

**Health and Safety Plan**

**For**

**Long Term Monitoring**  
**at**  
**Forrestal and Supplyside Landfills**  
**at the**  
**Naval Station Great Lakes, Illinois**



**Naval Facilities Engineering Command**  
**Midwest**

**Contract Number N62472-03-D-0057**  
**Contract Task Order F273**

**November 2010**  
**Revision 2**

**HEALTH AND SAFETY PLAN  
FOR  
LONG TERM MONITORING  
AT  
FORRESTAL AND SUPPLYSIDE LANDFILLS  
AT THE  
NAVAL STATION GREAT LAKES, ILLINOIS**

**COMPREHENSIVE LONG-TERM  
ENVIRONMENTAL ACTION-NAVY (CLEAN) CONTRACT**

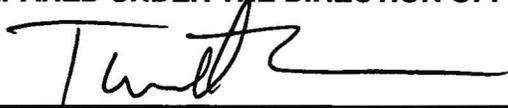
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## **1.0 INTRODUCTION**

This Health and Safety Plan (HASP) is specifically written for the field investigation at the Suppliside Landfill and Forrestal Landfill, Illinois, to be conducted at the at Naval Station Great Lakes, Great Lakes, Illinois.

This HASP is to be used in conjunction with the Tetra Tech, Inc. (Tetra Tech) Health and Safety Guidance Manual. The Guidance Manual provides detailed information pertaining to hazard recognition and control, and Tetra Tech standard operating procedures. This HASP and the contents of the Guidance Manual were developed to comply with the requirements stipulated in 29 CFR 1910.120 (OSHA's Hazardous Waste Operations and Emergency Response Standard). Both documents must be present at the site to satisfy these requirements.

This HASP has been written to support proposed tasks and techniques associated with the scope of work as presented in Section 4.0. It has been developed using the latest available information regarding known or suspected chemical contaminants and potential physical hazards associated with the proposed work at the site. Should the proposed work site conditions and/or suspected hazards change, or if new information becomes available, this document will be modified. Changes to the HASP will be made with the approval of the Tetra Tech Site Safety Officer (SSO) and the Tetra Tech Health and Safety Manager (HSM). Requests for modifications to the HASP will be directed to the SSO who will determine whether to make the changes. The SSO will notify the Project Manager (PM), who will notify the affected personnel of changes.

### **1.1 AUTHORITY**

This work is authorized under the Comprehensive Long - Term Environmental Action Navy (CLEAN) contract, administered through the U.S. Navy Northwest, Naval Facilities Engineering Command, as defined under Contract No. N62472-03-D-0057 Contract Task Order: (CTO) F 273.

### **1.2 KEY PROJECT PERSONNEL AND ORGANIZATION**

This section defines responsibilities for site safety and health for Tetra Tech employees engaged in on-site activities. Personnel assigned to these positions will exercise primary responsibility for the on-site health and safety. These people will be the primary points of contact for any questions regarding the safety and health procedures and the selected control measures to be implemented for on-site activities. Contact information for key personnel are found in Section 1.4 and contact information for emergency resources is provided in Table 2-1.

- The Tetra Tech Project Manager (PM) is responsible for the overall direction of health and safety for this project.
- The Project Health and Safety Officer (PHSO) is responsible for developing this HASP in accordance with applicable OSHA regulations. Specific responsibilities include the following:
  - i. Providing information regarding site contaminants and physical hazards associated with the site and tasks to be conducted.
  - ii. Establishing air monitoring and decontamination procedures.
  - iii. Assigning personal protective equipment (PPE) based on task and potential hazards.
  - iv. Determining emergency response procedures and emergency contacts.
  - v. Stipulating training requirements and reviewing appropriate training and medical surveillance certificates.
  - vi. Providing standard work practices to minimize potential injuries and exposures associated with hazardous waste work.
  - vii. Modifying this HASP, as it becomes necessary.
- The Tetra Tech Field Operations Leader (FOL) is responsible for implementation of the HASP with the assistance of an appointed Site Safety Officer (SSO). The FOL:
  - Manages field activities
  - Executes the work plan
  - Enforces safety procedures as applicable to the work plan.
- The SSO supports site activities by advising the FOL on the aspects of health and safety on site. These duties may include:
  - Coordinating all health and safety activities with the FOL.
  - Selecting, applying, inspecting, and maintaining personal protective equipment.
  - Establishing work zones and control points.
  - Implementation of the air monitoring program for on-site activities.
  - Verifying training and medical clearances of on-site personnel status in relation to site activities.
  - Implementing hazard communication, respiratory protection, and associated health and safety programs as they pertain to site activities.
  - Coordination with identified emergency services.
  - Providing site specific training for all on-site personnel.

- Compliance with the requirements stipulated in this HASP is monitored by the SSO and coordinated through the Tetra Tech CLEAN HSM.

### **1.3 STOP WORK AUTHORIZATION**

All employees are empowered, authorized, and responsible to stop work at any time when an imminent and uncontrolled safety or health hazard is perceived. In a Stop Work event (immediately after the involved task has been shut down and the work area has been secured in a safe manner) the employee shall contact the Project Manager and the Corporate Health and Safety Manager. Through observations and communication, all parties involved shall then develop, communicate, and implement corrective actions necessary and appropriate to modify the task and to resume work.



## **2.0 EMERGENCY ACTION PLAN**

### **2.1 INTRODUCTION**

This section is to direct and guide field personnel in the event of an emergency. Site activities will be coordinated through the client contact Howard Hickey. In the event of an emergency that cannot be mitigated using onsite resources, personnel will evacuate to a safe place of refuge and the appropriate emergency response agencies will be notified. It has been determined that the majority of potential emergency situations would be better supported by outside emergency responders. Based on this determination, Tetra Tech and subcontractor personnel will not provide emergency response support beyond the capabilities of onsite response. Workers who are ill or who have suffered a non-serious injury may be transported by site personnel to nearby medical facilities, provided that such transport does not aggravate or further endanger the welfare of the injured/ill person.

The emergency response agencies listed in this plan are capable of providing the most effective response, and as such, will be designated as the primary responders. These agencies are located within a reasonable distance from the area of site operations, which ensures adequate emergency response time. The Naval Station, Great Lakes contact Howard Hickey will be notified when emergency response agencies are contacted. This Emergency Action Plan conforms to the requirements of 29 Code of Federal Regulations (CFR) 1910.38(a), as allowed in 29 CFR 1910.120(l)(1)(ii).

Tetra Tech will, through necessary services, provide the following emergency action measures:

- Initial stage fire fighting support and prevention
- Initial spill control and containment measures and prevention
- Removal of personnel from emergency situations
- Initial medical support for injuries or illnesses requiring basic first-aid
- Site control and security measures as necessary
- Initial notification to responsible personnel

### **2.2 EMERGENCY PLANNING**

Through the initial hazard/risk assessment effort, emergencies resulting from chemical, physical, or fire hazards are the types of emergencies that could be encountered during site activities.

To mitigate the potential for these emergency situations, emergency planning activities under the direction of the SSO and/or the FOL will include the following:

- Coordinating with local Emergency Response personnel to ensure that Tetra Tech emergency action activities are compatible with existing emergency response procedures. The Fire Department and Emergency Services will be notified of scheduled events and activities. This is most imperative in situations where their services may be required.
- Establishing and maintaining information at the project staging area (Support Zone) for easy access in the event of an emergency. This information will include the following:
  - Chemical Inventory of chemicals used onsite, with Material Safety Data Sheets.
  - Onsite personnel medical records (Medical Data Sheets).
  - A log book identifying personnel onsite each day.
  - Hospital route maps with directions (these should also be placed in each site vehicle).
  - Emergency Notification - phone numbers.

The Tetra Tech FOL will be responsible for the following tasks:

- Identifying a chain of command for emergency action. The FOL and/or the SSO will exercise primary responsibility for directing the actions of Tetra Tech and subcontractor personnel during emergency actions.
- Educating site workers to the hazards and control measures associated with site activities, and providing early recognition and prevention, through site specific training and periodic safety briefings.
- Providing the necessary equipment to safely accomplish identified tasks.

## **2.3 EMERGENCY RECOGNITION AND PREVENTION**

Site personnel should be constantly alert for indicators of potentially hazardous situations and for signs and symptoms of over exposure in themselves and others that warn of hazardous conditions. Early recognition of dangerous situations can prevent them from becoming emergency situations.

### **2.3.1 Recognition**

Emergency situations that may be encountered during site activities will generally be recognized by visual observation. To adequately recognize chemical exposures, site personnel must have a clear knowledge of signs and symptoms of exposure associated with site contaminants. Tasks to be performed at the site,

potential hazards associated with those tasks and the recommended control methods are discussed in this HASP.

Additionally, early recognition of hazards will be supported by daily site surveys to eliminate any situation predisposed to an emergency. The FOL and/or the SSO will be responsible for performing surveys of work areas prior to initiating site operations and periodically while operations are being conducted. Survey findings will be documented by the FOL and/or the SSO in the Site Health and Safety logbook; however, site personnel will be responsible for reporting hazardous situations. Where potential hazards exist, Tetra Tech will initiate control measures to prevent adverse effects to human health and the environment.

The above actions will provide early recognition for potential emergency situations, and allow Tetra Tech to instigate necessary control measures. However, if the FOL and the SSO determine that control measures are not sufficient to eliminate the hazard; Tetra Tech will withdraw from the site and notify the appropriate response agencies.

#### **2.4 EVACUATION ROUTES, PROCEDURES, AND PLACES OF REFUGE**

An evacuation will be initiated whenever recommended hazard controls are insufficient to protect the health, safety or welfare of site workers. Specific examples of conditions that may initiate an evacuation include, but are not limited to the following:

- Severe weather conditions
- Fire or explosion
- Evidence of personnel overexposure to potential site contaminants.

In the event of an emergency requiring evacuation, personnel will immediately stop activities and report to the designated safe place of refuge unless doing so would pose additional risks. When evacuation to the primary place of refuge is not possible, personnel will proceed to a designated alternate location and remain until further notification from the Tetra Tech FOL. Safe places of refuge will be identified prior to the commencement of site activities by the SSO and will be conveyed to personnel as part of the pre-activities training session. This information will be reiterated during daily safety meetings. Whenever possible, the safe place of refuge will also serve as the telephone communications point for that area. During an evacuation, personnel will remain at the refuge location until directed otherwise by the Tetra Tech FOL or the on-site Incident Commander of the Emergency Response Team. The FOL or the SSO will perform a head count at this location to account for and to confirm the location of site personnel. Emergency response personnel will be immediately notified of any unaccounted personnel. The SSO will document the names of personnel onsite (on a daily basis) in the site Health and Safety Logbook. This information will be utilized to perform the head count in the event of an emergency.

Evacuation procedures will be discussed during the pre-activities training session, prior to the initiation of project tasks. Evacuation routes from the site and safe places of refuge are dependent upon the location at which work is being performed and the circumstances under which an evacuation is required. Additionally, site location and meteorological conditions (i.e., wind speed and direction) may dictate evacuation routes. As a result, assembly points will be selected and communicated to the workers relative to the site location where work is being performed. Evacuation should always take place in an upwind direction from the site.

## **2.5 EMERGENCY CONTACTS**

Prior to initiating field activities, personnel will be thoroughly briefed on the emergency procedures to be followed in the event of an accident. Table 2-1 provides a list of emergency contacts and their associated telephone numbers. This table must be posted where it is readily available to site personnel.

- Facility maps should also be posted showing potential evacuation routes and designated meeting areas.
- As soon as possible, the Navy contact will be informed of any incident or accident that requires medical attention.

Any pertinent information regarding allergies to medications or other special conditions will be provided to medical services personnel. This information is listed on Medical Data Sheets filed onsite (Attachment I).

**TABLE 2-1**  
**EMERGENCY REFERENCE**  
**NAVAL STATION GREAT LAKES**

AGENCY	TELEPHONE
<b>EMERGENCY</b>	<b>9-1-1</b>
Police, Fire/Hazardous Materials Release, EMS	(847) 688-3333
Base Contact, Mr. Howard Hickey	(847) 688-2600 x 243 (847) 815-6719
Base Contact, Mr. William Busko	(847) 688-2600 x 242 (847) 366-3471
North Chicago VA Medical Center	(847) 473-7830
Poison Control Center	(800) 222-1222
Task Order Manager, Tim Evans	(412) 921-7281
CLEAN Health and Safety Manager, Matthew Soltis, CIH, CSP	(412) 921-8912
Project Health and Safety Officer, Clyde Snyder	(412) 921-8904
Chemtrec	(800) 424-9300
National Response Center	(800) 424-8802
Tetra Tech NUS, Pittsburgh Office	(412) 921-7090

## 2.6 EMERGENCY ROUTE TO HOSPITAL

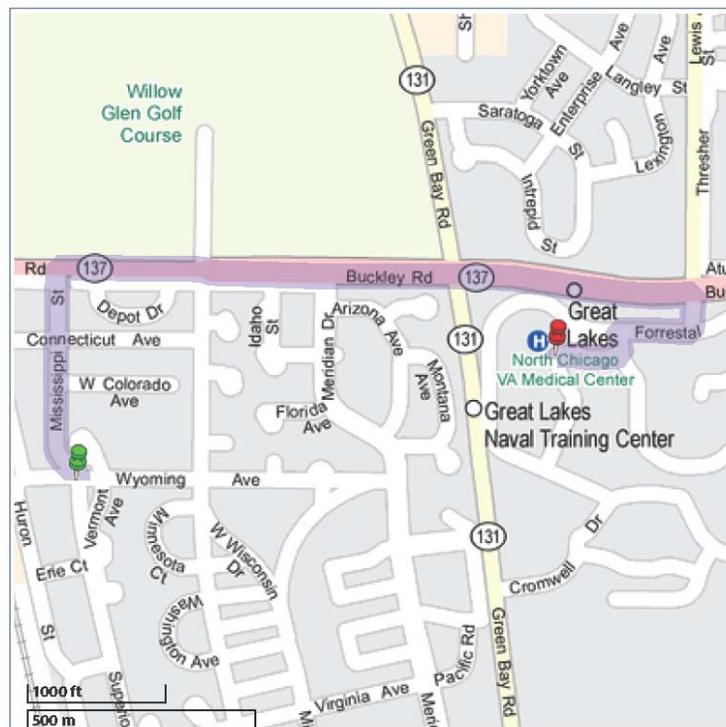
The primary medical facility will be the North Chicago VA Medical Center. Note directions are different for the 2 sites involved in this work effort.

**North Chicago VA Medical Center**  
**3001 Green Bay Rd,**  
**North Chicago, Illinois 60064**

**FIGURE 2-1A**  
**DIRECTIONS TO NORTH CHICAGO VA MEDICAL CENTER**  
**FROM FORRESTAL LANDFILL**

**3500 Superior Street, Great Lakes 60088, Illinois to North Chicago VA Medical Center(North Chicago), IL**  
Distance: 1.4 miles (2.3km) Time: 0 hrs., 8mins.

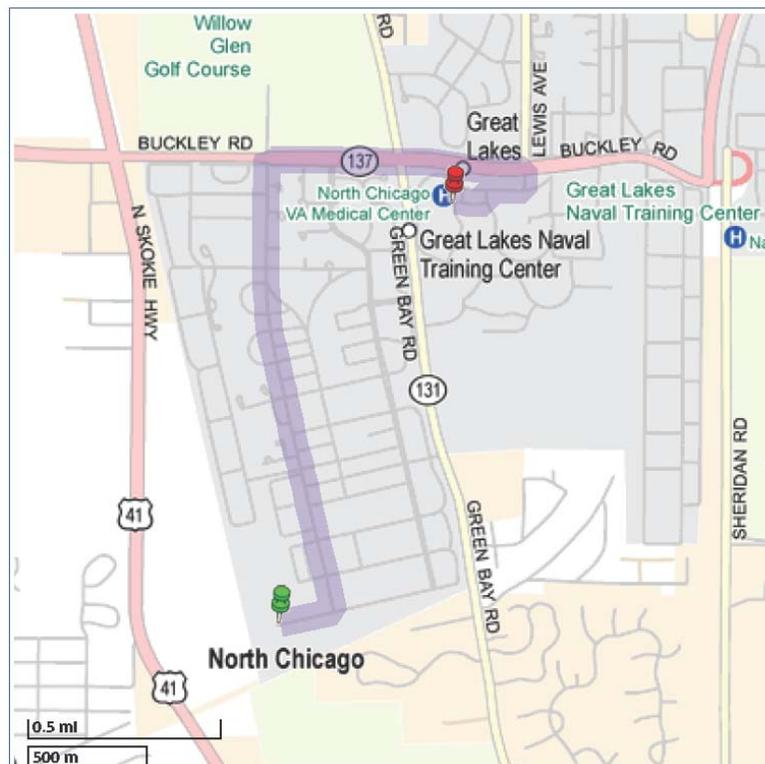
1. Start out heading NORTH on SUPERIOR STREET towards MISSISSIPPI STREET. Drive for a short distance.
2. Turn SLIGHT LEFT onto MISSISSIPPI STREET. Drive for 0.3 miles.
3. Turn RIGHT onto BUCKLEY ROAD. Drive for 0.8 miles.
4. Turn RIGHT onto FORRESTAL VILLAGE QTRS STREET. Drive for a short distance.
5. Turn RIGHT onto FORRESTAL VILLAGE NAVAL HOUSING. Drive for 0.1 miles.
6. Turn LEFT to stay on FORRESTAL VILLAGE NAVAL HOUSING. Drive for a short distance.
7. Turn RIGHT to stay on FORRESTAL VILLAGE NAVAL HOUSING. Drive for 0.1 miles.
8. You have reached North Chicago VA Medical Center(North Chicago), IL



**FIGURE 2-1B**  
**DIRECTIONS TO NORTH CHICAGO VA MEDICAL CENTER**  
**FROM SUPPLYSIDE LANDFILL**

**2299 Alabama Avenue, Great Lakes 60088, Illinois to North Chicago VA Medical Center(North Chicago), IL**  
Distance: 2.3 miles (3.7km) Time: 0 hrs., 18mins.

1. Start out heading EAST on ALABAMA AVENUE towards GREAT LAKES COURT. Drive for 0.1 miles.
2. Turn LEFT onto GREAT LAKES DRIVE. Drive for 0.4 miles.
3. Turn LEFT onto RHODE ISLAND AVENUE. Drive for a short distance.
4. Make a U-turn at RHODE ISLAND COURT. Drive for a short distance.
5. Turn LEFT onto GREAT LAKES DRIVE. Drive for 0.7 miles.
6. Turn RIGHT onto BUCKLEY ROAD E. Drive for 0.7 miles.
7. Turn RIGHT onto FORRESTAL VILLAGE QTRS STREET. Drive for a short distance.
8. Turn RIGHT onto FORRESTAL VILLAGE NAVAL HOUSING. Drive for 0.1 miles.
9. Turn LEFT to stay on FORRESTAL VILLAGE NAVAL HOUSING. Drive for a short distance.
10. Turn RIGHT to stay on FORRESTAL VILLAGE NAVAL HOUSING. Drive for 0.1 miles.
11. You have reached North Chicago VA Medical Center(North Chicago), IL



## **2.7 EMERGENCY ALERTING AND ACTION/RESPONSE PROCEDURES**

Tetra Tech personnel will be working in close proximity to each other at Naval Station, Great Lakes. As a result, hand signals, voice commands, and line of site communication will be sufficient to alert site personnel of an emergency. When project tasks are performed simultaneously on different sites, vehicle horns will be used to communicate emergency situations.

If an emergency on Base warranting evacuation occurs, the following procedures are to be initiated:

- Initiate the evacuation via hand signals, voice commands, or line of site communication
- Report to the designated refuge point where the FOL will account for all personnel
- Once non-essential personnel are evacuated, appropriate response procedures will be enacted to control the situation.
- Describe to the FOL (FOL will serve as the Incident Coordinator) pertinent incident details.

In the event that site personnel cannot mitigate the hazardous situation, the FOL and SSO will enact emergency notification procedures to secure additional assistance in the following manner:

- Call the appropriate emergency contacts (Table 2-1) and report the emergency.
- Give the emergency operator the location of the emergency, the type of emergency, the number of injured, and a brief description of what occurred.
- Stay on the phone and follow the instructions given by the operator.
- The operator will then notify and dispatch the proper emergency response agencies.

## **2.8 PPE AND EMERGENCY EQUIPMENT**

A first-aid kit, eye wash units (or bottles of disposable eyewash solution) and fire extinguishers (strategically placed) will be maintained onsite and shall be immediately available for use in the event of an emergency. This equipment will be located in the field office as well as in each site vehicle. At least one first aid kit supplied with equipment to protect against bloodborne pathogens will also be available on site. Personnel identified within the field crew with bloodborne pathogen and first-aid training will be the only personnel permitted to offer first-aid assistance.

## **2.9 DECONTAMINATION PROCEDURES / EMERGENCY MEDICAL TREATMENT**

During any site evacuation, decontamination procedures will be performed only if doing so does not further jeopardize the welfare of site workers. Decontamination will be postponed if the incident warrants immediate evacuation. However, it is unlikely that an evacuation would occur which would require workers to evacuate the site without first performing the necessary decontamination procedures.

Tetra Tech personnel will perform rescue operations from emergency situations and may provide initial medical support for injury/illnesses requiring only "Basic First-Aid" level support, and only within the limits of training obtained by site personnel. Basic First-Aid is considered treatment that can be rendered by a trained first aid provider at the injury location and not requiring follow-up treatment or examination by a physician (for example; minor cuts, bruises, stings, scrapes, and burns). Not included as Basic First-Aid are second or third degree burns, cuts, lacerations requiring stitches or butterfly bandaging, heat exhaustion, severe poisonous plant or insect bite reactions. Personnel providing medical assistance are required to be trained in First-Aid. Medical attention above First-Aid level support will require assistance from the designated emergency response agencies. Attachment II provides the procedure to follow when reporting an injury/illness, and the form to be used for this purpose. **If the emergency involves personnel exposures to chemicals, follow the steps provided in Figure 2-2.**

## **2.10 INJURY/ILLNESS REPORTING**

If any Tetra Tech personnel are injured or develop an illness as a result of working on site, the Tetra Tech "Injury/Illness Procedure" (Attachment II) must be followed. Following this procedure is necessary for documenting of the information obtained at the time of the incident.

Any pertinent information regarding allergies to medications or other special conditions will be provided to medical services personnel. This information is listed on Medical Data Sheets filed onsite. If an exposure to hazardous materials has occurred, provide information on the chemical, physical, and toxicological properties of the subject chemical(s) to medical service personnel.

### **2.10.1 TOTAL Incident Reporting System**

TOTAL is Tetra Tech's new online incident reporting system. Use TOTAL to directly report health and safety incidents, notify key personnel, and initiate the process for properly investigating and addressing the causes of incidents, including near-miss events. An incident is considered any unplanned event. It may include several types of near misses, events where no loss was incurred, or incidents that resulted in injuries or illness, property or equipment damage, chemical spills, fires, or damage to motor vehicles.

TOTAL looks like the incident reporting form in Attachment II. TOTAL is an intuitive system that will guide you through the necessary steps to report an incident within 24 hours of its occurrence. Behind the scenes, TOTAL is a powerful tool for H&S professionals, and will help Tetra Tech to better track incidents, analyze root causes, implement corrective action plans, and share lessons learned. The ultimate result is a more safe and healthy working environment for us all.

TOTAL is maintained on the Tetra Tech Intranet site at <https://my.tetrattech.com/>

Once on the "My Tetrattech" site, TOTAL can be found under the Health and Safety tab, Incident Reporting section, select "Report an Incident (TOTAL)". This will connect you directly to TOTAL. TOTAL can also be accessed directly from the internet using the following web address:  
<http://totalhs.tetrattech.com/>

**Note:** When using the system outside the Tetra Tech intranet system or when operating in a wireless mode, a VPN connection will be required. The speed of the application may be affected dependent upon outside factors such as connection, signal strength, etc. Enter the system using your network user name and password. The user name should be in the following format - TT\nickname.lastname.

## FIGURE 2-2 POTENTIAL EXPOSURE PROTOCOL

The purpose of this protocol is to provide guidance for the medical management of injury situations.

In the event of a personnel injury or accident:

- Rescue, when necessary, employing proper equipment and methods.
- Give attention to emergency health problems – breathing, cardiac function, bleeding, and shock.
- Transfer the victim to the medical facility designated in this HASP by suitable and appropriate conveyance (i.e., ambulance for serious events)
- Obtain as much exposure history as possible (a Potential Exposure Report is attached).
- If the injured person is a Tetra Tech employee, call the medical facility and advise them that the patient(s) is/are being sent and that they can anticipate a call from the WorkCare physician. WorkCare will contact the medical facility and request specific testing that may be appropriate. WorkCare physicians will monitor the care of the victim. Site officers and personnel should not attempt to get this information because this can lead to confusion and misunderstanding.
- Call WorkCare at 1-800-455-6155, Extension 109, or follow the voice prompt for after hours and weekend notification, and be prepared to provide the following:
  - Any known information about the nature of the injury.
  - As much of the exposure history as was feasible to determine in the time allowed.
  - Name and phone number of the medical facility to which the victim(s) has been taken.
  - Name(s) of the involved Tetra Tech employee(s).
  - Name and phone number of an informed site officer who will be responsible for further investigations.
  - Fax appropriate information to WorkCare at (714) 456-2154.
- Contact the Tetra Tech Corporate Health and Safety Department (Matt Soltis) and Human Resources Manager (Marilyn Duffy) at (412) 921-7090.

As data are gathered and the scenario becomes more clearly defined, this information should be forwarded to WorkCare. WorkCare will compile the results of the data and provide a summary report of the incident. A copy of this report will be placed in each victim's medical file in addition to being distributed to appropriately designated company officials.

Each involved worker will receive a letter describing the incident but deleting any personal or individual comments. A personalized letter describing the individual findings/results will accompany this generalized summary. A copy of the personal letter will be filed in the continuing medical file maintained by WorkCare.

**FIGURE 2-2 (continued)  
POTENTIAL EXPOSURE REPORT**

Name: \_\_\_\_\_ Date of Exposure: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Client Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

**I. Exposing Agent**

Name of Product or Chemicals (if known): \_\_\_\_\_

Characteristics (if the name is not known)

Solid          Liquid          Gas          Fume          Mist          Vapor

**II. Dose Determinants**

What was individual doing? \_\_\_\_\_

How long did individual work in area before signs/symptoms developed? \_\_\_\_\_

Was protective gear being used? If yes, what was the PPE? \_\_\_\_\_

Was there skin contact? \_\_\_\_\_

Was the exposing agent inhaled? \_\_\_\_\_

Were other persons exposed? If yes, did they experience symptoms? \_\_\_\_\_

**III. Signs and Symptoms** (check off appropriate symptoms)

**Immediately With Exposure:**

Burning of eyes, nose, or throat  
Tearing  
Headache  
Cough  
Shortness of Breath

Chest Tightness / Pressure  
Nausea / Vomiting  
Dizziness  
Weakness

**Delayed Symptoms:**

Weakness  
Nausea / Vomiting  
Shortness of Breath  
Cough

Loss of Appetite  
Abdominal Pain  
Headache  
Numbness / Tingling

**IV. Present Status of Symptoms** (check off appropriate symptoms)

Burning of eyes, nose, or throat  
Tearing  
Headache  
Cough  
Shortness of Breath  
Chest Tightness / Pressure  
Cyanosis

Nausea / Vomiting  
Dizziness  
Weakness  
Loss of Appetite  
Abdominal Pain  
Numbness / Tingling

Have symptoms: (please check off appropriate response and give duration of symptoms)  
Improved: \_\_\_\_\_ Worsened: \_\_\_\_\_ Remained Unchanged: \_\_\_\_\_

**V. Treatment of Symptoms** (check off appropriate response)

None: \_\_\_\_\_ Self-Medicating: \_\_\_\_\_ Physician Treated: \_\_\_\_\_

### 3.0 SITE BACKGROUND

The Naval Station Great Lakes is located in Lake County, Illinois, on the shore of Lake Michigan about 50 miles north of downtown Chicago. Dedicated in 1911, Naval Station Great Lakes is the largest naval training center in the United States. Naval Station Great Lakes consists of approximately 1,650 acres with over 1,000 buildings.

The Supplyside Landfill began operation in 1969. The landfill was operated as a trench-type landfill with four parallel trenches; the landfill covers an area of approximately 400 feet by 1,000 feet. There was no intentional burning of refuse at this site. The Supplyside Landfill was closed in 1983 and had a cover installed in 1985. The cover grading and seeding were performed by the Navy Construction Battalion 401, a tenant command at NSGL, during that time period. The Supplyside Landfill is adjacent to the NSGL facility boundary and south of the Supply Department warehouse (Building 3503) and extends almost to the westward extension of Alabama Avenue.

Operations at the Forrestal Landfill began in 1967 and ceased in 1969. The site was operated as a trench-type landfill with no burning. It is estimated that the landfill contains approximately 76,000 cubic yards of refuse. No hazardous wastes were disposed in the landfill. The Forrestal Landfill is located between Superior Street and Skokie Ditch, south of Virginia Court. The landfill was the first controlled disposal area used by NSGL. The total volume of material disposed at the landfill was limited by the size of the parcel (approximately 4 acres) and due to the fact that disposed was not burned. In addition, the period during which the site operated coincided with the period during which housing waste collection switched from the Navy to a private contractor, with disposal on Navy property.

## 4.0 SCOPE OF WORK

This section discusses the specific tasks that are to be conducted as part of this scope of work as identified in the work plan for CTO F 273. These tasks are the only ones addressed by this HASP. Any tasks to be conducted outside of the elements listed here will be considered a change in scope requiring modification of this document. The TOM or a designated representative will submit the requested modifications to this document to the HSM.

Specific tasks to be conducted include, but are not necessarily limited to, the following:

- Mobilization/demobilization
- Groundwater sampling
- Investigation-derived waste handling and disposal
- Decontamination

For more detailed description of the associated tasks, refer to the Work Plan (WP).

Any tasks to be conducted outside of the elements listed here will be considered a change in scope requiring modification of this document. The PM or a designated representative will submit the requested modifications to this document to the Tetra Tech HSM.

## **5.0 SUMMARY OF TASKS/HAZARDS/ASSOCIATED CONTROL MEASURES**

The purpose of this section is to identify the anticipated hazards and appropriate hazard prevention/hazard control measures that are to be taken for each planned task or operation. These topics have been summarized for each planned task through the use of task-specific Safe Work Permits (SWPs), which are to be reviewed in the field by the SSO with all task participants prior to initiating any task. Additionally, potential hazard and hazard control matters that are relevant but are not necessarily task specific are addressed in the following portions of this section. Partially completed SWPs for the tasks included in this scope of work are included in Attachment III.

Section 6.0 presents additional information on hazard anticipation, recognition, and control relevant to the planned field activities.

### **5.1 GENERAL SAFE WORK PRACTICES**

General safe work practices will be used when conducting work involving known and unknown site hazards. The following safe work practices establish a pattern of general precautions and measures for reducing risks associated with hazardous site operations:

- Refrain from eating, drinking, chewing gum or tobacco, taking medication, or smoking in contaminated or potentially contaminated areas or where the possibility of transfer of contamination exists.
- Wash hands and face thoroughly upon leaving a contaminated or suspected contaminated area.
- Avoid contact with potentially contaminated substances.
- Be familiar with and adhere to the instructions in this site-specific HASP.
- Be aware of the location of the nearest telephone and the emergency telephone numbers. See Section 2.0, Table 2-1.
- Attend briefings on anticipated hazards, equipment requirements, SWPs, emergency procedures, and communication methods before going on site.
- Use the “buddy system” or maintain a means of communication between work crews or site personnel.

- Establish appropriate decontamination procedures for leaving the site.
- Immediately report injuries, illnesses, and unsafe conditions, practices, and equipment to the SSO.
- Observe posted traffic signs and any site/base-specific rules and regulations.
- When working near roadways or areas of heavy traffic, use high-visibility reflective vests. If traffic must be diverted or otherwise controlled, contact the PHSO for additional guidance.
- Keep work areas and storage facilities clear and free of ground clutter.

## 6.0 HAZARD ASSESSMENT

This section provides information regarding the chemical and physical hazards which may be associated with the Site and the activities that are to be conducted as part of the scope of work. .

### 6.1 CHEMICAL HAZARDS

Based upon available data from previous site investigations, the primary site contaminants of concern (COCs) are the metals magnesium and manganese which have little effect on human health from an occupational health perspective.

It is anticipated that the greatest potential for exposure to site contaminants is during groundwater sampling. Exposure to site contaminants is most likely to occur through dermal contact of contaminated water or through ingestion via hand-to-mouth contact during soil disturbance activities. For this reason, PPE and basic hygiene practices (e.g., washing face and hands before leaving site) will be extremely important. Given the nature of planned activities and that work will be conducted outside in the open air, it is unlikely that any airborne concentrations will be present.

Other sources of potential chemical exposure are decontamination fluids (e.g., Liquinox, isopropanol), and analytical preservatives. For any substances brought onto the site, the SHSO is responsible for instituting a site-specific Hazard Communication Program (see Section 5.0 of the Tetra Tech NUS Health and Safety Guidance Manual) and for collecting the appropriate Material Safety Data Sheets (MSDS) from the chemical manufacturers/suppliers. The SHSO is also responsible for completing the Safe Work Permit for the decontamination task using the appropriate MSDS and for reviewing the contents of the MSDSs and Safe Work Permit with anyone who will use these substances.

### 6.2 PHYSICAL HAZARDS

In addition to the chemical hazards discussed above, the following physical hazards may be present during the performance of the site activities.

- Slips, trips, and falls
- Lifting (strain/muscle pulls)
- Vehicular and foot traffic

Each of these physical hazards is discussed in greater detail in Section 4.0 of the Tetra Tech NUS Health and Safety Guidance Manual. Some of these hazards and the associated control measures are discussed below due to the emphasis on incident and injury history.

### **6.2.1 Slips, Trips, and Falls**

Conditions such as steep terrain and/or heavy vegetation may create an increased potential for slip, trip, and fall hazards.

- The safest approach to sample points will be identified and cleared to permit field crew access to sample locations.
- Establish anchor points and rope handrails for traversing/ascending/descending angles and slopes greater than 45% grade.
- Footwear with an adequate traction.
- Prepare work areas by removing tripping hazards (ruts, roots, debris). This is especially critical around rotating equipment, where a fall into the rotating apparatus could be life threatening.

### **6.2.2 Strain/Muscle Pulls from Heavy Lifting**

During execution of planned activities there is some potential for strains, sprains, and/or muscle pulls due to the physical demands and nature of this site work. To avoid injury during lifting tasks personnel are to lift with the force of the load carried by their legs and not their backs. When lifting or handling heavy material or equipment use an appropriate number of personnel. Keep the work area free from clutter to avoid unnecessary twisting or sudden movements while handling loads.

The following steps will help prevent back injury:

- Clear the path you will follow.
- Lift with your legs, not your back.
- “Hug” the load. Minimize the horizontal distance between the load and your center of gravity.
- Avoid twisting.
- Break large loads into smaller, more manageable ones.
- Take frequent rest and stretch breaks.

## **6.3 NATURAL HAZARDS**

Insect/animal bites and stings, poisonous plants, and inclement weather are natural hazards that may be present given the location of activities to be conducted.

### **6.3.1 Inclement Weather**

Project tasks under this Scope of Work will be performed outdoors. As a result, inclement weather may be encountered. In the event that adverse weather conditions arise (electrical storms, hurricanes, etc.),

the FOL and/or the SSO will be responsible for temporarily suspending or terminating activities until hazardous conditions no longer exist.

This section provides reference information regarding the chemical and physical hazards that may be associated with activities to be conducted as part of the scope of work.

### **6.3.2 Cuts or Other Injuries Associated with Hand Tool Use**

The improper use of hand tools has been the cause of several past accidents. In particular:

- The use of knives when cutting has resulted in lacerations to workers' hands, legs, and fingers.
- Use manufacturer-approved cutting tools.
- Never rest an object on your knee or other part of your body when cutting.
- Keep cutting tools sharp.

### **6.3.3 Strains/Muscle Pulls**

Site activities require moving equipment and sampling coolers that may weigh as much as 90 pounds. Worker injuries resulting from improper manual material handling activities are easily prevented through observation of proper lifting and carrying methods and utilization of material-handling equipment where necessary and suitable. These types of injuries are not only associated with the weight of the load; other considerations include how many lifts will be involved (i.e., repetitive lifting of even small loads), the size, shape, and/or configuration of the load to be lifted, and whether or not the load will need to be lifted to another height or carried to another location. Workers involved with these types of activities are to be instructed by the SSO in the following manner:

- Estimate the weight and configuration of the load (i.e., is it bulky or hard to safely grasp/lift/control).
- If the load appears to be too heavy or bulky to safely handle alone, use a mechanical lifting device or obtain help to lift the load.
- Bend at the knees (not at the waist) when attempting a lift.
- Ensure that a firm hold is obtained, and keep the load as close to the body as possible.
- Lift the load using your legs not your back.
- Avoid turning or twisting while holding a load.

- If the load is to be moved, preview the path of travel first to identify and eliminate any tripping hazards.
- Do not attempt to carry loads that obstruct the line of sight.
- When setting a load down, use the leg muscles and do not bend at the waist.
- Break loads into smaller amounts for travel to remote locations.

#### **6.3.4 Vehicular and Equipment Traffic**

Hazards associated with vehicular and equipment traffic are likely to exist during various site activities and whenever site personnel performed work on or near roadways. To minimize the potential for injuries associated with these hazards, a traffic control plan has been prepared and submitted for approval by the local authorities. A subcontractor will be present to implement the traffic control plan through the use of warning signs, traffic cones, and flagmen. Additionally, site personnel will be instructed to maintain awareness of traffic and moving equipment when performing site activities. When working near roadways, site personnel will wear high visibility vests.

#### **6.3.5 Heat/Cold Stress**

It is always necessary for the field team to be aware of the signs and symptoms and the measures appropriate to prevent cold stress. This is addressed in detail in Section 4.0 of the Tetra Tech HSGM, which the SSO is responsible for reviewing and implementing as appropriate for this project.

#### **6.3.6 Noise \_\_\_\_\_**

Hearing protection will be used during activities that create noise. The FOL will require hearing protection to ensure that any contributory noise levels within close proximity of the operation do not surpass 80 decibels (db). If workers need to raise their voices to communicate with fellow employees who are 2 feet away, hearing protection is required. The protection chosen must have a Noise Reduction Rating (NRR) greater than 25db. Additionally, noise dosimetry may be performed to quantify worst-case scenarios of noise levels if determined is necessary by the FOL/SSO.

## **7.0 HAZARD MONITORING**

Direct-reading instruments will not be required during site activities past sampling data indicates low levels of VOC's and metals below the Threshold Limit Value for contaminants. Metals are also present but again levels below those that are harmful to site workers.

## **8.0 TRAINING/MEDICAL SURVEILLANCE REQUIREMENTS**

This section is included to specify health and safety training and medical surveillance requirements for Tetra Tech personnel participating in on-site activities.

### **8.1 INTRODUCTORY/REFRESHER/SUPERVISORY TRAINING**

Tetra Tech personnel must complete 40 hours of introductory hazardous waste site training prior to performing work at Naval Station, Great Lakes. Tetra Tech personnel who have had introductory training more than 12 months prior to site work must have completed 8 hours of refresher training within the past 12 months before being cleared for site work. In addition, 8-hour supervisory training in accordance with 29 CFR 1910.120(e)(4) will be required for site supervisory personnel.

Documentation of Tetra Tech introductory, supervisory, and refresher training as well as site-specific training will be maintained at the site. Copies of certificates or other official documentation will be used to fulfill this requirement.

### **8.2 SITE-SPECIFIC TRAINING**

The Tetra Tech SSO will provide site-specific training to Tetra Tech employees who will perform work on this project. Figure 8-1 will be used to document the provision and content of the project-specific and associated training. Site personnel will be required to sign this form prior to commencement of site activities. This training documentation will be employed to identify personnel who through record review and attendance at the site-specific training are cleared for participation in site activities. This document will be maintained at the site to identify and maintain an active list of trained and cleared site personnel.

The Tetra Tech SSO will also conduct a pre-activities training session prior to initiating site work. This will consist of a brief meeting at the beginning of each day to discuss operations planned for that day, and a review of the appropriate SWPs with the planned task participants. A short meeting may also be held at the end of the day to discuss the operations completed and any problems encountered.

### **8.3 MEDICAL SURVEILLANCE**

Tetra Tech personnel participating in project field activities will have had a physical examination meeting the requirements of Tetra Tech's medical surveillance program. Documentation for medical clearances will be maintained in the Tetra Tech Pittsburgh office and made available, as necessary, and will be documented using Figure 8-1 for every employee participating in on-site work activities at this site.

#### **8.4 MEDICAL DATA SHEET**

Each field team member, including visitors, entering the exclusion zone(s) will be required to complete and submit a copy of the Medical Data Sheet (see Attachment I of this HASP) to the SSO prior to participating in site activities. The purpose of this document is to provide site personnel and emergency responders with additional information that may be necessary to administer medical attention.



## **9.0 SITE CONTROL**

This section outlines the means by which Tetra Tech will delineate work zones and use these work zones in conjunction with decontamination procedures to prevent the spread of contaminants into previously unaffected areas of the site. It is anticipated that a three-zone approach will be used during work at this site. This three zone approach will utilize an exclusion zone, a contamination reduction zone, and a support zone. It is also anticipated that this control measure will be used to control access to site work areas. Use of such controls will restrict the general public, minimize the potential for the spread of contaminants, and protect individuals who are not cleared to enter work areas.

### **9.1 EXCLUSION ZONE**

The exclusion zone will be considered the areas of the site of known or suspected contamination. It is anticipated that the areas around wells will have the potential for contaminants brought to the surface. These areas will be marked and personnel will maintain safe distances. Once intrusive activities (groundwater sampling) have been completed, the potential for exposure is again diminished and the area can then be reclassified as part of the contamination reduction zone. The exclusion zones for this project are those areas of the site where groundwater sampling is being performed, plus a designated area of at least 5 feet surrounding the work area.

Access to work areas will be controlled by Tetra Tech personnel. Only authorized personnel will be allowed to enter site exclusion zones. If the possibility of others (passersby) unknowingly may enter near the proposed work area, the need for additional perimeter monitoring may be warranted (see Section 7.0).

### **9.2 CONTAMINATION REDUCTION ZONE**

The contamination reduction zone (CRZ) will be a buffer area between the exclusion zone and any area of the site where contamination is not suspected. This area instead will serve as a focal point in supporting exclusion zone activities. When applicable, this area will be delineated using barrier tape, cones and/or drive poles, and postings to inform and direct facility personnel.

### **9.3 SUPPORT ZONE**

The support zone for this project will be the area where site vehicles will be parked, equipment will be unloaded, and where food and drink containers will be maintained. In all cases, the support zones will be established at areas of the site where exposure to site contaminants would not be expected during normal working conditions or foreseeable emergencies.

#### 9.4 SITE VISITORS

Site visitors must be escorted and restricted from approaching any work areas where they could be exposed to hazards from Tetra Tech operations. If a visitor has authorization from the client and from the Tetra Tech Project Manager to approach our work areas, the FOL must assure that the visitor first provides documentation indicating that he/she/they have successfully completed the necessary OSHA introductory training, receive site-specific training from the SSO, and that they have been physically cleared to work on hazardous waste sites. Site visitors for the purpose of this document are identified as representing the following groups of individuals:

- Personnel invited to observe or participate in operations by Tetra Tech
- Regulatory personnel (EPA, OSHA, etc.)
- Naval Station, Great Lakes or DoD Personnel
- Other authorized visitors

Personnel working on this project are required to gain initial access to the Naval Station, Great Lakes by coordinating with the Tetra Tech FOL or designee and following established Naval Station, Great Lakes access procedures.

Once access to Naval Station, Great Lakes is obtained all personnel who require site access into areas of ongoing operations will be required to obtain permission from the FOL and SSO. The prerequisites for all site visitors wishing to observe operations in progress in the exclusion zone are discussed below:

- All site visitors will be routed to the FOL, who will sign them into the field logbook.
- Information to be recorded in the logbook will include the individual's name (proper identification required), the entity which they represent, and the purpose of the visit.
- All site visitors will be required to produce the necessary information supporting clearance to the site. This shall include information attesting to applicable training and medical surveillance as stipulated in Section 8.0 of this document.

Once the site visitors have completed the above items, they will be permitted to enter the operational zone. Visitors are required to observe the protective equipment and site restrictions in effect at the site at the time of their visit. Any unauthorized site visitation will cause the termination of the on-site activities until the unauthorized visitor is removed from the area. Removal of unauthorized visitors will be accomplished with support from the Base Contact and Base Security. The site visitors granted access to

the exclusion zones during ongoing operations will be escorted by a Tetra Tech representative (arranged for by the FOL).

## **9.5 SITE SECURITY**

Tetra Tech will retain control over active operational areas. The FOL will serve as a focal point for site personnel, and will serve as the final line of security for the work areas. Site work will cease in the event of unauthorized personnel entering the exclusion zone. Work will remain temporarily suspended until the unauthorized visitor can be removed. The Base Contact will serve as the primary enforcement contact for removing unauthorized visitors.

## **9.6 SITE MAP**

Once the areas of contamination, access routes, utilities, topography, and dispersion routes are determined, a site map will be generated and adjusted as site conditions change. These maps will show utility locations, potential points of contact with the public, roadways, and other significant characteristics that may impact site operations and safety. Site maps will be posted to illustrate up-to-date collection of contaminants and adjustment of zones and access points.

## **9.7 BUDDY SYSTEM**

Personnel engaged in on-site activities will practice the "buddy system" to ensure the safety of the personnel involved in this operation.

## **9.8 MATERIAL SAFETY DATA SHEET (MSDS) REQUIREMENTS**

Tetra Tech personnel will provide MSDSs for the chemicals brought on-site. The contents of these documents will be reviewed by the SSO with the user(s) of the chemical substances prior to any actual use or application of these substances on site. A chemical inventory of the chemicals used on site will be developed. (See Section 5.0 of the Health and Safety Guidance Manual) A copy of the Chemical Inventory List will be provided to emergency services, as they would serve as primary responders to the work area should the need arise. The MSDSs will then be maintained in a central location and will be available for anyone to review upon request.

## **9.9 COMMUNICATION**

As personnel may not always be working in proximity to one another during field activities, a supported means of communication between field crews will be used as necessary.

External communication will be accomplished by using cell phones at the site but only in approved areas. External communication will primarily be used for the purpose of resource and emergency resource communications. It is strongly recommended that cell phones be programmed with pertinent numbers prior to proposed site activities.

#### **9.10 SAFE WORK PERMITS**

The exclusion zone work conducted in support of this project will be performed using Safe Work Permits (SWPs) to guide and direct field crews on a task by task basis. An example of the SWP to be used is illustrated in Figure 9-1. Attachment III contains partially completed SWP for tasks that are to be performed as part of the investigation. Information such as field crew performing the task, date, time, procedure reviews, and equipment preparation information need to be completed by the FOL or SSO prior to the initiation of site activities. SWPs will be further supported by the daily safety meetings. This effort will ensure the site specific considerations and changing conditions are incorporated into the planning effort. Permits will require the signature of the FOL and/or SSO.

The permits review the protective measures and hazards associated with each operation. The HASP is the primary reference for selecting levels of protection and control measures. The SWP will take precedence over the HASP when more conservative measures are required based on specific site conditions.

Upon completion of work specified on the SWP, the person accepting the permit will return it to the SSO.

Any situations encountered regarding control measures taken will be noted on the permit or a separate sheet of paper and returned to the SSO for review and evaluation.

**FIGURE 9-1  
SAFE WORK PERMIT**

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

**I. Work limited to the following (description, area, equipment used):** \_\_\_\_\_  
\_\_\_\_\_

**II. Primary Hazards:** \_\_\_\_\_  
\_\_\_\_\_

**III. Field Crew:** \_\_\_\_\_

**IV. On-site Inspection conducted**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech  
**Equipment Inspection required**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech

**V. Protective equipment required** **Respiratory equipment required**  
Level D  Level B  Yes  Specify on the reverse  
Level C  Level A  No   
Modifications/Exceptions: \_\_\_\_\_

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Primary Route(s) of Exposure/Hazard:** \_\_\_\_\_  
\_\_\_\_\_

**(Note to FOL and/or SSO: Each item in Sections VII, VIII, and IX must be checked Yes, No, or NA)**

**VII. Additional Safety Equipment/Procedures**

Hard-hat ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Protection (Plugs/Muffs)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Glasses ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety belt/harness..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical/splash goggles..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio/Cellular Phone ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Splash Shield ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Splash suits/coveralls..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Gloves (Type – )..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Impermeable apron ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Work/rest regimen ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Steel toe Work shoes or boots ... <input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Resistant Boot Covers..... <input type="checkbox"/> Yes <input type="checkbox"/> No
High Visibility vest ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Tape up/use insect repellent ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Shower/Eyewash..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Other ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

Modifications/Exceptions: \_\_\_\_\_

**VIII. Site Preparation**

	Yes	No	NA
Utility Locating and Excavation Clearance completed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle and Foot Traffic Routes Established/Traffic Control Barricades/Signs in Place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Hazards Identified and Isolated (Splash and containment barriers).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment Staged (Spill control, fire extinguishers, first aid kits, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IX. Additional Permits required** (Hot work, confined space entry, excavation etc.) .....  Yes  No  
*If yes, SSO to complete or contact Health Sciences, Pittsburgh Office (412)921-7090*

**X. Special instructions, precautions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Issued by: \_\_\_\_\_ Permit Accepted by: \_\_\_\_\_

## **10.0 SPILL CONTAINMENT PROGRAM**

### **10.1 SCOPE AND APPLICATION**

It is not anticipated that bulk hazardous materials (over 55 gallons) will be handled at any time during the activities covered by this HASP. However, as the job progresses, the potential may exist for accumulating IDW such as decontamination fluids in a central staging area. It is also anticipated that spillage of IDW would constitute a danger to human health or the environment. Therefore, this Spill Containment Program will be put in place to minimize the potential effects of such spillage. After these fluids and other materials have been characterized, they can be removed from the staging area and properly disposed.

### **10.2 POTENTIAL SPILL AREAS**

Potential spill areas will be periodically monitored in an ongoing attempt to prevent and control further potential contamination of the environment. Currently, the following limited areas are vulnerable to this hazard:

- Resource deployment area
- Waste transfer
- Central staging

It is anticipated that the IDW generated as a result of this scope of work will be containerized, labeled, and staged to await further analyses. The results of these analyses will determine the method of disposal.

### **10.3 LEAK AND SPILL DETECTION**

To establish early detection of potential spills or leaks, a periodic walk-around by the personnel staging or disposing of drums in the resource deployment area will be conducted during working hours to visually determine that storage vessels are not leaking. The inspections will be documented in the project logbook. If a leak is detected, the contents will be transferred, using a hand pump, into a new vessel. The leak will be collected and contained using absorbents such as Oil-Dry, vermiculite, or sand, which will be stored at the vulnerable areas in conspicuously marked drums. This used material also will be containerized for disposal pending analysis.

#### **10.4 PERSONNEL TRAINING AND SPILL PREVENTION**

Site personnel will be instructed in the procedures for incipient spill prevention, containment, and collection of hazardous materials during site-specific training. The FOL and/or SSO will serve as the Spill Response Coordinators for this operation, should the need arise.

#### **10.5 SPILL PREVENTION AND CONTAINMENT EQUIPMENT**

The following represents the minimum equipment that may be maintained (depending on anticipated need) at the staging areas for the purpose of supporting this Spill Prevention/Containment Program:

- Sand, clean fill, vermiculite, or other non combustible absorbent (Oil-dry)
- Drums (55-gallon United States Department of Transportation [DOT] United Nations [UN] 1A1 or 1A2)
- Shovels, rakes, and brooms

PPE for spill control may include:

- Nitrile work and inner gloves
- Tyvek coveralls
- Hard hat
- Steel-toed shoes with neoprene boot covers

#### **10.6 SPILL CONTROL PLAN**

This section describes the procedures the Tetra Tech field crew members will employ upon the detection of a spill or leak.

- Notify the SSO or FOL immediately upon detection of a leak or spill.
- Activate emergency alerting procedures for that area to remove non-essential personnel.
- Employ the personal protective equipment stored at the staging area.
- Take immediate actions to stop the leak or spill by plugging or patching the container or raising the leak to the highest point in the vessel.
- Spread the absorbent material in the area of the spill, covering it completely.

- Transfer the material to a new vessel.
- Collect and containerize absorbent material.
- Label the new container appropriately.
- Await analyses for treatment and disposal options.
- Re-containerize spills, including 2-inch of top cover impacted by the spill. Await test results for treatment or disposal options.

It is not anticipated that a spill will occur that the field crew cannot handle. Should this occur, notification of the appropriate Emergency Response agencies will be carried out by the FOL or SSO in accordance with the procedures discussed in Section 2.0 of this HASP.

## 11.0 CONFINED SPACE ENTRY

It is not anticipated, under the proposed scope of work, that confined space and permit-required confined space activities will be conducted. **Therefore, personnel under the provisions of this HASP are not allowed, under any circumstances, to enter confined spaces.** A confined space is defined as an area that has one or more of the following characteristics:

- Is large enough and so configured that an employee can bodily enter and perform assigned work.
- Has limited or restricted means for entry or exit (e.g., tanks, vessels, silos, storage bins, hoppers, vaults, and pits).
- Is not designed for continuous employee occupancy.

A Permit-Required Confined Space is a confined space that:

- Contains or has a potential to contain a hazardous atmosphere.
- Contains a material that has the potential to engulf an entrant.
- Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross-section.
- Contains any other recognized, serious, safety or health hazard.

For further information on confined space, consult the HSGM or call the PHSO. If confined space operations are to be performed as part of the scope of work, detailed procedures and training requirements will have to be addressed.

## 12.0 MATERIALS AND DOCUMENTATION

The Tetra Tech Field Operations Leader (FOL) shall ensure the following materials/documents are taken to the project site and used when required.

- A complete copy of this HASP
- Health and Safety Guidance Manual
- Incident Reports
- Medical Data Sheets
- Material Safety Data Sheets for chemicals brought on site, including decontamination solutions, fuels, sample preservatives, calibration gases, etc.
- A full-size OSHA Job Safety and Health Poster (posted in the site trailer)
- Training/Medical Surveillance Documentation Form (Blank)
- First-Aid Supply Usage Form
- Emergency Reference Form (Section 2.0, extra copy for posting)
- Directions to the Hospital

### 12.1 MATERIALS TO BE POSTED OR MAINTAINED AT THE SITE

The following documentation is to be posted or maintained at the site for quick reference purposes. In situations where posting these documents is not feasible, (such as no office trailer), these documents should be separated and immediately accessible.

**Chemical Inventory Listing (posted)** - This list represents the chemicals brought on-site, including decontamination solutions, sample preservations, fuel, etc.. This list should be posted in a central area.

**Material Safety Data Sheets (MSDS) (maintained)** - The MSDSs should also be in a central area accessible to the site personnel. These documents should match the listings on the chemical inventory list for the substances employed on-site. It is acceptable to have these documents within a central folder and the chemical inventory as the table of contents.

**The OSHA Job Safety & Health Protection Poster (posted)** - this poster, as directed by 29 CFR 1903.2 (a)(1), should be conspicuously posted in places where notices to employees are normally posted. Each FOL shall ensure that this poster is not defaced, altered, or covered by other material.

**Site Clearance (maintained)** - This list is found within the training section of the HASP (See Figure 8-2). It identifies site personnel, dates of training (including site-specific training), and medical surveillance. It also indicates clearance as well as status. If personnel do not meet these requirements, they do not enter the site while site personnel are engaged in activities.

**Emergency Phone Numbers and Directions to the Hospital(s) (posted)** - This list of numbers and directions will be maintained at the phone communications points and in each site vehicle.

**Medical Data Sheets/Cards (maintained)** - Medical Data Sheets will be filled out by on-site personnel and filed in a central location. The Medical Data Sheet will accompany any injury or illness requiring medical attention to the medical facility.

**Hearing Conservation Standard (29 CFR 1910.95) (posted)** - this standard will be posted anytime hearing protection or other noise abatement procedures are employed.

**Placards and Labels (maintained)** - Where chemical inventories have been separated because of quantities and incompatibilities, these areas will be conspicuously marked using DOT placards and acceptable (Hazard Communication 29 CFR 1910.1200(f)) labels.

The purpose of maintaining or posting this information, as stated above, is to allow site personnel quick access. Variations concerning location and methods of presentation are acceptable, providing the objection is accomplished.

## 13.0 GLOSSARY

ACGIH	American Conference of Governmental Industrial Hygienists
CFR	Code of Federal Regulations
CLEAN	Comprehensive Long-Term Environmental Action Navy
COC	Chemicals of Concern
CTO	Contract Task Order
db	Decibels
DoD	Department of Defense
DOT	Department of Transportation
DPT	Direct push technology
FOL	Field Operations Leader
HASP	Health and Safety Plan
HAZWOPER	Hazardous Waste Operations and Emergency Response
HSGM	Health and Safety Guidance Manual
HSM	Health and Safety Manager
IDW	Investigative-derived waste
LEL	Lower explosive limit
MSDS	Material Safety Data Sheet
NAVFAC	Naval Facilities
NRR	Noise Reduction Rating
OEL	Occupational Exposure Limit
OSHA	Occupational Safety and Health Administration
OU	Operable Unit
PAH	Polynuclear aromatic hydrocarbons
PHSO	Project Health and Safety Officer
PID	Photoionization detector
PM	Project Manager
NSGL	Naval Station, Great Lakes
PPE	Personal protective equipment
ppm	Part per million
SSO	Site Safety Officer
SOP	Standard Operating Procedure
SWP	Safe Work Permit
TBD	To be determined
TLV	Threshold limit value

Tetra Tech	Tetra Tech NUS, Inc.
TWA <sub>8</sub>	Time Weighted Average (for 8 hour workday)
USEPA	United States Environmental Protection Agency
VOC	Volatile organic compound

**ATTACHMENT I**  
**MEDICAL DATA SHEET**

## MEDICAL DATA SHEET

This Medical Data Sheet must be completed by on-site personnel and kept in the command post during the conduct of site operations. This data sheet will accompany any personnel when medical assistance is needed or if transport to hospital facilities is required.

Project Naval Station Great Lakes

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Person to notify in the event of an emergency: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Drug or other Allergies: \_\_\_\_\_

Particular Sensitivities : \_\_\_\_\_

Do You Wear Contacts? \_\_\_\_\_

What medications are you presently using? \_\_\_\_\_

Name, Address, and Phone Number of personal physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Note: Health Insurance Portability and Accountability Act (HIPAA) Requirements

HIPAA took effect in 1996 and was amended April 14, 2003. Loosely interpreted, HIPAA regulates the disclosure of Protected Health Information (PHI) by the entity collecting that information. PHI is any information about health status (such as that you may report on this Medical Data Sheet), provision of health care, or other information. HIPAA also requires Tetra Tech to ensure the confidentiality of PHI. This Act can affect the ability of the Medical Data Sheet to contain and convey information you would want a Doctor to know if you were incapacitated. So before you complete the Medical Data Sheet understand that this form will not be maintained in a secure location. It will be maintained in a file box or binder accessible to other members of the field crew so that the can accompany an injured party to the hospital.

DO NOT include information that you do not wish others to know, only information that may be pertinent in an emergency situation or treatment.

\_\_\_\_\_  
Name (Print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT II**  
**INCIDENT REPORT FORM**



Report Date		Report Prepared By		Incident Report Number	
<b>INSTRUCTIONS:</b>					
All incidents (including those involving subcontractors under direct supervision of Tetra Tech personnel) must be documented on the IR Form.					
Complete any additional parts to this form as indicated below for the type of incident selected.					
<b>TYPE OF INCIDENT (Check all that apply)</b>			<b>Additional Form(s) Required for this type of incident</b>		
Near Miss (No losses, but could have resulted in injury, illness, or damage)			<input type="checkbox"/> Complete IR Form Only		
Injury or Illness			<input type="checkbox"/> Complete Form IR-A; Injury or Illness		
Property or Equipment Damage, Fire, Spill or Release			<input type="checkbox"/> Complete Form IR-B; Damage, Fire, Spill or Release		
Motor Vehicle			<input type="checkbox"/> Complete Form IR-C; Motor Vehicle		
<b>INFORMATION ABOUT THE INCIDENT</b>					
<b>Description of Incident</b>					
<hr/> <hr/> <hr/> <hr/>					
<b>Date of Incident</b>			<b>Time of Incident</b>		
			_____ AM <input type="checkbox"/> PM <input type="checkbox"/> OR Cannot be determined <input type="checkbox"/>		
<b>Weather conditions at the time of the incident</b>			<b>Was there adequate lighting?</b>		
			_____ Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Location of Incident</b>					
_____ Was location of incident within the employer's work environment? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Street Address</b>			<b>City, State, Zip Code and Country</b>		
<b>Project Name</b>			<b>Client:</b>		
<b>Tt Supervisor or Project Manager</b>			<b>Was supervisor on the scene?</b>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>WITNESS INFORMATION (attach additional sheets if necessary)</b>					
<b>Name</b>			<b>Company</b>		
<b>Street Address</b>			<b>City, State and Zip Code</b>		
<b>Telephone Number(s)</b>					



CORRECTIVE ACTIONS

Corrective action(s) immediately taken by unit reporting the incident:

Four horizontal lines for text entry.

Corrective action(s) still to be taken (by whom and when):

Four horizontal lines for text entry.

ROOT CAUSE ANALYSIS LEVEL REQUIRED

Root Cause Analysis Level Required: Level - 1 [ ] Level - 2 [ ] None [ ]

Root Cause Analysis Level Definitions

Table with 2 columns: Level and Definition. Level 1 definition includes criteria like work related fatality and hospitalization. Level 2 definition includes criteria like OSHA recordable lost time incident and near miss.

Complete the Root Cause Analysis Worksheet and Corrective Action form. Identify a corrective action(s) for each root cause identified within each area of inquiry.

NOTIFICATIONS

Table with 5 columns: Title, Printed Name, Signature, Telephone Number, Date. Rows include Project Manager or Supervisor, Site Safety Coordinator or Office H&S Representative, Operating Unit H&S Representative, and Other.

The signatures provided above indicate that appropriate personnel have been notified of the incident.

**INSTRUCTIONS:**

Complete all sections below for incidents involving injury or illness.  
Do NOT leave any blanks.  
Attach this form to the IR FORM completed for this incident.

Incident Report Number: (From the IR Form)		
<b>EMPLOYEE INFORMATION</b>		
<b>Company Affiliation</b>		
Tetra Tech Employee? <input type="checkbox"/> TetraTech subcontractor employee (directly supervised by Tt personnel)? <input type="checkbox"/>		
<b>Full Name</b>		<b>Company (if not Tt employee)</b>
<b>Street Address, City, State and Zip Code</b>		<b>Address Type</b>
_____		Home address (for Tt employees) <input type="checkbox"/>
_____		Business address (for subcontractors) <input type="checkbox"/>
<b>Telephone Numbers</b>		
Work: _____	Home: _____	Cell: _____
<b>Occupation (regular job title)</b>		<b>Department</b>
<b>Was the individual performing regular job duties?</b>		<b>Time individual began work</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ AM <input type="checkbox"/> PM <input type="checkbox"/> OR Cannot be determined <input type="checkbox"/>
<b>Safety equipment</b>		
Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type(s) provided:	<input type="checkbox"/> Hard hat <input type="checkbox"/> Protective clothing
Used? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain why		<input type="checkbox"/> Gloves <input type="checkbox"/> High visibility vest
_____		<input type="checkbox"/> Eye protection <input type="checkbox"/> Fall protection
_____		<input type="checkbox"/> Safety shoes <input type="checkbox"/> Machine guarding
_____		<input type="checkbox"/> Respirator <input type="checkbox"/> Other (list)
		_____
<b>NOTIFICATIONS</b>		
<b>Name of Tt e mployee to whom the i njury or i llness was fi rst reported</b>	<b>Was H&amp;S notified within one hour of injury or illness?</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Date of report</b>	<b>H&amp;S Personnel Notified</b>	
<b>Time of report</b>	<b>Time of Report</b>	
<b>If subcontractor injury, did subcontractor's firm perform their own incident investigation?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, request a copy of their completed investigation form/report and attach it to this report.		

## INJURY / ILLNESS DETAILS

**What was the individual doing just before the incident occurred?** Describe the activity as well as the tools, equipment, or material the individual was using. Be specific. Examples: "Climbing a ladder while carrying roofing materials"; "Spraying chlorine from a hand sprayer"; "Daily computer key-entry"

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**What Happened?** Describe how the injury occurred. Examples: "When ladder slipped on wet floor and worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time"

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**Describe the object or substance that directly harmed the individual:** Examples: "Concrete floor"; "Chlorine"; "Radial Arm Saw". If this question does not apply to the incident, write "Not Applicable".

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## MEDICAL CARE PROVIDED

Was first aid provided at the site: Yes  No  If yes, describe the type of first aid administered and by whom?

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Was treatment provided away from the site: Yes  No  If yes, provide the information below.

Name of physician or health care professional	Facility Name
Street Address, City State and Zip Code	Type of Care?
	Was individual treated in emergency room? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Was individual hospitalized overnight as an in-patient? Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone Number	Did the individual die? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date: _____
	Will a worker's compensation claim be filed? Yes <input type="checkbox"/> No <input type="checkbox"/>

**NOTE: Attach any police reports or related diagrams to this report.**

## SIGNATURES

I have reviewed this report and agree that all the supplied information is accurate

Affected individual (print)	Affected individual (signature)	Telephone Number	Date

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employee to the extent possible while the information is being used for occupational safety and health purposes.

**INSTRUCTIONS:**

Complete all sections below for incidents involving property/equipment damage, fire, spill or release.  
Do NOT leave any blanks.  
Attach this form to the IR FORM completed for this incident.

Incident Report Number: (From the IR Form)

**TYPE OF INCIDENT (Check all that apply)**

Property Damage       Equipment Damage       Fire or Explosion       Spill or Release

**INCIDENT DETAILS**

**Results of Incident:** Fully describe damages, losses, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Response Actions Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responding Agency(s) (i.e. police, fire department, etc.)

Agency(s) Contact Name(s)

**DAMAGED ITEMS (List all damaged items, extent of damage and estimated repair cost)**

Item:	Extent of damage:	Estimated repair cost

**SPILLS / RELEASES (Provide information for spilled/released materials)**

Substance	Estimated quantity and duration	Specify Reportable Quantity (RQ)
		_____ Exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

**FIRES / EXPLOSIONS (Provide information related to fires/explosions)**

Fire fighting equipment used? Yes  No  If yes, type of equipment: \_\_\_\_\_

**NOTIFICATIONS**

Required notifications	Name of person notified	By whom	Date / Time
Client: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>			
Agency: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>			

Who is responsible for reporting incident to outside agency(s)?    To  Client  Other  Name: \_\_\_\_\_

Was an additional written report on this incident generated?    Yes  No  If yes, place in project file.

**INSTRUCTIONS:**

Complete all sections below for incidents involving motor vehicle accidents. Do NOT leave any blanks.  
Attach this form to the IR FORM completed for this incident.

<b>Incident Report Number: (From the IR Form)</b>							
<b>INCIDENT DETAILS</b>							
<b>Name of road, street, highway or location where accident occurred</b>				<b>Name of intersecting road, street or highway if applicable</b>			
<b>County</b>			<b>City</b>			<b>State</b>	
<b>Did police respond to the accident?</b>				<b>Did ambulance respond to the accident?</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Name and location of responding police department</b>				<b>Ambulance company name and location</b>			
<b>Officer's name/badge #</b>							
Did police complete an incident report? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, police report number: _____							
Request a copy of completed investigation report and attach to this form.							
<b>VEHICLE INFORMATION</b>							
How many vehicles were involved in the accident? _____ (Attach additional sheets as applicable for accidents involving more than 2 vehicles.)							
<b>Vehicle Number 1 – Tetra Tech Vehicle</b>				<b>Vehicle Number 2 – Other Vehicle</b>			
<b>Vehicle Owner / Contact Information</b>				<b>Vehicle Owner / Contact Information</b>			
<b>Color</b>				<b>Color</b>			
<b>Make</b>				<b>Make</b>			
<b>Model</b>				<b>Model</b>			
<b>Year</b>				<b>Year</b>			
<b>License Plate #</b>				<b>License Plate #</b>			
<b>Identification #</b>				<b>Identification #</b>			
<b>Describe damage to vehicle number 1</b>				<b>Describe damage to vehicle number 2</b>			
<b>Insurance Company Name and Address</b>				<b>Insurance Company Name and Address</b>			
<b>Agent Name</b>				<b>Agent Name</b>			
<b>Agent Phone No.</b>				<b>Agent Phone No.</b>			
<b>Policy Number</b>				<b>Policy Number</b>			

DRIVER INFORMATION							
Vehicle Number 1 – Tetra Tech Vehicle				Vehicle Number 2 – Other Vehicle			
Driver's Name				Driver's Name			
Driver's Address				Driver's Address			
Phone Number				Phone Number			
Date of Birth				Date of Birth			
Driver's License #				Driver's License #			
Licensing State				Licensing State			
Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Was traffic citation issued to Tetra Tech driver? Yes <input type="checkbox"/> No <input type="checkbox"/>				Was traffic citation issued to driver of other vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Citation #				Citation #			
Citation Description				Citation Description			
PASSENGERS IN VEHICLES (NON-INJURED)							
<p>List all non-injured passengers (excluding driver) in each vehicle.            Driver information is captured in the preceding section.            Information related to persons injured in the accident (non-Tt employees) is captured in the section below on this form.            Injured Tt employee information is captured on FORM IR-A</p>							
Vehicle Number 1 – Tetra Tech Vehicle				Vehicle Number 2 – Other Vehicle			
How many passengers (excluding driver) in the vehicle? ____				How many passengers (excluding driver) in the vehicle? ____			
Non-Injured Passenger Name and Address				Non-Injured Passenger Name and Address			
Non-Injured Passenger Name and Address				Non-Injured Passenger Name and Address			
Non-Injured Passenger Name and Address				Non-Injured Passenger Name and Address			
INJURIES TO NON-TETRATECH EMPLOYEES							
Name of injured person 1				Address of injured person 1			
Age	Gender	Car No.	Location in Car	Seat Belt Used?	Ejected from car?	Injury or Fatality?	
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Injured <input type="checkbox"/> Died <input type="checkbox"/>	
Name of injured person 2				Address of injured person 2			
Age	Gender	Car No.	Location in Car	Seat Belt Used?	Ejected from car?	Injury or Fatality?	
	Male <input type="checkbox"/> Female <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Injured <input type="checkbox"/> Died <input type="checkbox"/>	
OTHER PROPERTY DAMAGE							
Describe damage to property other than motor vehicles							
Property Owner's Name				Property Owner's Address			

COMPLETE AND SUBMIT DIAGRAM DEPICTING WHAT HAPPENED

A large, empty rectangular box with a black border, intended for drawing a diagram. The box occupies most of the page below the instruction header.

**ATTACHMENT III**

**SAFE WORK PERMITS**

**SAFE WORK PERMIT  
MOBILIZATION/DEMobilIZATION ACTIVITIES  
NAVAL STATION GREAT LAKES  
GREAT LAKES, ILLINOIS**

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

**SECTION I: General Job Scope**

- I. **Work limited to the following (description, area, equipment used):** Mobilization and demobilization activities. These activities include site reconnaissance/site characterization, site preparation including the layout of sampling locations, securing the necessary utility clearances, and identifying/isolating physical hazards; Secure, construct, or equip decontamination and IDW storage facilities.
- II. **Primary Hazards:** Potential hazards associated with this task are primarily physical in nature including lifting, cuts and lacerations, pinches and compressions; flying projectiles; slips, trips, and falls; insect and animal bites.
- III. **Field Crew:** \_\_\_\_\_
- IV. **On-site Inspection conducted**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech  
**Equipment Inspection required**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech

**SECTION II: General Safety Requirements (To be filled in by permit issuer)**

- V. **Protective equipment required** **Respiratory equipment required**
- Level D  Level B  Yes  See Reverse  
 Level C  Level A  No

Modifications/Exceptions: None anticipated

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
<u>None anticipated</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<b>Primary Route of Exposure/Hazard:</b> <u>None</u>			

**(Note to FOL and/or SHSO: Each item in Sections VII, VIII, and IX must be checked Yes or No)**

**VII. Additional Safety Equipment/Procedures**

Hard-hat .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Protection (Plugs/Muffs).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Glasses .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety belt/harness.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chemical/splash goggles.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Radio/Cellular Phone .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Splash Shield .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Barricades .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Splash suits/coveralls.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gloves (Type – Leather/Cotton) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impermeable apron .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Work/rest regimen.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Steel toe Work shoes or boots ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Resistant Boot Covers .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
High Visibility vest .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tape up/use insect repellent .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Shower/Eyewash.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Modifications/Exceptions: If there are Flying projectiles– Safety glasses and/or splash shield (i.e., hammering, power tool operation); If you have to raise your voice to be heard by someone within 2-feet of you hearing protection is required (i.e., equipment/power tool operation); If overhead hazards or bump hazards or you are working near operating equipment hard hats will be employed. If you are working in or near traffic patterns then wear High Visibility Vests. Use insect repellent and tape up to protect against insects and insect bites. Wear snake chaps in high brush areas.

**VIII. Site Preparation**

	Yes	No	NA
Utility Locating and Excavation Clearance completed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle and Foot Traffic Routes Established/Traffic Control Barricades/Signs in Place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Hazards Identified and Isolated.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment Staged (Spill control, fire extinguishers, first aid kits, etc). .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- IX. **Additional Permits required** (Hot work, confined space entry, excavation etc.) .....  Yes  No  
*If yes, SHSO to complete or contact Health Sciences, Pittsburgh Office (412)921-7090*

- X. **Special instructions, precautions:** Suspend site activities in the event of inclement weather. Employ proper lifting techniques as described in Section 6.2.2 of the HASP.

Permit Issued by: \_\_\_\_\_ Permit Accepted by: \_\_\_\_\_

**SAFE WORK PERMIT  
GROUNDWATER SAMPLING  
NAVAL STATION GREAT LAKES  
GREAT LAKES, ILLINOIS**

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

**SECTION I: General Job Scope**

I. **Work limited to the following (description, area, equipment used):** Groundwater sampling  
 II. **Primary Hazards:** Potential hazards associated with this task include lifting, pinches and compressions contact with contaminated media.

III. **Field Crew:** \_\_\_\_\_

IV. **On-site Inspection conducted**  Yes  No Inspector Initials \_\_\_\_\_ Tetra Tech  
**Equipment Inspection required**  Yes  No Inspector Initials \_\_\_\_\_ Tetra Tech

**SECTION II: General Safety Requirements** (To be filled in by permit issuer)

V. **Protective equipment required** **Respiratory equipment required**  
 Level D  Level B  Yes  See Reverse  
 Level C  Level A  No

Modifications/Exceptions: \_\_\_\_\_

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
None anticipated	NA	NA	NA

**Primary Route of Exposure/Hazard:** Inhalation, ingestion, skin and eye contact. Inhalation exposure concerns are not likely to be encountered. Wear PPE, follow good personal hygiene and decontamination practices, and good site work practices (e.g., no hand-to-mouth actions on site, etc.) to control ingestion and skin and eye contact routes of entry.

**(Note to FOL and/or SHSO: Each item in Sections VII, VIII, and IX must be checked Yes or No)**

VII. **Additional Safety Equipment/Procedures**

Hard-hat .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Protection (Plugs/Muffs).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Glasses .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Safety belt/harness.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chemical/splash goggles.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Radio/Cellular Phone .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Splash Shield .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Splash suits/coveralls.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gloves (Type – heavy duty cotton,).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Impermeable apron .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work/rest regimen .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steel toe Work shoes or boots ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Resistant Boot Covers .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Visibility vest .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tape up/use insect repellent .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Shower/Eyewash.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Modifications/Exceptions: High Visibility Vests for high traffic areas; Tape up and use insect repellent; Spiders and bees prefer well protective casings as nesting areas; Open wells and allow to vent/off gas 3-5 minutes while preparing your equipment from an upwind position. Wear snake chaps in high brush areas. Tyveks and boot covers at SSO's discretion.

VIII. **Site Preparation**

	Yes	No	NA
Utility Locating and Excavation Clearance completed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle and Foot Traffic Routes Cleared and Established .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Hazards Barricaded and Isolated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment Staged.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. **Additional Permits required** (Hot work, confined space entry, excavation etc.) .....  Yes  No  
*If yes, complete permit required or contact Health Sciences, Pittsburgh Office*

X. **Special instructions, precautions:** Personal sampling at remote locations will bag contaminated PPE and reusable sampling tools. Wash hands prior to any hand-to-mouth activities. If hands washing facilities are not available, use waterless/hygienic wipes and then follow up with hands washing as soon as possible. Minimize contact with potentially contaminated media. Suspend site activities in the event of inclement weather. Employ proper lifting techniques as described in Section 6.2.2 of the HASP. For remote locations pack glass ware in hard sided containers to prevent falls breakage of glassware and possible lacerations.

Permit Issued by: \_\_\_\_\_ Permit Accepted by: \_\_\_\_\_

**SAFE WORK PERMIT  
IDW MANAGEMENT  
NAVAL STATION GREAT LAKES,  
GREAT LAKES, ILLINOIS**

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

**SECTION I: General Job Scope**

- I. **Work limited to the following (description, area, equipment used):** IDW management activities includes containerization, staging, monitoring for leaks of IDW accumulated wastes. Waste types include soil cutting, purge and decontamination wash waters.
- II. **Primary Hazards:** Potential hazards associated with this task are primarily physical in nature including lifting, pinches and compressions; flying projectiles; slips, trips, and falls.
- III. **Field Crew:** \_\_\_\_\_
- IV. **On-site Inspection conducted**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech  
**Equipment Inspection required**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech

**SECTION II: General Safety Requirements (To be filled in by permit issuer)**

- V. **Protective equipment required**  Level D  Level B  Level C  Level A
- Respiratory equipment required** Yes  See Reverse No

Modifications/Exceptions: None anticipated

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
<u>None Anticipated</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

**Primary Route of Exposure/Hazard:** None

**(Note to FOL and/or SHSO: Each item in Sections VII, VIII, and IX must be checked Yes or No)**

**VII. Additional Safety Equipment/Procedures**

- |                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| Hard-hat .....                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Hearing Protection (Plugs/Muffs)... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Glasses .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Safety belt/harness.....            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Chemical/splash goggles.....        | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Radio/Cellular Phone .....          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Splash Shield .....                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Barricades .....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Splash suits/coveralls.....         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Gloves (Type – Leather/Cotton) .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Impermeable apron .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Work/rest regimen.....              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Steel toe Work shoes or boots ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Chemical Resistant Boot Covers...   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| High Visibility vest .....          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tape up/use insect repellent .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| First Aid Kit.....                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire Extinguisher .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Safety Shower/Eyewash.....          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other .....                         | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

Modifications/Exceptions: If you are using pneumatic/electric power to open drums – Safety glasses are required: If power equipment is employed to move drums or you are working near operating equipment hard hats will be employed.

**VIII. Site Preparation**

- |  | Yes                      | No                       | NA                                  |
|--|--------------------------|--------------------------|-------------------------------------|
| Utility Locating and Excavation Clearance completed.....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vehicle and Foot Traffic Routes Established/Traffic Control Barricades/Signs in Place..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Physical Hazards Identified and Isolated.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Emergency Equipment Staged (Spill control, fire extinguishers, first aid kits, etc). ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

- IX. **Additional Permits required** (Hot work, confined space entry, excavation etc.) .....  Yes  No  
*If yes, SHSO to complete or contact Health Sciences, Pittsburgh Office (412)921-7090*

- X. **Special instructions, precautions:** Suspend site activities in the event of inclement weather. Employ proper lifting techniques as described in Section 6.2.2 of the HASP. When/where possible use heavy equipment to move and place containers. When placing drums – Place the label and retention ring nut on the outside where it is readily visible. Place no more than 4-drums to a pallet. Maintain a minimum distance of 4-feet between pallet rows.

Permit Issued by: \_\_\_\_\_ Permit Accepted by: \_\_\_\_\_

**SAFE WORK PERMIT  
DECONTAMINATION  
NAVAL STATION GREAT LAKES,  
GREAT LAKES, ILLINOIS**

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

**SECTION I: General Job Scope**

- I. **Work limited to the following (description, area, equipment used):** Decontamination of sampling equipment will be decontaminated using buckets, brushes and spray bottles at the work site or designated location.
- II. **Primary Hazards:** Potential hazards associated with this task include lifting slips, trips, and falls – slippery surfaces.
- III. **Field Crew:** \_\_\_\_\_
- IV. **On-site Inspection conducted**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech  
**Equipment Inspection required**  Yes  No Initials of Inspector \_\_\_\_\_ Tetra Tech

**SECTION II: General Safety Requirements (To be filled in by permit issuer)**

- V. **Protective equipment required**  Level D  Level B   
 Level C  Level A
- Respiratory equipment required** Yes  Specify on the reverse  
 No
- Modifications/Exceptions: None anticipated

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
<u>Liquinox (soap), Th-232</u>	<u>NA</u>	<u>NA</u>	<u>Eye irritant/flush with clean water</u>
<b>Primary Route of Exposure/Hazard:</b> <u>Soap – Contact - Eye irritant; ingestion - nausea possible vomiting, diarrhea;</u> <u>Exposure to residual site contaminants during this activity is considered negligible.</u>			

**(Note to FOL and/or SHSO: Each item in Sections VII, VIII, and IX must be checked Yes or No)**

**VII. Additional Safety Equipment/Procedures**

Hard-hat .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hearing Protection (Plugs/Muffs).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safety Glasses .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Safety belt/harness.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chemical/splash goggles.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radio/Cellular Phone .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Splash Shield .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Splash suits/coveralls .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gloves (Type – Nitrile).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Impermeable apron .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work/rest regimen .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Steel toe work shoes/boots .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chemical Resistant Boot Covers. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
High Visibility vest .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tape up/use insect repellent .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safety Shower/Eyewash.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Modifications/Exceptions: If contact with overspray is likely, Impermeable aprons may be used at SSO's discretion. Another option is to use rainsuit or PE coated Tyvek. Gloves – Nitrile (surgeons style) or outer for cleaning hand tools. Tape up and use insect repellants in high grass/brush areas. Follow manufacturer's label instructions for proper application/re-application of repellants.

**VIII. Site Preparation**

	Yes	No	NA
Utility Locating and Excavation Clearance completed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle and Foot Traffic Routes Established/Traffic Control Barricades/Signs in Place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Hazards Identified and Isolated (Splash and containment barriers) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment Staged (Spill control, fire extinguishers, first aid kits, etc). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- IX. **Additional Permits required** (Hot work, confined space entry, excavation etc.) .....  Yes  No  
*If yes, SHSO to complete or contact Health Sciences, Pittsburgh Office (412)921-7090*

- X. **Special instructions, precautions:** Suspend site activities in the event of inclement weather. Use proper lifting techniques as described in Section 6.2.2 of the HASP. Follow MSDS for any decontamination solutions/solvents used.

Permit Issued by: \_\_\_\_\_ Permit Accepted by: \_\_\_\_\_

**ATTACHMENT IV**

**OSHA POSTER**

# Job Safety and Health

## It's the law!

# OSHA

Occupational Safety and Health Administration  
U.S. Department of Labor

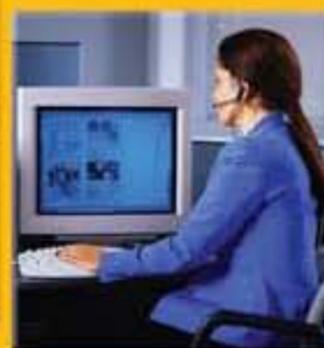
### EMPLOYEES:

- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the *OSH Act*.
- You have the right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violations.
- Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposures to toxic and harmful substances or conditions.
- Your employer must post this notice in your workplace.
- You must comply with all occupational safety and health standards issued under the *OSH Act* that apply to your own actions and conduct on the job.

### EMPLOYERS:

- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the *OSH Act*.

This free poster available from OSHA –  
*The Best Resource for Safety and Health*



Free assistance in identifying and correcting hazards or complying with standards is available to employers, without citation or penalty, through OSHA-supported consultation programs in each state.

**1-800-321-OSHA**  
[www.osha.gov](http://www.osha.gov)

OSHA 3165-12-06R