | N/A                   | <input type="checkbox"/> |                            |  |
| (k)(8)                                                        | Have showers and change rooms provided, if necessary?             | N/A                   | <input type="checkbox"/> |                            |  |
| (l)(1)(iii)                                                   | Are provisions for reporting emergencies identified?              | SSP-D                 | <input type="checkbox"/> |                            |  |
| (iv)                                                          | Are safe distances and places of refuge identified?               | SSP-B and C           | <input type="checkbox"/> |                            |  |
| (v)                                                           | Site security and control addressed in emergencies?               | SSP-D                 | <input type="checkbox"/> |                            |  |
| (vi)                                                          | Evacuation routes and procedures identified?                      | SSP-D                 | <input type="checkbox"/> |                            |  |
| (vii)                                                         | Emergency decontamination procedures developed?                   | SSP-D                 | <input type="checkbox"/> |                            |  |
| (ix)                                                          | Emergency alerting and response procedures identified?            | SSP-D                 | <input type="checkbox"/> |                            |  |
| (x)                                                           | Response teams critiqued and followup performed?                  | SSP-H                 | <input type="checkbox"/> |                            |  |
| (xi)                                                          | Emergency PPE and equipment available?                            | SSP-D                 | <input type="checkbox"/> |                            |  |

|                                                                |                                                                   |                                                               |                          |               |
|----------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|---------------|
| <b>CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B (cont)</b> | 1. Incident Name                                                  | 2. Date/Time Prepared                                         | 3. Operational Period    |               |
| 6.a. Cite:                                                     | 6.b. Requirement(sections that duplicate or explain are omitted)  | 6.c. ICS Form                                                 | 6.d. Check               | 6.e. Comments |
| <b>1910.120 (1)(3)(i)</b>                                      | Emergency notification procedures identified?                     | SSP-D                                                         | <input type="checkbox"/> |               |
| (ii)                                                           | Emergency response plan separate from Site Safety Plan?           | SSP-D                                                         | <input type="checkbox"/> |               |
| (iii)                                                          | Emergency response plan compatible with other plans?              | SSP-D                                                         | <input type="checkbox"/> |               |
| (iv)                                                           | Emergency response plan rehearsed regularly?                      | SSP-D                                                         | <input type="checkbox"/> |               |
| (v)                                                            | Emergency response plan maintained and kept current?              | SSP-H                                                         | <input type="checkbox"/> |               |
| <b>1910.165 (b)(2)</b>                                         | Can alarms be seen/heard above ambient light and noise levels?    | N/A                                                           | <input type="checkbox"/> |               |
| (b)(3)                                                         | Are alarms distinct and recognizable?                             | N/A                                                           | <input type="checkbox"/> |               |
| (b)(4)                                                         | Are employees aware of the alarms and are they accessible?        | SSP-D                                                         | <input type="checkbox"/> |               |
| (b)(5)                                                         | Are emergency phone numbers, radio frequencies clearly posted?    | 206                                                           | <input type="checkbox"/> |               |
| (b)(6)                                                         | Signaling devices in place where there are 10 or more workers?    | IAP                                                           | <input type="checkbox"/> |               |
| (c)(1)                                                         | Are alarms like steam whistles, air horns being used?             | IAP                                                           | <input type="checkbox"/> |               |
| (d)(3)                                                         | Are backup alarms available?                                      | IAP                                                           | <input type="checkbox"/> |               |
| (m)                                                            | Are areas adequately illuminated?                                 | IAP                                                           | <input type="checkbox"/> |               |
| (n)(1)(i)                                                      | Is an adequate supply of potable water available?                 | IAP                                                           | <input type="checkbox"/> |               |
| (ii)                                                           | Are drinking water containers equipped with a tap?                | IAP                                                           | <input type="checkbox"/> |               |
| (iii)                                                          | Are drinking water containers clearly marked?                     | IAP                                                           | <input type="checkbox"/> |               |
| (iv)                                                           | Is a drinking cup receptacle available and clearly marked?        | IAP                                                           | <input type="checkbox"/> |               |
| (n)(2)(i)                                                      | Are non-potable water containers clearly marked?                  | IAP                                                           | <input type="checkbox"/> |               |
| (n)(3)(i)                                                      | Are their sufficient toilets available?                           | IAP                                                           | <input type="checkbox"/> |               |
| (n)(4)                                                         | Have food handling issues been addressed?                         | IAP                                                           | <input type="checkbox"/> |               |
| (n)(6)                                                         | Have adequate wash facilities been provided outside hazard zone?  | IAP                                                           | <input type="checkbox"/> |               |
| (n)(7)                                                         | If response is greater than 6 months, have showers been provided? | IAP                                                           | <input type="checkbox"/> |               |
| 7. Prepared By:                                                |                                                                   | <b>ICS-208-CG SSP-K (rev 9/06): Page 3.</b> Page ____ of ____ |                          |               |

|                                                                                |                                                                                            |                             |                                         |                                                                                                                                                            |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CG ICS SSP: 1910.120<br/>DRUM COMPLIANCE<br/>CHECKSHEET</b>                 | 1. Incident Name                                                                           | 2. Date/Time Prepared       | 3. Operational Period                   | 4. Safety Officer (include method of contact)                                                                                                              |
| 5. Supervisor/Leader                                                           | 6. Location and Size of Site                                                               | 7. For Emergencies Contact: |                                         | 8. Note: <u>tanks and vaults</u> should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards. |
| 9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted) | 9.b. Requirement                                                                           |                             | 9.c. Check                              | 9.d. Comments                                                                                                                                              |
| (j)(1)(ii)                                                                     | Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment?                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iii)                                                                          | Drums inspected and integrity ensured prior to movement?                                   |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iii)                                                                          | Or drums moved to an accessible location (staging area) prior to movement?                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iv)                                                                           | Unlabelled drums treated as unknown until properly identified and labeled?                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (v)                                                                            | Site activities organized to minimize drum handling?                                       |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (vi)                                                                           | Employers properly warned about the hazards of moving and handling drums?                  |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (vii)                                                                          | Suitable overpack drums are available for addressing leaking and ruptured drums?           |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (viii)                                                                         | Leaking materials from drums properly contained?                                           |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (ix)                                                                           | Are drums that cannot be moved, emptied of contents with transfer equipment?               |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (x)                                                                            | Are suspect buried drums surveyed with underground detection system?                       |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (xi)                                                                           | Are soil and covering material above buried drums removed with caution?                    |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (xii)                                                                          | Is the proper extinguishing equipment on scene to control incipient fires?                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (j)(2)(i)                                                                      | Are airlines on supplied air systems protected from leaking drums?                         |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (ii)                                                                           | Are employees at a safe distance, using remote equipment, when handling explosive drums?   |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iii)                                                                          | Are explosive shields in place to protect workers opening explosive drums?                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iv)                                                                           | Is response equipment positioned behind shields when shields are used?                     |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (v)                                                                            | Are non-sparking tools used in flammable or potentially flammable atmospheres?             |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (vi)                                                                           | Are drums under extreme pressure opened slowly & workers protected by shields/distance?    |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (vii)                                                                          | Are workers prohibited from standing and working on drums?                                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (j)(3)                                                                         | Is the drum handling equipment positioned and operated to minimize sources of ignition?    |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (j)(5)(i)                                                                      | For shock sensitive drums, have all non-essential employees been evacuated?                |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (ii)                                                                           | For shock sensitive drums: is handling equipment provided with shields to protect workers? |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iii)                                                                          | Are alarms that announce start/finish of explosive drum handling actions in place?         |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iv)                                                                           | Are continuous communications in place between the drum handling site & command post?      |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (v)                                                                            | Are drums under pressure properly controlled for prior to handling?                        |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (vi)                                                                           | Are drums containing packaged laboratory wastes treated as shock sensitive?                |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (j)(6)(i)                                                                      | Are lab packs opened by trained and experienced personnel?                                 |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (ii)                                                                           | Are lab packs showing crystallization treated as shock sensitive?                          |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (j)(8)(ii-iii)                                                                 | Are drum staging areas manageable with marked access and egress?                           |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| (iv)                                                                           | Is bulking of drums conducted only after drum contents have been properly identified?      |                             | <input type="checkbox"/>                |                                                                                                                                                            |
| 10. Prepared By:                                                               |                                                                                            |                             | Form SSP-L (rev 9/06) Page ____ of ____ |                                                                                                                                                            |