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HEALTH AND SAFETY PLAN FOR MONITORING WELL SAMPLING AT BP WELLS SITE  
NAS CECIL FIELD FL  
7/1/2008  
TETRA TECH NUS INC

# Comprehensive Long-term Environmental Action Navy

CONTRACT NUMBER N62467-04-D-0055



## Health and Safety Plan for Monitoring Well Sampling at BP Wells Site

Naval Air Station Cecil Field  
Jacksonville, Florida

Contract Task Order 0102

July 2008



**HEALTH AND SAFETY PLAN  
FOR  
MONITORING WELL SAMPLING  
AT  
BP WELLS SITE**

**NAVAL AIR STATION CECIL FIELD  
JACKSONVILLE, FLORIDA**

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

**Submitted to:  
Naval Facilities Engineering Command  
Southeast  
2155 Eagle Drive  
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**Submitted by:  
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**CONTRACT NUMBER N62467-04-D-0055  
CONTRACT TASK ORDER 0102**

**July 2008**

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## 1.0 INTRODUCTION

The objective of this Health and Safety Plan (HASP) is to provide the safety and health requirements, restrictions, practices and procedures for Tetra Tech NUS, Inc. (TtNUS) personnel participating monitoring well sampling at the BP Wells Site at the Naval Air Station (NAS) Cecil Field located in Jacksonville, Florida.

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 Task Order Manager (TOM), who will notify the affected personnel of changes.

### 1.1 AUTHORITY

This work is authorized under the Comprehensive Long - Term Environmental Action Navy (CLEAN) contract, administered through the U.S. Navy Southeast, Naval Facilities Engineering Command, as defined under Contract No. N62467-04-D-0055; Contract Task Order Number 0102.

### 1.2 KEY PROJECT PERSONNEL AND ORGANIZATION

This section defines responsibilities for site safety and health for TtNUS employees conducting in-situ chemical oxidation and system expansion 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 TOM 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 Air Station - Cecil Field (NASCF) **Address:** Jacksonville, Florida

**U.S. Navy Remedial Project Manager (RPM):** Ms. Barbara Nwokike **Phone Number:** (843) 743-2141

**Tetra Tech NUS, Inc. Project Team:**

<b>TtNUS Management Personnel</b>	<b>Discipline/Tasks Assigned</b>	<b>Telephone</b>
<u>Robert Simcik, P.E.</u>	<u>Task Order Manager (TOM)</u>	<u>(412) 921-8163</u>
<u>Matthew M. Soltis, CIH, CSP</u>	<u>CLEAN Health and Safety Manager</u>	<u>(412) 921-8912</u>
<u>Kara Wimble</u>	<u>Field Operations Leader (FOL)</u>	<u>(904) 730-4669</u>
<u>TBD</u>	<u>Site Safety Officer (SSO)</u>	<u></u>
<u>James K. Laffey</u>	<u>Project Health and Safety Officer (PHSO)</u>	<u>(412) 921-8678</u>

<b>Non-TtNUS Personnel</b>	<b>Affiliation/Discipline/Tasks Assigned</b>	<b>Telephone</b>
<u></u>	<u>HSA / DPT Subcontractor</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Hazard Assessment (for purposes of 29 CFR 1910.132) for HASP preparation has been conducted by:

**Prepared by:** James K. Laffey

## 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.

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 with NAS Cecil Field and/or local emergency response personnel to ensure that TtNUS emergency action activities are compatible with existing 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 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 listed in Table 2-1.

### **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 reiterated during daily safety meetings. Whenever possible, the safe place of refuge will also serve as the telephone communications point for that area. During an evacuation, personnel will remain at the refuge location until directed otherwise by the 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.

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). If an exposure to hazardous materials has occurred, provide hazard information from Table 6-1 to medical service personnel.

**TABLE 2-1**  
**EMERGENCY CONTACTS**  
**NAS - CECIL FIELD, JACKSONVILLE, FLORIDA**

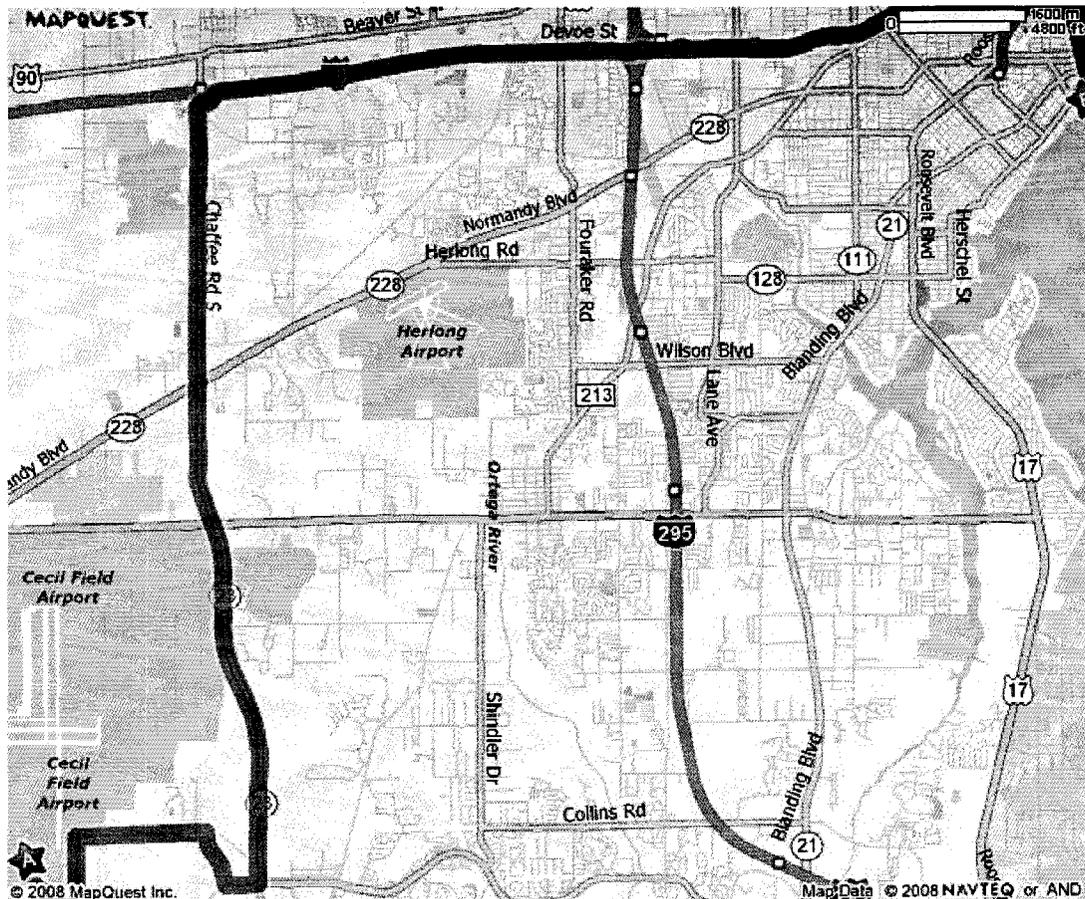
CONTACT	PHONE NUMBER
EMERGENCY (Police, Fire, Ambulance Service)	<b>911</b>
City of Jacksonville Sheriff's Office (non-emergency)	(904) 630-7600
Primary Hospital - St. Vincent Hospital	(904)387-7300
Florida Poison Information Center - Jacksonville	(800) 222-1222
Chemtrec	(800) 424-9300
National Response Center	(800) 424-8802
NAS-Flight Line Area Contact Diane Stone	(904) 573-1604
NAS - Cecil Field (Point-of-Contact) Ralph Hogan	(904) 771-6397
TtNUS, Pittsburgh Office	(412) 921-7090
TtNUS, Cecil Field Site Office	(904) 317-9199
Task Order Manager Robert Simcik PE	(412) 921-8163
Health and Safety Manager Matthew M. Soltis, CIH, CSP	(412) 921-8912
Project Health and Safety Officer James K. Laffey	(412) 921-8678
Public Works (utilities, gas, water, sewage, telephone, fiber optics)	
Jacksonville Airport Authority Portion Roy Crague - Facilities Coordinator	(904) 573-1607 (904) 219-6703 (cell) (904) 779-9745 (fax)
City of Jacksonville Jacksonville Economic Development Commission (JEDC) Ed Randolph	(904) 630-1185

**2.6 EMERGENCY ROUTE TO HOSPITAL**

St. Vincent's Hospital  
 1800 Barrs St  
 Jacksonville, FL 32204  
 (904) 308-7494

1. Take SR 134 (Jacksonville Heights) approximately 8 miles to US 17, **Turn left (North) on U.S. 17**
2. Take US 17 approximately 2.5 miles to SR 128 (San Juan Ave.), **Turn right on San Juan**
3. Go east on San Juan approximately 1/4 mile to Herschell, **Turn left onto Herschell**
4. Herschell will then turn into St. Johns Ave., then St. Johns Ave. which will turn into Riverside. Take Riverside approximately 1 mile to King St., **Turn right on King Street**. The hospital will be on the corner of King Street and Barrs.

**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 NAS Cecil Field. 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 (FOL will serve as the Incident Coordinator) pertinent incident details.

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

Dial 911 and 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). 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**

### **3.1 SITE HISTORY**

NAS Cecil Field is located in western Duval County, Florida, within the limits of the City of Jacksonville. In 1989, NAS Cecil Field was placed on the United States Environmental Protection Agency's (EPA's) Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) National Priorities List (NPL) as a result of pollution resulting from past waste disposal practices that predate CERCLA. In 1990, The United States Department of the Navy entered into a Federal Facilities Agreement (FFA) with EPA to define the overall extent of contamination. NAS Cecil Field has approximately 35 individual sites where hazardous wastes may have been handled, spilled, or buried. As a result, work at the various sites has been organized into nine Operable Units (OUs), as well as more than 100 other areas undergoing evaluation in the BRAC and Underground Storage Tank programs.

### **3.2 CURRENT STATUS**

NAS Cecil Field is closed. While the Jacksonville Port Authority is planning on maintaining the air field (airside), the City of Jacksonville is currently re-developing the landside.

### **3.3 BP WELLS SITE DESCRIPTION**

The BP Wells Site is located on the north-south flightline, southeast of Building 880, on the west edge of the flightline apron. From 1999 to 2000, assessment activities were performed to determine the extent of hydrocarbons in soil and groundwater beneath the BP Wells Site. A due diligence investigation, conducted for the Jacksonville Airport Authority and Air Kaman, indicated the presence of hydrocarbons in groundwater beneath the site.

A 2000 Site Assessment Report (SAR) confirmed the presence of contaminated groundwater and identified the groundwater flow direction to the southeast. A site-wide groundwater sampling event was conducted in November 2006 and indicates that natural attenuation was occurring at the site and the concentration of the contaminants of concern had been decreasing.

## 4.0 SCOPE OF WORK

This section of the HASP addresses the proposed site activities that are to be conducted as part of the monitoring well sampling activities at BP Wells at NAS Cecil Field under CTO 0102.

- Mobilization/demobilization activities
- Monitoring well sampling and related tasks (water level measurements, development and purging, etc.)
- Decontamination of sampling devices
- IDW management

For more detailed description of the planned tasks associated with the BP Wells Site refer to the Work Plan (WP). Any tasks to be conducted outside of the elements listed here will be considered a change in scope requiring modification of this document. All requested modifications to this document will be submitted to the HSM by the TOM or a designated representative.

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 (Attachment III) 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.

## 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

Analytical data from previous site investigations have indicated the presence of some VOCs and SVOCs left over from a leaking diesel fuel underground storage tank. Very low quantities of cumene, ethyl benzene, naphthalene, trimethylbenzene, and xylenes remain in the groundwater. Based on the previous site evaluations and data, it is very unlikely that the COCs will approach airborne concentrations reaching current occupational exposure limits (OEL). Table 6-1 below also shows these COCs and a comparison of potential worst case air concentrations with current OELs

**TABLE 6-1  
COMPARISON OF WORST-CASE AIR CONCENTRATIONS  
WITH CURRENT OCCUPATIONAL EXPOSURE LIMITS**

Contaminant of Concern	Highest Concentration Previously Detected	Worst-Case Air Concentration That Could Be Encountered	Current OSHA PEL And ACGIH TLV
benzene	0.56 µg/L in water	0.04 ppm	OSHA: 1.0 ppm TWA <sub>8</sub> ACGIH: 0.5 ppm TWA <sub>8</sub>
ethyl benzene	184 µg/L in water	13.66 ppm	OSHA: 100 ppm TWA <sub>8</sub> ACGIH: 100ppm TWA <sub>8</sub> 125 ppm STEL
naphthalene	3.9 µg/L in water	0.01 ppm	OSHA: 10 ppm TWA <sub>8</sub> ACGIH: 10ppm TWA <sub>8</sub>
trimethylbenzene	460 µg/L in water	23.57 ppm	OSHA: 25 ppm TWA <sub>8</sub>
xylenes	1040 µg/L in water	65.43 ppm	OSHA: 100 ppm TWA <sub>8</sub> ACGIH: 100 ppm TWA <sub>8</sub> 150 ppm STEL

**Table Notes:**

TWA<sub>8</sub>: Average air concentration over an 8-hour work period that is not to be exceeded

OSHA Ceiling: Concentration in air that is not to be exceed

ACGIH STEL: Concentration in air that is not be exceeded for more than 15 minutes more than 4 times per day.

Short-term exposure to VOCs/SVOCs can cause irritation of the nose and throat and central nervous system (CNS) depression, with symptoms such as drowsiness, dizziness, giddiness, headache, loss of coordination. High concentrations have caused numbness and facial pain, reduced eyesight,

unconsciousness, irregular heartbeat and death. Very high concentrations have produced death due to CNS effects, and, in rare cases, irregular heart beat. Permanent nervous system damage and/or liver injury have resulted from severe overexposure.

### **6.1.1 Inhalation**

As indicated in the table above, from a worst-case scenario, COC concentrations immediately above a captured air phase above contaminated groundwater (such as in the head space of a monitoring well) could potentially reach concentrations that exceed the OELs. However, 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 VOCs through dilution and dispersion,
- the groundwater value used in this evaluation was the highest concentration detected during the most recent groundwater monitoring events.

As a result of these factors, it is very unlikely that workers participating in this activity will encounter any airborne concentrations of 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 the intrusive tasks of groundwater sampling and IDW management activities, as these tasks are the most likely to involve encountering/releasing any VOCs into the air phase.

### **6.1.2 Ingestion and Skin Contact**

Potential exposure concerns to the COCs may also occur through ingestion, or coming into direct skin contact with contaminated groundwater. The likelihood of worker exposure concerns through these two routes are also 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 onsite practices that are to be observed that will protect workers from exposure via 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 groundwater and any potential free product, sampling equipment, and sample containers.

## 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.

- Slip, trips, and falls
- Strain/muscle pulls from heavy lifting
- 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 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.

### 6.2.2 Strain/Muscle Pulls from Heavy Lifting

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

### 6.2.3 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.

#### **6.2.4 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.

#### **6.2.5 Vehicular and Equipment Traffic**

If working in or near streets or roadways, hazards associated with vehicular and equipment traffic are likely to exist during various site activities and whenever site personnel performed work on or near roadways. Site personnel will be instructed to maintain awareness of traffic and moving equipment when performing site activities. When working near roadways, site personnel will wear high visibility vests.

### **6.3 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. Given the geographic location and the environment (marshes and lakes), alligators are also assumed to be present at the NAS Cecil Field facility. 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. Based on the planned location for the work covered by this HASP, encountering alligators is not a likely probability.

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.

### **6.3.1 Inclement Weather**

Project tasks under this Scope of Work will be performed outdoors. As a result, inclement weather may be encountered. In the event that adverse weather (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 COCs have little to no potential to be present in concentrations that could cause an inhalation hazard during planned site activities. However, because a direct reading instrument will be used to document head space gases, the breathing zone will also be monitored as a precaution against any possible unknown chemical hazards that may be present at the site. Either a Photoionization Detector (PID) using lamp energy of 10.6 eV or a Flame Ionization Detector (FID) may be used.

### 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., monitoring wells) 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 order all personnel to stop work and retreat 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 either a PID or an FID will be acceptable, provided that the following action levels are observed:

- PID Action Level: 7 ppm above BG in BZ areas for one exposure of no more than 3 minutes in any one work day.
- FID Action Level: 11 ppm above BG in BZ areas for one exposure of no more than 3 minutes in any one work day.

## 7.2 INSTRUMENT MAINTENANCE AND CALIBRATION

Hazard monitoring instruments will be maintained and pre-field calibrated by the equipment provider (i.e., rental agency used). Operational checks and field calibration will be performed on site instruments each day prior to their use. Field calibration will be performed on instruments according to manufacturer's recommendations. 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 (which the SSO must assure are included with the instrument upon its receipt onsite). Field calibration efforts must be documented. Figure 7-1 is provided for documenting these calibration efforts. 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

## 7.3 DOCUMENTING INSTRUMENT READINGS

The SHSO is responsible for ensuring that air monitoring instruments are used in accordance with the specifications of this HASP and with manufacturer's specifications/recommendations. In addition, the SHSO is also responsible for ensuring that all instrument use is documented. This requirement can be satisfied either by recording instrument readings on pre-printed sampling log sheets or in a field log book. **This includes the requirement for documenting instrument readings that indicate no elevated readings above noted daily background levels (i.e., no-exposure readings).** At a minimum, the SHSO must document the following information for each use of an air monitoring device:

- Date, time, and duration of the reading
- Site location where the reading was obtained
- Instrument used (e.g., PID, FID, etc.)
- Personnel present at the area where the reading was noted
- Other conditions that are considered relevant to the SHSO (such as weather conditions, possible instrument interferences, etc.)



## **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 NAS Cecil Field. 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 wells will have the potential for contaminants brought to the surface. These areas will be marked and personnel will maintain safe distances. Once well sampling has been completed, the potential for exposure is again diminished and the area can then be reclassified as part of the contamination reduction zone. The exclusion zones for this project are those areas of the site where the well sample collection is being performed plus a designated area of at least 10 feet surrounding the work area.

### **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 are attached to 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, FDEP, 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 enforced by TtNUS field personnel. TtNUS will retain 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 the NAS Cecil Field, the FOL will determine and arrange for telephone communications.

**FIGURE 9-1  
EXAMPLE 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** **Respiratory equipment required**  
 Level D  Level B  Yes  Specify on the reverse  
 Level C  Level A  No   
 Modifications/Exceptions: \_\_\_\_\_

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

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

**(Note to FOL and/or 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

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

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

To establish 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 17-E or 17-H)
- 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 TiNUS Field Operations Leader (FOL) shall ensure the following materials/documents are taken to the project site and used when required.

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

### 12.1 MATERIALS TO BE POSTED AT THE SITE

The following documentation is to be posted or maintained at the site for quick reference purposes. This should be in site office or in site vehicles when necessary.

- **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 – Attachment IV)** - 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.

### 13.0 ACRONYMS / ABBREVIATIONS

CFR	Code of Federal Regulations
CIH	Certified Industrial Hygienist
CLEAN	Comprehensive Long-Term Environmental Action Navy
CSP	Certified Safety Professional
DRI	Direct Reading Instrument
FDEP	Florida Department of Environmental Protection
FOL	Field Operations Leader
HASP	Health and Safety Plan
HAZWOPER	Hazardous Waste Operations and Emergency Response
HSM	Health and Safety Manager
IDW	Investigation Derived Waste
NRL	Naval Research Laboratory
N/A	Not Available
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration (U.S. Department of Labor)
PHSO	Project Health and Safety Officer
PPE	Personal Protective Equipment
SSO	Site Safety Officer
SVOCs	Semi Volatile Organic Compounds
TBD	To be determined
TOM	Task Order Manager
TtNUS	Tetra Tech NUS, Inc.
VOCs	Volatile Organic Compounds

**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 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 the can accompany an injured party to the hospital.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



TETRA TECH, INC.

Safety Excellence

Tetra Tech.
INCIDENT REPORT

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)

Complete IR Form Only

Injury or Illness

Complete Form IR-A; Injury or Illness

Property or Equipment Damage, Fire, Spill or Release

Complete Form IR-B; Damage, Fire, Spill or Release

Motor Vehicle

Complete Form IR-C; Motor Vehicle

INFORMATION ABOUT THE INCIDENT

Description of Incident

Date of Incident

Time of Incident

AM PM OR Cannot be determined

Weather conditions at the time of the incident

Was there adequate lighting?

Yes No

Location of Incident

Was location of incident within the employer's work environment? Yes No

Street Address

City, State, Zip Code and Country

Project Name

Client:

Tt Supervisor or Project Manager

Was supervisor on the scene?

Yes No

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:

Blank lines for corrective actions taken immediately.

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

Blank lines for corrective actions still to be taken.

ROOT CAUSE ANALYSIS LEVEL REQUIRED

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

Root Cause Analysis Level Definitions

Level - 1

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.

The following events may trigger a Level 1 RCA:

- 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

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.

The following events will require a Level 2 RCA:

- 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

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

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

**INSTRUCTIONS:**

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

Incident Report Number: (From the IR Form)

**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"

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

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

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## MEDICAL CARE PROVIDED

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

---

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

<b>Name of physician or health care professional</b>	<b>Facility Name</b>
<b>Street Address, City State and Zip Code</b>	<b>Type of Care?</b>
	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"/>
<b>Telephone Number</b>	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?

Yes  No

Did ambulance respond to the accident?

Yes  No

Name and location of responding police department

Ambulance company name and location

Officer's name/badge #

Did police complete an incident report? Yes  No  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	

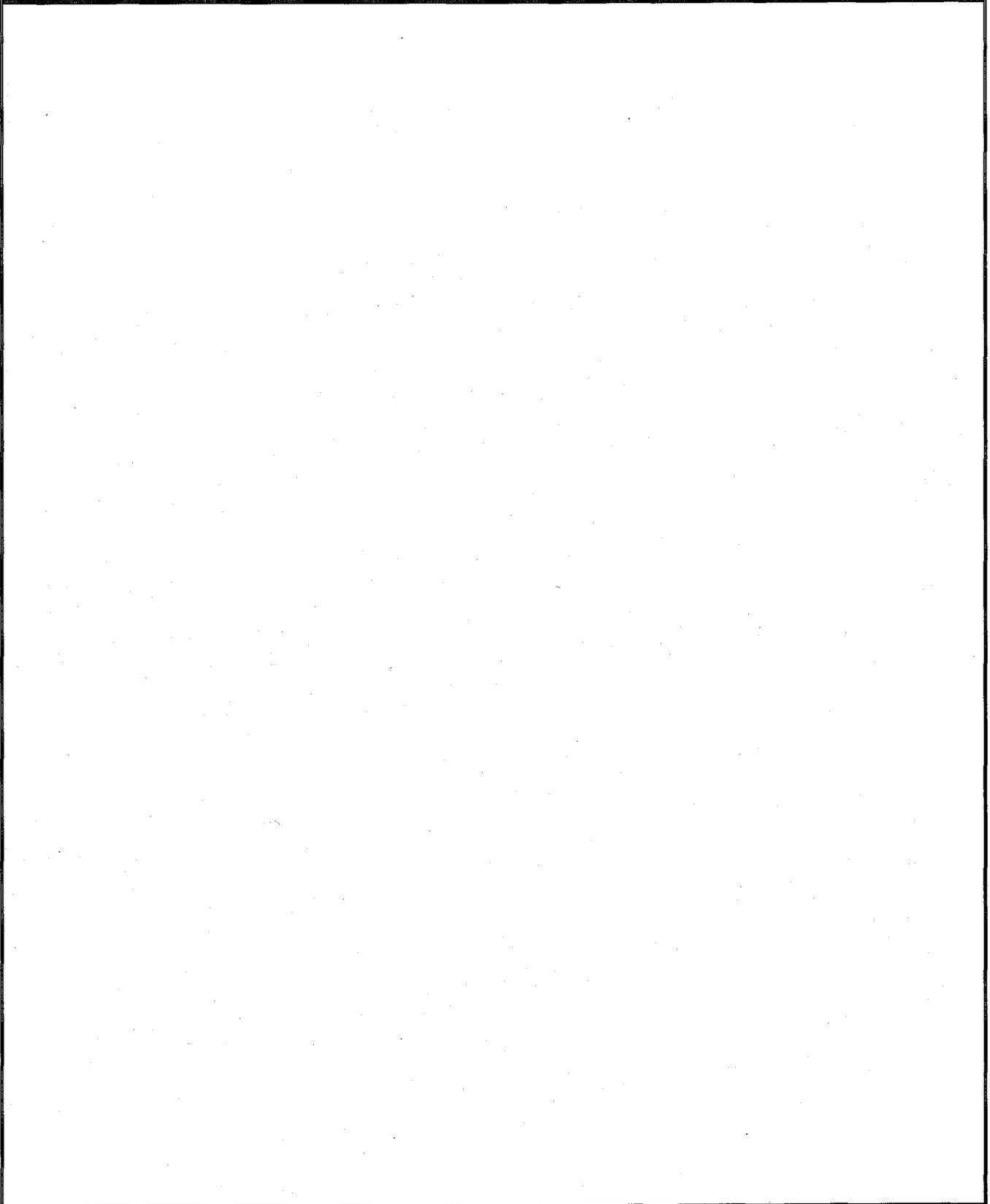
### INJURIES TO NON-TETRATECH EMPLOYEES

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**



**ATTACHMENT III**  
**SAFE WORK PERMITS**

**SAFE WORK PERMIT**  
**MOBILIZATION AND DEMOBILIZATION ACTIVITIES**  
**NAS CECIL FIELD, JACKSONVILLE, FLORIDA**

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

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

**II. Primary Hazards:** Lifting; 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 TINUS  
**Equipment inspection required**  Yes  No Initials of Inspector TINUS

**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, or coveralls, safety glasses and safety footwear. Hard hats and hearing protection will be worn when working near operating equipment.

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

**Primary Route(s) of Exposure/Hazard:** NA

**(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 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 checked="" 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. Hard hat when overhead hazards exist. Safety glasses when near eye hazards. Hearing protection when in high noise 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 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/cold stress. Use sun block (SPF > 15) to prevent sunburn if necessary.

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

**SAFE WORK PERMIT  
SAMPLING ACTIVITIES  
NAS CECIL FIELD, JACKSONVILLE, FLORIDA**

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

**I. Work limited to the following (description, area, equipment used):** Sampling activities, including monitoring well sampling, water level measurement, purging

**II. Primary Hazards:** Lifting; slips, trips and falls; vehicular and foot traffic; insect/animal bites and stings; poisonous plants; inclement weather. Chemical contamination.

**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, or coveralls, safety, glasses and safety footwear. Hard hats and hearing protection will be worn when working near operating equipment.

**VI. Chemicals of Concern**

VOCs and SVOCs  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hazard Monitoring /Action Level(s)**

PID with, 10.6eV lamp, reading of 7 ppm above BG in BZ for no more than 3 minutes in any work day. Or FID with 11 ppm above BG

**Response Measures**

Suspend site activities and report to an unaffected area.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Route(s) of Exposure/Hazard:** inhalation, dermal, ingestion

**(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.....  Yes  No  
 Safety Glasses .....  Yes  No  
 Chemical/splash goggles.....  Yes  No  
 Splash Shield.....  Yes  No  
 Splash suits/coveralls .....  Yes  No  
 Impermeable apron.....  Yes  No  
 Steel toe work shoes/boots.....  Yes  No  
 High visibility vest .....  Yes  No  
 First Aid Kit .....  Yes  No  
 Safety Shower/Eyewash.....  Yes  No

Hearing Protection (Plugs/Muffs).....  Yes  No  
 Safety belt/harness.....  Yes  No  
 Radio/Cellular Phone.....  Yes  No  
 Barricades .....  Yes  No  
 Gloves (Type - surgeons' style) .....  Yes  No  
 Work/rest regimen .....  Yes  No  
 Chemical Resistant Boot Covers .....  Yes  No  
 Tape up/use insect repellent .....  Yes  No  
 Fire Extinguisher.....  Yes  No  
 Other.....  Yes  No

Modifications/Exceptions: Minimum requirement include sleeved shirt and long pants, safety footwear, and nitrile gloves 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. Hard hat when overhead hazards exist. Safety glasses when near eye hazards. Hearing protection when in high noise areas.

**VIII. Site Preparation**

	Yes	No	NA
Utility Locating and Excavation Clearance completed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle and Foot Traffic Routes Established/Traffic Control Barricades/Signs in Place ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Hazards Identified and Isolated (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/cold stress. Use sun block (SPF > 15) to prevent sunburn if necessary.

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

**SAFE WORK PERMIT  
IDW MANAGEMENT  
NAS CECIL FIELD, JACKSONVILLE, FLORIDA**

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 and chemical contamination.
- 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

- |  |   |   |
|--|---|---|
| <p>VI. <b>Chemicals of Concern</b><br/> <u>VOCs and SVOCs</u><br/>         _____<br/>         _____<br/>         _____</p> | <p><b>Hazard Monitoring /Action Level(s)</b><br/> <u>PID with, 10.6eV lamp, reading</u><br/> <u>of 7 ppm above BG in BZ for no</u><br/> <u>more than 3 minutes in any work</u><br/> <u>day. Or FID with 11 ppm above BG</u></p> | <p><b>Response Measures</b><br/> <u>Suspend site activities and</u><br/> <u>report to an unaffected area.</u><br/>         _____<br/>         _____</p> |
|--|---|---|

**Primary Route of Exposure/Hazard:** inhalation, dermal, 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**

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

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

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

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

- X. **Special instructions, precautions:** Suspend site activities in the event of inclement weather. Employ proper lifting techniques. 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: \_\_\_\_\_

**SAFE WORK PERMIT**  
**DECONTAMINATION ACTIVITIES**  
**NAS CECIL FIELD, JACKSONVILLE, FLORIDA**

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

- I. **Work limited to the following (description, area, equipment used):** 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:** Chemical exposure, transfer of contamination, inclement weather, noise.

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. 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. PID with 10.6eV 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.

- |                                 |                              |                        |                            |
|---------------------------------|------------------------------|------------------------|----------------------------|
| VI. <b>Chemicals of Concern</b> | Hazard Monitoring            | Action Level(s)        | Response Measures          |
| <u>Decontamination Fluids</u>   | <u>PID with 10.6 eV lamp</u> | <u>above BG levels</u> | <u>Re-wash and re-scan</u> |

**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.

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: \_\_\_\_\_

**ATTACHMENT IV**  
**OSHA POSTER**

# Job Safety and Health It's the law!

## 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.

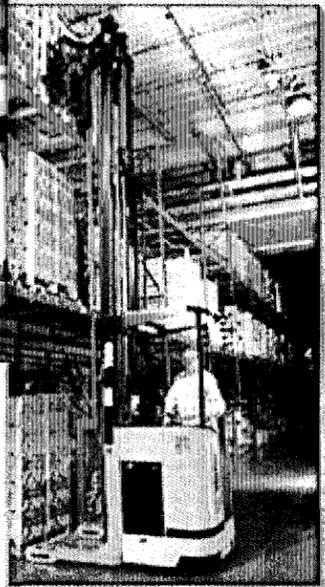
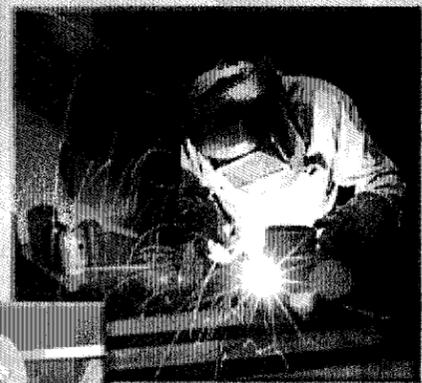
## EMPLOYERS:

- 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*

# OSHA

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



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

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

OSHA 3105-12-06R