Site Safety And Health Plan

I. Incident Specifics
   TIME ON SCENE:_________________ DATE:_________________
   LOCATION:_____________________

II. Site Description
   Command Post Name:_____________________
   Initial Isolation Area:___________________
   Staging Area established at:_______________
   Topography (Site Sketch Below):___________

[Diagram of a site sketch]
<table>
<thead>
<tr>
<th>WEATHER:</th>
<th>Current</th>
<th>Forecast</th>
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<tr>
<td>Temp:</td>
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<td>Wind speed/direction:</td>
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<td>Humidity:</td>
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<td>Barometric Pressure:</td>
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<td>Time of record:</td>
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<td>Initial On Scene Observations:</td>
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<tr>
<td>Area Affected by Hazard:</td>
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<tr>
<td>Scene Access:</td>
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### III. Identification

All known or suspected chemicals and their primary hazards:

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<tr>
<th>Substance</th>
<th>Hazard</th>
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### IV. Hazard Analysis

Risk Evaluation and Summary:

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Potential Hazards / Estimated Outcomes:

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Completed hazardous analysis forms and substance physical property work sheets shall be attached.
V. Site Control / Monitoring

A. MONITORING

All monitoring will be documented on appropriate forms to be attached.

Monitoring Equipment Used on Site:

- Radiation:
- pH Paper:
- Oxygen Sensor:
- Combustible Gas Indicator:
- Colorimetric Tubes (include type):
- HNU/OVA:
- PID:
- FID:
- Other:

Initial Monitoring Results / Time:

Operational Period Monitoring Results / Time:

Final Monitoring Results / Time:
V. Site Control / Monitoring CONTINUED
B. CONTROL BOUNDARIES have been established in the following manner and marked/identified as follows. (Also sketch on to Site Sketch)

Exclusion Zone (HOT):

________________________
________________________
________________________
________________________

IDLH Conditions:

________________________
________________________
________________________
________________________

Warm Zone/EMERGENCY DECON:

________________________
________________________
________________________
________________________

Warm Zone/Decon Corridor:

________________________
________________________
________________________
________________________

Support Zone (COLD):

________________________
________________________
________________________
________________________

No unauthorized persons shall be allowed within the perimeter or zones.

A safe perimeter has been established with the following dimensions and graphic location shown on Scene Sketch. __________________________

________________________
________________________

The perimeter is marked in the following (i.e.: banner tape) manner and secured by:

________________________
________________________
________________________
VI. Notification / Personnel Assignments

Incident Commander:

Safety Officer:
Records Officer (Historian):
Operations:
   Haz Mat Sector Officer:
      Haz Mat Safety Officer:
   Science Officer:
   Entry Team Leader:
   Haz Mat EMS / Rehab Officer:
   Decontamination Officer:
   Equipment:

Suppression:
Security Officer:
EMS Sector Officer:

Finance:
Logistics:
Planning:
Public Information Officer:
Liaison:

IEMA (1-800-782-7860)
Other State Reps:

CHEMTREC (1-800-424-9300):
Federal Reps:
National Response Center (1-800-424-8802):
Center for Disease Control (1-404-633-5315):
Local Reps:

Company Reps:

Others:
VII. Decontamination
Emergency Decon established and located as described: (show on sketch)

All personnel and equipment leaving the Hot Zone must be thoroughly decontaminated.

Level______ decon shall be established and set up according to the decon diagram shown below and is located (place on Scene Sketch)

Decon Solution will be:

Decon Line Diagram:
VIII. Emergency Procedures
The following emergency procedures will be observed by all on-site personnel. The Haz Mat Sector Officer is charged with the duty of ensuring the appropriate procedures are followed and shall be notified in the event of any injury.

Injury in the Hot Zone / Warm Zone

Upon notification of an injury in the Hot / Warm Zone, the designated emergency signal will be sounded.

All personnel in the Hot / Warm Zone will assemble at the Decontamination Area upon sounding of the emergency signal. If unable to go to the Decon Area, the members will meet at Emergency Exit from the area.

The Back up Team will be briefed on how to enter the Hot / Warm Zone to remove the injured party and bring them to the Decontamination Area.

The Haz Mat Safety Officer and the Haz Mat Sector Officer shall evaluate the nature of the injury and the affected person decontaminated to the extent possible prior to removal to the cold zone.

The Haz Mat EMS personnel shall initiate the appropriate first aid treatment and initiate transport to the medical facility contacted.

TREATMENT OF PATIENTS IN THE HOT ZONE IS NOT ACCEPTABLE UNDER ANY CIRCUMSTANCES AND WILL NOT TAKE PLACE!

NO PERSON SHALL REENTER THE HOT / WARM ZONE UNTIL THE NATURE OF THE INJURY OR SYMPTOMS HAVE BEEN DETERMINED

Injury in the Cold Zone

Upon notification of injury in the support zone, the Haz Mat Safety will assess the nature of the injury. If the cause of the injury or loss of the injured person does not affect the performance of other site personnel, operations may continue. The on-site EMS personnel will initiate the appropriate first aid and necessary follow-up as stated above.

All activities on-site will halt until the added risk is removed or minimized.
Failure of Personal Protective Equipment
If any personnel experiences a failure of protective equipment, that person and their partner shall immediately leave the Hot Zone and proceed to the Decon Area.

Reentry will not be permitted until the cause of the PPE failure is determined.

Emergency Escape Routes
The following emergency escape routes are designated for use in those situations where egress from the Hot Zone cannot occur through the Decontamination Zone.

In the event of an on-site emergency which results in the evacuation of the Hot / Warm Zone, personnel will not re-enter until the following conditions have been met:

1) The conditions resulting in the emergency have been corrected.
2) The hazards have been reassessed.
3) The Site Safety Plan has been reviewed.
4) Personnel have been briefed on any changes in the Site Safety Plan.
IX. Emergency Medical Support

Qualified Medical Personnel on site:

____________________________________________________
____________________________________________________
____________________________________________________

Closest Hospital Name: __________________________________

Location: ____________________________________________

Contact Person/Time Contacted: __________________________

Closest Hospital Prepared for Contaminated Victims:

Location: ____________________________________________

Contact Person/Time Contacted: __________________________

Ambulance Services and Contacts/Time Contacted:

____________________________________________________
____________________________________________________
____________________________________________________

Hospital and Ambulance Service has been briefed on the site situation, potential hazards and substances involved. Initials __________________________

X. Personnel Hazard and Medical Monitoring

Personal exposure sampling will be implemented when deemed necessary by a toxicologist, industrial hygienist or other qualified individual.

Personal Monitoring: __________________________________

Heat and Cold Stress will be monitored at all times at the incident scene. In particular, all personnel wearing chemically protective clothing will be given a pre-entry medical evaluation prior to donning the suit and a post-entry evaluation after exiting. The Donning sheet for the type of chemically protective clothing will be used.
XI. Communication Procedures

Radio Communications in the Hot Zone on Channel__________

Personnel in the Hot Zone will remain in either visual contact or radio contact with the Haz Mat Sector Officer. Failure of radio Communication dictates evacuation of the Hot Zone. The Emergency Signal for Evacuation of the Hot Zone is.

The Following hand signals have been reviewed by member:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Radio Communications elsewhere on site on Channel__________

XII. Personal Protective Equipment

Due to the known or suspected hazards, the following levels of personal protection have been designated for the work areas and work described below:

Hot Zone: Level A B C D Other

Decon: Level A B C D Other @ Station________________________

Level A B C D Other @ Station________________________

Level A B C D Other @ Station________________________

Level A B C D Other @ Station________________________

Level A B C D Other @ Station________________________

Evacuation: Level A B C D Other

Other Personnel: Level A B C D Other
NO CHANGES to the specified levels of Personal Protective Equipment shall be made without the approval of the HAZ MAT SAFETY OFFICER.

Specifics for each Level of Protection:

LEVEL A: 
__________________________________________________________
__________________________________________________________
__________________________________________________________

LEVEL B: 
__________________________________________________________
__________________________________________________________
__________________________________________________________

LEVEL C: 
__________________________________________________________
__________________________________________________________
__________________________________________________________

LEVEL D: 
__________________________________________________________
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XIII. Site Work Plans

<table>
<thead>
<tr>
<th>Individual Members</th>
<th>Job/Tasks</th>
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<tr>
<td>Briefing of Team 1 on work plan at __________ hours.</td>
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<td>Team 1 ___________</td>
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<tr>
<td>Briefing of Team 2 on work plan at __________ hours.</td>
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<td>Team 2 ___________</td>
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<tr>
<td>Briefing of Team 3 on work plan at __________ hours.</td>
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<td>Team 3 ___________</td>
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<tr>
<td>Briefing of Team 4 on work plan at __________ hours.</td>
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<td>Team 4 ___________</td>
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Specific Work Diagram

XIV. Begin Termination Documentation.