

03.01-8/1/95-02448



661 ANDERSEN DRIVE * PITTSBURGH, PENNSYLVANIA 15220-2745 * (412) 921-7090

C-49-8-5-11

August 1, 1995

Project Number 4435

Atlantic Division
Naval Facilities Engineering Command
Code 1823
6500 Hampton Boulevard
Norfolk, VA 23511-2699

Attention: Mr. Gary McSmith

Reference: CLEAN Contract N62472-90-D-1298
Contract Task Order No. 191

Subject: MCAS Cherry Point, North Carolina
OU-1, Site 16 Debris Piles Remediation
Review of RAC Health and Safety Plan

Dear Mr. McSmith:

Attached you will find comments relating to the Health and Safety Plan submitted by OHM for the referenced project. The plan is comprehensive and following resolution of these comments, the plan, in conjunction with other safety documents (asbestos hazard abatement plan), is sufficient for the performance of work at the site.

If you have any questions regarding these comments, please call me at 412-921-8524.

Very truly yours,

A handwritten signature in black ink, appearing to read "J. Randall Elder". The signature is fluid and cursive.

J. Randall Elder, P.E.
Project Manager

JRE/pm
Enclosure

cc: Mr. Roger Boucher, NORTHDIV (letter only)
Mr. John Trepanowski, Halliburton
Mr. Daryl Hutson, Halliburton NUS (letter only)
Mr. Matthew Cochran, Halliburton NUS
Project File 4435

**HASP Review for Time-Critical Removal Action Site 16
MCAS Cherry Point
Cherry Point, North Carolina**

The overall HASP is very complete and well written. The following are comments/suggestions that may be considered.

General Comments and Questions

Will this be the HASP for asbestos removal operations or will a separate HASP be issued for these activities? (it is my understanding that this is indeed the case) I see that an asbestos removal plan is referenced in the HASP and that this plan will be issued to OHM for approval. If this HASP is to cover the asbestos removal operations additional information (as per 29 CFR 1926.1101), will need to be incorporated into the HASP. In particular, personal monitoring activities, use of applicable engineering controls, provision of change facilities, establishing regulated areas, etc. If this HASP does not cover asbestos removal operations then I suggest that a comment be made stipulating that the hazards, operations, and control measures pertaining to asbestos removal will be addressed in a separate HASP. It should be noted that the Scope of Work (Section 1.2) includes the removal of 410 cubic yards of asbestos contaminated debris. The current HASP does not specify that OHM personnel will not be performing asbestos removal operations.

Confined spaces operations are not addressed in the HASP despite this activity being discussed in Table 5.1). It is possible that such activities will be performed as part of the UST removal and decontamination. If such is the case, information regarding the hazards, standard operating procedures, monitoring of the space, and issuance of a permit should be addressed in the HASP.

Section 3.2 - Physical Hazards; Page 3-2

Is a discussion regarding each of the potential physical hazards warranted in this section (at least the major ones such as heavy equipment, excavation cave-in, handling heavy objects, etc.)? Many physical hazards and their associated control measures are identified in the Task Breakdown. However, there is no detailed discussion regarding these physical hazards as there is for specific environmental hazards (i.e., heat stress, exposure to cold, biological hazards). Perhaps a comment can be added to Section 3.2 which indicates that specific physical hazards and their associated control measures is provided in the task breakdown (Page 3-11).

Section 5.2.3 - Level C; Page 5-2

Would it be possible to specify the "appropriate cartridge" for air purifying respirators in this section of the HASP. Section 5.6 indicates the type of contaminants that the

respirator cartridge should protect against, however there is no mention as to the exact type of cartridge (i.e., GMC-H or equivalent).

Section 7.2 - Photoionization Detector (PID); Page 7-1

What PID lamp energy will be used? I propose a 10.6 eV probe/lamp can be used to ensure adequate detection given the generic volatile contaminant TPH. Perhaps a more suitable eV lamp energy can be selected if more precise analytical data is available which identifies individual components of TPH.

Table 8.1; Page 8-4

Previous HASP's have indicated Craven RMC in New Bern, NC as the closest medical facility. Directions to this facility are available and can be obtained if needed from Halliburton NUS. If Carteret General Hospital is to be the primary location for medical treatment, it is recommended that directions to this facility be included in the HASP.