

**Health and Safety Plan
for
Site Investigation Activities
at
Naval Weapons Industrial Reserve Plant
Bethpage, New York**



**Naval Facilities Engineering Command
Mid-Atlantic**

**CONTRACT NUMBER N62472-03-D-0057
Contract Task Order 066**

January 2009

**HEALTH AND SAFETY PLAN
FOR
SITE INVESTIGATION ACTIVITIES**

**AT
NAVY WEAPONS INDUSTRIAL RESEARCH PLANT
BETHPAGE, NEW YORK**

**COMPREHENSIVE LONG-TERM
ENVIRONMENTAL ACTION NAVY CONTRACT**

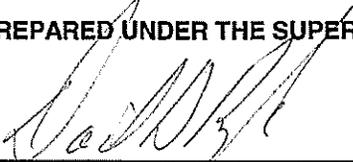
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**Contract Number N62472-03-D-0057
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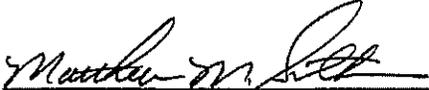
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TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 INTRODUCTION.....	1-1
1.1 AUTHORITY	1-1
1.2 KEY PROJECT PERSONNEL AND ORGANIZATION.....	1-1
1.3 SITE INFORMATION AND PERSONNEL ASSIGNMENTS.....	1-3
2.0 EMERGENCY ACTION PLAN	2-1
2.1 INTRODUCTION.....	2-1
2.2 EMERGENCY PLANNING	2-1
2.3 EMERGENCY RECOGNITION AND PREVENTION	2-2
2.3.1 Recognition	2-2
2.3.2 Prevention	2-3
2.4 EVACUATION ROUTES, PROCEDURES, AND PLACES OF REFUGE	2-3
2.5 EMERGENCY CONTACTS	2-4
2.6 EMERGENCY ROUTE TO HOSPITAL	2-6
2.7 EMERGENCY ALERTING AND ACTION/RESPONSE PROCEDURES.....	2-7
2.8 PPE AND EMERGENCY EQUIPMENT.....	2-7
2.9 DECONTAMINATION PROCEDURES / EMERGENCY MEDICAL TREATMENT.....	2-7
2.10 INJURY/ILLNESS REPORTING.....	2-8
3.0 SITE BACKGROUND.....	3-1
4.0 SCOPE OF WORK	4-1
5.0 IDENTIFYING AND COMMUNICATING TASK-SPECIFIC HAZARDS AND GENERAL SAFE WORK PRACTICES	5-1
5.1 GENERAL SAFE WORK PRACTICES.....	5-1
5.2 ROTARY/DRILLING SAFE WORK PRACTICES	5-2
6.0 HAZARD ASSESSMENT AND CONTROLS.....	6-1
6.1 CHEMICAL HAZARDS	6-1
6.1.1 Properties of COCs	6-2
6.1.2 On-site Practices.....	6-3
6.2 PHYSICAL HAZARDS	6-3
6.2.1 Injury Due To Rotary Operations	6-3
6.2.2 Slips, Trips, and Falls.....	6-4
6.2.3 Contact with Underground Utilities.....	6-4
6.2.4 Strain/Muscle Pulls from Heavy Lifting	6-4
6.2.5 High Noise Levels	6-4
6.2.6 Heat/Cold Stress	6-5
6.2.7 Pinch/Compression Points.....	6-5
6.2.8 Natural Hazards	6-5
6.2.9 Vehicular and Equipment Traffic.....	6-6
6.2.10 Inclement Weather	6-6
7.0 AIR MONITORING.....	7-1
7.1 INSTRUMENTS AND USE	7-1
7.2 INSTRUMENT MAINTENANCE AND CALIBRATION	7-2

TABLE OF CONTENTS (Continued)

<u>SECTION</u>	<u>PAGE</u>
8.0 TRAINING/MEDICAL SURVEILLANCE REQUIREMENTS.....	8-1
8.1 INTRODUCTORY/REFRESHER/SUPERVISORY TRAINING	8-1
8.2 SITE-SPECIFIC TRAINING	8-1
8.3 MEDICAL SURVEILLANCE.....	8-1
8.4 SITE VISITORS	8-2
9.0 SITE CONTROL	9-1
9.1 EXCLUSION ZONE	9-1
9.1.1 Exclusion Zone Clearance	9-1
9.2 CONTAMINATION REDUCTION ZONE	9-1
9.3 SUPPORT ZONE.....	9-2
9.4 SAFE WORK PERMITS.....	9-2
9.5 SITE VISITORS	9-2
9.6 SITE SECURITY	9-3
9.7 SITE MAP.....	9-3
9.8 BUDDY SYSTEM.....	9-4
9.9 MATERIAL SAFETY DATA SHEET (MSDS) REQUIREMENTS	9-4
9.10 COMMUNICATION.....	9-4
10.0 SPILL CONTAINMENT PROGRAM	10-1
10.1 SCOPE AND APPLICATION	10-1
10.2 POTENTIAL SPILL AREAS	10-1
10.3 LEAK AND SPILL DETECTION.....	10-1
10.4 PERSONNEL TRAINING AND SPILL PREVENTION.....	10-1
10.5 SPILL PREVENTION AND CONTAINMENT EQUIPMENT	10-2
10.6 SPILL CONTROL PLAN	10-2
11.0 CONFINED-SPACE ENTRY	11-1
12.0 MATERIALS AND DOCUMENTATION	12-1
12.1 MATERIALS TO BE POSTED AT THE SITE	12-1
ATTACHMENT I	MEDICAL DATA SHEET
ATTACHMENT II	INCIDENT REPORT FORM
ATTACHMENT III	EQUIPMENT INSPECTION CHECKLIST FOR DRILL/DPT RIGS
ATTACHMENT IV	SAFE WORK PERMITS
ATTACHMENT V	OSHA POSTER

LIST OF TABLES

<u>TABLE</u>		<u>PAGE</u>
2-1	Emergency Contacts NWIRP Bethpage.....	2-5
6-1	Comparison Of Chemicals of Concern Concentrations With Current Occupational Exposure Limits	6-1

LIST OF FIGURES

<u>FIGURE</u>		<u>PAGE</u>
2-1	Route to Hospital	2-6
2-2	Potential Exposure Protocol	2-9
7-1	Documentation of Field Calibration	7-3
8-1	Site-Specific Training Documentation	8-3
9-1	Example Safe Work Permit	9-5

1.0 INTRODUCTION

The objective of this Health and Safety Plan (HASP) is to provide the safety and health requirements, practices and procedures for Tetra Tech NUS, Inc. (TtNUS) personnel participating in these field investigation activities at the Naval Weapons Industrial Reserve Plant in Bethpage, New York.

This HASP is to be used in conjunction with the Tetra Tech NUS Health and Safety Guidance Manual. The Guidance Manual provides detailed information pertaining to hazard recognition and control, and TtNUS 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 TtNUS Site Safety Officer (SSO) and the TtNUS 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 Number N62472-03-D-0057, Contract Task Order (CTO) Number 066.

1.2 KEY PROJECT PERSONNEL AND ORGANIZATION

This section defines responsibilities for site safety and health for TtNUS employees conducting the site investigation activities under this field effort. All personnel assigned to participate in the field work have the primary responsibility for performing all of their work tasks in a manner that is consistent with the TtNUS Health and Safety Policy, the health and safety training that they have received, the contents of this HASP, and in an overall manner that protects their personal safety and health and that of their co-workers. The following persons are the primary point of contact and have the primary responsibility for observing and implementing this HASP and for overall on-site health and safety.

- The TtNUS PM is responsible for the overall direction and implementation of health and safety for this work.
- The TtNUS Field Operations Leader (FOL) is responsible for implementation of this HASP. The FOL manages field activities, executes the Work Plan, and enforces safety procedures as applicable to the Work Plan. Specifically, the FOL will:
 - Verify training and medical status of on-site personnel in relation to site activities.
 - Assist and represent TtNUS with emergency services (if needed)
 - Provide elements site-specific training for on site personnel.
- The TtNUS Site Safety Officer (SSO) or his/her representative supports the FOL concerning the aspects of health and safety including, but not limited to:
 - Coordinating health and safety activities
 - Selecting, applying, inspecting, and maintaining personal protective equipment
 - Establishing work zones and control points
 - Implementing air monitoring procedures
 - Implementing hazard communication, respiratory protection, and other associated safety and health programs
 - Coordinating emergency services
 - Providing elements of site-specific training
- Compliance with these requirements is monitored by the Project Health and Safety Officer (PHSO) and is coordinated through the HSM.

1.3 SITE INFORMATION AND PERSONNEL ASSIGNMENTS

Site Name: Naval Weapons Industrial Reserve Plant (NWIRP) Bethpage **Address:** Bethpage, NY

Project Manager: David Brayack **Phone Number:** (757) 461-3780

Site Contact: Al Taormina **Phone Number:** (516) 346-0344 (Office)

Site Address: NWIRP Bethpage, 999 South Oyster Bay Road, Bethpage, New York 11714

Purpose of Site Visit: The objectives of the pre-design field investigation are to better define the horizontal and vertical extent and concentrations of volatile organic contamination in groundwater that is south of the Navy/Northrop Grumman complex and that cannot be captured by the Northrop Grumman Onsite Groundwater Containment System, groundwater that is upgradient of the Aqua New York well field, and contamination that may impact water districts to the south.

Proposed Start-up Date: TBD

Project Team:

TtNUS Personnel:

David Brayack

TBD

Matthew M. Soltis, CIH, CSP

Jennifer Choich, PhD

TBD

Discipline/Tasks Assigned:

Project Manager (PM)

Field Operations Leader (FOL)

CLEAN Health and Safety Manager (HSM)

Project Health and Safety Officer (PHSO)

Site Safety Officer (SSO)

Prepared by: Jennifer Choich, PhD

2.0 EMERGENCY ACTION PLAN

2.1 INTRODUCTION

This section has been developed as part of a planning effort to direct and guide field personnel in the event of an emergency. In the event of an emergency, the field team will primarily evacuate and assemble to an area unaffected by the emergency and notify the appropriate local emergency response personnel/agencies. 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 Navy RPM (Lora Fly) will be notified if outside response agencies are contacted.

TtNUS personnel may participate in minor event response and emergency prevention activities such as:

- Initial fire-fighting support and prevention
- Initial spill control and containment measures and prevention
- Removal of personnel from emergency situations
- Provision of initial medical support for injury/illness requiring only first-aid level support
- Provision of site control and security measures as necessary

2.2 EMERGENCY PLANNING

Through the initial hazard/risk assessment effort, emergencies resulting from chemical, physical, or fire hazards are the types of emergencies which could be encountered during site activities. To minimize or eliminate the potential for these emergency situations, pre-emergency planning activities will include the following (which are the responsibility of the SSO and/or the FOL):

- Coordinating response actions with NWIRP Bethpage Emergency Services personnel to ensure that TtNUS emergency action activities are compatible with existing facility emergency response procedures.
- 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 TtNUS FOL will be responsible for the following tasks:

- Identifying a chain of command for emergency action.
- Educating site workers to the hazards and control measures associated with planned activities at the site, and providing early recognition and prevention, where possible.
- Periodically performing practice drills to ensure site workers are familiar with incidental response measures.
- Providing the necessary equipment to safely accomplish identified tasks.

2.3 EMERGENCY RECOGNITION AND PREVENTION

2.3.1 Recognition

Emergency situations that may be encountered during site activities will generally be recognized by visual observation. Visual observation will also play a role in detecting potential exposure events to some chemical hazards. To adequately recognize chemical exposures, site personnel must have a clear knowledge of signs and symptoms of exposure associated with the principle site contaminants of concern as presented in this HASP. Tasks to be performed at the site, potential hazards associated with those tasks and the recommended control methods are discussed in detail in Sections 4.0, 5.0 and 6.0. 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 are 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, TtNUS 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 TtNUS to instigate necessary control measures. However, if the FOL and the SSO determine that control measures are not sufficient to eliminate the hazard, TtNUS will withdraw from the site and notify the appropriate response agencies.

2.3.2 Prevention

TtNUS and subcontractor personnel will minimize the potential for emergencies by following the Health and Safety Guidance Manual and ensuring compliance with the HASP and applicable OSHA regulations. Daily site surveys of work areas, prior to the commencement of that day's activities, by the FOL and/or the SSO will also assist in prevention of illness/injuries when hazards are recognized early and control measures initiated.

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; monitoring instrumentation readings which indicate levels of contamination are greater than instituted action levels; and 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 TtNUS 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 given 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 TtNUS 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 NWIRP Bethpage site contact, Al Taormina, 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 (See Attachment I).

**TABLE 2-1
EMERGENCY CONTACTS
NWIRP BETHPAGE**

AGENCY	TELEPHONE
EMERGENCY (Police, Fire, and Ambulance Services)	911
Bethpage Police	(516) 942-4788
Bethpage Fire Department	(516) 931-2660
Winthrop Hospital	(516) 576-1700
Navy Remedial Project Manager (RPM) Lora Fly	(757) 444-0781
US Navy Onsite Contact, Al Taormina	(516) 346-0344 (Office) (516) 702-5861 (Cell Phone)
Poison Control	(800) 222-1222
National Response Center	(800) 424-8802
Chemtrec	(800) 424-9300
New York One Call	811
Tetra Tech NUS, Pittsburgh Office	(412) 921-7090
Project Manager David Brayack	(757) 461-3780
CLEAN Health and Safety Manager Matthew M. Soltis, CIH, CSP	(412) 921-8912
Project Health & Safety Officer Jennifer Choich, PhD	(412) 921-8083

2.6 EMERGENCY ROUTE TO HOSPITAL

Winthrop Hospital
700 Hicksville Rd
Bethpage, NY 11714
516-576-1700

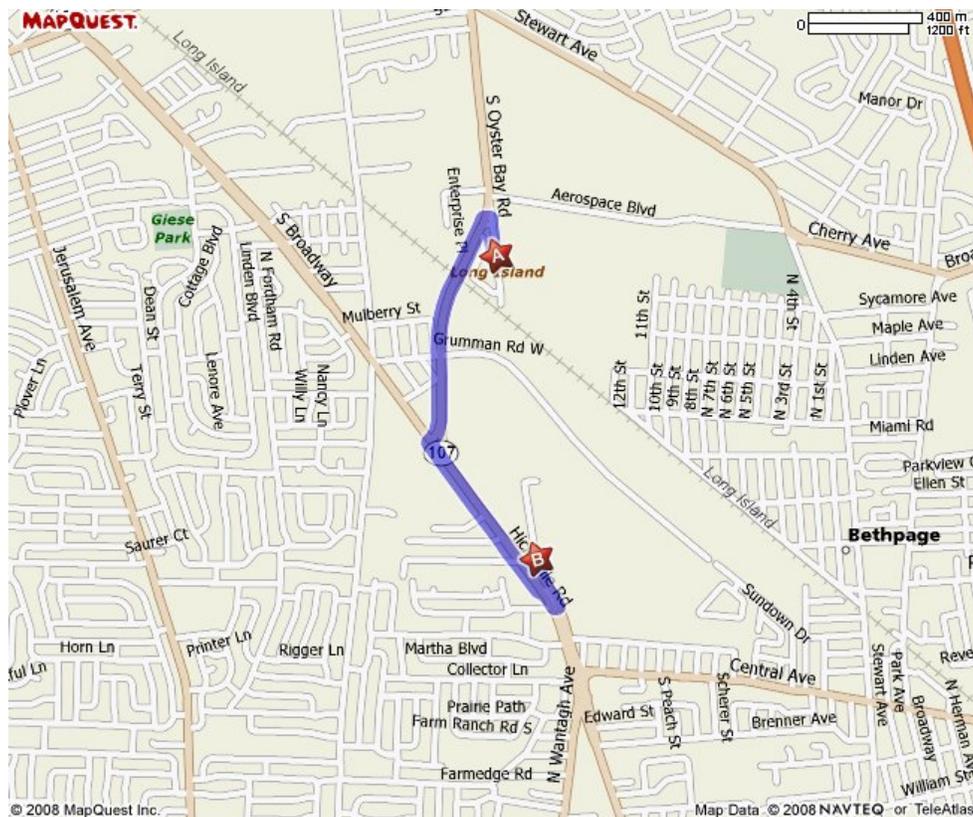
Directions:

- A: 999 S Oyster Bay Rd, Bethpage, NY 11714-1035
- 1: Start out going NORTH on S OYSTER BAY RD.
 - 2: Turn LEFT to stay on S OYSTER BAY RD.
 - 3: Turn LEFT onto S BROADWAY/NY-107 S. Continue to follow NY-107 S.
 - 4: Turn LEFT onto COURTNEY LN.
 - 5: Turn LEFT onto HICKSVILLE RD/NY-107 N.
 - 6: Turn SLIGHT RIGHT.
 - 7: End at 700 Hicksville Rd Bethpage, NY 11714

B: Winthrop Hospital: 700 Hicksville Rd, Bethpage, NY 11714, (516) 576-1700

Total Time: 3 minutes Total Distance: 1.42 miles

FIGURE 2-1
ROUTE TO HOSPITAL



2.7 EMERGENCY ALERTING AND ACTION/RESPONSE PROCEDURES

TtNUS personnel will be working in close proximity to each other at NWIRP Bethpage. As a result, hand signals, voice commands, and line of site communication will be sufficient to alert site personnel of an emergency.

If an emergency 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 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:

Dial 911 and/or call other pertinent emergency contacts listed in Table 2-1 and report the incident. Give the emergency operator the location of the emergency, the type of emergency, the number of injured, and a brief description of the incident. 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.

TtNUS 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 and in the requirements of OSHA's Bloodborne Pathogen Standard (29 CFR 1910.1030). 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 TtNUS personnel are injured or develop an illness as a result of working on site, the TtNUS "Incident Report Form" (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.

**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 NUS 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 which may be appropriate. WorkCare physicians will monitor the care of the victim. Site officers and personnel should not attempt to get this information, as this activity leads to confusion and misunderstanding.
- Call WorkCare at 1-800-455-6155 and enter Extension 109, being prepared to provide:
 - 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/have been taken.
 - Name(s) of the involved Tetra Tech NUS, Inc. 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 Corporate Health and Safety Department (Matt Soltis) and Human Resources Department (Marilyn Duffy) at (412) 921-7090.

As data is gathered and the scenario becomes more clearly defined, this information should be forwarded to WorkCare.

WorkCare will compile the results of 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)
WORKCARE
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 their 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 NWIRP was established in 1933. Since its inception, the plant's primary mission has been the research prototyping, testing, design engineering, fabrication, and primary assembly of military aircraft. The facilities at NWIRP included four plants used for assembly and prototype testing; a group of quality control laboratories, two warehouse complexes (north and south), a salvage storage area, water recharge basins, the Industrial Wastewater Treatment Plant, and several smaller support buildings. In 1998, operations ended at the facilities.

NWIRP Bethpage is located in east-central Nassau County, Long Island, New York, approximately 30 miles east of New York City. The Navy's property originally totaled 109.5 acres and was formerly a Government-Owned Contractor-Operated (GOCO) facility that was operated by the Northrop Grumman Corporation (NGC) until September 1998. NWIRP Bethpage is in the Hamlet of Bethpage, Town of Oyster Bay, New York. Prior to 2002, the NWIRP property was bordered on the north, west, and south by current or former Northrop Grumman facilities, and on the east by a residential neighborhood. By March 2008, approximately 100 acres of NWIRP property were transferred to Nassau County in three separate actions. The remaining 9 acres and access easements were retained by the Navy to continue remedial efforts at Installation Restoration (IR) Site 1 – Former Drum Marshalling Area and Site 4 – Former Underground Storage Tanks (Area of Concern 22). A parcel of land connecting the two sites was also retained. Currently, the 9-acre parcel of NWIRP is bordered on the east by the residential neighborhood and on the north, south, and west by Nassau County property. Access to the NWIRP is from South Oyster Bay Road to the west.

The objectives of this pre-design field investigation are to better define the horizontal and vertical extent and concentrations of volatile organic contamination in groundwater that is south of the Navy/Northrop Grumman complex and that cannot be captured by the Northrop Grumman Onsite Groundwater Containment System, groundwater that is upgradient of the Aqua New York well field, and contamination that may impact water districts to the south.

4.0 SCOPE OF WORK

This section of the HASP addresses proposed site activities that are to be conducted while performing the sampling, installation, operation and associated tasks. The objective of the soil gas investigation is to determine evidence of continuous soil vapors from Site 1 migrating east beyond the Navy fence line. The specific tasks anticipated to be involved with this effort include the following:

- Mobilization/demobilization
- Soil boring and sampling via mud rotary drilling
- Groundwater sampling
- Decontamination of personnel, hand tools, associated sampling equipment and drilling equipment
- IDW management

No other activities are anticipated to be necessary. If it becomes apparent that additional or modified tasks must be performed beyond those listed above, the work is not to proceed until the FOL or SSO notifies the Project Manager and the HSM, so that any appropriate modifications to this HASP can first be developed and communicated to the intended task participants.

5.0 IDENTIFYING AND COMMUNICATING TASK-SPECIFIC HAZARDS AND GENERAL SAFE WORK PRACTICES

The purpose of this section is to identify the anticipated hazards and appropriate hazard prevention/hazard control measures that are to be observed 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.

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

5.1 GENERAL SAFE WORK PRACTICES

In addition to the task-specific work practices and restrictions identified in the SWPs attached to this HASP, the following general safe work practices are to be followed when conducting work on-site.

- Eating, drinking, chewing gum or tobacco, taking medication, or smoking in contaminated or potentially contaminated areas or where the possibility for the transfer of contamination exists is prohibited.
- Wash hands and face thoroughly upon leaving a contaminated or suspected contaminated area. If a source of potable water is not available at the work site that can be used for hands-washing, the use of waterless hands cleaning products will be used, followed by actual hands-washing as soon as practicable upon exiting the site.
- Avoid contact with potentially contaminated substances including puddles, pools, mud, or other such areas. Avoid, kneeling on the ground or leaning or sitting on equipment. Keep monitoring equipment away from potentially contaminated surfaces.
- Plan and mark entrance, exit, and emergency evacuation routes.
- Rehearse unfamiliar operations prior to implementation.
- Buddies should maintain visual contact with each other and with other on-site team members by remaining in close proximity to assist each other in case of emergency.

- Establish appropriate safety zones including support, contamination reduction, and exclusion zones.
- Minimize the number of personnel and equipment in contaminated areas (such as the exclusion zone). Non-essential vehicles and equipment should remain within the support zone.
- Establish appropriate decontamination procedures for leaving the site.
- Immediately report all injuries, illnesses, and unsafe conditions, practices, and equipment to the SSO.
- Observe co-workers for signs of toxic exposure and heat or cold stress.
- Inform co-workers of potential symptoms of illness, such as headaches, dizziness, nausea, or blurred vision.

5.2 ROTARY/DRILLING SAFE WORK PRACTICES

The following Safe Work Practices are to be followed when working in or around the Rotary/drill Rig Operations.

- Identify underground utilities and buried structures before commencing any Rotary/drill operations. Follow the TtNUS Utility Locating and Excavation Clearance Standard Operating Procedure.
- Rotary/drill rigs will be inspected by the SSO or designee, prior to the acceptance of the equipment at the site and prior to the use of the equipment. Repairs or deficiencies identified will be corrected prior to use. The inspection will be accomplished using the Equipment Inspection Checklist for Rotary/drill rigs provided in Attachment III. After the initial inspection and release for use on site, additional inspections will be performed at least at the beginning of every 5 or 10-day shift, or following any repairs or significant maintenance activities.
- Ensure that all machine guarding is in place and properly adjusted.
- Block the Rotary/drill rig and use levelers to prevent inadvertent movement.
- The work area around the point of operation will be cleared to the extent possible to remove any trip hazards near or surrounding operating equipment.

- The driller's helper will establish an equipment staging and laydown plan. The purpose of this is to keep the work area clear of clutter and slips, trips, and fall hazards. Mechanisms to secure heavy objects such as Rotary/drill flights will be provided to avoid the collapse of stacked equipment.
- Minimize contact to the extent possible with contaminated tooling and environmental media. Potentially contaminated tooling will be placed on polyethylene sheeting for storage and wrapped for transport to the centrally located equipment decontamination area
- Support functions (sampling and screening stations) will be maintained a minimum distance from the Rotary/drill rig of the height of the mast plus five feet , but not less than 25 feet around the rig.
- Only qualified operators and knowledgeable ground crew personnel will participate in the operation of the Rotary/drill rig.
- During maintenance, use only manufacturer provided/approved equipment (i.e. auger flight connectors, etc.)
- In order to minimize contact with potentially contaminated tooling and media and to minimize lifting hazards, multiple personnel should be used to move auger flights and other heavy tooling.
- Only personnel absolutely essential to the work activity will be allowed in the exclusion zone.
- Equipment used within the exclusion zone will undergo a complete decontamination and evaluation by the FOL and/or the SHSO to determine cleanliness prior to moving to the next location, exiting the site, or prior to down time for maintenance.
- Motorized equipment will be fueled prior to the commencement of the day's activities.
- When not in use drill rig will be shutdown, and emergency brakes set and wheels will be chocked to prevent movement.
- Investigative areas will be restored to equal or better condition than original to remove any contamination brought to the surface and to remove any physical hazards. In situations where these hazards cannot be immediately removed, the area will be barricaded to limit access.

6.0 HAZARD ASSESSMENT AND CONTROLS

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

6.1 CHEMICAL HAZARDS

Previous site data collected were found to contain volatile organic compounds (VOCs). Based on an evaluation of these data in combination with historical information about the site, the primary contaminant of concern (COC) at this site is Trichloroethylene (TCE) and, from a worst-case scenario, could potentially reach concentrations that exceed the ACGIH TLV TWA₈ and the OSHA PEL TWA₈. Although this is a possibility, it is very unlikely that they will approach airborne concentrations reaching current occupational exposure limits (OEL). Table 6-1 also shows this COC and a comparison of potential worst case air concentrations with current OELs.

**TABLE 6-1
COMPARISON OF CHEMICAL OF CONCERN AND
POTENTIAL WORST CASE SCENARIO CONCENTRATIONS
WITH CURRENT OCCUPATIONAL EXPOSURE LIMITS**

Contaminant of Concern	Highest Concentration Previously Detected	Worst Case Scenario Concentration	Current OSHA PEL and ACGIH TLV
TCE	1400 ug/L	104.95 ppm	OSHA: 100ppm, TWA ₈ ACGIH TLV: 50ppm

Table Notes:

TWA₈: Average air concentration over an 8-hour work period that is not to be exceeded

OSHA STEL: Concentration in air that is not to be exceeded for more than 5 minutes in any 3 hour period

TCE concentrations immediately above a captured air phase above contaminated media (such as in the head space of a sample jar) could reach concentrations that exceed the ACGIH TLV TWA₈ and the OSHA PEL TWA₈. In regarding the results of this data evaluation, it is important to recognize the following:

- the planned work area is outdoors, with ample natural ventilation that will reduce any airborne PCE through dilution and dispersion,
- the soil value used in this evaluation was the *highest* concentration previously detected in the soil,

- the intended soil sampling locations for this field event will be at distances away from where this concentration was detected (intentionally, as the purpose of the sampling is to find the extent that the contamination may have traveled, so if it is present at all, it is expected to be at lower concentrations than that previously found).

As a result of these factors, it is very unlikely that workers participating in this activity will encounter any airborne concentrations of these COCs that would represent an occupational exposure concern. To monitor this route, real-time direct reading monitoring instruments will be used (as described in section 7.0). This will be performed during intrusive tasks, as these soil disturbing tasks are the most likely to involve encountering/releasing any COCs into the airphase.

6.1.1 Properties of COCs

6.1.1.1 Trichloroethylene

Trichloroethylene is a colorless liquid which is used as a solvent for cleaning metal parts. Trichloroethylene has been found in at least 852 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

Breathing small amounts may cause headaches, lung irritation, dizziness, poor coordination, and difficulty concentrating.

Breathing large amounts of trichloroethylene may cause impaired heart function, unconsciousness, and death. Breathing it for long periods may cause nerve, kidney, and liver damage.

Drinking large amounts of trichloroethylene may cause nausea, liver damage, unconsciousness, impaired heart function, or death.

Skin contact with trichloroethylene for short periods may cause skin rashes.

Inhalation, Ingestion, and Skin Contact: Since VOCs can be present in the air, the greatest potential and most efficient route of exposure is through inhalation of airborne vapors. For this reason, monitoring equipment will be used to monitor work area concentrations, and PPE and basic hygiene practices (washing face and hands before leaving the site) are required and will be extremely important. Exposure to VOCs through ingestion and direct skin contact is possible, however the likelihood of worker exposure through these routes is considered unlikely, provided that workers follow good personal hygiene and standard good sample collection/sample handling practices, and wear appropriate PPE as specified in this HASP.

6.1.2 On-site Practices

The likelihood of worker exposure to the above COC are considered very unlikely, provided that workers follow good personal hygiene and standard good sample collection/sample handling practices, and wear appropriate PPE as specified in this HASP. Examples of onsite practices that are to be observed that will protect workers from exposure via inhalation, ingestion or skin contact include the following:

- No hand-to-mouth activities on site (eating, drinking, smoking, etc.)
- Washing hands upon leaving the work area and prior to performing any hand to mouth activities
- Wearing surgeon's-style gloves whenever handling potentially-contaminated media, including soils, hand tools, and sample containers.
- Proper respirator use in the event of visible dust during activities
- Proper use of monitoring instruments that will be used to detect the presence of VOCs.

6.2 PHYSICAL HAZARDS

The following is a list of physical hazards that may be encountered at the site or may be present during the performance of site activities.

- Injury due to rotary operation
- Slip, trips, and falls
- Contact with underground (electric lines, gas lines, water lines, etc.)
- Strain/muscle pulls from heavy lifting
- Noise from operating equipment
- Heat/Cold Stress
- Pinch/compression points
- Natural hazards (snakes, ticks, poisonous plants, etc.)
- Vehicular and equipment traffic
- Inclement weather

These hazards are discussed further below, and are presented relative to each task in the task-specific Safe Work Permits.

6.2.1 Injury Due To Rotary Operations

The primary hazards associated with drilling operations are physical in nature. Specific safety practices are detailed in Section 5.2 of this plan. The following hazards are associated with this type of drilling:

- Reciprocating/lifting equipment
- Heavy rotary parts being lifted
- High noise levels

6.2.2 Slips, Trips, and Falls

During various site activities there is a potential for slip, trip, and fall hazards associated with wet, steep, or unstable work surfaces. To minimize hazards of this nature, personnel required to work in and along areas prone to these types of hazards will be required to exercise caution, and use appropriate precautions (restrict access, guardrails, life lines and/or safety harnesses) and other means suitable for the task at hand. Site activities will be performed using the buddy system.

6.2.3 Contact with Underground Utilities

Underground utilities such as pressurized lines, water lines, telephone lines, buried utility lines, and high voltage power lines are known to be present throughout the facility. Clearance of underground utilities for any monitoring well and headspace sample location will be coordinated New York One Call (811). The TtNUS Utility Locating and Excavation Clearance SOP can be found in Section 7.0 of the Health and Safety Guidance Manual.

6.2.4 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 ground clutter to avoid unnecessary twisting or sudden movements while handling loads.

6.2.5 High Noise Levels

High noise levels can be generated during the operation of the drill rig (when operating in impact/hammer mode), and hydrolaser/pressure washers used for decontamination activities. Personnel in the vicinity of operating equipment shall use hearing protection in the form of ear plugs or ear muffs. An exclusion area boundary shall be established to delineate where hearing protection is required.

6.2.6 Heat/Cold Stress

Because of the length of planned project activities, the likely seasonal weather conditions that will exist during the planned schedule, and the physical exertion that can be anticipated with some of the planned tasks, it will be 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 TtNUS Health and Safety Guidance Manual, which the SSO is responsible for reviewing and implementing as appropriate on this project.

6.2.7 Pinch/Compression Points

Handling of tools, machinery, and other equipment on site may expose personnel to pinch/compression point hazards during normal work activities. Where applicable, equipment will have intact and functional guarding to prevent personnel contact with hazards. Personnel will exercise caution when working around pinch/compression points, using additional tools or devices (e.g., pinch bars) to assist in completing activities.

6.2.8 Natural Hazards

Natural hazards such as poisonous plants, bites from poisonous or disease carrying animals or insects (e.g., snakes, ticks, mosquitoes) are often prevalent at sites that are being investigated as part of hazardous waste site operations. To minimize the potential for site personnel to encounter these hazards, nesting areas in and about work areas will be avoided to the greatest extent possible. Work areas will be inspected to look for any evidence that dangerous animals may be present.

During warm months (spring through early fall), tick-borne Lyme Disease may pose a potential health hazard. The longer a disease carrying tick remains attached to the body, the greater the potential for contracting the disease. Wearing long sleeved shirts and long pants (tucked into boots and taped) will prevent initial tick attachment, while performing frequent body checks will help prevent long term attachment. Site first aid kits should be equipped with medical forceps and rubbing alcohol to assist in tick removal. For information regarding tick removal procedures and symptoms of exposure, consult Section 4.0 of the Health and Safety Guidance Manual.

Contact with poisonous plants and bites or stings from poisonous insects are other potential natural hazards. Long sleeved shirts and long pants (tucked into boots), and avoiding potential nesting areas, will minimize the potential for exposure. Additionally, insect repellents may be used by site personnel. Personnel who are allergic to stinging insects (such as bees, wasps and hornets) must be particularly careful since severe illness and death may result from allergic reactions. As with any medical condition

or allergy, information regarding the condition must be listed on the Medical Data Sheet (see Attachment I of this HASP), and the FOL or SSO notified.

6.2.9 Vehicular and Equipment Traffic

Hazards associated with vehicular and equipment traffic are likely to exist during various site activities. 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.

6.2.10 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 (electrical storms, tornadoes, etc.) conditions arise, the FOL and/or the SSO will be responsible for temporarily suspending or terminating activities until hazardous conditions no longer exist.

7.0 AIR MONITORING

The primary COC has the potential to be present in concentrations that could present an inhalation hazard during planned site activities. To assure that such exposures are avoided and documented, a direct reading instrument will be used to monitor worker exposures to chemical hazards present at the site. For this project, either a Photoionization Detector (PID) using a lamp energy of 10.6 eV or a Flame Ionization Detector (FID) may be used to monitor the air.

7.1 INSTRUMENTS AND USE

Instruments will be used primarily to monitor source points and worker breathing zone areas, while observing instrument action levels. The SSO shall obtain and document the daily background (BG) reading at an upwind, unaffected area and observe for readings above that BG level. The SSO shall monitor source areas (e.g., bore holes, environmental samples) for the presence of any reading above the daily-established BG level. If elevated readings are observed, the SSO shall monitor the workers breathing zone (BZ) areas with the PID/FID. If the appropriate instrument Action Level is exceeded (see below), the following process will be followed:

- The SSO shall stop work and move site personnel upwind to a safe, unaffected area, where they will remain until further directed by the SSO.
- The SSO shall allow at least 5 minutes to pass so that the work area can ventilate, and will then re-approach the work area while continuously monitoring the BZ areas.
- Only when BG levels are regained in BZ areas will work be permitted to resume.
- If BG levels are not regained, the SSO will contact the HSM for additional direction.

Instrument Action Levels: The use of a FID or FID will be acceptable, provided that the following action levels are observed:

- PID Action Level: 225 ppm above BG in BZ areas for ONE exposure for ANY amount of time in one work day
- FID Action Level: 285 ppm above BG in BZ areas for ONE exposure for ANY amount of time in one work day

7.2 INSTRUMENT MAINTENANCE AND CALIBRATION

Hazard monitoring instruments will be maintained and pre-field calibrated by the Tetra Tech NUS Equipment Manager and/or rental service employed. Operational checks and field calibration will be performed on the instruments each day prior to their use. Field calibration will be performed on instruments according to manufacturer's recommendations (for example, the FID must be field calibrated daily and an additional field calibration must be performed at the end of each day to determine any significant instrument drift). These operational checks and calibration efforts will be performed in a manner that complies with the employees health and safety training, the manufacturer's recommendations, and with the applicable manufacturer standard operating procedure. All calibration efforts must be documented. Figure 7-1 is provided for documenting these calibration activities. This information may instead be recorded in a field operations logbook, provided that the information specified in Figure 7-1 is recorded. This required information includes the following:

- Date calibration was performed
- Individual calibrating the instrument
- Instrument name, model, and serial number
- Any relevant instrument settings and resultant readings (before and after) calibration
- Identification of the calibration standard (lot no., source concentration, supplier)
- Any relevant comments or remarks

8.0 TRAINING/MEDICAL SURVEILLANCE REQUIREMENTS

8.1 INTRODUCTORY/REFRESHER/SUPERVISORY TRAINING

This section is included to specify health and safety training and medical surveillance requirements for TtNUS personnel participating in on site activities. TtNUS personnel must complete 40 hours of introductory hazardous waste site training prior to performing work at the NWIRP Bethpage. TtNUS 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 TtNUS 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

TtNUS SSO will provide site-specific training to TtNUS 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 of the site-specific training are cleared for participation in site activities. This document shall be maintained at the site to identify and maintain an active list of trained and cleared site personnel.

The TtNUS 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 Safe Work Permits 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

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

Each field team member, including visitors, entering the exclusion zone(s) shall be required to complete and submit a copy of the Medical Data Sheet (see Attachment I of this HASP). This shall be provided 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 in order to administer medical attention.

8.4 SITE VISITORS

Site visitors must be escorted and restricted from approaching any work areas where they could be exposed to hazards from TtNUS operations. If a visitor has authorization from the client and from the TtNUS 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.

9.0 SITE CONTROL

This section outlines the means by which TtNUS 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 approach will be comprised of an exclusion zone, a contamination reduction zone, and a support zone. It is also anticipated that this approach will control access to site work areas, restricting access by the general public, minimizing the potential for the spread of contaminants, and protecting 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 the exhaust vents will have the potential for contaminants brought to the surface. These areas will be marked and personnel will maintain safe distances. Once intrusive activities have been completed and surface contamination has been removed, the potential for exposure is again diminished and the area can then be reclassified as part of the contamination reduction zone. Therefore, the exclusion zones for this project will be limited to those areas of the site where rotary work is being performed plus a designated area of at least 25 feet surrounding the work area, and where sampling is being conducted plus 10 feet surrounding the work area. Exclusion zones will be delineated as deemed appropriate by the FOL, through means such as erecting visibility fencing, barrier tape, cones, and/or postings to inform and direct personnel.

9.1.1 Exclusion Zone Clearance

A pre-startup site visit will be conducted by members of the identified field team in an effort to identify proposed subsurface investigation locations, conduct utility clearances, and provide upfront notices concerning scheduled activities within the facility.

Subsurface activities will proceed only when utility clearance has been obtained. In the event that a utility is struck during a subsurface investigative activity, the emergency numbers provided in Section 2.0, Table 2-1, will be notified.

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 will also serve as a focal point in supporting exclusion zone activities. This area will be delineated using barrier tape, cones, and postings to inform

and direct facility personnel. Decontamination will be conducted at a central location. Equipment potentially contaminated will be bagged and taken to that location for decontamination.

9.3 SUPPORT ZONE

The support zone for this project will include a staging area where site vehicles will be parked, equipment will be unloaded, and where food and drink containers will be maintained. The support zones will be established at areas of the site where away from potential exposure to site contaminants during normal working conditions or foreseeable emergencies.

9.4 SAFE WORK PERMITS

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 provided in Figure 9-1. Partially completed SWPs for the work to be performed can be found in Attachment IV of this HASP. These permits were completed to the extent possible as part of the development of this HASP. It is the SSO's responsibility to finalize and complete all blank portions of the SWPs based on current, existing conditions the day the task is to be performed, and then review that completed permit with all task participants as part of a pre-task tail gate briefing session. This will ensure that site-specific considerations and changing conditions are appropriately incorporated into the SWP, provide the SSO with a structured format for conducting the tail gate sessions, as well will also give personnel an opportunity to ask questions and make suggestions. All SWPs require the signature of the FOL or SSO.

9.5 SITE VISITORS

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 TtNUS
- Regulatory personnel (i.e., DOD, EPA, OSHA)
- Property Owners
- Authorized Navy Personnel
- Other authorized visitors

Non-DOD personnel working on this project are required to gain initial access to the base by coordinating with the TtNUS FOL or designee and following established base access procedures.

Once access to the base is obtained, personnel who require site access into areas of ongoing operations will be required to obtain permission from the TOM. Upon gaining access to the site, site visitors wishing to observe operations in progress will be escorted by a TtNUS representative and shall be required to meet the minimum requirements discussed below:

- Site visitors will be directed to the FOL/SSO, 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.
- Site visitors wishing to enter the exclusion zone 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. In addition, to enter the site operational zones during planned activities, visitors will be required to first go through site-specific training covering the topics stipulated in Section 8.2 of this HASP.

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. Visitors entering the exclusion zones during ongoing operations will be accompanied by a TtNUS representative. Visitors not meeting the requirements, as stipulated in this plan, for site clearance will not be permitted to enter the site operational zones during planned activities. Any incidence of unauthorized site visitation will cause the termination of on site activities until the unauthorized visitor is removed from the premises. Removal of unauthorized visitors will be accomplished with support from local law enforcement personnel.

9.6 SITE SECURITY

Site security will be accomplished using TtNUS field personnel. TtNUS will retain complete control over active operational areas. As this activity takes place at a Navy facility open to public access, the first line of security will take place using exclusive zone barriers, site work permits, and any existing barriers at the sites to restrict the general public. The second line of security will take place at the work site referring interested parties to the Base Contact. The Base Contact will serve as a focal point for base personnel, interested parties, and serve as the final line of security and the primary enforcement contact.

9.7 SITE MAP

Once the areas of contamination, access routes, topography, and dispersion routes are determined, a site map will be generated and adjusted as site conditions change. These maps will be posted to illustrate up-to-date collection of contaminants and adjustment of zones and access points.

9.8 BUDDY SYSTEM

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

9.9 MATERIAL SAFETY DATA SHEET (MSDS) REQUIREMENTS

TtNUS and subcontractor personnel will provide MSDSs for 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 the substances on site. A chemical inventory of the chemicals used on site will be developed using the Health and Safety Guidance Manual. The MSDSs will then be maintained in a central location (i.e., temporary office) and will be available for anyone to review upon request.

9.10 COMMUNICATION

As personnel will be working in proximity to one another during field activities, a supported means of communication between field crew members will not be necessary.

External communication will be accomplished by using the telephones at predetermined and approved locations. External communication will primarily be used for the purpose of resource and emergency resource communications. Prior to the commencement of activities at Bethpage, the FOL will determine and arrange for telephone communications.

**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: Potential hazards associated with this task:

III. Field Crew: _____

IV. On-site Inspection conducted Yes No Initials of Inspector _____ TtNUS
Equipment Inspection required Yes No Initials of Inspector _____ TtNUS

V. Protective equipment required

Level D Level B
 Level C Level A

Modifications/Exceptions: _____

Respiratory equipment required

Yes Specify on the reverse
 No

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

Primary Route(s) of Exposure/Hazard: _____

(Note to FOL and/or SHSO: 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, SHSO 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 generated or handled at any given time as part of this scope of work. It is also not anticipated that such spillage would constitute a danger to human health or the environment. However, as the job progresses, some potential may exist for accumulating Investigative Derived Wastes (IDW) such as decontamination fluids, soil cuttings, disposable sampling equipment and PPE.

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, limited areas are vulnerable to this hazard including:

- Resource deployment
- Waste transfer
- Central staging

IDW may be generated as a result of this scope of work. If this occurs, it 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 an early detection of potential spills or leaks, a periodic walk-around by the personnel staging or disposing of drums area will be conducted during working hours to visually determine that storage vessels are not leaking. 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 are stored at the vulnerable areas in a conspicuously marked drum. This used material, too, will be containerized for disposal pending analysis. Inspections will be documented in the project logbook.

10.4 PERSONNEL TRAINING AND SPILL PREVENTION

Personnel will be instructed in the procedures for incipient spill prevention, containment, and collection of hazardous materials in the site-specific training. The FOL and the 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 types of equipment that should be maintained 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 U.S. DOT 1A1 or 1A2)
- Shovels, rakes, and brooms
- Container labels

10.6 SPILL CONTROL PLAN

This section describes the procedures the TtNUS 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 the 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 which 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 (for example, tanks, manholes, sewers, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry).
- Is not designed for continuous employee occupancy.

Additionally, a Permit-Required Confined Space must also have one or more of the following characteristics:

- Contains or has a potential to contain a hazardous atmosphere.
- Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly caving 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 Health and Safety Guidance Manual 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 TtNUS 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 (Attachment V)
- 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 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 all chemicals brought on-site, including decontamination solutions, sample preservations, fuel, etc. This list should be posted in a central area.

MSDSs (maintained) - The MSDSs should also be in a central area accessible to all site personnel. These documents should match all the listings on the chemical inventory list for all 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 should be conspicuously posted in places where notices to employees are normally posted, as directed by 29 CFR 1903.2 (a)(1). Each FOL shall ensure that this poster is not defaced, altered, or covered by other material. The law also states that reproductions or facsimiles of the poster shall be at least 8 1/2 by 14 inches with 10 point type.

Site Clearance (maintained) - This list is found within the training section of the HASP (Figure 8-1). This list identifies all site personnel, dates of training (including site-specific training), and medical surveillance. The list indicates not only clearance, but also 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 all 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. A copy of this sheet or a wallet card will be given to all personnel to be carried on their person.

Personnel Monitoring (maintained) - All results generated through personnel sampling (levels of airborne toxins, noise levels, etc.) will be posted to inform individuals of the results of that effort.

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 objective is accomplished.

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 _____

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 TtNUS 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 they 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
INSTRUCTIONS:		
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.		
TYPE OF INCIDENT (Check all that apply)	Additional Form(s) Required for this type of incident	
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
INFORMATION ABOUT THE INCIDENT		
Description of Incident		
<hr/> <hr/> <hr/>		
Date of Incident	Time of Incident	
	_____ AM <input type="checkbox"/> PM <input type="checkbox"/> OR Cannot be determined <input type="checkbox"/>	
Weather conditions at the time of the incident	Was there adequate lighting?	
	_____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location of Incident		
_____ Was location of incident within the employer's work environment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Street Address	City, State, Zip Code and Country	
Project Name	Client:	
Tt Supervisor or Project Manager	Was supervisor on the scene?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
WITNESS INFORMATION (attach additional sheets if necessary)		
Name	Company	
Street Address	City, State and Zip Code	
Telephone Number(s)		

CORRECTIVE ACTIONS				
Corrective action(s) immediately taken by unit reporting the incident:				
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>				
Corrective action(s) still to be taken (by whom and when):				
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>				
ROOT CAUSE ANALYSIS LEVEL REQUIRED				
Root Cause Analysis Level Required: Level - 1 <input type="checkbox"/> Level - 2 <input type="checkbox"/> None <input type="checkbox"/>				
Root Cause Analysis Level Definitions				
Level - 1	<p>Definition: A Level 1 RCA is conducted by an individual(s) with experience or training in root cause analysis techniques and will conduct or direct documentation reviews, site investigation, witness and affected employee interviews, and identify corrective actions. Activating a Level 1 RCA and identifying RCA team members will be at the discretion of the Corporate Administration office.</p> <p>The following events may trigger a Level 1 RCA:</p> <ul style="list-style-type: none"> ▪ Work related fatality ▪ Hospitalization of one or more employee where injuries result in total or partial permanent disability ▪ Property damage in excess of \$75,000 ▪ When requested by senior management 			
Level - 2	<p>Definition: A Level 2 RCA is self performed within the operating unit by supervisory personnel with assistance of the operating unit HSR. Level 2 RCA will utilize the 5 Why RCA methodology and document the findings on the tools provided.</p> <p>The following events will require a Level 2 RCA:</p> <ul style="list-style-type: none"> ▪ OSHA recordable lost time incident ▪ Near miss incident that could have triggered a Level 1 RCA ▪ When requested by senior management 			
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				
Title	Printed Name	Signature	Telephone Number	Date
Project Manager or Supervisor				
Site Safety Coordinator or Office H&S Representative				
Operating Unit H&S Representative				
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)

EMPLOYEE INFORMATION

Company Affiliation

Tetra Tech Employee? TetraTech subcontractor employee (directly supervised by Tt personnel)?

Full Name

Company (if not Tt employee)

Street Address, City, State and Zip Code

Address Type

Home address (for Tt employees)

Business address (for subcontractors)

Telephone Numbers

Work: _____

Home: _____

Cell: _____

Occupation (regular job title)

Department

Was the individual performing regular job duties?

Yes No

Time individual began work

_____ AM PM OR Cannot be determined

Safety equipment

Provided? Yes No

Used? Yes No If no, explain why

Type(s) provided: Hard hat Protective clothing
 Gloves High visibility vest
 Eye protection Fall protection
 Safety shoes Machine guarding
 Respirator Other (list)

NOTIFICATIONS

Name of Tt employee to whom the injury or illness was first reported

Was H&S notified within one hour of injury or illness?

Yes No

Date of report

H&S Personnel Notified

Time of report

Time of Report

If subcontractor injury, did subcontractor's firm perform their own incident investigation?

Yes No 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"

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"

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".

MEDICAL CARE PROVIDED

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

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)? Tt 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.

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

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)

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

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 thin black border, intended for drawing a diagram. The box occupies most of the page below the instruction header.

ATTACHMENT III
EQUIPMENT INSPECTION CHECKLIST
FOR DRILL/DPT/ROTARY RIGS

Equipment Inspection Checklist for Drill/DPT Rigs

Company: _____

Unit/Serial No#: _____

Inspection Date: ____ / ____ / ____

Time: ____ : ____

Equipment Type: _____

(e.g, Drill Rigs Hollow Stem, Mud Rotary, Direct Push, HDD)

Project Name: _____

Project No#: _____

Yes	No	NA	Requirement	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Stop Devices	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Emergency Stop Devices (At points of operation) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Have all emergency shut offs identified been communicated to the field crew? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Has a person been designated as the Emergency Stop Device Operator? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highway Use	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Cab, mirrors, safety glass? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Turn signals, lights, brake lights, etc. (front/rear) for equipment approved for highway use? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Seat Belts? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Is the equipment equipped with audible back-up alarms and back-up lights? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Horn and gauges 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Brake condition (dynamic, park, etc.) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Tires (Tread) or tracks 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Windshield wipers 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Exhaust system 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Steering (standard and emergency) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Wheel Chocks? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Are tools and material secured to prevent movement during transport? Especially those within the cab? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Are there flammables or solvents or other prohibited substances stored within the cab? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Are tools or debris in the cab that may adversely influence operation of the vehicle (in and around brakes, clutch, gas pedals) 	

Equipment Inspection Checklist for Drill/DPT Rigs

Page 2

Unit/Serial No#: _____

Inspection Date: ____ / ____ / ____

Yes	No	NA	Requirement	Comments
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fluid Levels: <ul style="list-style-type: none"> • Engine oil • Transmission fluid • Brake fluid • Cooling system fluid • Hoses and belts • Hydraulic oil 	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	High Pressure Hydraulic Lines <ul style="list-style-type: none"> • Obvious damage • Operator protected from accidental release • Coupling devices, connectors, retention cables/pins are in good condition and in place 	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mast Condition <ul style="list-style-type: none"> • Structural components/tubing • Connection points • Pins • Welds • Outriggers • Operational • Plumb (when raised) 	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hooks <ul style="list-style-type: none"> • Are the hooks equipped with Safety Latches? • Does it appear that the hook is showing signs of wear in excess of 10% original dimension? • Is there a bend or twist exceeding 10% from the plane of an unbent hook? • Increase in throat opening exceeding 15% from new condition • Excessive nicks and/or gouges • Clips • Number of U-Type (Crosby) Clips (cable size 5/16 – 5/8 = 3 clips minimum) (cable size 3/4 – 1 inch = 4 clips minimum) (cable size 1 1/8 – 1 3/8 inch = 5 clips minimum) 	

Equipment Inspection Checklist for Drill/DPT Rigs

Page 3

Unit/Serial No#: _____

Inspection Date: ____ / ____ / ____

Yes	No	NA	Requirement	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power cable and/or hoist cable <ul style="list-style-type: none"> Reduction in Rope diameter π (5/16 wire rope > 1/64 reduction nominal size -replace) (3/8 to 1/2 wire rope > 1/32 reduction nominal size-replace) (9/16 to 3/4 wire rope > 3/64 reduction nominal size-replace) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Number of broken wires (6 randomly broken wires in one rope lay) (3 broken wires in one strand) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Number of wire rope wraps left on the Running Drum at nominal use (≥ 3 required) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> - Lead (primary) sheave is centered on the running drum 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Lubrication of wire rope (adequate?) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Kinks, bends – Flattened to > 50% diameter 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemp/Fiber rope (Cathead/Split Spoon Hammer) <ul style="list-style-type: none"> Minimum $\frac{3}{4}$; maximum 1 inch rope diameter (Inspect for physical damage) 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Rope to hammer is securely fastened 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Guards – <ul style="list-style-type: none"> Around rotating apparatus (belts, pulleys, sprockets, spindles, drums, flywheels, chains) all points of operations protected from accidental contact? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Hot pipes and surfaces exposed to accidental contact? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> High pressure lines 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Nip/pinch points 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator Qualifications <ul style="list-style-type: none"> Does the operator have proper licensing where applicable, (e.g., CDL)? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Does the operator, understand the equipment’s operating instructions? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Is the operator experienced with this equipment? 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Is the operator 21 years of age or more? 	

Equipment Inspection Checklist for Drill/DPT Rigs

Page 4

Unit/Serial No#: _____

Inspection Date: ____ / ____ / ____

Yes	No	NA	Requirement	Comments
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PPE Required for Drill Rig Exclusion Zone <ul style="list-style-type: none"> • Hardhat • Safety glasses • Work gloves • Chemical resistant gloves _____ • Steel toed Work Boots • Chemical resistant Boot Covers • Apron • Coveralls Tyvek, Saranex, cotton) _____ 	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other Hazards <ul style="list-style-type: none"> • Excessive Noise Levels? _____ dBA • Chemical hazards (Drilling supplies - Sand, bentonite, grout, fuel, etc.) <ul style="list-style-type: none"> - MSDSs available? • Will On-site fueling occur <ul style="list-style-type: none"> - Safety cans available? - Fire extinguisher (Type/Rating - _____ - _____) 	

Approved for Use Yes No See Comments

Site Health and Safety Officer

Operator

ATTACHMENT IV

SAFE WORK PERMITS

**SAFE WORK PERMIT
MOBILIZATION AND DEMOBILIZATION ACTIVITIES
NWIRP BETHPAGE**

Permit No. _____ Date: _____ Time: From _____ to _____

I. Work limited to the following (description, area, equipment used): Mobilization and demobilization activities

II. Primary Hazards: lifting, pinches and compressions, slips, trips and falls, vehicular and foot traffic, insect/animal bites and stings, poisonous plants, inclement weather.

III. Field Crew: _____

IV. On-site Inspection conducted Yes No Initials of Inspector _____ TtNUS
Equipment Inspection required Yes No Initials of Inspector _____ TtNUS

V. Protective equipment required **Respiratory equipment required**
 Level D Level B Yes Specify on the reverse
 Level C Level A No

Modifications/Exceptions: Minimum requirement include sleeved shirt and long pants, or coveralls, safety, glasses and safety footwear.

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
<u>None anticipated given the nature of activities and limited contact with media</u>	<u>None</u>	<u>None</u>	<u>None</u>
Primary Route(s) of Exposure/Hazard: <u>NA</u>			

(Note to FOL and/or SHSO: 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 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 checked="" type="checkbox"/> No
Splash Shield <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Barricades <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Splash suits/coveralls..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gloves (Type – <u>Work</u>) <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 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: Tyvek coverall to protect against natural hazards (e.g., ticks) if working/walking through areas of high grass. Use insect repellants containing at least 10% DEET and tape up in such areas. Follow manufacturer's recommendations for proper application and reapplication. If working in areas where snakes are a threat, wear snake chaps to protect against bites. Hard hats and hearing protection will be worn when working near operating equipment

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: Preview work locations to identify potential hazards (slips, trips, and falls, natural hazards, etc.) Review PPE needs based on activities being performed and the associated hazards. Use safe lifting procedures and obtain assistance when handling heavy or awkward objects. Suspend site activities in the event of inclement weather. Observe site workers for signs and symptoms of heat stress. Use sun block (SPF > 15) to prevent sunburn if necessary.

Permit Issued by: _____ Permit Accepted by: _____

**SAFE WORK PERMIT FOR
SOIL BORING AND SAMPLING
NWIRP BETHPAGE**

Permit No. _____ Date: _____ Time: From _____ to _____

- I. **Work limited to the following (description, area, equipment used):** Soil borings using mud rotary. Sampling is included in this task.
- II. **Primary Hazards:** Chemical contamination, transfer contamination, heavy equipment, noise, energized systems, lifting, slips, trips, and falls, ambient temperature extremes, insect/animal bites, stings, and inclement weather.

III. **Field Crew:** _____

- IV. **On-site Inspection conducted** Yes No Initials of Inspector _____ TtNUS
Equipment Inspection required Yes No Initials of Inspector _____ TtNUS

V. **Protective equipment required**

Level D Level B
 Level C Level A

Respiratory equipment required

Yes Specify on the reverse
 No

Modifications/Exceptions Minimum requirement include sleeved shirt and long pants, safety glasses, safety footwear, and nitrile gloves.

VI. **Chemicals of Concern**

VOCs (TCE)

Hazard Monitoring

FID or PID w/10.6eV probe initially, and periodically during rotary/sampling

Action Level(s)

PID = 285ppm in BZ for any time and not more than 1x per 8/hr shift (FID = 225 ppm)

Response Measures

Retreat upwind and allow work area to ventilate. Resume work when BZ returns to BG or contact PHSO

Primary Route(s) of Exposure/Hazard: Incidental ingestion, inhalation, and contact with contaminants will be prevented through the use of PPE and safe work practices.

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

VII. **Additional Safety Equipment/Procedures**

- | | | | |
|----------------------------------|---|--|---|
| Hard-hat | <input checked="" 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 checked="" type="checkbox"/> No |
| Splash Shield | <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No |
| Steel toe work shoes/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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Modifications/Exceptions: Impermeable aprons may be used when handling sampling equipment to prevent soiling of work clothes, if it is determined to be necessary. Nitrile or neoprene gloves. Hard hat and hearing protection must be worn when working within the established exclusion zone of the rotary rig. Reflective vests will be employed when working along designated traffic thoroughfares. Tyvek coverall to protect against natural hazards (e.g., ticks) if working/walking through areas of high grass. Use insect repellants containing at least 10% DEET if necessary. Follow manufacturer's recommendations for proper application and reapplication. If working in areas where snakes are a threat, wear snake chaps to protect against bites

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. Employ proper lifting techniques. Inspect equipment prior to use.

Permit Issued by: _____ Permit Accepted by: _____

**SAFE WORK PERMIT FOR
GROUNDWATER SAMPLING
NWIRP BETHPAGE**

Permit No. _____ Date: _____ Time: From _____ to _____

- I. **Work limited to the following (description, area, equipment used):** Groundwater sampling
 II. **Primary Hazards:** Chemical contamination, transfer contamination, heavy equipment, noise, energized systems, lifting, slips, trips, and falls, ambient temperature extremes, insect/animal bites, stings, and inclement weather.

- III. **Field Crew:** _____
 IV. **On-site Inspection conducted** Yes No Initials of Inspector _____ TtNUS
Equipment Inspection required Yes No Initials of Inspector _____ TtNUS

- V. **Protective equipment required** **Respiratory equipment required**
 Level D Level B Yes Specify on the reverse
 Level C Level A No
 Modifications/Exceptions Minimum requirement include sleeved shirt and long pants, safety glasses, safety footwear, and nitrile gloves.

VI. Chemicals of Concern	Hazard Monitoring	Action Level(s)	Response Measures
<u>VOCs (TCE)</u>	<u>FID or PID w/10.6eV probe initially, and periodically during sampling</u>	<u>PID = 285ppm in BZ for any time and not more than 1x per 8/hr shift (FID = 225 ppm)</u>	<u>Retreat upwind and allow work area to ventilate. Resume work when BZ returns to BG or contact PHSO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary Route(s) of Exposure/Hazard: Incidental ingestion, inhalation, and contact with contaminants will be prevented through the use of PPE and safe work practices.

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

- VII. **Additional Safety Equipment/Procedures**
- | | | | |
|----------------------------------|---|---------------------------------------|---|
| Hard-hat | <input checked="" 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 checked="" type="checkbox"/> No |
| Splash Shield | <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No |
| Steel toe work shoes/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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Modifications/Exceptions: Impermeable aprons may be used when handling sampling equipment to prevent soiling of work clothes, if it is determined to be necessary. Nitrile or neoprene gloves. Hard hat and hearing protection must be worn when working within the established exclusion zone of the rotary rig. Reflective vests will be employed when working along designated traffic thoroughfares. Tyvek coverall to protect against natural hazards (e.g., ticks) if working/walking through areas of high grass. Use insect repellants containing at least 10% DEET if necessary. Follow manufacturer's recommendations for proper application and reapplication. If working in areas where snakes are a threat, wear snake chaps to protect against bites.

- 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. Employ proper lifting techniques. Inspect equipment prior to use.

Permit Issued by: _____ Permit Accepted by: _____

**SAFE WORK PERMIT FOR
DECONTAMINATION ACTIVITIES
NWIRP BETHPAGE**

Permit No. _____ Date: _____ Time: From _____ to _____

I. Work limited to the following (description, area, equipment used): Decontamination of heavy and sampling equipment (i.e., DPT rigs, etc.). Pressure washers or steam cleaning units will be used to decontaminate heavy equipment. Decontamination of sampling equipment (i.e., reusable stainless steel trowels, etc.). Brushes and spray bottles will be used to decontaminate small sampling equipment.

II. Primary Hazards: Potential hazards associated with this task include chemical exposure, transfer of contamination, strain/muscle pulls, inclement weather, noise, flying projectiles.

III. Field Crew: _____

IV. On-site Inspection conducted Yes No Initials of Inspector _____ TtNUS
Equipment Inspection required Yes No Initials of Inspector _____ TtNUS

V. Protective equipment required **Respiratory equipment required**
 Level D Level B Yes Specify on the reverse
 Level C Level A No

Modifications/Exceptions: Minimum requirement include sleeved shirt and long pants, safety glasses, safety footwear, and nitrile gloves.

VI. Chemicals of Concern **Hazard Monitoring** **Action Level(s)** **Response Measures**
Decontamination Fluids refer to MSDS refer to MSDS refer to MSDS

Primary Route(s) of Exposure/Hazard: Inhalation and direct contact

(Note to FOL and/or SHSO: 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 checked="" type="checkbox"/> No	Hearing Protection (Plugs/Muffs).....	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
Splash Shield	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Barricades	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Splash suits/coveralls.....	<input type="checkbox"/> Yes <input checked="" 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 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 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: Chemical resistant boot covers if excessive liquids are generated or to protect footwear. Hearing protection for any pressure wash/steam cleaning operation. When using pressure washers, steam cleaners field crews will wear hearing protection, and face shields. Impermeable aprons are preferred protection against soiling work clothes when lifting auger flights because of the need to carry close to the body. If it (impermeable apron) does not offer adequate protection, PVC rain suits or PE or PVC coated Tyvek should be employed. Chemical resistant boot covers if excessive liquids are generated or to protected footwear. Hearing protection is required when operating the steam cleaner or pressure washer. PID with 10.6 or 11.7 eV lamp [Note: This instrument will be used to determine if any volatile contaminants have been removed. It will not be used for purposes of monitoring exposure.

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 (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. Employ proper lifting techniques. When/where possible use heavy equipment to move and place containers.

Permit Issued by: _____ Permit Accepted by: _____

**SAFE WORK PERMIT
IDW MANAGEMENT
NWIRP BETHPAGE**

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. Wastes types include soil cutting, purge and decontamination wash waters.
- II. **Primary Hazards:** lifting, pinches and compressions; flying projectiles; slips, trips, and falls.
- III. **Field Crew:** _____
- IV. **On-site Inspection conducted** Yes No Initials of Inspector _____ TtNUS
Equipment Inspection required Yes No Initials of Inspector _____ TtNUS

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>VOCs (TCE)</u>	<u>FID or PID w/10.6eV probe initially, and periodically</u>	<u>PID = 285ppm in BZ for any time and not more than 1x per 8/hr shift (FID = 225 ppm)</u>	<u>Retreat upwind and allow work area to ventilate. Resume work when BZ returns to BG or contact PHSO</u>
_____	_____	_____	_____
_____	_____	_____	_____

Primary Route of Exposure/Hazard: direct contact and inhalation and ingestion

(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 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 checked="" 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 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. Tyvek coverall to protect against natural hazards (e.g., ticks) if working/walking through areas of high grass. Use insect repellants containing at least 10% DEET if necessary. Follow manufacturer's recommendations for proper application and reapplication. If working in areas where snakes are a threat, wear snake chaps to protect against bites. High visibility vest if near active traffic areas.

- VIII. **Site Preparation**
- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| Utility Locating and Excavation Clearance completed | Yes | No | NA |
| Vehicle and Foot Traffic Routes Established/Traffic Control Barricades/Signs in Place..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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. 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 4-drums to a pallet. Maintain a minimum distance of 4-feet between pallet rows. An IDW inventory shall be generated to provide the number of drums, contents, and volumes. This inventory should be provided to the facility contact. Inspect equipment prior to use.

Permit Issued by: _____ Permit Accepted by: _____

ATTACHMENT V

OSHA POSTER

Job Safety and Health

It's the law!



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

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