



engineering and constructing a better tomorrow

April 13, 2016

Mr. Ian Beilby  
Division of Environmental Remediation  
New York State Department of Environmental Conservation  
625 Broadway  
Albany, New York 12233

Subject: **Field Activities Plan: Waste Management Area Supplemental Data Gap Investigation**  
**AL Tech Specialty Steel (NYSDEC Site 401003)**  
**MACTEC Engineering and Consulting, P.C., Project No. 3612112222**

Dear Mr. Beilby:

MACTEC Engineering and Consulting, P.C., (MACTEC), is providing this Field Activities Plan (FAP) for the activities associated with an investigation planned at the Waste Management Area (WMA) portion of the AL Tech Specialty Steel Watervliet Facility (Site) (Figure 1) (Site No. 401003) in Colonie, New York. This supplemental investigation includes evaluation of polychlorinated biphenyls (PCBs) and metals in soils to address data gaps identified based on previous investigations at the WMA and as a result of a recent investigation at the Former Bearoff property located adjacent to the WMA (MACTEC, 2014; MACTEC, 2015).

MACTEC will perform this work under Work Assignment No. D007619-11 and the April 2011 Superfund Standby Contract D007619 between MACTEC and the New York State (NYS) Department of Environmental Conservation (NYSDEC).

## SCOPE OF WORK

This FAP provides the scope of work for investigating the presence of PCBs and metals in soil at the WMA (outside of the landfill cap), characterize the extent of contamination previously detected and evaluate the potential for contaminants to migrate to native soil. The purpose of this investigation is to provide the NYSDEC with a basis to determine whether additional remedial actions need to be considered.

The following areas and data objectives are the focus of this supplemental investigation:

Uncapped portion of the Site northwest of the leachate building. Soil samples will be collected at three planned direct-push locations to profile levels of metals in subsurface soils and characterize the depth to and nature of underlying native material.

Unnamed tributary drainage ditch north of the leachate building. Soils on either side of a drainage ditch will be profiled via a direct push boring to assess the extent of PCBs and metals and to characterize the depth to and nature of underlying native material.

Debris piles north of the leachate building. Samples will be collected using hand methods to evaluate the presence of PCBs and determine the levels of metals in debris piles that are adjacent to the unnamed tributary and north of the leachate building.

East of leachate building. Four direct-push borings will be completed to characterize soils the east of the Leachate Building. Samples will be collected to evaluate the extent of PCBs in surface soil, profile the levels of metals in surface and subsurface soil and assess the depth to and nature of underlying native material.

Northern drainage ditch. Surface soils will be collected from two locations to evaluate the presence of PCBs to the northeast of existing sample location SS-020.

The Former Bearoff building area. Surface soil samples will be collected from four locations around the footprint of the Former Bearoff Building to evaluate the presence of PCBs.

South landfill access road. Soil samples will be collected from six planned direct-push locations and three surface soil locations to evaluate the presence of surface and subsurface soil PCB and metals contamination in the south landfill access area and to characterize the depth to and nature of underlying native material.

Proposed sample locations are shown on Figure 2. The field program, including planned sampling methods, objectives, rationale, depths, location identification and analytical program is summarized in Table 1.

## **Soil Sampling**

Soil samples will be collected using direct push drilling methods and hand tools (e.g. hand auger or shovel). Sampling locations were selected in areas of the WMA where data gaps have been identified, to achieve a better understanding of the horizontal and vertical extent of contamination and to evaluate if contaminants are migrating from the waste materials to the underlying native soil. Table 1 provides a summary of proposed samples by area of concern, including evaluation objectives and sample rationale.

Soil samples will be collected to target the following intervals:

- Surface soil samples will be collected from 0 to 0.2 ft below ground surface (bgs) using hand tools
- Shallow Subsurface soil samples will be collected from 0.2 ft bgs to 1 ft bgs using direct push methods
- Subsurface soil samples (i.e., greater than 2 ft bgs) will be collected using direct push methods
- Native layer using direct push methods
- Waste material (debris piles) will be collected using hand tools to obtain composited samples from 0 to 2 ft bgs

Soil samples will be analyzed for PCBs and/or Target Analyte List metals plus molybdenum and hexavalent chromium as shown on Table 1.

Proposed sample locations are presented on Figure 2. Actual locations of direct push borings will be determined in the field based on the ability of the direct push rig to safely access drilling locations. If proposed areas are inaccessible to the direct push rig at the time of the field investigation, an attempt will be made to collect the samples with hand methods, to the extent practical (i.e. hand auger or hand probe).

## **Elevation Survey**

A licensed land surveyor will provide horizontal locations and elevations of the soil samples. Horizontal locations will be tied to the NYS Plane Coordinate System using North American Datum of 1983 and will be measured to an accuracy of 0.1 foot. Vertical elevations of borings will

be tied to mean sea level, using North American Vertical Datum of 1988, and measured to an accuracy of 0.01 foot.

### **Field Operations**

Companion documents to this FAP that will govern the execution of the field exploration activities include MACTEC's Program Health and Safety Plan (HASP) (MACTEC, 2011b) and Quality Assurance Program Plan (MACTEC, 2011a). In addition to these program documents, the Site-specific HASP (Attachment 1) provides details related to health and safety for on-site activities. Field activity records (FDRs) will be completed for each sample location. Example FDRs are included in Attachment 2.

### **Reporting**

MACTEC will present the findings of the Data Gap Investigation in a letter report to the NYSDEC. The letter report will describe the work performed, provide supporting field documents, figures presenting surveyed sample locations, and present final tabulated data results compared to Standards, Criteria and Guidance values (Commercial and Industrial Soil Cleanup Objectives for the WMA soils (NYS, 2006)). An EQUIS electronic data deliverable will be provided. MACTEC will summarize the findings and provide recommendations for future activities, if any, based on the findings.

### **Field Schedule**

Upon approval of the Scope of Work described in this FAP, subcontractors will be procured and field personnel will mobilize to accomplish the field work. MACTEC anticipates that field work will commence within 30 days of approval (currently scheduled for April 11 through 13, 2016).

MACTEC understands that existing funds within Work Assignment No. D007619-11 will be used to accomplish the work.

If you have any questions or concerns, please contact us at 207-775-5401.

Sincerely,

**MACTEC Engineering and Consulting, P.C.**



Jean Firth  
Site Manager



Eric Sandin  
Technical Reviewer

Enclosures (2)

Attachment 1: Site-specific Health and Safety Plan

Attachment 2: Field Data Records

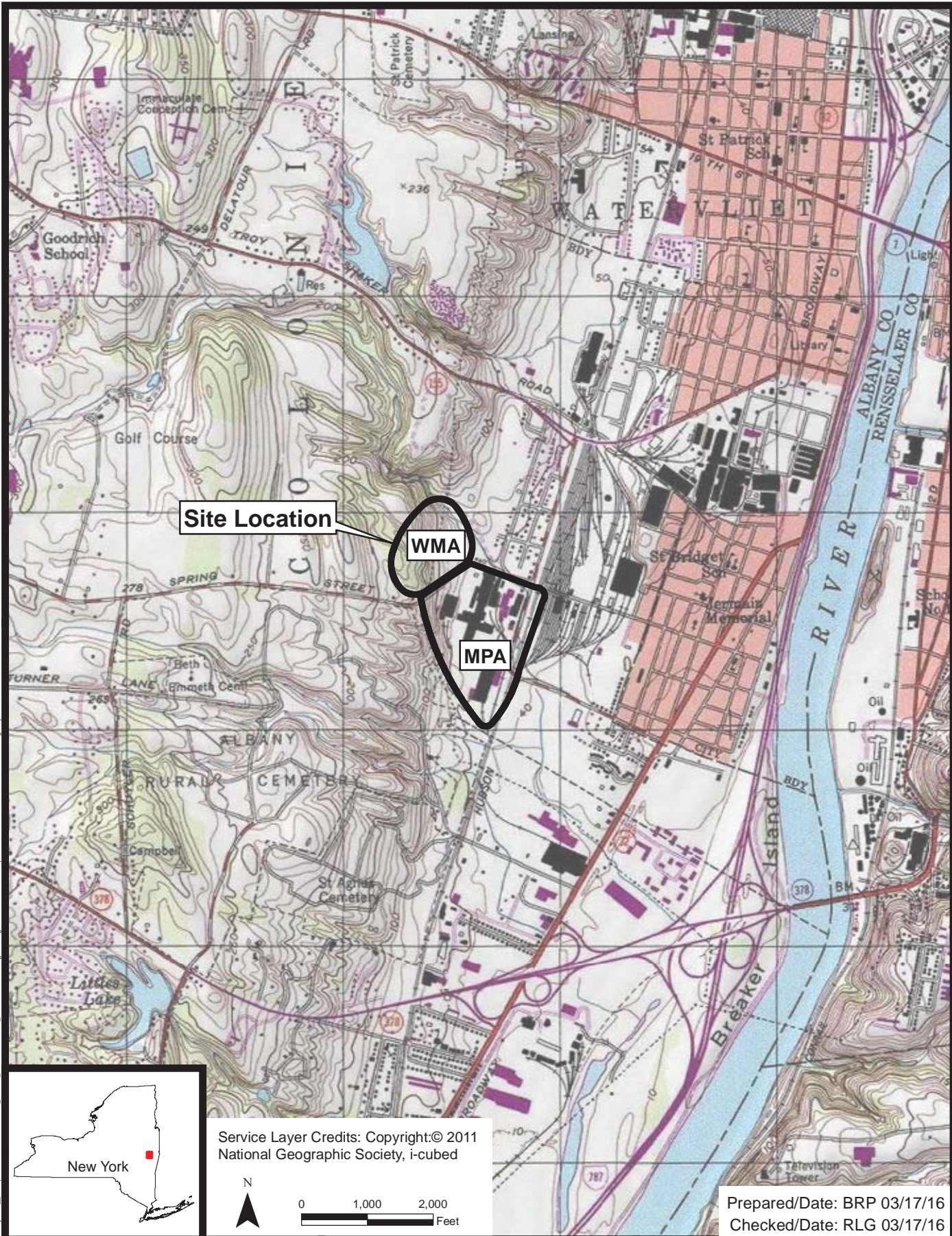
cc: File

## REFERENCES

- MACTEC Engineering and Consulting, P.C. (MACTEC), 2014. Waste Management Area PCB/Data Gap Analysis Report and Leachate Transmission Line Evaluation. AL Tech Specialty Steel WMA, Site 401003. Prepared for the New York State Department of Conservation, Albany, NY. May 21, 2014.
- MACTEC, 2015. Final Site Characterization Report Former Bearoff Metallurgical. July 2015.
- MACTEC, 2011a. Program Quality Assurance Program Plan. Prepared for the New York State Department of Environmental Conservation, Albany, New York. June 2011.
- MACTEC, 2011b. *Program Health and Safety Plan*. Prepared for New York State Department of Environmental Conservation, Albany, New York. June 2011.
- New York State, 2006. *New York Codes, Rules, and Regulations, Title 6, Part 375- Environmental Remediation Programs*. December 14, 2006.

## LIST OF ACRONYMS

bgs	below ground surface
FAP	Field Activities Plan
FDR	Field Data Record
HASP	Health and Safety Plan
MACTEC	MACTEC Engineering & Consulting, P.C.
NYS	New York State
NYSDEC	New York State Department of Environmental Conservation
PCBs	polychlorinated biphenyls
Site	Al Tech Specialty Steel, Watervliet Facility
WMA	Waste Management Area



Site Location

WMA

MPA



Service Layer Credits: Copyright:© 2011 National Geographic Society, i-cubed



0 1,000 2,000 Feet

Prepared/Date: BRP 03/17/16  
Checked/Date: RLG 03/17/16

NYSDEC  
AL Tech Specialty Steel WMA  
Colonie, New York



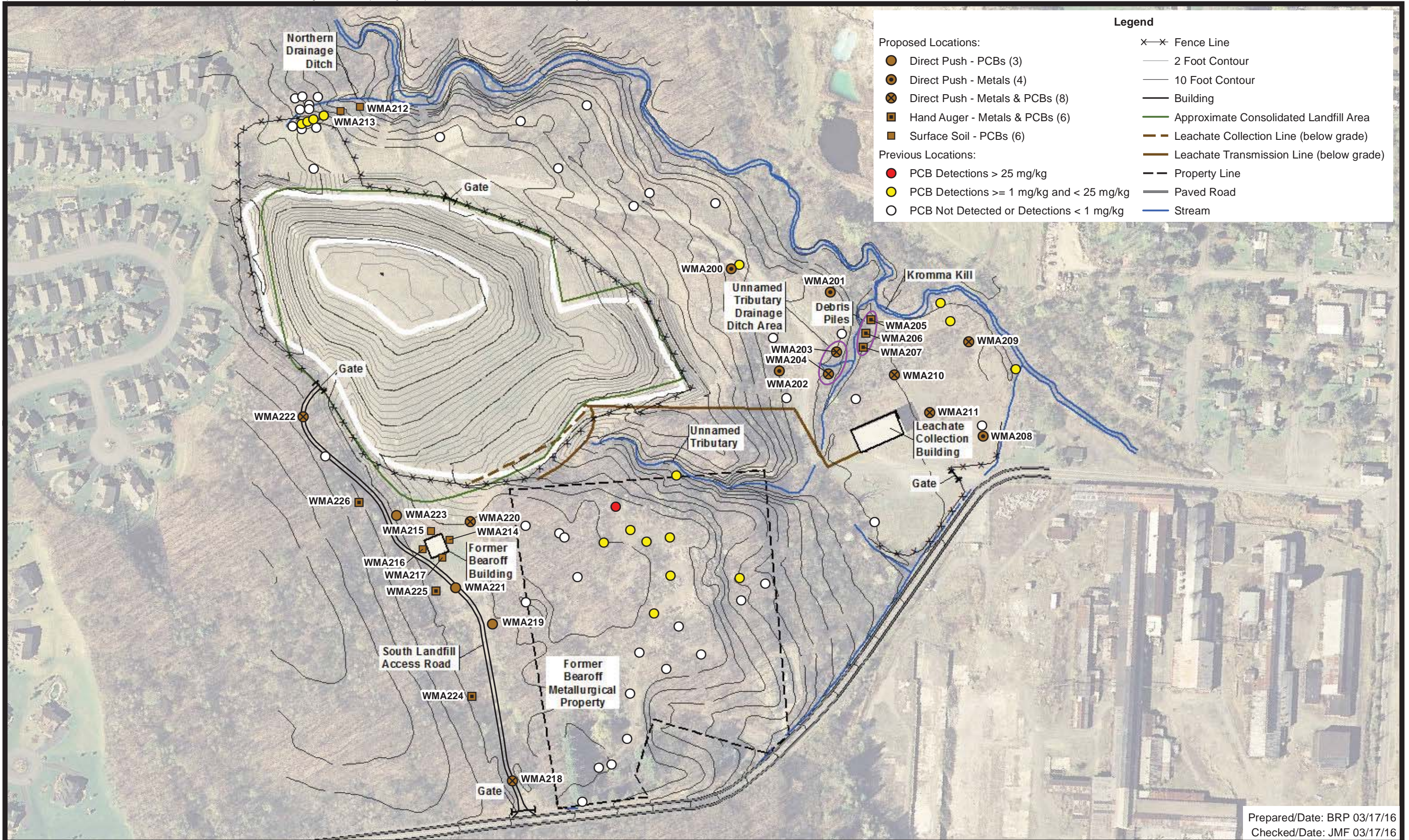
Site Location Map

Project 3612112222

Figure 1

Document: P:\Projects\AL Tech\Contract\007919\Projects - Completed\WMA\Tech - RI\_FS4.0\_RLFS4.0\_RLFS4.0\_RLFS4.0\_Databases\GIS\Map Documents\AL\_Tech\_Site\_Location\_Map.mxd PDF: P:\Projects\AL Tech\Contract\007919\Projects - Completed\WMA\Tech - RI\_FS4.0\_RLFS4.0\_RLFS4.0\_RLFS4.0\_Databases\GIS\Map Documents\AL\_Tech\_Site\_Location.pdf 3/17/2016 10:19 AM rebecca.gabryszewski





Prepared/Date: BRP 03/17/16  
 Checked/Date: JMF 03/17/16



Albany County color digital orthoimagery (2007) obtained from New York State GIS Clearinghouse at: <http://www.nysgis.state.ny.us>

NYSDEC  
 AL Tech Specialty Steel WMA  
 Colonie, New York



WMA Supplemental Data Gap Investigation  
 Proposed Sampling Locations  
 Project 3612112222  
 Figure 2

**Table 1: Proposed Sample Methodology, Rationale, Identification, and Analytical Schedule**

								Analysis	PCB	TAL metals + Mo	Cr+6
								Media	soil	soil	soil
								Method	8082	6010/7470	7199
								Container	4 oz	4 oz	4 oz
								Preservative	4° C	none	4° C
								Reporting Limit Objective	1 mg/kg	various	22 ppm
								CP-51	Ind	Ind	Ind
Area Of Concern	Evaluation Objectives	Methodology	Sample Rationale	Media	Loc I.D.	Sample I.D.	Type	Depth Interval	# of Samples		
Uncapped portion of the Site northwest of the leachate building	<b>Soil samples:</b> <b>To evaluate:</b> 1) Extent of metals contamination in the subsurface in the area 2) Depth and type of underlying native material	<b>Direct push soil sampling:</b> Conduct up to 3 direct push borings to a depth of 12 ft bgs near DP-107 to collect soil samples for metals analysis from up to 3 depths: surface soil, shallow subsurface soil, and 2 subsurface soil samples. Soils will be logged using USCS.	To identify the horizontal and vertical extent of metals contamination in waste of the uncapped portion of the site.	Soil	WMA200	401003WMA20000	SS	0-0.2'		1	1
						401003WMA200__	DP	0.2-1'/waste		1	1
						401003WMA200__	DP	native		1	1
					WMA201	401003WMA20100	SS	0-0.2'		1	1
						401003WMA201__	DP	0.2-1'/waste		1	1
						401003WMA201__	DP	native		1	1
					WMA202	401003WMA20200	SS	0-0.2'		1	1
						401003WMA202__	DP	0.2-1'/waste		1	1
						401003WMA202__	DP	native		1	1
Unnamed tributary drainage ditch north of the leachate building	<b>Soil samples:</b> <b>To evaluate:</b> 1) Extent of PCB and metals contamination in soils adjacent to the drainage ditch of the unnamed tributary 2) Depth and type of underlying native material	<b>Direct push soil sampling:</b> Conduct up to 3 direct push borings to a depth of up to 8 ft bgs within the drainage ditch of the unnamed tributary to the north of the leachate building. Soils will be logged utilizing USCS.	To evaluate the extent of PCB and metals contamination in soils adjacent to the drainage ditch of the unnamed tributary to the north of the leachate building.	Soil	WMA203	401003WMA20300	SS	0-0.2'	1	1	1
						401003WMA203__	DP	0.2-1'/waste	1	1	1
						401003WMA203__	DP	native	1	1	1
					WMA204	401003WMA20400	SS	0-0.2'	1	1	1
						401003WMA204__	DP	0.2-1'/waste	1	1	1
						401003WMA204__	DP	native	1	1	1
Debris piles north of the leachate building	<b>Soil samples:</b> <b>To evaluate:</b> 1) Presence of metals and PCB contamination in debris piles	<b>Soil sampling:</b> Utilizing hand tools, collect 3 samples from 3 locations to a depth of up to 2 ft bgs.	To evaluate metals and PCB contamination in debris piles to the north of the leachate building.	Soil	WMA205	401003WMA205__	HA	0-2'	1	1	1
					WMA206	401003WMA206__	HA	0-2'	1	1	1
					WMA207	401003WMA207__	HA	0-2'	1	1	1
East of leachate building	<b>Soil samples:</b> <b>To evaluate:</b> 1) Extent of PCB and metals contamination in the subsurface in the area 2) Depth and type of underlying native material	<b>Direct push soil sampling:</b> Conduct up to 4 direct push borings to a depth of up to 8 ft bgs located east of the leachate building to collect soil samples for metals analysis from up to 3 depths: surface soil, shallow subsurface soil, and 1 subsurface soil samples. Soils will be logged using USCS.	To identify the horizontal and vertical extent of metals contamination east of the leachate building.	Soil	WMA208	401003WMA20800	SS	0-0.2'		1	1
						401003WMA208__	DP	0.2-1'/waste		1	1
						401003WMA208__	DP	native		1	1
					WMA209	401003WMA20900	SS	0-0.2'	1	1	1
						401003WMA20900XD	SS	0-0.2'	1	1	1
						401003WMA20900MS	SS	0-0.2'	1	1	1
						401003WMA20900MD	SS	0-0.2'	1	1	1
						401003WMA209__	DP	0.2-1'/waste		1	1
					WMA210	401003WMA209__	DP	native		1	1
						401003WMA21000	SS	0-0.2'	1	1	1
						401003WMA210__	DP	0.2-1'/waste		1	1
					WMA211	401003WMA210__	DP	native		1	1
401003WMA21100	SS	0-0.2'	1	1		1					
401003WMA211__	DP	0.2-1'/waste		1		1					
401003WMA211__	DP	native		1		1					

**Table 1: Proposed Sample Methodology, Rationale, Identification, and Analytical Schedule**

								Analysis	PCB	TAL metals + Mo	Cr+6
								Media	soil	soil	soil
								Method	8082	6010/7470	7199
								Container	4 oz	4 oz	4 oz
								Preservative	4° C	none	4° C
								Reporting Limit Objective	1 mg/kg CP-51	various Ind	22 ppm Ind
Area Of Concern	Evaluation Objectives	Methodology	Sample Rationale	Media	Loc I.D.	Sample I.D.	Type	Depth Interval	# of Samples		
Northern drainage ditch	<b>Soil samples:</b> <b>To evaluate:</b> 1) Presence of PCBs to the northeast of sample location SS-020	<b>Surface soil sampling :</b> Utilizing hand tools, collect up to 2 surface samples (0-0.2 ft bgs) to the northeast of SS-020 in the drainage ditch leading to the Kromma Kill.	To evaluate the extent of PCB contamination in surface soil to the northeast of SS-020.	Soil	WMA212	401003WMA21200	SS	0-0.2'	1		
					WMA213	401003WMA21300	SS	0-0.2'	1		
Former Bearoff building	<b>Soil samples:</b> <b>To evaluate:</b> 1) Presence of PCBs in surface soil around the Former Bearoff Building	<b>Soil sampling:</b> Utilizing hand tools, collect up to 4 surface soil samples (0-1 ft bgs) from around the "Former Bearoff Building" concrete pad.	To identify if PCBs are present in surface soils on each side of the Former Bearoff Building concrete pad.	Soil	WMA214	401003WMA214__	HA	0-1'	1		
					WMA215	401003WMA215__	HA	0-1'	1		
					WMA216	401003WMA216__	HA	0-1'	1		
					WMA217	401003WMA217__	HA	0-1'	1		
South landfill access road	<b>Soil samples:</b> <b>To evaluate:</b> 1) The presence of PCBs and metals in surface and subsurface 2) Depth and type of underlying native material	<b>Direct push soil sampling:</b> Conduct up to 6 direct push borings to a depth of up to 12 ft bgs within and along the south access road area from up to 4 depths. Soils will be logged using USCS.	To evaluate the extent of waste contamination in subsurface soils along the access road leading to the southern entrance of the landfill.	Soil	WMA218	401003WMA21800	SS	0-0.2'	1	1	1
						401003WMA218__	DP	0.2-1'	1	1	1
						401003WMA218_waste	DP	waste	1	1	1
						401003WMA218_native	DP	native	1	1	1
					WMA219	401003WMA21900	SS	0-0.2'	1		
						401003WMA219__	DP	0.2-1'	1		
						401003WMA219_waste	DP	waste	1		
					WMA220	401003WMA22000	SS	0-0.2'	1	1	1
						401003WMA220__	DP	0.2-1'	1	1	1
						401003WMA220_native	DP	native	1	1	1
					WMA221	401003WMA22100	SS	0-0.2'	1		
						401003WMA221__	DP	0.2-1'	1		
		401003WMA221_waste	DP	waste		1					
		WMA222	401003WMA22200	SS	0-0.2'	1	1	1			
			401003WMA222__	DP	0.2-1'	1	1	1			
			401003WMA222_waste	DP	waste	1	1	1			
		WMA223	401003WMA22300	SS	0-0.2'	1					
			401003WMA223__	DP	0.2-1'	1					
			401003WMA223_native	DP	native	1					
		WMA224	401003WMA22400	SS	0-0.2'	1	1	1			
			401003WMA224__	HA	0.2-1'	1	1	1			
			401003WMA224_native	HA	1-2'	1	1	1			
			WMA225	401003WMA22500	SS	0-0.2'	1	1	1		
				401003WMA225__	HA	0.2-1'	1	1	1		
401003WMA225_native	HA			1-2'	1	1	1				
WMA226	401003WMA22600	SS	0-0.2'	1	1	1					
	401003WMA226__	HA	0.2-1'	1	1	1					
		401003WMA226_native	HA	1-2'	1	1	1				
<b>NOTES:</b>											
USCS - Unified Soil Classification System											
bgs - below ground surface											
SS - Surface Soil											
HA - Hand Auger/Hand Methods											
DP- Direct Push											
XD - duplicate											
MS - matrix spike											
MD - matrix spike duplicate											
<b>Total Samples</b>								54	54	54	
<b>Detection limits should be low enough to achieve the following comparisons:</b>											
Soil analytical results will be compared to the 6 NYCRR Part 375 Soil Cleanup Objectives .											

**ATTACHMENT 1**

**SITE-SPECIFIC HEALTH AND SAFETY PLAN**



## MACTEC Short Form HASP

Site: Al Tech Specialty Steel – WMA Supplemental Data - borings Job/Task Number: 3612112222.03  
 Street Address: 200 Spring Street Road, Colonie, NY 12189  
 Proposed Date(s) of Investigation: April 2016 Project Manager: Jean Firth  
 Prepared by: Brad Wolfe – Updated Kendra Bavor Date: 2/21/2016

*Kendra Bavor*

\*Approved by: Kendra Bavor, CSP/ Jean Firth Date: 3/10/2016

Site Description: **(attach map)** Closed landfill with some surficial waste. Fenced in site with hilly topography.

Comments: Activities will include direct push and hand borings for PCB data (soils and sediments outside the landfill cap).

\*Approval also serves as certification of a Hazard Assessment as required by 29 CFR 1910.132

**Tasks:**

MACTEC	Subcontractor	Task Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Direct push boring oversight – Soil sampling
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Direct Push boring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hand boring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Surface soil sampling

**Dates of Required Training and Medical Surveillance (add additional training topics, as required):**

Name	Jerry Rawcliffe	Dan Nierenberg			
Job duties	Field Team Lead	Field Team HSO	Field Team	Field Team	Field Team
	Dates	Dates	Dates	Dates	Dates
Medical Surveillance	9/28/2015	1/15/2015			
-Exam Type (A <sup>4</sup> , B, C)	C				
40-Hour Initial	5/17/1985	8/30/1991			
8-Hour Supervisor <sup>3</sup>	9/29/1989	2/16/2016			
8-Hour Refresher	10/2/2015	5/21/2015			
First Aid	3/14/2016	1/5/2016			
CPR	3/14/2016	1/5/2016			
Hazard Communication	12/1/2013	11/30/2016			
Lead					
Chromium	5/27/2014				

<sup>2</sup> At least one worker must be trained in First Aid/CPR and should receive Bloodborne Pathogen Training

<sup>3</sup> Required for Field Lead and Site Health and Safety Officer

<sup>4</sup> **Medical Surveillance Exam A has no respiratory clearance so can only be used for Level D PPE.** . Exam A (basic HAZWOPER), Exam B (respirator & HAZWOPER under 40 years old), Exam C (respirator & HAZWOPER over 40 years old), Exam E (DOT), Exam F (asbestos monitoring), Exam G (lead monitoring) etc.

**Known or Suspected Contaminants (include PELs/TLVs):**

Contaminants of Concern (COC) (Attach Fact Sheets*)	Maximum Concentrations			PEL/TLV
	Asbestos	Soil (mg/kg)	Water/Groundwater (µg/l)	
PCBs (Total as 1254, on site)	-	6	-	0.5 mg/m <sup>3</sup>
Arsenic		18.3		0.01 mg/m <sup>3</sup>
Barium		362		0.5mg/m <sup>3</sup>
Chromium		11,200		0.5mg/m <sup>3</sup>
Hexavalent Chromium		41		0.005mg/m <sup>3</sup>
Copper		631		1mg/m <sup>3</sup>
Manganese		8,590		0.2 mg/m <sup>3</sup>
Nickel		10,000		1 mg/m <sup>3</sup>

\*Workers must be made aware of the signs, symptoms, and first aid for each COC. Information is located on the COC fact sheets.

**Air Monitoring Action Levels:**

PID/FID Reading <sup>1</sup>	Detector Tube <sup>1</sup>	Dust Meter <sup>1</sup>	LEL <sup>2</sup> /O <sub>2</sub> <sup>1</sup>	Action
Above background				Stop work. Move upwind, reevaluate conditions.
		1 mg/m <sup>3</sup>		Control dust (wet method drilling)
			>10% LEL	Stop work. Evacuate area. Consider return with ventilation system and spark proof/intrinsically safe equipment.
			<19.5% O <sub>2</sub>	Stop work and evacuate area.

<sup>1</sup> Sustained readings measured in the breathing zone

<sup>2</sup> Readings at measured at the source (borehole, well, etc.)

**JHAs: Check and attach all that apply (add applicable JHAs not already listed):**

**Activity Specific JHAs:**

<input checked="" type="checkbox"/>	Mobilization/Demobilization and Site Preparation
<input checked="" type="checkbox"/>	Field Work – General
<input checked="" type="checkbox"/>	Field Work – Oversight
<input checked="" type="checkbox"/>	Soil sampling (from drill rig, surface and hand auger)
<input checked="" type="checkbox"/>	Poisonous Plants
<input checked="" type="checkbox"/>	Insect Stings and Bites
<input checked="" type="checkbox"/>	Sediment samples
<input type="checkbox"/>	

**Hazard Specific JHAs:**

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**HAZARD IDENTIFICATION SUMMARY**

Complete the checklist for summarizing the hazards identified in the JHAs

Standard Hazards						
<input checked="" type="checkbox"/> Falling Objects	<input checked="" type="checkbox"/> Slips and trips	<input checked="" type="checkbox"/> Pinch points	<input type="checkbox"/> Rotating equipment			
<input checked="" type="checkbox"/> Falls	<input checked="" type="checkbox"/> Power equipment/tools	<input type="checkbox"/> Elevated work surfaces	<input type="checkbox"/> _____			
Eye Hazards						
<input type="checkbox"/> Particulates	<input type="checkbox"/> Liquid splashes	<input type="checkbox"/> Welding Arc	<input type="checkbox"/> _____			
Hearing Hazards						
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Impact noise	<input type="checkbox"/> High frequency noise	<input checked="" type="checkbox"/> High ambient noise			
Respiratory Hazards						
<input type="checkbox"/> None	<input type="checkbox"/> Dust/aerosols/particulates	<input type="checkbox"/> Organic Vapors	<input type="checkbox"/> Acid Gases	<input type="checkbox"/> O <sub>2</sub> deficient	<input checked="" type="checkbox"/> Metals	<input type="checkbox"/> Asbestos

Chemical Hazards			
<input type="checkbox"/> None	<input type="checkbox"/> Organic solvents	<input type="checkbox"/> Reactive metals	<input checked="" type="checkbox"/> PCBs
<input type="checkbox"/> Acids / bases	<input type="checkbox"/> Oxidizers	<input type="checkbox"/> Volatiles/Semi-volatiles	<input type="checkbox"/> _____
Environmental Hazards			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Cold Stress	<input checked="" type="checkbox"/> Heat Stress	<input checked="" type="checkbox"/> Wet location
<input checked="" type="checkbox"/> Bio hazards (snakes, insects, spiders, poisonous plants, etc.)			
<input type="checkbox"/> Explosive vapors	<input type="checkbox"/> Confined space	<input type="checkbox"/> Engulfment Hazard	<input type="checkbox"/> _____
Electrical Hazards			
<input type="checkbox"/> None	<input type="checkbox"/> Energized equipment or circuits	<input checked="" type="checkbox"/> Overhead utilities	<input checked="" type="checkbox"/> Underground utilities
<input checked="" type="checkbox"/> Wet location			
Fire Hazards			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting, welding, or grinding generated sparks or heat sources	<input type="checkbox"/> Flammable materials present	<input type="checkbox"/> Oxygen enriched location
Ergonomic Hazards			
<input checked="" type="checkbox"/> Lifting	<input checked="" type="checkbox"/> Bending	<input type="checkbox"/> Twisting	<input checked="" type="checkbox"/> Pulling/tugging
<input type="checkbox"/> Repetitive motion		<input checked="" type="checkbox"/> Carrying	
Computer Use in the: <input checked="" type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> _____ <input type="checkbox"/> _____			
Radiological Hazards			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Alpha	<input type="checkbox"/> Beta	<input type="checkbox"/> Gamma/X-rays
<input type="checkbox"/> Neutron		<input type="checkbox"/> Radon	
<input type="checkbox"/> Non-Ionizing			
Other Hazards			
<input type="checkbox"/>			

### PPE and Monitoring Instruments

Initial Level of PPE *			
<input type="checkbox"/> Level D	<input checked="" type="checkbox"/> Modified Level D	<input type="checkbox"/> Level C	* Cannot use Short Form HASP for Level B or A work
Standard PPE			
<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety boots	<input checked="" type="checkbox"/> Safety glasses	<input type="checkbox"/> Chem. Resistant Boots
<input checked="" type="checkbox"/> High visibility vest		<input type="checkbox"/> Other: _____	
Eye and Face Protection			
<input type="checkbox"/> Face shield	<input type="checkbox"/> Vented goggles	<input type="checkbox"/> Unvented goggles	<input type="checkbox"/> Indirect vented goggles
Hearing Protection			
<input checked="" type="checkbox"/> Ear plugs	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Ear plugs and muffs	<input type="checkbox"/> Other _____
Respiratory Protection			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Dust mask	<input type="checkbox"/> Full Face APR	<input type="checkbox"/> Half Face APR
Cartridge Type: _____		Change Cartridges: _____	
Protective Clothing			
<input checked="" type="checkbox"/> Work uniform	<input type="checkbox"/> White uncoated Tyvek®	<input type="checkbox"/> Poly-coated Tyvek®	<input type="checkbox"/> Saranex®
<input type="checkbox"/> Boot covers	<input checked="" type="checkbox"/> Reflective vest	<input type="checkbox"/> Chaps or Snake Legs	<input type="checkbox"/> Other _____
Hand Protection			
<input type="checkbox"/> None	<input type="checkbox"/> Cotton gloves	<input type="checkbox"/> Leather gloves	<input type="checkbox"/> Glove liners
<input type="checkbox"/> Cut-resistant gloves		<input type="checkbox"/> Other _____	

<input checked="" type="checkbox"/> Outer Gloves: List Type nitrile or vinyl		<input type="checkbox"/> Inner Gloves: List Type _____	
<b>Monitoring Instruments Required*</b>			
Periodic monitoring shall be conducted when the possibility of an IDLH condition or flammable atmosphere has developed or when there is indication that exposures may have risen over permissible exposure limits or published exposure levels since prior monitoring. Situations where it shall be considered whether the possibility that exposures have risen are as follows: <ul style="list-style-type: none"> <li>▪ When work begins on a different portion of the site.</li> <li>▪ When contaminants other than those previously identified are being handled.</li> <li>▪ When a different type of operation is initiated (e.g., drum opening as opposed to exploratory well drilling.)</li> <li>▪ When employees are handling leaking drums or containers or working in areas with obvious liquid contamination (e.g., a spill or lagoon.)</li> </ul>			
<input type="checkbox"/> LEL/O2 Meter	<input checked="" type="checkbox"/> PID: drilling	<input checked="" type="checkbox"/> 10.0-10.6 eV Lamp <input type="checkbox"/> 11.7 eV Lamp	<input type="checkbox"/> FID <input type="checkbox"/> Hydrogen Sulfide/Carbon Monoxide
<input type="checkbox"/> Dräger Pump (or equivalent) List Tubes ___	<input type="checkbox"/> Dust Meter:	<input type="checkbox"/> Respirable dust <input type="checkbox"/> Total dust	<input type="checkbox"/> Other: Micro Rem Radiation Meter

\*Monitoring instruments will be calibrated daily in accordance with manufacturer's instructions. Results will be recorded in the field logbook.

### Chemicals Brought to the Site:

List all chemicals brought to the site (e.g., preservatives, decon solutions, calibration gases, gasoline, etc.).

Chemicals (Note: Name listed must match name on label and MSDS)	MSDS Attached?
LIQUINOX	<input checked="" type="checkbox"/>
ISOBUTYLENE IN AIR	<input checked="" type="checkbox"/>

Chemicals will be kept in their original containers. If transferred to another container, aside from days use by one individual, the new container will be labeled with the name of the chemical and the hazard warnings.

### Work Zones:

The work zones will be defined relative to the location of the work activity. The Exclusion Zone is considered the area within a 10-foot diameter of the sampling location. The Contamination Reduction Zone is considered to be the area within a 20-foot diameter of the sampling location. The decontamination zone is to be located upwind of the work area. Work zones will be maintained through the use of:

- Warning Tape
- Cones and Barriers
- Visual Observations

### Decontamination Procedures and Equipment:

Note: See Decontamination JHA for further information

#### Level D Decontamination Procedures

Decontamination Solution:	Detergent and Water
Station 1: Equipment Drop	Deposit equipment used on-site (tools, sampling devices and containers, monitoring instruments, radios, etc. on plastic drop cloths. Segregation at the drop reduces the probability of cross contamination. During hot weather operations, a cool-down station may be set up within this area.
Station 2: Outer Boots, and Gloves Wash and Rinse (if worn)	Scrub outer boots, and outer gloves decon solution or detergent water. Rinse off using copious amounts of water.
Station 3: Outer Boot and Glove Removal (if worn)	Remove outer boots and gloves. Deposit in plastic bag.
Station 4: Inner glove removal	Remove inner gloves and place in plastic bag.



Station 5: Field Wash

Hands and face are thoroughly washed. Shower as soon as possible.

**Modified Level D and Level C PPE Decontamination Procedures**

Decontamination Solution:

Detergent and Water

Station 1: Equipment Drop

Deposit equipment used on-site (tools, sampling devices and containers, monitoring instruments, radios, etc. on plastic drop cloths. Segregation at the drop reduces the probability of cross contamination. During hot weather operations, a cool-down station may be set up within this area.

Station 2: Outer Garment, Boots, and Gloves Wash and Rinse

Scrub outer boots, outer gloves, and splash suit with decon solution or detergent water. Rinse off using copious amounts of water.

Station 3: Outer Boot and Glove Removal

Remove outer boots and gloves. Deposit in container with plastic liner.

Station 4: Canister or Mask (Level C only) Change

If worker leaves exclusion zone to change canister (or mask), this is the last step in the decontamination procedure. Worker's canister is exchanged, new outer gloves and boot covers are donned, joints are taped, and worker returns to duty.

Station 5: Boot, Gloves and Outer Garment Removal

Boots, chemical resistant splash suit, and inner gloves are removed and deposited in separate containers lined with plastic.

Station 6: Face Piece Removal (Level C only)

Facepiece is removed. Avoid touching face with fingers. Facepiece is deposited on plastic sheet.

Station 7: Field Wash

Hands and face are thoroughly washed. Shower as soon as possible.

**Site Communication:**

- Verbal
- Two-way radio
- Cellular telephone
- Hand signals

- Hand gripping throat \_\_\_\_\_ Out of air, can't breathe
- Grip partner's wrist or both hands around waist \_\_\_\_\_ Leave area immediately
- Hands on top of head \_\_\_\_\_ Need assistance
- Thumbs up \_\_\_\_\_ OK, I am all right, I understand
- Thumbs down \_\_\_\_\_ No, negative

- Horn
- Siren
- Other:

## EMERGENCY CONTACTS

NAME	TELEPHONE NUMBERS		DATE OF PRE-EMERGENCY NOTIFICATION (if applicable)
Fire Department:	911		
Hospital: Albany Medical Center	518-262-3125		
Police Department:	911		
Site Health And Safety Officer: J. Rawcliffe	Office:	Cell: 207-414-6211	
Client Contact: Ian Bielby	Office:518-402-9818	Cell:NA	
Project Manager: Jean Firth	Office:207-828-3610	Cell:207-441-7530	
Health & Safety Coordinator (Kendra Bavor)	Office: 207-828-3699	Cell: 207-650-8671	
EPA/DEP (if applicable):	NA	NA	
OTHER: Ambulance	911		

### Emergency Equipment:

The following emergency response equipment is required for this project and shall be readily available:

- Field First Aid Kit (including bloodborne pathogen kit/supplies)
- Fire Extinguisher (ABC type)
- Eyewash (Note: 15 minutes of free-flowing fresh water)
- Other: \_\_\_\_\_

## EMERGENCY PROCEDURES

- The HSO (or alternate) should be immediately notified via the on-site communication system. The HSO assumes control of the emergency response.
- The HSO notifies the Project Manager and client contact of the emergency.
- If the emergency involves an injury to an AMEC employee, the HSE Coordinator or Field Lead are to implement the AMEC Early Injury Case Management program. See procedures and Flow Diagram below:
- If applicable, the HSO shall notify off-site emergency responders (e.g. fire department, hospital, police department, etc.) and shall inform the response team as to the nature and location of the emergency on-site.
- If applicable, the HSO evacuates the site. Site workers should move to the predetermined evacuation point (See Site Map).
- For small fires, flames should be extinguished using the fire extinguisher. Large fires should be handled by the local fire department.
- In an unknown situation or if responding to toxic gas emergencies, appropriate PPE, including SCBAs (if available), should be donned. If appropriate PPE is unavailable, site workers should evacuate and call in emergency personnel.
- For chemical spills, follow the job specific JHA for spill containment

- If chemicals are accidentally spilled or splashed into eyes or on skin, use eyewash and wash affected area. Site worker should shower as soon as possible after incident.
- If the emergency involves toxic gases, workers will back off and reassess. Prior to re-entering the work zone, the area must be determined to be safe. Entry will be using Level B PPE and utilize appropriate monitoring equipment to verify that the site is safe.
- An injured worker shall be decontaminated appropriately.
- Within 24 hours after any emergency response, the Incident Analysis Report (and Vehicle Incident Report if vehicle incident) shall be completed and returned to the Regional HSE Manager. Injuries requiring medical treatment beyond first aid (as well as work-related vehicle incidents) will require the employee to submit a post incident drug test.

**AMEC Early Injury Case Management Program**

<b>NON-EMERGENCY INCIDENT</b>	<b>EMERGENCY INCIDENT</b>
<p>Steps 1 &amp; 2 must be completed before seeking medical attention other than local first aid.</p> <ol style="list-style-type: none"> <li>1. Provide first-aid as necessary. Report the situation to your immediate supervisor AND HSE coordinator (all incidents with the apparent starting event should be reported within 1 hour of occurrence).</li> <li>2. Injured employee:</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide emergency first aid. Supervisor on duty must immediately call 911 or local emergency number; no employee may respond to outside queries without prior authorization. Any outside media calls concerning this incident must be referred immediately to Cindy Sundquist.</li> <li>2. Once medical attention is sought and provided, the supervisor must:</li> </ol>
<p><b>Call WorkCare 24/7 Hotline*</b>  <b>(888) II-XPRTS or (888) 449-7787</b></p>	
<p>WorkCare will assess the situation and determine whether the incident requires further medical attention. During this process, WorkCare will perform the following:</p> <ul style="list-style-type: none"> <li>• Explain the process to the caller.</li> <li>• Determine the nature of the concern.</li> <li>• Provide appropriate medical advice to the caller.</li> <li>• Determine appropriate path forward with the caller.</li> <li>• Maintain appropriate medical confidentiality.</li> <li>• Help caller to execute path forward, including referral to the appropriate local medical facility.</li> <li>• Send an email notification to the Corporate HSE Department.</li> </ul>	<p>WorkCare will be responsible for performing the following:</p> <ul style="list-style-type: none"> <li>• Contact the treating physician.</li> <li>• Request copies of all medical records from clinic.</li> <li>• Send an email update to the Corporate HSE Department.</li> </ul>
<ol style="list-style-type: none"> <li>3. IMMEDIATELY after contacting WorkCare send a brief email notification AND inform verbally (direct contact is required) ONE of HSE corporate representatives See Figure 11.3.</li> <li>4. Make all other local notifications and client notifications.</li> <li>5. Local Supervisor, HSE Coordinator, SSHO and any applicable safety committees to complete preliminary investigation, along with the initial Incident Report within 24 hours.</li> <li>6. Corporate Loss Prevention Manager to complete Worker's Compensation Insurance notifications as needed.</li> </ol>	

7. Corporate HSE to conduct further incident notifications, investigation, include in statistics, classify, and develop lessons learned materials.

**\* - NOTE: Step 2 is only applicable to the North-American operations and to incidents involving AMEC personnel. High potential near misses, subcontractors' incidents, regulatory inspections, spills and property damages above \$1,000 should be reported immediately, following directions from Step 3.**

**Site Specific Procedures are as follows:**

--

# INCIDENT FLOW CHART

## Incident flow chart

Call immediately



### E&I Corporate HSE department contact list

Name/email	Office location	Contact information
Bruce Voss bruce.voss@amecfw.com	Cathedral City, CA	760.202.3737 (office) 951.897.6381 (cell)
Chad Barnes chad.barnes@amecfw.com	Phoenix, AZ	602.733.6000 (office) 480.495.9846 (cell)
Cindy Sundquist cynthia.sundquist@amecfw.com	Portland, ME	207.828.3309 (office) 207.650.7593 (cell) 207.892.4402 (home)
Gabe Sandholm gabe.sandholm@amec.com	Minneapolis, MN	612.252.3785 (office) 206.683.9190 (cell)
John Mazur john.mazur@amec.com	Wilmington, NC	910.444.2978 (office) 910.431.2330 (cell) 910.681.0538 (home)
Lori Dowling lori.dowling@amec.com	Prince George, BC	250.564.3243 (office)
Philip Neville philip.neville@amec.com	Thorold, ON	905.687.6616 (office) 905.380.4465 (cell)
Tim Kihn tim.kihn@amec.com	Edmonton, AB	780.944.6363 (office) 780.717.5058 (cell)
Vladimir Ivensky (can call 24/7) vladimir.ivenky@amec.com	Plymouth Meeting, PA	610.877.6144 (office) 484.919.5175 (cell) 215.947.0393 (home)
Kirby Lastinger kirby.lastinger@amec.com	Lakeland, FL	836-667-2345 x207 (office) 863-272-4775 (cell)

\*High potential near misses, subcontractor incidents, regulatory inspections, spills, and property damage should be reported within 60 minutes to one of the above HSE Representatives.  
 WITHIN 24 HOURS - Local Supervisor, HSE Coordinator, Project HSE Officer, and any applicable safety committees must complete preliminary investigation, along with the initial Incident Analysis Report Form and forward it to the Corporate HSE Department.



**FIELD TEAM REVIEW:** I acknowledge that I understand the requirements of this HASP, and agree to abide by the procedures and limitations specified herein. I also acknowledge that I have been given an opportunity to have my questions regarding the HASP and its requirements answered prior to performing field activities. Health and safety training and medical surveillance requirements applicable to my field activities at this site are current and will not expire during on-site activities.

Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____
Name: _____	Date: _____

## Routes to Emergency Medical Facilities

### HOSPITAL(for immediate emergency treatment):

Facility Name: Emergency Room at Albany Medical Center

Address: 43 New Scotland Avenue, Albany, NY 12208

Telephone Number: (518) 262-3131

### DIRECTIONS TO PRIMARY HOSPITAL (attach map):

### CLINIC (for non-emergency medical treatment)

(Contact Sylvia Basak at Wells Fargo – 404-923-3700 for the name and address of the clinic to be used if job is of two weeks duration or more):

Facility Name: St. Peter's Hospital

Address: 515 Loudon Rd, Loudonville, NY 12211

Telephone Number: (518) 783-2554

### DIRECTIONS TO CLINIC (attach map):

Directions to Emergency Room at Albany Medical Center:



Start:  
280 Spring Street Rd  
Watervliet, NY 12189, US  
US








End:  
Albany Medical Ctr: 518-262-3125  
43 New Scotland Ave, Albany, NY 12208,

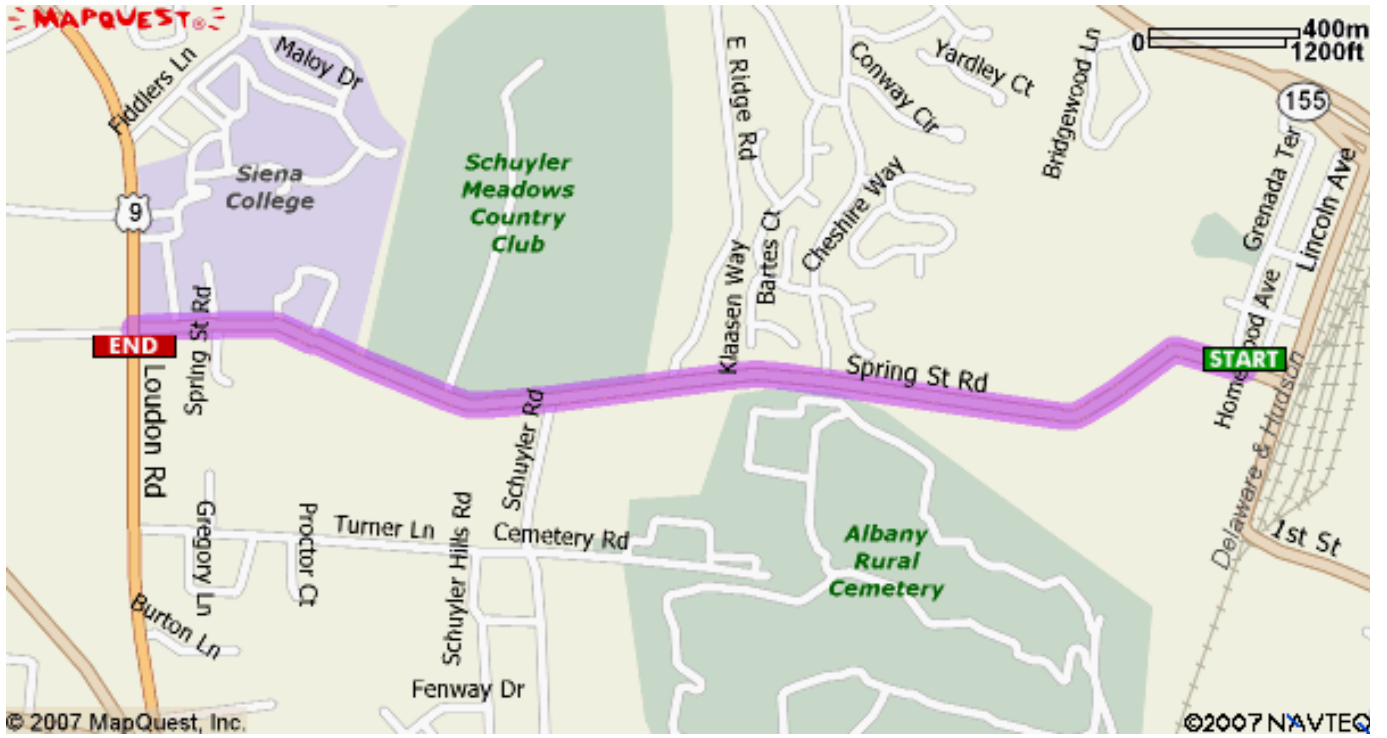


# Routes to Emergency Medical Facilities

PRIMARY HOSPITAL:

**Facility Name:** Albany Medical Center  
**Address:** 43 New Scotland Ave, Albany, NY 12208, US  
**Telephone Number** (518) 262-3125

		Distance
Total Est. Time: <b>15 minutes</b> Total Est. Distance: <b>7.29 miles</b>		
	1: Start out going WEST on SPRING ST RD toward E HILLS BLVD.	1.8 miles
	2: Turn LEFT onto LOUDON RD / US-9. Continue to follow US-9 S.	4.1 miles
	3: Turn LEFT onto CLINTON AVE / US-9.	0.1 miles
	4: Turn RIGHT onto LARK ST / US-9W.	0.6 miles
	5: Turn RIGHT onto MADISON AVE / US-20.	0.2 miles
	6: Turn LEFT onto NEW SCOTLAND AVE.	0.1 miles
	7: End at Albany Medical Ctr: 43 New Scotland Ave, Albany, NY 12208, US	
Total Est. Time: <b>15 minutes</b> Total Est. Distance: <b>7.29 miles</b>		



Start:  
280 Spring Street Rd  
Watervliet, NY 12189, US  
US

End:  
St Peter's Hospital: 518-783-2554  
515 Loudon Rd, Loudonville, NY 12211,

## Routes to Emergency Medical Facilities

### ALTERNATE HOSPITAL

**Facility Name: St Peter's Hospital**

**Address: 515 Loudon Rd, Loudonville, NY 12211, US**

**Telephone Number (518) 783-2554**

Directions	Distance
Total Est. Time: <b>4 minutes</b> Total Est. Distance: <b>1.87 miles</b>	
 1: <b>Start out going WEST on SPRING ST RD toward E HILLS BLVD.</b>	<b>1.8 miles</b>
 2: <b>Turn LEFT onto LOUDON RD / US-9.</b>	<b>&lt;0.1 miles</b>
 3: <b>End at St Peter's Hospital: 515 Loudon Rd, Loudonville, NY 12211, US</b>	
Total Est. Time: <b>4 minutes</b> Total Est. Distance: <b>1.87 miles</b>	

# TAILGATE SAFETY MEETING REPORT

Check One:

- Initial Kickoff Safety Meeting    Regular/Daily Tailgate Safety Meeting    Unscheduled Tailgate Safety Meeting

Date: \_\_\_\_\_ Site: \_\_\_\_\_

Site Manager: \_\_\_\_\_ Site Health and Safety Officer: \_\_\_\_\_  
*Print* *Print*

## Order of Business

Topics Discussed (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Scope of Work   | <input type="checkbox"/> Decontamination Procedures for Personnel and Equipment   |
| <input type="checkbox"/> Site History/Site Layout  | <input type="checkbox"/> Physical Hazards and Controls (e.g., overhead utility lines)   |
| <input type="checkbox"/> Personnel Responsibilities  | <input type="checkbox"/> Anticipated Weather (snow, high winds, rain)   |
| <input type="checkbox"/> Training Requirements   | <input type="checkbox"/> Temperature Extremes (heat or cold stress symptoms and controls)   |
| <input type="checkbox"/> Hazard Analysis of Work Tasks (chemical, physical, biological and energy health hazard effects) | <input type="checkbox"/> Biological Hazards and Controls (e.g., poison ivy, spiders)  |
| <input type="checkbox"/> Applicable SOPs (e.g., Hearing Conservation Program, Safe Driving, etc.)                        | <input type="checkbox"/> Site Control (visitor access, buddy system, work zones, security, communications)                                  |
| <input type="checkbox"/> Safe Work Practices   | <input type="checkbox"/> Sanitation and Illumination  |
| <input type="checkbox"/> Engineering Controls  | <input type="checkbox"/> Logs, Reports, Recordkeeping   |
| <input type="checkbox"/> Chemical Hazards and Controls   | <input type="checkbox"/> Incident Reporting Procedures  |
| <input type="checkbox"/> Signs and symptoms of over exposure to site chemicals   | <input type="checkbox"/> Near Misses/Hazard ID including worker suggestions to correct and work practices to avoid similar occurrences      |
| <input type="checkbox"/> Medical Surveillance Requirements   | <input type="checkbox"/> General Emergency Procedures (e.g., locations of air horns and what 1 or 2 blasts indicate)                        |
| <input type="checkbox"/> Action Levels   | <input type="checkbox"/> General Emergency Response Procedures (e.g., earthquake response, typhoon response, etc.)                          |
| <input type="checkbox"/> Monitoring Instruments and Personal Monitoring  | <input type="checkbox"/> Medical Emergency Procedures (e.g., exposure control precautions, location of first aid kits, etc.)                |
| <input type="checkbox"/> Perimeter Monitoring, Type and Frequency  | <input type="checkbox"/> Route to Hospital and Medical Care Provider Visit Guidelines   |
| <input type="checkbox"/> PPE Required/PPE Used   | <input type="checkbox"/> Site/Regional Emergency Response Procedures (e.g., exposure control precautions, location of first aid kits, etc.) |
| <input type="checkbox"/> Define PPE Levels, Donning, Doffing Procedures  | <input type="checkbox"/> Hazardous Materials Spill Procedures   |

Safety Suggestions by Site Workers: \_\_\_\_\_

Action Taken on Previous Suggestions: \_\_\_\_\_

Injuries/Incidents/Personnel Changes since last meeting: \_\_\_\_\_

Observations of unsafe work practices/conditions that have developed since previous meeting: \_\_\_\_\_

Location of (or changes in the locations of) evacuation routes/safe refuge areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attendee signatures below indicate acknowledgment of the information and willingness to abide by the procedures discussed during this safety meeting

Name (Print)	Company	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Meeting Conducted by: \_\_\_\_\_ Title: \_\_\_\_\_  
*Print*

Signature: \_\_\_\_\_ Time: \_\_\_\_\_  
*Print*

## PPE Selection Guidelines

### When selecting the appropriate PPE for the job, consider the following:

- **Safety glasses** – general eye protection – source of hazard, typically coming from straight on, required at most sites
- **Tinted Safety Glasses** – same as above, but when working in direct sunlight. May need two both tinted and untinted if working in both sunlight and shade/overcast skies.
- **Safety goggles** – needed for splash hazard, more severe eye exposures coming from all directions. Non-vented or indirect venting for chemical splash, non-vented for hazardous gases or very fine dust, vented for larger particulates coming from all directions.
- **Face shield** – needed to protect face from cuts, burns, chemicals (corrosives or chemicals with skin notation), etc.
- **Safety boots** – needed if danger of items being dropped on foot that could injure foot
- **Hard hat** – danger from items falling on head – any overhead work, tools, equipment, etc. that is above the head and could fall on head of item fails, or falls off work platform. Typically required at most sites as a general PPE
- **Thin, chemical protective inner gloves** (e.g., thin Nitrile, PVC – do not use latex – many people are allergic to latex) – needed to protect hands from incidental contact with low risk contamination at very low concentrations (ppb or low ppm concentrations in groundwater or soil) or used in combination with outer gloves as a last defense against contamination. Need to specify type
- **Outer gloves** – thicker gloves (e.g., Nitrile, Butyl, Viton, etc.) – used when potential for high concentrations of contaminants (e.g., floating product, percent ranges of contaminant, opening drums, handling pure undiluted chemicals, etc.). Need to specify type.
- **Leather gloves, leather palm, cotton** – good in protecting hands against cuts – no protection from chemicals. May be used in combination with chemical protective gloves.
- **Boot Covers** – when there is contamination in surface soils or wading surface in general. When safety boots need protection from contact with contaminants.
- **White (uncoated) Tyveks** – protect clothing from getting dirty, good for protection against solid, non-volatile chemicals (e.g., asbestos, metals) – no chemical protection.
- **Polycoated Tyveks** – least protective of chemical protective clothing. Used when some risk of contamination getting on skin or clothing. Usually, lower ppm ranges of contaminants.
- **Saranex** – Greater protection against contamination than Polycoated Tyveks. Used to protect against PCBs or higher concentrations of contaminants in the soil or groundwater.
- **Other Chemical protective clothing** – if significant risk of dermal exposure, contact H&S to determine best kind.
- **Long sleeved shirts, long pants** – if working in areas with poison ivy/oak/sumac, poisonous insects, etc. and no chemicals exposure. May want to use uncoated Tyveks for work in areas where poisonous plants are known to be to protect clothing.
- **Cartridge Respirator (Level C PPE)** – Need to calculate change schedule (contact Division EH&S Manager for this) to determine length of use. To be able to use cartridge respirators, need to know contaminants, estimate levels to be encountered in the breathing zone, need to ensure that cartridge will be effective against COCs, and need to be able to monitor for COCs using PID, FID, Dräger tubes, etc. If can't do any of these, then Level B PPE is probably going to be needed.
- **High Visibility Vest** – needed for any road work (within 15 feet of a road) or when working on a site with vehicular traffic or working around heavy equipment. Needed if work tasks would take employee concentration away from movement of vehicles and workers would have to rely on the other driver's ability to see the employee in order not to hit them. This includes heavy equipment as well as cars and trucks, on public roads or the jobsite. Not needed if wearing Polycoated Tyveks – as they are already high visibility.
- **Reflective Vest** – see above, but for use at night.
- **Hearing Protection** – needed if working at noise levels above 85 dBA on a time weighted average. If noise measurements are not available, use around noisy equipment, or in general, if you have to raise your voice to be heard when talking to someone standing two feet away.
- **Protective Chaps** – required when using a machete or chain saw or any other cut hazard to legs.

## **Incident Report Forms**

1. Incident Analysis Report (IAR)
2. Vehicle Incident Report (VIR)
3. Ground Disturbance Incident Report(GDR)
  4. Utility Clearance Form



**Check one**

Initial Report:   
Update:   
Final Report:  \_\_\_\_

# INCIDENT ANALYSIS REPORT

AMEC Environment & Infrastructure  
Confidential - Privileged

**Incident Potential**

Letter: Select One  
Number: Select One  
Investigation Level: Select One

Group: Select One HSE Manager: \_\_\_\_ Incident Review Panel Team (if applicable): \_\_\_\_

Incident Date: \_\_\_\_ Report Date: \_\_\_\_

## Section 1 - General Information

Employee Name: \_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_ Age Range: Select One Time of incident: \_\_\_\_  am |  pm

Job Position: Select One Hire Date: \_\_\_\_ Time employee began work: \_\_\_\_

Business Line: Select One Department Number: \_\_\_\_ Project Manager: \_\_\_\_

Project Name: \_\_\_\_ Project Number: \_\_\_\_ Client: \_\_\_\_

Office where employee works from: \_\_\_\_ Immediate Supervisor: \_\_\_\_ Hours employee worked during last 7 days: \_\_\_\_ hrs

Location: Select One Is this a Company controlled work site:  Yes  No Incident Assigned to: Select One

Location description: \_\_\_\_

## Section 2 - Incident Type - Process (mark at least ONE BOLD TYPE and all that apply)

- Fatality**                       **Environmental**                       **Injury/Illness Incident**      If Injury/illness: Select One
- Security**                       **Near Miss / Hazard ID**                       **Property Damage**      If Damage: Select One       3<sup>rd</sup> Party?
- Hospitalization                       Regulatory Inspection                       Notice of Violation or Citation                       Agency Reportable?
- Motor Vehicle Incident Involving Injury                       Other (describe): \_\_\_\_

Outcome/Result: Select One Source of Hazard: Select One If "other", specify: \_\_\_\_ Immediate Cause: Select One

- A. If **injury/illness**: Indicate the part of the body: Select One If "other", specify: \_\_\_\_  
Indicate body part location: Select One If "other", specify: \_\_\_\_  
Injury Type: Select One If "other", specify: \_\_\_\_ Illness Type: Select One If "other", specify: \_\_\_\_
- B. If **property damage**: describe what happened and estimate (\$) of damage to all objects involved? \_\_\_\_
- C. If **environmental**: Type of Environmental incident?: Select One Name, CAS#, physical state and quantity? \_\_\_\_  
Receiving Environment?: Select One Mechanism of Incident?: Select One If "other", specify: \_\_\_\_  
Nature of Breach?: Select One Duration of Breach?: Select One
- D. If **security**: Security Incident Type: Select One If Physical: Select One If Criminal: Select One If Intellectual: Select One
- E. If an **inspection by a regulatory agency**, what agency, who were the inspectors, inspector contact information? \_\_\_\_

## Section 3 - Incident Description

**Attach and number additional pages, as needed, to ensure all details related to the incident are captured.**

- A. List the names of all persons involved in the incident, and employer information: \_\_\_\_
- B. List the names of any witnesses, their employer, and a local/company telephone number or address: \_\_\_\_
- C. Name of Employee's supervisor: \_\_\_\_ Contact phone number for supervisor: \_\_\_\_
- D. What specific job/task or action was the employee(s) doing just prior to the incident: \_\_\_\_
- E. Was a tool or equipment involved?  Yes  No What was it: \_\_\_\_ Last Inspection Date: \_\_\_\_ Defects: \_\_\_\_
- F. Explain in **detail** what happened: \_\_\_\_



- G. Explain in **detail** what object or substance directly harmed the employee: \_\_\_\_
- H. What were the weather conditions at time of incident?: \_\_\_\_
- I. What was the lighting like at time of incident? Bright  Shadows  Dark  Other: \_\_\_\_
- J. List any damaged equipment or property (other than motor vehicles). Provide model and serial number **and** estimated costs to repair/replace damaged equipment or property, if applicable: \_\_\_\_

### Section 4 - Incident Analysis

- A. Was a Health and Safety Plan (HASP) or Activity Hazard Analysis (AHA) completed for the work being performed?  Yes  No  
If "yes", Who prepared the document?: \_\_\_\_
- B. Who and when was the last manager (Project, Unit, etc.) at the site of the incident?: \_\_\_\_
- C. When and what safety training **directly related** to the incident has the person(s) involved had?: \_\_\_\_
- D. List attached documentation (HASP acknowledgement forms, kickoff/daily/weekly meetings, inspections, photographs): \_\_\_\_

### Section 5 - Incident Investigation Results and Corrective Actions

This section to be completed by the Group HSE Manager/IRP with support from location where incident occurred.

<b>Causal Factors (Acts or Omissions / Conditions)</b>					
(Attach and number any additional pages as needed to completely address this section)					
	<u>IMMEDIATE CAUSE</u>	<u>IMMEDIATE CAUSE SUB-TYPE</u>	<u>DESCRIPTION</u>		
1	Select One	_____	_____		
2	Select One	_____	_____		
3	Select One	_____	_____		
4	Select One	_____	_____		
<b>Root Cause(s) Analysis</b> - The below items represents major root cause categories which have been determined to be Less Than Adequate (LTA). A more detailed determination of the root cause will be facilitated, if needed, by the applicable Group HSE Manager / IRP.					
	<u>ROOT CAUSE TYPE</u>	<u>ROOT CAUSE SUB-TYPE</u>	<u>DESCRIPTION</u>		
1	Select One	_____	_____		
2	Select One	_____	_____		
3	Select One	_____	_____		
4	Select One	_____	_____		
<b>Corrective Actions</b>					
<b>Root Cause #</b>	<b>Corrective Actions Taken</b> (Attach additional pages as needed to completely address this section)	<b>Responsible Person</b>	<b>Proposed Completion Date</b>	<b>Closed on Date</b>	<b>Verified by and Date Verified</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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### Section 6 - Notifications, Certification & Approvals

Check the appropriate boxes indicating the applicable reports have been made to the following applicable organizations:

**Auto Insurance Carrier was called**       **Group HSE Manager Notified**   
**WorkCare was called**       **Post-incident Drug/Alcohol Testing Performed**

Incident Report prepared by: \_\_\_\_

Employee (s): \_\_\_\_

Date: \_\_\_\_

Employee's Supervisor: \_\_\_\_

Date: \_\_\_\_

HSE Coordinator/Project/Unit Manager:  
\_\_\_\_

Date: \_\_\_\_

Group HSE Manager: \_\_\_\_

Date: \_\_\_\_



**ATTACHMENT 2**  
**VEHICLE INCIDENT REPORT**  
 Confidential - Privileged

Section 1 - General Information

Date of Incident: \_\_\_\_\_

Time incident occurred: \_\_\_\_\_  am |  pm | Illumination:  Dark  Dusk  Light | Road Condition:  Dry  Wet  Icy/snow

Were police summoned to scene?  Yes  No Police Department and Location: \_\_\_\_\_

Report #: \_\_\_\_\_ Officer's Name: \_\_\_\_\_ Officer's Badge Number: \_\_\_\_\_

Section 2 - Company Driver and Vehicle

Driver's name: \_\_\_\_\_ D/L #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's home office address: \_\_\_\_\_ Driver's Phone #: \_\_\_\_\_

Company Vehicle #: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Company car?:  Yes  No Personal Vehicle?:  Yes  No Rental Vehicle?:  Yes  No

If rental, rented from: \_\_\_\_\_

Passenger/Witness Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Passenger/Witness Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Damage to vehicle: \_\_\_\_\_

Was an employee injured?:  Yes  No If yes, please describe: \_\_\_\_\_

Injuries to others?:  Yes  No If yes, please describe: \_\_\_\_\_

Vehicle was being used for: Company business  Yes  No Personal business  Yes  No

Towed?:  Yes  No If yes, by whom?: \_\_\_\_\_ To Where?: \_\_\_\_\_

Section 3 - Other Driver and Vehicle Information

Driver's Name: \_\_\_\_\_ D/L #: \_\_\_\_\_ State: \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

*(verify registration document)*

The Other Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Insurance company name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Passenger/Witness Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Passenger/Witness Name(s): \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Damage: *(Make note of pre-existing damage and take pictures if possible – you may attach additional pages if necessary):* \_\_\_\_\_

Injuries to other driver/passengers: \_\_\_\_\_

Section 4 - Approvals (signatures required)

Form completed by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Office/Project Manager (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

# **Things to Do First In The Event Of a Motor Vehicle Incident**

## **GENERAL INFORMATION**

1. Do not decide on your own whether a particular incident is “covered” by insurance. Should there be any doubt, it is always preferable to report an occurrence, as this allows underwriters, the Risk Management Department and insurance adjusters to determine if a covered loss has taken place.
2. Policy Conditions do require that all losses and occurrences, which may result in a claim be promptly reported.
3. Do not admit liability or offer your opinion of liability to anyone.
4. Complete this IAR/VIR form promptly and forward with all applicable supporting documentation. It is essential both division and location information be provided.
5. For automobile collisions within the **United States**, please indicate on the IAR form that you have contacted Zurich at:  
**Zurich Insurance Company**  
**1-800-987-3373 or**  
**1-877-928-4531**  
**24 hours a day, 7 days a week**
6. For automobile collisions within **Canada**, please indicate on the IAR form that you have contacted Zurich at:  
**Crawford Adjusters Canada**  
**Claims Alert**  
**1-888-218-2346**  
**24 hours a day, 7 days a week**

The more details you have the better but, don't delay reporting if you don't have all of the information - that may be obtained later. A Zurich trained operator will answer your call and ask for all relevant information regarding the incident. The initial information required includes:

- Your division,
- Office location and division contact name – advise that you are an AMEC Company
- Name, drivers license and phone number of the driver involved in the loss
- Description of the vehicle which he/she was driving (i.e., year, make, model, license plate number, serial number)
- Date, time and location of incident
- Passenger information (if applicable)
- Third party information (i.e., name, phone number, address, vehicle information, insurance information)
- If any injuries occurred (if applicable)
- Police information
- Witness information (if applicable)

## **Call 911 if there are serious injuries!**

**If you are injured or think you were injured, contact your supervisor and call WorkCare at 888-449-7787.** Your supervisor will notify your HSE Coordinator and your Group HSE Manager. For additional instructions on what to do, go to AMEC's HSE website at:

[http://ee.amecnet.com/she/sheweb/incident\\_reporting.htm](http://ee.amecnet.com/she/sheweb/incident_reporting.htm)

1. **Call for an officer if the incident occurred on public property** (streets, highways or roads). Disputes often arise between the parties involved as to who was at fault; therefore, a police report is important. If an officer is unable to attend the scene of the collision, a counter police report may be filed at most stations. Insurance companies rely on police reports to determine liability.
2. **Complete the Incident Investigation Report and the Vehicle Incident Report forms**. It is important that both these forms are completed in detail. Include a diagram of the incident on the provided sheet. Incomplete information may lead to delays in processing associated claims and in helping to prevent this type of incident from occurring again.
3. **Give only information that is required by the authorities or as directed by AMEC** contractual requirements.
4. **Sign only those statements required by the authorities or as directed by AMEC** contractual requirements. Do not sign away your or the company's rights.

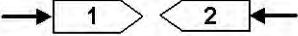
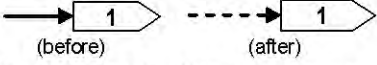

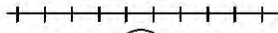

# Vehicle Incident Diagram

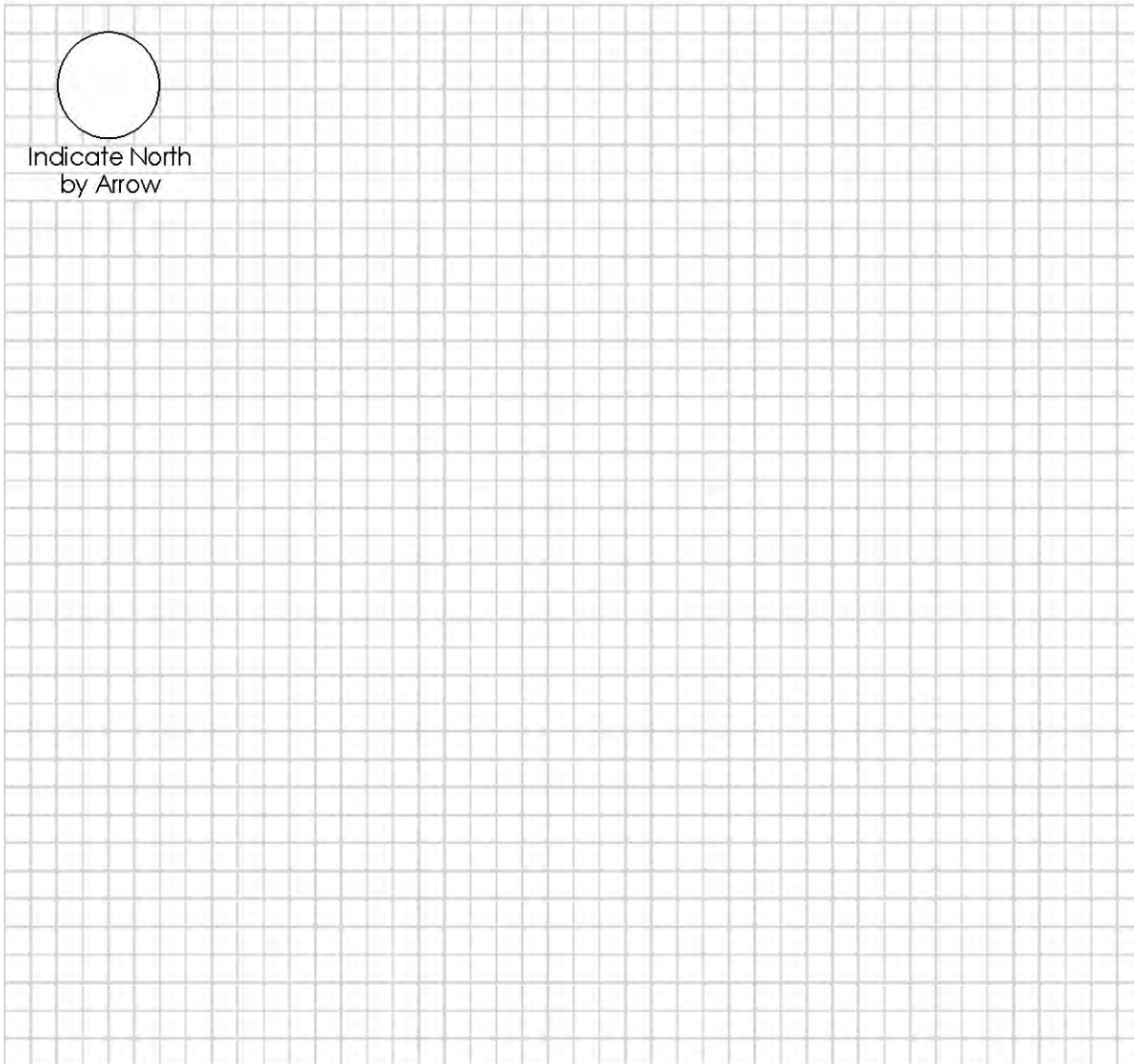
This or a similar diagram must be completed with all VIRs



## Vehicle Crash Diagram

### Instructions:

1. Number each vehicle and show directions 
2. Use a solid line to show path before incident and use a dotted line to show path after incident 
3. Show pedestrian/non-motorist by: 
4. Show railroad by: 
5. Indicate north by arrow as: 
6. Show street or highway names or numbers
7. Show signs, signals, warning and traffic controls.



Indicate North  
by Arrow

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_



# GROUND DISTURBANCE INCIDENT REPORT

AMEC Environment & Infrastructure

## Section 1 - General Information

Employee Name: \_\_\_\_\_ Time of incident: \_\_\_\_\_  am |  pm Time Reported: \_\_\_\_\_  am |  pm Report Date: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ Client: \_\_\_\_\_

### List of All Parties Present

Name	Company	Telephone No.	Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the chronological description of incident and response: \_\_\_\_\_

## Section 2 - Date and Location of Event

A. **\*Date of Event:** \_\_\_\_\_ (MM/DD/YYYY)

B. **\*Country** \_\_\_\_\_ **\*State** \_\_\_\_\_ **\*County** \_\_\_\_\_ **City** \_\_\_\_\_

C. **Street address** \_\_\_\_\_ **Nearest Intersection** \_\_\_\_\_

D. **\*Right of Way where event occurred**

E. **Public:**  City Street  State Highway  County Road  Interstate Highway  Public-Other

F. **Private:**  Private Business  Private Land Owner  Private Easement

G.  Pipeline  Power /Transmission Line  Dedicated Public Utility Easement

Federal Land  Railroad  Data not collected  Unknown/Other

List attached documentation (Public Utility Locates, Private Utility Locates, Copy of notifications submitted to Owner or other utility Owners, photographs): \_\_\_\_\_

## Section 3 - Affected Facility Information

**\*What type of facility operation was affected?**

Cable Television  Electric  Natural Gas  Liquid Pipeline  Sewer (Sanitary Sewer)

Steam  Telecommunications  Water  Unknown/Other

**\*What type of facility was affected?**

Distribution  Gathering  Service/Drop  Transmission  Unknown/Other

**Was the facility part of a joint trench?**

Unknown  Yes  No

**Was the facility owner a member of One-Call Center?**

Unknown  Yes  No

Section 4 - Excavation Information

<b>*Type of Excavator</b>				
<input type="checkbox"/> Contractor	<input type="checkbox"/> County	<input type="checkbox"/> Developer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Municipality <input type="checkbox"/> Occupant
<input type="checkbox"/> Railroad	<input type="checkbox"/> State	<input type="checkbox"/> Utility	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Unknown/Other
<b>*Type of Excavation Equipment</b>				
<input type="checkbox"/> Auger	<input type="checkbox"/> Backhoe/Trackhoe	<input type="checkbox"/> Boring	<input type="checkbox"/> Drilling	<input type="checkbox"/> Directional Drilling
<input type="checkbox"/> Explosives	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Grader/Scraper	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Milling Equipment
<input type="checkbox"/> Probing Device	<input type="checkbox"/> Trencher	<input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
<b>*Type of Work Performed</b>				
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cable Television	<input type="checkbox"/> Curb/Sidewalk	<input type="checkbox"/> Bldg. Construction	<input type="checkbox"/> Bldg. Demolition
<input type="checkbox"/> Drainage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Electric	<input type="checkbox"/> Engineering/Survey	<input type="checkbox"/> Fencing
<input type="checkbox"/> Grading	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Milling
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pole	<input type="checkbox"/> Public Transit Auth.	<input type="checkbox"/> Railroad Maint.	<input type="checkbox"/> Road Work
<input type="checkbox"/> Sewer (San/Storm)	<input type="checkbox"/> Site Development	<input type="checkbox"/> Steam	<input type="checkbox"/> Storm Drain/Culvert	<input type="checkbox"/> Street Light
<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Traffic Sign	<input type="checkbox"/> Water	<input type="checkbox"/> Waterway Improvement
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other			

Section 5 - Pre-Excavation Notification

<b>*Was the One-Call Center notified?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, which One-Call Center? _____
<b>Was Private Contract Locator used?</b>		Ticket number: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section 6 - Locating and Marking

<b>*Type of Locator</b>			
<input type="checkbox"/> Utility Owner	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Data Not Collected	
<b>*Were facility marks visible in the area of excavation?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	
<b>*Were facilities marked correctly?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	
<b>What technology was used to locate utilities?</b>			
<input type="checkbox"/> Maps	<input type="checkbox"/> Active(transmitter+receiver)	<input type="checkbox"/> Passive (receiver only)	<input type="checkbox"/> GPR
<input type="checkbox"/> Acoustic	<input type="checkbox"/> Magnetic	<input type="checkbox"/> Infrared	<input type="checkbox"/> Unknown/Other
<b>What Factors affected the ability to locate services?</b>			
<input type="checkbox"/> Soil Type: _____	<input type="checkbox"/> Non-Grounded	<input type="checkbox"/> Common Bonded	<input type="checkbox"/> Depth
<input type="checkbox"/> Electromagnetic interference	<input type="checkbox"/> Parallel facilities	<input type="checkbox"/> Congested facilities	<input type="checkbox"/> Unknown/Other

Section 7 - Excavator Downtime

<b>Did Excavator incur down time?</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>If yes, how much time?</b>					
<input type="checkbox"/> Unknown	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 3 or more hours	Exact Value _____ If
<b>Estimated cost of down time?</b>					
<input type="checkbox"/> Unknown	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 to 500	<input type="checkbox"/> \$501 to 1,000	<input type="checkbox"/> \$1,001 to 2,500	<input type="checkbox"/> \$2,501 to 5,000
	<input type="checkbox"/> \$5,001 to 25,000	<input type="checkbox"/> \$25,001 to 50,000	<input type="checkbox"/> \$50,001 and over	Exact Value _____	

Section 8 - Description of Damage

**\*Was there damage to a facility?**  
 Yes  No (i.e. near miss)

**\*Did the damage cause an interruption in service?**  
 Yes  No  Data Not Collected  Unknown/Other

**If yes, duration of interruption**  
 Unknown  Less than 1 hour  1 to 2 hrs  2 to 4 hrs  4 to 8 hrs  8 to 12 hrs  12 to 24 hrs  
 1 to 2 days  2 to 3 days  3 or more days  Data Not Collected Exact Value \_\_\_\_\_

**Approximately how many customers were affected?**  
 Unknown  0  1  2 to 10  11 to 50  51 or more Exact Value \_\_\_\_\_

**Estimated cost of damage / repair/restoration**  
 Unknown  \$0  \$1 to 500  \$501 to 1,000  \$1,001 to 2,500  \$2,501 to 5,000  
 \$5,001 to 25,000  \$25,001 to 50,000  \$50,001 and over Exact Value \_\_\_\_\_

**Number of people injured**  
 Unknown  0  1  2 to 9  10 to 19  20 to 49  50 to 99  
 100 or more Exact Value \_\_\_\_\_

**Number of fatalities**  
 Unknown  0  1  2 to 9  10 to 19  20 to 49  50 to 99  
 100 or more Exact Value \_\_\_\_\_

**Was there a Product Release?**  
 Product Release:  No  Yes  N/A Type: \_\_\_\_\_ **If Yes, Incident Type is Environmental Report.**  
 Volume: \_\_\_\_\_ Spill Controls: \_\_\_\_\_  
 Repair Process: \_\_\_\_\_

Section 9 - Description of the Root Cause

**Please choose one**

<p><b>One-Call Notification Practices Not Sufficient</b></p> <input type="checkbox"/> No notification made to the One-Call Center <input type="checkbox"/> Notification to one-call center made, but not sufficient <input type="checkbox"/> Wrong information provided to One Call Center	<p><b>Locating Practices Not Sufficient</b></p> <input type="checkbox"/> Facility could not be found or located <input type="checkbox"/> Facility marking or location not sufficient <input type="checkbox"/> Facility was not located or marked <input type="checkbox"/> Incorrect facility records/maps
<p><b>Excavation Practices Not Sufficient</b></p> <input type="checkbox"/> Failure to maintain marks <input type="checkbox"/> Failure to support exposed facilities <input type="checkbox"/> Failure to use hand tools where required <input type="checkbox"/> Failure to test-hole (pot-hole) <input type="checkbox"/> Improper backfilling practices <input type="checkbox"/> Failure to maintain clearance <input type="checkbox"/> Other insufficient excavation practices	<p><b>Miscellaneous Root Causes</b></p> <input type="checkbox"/> One-Call Center error <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Deteriorated facility <input type="checkbox"/> Previous damage <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Other



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Section 10 - Notifications, Certification & Approvals

Check the appropriate boxes indicating the applicable reports have been made to the following applicable organizations:

One Call was called  Spills Reporting Agency Notified

Emergency Responders (Fire) was called  Post-incident Drug/Alcohol Testing Performed

**List of All Agencies Contacted**

Name/Agency	Phone #	Date	Time

Incident Report prepared by: \_\_\_\_\_

Employee (s): \_\_\_\_\_

Date: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

HSE Coordinator/Project/Unit Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Group HSE Manager: \_\_\_\_\_

Date: \_\_\_\_\_

# Utility Clearance Form

Site Name: Al Tech Specialty Steel – MPA Investigation  
 Site Address: Intersection of Lincoln Ave and 1st Street Watervliet/Colonie, NY 12189

Project No./Task No.: 3612122256  
 One Call Ticket No.: \_\_\_\_\_

Project Manager Name: Jayme Connelly  
 Locations cleared by facility? \_\_\_\_\_

Ticket Good until: \_\_\_\_\_  
 PM Phone No.: \_\_\_\_\_  
 Date Cleared: \_\_\_\_\_

**Utility Clearance:**

Potential Utilities		Identified		Colors	Utility Company Name(s)	Utilities
Member of One Call	*Non Members	Utility Marked	Utility Responded not Present			
						<b>WHITE</b> - Proposed Excavation
						<b>**PINK</b> - Temporary Survey Markings
						<b>RED</b> - Electric Power Lines, Cables, Conduit and Lighting Cables
						<b>YELLOW</b> - Gas, Oil, Steam, Petroleum or Gaseous Materials
						<b>ORANGE</b> - Communication, Alarm or Signal Lines, Cables or Conduit
						<b>BLUE</b> - Potable Water
						<b>PURPLE</b> - Reclaimed Water, Irrigation and Slurry Lines
						<b>GREEN</b> - Sewers and Drain Lines

\*Contact local municipality

\*\* Survey markings need to be protected. If disturbed or destroyed, replace markings.

**Private Utility Locator/Geophysical Survey**

Method to be used:  Pipe and Cable Location  
 Ground Penetrating Radar  
 Magnetics and Electromagnetics

**Non-Destructive Excavation Method to be used**

\*Hand Dig  
 Soil Vacuum  
 Air Knife  
 Water Knife

\* Use electrically insulated gloves if potential for power lines

**Field Clues Observed/Evaluated:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Overhead power lines           | <input type="checkbox"/> Patches in concrete floors                | <input type="checkbox"/> Guard shack – service utilities        |
| <input type="checkbox"/> Cell phone/radio antennas      | <input type="checkbox"/> Drainage ditches in area                  | <input type="checkbox"/> Bathroom and kitchen facilities        |
| <input type="checkbox"/> Trench patches                 | <input type="checkbox"/> Utility vaults                            | <input type="checkbox"/> Radiant heat systems in slabs (ask)    |
| <input type="checkbox"/> Trench settlement              | <input type="checkbox"/> Transformer pads                          | <input type="checkbox"/> Cooling units outside building         |
| <input type="checkbox"/> Trench drains                  | <input type="checkbox"/> Conduits from power panels into slab      | <input type="checkbox"/> Process water to equipment in factory  |
| <input type="checkbox"/> Utility manholes               | <input type="checkbox"/> Above ground propane tanks                | <input type="checkbox"/> Sprinkler system landscaping           |
| <input type="checkbox"/> Manholes just outside building | <input type="checkbox"/> Fire protection rooms                     | <input type="checkbox"/> Grounding systems near perimeter       |
| <input type="checkbox"/> Valve risers                   | <input type="checkbox"/> Fire protection lines                     | <input type="checkbox"/> Water tower on site.                   |
| <input type="checkbox"/> Floor cleanout covers          | <input type="checkbox"/> Fire hydrant locations – valves in ground | <input type="checkbox"/> Foundation drains - building perimeter |
| <input type="checkbox"/> Floor drains                   | <input type="checkbox"/> Footings under structural columns         |   |

**Additional Notes/Remarks:** \_\_\_\_\_

**Confidence Level that All Utilities have been identified:**

High       Medium High       \*Moderate       \*Medium Low       \*Low

\*Contact PM. Get PM and OM permission prior to proceeding

\*Cleared by PM? \_\_\_\_\_

\*Cleared by OM? \_\_\_\_\_

## **Job Hazard Analysis (JHA)**

- 1 – SFJHA – Mobilization Demobilization and Site Preparation
- 2 – SFJHA – Field Work – General R1
- 3 – SFJHA – Field Work – Oversight
- 4 – SFJHA – Soil Sampling
- 5 – SFJHA – Poisonous Plants with Giant Hogweed
- 6 – SFJHA – Insect Stings and Bites
- 7 – SFAHA – Sediment Sampling from Shore



## Job Hazard Analysis – HASP Format

**Job Title:** Mobilization/Demobilization and Site Preparation

**Date of Analysis:** 8/15/06

**Minimum Recommended PPE\*:** High visibility vest, hard hat, steel-toed boots, safety glasses, hearing protection

\*See HASP for all required PPE

Key Work Steps	Hazards/Potential Hazards	Safe Practices
1. Prepare for Site Visit	1A) N/A	1A) Prior to leaving for site <ul style="list-style-type: none"> <li>▪ Obtain and review HASP prior to site visit, if possible</li> <li>▪ Determine PPE needs – bring required PPE to the site, if not otherwise being provided at the site (e.g., steel toed boots)</li> <li>▪ Determine training and medical monitoring needs and ensure all required Health and Safety training and medical monitoring has been received and is current</li> <li>▪ Ensure all workers are fit for duty (alert, well rested, and mentally and physically fit to perform work assignment)</li> <li>▪ If respiratory protection is required/potentially required, ensure that training and fit-testing has occurred within the past year.</li> <li>▪ Familiarize yourself with route to the site</li> </ul>
	1B) Vehicle defects	1B) Inspect company owned/leased vehicle for defects such as: <ul style="list-style-type: none"> <li>▪ Flat tires</li> <li>▪ Windshield wipers worn or torn</li> <li>▪ Oil puddles under vehicle</li> <li>▪ Headlights, brake lights, turn signals not working</li> </ul>
	1C) Insufficient emergency equipment, unsecured loads	1C) Insufficient emergency equipment, unsecured loads <ul style="list-style-type: none"> <li>▪ Ensure vehicle has first aid kit and that all medications are current (if first aid kits are not provided at the site)</li> <li>▪ Ensure vehicle is equipped with warning flashers and/or flares and that the warning flashers work</li> <li>▪ Cell phones are recommended to call for help in the event of an emergency</li> <li>▪ Vehicles carrying tools must have a safety cage in place. All tools must be properly secured</li> <li>▪ Vehicles must be equipped with chocks if the vehicle is to be left running, unattended.</li> <li>▪ Ensure sufficient gasoline is in the tank</li> </ul>
2. Operating vehicles – general	2A) Collisions, unsafe driving conditions	2A) Drive Defensively! <ul style="list-style-type: none"> <li>▪ Seat belts must be used at all times when operating any vehicle on company business.</li> <li>▪ Drive at safe speed for road conditions</li> <li>▪ Maintain adequate following distance</li> <li>▪ Pull over and stop if you have to look at a map</li> <li>▪ Try to park so that you don't have to back up to leave.</li> <li>▪ If backing in required, walk around vehicle to identify any hazards (especially low level hazards that may be difficult to see when in the vehicle) that might be present. Use a spotter if necessary</li> </ul>
3. Driving to the jobsite	3A) Dusty, winding, narrow roads	3A) Dusty, winding, narrow roads <ul style="list-style-type: none"> <li>▪ Drive confidently and defensively at all times.</li> <li>▪ Go slow around corners, occasionally clearing the windshield.</li> </ul>
	3B) Rocky or one-lane roads	3B) Rocky or one-lane roads <ul style="list-style-type: none"> <li>▪ Stay clear of gullies and trenches, drive slowly over rocks.</li> <li>▪ Yield right-of-way to oncoming vehicles---find a safe place to pull over.</li> </ul>
	3C) Stormy weather, near confused tourists	3C) Stormy weather, near confused tourists <ul style="list-style-type: none"> <li>▪ Inquire about conditions before leaving the office.</li> <li>▪ Be aware of oncoming storms.</li> <li>▪ Drive to avoid accident situations created by the mistakes of others.</li> </ul>



## Job Hazard Analysis – HASP Format

**Job Title:** Mobilization/Demobilization and Site Preparation

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	3D) When angry or irritated	3D) When angry or irritated <ul style="list-style-type: none"> <li>▪ Attitude adjustment; change the subject or work out the problem before driving the vehicle. Let someone else drive.</li> </ul>
	3E) Turning around on narrow roads	3E) Turning around on narrow roads <ul style="list-style-type: none"> <li>▪ Safely turn out with as much room as possible.</li> <li>▪ Know what is ahead and behind the vehicle.</li> <li>▪ Use a backer if available.</li> </ul>
	3F) Sick or medicated	3F) Sick or medicated <ul style="list-style-type: none"> <li>▪ Let others on the crew know you do not feel well.</li> <li>▪ Let someone else drive.</li> </ul>
	3G) On wet or slimy roads	3G) On wet or slimy roads <ul style="list-style-type: none"> <li>▪ Drive slow and safe, wear seatbelts.</li> </ul>
	3H) Animals on road	3H) Animals on road <ul style="list-style-type: none"> <li>▪ Drive slowly, watch for other animals nearby.</li> <li>▪ Be alert for animals darting out of wooded areas</li> </ul>
4. Gain permission to enter site	4A) Hostile landowner, livestock, pets	4A) Hostile landowner, livestock, pets <ul style="list-style-type: none"> <li>▪ Talk to land owner, be courteous and diplomatic</li> <li>▪ Ensure all animals have been secured away from work area</li> </ul>
5. Mobilization/ Demobilization of Equipment and Supplies	5A) Struck by Heavy Equipment/Vehicles	5A) Struck by heavy equipment <ul style="list-style-type: none"> <li>▪ Be aware of heavy equipment operations.</li> <li>▪ Keep out of the swing radius of heavy equipment.</li> <li>▪ Ground personnel in the vicinity of heavy equipment operations will be within the view of the operator at all times</li> <li>▪ Employees shall wear a high visibility vest or T-shirt (reflective vest required if working at night).</li> <li>▪ Ground personnel will be aware of the counterweight swing and maintain an adequate buffer zone.</li> <li>▪ Ground personnel will not stand directly behind heavy equipment when it is in operation.</li> </ul>
	5B) Struck by Equipment/Supplies	5B) Struck by Equipment/Supplies <ul style="list-style-type: none"> <li>▪ Workers will maintain proper space around their work area, if someone enters it, stop work.</li> <li>▪ When entering another worker's work space, give a verbal warning so they know you are there.</li> </ul>
	5C) Overexertion Unloading/Loading Supplies	5C) Overexertion Unloading/Loading Supplies <ul style="list-style-type: none"> <li>▪ Train workers on proper body mechanics, do not bend or twist at the waist while exerting force or lifting.</li> <li>▪ Tightly secure all loads to the truck bed to avoid load shifting while in transit.</li> </ul>
	5D) Caught in/on/between	5D) Caught in/on/between <ul style="list-style-type: none"> <li>▪ Do not place yourself between two vehicles or between a vehicle and a fixed object.</li> </ul>
	5E) Slip/Trip/Fall	5E) 1E). Slip/Trip/Fall <ul style="list-style-type: none"> <li>▪ Mark all holes and low spots in area with banner tape. Instruct personnel to avoid these areas.</li> <li>▪ Drivers will maintain 3 point contact when mounting/dismounting vehicles/equipment.</li> <li>▪ Drivers will check surface before stepping, not jumping down.</li> </ul>



## Job Hazard Analysis – HASP Format

**Job Title:** Mobilization/Demobilization and Site Preparation

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	5F) Vehicle accident	5F) Vehicle accident <ul style="list-style-type: none"> <li>▪ Employees should follow MACTEC vehicle operation policy and be aware of all stationary and mobile vehicles.</li> </ul>
6. Site Preparation	6A) Slip/Trip/Fall	6A) Slip/Trip/Fall <ul style="list-style-type: none"> <li>▪ Mark all holes and low spots in area with banner tape. Instruct personnel to avoid these areas</li> </ul>
7. Installation of soil erosion and sediment controls	7A) Overexertion	7A) Overexertion <ul style="list-style-type: none"> <li>▪ Workers will be trained in the proper method of placing erosion controls.</li> <li>▪ Do not bend and twist at the waist while lifting or exerting force.</li> </ul>
	7B) Struck by Equipment/Supplies	7C) Struck by Equipment/Supplies <ul style="list-style-type: none"> <li>▪ Workers will maintain proper space around their work area, if someone enters it, stop work.</li> <li>▪ When entering another worker's work space, give a verbal warning so they know you are there.</li> </ul>
8. Driving back from the jobsite	8A) See hazards listed under item #3	8A) See safe work practices under item #3



## Job Hazard Analysis – HASP Format

**Job Title:** Field Work - General

**Date of Analysis:** 8/15/06

**Minimum Recommended PPE\*:** hard hat, steel-toed boots, safety glasses


\*See HASP for all required PPE

Key Work Steps	Hazards/Potential Hazards	Safe Practices
1. Mobilization/ Demobilization and Site Preparation	1A) See Mobilization/Demobilization and Site Preparation JHA	1A) See Mobilization/Demobilization and Site Preparation JHA
2. Communication	2A) Safety, crew unity	2A) Talk to each other. <ul style="list-style-type: none"> <li>▪ Log all workers and visitor on and off the site.</li> <li>▪ Let other crewmembers know when you see a hazard.</li> <li>▪ Avoid working near known hazards.</li> <li>▪ Always know the whereabouts of fellow crewmembers.</li> <li>▪ Carry a radio and spare batteries or cell phone</li> <li>▪ Review Emergency Evacuation Procedures (see below).</li> </ul>
3. Walking and working in the field	3A) Falling down, twisted ankles and knees, poor footing	3A) Always watch your footing. <ul style="list-style-type: none"> <li>▪ Horseplay is strictly prohibited</li> <li>▪ Slow down and use extra caution around logs, rocks, and animal holes.</li> <li>▪ Extremely steep slopes (&gt;50%) can be hazardous under wet or dry conditions; consider an alternate route.</li> <li>▪ Wear laced boots with a minimum 8" high upper and non-skid Vibram-type soles for ankle support and traction.</li> </ul>
	3B) Falling objects	3B) Protect head against falling objects. <ul style="list-style-type: none"> <li>▪ Wear your hardhat for protection from falling limbs and pinecones, and from tools and equipment carried by other crewmembers.</li> <li>▪ Stay out of the woods during extremely high winds.</li> </ul>
	3C) Chemical/Toxicological Hazards	3C) Chemical/Toxicological Hazards <ul style="list-style-type: none"> <li>▪ See HASP for appropriate level of PPE</li> <li>▪ Use monitoring equipment, as outlined in HASP, to monitor breathing zone</li> <li>▪ Read MSDSs for all chemicals brought to the site</li> <li>▪ Be familiar with hazards associated with site contaminants.</li> <li>▪ Ensure that all containers are properly labelled</li> <li>▪ Decon thoroughly prior to consumption of food, beverage or tobacco.</li> </ul>
	3D) Damage to eyes	3D) Protect eyes: <ul style="list-style-type: none"> <li>▪ Watch where you walk, especially around trees and brush with limbs sticking out.</li> <li>▪ Exercise caution when clearing limbs from tree trunks. Advise wearing eye protection.</li> <li>▪ Ultraviolet light from the sun can be damaging to the eyes; look for sunglasses that specify significant protection from UV-A and UV-B radiation. If safety glasses require, use one's with tinted lenses</li> </ul>
	3E) Bee and wasp stings	3E) See JHA for Insect Stings and Bites
	3F) Ticks and infected mosquitos	3F) See JHA for Insect Stings and Bites
	3G) Wild Animals	3G) Wild Animals <ul style="list-style-type: none"> <li>▪ Avoid physical contact with wild animals</li> <li>▪ Do not threaten and/or corner animals</li> <li>▪ Make noise to get the animal to retreat.</li> <li>▪ Stay in or return to vehicle/equipment if in danger</li> </ul>

## Job Hazard Analysis – HASP Format

**Job Title:** Field Work - General

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	3H) Contact with poisonous plants or the oil from those plants:	3H) Contact with poisonous plants or the oil from those plants: <ul style="list-style-type: none"> <li>▪ Look for signs of poisonous plants and avoid.</li> <li>▪ Ensure all field workers can identify the plants. Mark identified poisonous plants with spray paint if working at a fixed location.</li> <li>▪ Do not allow plant to touch any part of your body/clothing.</li> <li>▪ Wear PPE as described in the HASP and wear Tyveks, gloves and boot covers if contact with plant is likely</li> <li>▪ Always wash gloves before removing them.</li> <li>▪ Discard PPE in accordance with the HASP.</li> <li>▪ Use commercially available products such as Ivy Block or Ivy Wash as appropriate.</li> </ul>
		<div style="text-align: center;">  <p style="display: flex; justify-content: space-around; font-size: small;"> <span><b>POISON IVY</b> (Rhus toxicodendron L.)</span> <span><b>POISON OAK</b> (Rhus diversiloba)</span> <span><b>POISON SUMAC</b> (Rhus toxicodendron vernix)</span> </p> </div>
	3I) Back Injuries	3I) Back Injuries <ul style="list-style-type: none"> <li>▪ Site personnel will be instructed on proper lifting techniques.</li> <li>▪ Mechanical devices should be used to reduce manual handling of materials.</li> <li>▪ Split heavy loads in to smaller loads</li> <li>▪ Team lifting should be utilized if mechanical devices are not available.</li> <li>▪ Make sure that path is clear prior to lift.</li> </ul>
	3J) Shoveling	3J) Shoveling <ul style="list-style-type: none"> <li>▪ Select the proper shovel for the task. A long handled, flat bladed shovel is recommend for loose material</li> <li>▪ Inspect the handle for splinters and/or cracks</li> <li>▪ Ensure that the blade is securely attached to the handle</li> <li>▪ Never be more than 15 inches from the material you are shoveling</li> <li>▪ Stand with your feet about hip width for balance and keep the shovel close to your body.</li> <li>▪ Bend from the knees (not the back) and tighten your stomach muscles as you lift.</li> <li>▪ Avoid twisting movements. If you need to move the snow to one side reposition your feet to face the direction the snow will be going.</li> <li>▪ Avoid lifting large shoveling too much at once. When lifting heavy material, pick up less to reduce the weight lifted.</li> <li>▪ Pace yourself to avoid getting out of breath and becoming fatigued too soon.</li> <li>▪ Be alert for signs of stress such as pain, numbness, burning and tingling. Stop immediately if you feel any of these symptoms.</li> </ul>
	3K) Slips/Trips/Falls	3K) Slips/Trips/Falls <ul style="list-style-type: none"> <li>▪ Maintain work areas safe and orderly; unloading areas should be on even terrain; mark or repair possible tripping hazards.</li> <li>▪ Site SHSO inspect the entire work area to identify and mark hazards.</li> <li>▪ Maintain three points of contact when climbing ladders or onto/off of equipment</li> </ul>



## Job Hazard Analysis – HASP Format

**Job Title:** Field Work - General

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	3L) Overhead Hazards	3L) Overhead Hazards <ul style="list-style-type: none"> <li>▪ Personnel will be required to wear hard hats that meet ANSI Standard Z89.1.</li> <li>▪ All ground personnel will stay clear of suspended loads.</li> <li>▪ All equipment will be provided with guards, canopies or grills to protect the operator from falling or flying objects.</li> <li>▪ All overhead hazards will be identified prior to commencing work operations.</li> </ul>
	3M) Dropped Objects	3M) Dropped Objects <ul style="list-style-type: none"> <li>▪ Steel toe boots meeting ANSI Standard Z41 will be worn.</li> </ul>
	3N) Noise	3N) Noise <ul style="list-style-type: none"> <li>▪ Hearing protection will be worn with a noise reduction rating capable of maintaining personal exposure below 85 dBA (ear muffs or plugs); all equipment will be equipped with manufacturer's required mufflers. Hearing protection shall be worn by all personnel working in or near heavy equipment.</li> </ul>
	3O) Eye Injuries	3O) Eye Injuries <ul style="list-style-type: none"> <li>▪ Safety glasses meeting ANSI Standard Z87 will be worn.</li> </ul>
	3P) Heavy Equipment (overhead hazards, spills, struck by or against)	3P) Heavy Equipment <ul style="list-style-type: none"> <li>▪ All operators will be trained and qualified to operate equipment</li> <li>▪ Equipment will have seat belts.</li> <li>▪ Operators will wear seat belts when operating equipment.</li> <li>▪ Do not operate equipment on grades that exceed manufacturer's recommendations.</li> <li>▪ Equipment will have guards, canopies or grills to protect from flying objects.</li> <li>▪ Ground personnel will stay clear of all suspended loads.</li> <li>▪ Personnel are prohibited from riding on the buckets, or elsewhere on the equipment except for designated seats with proper seat belts or lifts specifically designed to carry workers.</li> <li>▪ Ground personnel will wear high visibility vests</li> <li>▪ Spill and absorbent materials will be readily available.</li> <li>▪ Drip pans, polyethylene sheeting or other means will be used for secondary containment.</li> <li>▪ Ground personnel will stay out of the swing radius of excavators.</li> <li>▪ Eye contact with operators will be made before approaching equipment.</li> <li>▪ Operator will acknowledge eye contact by removing his hands from the controls.</li> <li>▪ Equipment will not be approached on blind sides.</li> <li>▪ All equipment will be equipped with backup alarms and use spotters when significant physical movement of equipment occurs on-site, (i.e., other than in place excavation or truck loading).</li> <li>▪ Inspect rigging prior to each use.</li> </ul>

## Job Hazard Analysis – HASP Format

**Job Title:** Field Work - General

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	3Q) Struck by vehicle/equipment	3Q) Struck by vehicle/equipment <ul style="list-style-type: none"> <li>▪ Be aware of heavy equipment operations.</li> <li>▪ Keep out of the swing radius of heavy equipment.</li> <li>▪ Ground personnel in the vicinity of vehicles or heavy equipment operations will be within the view of the operator at all times.</li> <li>▪ Ground personnel will be aware of the counterweight swing and maintain an adequate buffer zone.</li> <li>▪ Ground personnel will not stand directly behind heavy equipment when it is in operation.</li> <li>▪ Drivers will keep workers on foot in their vision at all times, if you lose sight of someone, Stop!</li> <li>▪ Spotters will be used when backing up trucks and heavy equipment and when moving equipment.</li> <li>▪ High visibility vests will be worn when workers are exposed to vehicular traffic at the site or on public roads.</li> </ul>
	3R) Struck/cut by tools	3R) Struck/cut by tools <ul style="list-style-type: none"> <li>▪ Cut resistant work gloves will be worn when dealing with sharp objects.</li> <li>▪ All hand and power tools will be maintained in safe condition.</li> <li>▪ Do not drop or throw tools. Tools shall be placed on the ground or worksurface or handed to another employee in a safe manner.</li> <li>▪ Guards will be kept in place while using hand and power tools.</li> </ul>
	3S) Caught in/on/between	3S) Caught in/on/between <ul style="list-style-type: none"> <li>▪ Workers will not position themselves between equipment and a stationary object.</li> <li>▪ Workers will not wear long hair down (place in pony-tail and tuck into shirt) or jewelry if working with tools/machinery.</li> </ul>
	3T) Contact with Electricity/Lightning	3T) Contact with Electricity/Lighting <ul style="list-style-type: none"> <li>▪ All electrical tools and equipment will be equipped with GFCI.</li> <li>▪ Electrical extension cords will be of the "Hard" or "Extra Hard" service type.</li> <li>▪ All extension cords shall have a three-blade grounding plug.</li> <li>▪ Personnel shall not use extension cords with damaged outer covers, exposed inner wires, or splices.</li> <li>▪ Electrical cords shall not be laid across roads where vehicular traffic may damage the cord without appropriate guarding.</li> <li>▪ All electrical work will be conducted by a licensed electrician.</li> <li>▪ All equipment will be locked out and tagged out and rendered in a zero energy state prior to commencing any operation that may exposed workers to electrical, mechanical, hydraulic, etc. hazards.</li> <li>▪ All utilities will be marked prior to excavation activities.</li> <li>▪ All equipment will stay a minimum of 10 feet from overhead energized electrical lines (50 kV). This distance will increase by 4 inches for each 10 kV above 50 kV. Rule of Thumb: Stay 10 feet away from all overhead powerlines known to be 50 kV or less and 35 feet from all others.)</li> <li>▪ The SHSO shall halt outdoor site operations whenever lightning is visible, outdoor work will not resume until 30 minutes after the last sighting of lightning.</li> </ul>
	3U) Equipment failure	3U) Equipment failure <ul style="list-style-type: none"> <li>▪ All equipment will be inspected before use. If any safety problems are noted, the equipment should be tagged and removed from service until repaired or replaced.</li> </ul>

## Job Hazard Analysis – HASP Format

**Job Title:** Field Work - General

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	3V) Hand & power tool usage.	3V) Hand & power tool usage <ul style="list-style-type: none"> <li>▪ Daily inspections will be performed.</li> <li>▪ Ensure guards are in place and are in good condition.</li> <li>▪ Remove broken or damaged tools from service.</li> <li>▪ Use the tool for its intended purpose.</li> <li>▪ Use in accordance with manufacturers instructions.</li> <li>▪ No tampering with electrical equipment is allowed (e.g., splicing cords, cutting the grounding prong off plug, etc.)</li> <li>▪ See JHA for Power Tool Use - Electrical and Power Tool Use - Gasoline</li> </ul>
	3W) Fire Protection	3W) Fire Protection <ul style="list-style-type: none"> <li>▪ Ensure that adequate number and type of fire extinguishers are present at the site</li> <li>▪ Inspect fire extinguishers on a monthly basis – document</li> <li>▪ All employees who are expected to use fire extinguishers will have received training on an annual basis.</li> <li>▪ Obey no-smoking policy</li> <li>▪ Open fires are prohibited</li> <li>▪ Maintain good housekeeping. Keep rubbish and combustibles to a minimum.</li> <li>▪ Keep flammable liquids in small containers with lids closed or a safety can.</li> <li>▪ When dispensing flammable liquids, do in well vented area and bond and ground containers.</li> </ul>
	3X) Confined Space Entry	3X) Confined Space Entry <ul style="list-style-type: none"> <li>▪ See JHA for Confined Space Entry</li> </ul>
4. Environmental health considerations	4A) Heat Stress	4A) Take precautions to prevent heat stress <ul style="list-style-type: none"> <li>▪ Remain constantly aware of the four basic factors that determine the degree of heat stress (air temperature, humidity, air movement, and heat radiation) relative to the surrounding work environmental heat load.</li> <li>▪ Know the signs and symptoms of heat exhaustion, heat cramps, and heat stroke. Heat stroke is a true medical emergency requiring immediate emergency response action.</li> </ul> <p>NOTE: The severity of the effects of a given environmental heat stress is decreased by reducing the work load, increasing the frequency and/or duration of rest periods, and by introducing measures which will protect employees from hot environments.</p> <ul style="list-style-type: none"> <li>▪ Maintain adequate water intake by drinking water periodically in small amounts throughout the day (flavoring water with citrus flavors or extracts enhances palatability).</li> <li>▪ Allow approximately 2 weeks with progressive degrees of heat exposure and physical exertion for substantial acclimatization.</li> <li>▪ Acclimatization is necessary regardless of an employee's physical condition (the better one's physical condition, the quicker the acclimatization). Tailor the work schedule to fit the climate, the physical condition of employees, and mission requirements.               <ul style="list-style-type: none"> <li>▪ A reduction of work load markedly decreases total heat stress.</li> <li>▪ Lessen work load and/or duration of physical exertion the first days of heat exposure to allow gradual acclimatization.</li> </ul> </li> <li>▪ Alternate work and rest periods. More severe conditions may require longer rest periods and electrolyte fluid replacement.</li> </ul>

## Job Hazard Analysis – HASP Format

**Job Title:** Field Work - General

**Date of Analysis:** 8/15/06

Key Work Steps	Hazards/Potential Hazards	Safe Practices						
	4B) Wet Bulb Globe Temperature (WBGT) Index	4B) WBGT <ul style="list-style-type: none"> <li>▪ Curtail or suspend physical work when conditions are extremely severe (see attached Heat Stress Index).</li> <li>▪ Compute a Wet Bulb Globe Temperature Index to determine the level of physical activity (take WBGT index measurements in a location that is similar or closely approximates the environment to which employees will be exposed).</li> </ul> <p style="text-align: center;">WBGT THRESHOLD VALUES FOR INSTITUTING PREVENTIVE MEASURES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">80-90 degrees F</td> <td style="border: none;">Fatigue possible with prolonged exposure and physical activity.</td> </tr> <tr> <td style="border: none;">90-105 degrees F</td> <td style="border: none;">Heat exhaustion and heat stroke possible with prolonged exposure and physical activity.</td> </tr> <tr> <td style="border: none;">105-130 degrees F</td> <td style="border: none;">Heat exhaustion and heat stroke are likely with prolonged heat exposure and physical activity.</td> </tr> </table>	80-90 degrees F	Fatigue possible with prolonged exposure and physical activity.	90-105 degrees F	Heat exhaustion and heat stroke possible with prolonged exposure and physical activity.	105-130 degrees F	Heat exhaustion and heat stroke are likely with prolonged heat exposure and physical activity.
80-90 degrees F	Fatigue possible with prolonged exposure and physical activity.							
90-105 degrees F	Heat exhaustion and heat stroke possible with prolonged exposure and physical activity.							
105-130 degrees F	Heat exhaustion and heat stroke are likely with prolonged heat exposure and physical activity.							
	4C) Cold Extremes	4C) Take precautions to prevent cold stress injuries <ul style="list-style-type: none"> <li>▪ Cover all exposed skin and be aware of frostbite. While cold air will not freeze the tissues of the lungs, slow down and use a mask or scarf to minimize the effect of cold air on air passages.</li> <li>▪ Dress in layers with wicking garments (those that carry moisture away from the body – e.g., cotton) and a weatherproof slicker. A wool outer garment is recommended.</li> <li>▪ Take layers off as you heat up; put them on as you cool down.</li> <li>▪ Wear head protection that provides adequate insulation and protects the ears.</li> <li>▪ Maintain your energy level. Avoid exhaustion and over-exertion which causes sweating, dampens clothing, and accelerates loss of body heat and increases the potential for hypothermia.</li> <li>▪ Acclimate to the cold climate to minimize discomfort.</li> <li>▪ Maintain adequate water/fluid intake to avoid dehydration.</li> </ul>						
	4D) Wind	4D) Effects of the wind <ul style="list-style-type: none"> <li>▪ Wind chill greatly affects heat loss (see attached Wind Chill Index).</li> <li>▪ Avoid marking in old, defective timber, especially hardwoods, during periods of high winds due to snag hazards.</li> </ul>						
	4E) Thunderstorms	4E) Thunderstorms <ul style="list-style-type: none"> <li>▪ Monitor weather channels to determine if electrical storms are forecasted.</li> <li>▪ Plan ahead and identify safe locations to be in the event of a storm. (e.g., sturdy building, vehicle, etc.)</li> <li>▪ Suspend all field work at the first sound of thunder. You should be in a safe place when the time between the lightning and thunder is less than 30 seconds.</li> <li>▪ Only return to work 30 minutes after the after the last strike or sound of thunder</li> </ul>						

**Relative Humidity (%)** furnished by National Weather Service Gray, ME

Air Temperature °F	Relative Humidity (%)												
	40	45	50	55	60	65	70	75	80	85	90	95	100
110	136												
108	130	137											
106	124	130	137										
104	119	124	131	137									
102	114	119	124	130	137								
100	109	114	118	124	129	136							
98	105	109	113	117	123	128	134						
96	101	104	108	112	116	121	126	132					
94	97	100	103	106	110	114	119	124	129	135			
92	94	96	99	101	105	108	112	116	121	126	131		
90	91	93	95	97	100	103	106	109	113	117	122	127	132
88	88	89	91	93	95	98	100	103	106	110	113	117	121
86	85	87	88	89	91	93	95	97	100	102	105	108	112
84	83	84	85	86	88	89	90	92	94	96	98	100	103
82	81	82	83	84	84	85	86	88	89	90	91	93	95
80	80	80	81	81	82	82	83	84	84	85	86	86	87

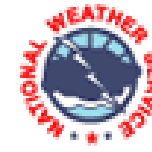
Heat Index  
(Apparent  
Temperature)

**With Prolonged Exposure  
and/or Physical Activity**

<b>Extreme Danger</b>
Heat stroke or sunstroke highly likely
<b>Danger</b>
Sunstroke, muscle cramps, and/or heat exhaustion likely
<b>Extreme Caution</b>
Sunstroke, muscle cramps, and/or heat exhaustion possible
<b>Caution</b>
Fatigue possible



# Wind Chill Chart



Temperature (°F)

Wind (mph)	Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5		36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10		34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15		32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20		30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25		29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30		28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35		28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40		27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45		26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50		26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55		25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60		25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times

30 minutes

10 minutes

5 minutes

$$\text{Wind Chill (°F)} = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})$$

Where, T= Air Temperature (°F) V= Wind Speed (mph)

Effective 11/01/01

## Job Hazard Analysis Form

**Job Title:** Field Work - Oversight

**Date of Analysis:** 4/13/10

**Minimum Recommended PPE\*:** High visibility vest, hard hat, steel-toed boots, safety glasses, hearing protection

\*See HASP for all required PPE

Key Work Steps	Hazards/Potential Hazards	Safe Practices
1. Prepare for site visit	1A) N/A	<ul style="list-style-type: none"> <li>▪ Obtain and review HASP prior to site visit, if possible</li> <li>▪ Determine PPE needs – bring required PPE to the site, if not otherwise being provided at the site (e.g., steel toed boots)</li> <li>▪ Determine training and medical monitoring needs and ensure all required Health and Safety training and medical monitoring has been received and is current</li> <li>▪ Complete site specific/ client required training</li> <li>▪ Ensure all workers are fit for duty (alert, well rested, and mentally and physically fit to perform work assignment)</li> <li>▪ First aid kits shall be available at the work site and on each transport vehicle.</li> <li>▪ Familiarize yourself with route to the site</li> <li>▪ Check weather forecast. Pack appropriate clothing and other items (e.g., sunscreen) for anticipated weather conditions</li> <li>▪ Verify that subsurface utilities have been identified.</li> </ul>
2. Traveling to the site by vehicle	2A) See JHA for Mobilization, Demobilization and Site Preparation	<ul style="list-style-type: none"> <li>▪ See JHA for Mobilization, Demobilization and Site Preparation</li> </ul>
3. Initial Arrival - Assess Site Conditions	3A) Communication with subcontractor and other site personnel	<ul style="list-style-type: none"> <li>▪ Develop communication methods (agree on hand signals, warning alarms)</li> <li>▪ Log all workers and visitor on and off the site.</li> <li>▪ Let other crewmembers know when you see a hazard.</li> <li>▪ Avoid working near known hazards.</li> <li>▪ Always know the whereabouts of fellow crewmembers.</li> <li>▪ Carry a radio and spare batteries or cell phone</li> <li>▪ Hold and document Safety tailgate meetings</li> <li>▪ Establish work zones, evacuation routes and rally locations.</li> </ul>
	3B) Insect Bites and Stings	<ul style="list-style-type: none"> <li>▪ Discuss the types of insects expected at the Site and be able to identify them.</li> <li>▪ Look for signs of insects.</li> <li>▪ Inform crew members if allergic to insects and what to do if you need assistance.</li> <li>▪ Avoid wearing heavy fragrances.</li> <li>▪ Carry first-aid and sting relief kits.</li> <li>▪ Carry identification of known allergies and necessary emergency medication.</li> <li>▪ Spray clothing with insect repellent as a barrier.</li> <li>▪ Wear light colored clothing that fits tightly at the wrists, ankles, and waist.</li> <li>▪ Cover trouser legs with high socks or boots.</li> <li>▪ Tuck in shirt tails.</li> </ul>

	3C) Poisonous plants	<ul style="list-style-type: none"> <li>▪ Wear long sleeves, long pants and boots</li> <li>▪ Ensure all field workers can identify the plants. Mark identified poisonous plants with high visibility spray paint if working at a fixed location.</li> <li>▪ Look for signs of poisonous plants and demark area to aid in avoiding plant.</li> <li>▪ Do not touch any plant part to any part of your body/clothing.</li> <li>▪ Use commercially available products such as Ivy Block or Ivy Wash as appropriate.</li> </ul>
	3D) Vermin, leaches, animal borne disease	<ul style="list-style-type: none"> <li>▪ Survey the area for dens, nests, etc.</li> <li>▪ Identify areas where biological hazards may be present.</li> <li>▪ Wear long sleeve shirt and full length pants</li> <li>▪ Be aware of your surroundings.</li> <li>▪ Wear appropriate footwear (snake boots, etc.)</li> <li>▪ Avoid high grass areas if possible</li> <li>▪ Do not put hand/arm into/under an area that you cannot see into/under clearly</li> <li>▪ Perform routine inspections for ticks, leaches, etc. of yourself and co-workers.</li> </ul>
	3E) Chemical Hazards	<ul style="list-style-type: none"> <li>▪ Wear chemical resistant PPE as identified in the HASP</li> <li>▪ Use monitoring equipment, as outlined in HASP, to monitor breathing zone</li> <li>▪ Read MSDSs for all chemicals brought to the site</li> <li>▪ Be familiar with hazards associated with site contaminants.</li> <li>▪ Ensure that all containers are properly labeled</li> </ul>
	3F) Overhead Power Lines	<ul style="list-style-type: none"> <li>▪ Identify the location of all overhead power lines at the site.</li> <li>▪ Maintain clearances depending on voltage - All equipment will stay a minimum of 10 feet from overhead energized electrical lines (50 kV or less). This distance will increase by 4 inches for each 10 kV above 50 kV. Rule of Thumb: Stay 10 feet away from all overhead power lines known to be 50 kV or less and 35 feet from all others.)</li> <li>▪ Re-locate work so it is not close to power lines</li> <li>▪ Avoid storing materials under overhead power lines</li> </ul>
	3G) Underground Utilities	<ul style="list-style-type: none"> <li>▪ All utilities will be marked prior to excavation activities</li> <li>▪ For areas where utility locations cannot be verified, workers must hand dig for the first 3 feet</li> <li>▪ Use lineman's gloves when locating underground power lines</li> <li>▪ Work at adequate offsets from utility locations</li> <li>▪ Immediately cease work if unknown utility markings are discovered.</li> </ul>



	3H) Cold Stress	<ul style="list-style-type: none"> <li>▪ Dress in layers with wicking garments (those that carry moisture away from the body – e.g., cotton) and a weatherproof slicker. A wool outer garment is recommended.</li> <li>▪ Take layers off as you heat up; put them on as you cool down.</li> <li>▪ Wear head protection that provides adequate insulation and protects the ears.</li> <li>▪ Maintain your energy level. Avoid exhaustion and over-exertion which causes sweating, dampens clothing, and accelerates loss of body heat and increases the potential for hypothermia.</li> <li>▪ Acclimate to the cold climate to minimize discomfort.</li> <li>▪ Maintain adequate water/fluid intake to avoid dehydration.</li> <li>▪ Be aware of signs of hypothermia, its prevention, detection and treatment.</li> <li>▪ Have extra protection available, in case of an emergency such as blankets and heating devices.</li> <li>▪ Don't work under extremely adverse weather conditions</li> <li>▪ Stay in tune to current weather and extended forecasts.</li> </ul>
	3I) Heat Stress	<ul style="list-style-type: none"> <li>▪ Remain constantly aware of the four basic factors that determine the degree of heat stress (air temperature, humidity, air movement, and heat radiation) relative to the surrounding work environmental heat load.</li> <li>▪ Know the signs and symptoms of heat exhaustion, heat cramps, and heat stroke. Heat stroke is a true medical emergency requiring immediate emergency response action.</li> <li>▪ Maintain adequate water intake by drinking water periodically in small amounts throughout the day (flavoring water with citrus flavors or extracts enhances palatability).</li> <li>▪ Lessen work load and/or duration of physical exertion the first days of heat exposure to allow gradual acclimatization.</li> <li>▪ Alternate work and rest periods. More severe conditions may require longer rest periods and electrolyte fluid replacement.</li> </ul>
	3J) Lightning and Thunder	<ul style="list-style-type: none"> <li>▪ Monitor weather channels to determine if electrical storms are forecasted.</li> <li>▪ Plan ahead and identify safe locations to be in the event of a storm. (e.g., sturdy building, vehicle, etc.)</li> <li>▪ Suspend all field work at the first sound of thunder. You should be in a safe place when the time between the lightning and thunder is less than 30 seconds.</li> </ul>
	3K) Severe Weather	<ul style="list-style-type: none"> <li>▪ Watch for clouds and incoming weather.</li> <li>▪ Monitor weather forecasts.</li> <li>▪ Train workers about weather and appropriate precautions.</li> <li>▪ Identify a shelter and a safe place in event of tornado etc</li> </ul>
	3L) Sun	<ul style="list-style-type: none"> <li>▪ Keep body protected</li> <li>▪ Wear sunscreen, wide brimmed hat or hardhat.</li> <li>▪ Schedule work for cool part of day.</li> <li>▪ Take breaks in the shade.</li> </ul>
	3M) High Crime Areas	<ul style="list-style-type: none"> <li>▪ Do not enter areas where threats are present.</li> <li>▪ Contract security where applicable. Use the buddy system.</li> <li>▪ Maintain contact with support such as radio or cell phone</li> <li>▪ Do not work after dark.</li> </ul>

	3N) Operations conducted at an active facility	<ul style="list-style-type: none"> <li>▪ Stay well clear of operations being conducted at the facility</li> <li>▪ Keep alert for moving materials, equipment or vehicles</li> <li>▪ Determine client specific PPE needs prior to arriving at the site</li> <li>▪ Determine client specific emergency response procedures and follow as appropriate</li> <li>▪ Participate in client required safety training</li> <li>▪ Get copies of Clients MSDSs for any client chemicals that workers may be exposed to.</li> <li>▪ Provide MSDSs to client for all chemicals brought to the site.</li> </ul>
	3O) Remote Locations	<ul style="list-style-type: none"> <li>▪ Carry a two-way radio and know how to use it.</li> <li>▪ Work in teams. Account for all at the end of the work day.</li> <li>▪ Make sure someone on crew is certified in first aid.</li> <li>▪ Carry a first aid kit.</li> </ul>
	3P) Set up Decon Station	<ul style="list-style-type: none"> <li>▪ Refer to MSDS for specific hazards associated with decon solutions</li> <li>▪ Monitor breathing zone for decon solutions (e.g., methanol, hexane, etc.), if appropriate (see HASP)</li> <li>▪ Removal of PPE will be performed by the following tasks in the listed order: <ul style="list-style-type: none"> <li>○ Gross boot wash and rinse and removal</li> <li>○ Outer glove removal</li> <li>○ Suit removal</li> <li>○ Respirator removal (if worn).</li> <li>○ Inner glove removal</li> </ul> </li> <li>▪ Contaminated PPE is to be placed in the appropriate, provided receptacles.</li> <li>▪ Employees will wash hands, face, and any other exposed areas with soap and water.</li> <li>▪ Portable eyewash stations and showers will be available should employees come into direct contact with contaminated materials.</li> <li>▪ Decon solutions will be disposed of according to the work plan.</li> </ul>
4. Walk around the Site	4A) Poisonous plants	<ul style="list-style-type: none"> <li>▪ See section 3C above</li> </ul>
	4B) Vermin, leaches, animal borne disease	<ul style="list-style-type: none"> <li>▪ See Section 3 D above</li> <li>▪</li> </ul>
	4C) Chemical Hazards	<ul style="list-style-type: none"> <li>▪ See Section 3 E above</li> </ul>
	4D) Slips/Trips/Falls	<ul style="list-style-type: none"> <li>▪ Wear slip resistant footwear preferably laced boots with a minimum 8" high upper and non-skid soles for ankle support and traction.</li> <li>▪ Pay attention to where you place your feet</li> <li>▪ Slow down and use extra caution around logs, rocks, and animal holes.</li> <li>▪ Extremely steep slopes (&gt;50%) can be hazardous under wet or dry conditions; consider an alternate route.</li> <li>▪ Site SHSO will inspect the entire work area to identify and mark hazards.</li> <li>▪ Clear area of trip hazards; mark or barricade those that cannot be moved;</li> <li>▪ Use caution when walking around excavated areas</li> <li>▪ Stay back at least 5 feet from excavated areas</li> <li>▪ Use caution when walking on or around loose soil.</li> <li>▪ Be aware of surroundings. Avoid muddy areas if possible.</li> </ul>

5. Oversight during drilling, or construction operations	5A) Heavy Equipment/ Vehicles	<ul style="list-style-type: none"> <li>▪ Spotters will be used when backing up trucks and heavy equipment and when moving equipment.</li> <li>▪ Ground personnel in the vicinity of vehicles or heavy equipment operations will be within the view of the operator at all times.</li> <li>▪ Ground personnel will be aware of the swing radius and maintain an adequate buffer zone.</li> <li>▪ Ground personnel will not stand directly behind heavy equipment when it is in operation.</li> <li>▪ Personnel are prohibited from riding on the buckets, or elsewhere on the equipment except for designated seats with proper seat belts or lifts specifically designed to carry workers. Ground personnel will stay clear of all suspended loads.</li> <li>▪ Ground personnel will wear high visibility vests</li> <li>▪ Eye contact with operators will be made before approaching equipment.</li> </ul>
	5B) Eye Injury	<ul style="list-style-type: none"> <li>▪ Wear appropriate safety glasses (tinted for sun).</li> <li>▪ Watch where you walk, especially around trees and brush with protruding limbs.</li> </ul>
	5C) Foot Injury	<ul style="list-style-type: none"> <li>▪ Wear steel toed boots</li> <li>▪ Wear insulated steel toed boots during winter</li> <li>▪ Ensure shoes/boots have good traction</li> <li>▪ Pay attention to where you place your feet, especially when walking on uneven terrain</li> </ul>
	5D) Head Injury	<ul style="list-style-type: none"> <li>▪ Wear hardhat</li> <li>▪ Do not walk or work under scaffolding or other elevated work unless there are guardrails and toeboards in place</li> <li>▪ Flag or mark protruding objects at head level</li> </ul>
	5E) Chemical Hazards	<ul style="list-style-type: none"> <li>▪ See Section 3E above</li> <li>▪ Wash hands and face prior to consumption of food, beverage or tobacco.</li> </ul>
	5F) Dust - particulates (respiratory)	<ul style="list-style-type: none"> <li>▪ Use dust suppression methods</li> <li>▪ Stand upwind of point of dust generation</li> </ul>
	5G) Overhead Power Lines	<ul style="list-style-type: none"> <li>▪ See Section 3F above.</li> </ul>
	5H) Underground Utilities	<ul style="list-style-type: none"> <li>▪ See Section 3G above</li> </ul>
	5I) Standing/Static Posture	<ul style="list-style-type: none"> <li>▪ Change posture on a frequent basis</li> <li>▪ Stretch prior to any physical activity</li> </ul>
	5J) Slips/Trips/Falls	<ul style="list-style-type: none"> <li>▪ See Section 4D above</li> </ul>

	5K) Noise	<ul style="list-style-type: none"> <li>▪ Hearing protection will be worn with a noise reduction rating capable of maintaining personal exposure below 85 dBA (ear muffs or plugs).</li> <li>▪ All equipment will be equipped with manufacturer's required mufflers.</li> <li>▪ Hearing protection shall be worn by all personnel working in or near heavy equipment.</li> <li>▪ Hearing protection will be worn when workers need to shout when standing two feet away from each other.</li> <li>▪ Segregate noisy equipment from the operators</li> <li>▪ Use sound dampening around noisy equipment</li> </ul>
	5L) Moving Equipment	<ul style="list-style-type: none"> <li>▪ Clear area of obstructions and communicate with all workers involved that drilling is beginning</li> <li>▪ Do not exceed manufacturer's recommended speed, force, torque, or other specifications. and penetrate the ground slowly with hands on the controls for at least the first foot of soil to minimize chance of auger kick-out</li> <li>▪ Stay clear of rotating auger</li> <li>▪ Use long-handled shovel to clear away cuttings when auger has stopped</li> <li>▪ Do not wear loose clothing</li> <li>▪ Wear appropriate PPE including leather gloves and steel-toed boots (See HASP)</li> </ul>
6. Sampling Oversight	6A) Chemical Hazards	<ul style="list-style-type: none"> <li>▪ See Section 3E above</li> <li>▪ Wash hands and face prior to consumption of food, beverage or tobacco.</li> <li>▪ Calibrate meters in a clean, well ventilated area</li> <li>▪ Store calibration gases in well vented area. Ensure chemical labels and warnings are legible.</li> </ul>
	6B) Personnel Decontamination	<ul style="list-style-type: none"> <li>▪ Refer to MSDS for specific hazards associated with decon solutions</li> <li>▪ Monitor breathing zone for decon solutions (e.g., methanol, hexane, etc.), if appropriate (see HASP)</li> <li>▪ Removal of PPE will be performed by the following tasks in the listed order: <ul style="list-style-type: none"> <li>○ Gross boot wash and rinse and removal</li> <li>○ Outer glove removal</li> <li>○ Suit removal</li> <li>○ Respirator removal (if worn).</li> <li>○ Inner glove removal</li> </ul> </li> <li>▪ Contaminated PPE is to be placed in the appropriate, provided receptacles.</li> <li>▪ Employees will wash hands, face, and any other exposed areas with soap and water.</li> <li>▪ Portable eyewash stations and showers will be available should employees come into direct contact with contaminated materials.</li> <li>▪ Decon solutions will be disposed of according to the work plan.</li> </ul>
	6C) Lifting	<ul style="list-style-type: none"> <li>▪ Good lifting techniques (lift with legs not back)</li> <li>▪ Mechanical devices (e.g., hand truck, cart, forklift, etc.) should be used to reduce manual handling of materials and drums.</li> <li>▪ Team lifting should be utilized if mechanical devices are not available. (mandatory for items over 50 lbs)</li> <li>▪ Split heavy loads in to smaller loads</li> <li>▪ Make sure that path is clear prior to lift.</li> <li>▪ Redesign work area to avoid low lifts</li> <li>▪ Stretch prior to lifting</li> <li>▪ Maintain a healthy life style and level of physical fitness.</li> </ul>

	6D) Hand Tools	<ul style="list-style-type: none"> <li>▪ Cut resistant work gloves will be worn when dealing with sharp objects.</li> <li>▪ All hand and power tools will be maintained in safe condition.</li> <li>▪ Do not drop or throw tools. Tools shall be placed on the ground or work surface or handed to another employee in a safe manner.</li> <li>▪ Guards will be kept in place while using hand and power tools.</li> <li>▪ Daily inspections will be performed.</li> <li>▪ Remove broken or damaged tools from service and tag out as defective</li> <li>▪ No tampering with electrical equipment is allowed (e.g., splicing cords, cutting the grounding prong off plug, etc.)</li> <li>▪ Do not use excessive force or impact</li> <li>▪ Do not use tool improperly. Ensure all workers are trained</li> </ul>
	6E) Slips/Trips/Falls	<ul style="list-style-type: none"> <li>▪ See Section 4D above.</li> </ul>
	6F) Struck by Vehicle	<ul style="list-style-type: none"> <li>▪ Ground personnel in the vicinity of vehicles operations will be within the view of the operator at all times.</li> <li>▪ Ground personnel will not stand directly behind vehicles when it is in operation</li> <li>▪ Drivers will keep workers on foot in their vision at all times, if you lose sight of someone, Stop!</li> <li>▪ High visibility vests will be worn when workers are exposed to vehicular traffic at the site or on public roads.</li> <li>▪ Try to park so that you don't have to back up to leave.</li> <li>▪ If backing in required, walk around vehicle to identify any hazards (especially low level hazards that may be difficult to see when in the vehicle) that might be present. Use a spotter if necessary</li> <li>▪ Place cones in the front and rear of the vehicle</li> <li>▪ Prior to driving off, walk around vehicle to collect cones and identify any hazards - especially low level hazards that may be difficult to see when in the vehicle.</li> <li>▪ Set up "Workers in the Road" or similar warning signs and cones to alert traffic.</li> <li>▪ Use emergency flashers and roof top flashing light (recommended) to alert oncoming vehicular traffic.</li> <li>▪ Remain alert at all times as to the traffic outside the vehicle. Step to the side of the road when distracted by by-standers. Keep unofficial personnel out of the work area.</li> <li>▪ Exit vehicle with caution.</li> <li>▪ Wear High Visibility Vest when outside the vehicle.</li> <li>▪ Utilize vehicle as a shield from oncoming traffic, as practical</li> </ul>
7. IDW pickup oversight	7A) Foot Injury	<ul style="list-style-type: none"> <li>▪ See Section 5C above.</li> </ul>
	7B) Chemical Hazards	<ul style="list-style-type: none"> <li>▪ See Section 3E above.</li> </ul>
	7C) Lifting	<ul style="list-style-type: none"> <li>▪ See Section 6C above.</li> </ul>
	7D) Slips/Trips/Falls	<ul style="list-style-type: none"> <li>▪ See Section 4D above</li> </ul>
8. Return to office/home	8A) See Mobilization/ Demobilization and Site Preparation JHA	<b>See Mobilization/ Demobilization and Site Preparation JHA</b>



## Job Hazard Analysis - HASP Format

**Job Title:** Soil Sampling

**Date of Analysis:** 5/1/07

**Minimum Recommended PPE\*:** High visibility vest, hard hat, steel-toed boots, safety glasses, hearing protection

\*See HASP for all required PPE

Key Work Steps	Hazards/Potential Hazards	Safe Practices
1. Prepare for sampling event	1A) Chemical exposure	1A) Chemical Exposure <ul style="list-style-type: none"> <li>▪ Read HASP and determine air monitoring and PPE needs.</li> </ul>
2. Mobilization	4A) See JHA Mobilization/Demobilization/Site Preparation	2A) See JHA Mobilization/Demobilization/Site Preparation
3. General Site Hazards	3A) See JHA Field Work - General	3A) See JHA Field Work - General
4. Carrying equipment to site location	4B) Back or muscle strain	4A) Back or muscle strain <ul style="list-style-type: none"> <li>▪ Use proper lifting techniques when lifting pumps or generators</li> <li>▪ Use mechanical aids if available</li> <li>▪ Use 2 person lift for heavy items</li> </ul>
5. Calibrate monitoring equipment	5A) Exposure to calibration gases	5A) Exposure to calibration gases <ul style="list-style-type: none"> <li>▪ Review equipment manuals</li> <li>▪ Calibrate in a clean, well ventilated area</li> </ul>
6. Preparing sampling location	6A) Contact with poisonous plants or the oil from poisonous plants	6A) Contact with poisonous plants or the oil from those plants: <ul style="list-style-type: none"> <li>▪ Look for signs of poisonous plants and avoid.</li> <li>▪ Wear PPE as described in the HASP.</li> <li>▪ Do not touch anything part of your body/clothing.</li> <li>▪ Always wash gloves before removing them.</li> <li>▪ Discard PPE in accordance with the HASP.</li> </ul>
	6B) Contact with biting insects (i.e., spiders, bees, etc.)	6B) Contact with stinging/biting insects <ul style="list-style-type: none"> <li>▪ Discuss the types of insects expected at the Site and be able to identify them.</li> <li>▪ Look for signs of insects in and around the well.</li> <li>▪ Wear Level of PPE as described in the HASP. At a minimum, follow guidelines in the JHA "Insects Stings and Bites."</li> <li>▪ If necessary, wear protective netting over your head/face.</li> <li>▪ Avoid contact with the insects if possible.</li> <li>▪ Inform your supervisor and the Site Health and Safety Supervisor if you have any allergies to insects and insect bites. Make sure you have identification of your allergies with you at all times and appropriate response kits if applicable.</li> <li>▪ Get medical help immediately if you are bitten by a black widow or brown recluse, or if you have a severe reaction to any spider bite or bee sting.</li> </ul>
	6C) Exposure to hazardous Inhalation and contact with hazardous substances (VOC contaminated soil); flammable atmospheres.	6C) Exposure to hazardous substances <ul style="list-style-type: none"> <li>▪ Wear PPE as identified in HASP.</li> <li>▪ Review hazardous properties of site contaminants with workers before sampling operations begin</li> <li>▪ Monitor breathing zone air in accordance with HASP to determine levels of contaminants present.</li> <li>▪ When decontaminating equipment wear additional eye/face protection over the safety glasses such as a face shield.</li> </ul>
	6D) Back strain due to lifting or moving equipment to sampling locations	6D) Back strain <ul style="list-style-type: none"> <li>▪ Use mechanical aids when possible, if mechanical aids are not available, use two person lifts for heavy items.</li> <li>▪ Use proper lifting techniques</li> </ul>

## Job Hazard Analysis - HASP Format

**Job Title:** Soil Sampling

**Date of Analysis:** 5/1/07

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	6E) Foot injuries from dropped equipment	6E) Foot Injuries <ul style="list-style-type: none"> <li>▪ Be aware when moving objects, ensure you have a good grip when lifting and carrying objects.</li> <li>▪ Do not carry more than you can handle safely</li> <li>▪ Wear steel toed boots</li> </ul>
7. Collecting soil samples	7A) Working around drill rigs	7A) See JHA - Drilling
	7B) Encountering underground or overhead utilities	7B) Have all utilities located.
	7C) Fire/Explosion/Contamination hazard from refueling generators	7C) Fire/Explosion/Contamination hazard from refueling generators <ul style="list-style-type: none"> <li>▪ Turn the generator off and let it cool down before refueling</li> <li>▪ Segregate fuel and other hydrocarbons from samples to minimize contamination potential</li> <li>▪ Transport fuels in approved safety containers. The use of containers other than those specifically designed to carry fuel is prohibited</li> <li>▪ See JHA for Gasoline use</li> </ul>
	7D) Electrocution	7D) Electrocution <ul style="list-style-type: none"> <li>▪ A ground fault circuit interrupter (GFCI) device must protect all AC electrical circuits.</li> <li>▪ Use only correctly grounded equipment. Never use three-pronged cords which have had the third prong broken off.</li> <li>▪ Make sure that the electrical cords from generators and power tools are not allowed to be in contact with water</li> <li>▪ Do not stand in wet areas while operating power equipment</li> <li>▪ Always make sure all electrically-powered sampling equipment is in good repair. Report any problems so the equipment can be repaired or replaced.</li> <li>▪ When unplugging a cord, pull on the plug rather than the cord.</li> <li>▪ Never do repairs on electrical equipment unless you are both authorized and qualified to do so.</li> </ul>
	7E) Exposure to contaminants	7E) Exposure to Contaminants <ul style="list-style-type: none"> <li>▪ Stand up wind when sampling</li> <li>▪ Monitor breathing zone with appropriate monitoring equipment (see HASP)</li> <li>▪ Wear chemical resistant PPE as identified in HASP</li> <li>▪ See section 4C) under Safe Practices above</li> </ul>
	7F) Exposure to preservatives	7F) Exposure to preservatives <ul style="list-style-type: none"> <li>▪ Work in a well ventilated area, upwind of samples</li> <li>▪ Wear chemical resistant PPE as identified in HASP</li> <li>▪ Review MSDSs</li> </ul>
	7G) Slips/trips/falls	7G) Slips/trips/falls <ul style="list-style-type: none"> <li>▪ Ground can become wet/muddy</li> <li>▪ Wear good slip resistant footwear</li> </ul>
	7H) Lifting Injury	7H) Lifting injury <ul style="list-style-type: none"> <li>▪ Use proper lifting techniques when carrying quantities of samples</li> <li>▪ Use proper ergonomics when hand digging for samples</li> </ul>
	7I) Eye injury	7I) Eye Injury <ul style="list-style-type: none"> <li>▪ Wear eye protection when using picks or similar devices to loosen soil</li> </ul>
	7J) Fire	7J) Fire <ul style="list-style-type: none"> <li>▪ When using gas powered auger, maintain fire watch whenever fueling or otherwise handling gasoline</li> <li>▪ See JHA - Gasoline</li> </ul>







## Job Hazard Analysis - HASP Format





Job Title: Soil Sampling

Date of Analysis: 5/1/07

Key Work Steps	Hazards/Potential Hazards	Safe Practices
8. Soil sampling using floor corer	8A) Back injury	8A) Back Injury <ul style="list-style-type: none"><li>Use proper lifting techniques when moving floor corer and generator</li><li>Use mechanical aids if available</li><li>Use two person lift for heavy items.</li></ul>
	8B) Electric Shock	8B) Electric Shock <ul style="list-style-type: none"><li>Use electric cords free from defects</li><li>Keep cords out of water</li><li>Ensure all electrical equipment is properly grounded</li><li>Use GFCI</li></ul>
	8C) Hearing	8C) Hearing <ul style="list-style-type: none"><li>Wear hearing protection</li></ul>
	8D) Fire	8D) Fire <ul style="list-style-type: none"><li>When using generator, maintain fire watch whenever refueling or otherwise handling gasoline</li><li>See JHA - Gasoline</li></ul>
	8E) Contamination	8E) Contamination <ul style="list-style-type: none"><li>Use appropriate PPE for the contaminants of concern (see HASP).</li><li>Minimize sample contact</li><li>Label sample in accordance with procedures</li><li>Monitor breathing zone levels.</li></ul>



Key Work Steps	Hazards/Potential Hazards	Safe Practices
1) Mobilization	1A) See JHA Mobilization/Demobilization/Site Preparation	1A) See JHA Mobilization/Demobilization/Site Preparation
2) Preparation	2A) Training – Identifying Poisonous Plants	2A) Provide training on identifying the specific poisonous plants that could be present at the site
	 <p><b>POISON IVY</b> (<i>Rhus toxicodendron</i> L.)</p> <p><b>POISON OAK</b> (<i>Rhus diversiloba</i>)</p> <p><b>POISON SUMAC</b> (<i>Rhus toxicodendron vernix</i>)</p>	
	<p>2B) Poison Ivy</p> 	<p>2B) Poison Ivy:</p> <ul style="list-style-type: none"> <li>▪ Grows everywhere in United States except Hawaii and Alaska.</li> <li>▪ In the East, Midwest, and the South, it grows as a vine.</li> <li>▪ In the Northern and Western United States, it grows as a shrub.</li> <li>▪ Each leaf has three leaflets.</li> <li>▪ Leaves are green in the summer and red in the fall.</li> <li>▪ In the late summer and fall, white berries may grow from the stems.</li> </ul>
	<p>2C) Poison Oak</p> 	<p>2C) Poison Oak:</p> <ul style="list-style-type: none"> <li>▪ Oak-like fuzzy leaves in clusters of three.</li> <li>▪ It has two distinct kinds:</li> <li>▪ Eastern poison oak (New Jersey to Texas) grows as a low shrub.</li> <li>▪ Western poison oak (Pacific Coast) grows to six-foot-tall clumps or vines up to 30 feet long.</li> <li>▪ It may have clusters of yellow berries.</li> </ul>
	<p>2D) Poison Sumac</p> 	<p>2D) Poison Sumac</p> <ul style="list-style-type: none"> <li>▪ Grows in standing water in peat bogs in the Northeast and Midwest and in swampy areas in parts of the Southeast.</li> <li>▪ Each leaf has clusters of seven to 13 smooth-edged leaflets.</li> <li>▪ The plants can grow up to 15 feet tall.</li> <li>▪ The leaves are orange in spring, green in summer and red, and orange or yellow in fall.</li> <li>▪ There may be clumps of pale yellow or cream-colored berries.</li> </ul>

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	<p>2E) Giant Hogweed</p>  <p>Giant Hogweed</p>  <p>Giant Hogweed Flower (clusters may reach up to 2.5 feet across)</p>  <p>Giant Hogweed Flower Leaves</p>  <p>Giant Hogweed Stem Thick stem with coarse hairs, Blistery dark purple splotches.</p>	<p>2E) Giant Hogweed</p> <ul style="list-style-type: none"> <li>▪ Hogweed is a public health hazard. Its clear, watery sap has toxins that cause photo-dermatitis. Skin contact followed by exposure to sunlight produces painful, burning blisters that may develop into purplish or blackened scars. Contact with the eyes can cause temporary or permanent blindness.</li> <li>▪ Since its introduction into North America, this plant has become established in rich moist soils along roadsides, stream banks and waste ground. In the eastern US, it is known to occur in Maine, New York, Pennsylvania, Connecticut, and now Massachusetts.</li> <li>▪ A biennial or perennial herb growing 8 to 15 feet tall, giant hogweed usually has a taproot or occasionally fibrous root. The hollow stems are 2 to 4 inches in diameter with dark reddish-purple splotches and coarse white hairs.</li> <li>▪ The deeply incised compound leaves grow up to 5 feet in width. Hairs on the underside of the leaf are stiff, dense and stubby.</li> <li>▪ The large umbrella-shaped flower heads are up to 2 1/2 feet in diameter across a flat top with numerous small flowers produced in mid-May through July.</li> <li>▪ Some plants die after flowering; others flower for several years. The plant produces flattened, 3/8 inch long, oval dry fruits that have a broadly rounded base and broad marginal ridges. Plants sprout in the early spring (or late winter in mild years) from the roots or from seed.</li> <li>▪ Grows in standing water in peat bogs in the Northeast and Midwest and in swampy areas in parts of the Southeast.</li> <li>▪ Each leaf has clusters of seven to 13 smooth-edged leaflets.</li> <li>▪ The plants can grow up to 15 feet tall.</li> <li>▪ The leaves are orange in spring, green in summer and red, and orange or yellow in fall.</li> <li>▪ There may be clumps of pale yellow or cream-colored berries.</li> </ul>

**Job Title:** Poisonous Plants

**Date of Analysis:** 1/19/2009

Key Work Steps	Hazards/Potential Hazards	Safe Practices
3A) Contact with poisonous plants	3A) Hand Contact	3A) Hand Contact <ul style="list-style-type: none"> <li>▪ Apply IvyX (or similar product) to hands, forearms and other potentially exposed parts of the body, prior to starting work in the morning and again right after lunch.</li> <li>▪ Leather Gloves must be worn at all times when digging, screening or carrying field equipment.</li> <li>▪ Leather gloves should be of sufficient length to cover the entire wrist and cuff of the shirt.</li> <li>▪ Carefully remove gloves, without touching the exterior surface, when taking notes and prior to lunch or restroom breaks.</li> <li>▪ Gloves that become worn should be replaced immediately.</li> <li>▪ Do not scratch or rub the face or other exposed skin while wearing gloves.</li> <li>▪ Workers will apply Tecnu (or similar product) to the hands and forearms immediately after removing their gloves, prior to lunch and again at the end of the day. Tecnu will help cleanse the urushiol oil from the skin before it can be absorbed. Sensitive individuals can also apply prior to showering in the evening.</li> </ul>
	3B) Arm Contact	3B) Arm Contact <ul style="list-style-type: none"> <li>▪ Apply IvyX (or similar product) to hands, forearms and other potentially exposed parts of the body, prior to starting work in the morning and again right after lunch.</li> <li>▪ Wear light weight, long sleeved shirts as the sleeves will provide a physical barrier between the skin and any urushiol oil encountered. Disposable gauntlets may we worn over arms to keep oil from clothing as well.</li> <li>▪ Have the sleeves pulled down to the base of the hand, covering the forearm and wrist (all exposed skin).</li> <li>▪ Workers will apply Tecnu (or similar product) to the hands and forearms immediately after removing their gloves, prior to lunch and again at the end of the day. Tecnu will help cleanse the urushiol oil from the skin before it can be absorbed. Sensitive individuals can also apply prior to showering in the evening.</li> </ul>
	3C) Leg Contact	3C) Leg Contact <ul style="list-style-type: none"> <li>▪ Wear long pants and boots.</li> <li>▪ Assume boots are contaminated with the urushiol oil and only handle with gloved hands.</li> </ul>
4) Handling Contaminated Equipment and Clothing	4A) Exposure from Handling Contaminated Equipment	4A) Exposure from Handling Contaminated Equipment <ul style="list-style-type: none"> <li>▪ Do not handle any field equipment that may have come in contact with poison ivy/oak/sumac without gloves.</li> <li>▪ Decontaminate all equipment at the end of each workday with a solution of water and dish soap.</li> <li>▪ Scrub all surfaces of the screens and shovels with a brush.</li> <li>▪ Rinse with cool water using a portable garden sprayer.</li> </ul>



**JOB HAZARD ANALYSIS - SHORT FORM HASP**

**Job Title:** Poisonous Plants

**Date of Analysis:** 1/19/2009

Key Work Steps	Hazards/Potential Hazards	Safe Practices
	4B) Exposure from Handling Contaminated Clothing	4B) Exposure from Handling Contaminated Clothing <ul style="list-style-type: none"><li>▪ Wash clothing potentially contaminated with urushiol oil prior to wearing again.</li><li>▪ Handle contaminated clothing with gloves as the oil can remain on environmental surfaces for up to 5 years.</li></ul>

## Job Hazard Analysis - HASP Format

**Job Title:** Insect Stings and Bites

**Date of Analysis:** 4/20/06

**Minimum Recommended PPE\*:** Long sleeved shirt and pants, light colored clothing

\*See HASP for all required PPE

Key Work Steps	Hazards/Potential Hazards	Safe Practices
1. Traveling/working in areas with potential Tick Bites –Example outdoor wooded areas or fields.	1. Lyme Disease, Rocky Mountain Spotted Fever, etc.	<ul style="list-style-type: none"> <li>▪ Spray clothing with insect repellent as a barrier.</li> <li>▪ Wear light colored clothing that fits tightly at the wrists, ankles, and waist.</li> <li>▪ Each outer garment should overlap the one above it.</li> <li>▪ Cover trouser legs with high socks or boots.</li> <li>▪ Tuck in shirt tails.</li> <li>▪ Search the body on a regular basis, especially hair and clothing; ticks generally do not attach for the first couple of hours.</li> <li>▪ If a tick becomes attached, pull it by grasping it as close as possible to the point of attachment and pull straight out with gentle pressure. Wash skin with soap and water then cleanse with rubbing alcohol. Place the tick in an empty container for later identification, if the victim should have a reaction. Record dates of exposure and removal.</li> <li>▪ Do not try to remove the tick by burning with a match or covering it with chemical agents.</li> <li>▪ If you can not remove the tick, or the head detaches, seek prompt medical help.</li> <li>▪ Watch for warning signs of illness: a large red spot on the bite area; fever, chills, headache, joint and muscle ache, significant fatigue, and facial paralysis are reactions that may appear within two weeks of the attack. Symptoms specific to Lyme disease include: confusion, short-term memory loss, and disorientation.</li> </ul>
2. Working/traveling in areas with potential bee and wasp stings-Example wooded areas and fields	2. Allergic reactions, painful stings	<ul style="list-style-type: none"> <li>▪ Be alert to hives in brush or in hollow logs. Watch for insects travelling in and out of one location.</li> <li>▪ If you or anyone you are working with is known to have allergic reactions to bee stings, tell the rest of the crew and your supervisor. Make sure you carry emergency medication with you at all times.</li> <li>▪ Wear long sleeve shirts and trousers; tuck in shirt. Bright colors and metal objects may attract bees.</li> <li>▪ If you are stung, cold compresses may bring relief.</li> <li>▪ If a stinger is left behind, scrape it off the skin. Do not use a tweezers as this squeezes the venom sack, worsening the injury.</li> <li>▪ If the victim develops hives, asthmatic breathing, tissue swelling, or a drop in blood pressure, seek medical help immediately. Give victim antihistime, (Benadryl, chlo-amine tabs).</li> </ul>
3. Traveling/working in areas of potential Mosquito Bites- Example- Woods, fields, near bodies of water and etc.	3. Skin irritation, encephalitis	<ul style="list-style-type: none"> <li>▪ Wear long sleeves and trousers.</li> <li>▪ Avoid heavy scents.</li> <li>▪ Use insect repellants. If using DEET, do not apply directly to skin, apply to clothing only.</li> <li>▪ Carry after-bite medication to reduce skin irritation.</li> </ul>

## AHA – Sediment Sampling from Shore Activity Description

Activity/Work Task:	Sediment Sampling from Shore	Overall Risk Assessment Code (RAC) (Use highest code)	<b>L</b>				
Project Location:		<b>Risk Assessment Code (RAC) Matrix</b>					
Project Number:	<b>Varies</b>	<b>Severity</b>	<b>Probability</b>				
Date Prepared:	6/25/2013      Date Accepted: 2/21/16		Frequent	Likely	Occasional	Seldom	Unlikely
Prepared by (Name/Title):	Kenneth McRowe/Project Geologist	Catastrophic	<b>E</b>	<b>E</b>	<b>H</b>	<b>H</b>	<b>M</b>
Reviewed by (Name/Title):	Kendra Bavor, CSP	Critical	<b>E</b>	<b>H</b>	<b>H</b>	<b>M</b>	<b>L</b>
		Marginal	<b>H</b>	<b>M</b>	<b>M</b>	<b>L</b>	<b>L</b>
		Negligible	<b>M</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>L</b>
<p>This AHA involves the following:</p> <ul style="list-style-type: none"> <li>Establishing site specific measures for sampling sediment and surface water from shore</li> </ul> <p>This AHA is not an exhaustive summary of all hazards associated with the Site. Refer to the site HASP for additional requirements. Contractor to follow general site safety controls for Slips Trips and Falls, Biological hazards, cuts lacerations and pinch points, and emergency procedures.</p>		<p>Step 1: Review each “<b>Hazard</b>” with identified safety “<b>Controls</b>” and determine RAC (See above)</p> <p>“<b>Probability</b>” is the likelihood to cause an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely.</p> <p>“<b>Severity</b>” is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible</p> <p>Step 2: Identify the RAC (Probability/Severity) as E, H, M, or L for each “<b>Hazard</b>” on AHA. Annotate the overall highest RAC at the top of AHA.</p>					<b>RAC Chart</b>
							<b>E = Extremely High Risk</b>
							<b>H = High Risk</b>
							<b>M = Moderate Risk</b>
							<b>L = Low Risk</b>

Equipment to be Used	Training Requirements/Competent or Qualified Personnel name(s)	Inspection Requirements
PPE: Safety Boots/Shoes; Safety Glasses; Rubber boots; Waders; Personal Floatation Device	<p><b>Competent / Qualified Personnel:</b> Name – Position/Employer</p> <p><b>Training requirements:</b> List specific certification (as applicable) Site Specific HASP Orientation Toolbox safety meeting Task kick-off meeting</p>	<p>Daily inspection of equipment per manufacturer’s instructions. Tag tools that are defective and remove from service.</p> <p>Inspect all PPE prior to use</p>

## AHA – Sediment Sampling from Shore Activity Description

Job Steps	Hazards	Controls	RAC
1. Prepare for site visit	1A) Slips, trips, falls	1A) Familiarize self with site prior to visit. <ul style="list-style-type: none"> <li>▪ Complete appropriate training before going on site.</li> <li>▪ Provide appropriate person in district office your itinerary.</li> <li>▪ Prepare listing of emergency phone numbers, both on and offsite.</li> <li>▪ Identify site/activity PPE needs.</li> <li>▪ Ensure that First Aid training is current, and that tetanus booster are current.</li> </ul>	L
2. Check and calibrate sampling equipment.	2A) Muscle Strain - lifting, twisting, tugging	2A) Muscle Strain - lifting, twisting, tugging <ul style="list-style-type: none"> <li>▪ Inspect all PPE and equipment and ensure that it is working properly.</li> <li>▪ Get assistance from a coworker or use mechanical means to move equipment (dolly, cart, etc.)</li> </ul>	L
	2B) Slips, trips, falls, strain	2B) Slips, trips, and falls <ul style="list-style-type: none"> <li>▪ Wear proper footwear.</li> <li>▪ Pay attention to where walking.</li> </ul>	L
3. Load/carry equipment to the site.	3A) Slips, trips, falls,	3A) Slips, trips, falls <ul style="list-style-type: none"> <li>▪ See AHA for Mobilization / Demobilization and Site Preparation</li> <li>▪ Survey and clear the pathway. See AHA for Clearing Brush and Trees</li> </ul>	L
	3B) Muscle Strain - lifting, twisting, tugging	3B) Muscle Strain - lifting, twisting, tugging <ul style="list-style-type: none"> <li>▪ Proper lifting, ergonomic practices and body mechanics.</li> <li>▪ Share the load, move items in smaller shifts, or use cart.</li> </ul>	L
	3C) Irrate property owners, pets	3C) Irrate property owners, pets <ul style="list-style-type: none"> <li>▪ Call property owners in advance.</li> <li>▪ Check in to introduce yourself upon arrival.</li> <li>▪ Be courteous and diplomatic</li> </ul>	L
	3D) Crime	3D) Crime <ul style="list-style-type: none"> <li>▪ Do not enter areas where threats are present.</li> <li>▪ Contract security where applicable.</li> <li>▪ Use the buddy system.</li> <li>▪ Maintain contact with support such as radio or cell phone.</li> </ul>	L
	3E) Struck by traffic - sampling from a bridge or roadway.	3E) Struck by traffic - sampling from a bridge or roadway. <ul style="list-style-type: none"> <li>▪ Wear orange/yellow safety vest</li> <li>▪ Use buddy system.</li> <li>▪ Use traffic cones and a lookout.</li> <li>▪ Attempt to sample away from the bridge if possible</li> </ul>	L
4. Access sample locations	4A) Falling into water	4A) Falling into water <ul style="list-style-type: none"> <li>▪ Limit access to water.</li> <li>▪ Use equipment that facilitates reaching the location from a safe distance.</li> <li>▪ Work using the buddy system. Wear PFD if working over water.</li> </ul>	L

## AHA – Sediment Sampling from Shore Activity Description

Job Steps	Hazards	Controls	RAC
	4B) Slips trips and falls	4B) Slips trips and falls <ul style="list-style-type: none"> <li>▪ Wear appropriate footwear.</li> <li>▪ Survey and clear walking area.</li> <li>▪ Do not walk on slippery surfaces.</li> <li>▪ Housekeeping.</li> </ul>	L
	4C) Stuck in the mud or sand	4C) Stuck in the mud or sand <ul style="list-style-type: none"> <li>▪ Ensure secure footing.</li> <li>▪ Provide walkways, platforms or secure walking surface.</li> <li>▪ Use the buddy system and maintain communications with support staff.</li> <li>▪ (See AHA for Working in Muddy Areas)</li> </ul>	L
	4D) Vermin, leaches, Insect/animal born disease	4D) Vermin, leaches, Insect/animal born disease <ul style="list-style-type: none"> <li>▪ Survey the area for dens, nests, etc.</li> <li>▪ Identify areas where biological hazards may be present.</li> <li>▪ Be aware of your surroundings.</li> <li>▪ Wear insect netting clothing or apply insect repellent on all exposed skin surfaces as appropriate – consider sample contamination</li> <li>▪ Wear long sleeve shirt and full length pants</li> <li>▪ Wear appropriate footwear (snake boots, etc.)</li> <li>▪ Avoid high grass areas if possible</li> <li>▪ Tuck pants leg into boot</li> <li>▪ Do not put hand/arm into/under an area that you can not see into/under clearly</li> <li>▪ Do not touch any suspected contaminant without appropriate hand PPE</li> <li>▪ Wash hands as soon as possible upon completion of task.</li> <li>▪ Perform routine inspections for ticks, leaches, etc. of yourself and co-workers.</li> <li>▪ Contract vermin relocation, if applicable.</li> <li>▪ Remain vigilant and respectful of wildlife.</li> <li>▪ See AHA for Insects, Stings and Bites</li> <li>▪ See AHA for Dog – Wildlife Safety.</li> </ul>	L



## AHA – Sediment Sampling from Shore Activity Description

Job Steps	Hazards	Controls	RAC
	4E) Weather – temperature extremes	4E) Weather – temperature extremes <ul style="list-style-type: none"> <li>▪ Train workers about weather and appropriate precautions.</li> <li>▪ Heat:               <ul style="list-style-type: none"> <li>○ Familiarize self with signs of heat related illnesses: cramps, heat rash, dehydration, heat exhaustion, and heat stroke.</li> </ul> </li> <li>▪ Sun:               <ul style="list-style-type: none"> <li>○ Keep body protected</li> <li>○ Wear sunscreen, wide brimmed hat or hardhat.</li> <li>○ Drink plenty of fluids to remain hydrated.</li> <li>○ Schedule work for cool part of day.</li> <li>○ Take breaks in the shade.</li> </ul> </li> <li>▪ Wind:               <ul style="list-style-type: none"> <li>○ Wear layered clothing, gloves, hard hat with winter liner, etc.</li> </ul> </li> <li>▪ Cold:               <ul style="list-style-type: none"> <li>○ During cold weather - layer clothing and wear wind impervious outerwear</li> <li>○ During warm months – wear a long sleeve cotton/breathable fabric shirt and pant.</li> </ul> </li> </ul>	L
5. Sample collection	5A) Same as Item #4 above.	5A) Same as Item #4 above.	L
	5B) Bending, pulling, twisting	5B) Bending, pulling, twisting <ul style="list-style-type: none"> <li>▪ Use a vibrating or wiggling motion on the sample device to break the soil suction.</li> <li>▪ Proper lifting technique.</li> </ul>	L
	5C) Splash	5C) Splash <ul style="list-style-type: none"> <li>▪ Wear appropriate safety glasses (tinted for sun).</li> <li>▪ Be aware if sampling water through a filter, if it becomes plugged with sediment it may unexpectedly “blow off” the hose and splash.</li> <li>▪ Change filter prior to sedimentation back pressure.</li> </ul>	L
	5D) Chemical exposure	5D) Chemical exposure <ul style="list-style-type: none"> <li>▪ Wear PPE including protective gloves, coveralls, safety glasses as appropriate.</li> <li>▪ Work upwind of the sample location.</li> <li>▪ Minimize exposure using a shovel/spoon or tool to collect the sample.</li> <li>▪ Review and understand MSDS for all chemicals being handled.</li> <li>▪ Be careful when handling acids and caustic substances.</li> <li>▪ Wear adequate PPE and wash hands after completion of task.</li> </ul>	L
	5E) Vegetation, sticks, reeds, - cuts and punctures	5E) Vegetation, sticks, reeds, - cuts and punctures <ul style="list-style-type: none"> <li>▪ Clear access to site.</li> <li>▪ Be familiar with toxic plants such as poison ivy. Avoid such plants.</li> <li>▪ Wash thoroughly after accidental contact with toxic materials and plants.</li> </ul>	L

## AHA – Sediment Sampling from Shore Activity Description

Job Steps	Hazards	Controls	RAC
6. Sample preparation.	6A) Lifting heavy objects (covers, pumps, sampling equipment, coolers, etc.) Muscle strain	6A) Lifting heavy objects (covers, pumps, sampling equipment, coolers, etc.) Muscle strain <ul style="list-style-type: none"> <li>▪ Use proper ergonomics when lifting heavy objects</li> <li>▪ Use appropriate mechanical assistance and tools when possible.</li> </ul>	L
	6B) Chemical Exposure	6B) Chemical Exposure <ul style="list-style-type: none"> <li>▪ Wear PPE including protective gloves, coveralls, safety glasses as appropriate.</li> <li>▪ Wash/wipe or decontaminate exterior of sample containers and equipment.</li> <li>▪ Use care handling preservatives (acids/bases.)</li> <li>▪ See Working with Preservatives AHA</li> </ul>	L
	6C) Sharps and knives	6C) Sharps and knives <ul style="list-style-type: none"> <li>▪ Use care handling tape dispensers, knives and sharp objects.</li> </ul>	L
	6D) Extreme cold (ice preservation)	6D) Extreme cold (ice preservation) <ul style="list-style-type: none"> <li>▪ Minimize exposure to ice.</li> <li>▪ Use a shovel/spoon or tool to fill bags for preserving samples in coolers.</li> </ul>	L
7. Site exit and drive home or next site.	7A) Vehicle contamination	7A) Vehicle contamination <ul style="list-style-type: none"> <li>▪ Wash hands promptly.</li> <li>▪ Contaminated PPE (booties, Tyvek, nitrile gloves) should be disposed on-site.</li> <li>▪ Remove boots and soiled clothing for secure storage in trunk; decontaminate as soon as possible.</li> <li>▪ Update exposure log.</li> </ul>	L
	7B) Traffic hazards.	7B) Traffic hazards. <ul style="list-style-type: none"> <li>▪ See AHA for Mobilization / Demobilization and Site Preparation.</li> </ul>	L

## Safety Data Sheets (SDS)

LIQUINOX
ISOBUTYLENE IN AIR

**Safety Data Sheet**  
according to 1907/2006/EC (REACH), 1272/2008/EC (CLP), and  
GHS

Effective date: 05/12/2015

Revision: 05/12/2015

**LIQUINOX****1 Identification of the Substance/mixture and of the Company/Undertaking****1.1 Product identifier**Trade name: **LIQUINOX**

Application of the substance / the preparation: Hand detergent.

**1.2 Relevant identified uses of the substance or mixture and uses advised against:**

No additional information available.

**1.3 Details of the supplier of the Safety Data Sheet****Manufacturer/Supplier:**

Alconox, Inc.  
30 Glenn St., Suite 309  
White Plains, NY 10603  
Phone: 914-948-4040



Further information obtainable from: Product Safety Department.

**1.4 Emergency telephone number:**

ChemTel Inc.: (800)255-3924, +1 (813)248-0585

**2 Hazards Identification****2.1 Classification of the substance or mixture****Classification according to Regulation (EC) No 1272/2008:**

Classification according to Directive 67/548/EEC or Directive 1999/45/EC:



GHS07

*Skin Irrit. 2, H315: Causes skin irritation.***Information concerning particular hazards for human and environment:**

The product has to be labelled due to the calculation procedure of the "General Classification guideline for preparations of the EU" in the latest valid version.

**Classification system:**

The classification is according to the latest editions of the EU-lists, and extended by company and literature data

**2.2 Label elements****Labelling according to Regulation (EC) No 1272/2008:**

The product is classified and labelled according to the CLP regulation.

**Hazard pictograms:**

GHS07

**Signal word:** Warning**Hazard-determining components of labelling:**

Alkyl benzene sulfonic acid, sodium salt.

# Safety Data Sheet

according to 1907/2006/EC (REACH), 1272/2008/EC (CLP), and  
GHS

Effective date: 05/12/2015

Revision: 05/12/2015

## LIQUINOX

**Hazard statements:**

H315: Causes skin irritation.

**Precautionary statements:**

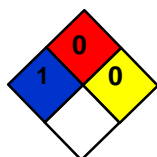
P332+P313: If skin irritation occurs: Get medical advice/attention.

P302+P352: IF ON SKIN: Wash with plenty of soap and water.

P501: Dispose of contents/container in accordance with local/regional/national/international regulations.

**Other Hazard description:****WHMIS-classification and symbols:**

D2B - Toxic material causing other toxic effects

**NFPA ratings (scale 0 - 4)**

Health = 1

Fire = 0

Reactivity = 0

**HMIS-ratings (scale 0 - 4)**

HEALTH	1	
FIRE	0	
REACTIVITY	0	

Health = 1

Fire = 0

Reactivity = 0

**2.3 Other hazards****Results of PBT and vPvB assessment**

PBT: Not applicable.

vPvB: Not applicable.

**3 Composition/Information on Ingredients****3.2 Chemical characterization:** Mixture**Description:** Hazardous ingredients of mixture listed below.

Identifying Nos.	Description	Wt. %
CAS: 68081-81-2	Alkyl benzene sulfonic acid, sodium salt	10 - 25%
CAS: 1300-72-7 EINECS: 215-090-9	Sodium xylene sulphonate	2.5 - 10%
CAS: 84133-50-6	Alcohol Ethoxylate	2.5 - 10%
CAS: 68603-42-9 EINECS: 271-657-0	Coconut diethanolamide	2.5 - 10%
CAS: 17572-97-3 EINECS: 241-543-5	Ethylenediaminetetraacetic acid, tripotassium salt	2.5 - 10%

**Additional information:** For the wording of the listed risk phrases refer to section 16.

**Safety Data Sheet**  
according to 1907/2006/EC (REACH), 1272/2008/EC (CLP), and  
GHS

Effective date: 05/12/2015

Revision: 05/12/2015

**LIQUINOX****4 First Aid Measures****4.1 Description of first aid measures****General information:**

Take affected persons out into the fresh air.

**After inhalation:**

Supply fresh air; consult doctor in case of complaints.

**After skin contact:**

Immediately wash with water and soap and rinse thoroughly for 30 minutes. If skin irritation continues, consult a doctor.

**After eye contact:**

Remove contact lenses if worn.

Rinse opened eye for at least 30 minutes under running water, lifting upper and lower lids occasionally. Immediately consult a doctor.

**After swallowing:**

Do not induce vomiting; call for medical help immediately. Rinse out mouth and then drink plenty of water.

A person vomiting while laying on their back should be turned onto their side.

**4.2 Most important symptoms and effects, both acute and delayed:**

Irritating, all routes of exposure.

**4.3 Indication of any immediate medical attention and special treatment needed:**

No additional information available.

**5 Firefighting Measures****5.1 Extinguishing media:****Suitable extinguishing agents:**

CO<sub>2</sub>, powder or water spray. Fight larger fires with water spray or alcohol resistant foam.

**5.2 Special hazards arising from the substance or mixture:**

No additional information available.

**5.3 Advice for firefighters:****Protective equipment:**

Wear self-contained respiratory protective device.

Wear fully protective suit.

**6 Accidental Release Measures****6.1 Personal precautions, protective equipment and emergency procedures:**

Ensure adequate ventilation.

Particular danger of slipping on leaked/spilled product.

**6.2 Environmental precautions:**

Dilute with plenty of water.

Do not allow to enter sewers/ surface or ground water.

**6.3 Methods and material for containment and cleaning up:**

Absorb with liquid-binding material (sand, diatomite, acid binders, universal binders, sawdust).

Clean the affected area carefully; suitable cleaners are: Warm water

Dispose contaminated material as waste according to item 13. Ensure adequate ventilation.

**6.4 Reference to other sections:**

See Section 7 for information on safe handling.

See Section 8 for information on personal protection equipment.

See Section 13 for disposal information

**7 Handling and Storage****7.1 Precautions for safe handling:**

No special precautions are necessary if used correctly.

**Information about fire - and explosion protection:**

No special measures required.

# Safety Data Sheet

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## LIQUINOX

### 7.2 Conditions for safe storage, including any incompatibilities:

#### Storage:

**Requirements to be met by storerooms and receptacles:** No special requirements.

**Information about storage in one common storage facility:** No special requirements.

**Further information about storage conditions:** None

### 7.3 Specific end use(s): No additional information available.

## 8 Exposure Controls/Personal Protection

### 8.1 Control parameters

#### Ingredients with limit values that require monitoring at the workplace:

The product does not contain any relevant quantities of materials with critical values that have to be monitored at the workplace.

**Additional information:** The lists valid during the making were used as basis.

### 8.2 Exposure controls:

#### Personal protective equipment:

##### General protective and hygienic measures:

Keep away from foodstuffs, beverages and feed.

Immediately remove all soiled and contaminated clothing.

Wash hands before breaks and at the end of work.

Avoid contact with the eyes and skin.

##### Respiratory protection:

Not required under normal conditions of use.

##### Protection of hands:



Protective gloves

The glove material has to be impermeable and resistant to the product. Selection of the glove material should be based on the penetration time, rates of diffusion and the degradation of the glove material.

##### Material of gloves:

The selection of a suitable gloves does not only depend on the material, but also on the quality, and varies from manufacturer to manufacturer.

##### Penetration time of glove material:

The exact break through time has to be determined by the manufacturer of the protective gloves. DO NOT exceed the breakthrough time set by the Manufacturer.

##### For long term contact, gloves made of the following materials are considered suitable:

Butyl rubber, BR

Nitrile rubber, NBR

Natural rubber (NR)

Neoprene gloves

##### Eye protection:



Safety glasses

Goggles recommended during refilling.

**Body protection:** Protective work clothing

# Safety Data Sheet

according to 1907/2006/EC (REACH), 1272/2008/EC (CLP), and  
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## LIQUINOX

### 9 Physical and Chemical Properties

#### 9.1 Information on basic physical and chemical properties:

##### General Information:

##### Appearance:

Form:	Liquid
Color:	Light Yellow
Odor:	Odorless
Odor threshold:	Not determined.
pH-value:	8.5

##### Change in condition:

Melting point/Melting range:	Not determined.
Boiling point/Boiling range:	100°C

Flash point: Not applicable.

Flammability (solid, gaseous): Not applicable.

Ignition temperature: Not applicable.

Decomposition temperature: Not determined.

Self-igniting: Product is not selfigniting.

Danger of explosion: Product does not present an explosion hazard.

##### Explosion limits:

Lower:	Not determined.
Upper:	Not determined.

Vapor pressure at 20°C: 23 hPa

Density: 1.08 g/cm<sup>3</sup>

Relative density: Not determined.

Vapor density: Not determined.

Evaporation rate: Not determined.

Solubility in / Miscibility with water: Fully miscible.

Segregation coefficient (n-octanol/water): Not determined.

##### Viscosity:

Dynamic:	Not determined.
Kinematic:	Not determined.

##### Solvent content:

Organic solvents:	Not determined.
Solids content:	Not determined.

9.2 Other information: No additional information available.

### 10 Stability and Reactivity

#### 10.1 Reactivity:

#### 10.2 Chemical stability:

##### Thermal decomposition / conditions to be avoided:

No decomposition if used according to specifications.

#### 10.3 Possibility of hazardous reactions:

Reacts with strong oxidizing agents. Reacts with strong acids.

#### 10.4 Conditions to avoid:

No additional information available.

#### 10.5 Incompatible materials:

No additional information available.



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GHS

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## LIQUINOX

**10.6 Hazardous decomposition products:**

Carbon monoxide and carbon dioxide  
Sulphur oxides (SO<sub>x</sub>)  
Nitrogen oxides

## 11 Toxicological Information

**11.1 Information on toxicological effects:****Toxicity data:** Toxicity data is available for mixture:**Primary irritant effect:****On the skin:** Irritating to skin and mucous membranes.**On the eye:** Strong irritant with the danger of severe eye injury.**Sensitization:** No sensitizing effects known.**Additional toxicological information:**

The product shows the following dangers according to the calculation method of the General EU Classification Guidelines for Preparations as issued in the latest version: Irritant

## 12 Ecological Information

**12.1 Toxicity:****Aquatic toxicity:** No additional information available.**12.2 Persistence and degradability:** Biodegradable.**12.3 Bioaccumulative potential:** Does not accumulate in organisms.**12.4 Mobility in soil:** No additional information available.**Additional ecological information:****General notes:**

Water hazard class 1 (German Regulation) (Self-assessment): slightly hazardous for water.

Do not allow undiluted product or large quantities of it to reach ground water, water course or sewage system.

Must not reach sewage water or drainage ditch undiluted or un-neutralized.

**12.5 Results of PBT and vPvB assessment:****PBT:** Not applicable.**vPvB:** Not applicable.**12.6 Other adverse effects:** No additional information available.

## 13 Disposal Considerations

**13.1 Waste treatment methods:****Recommendation:**

Smaller quantities can be disposed of with household waste.

Small amounts may be diluted with plenty of water and washed away. Dispose of bigger amounts in accordance with Local Authority requirements.

The surfactant used in this product complies with the biodegradability criteria as laid down in Regulation (EC) No. 648/2004 on detergents. Data to support this assertion are held at the disposal of the competent authorities of the Member States and will be made available to them, at their direct request or at the request of a detergent manufacturer.

**Uncleaned packaging:****Recommendation:** Disposal must be made according to official regulations.**Recommended cleansing agents:** Water, together with cleansing agents, if necessary.

## 14 Transport Information

**14.1 UN-Number:**

DOT, ADR, ADN, IMDG, IATA:

Not Regulated

**14.2 UN proper shipping name:**

DOT, ADR, IMDG, IATA:

Not Regulated

## Safety Data Sheet

according to 1907/2006/EC (REACH), 1272/2008/EC (CLP), and  
GHS

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### LIQUINOX

**14.3 Transport hazard class(es):**

DOT, ADR, IMDG, IATA:

Class:	Not Regulated
Label:	-

**14.4 Packing group:**

DOT, ADR, IMDG, IATA: Not Regulated

**14.5 Environmental hazards:**

Marine pollutant: No

**14.6 Special precautions for user:**

Not applicable.

**14.7 Transport in bulk according to Annex II of MARPOL73/78 and the IBC Code:** Not applicable.

UN "Model Regulation": Not Regulated

### 15 Regulatory Information

**15.1 Safety, health and environmental regulations/legislation specific for the substance or mixture:****United States (USA):****SARA:****Section 355 (extremely hazardous substances):** None of the ingredient is listed.**Section 313 (Specific toxic chemical listings):** None of the ingredient is listed.**TSCA (Toxic Substances Control Act):** All ingredients are listed.**Proposition 65 (California):****Chemicals known to cause cancer:** None of the ingredient is listed.**Chemicals known to cause reproductive toxicity for females:** None of the ingredient is listed.**Chemicals known to cause reproductive toxicity for males:** None of the ingredient is listed.**Chemicals known to cause developmental toxicity:** None of the ingredient is listed.**Carcinogenic Categories:****EPA (Environmental Protection Agency):** None of the ingredient is listed.**TLV (Threshold Limit Value established by ACGIH):** None of the ingredient is listed.**NIOSH-Ca (National Institute for Occupational Safety and Health):** None of the ingredient is listed.**OSHA-Ca (Occupational Safety & Health Administration):** None of the ingredient is listed.**Canadá:****Canadian Domestic Substances List (DSL):** All ingredients are listed.**Canadian Ingredient Disclosure list (limit 0.1%):** None of the ingredient is listed.**Canadian Ingredient Disclosure list (limit 1%):** None of the ingredient is listed.**15.2 Chemical safety assessment:** A Chemical Safety Assessment has not been carried out.

### 16 Other Information

This information is based on our present knowledge. However, this shall not constitute a guarantee for any specific product features and shall not establish a legally valid contractual relationship.

**Relevant phrases:**

H315: Causes skin irritation.

**Safety Data Sheet**  
according to 1907/2006/EC (REACH), 1272/2008/EC (CLP), and  
GHS

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**LIQUINOX****Abbreviations and Acronyms:**

ADR: European Agreement concerning the International Carriage of Dangerous Goods by Road.  
IMDG: International Maritime Code for Dangerous Goods.  
DOT: US Department of Transportation.  
IATA: International Air Transport Association.  
GHS: Globally Harmonized System of Classification and Labelling of Chemicals.  
ACGIH: American Conference of Governmental Industrial Hygienists.  
NFPA: National Fire Protection Association (USA).  
HMIS: Hazardous Materials Identification System (USA).  
WHMIS: Workplace Hazardous Materials Information System (Canada).  
VOC: Volatile Organic Compounds (USA, EU).  
LC50: Lethal concentration, 50 percent.  
LD50: Lethal dose, 50 percent.

**SDS Created by:**

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Instrumentation for Environmental, Process & Industrial Hygiene Monitoring



## Isobutylene in Air MSDS

[Home](#)

### MATERIAL SAFETY DATA SHEET - CALIBRATION CHECK GAS/ISOBUTYLENE IN AIR

#### PRODUCT NAME: 100 PPM ISOBUTYLENE/AIR (100 PPM ISOBUTYLENE/AIR) MSDS

Version: 4 Date: January, 2004

1. Chemical Product and Company Identification **PID ANALYZERS, LLC** 25 Walpole Park Drive South Walpole, MA 02081 TELEPHONE NUMBER: (508) 660-5001 **24-HOUR EMERGENCY NUMBER: 1-617-699-4307** FAX NUMBER: (508) 660-5040 E-MAIL: [sales@hnu.com](mailto:sales@hnu.com)

**PRODUCT NAME:** ISOBUTYLENE (100 PPM – 0.9%) IN AIR

**CHEMICAL NAME:** Isobutylene in air

**COMMON NAMES/ SYNONYMS:** Calibration Gas

**CLASSIFICATION:** 2.2 WHIMIS CLASSIFICATION: A, D2A, D2B

#### 2. COMPOSITION/ INFORMATION ON INGREDIENTS

INGREDIENT %: **Isobutylene** 0.0001-0.9/Air 99-99.9999

VOLUME: 17L

PEL-OSHA: N/A

TLV-ACGIH: N/A

LD50or LC50Route/Species: N/A

FORMULA: C4H8/Air 99.0

**3. HAZARDS IDENTIFICATIONEMERGENCY OVERVIEW** Release of this product may produce oxygen-deficient atmospheres (especially in confined spaces or other poorly ventilated environments); individuals in such atmospheres may be asphyxiated. **Isobutylene** may cause drowsiness and other central nervous system effects in high concentrations; however, due to the low concentration of this gas mixture, this is unlikely to occur.

**ROUTE OF ENTRY:**

Skin: No  
Contact Skin: No  
Absorption: No  
Eye Contact: No  
Inhalation: Yes  
Ingestion: No

**HEALTH EFFECTS:**

Exposure Limits: Yes  
Irritant: No  
Sensitization: No  
Reproductive Hazard: No  
Mutagen: No  
Carcinogenicity: No  
NTP: No  
IARC: No  
OSHA: No

EYE EFFECTS: N/A.

SKIN EFFECTS: N/A.

**MATERIAL SAFETY DATA SHEET - CALIBRATION CHECK GAS**

PRODUCT NAME: **ISOBUTYLENE** (1 PPM – 0.9%) IN AIR

INGESTION EFFECTS: Ingestion unlikely. Gas at room temperature.

INHALATION EFFECTS: Due to the small size of this cylinder, no unusual health effects from over-exposure are anticipated under normal routine use.

**NFPA HAZARD CODES HMIS HAZARD CODES RATING SYSTEM**

Health: **1**

Flammability: **0**

Flammability: **0**

Reactivity: **0**

**\*0= No Hazard, 1= Slight Hazard, 2= Moderate Hazard, 3= Serious Hazard, 4= Severe Hazard**

---

**4. FIRST AID MEASURES EYES: N/A**

**SKIN:** N/A

**INGESTION:** Not required

**INHALATION:** PROMPT MEDICAL ATTENTION IS MANDATORY IN ALL CASES OF OVEREXPOSURE. RESCUE PERSONNEL SHOULD BE EQUIPPED WITH THE SELF-CONTAINED BREATHING APPARATUS. Victims should be assisted to an uncontaminated area and inhale fresh air. Quick removal from the contaminated area is most important. If breathing has stopped administer artificial resuscitation and supplemental oxygen. Further treatment should be symptomatic and supportive.

---

**5. FIRE-FIGHTING MEASURES** These containers hold gas under pressure, with no liquid phase. If involved in a major fire, they should be sprayed with water to avoid pressure increases, otherwise pressures will rise and ultimately they may distort or burst to release the contents. The gases will not add significantly to the fire, but containers or fragments may be

projected considerable distances - thereby hampering fire fighting efforts.

---

**6. ACCIDENTAL RELEASE MEASURES** In terms of weight, these containers hold very little contents, such that any accidental release by puncturing etc. will be of no practical concern.

---

**7. HANDLING AND STORAGE** Suck back of water into the container must be prevented. Do not allow backfeed into the container. Use only properly specified equipment which is suitable for this product, its supply pressure and temperature. Use only in well-ventilated areas. Do not heat cylinder by any means to increase rate of product from the cylinder. Do not allow the temperature where cylinders are stored to exceed 130oF (54oC).

---

**8. EXPOSURE CONTROLS/PERSONAL PROTECTION** Use adequate ventilation for extended use of gas.

**MATERIAL SAFETY DATA SHEET - CALIBRATION CHECK GAS PRODUCT NAME:**  
**ISOBUTYLENE (1 PPM – 0.9%) IN AIR**

---

**9. PHYSICAL AND CHEMICAL PROPERTIES PARAMETER: VALUE:** Physical state : Gas  
Evaporation point : N/A pH : N/A Odor and appearance : Colorless, odorless gas

---

**10. STABILITY AND REACTIVITY** Stable under normal conditions. Expected shelf life 24 months.

---

**11. TOXICOLOGICAL INFORMATION** No toxicological damage caused by this product.

---

**12. ECOLOGICAL INFORMATION** No ecological damage caused by this product.

---

**13. DISPOSAL INFORMATION** Do not discharge into any place where its accumulation could be dangerous. Used containers are acceptable for disposal in the normal waste stream as long as the cylinder is empty and valve removed or cylinder wall is punctured.

---

**14. TRANSPORT INFORMATION**

United States DOT/Canada TDG PROPER SHIPPING NAME:  
Compressed Gas N.O.S. Compressed Gas N.O.S. (**Isobutylene** in Air)  
HAZARD CLASS: 2.2  
IDENTIFICATION NUMBER: UN1956  
SHIPPING LABEL: NONFLAMMABLE GAS

---

**15. REGULATORY INFORMATION** **Isobutylene** is listed under the accident prevention provisions of section 112(r) of the Clean Air Act (CAA) with a threshold quantity (TQ) of 10,000 pounds.

---

**16. OTHER INFORMATION** This **MSDS** has been prepared in accordance with the Chemicals

(Hazard Information and Packaging for Supply (Amendment) Regulation 1996. The information is based on the best knowledge of PID Analyzers, LLC , and its advisors and is given in good faith, but we cannot guarantee its accuracy, reliability or completeness and therefore disclaim any liability for loss or damage arising out of use of this data. Since conditions of use are outside the control of the Company and its advisors we disclaim any liability for loss or damage when the product is used for other purposes than it is intended.

**MSDS/S010/248/January, 2004**

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## Contaminant Fact Sheets

PCBs-Aroclor 1242(Method 8082)
Aroclor 1254(Method 8082)
Aroclor 1260(Method 8082)
PCBs (Total as 1254, on site)
Arsenic
Barium
Chromium
Hexavalent Chromium
Copper
Manganese
Nickel



# ATTACHMENT A

## CONTAMINANT FACT SHEET

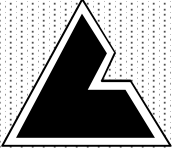
 <b>CONTAMINANT FACT SHEET</b>		<b>HEALTH HAZARD DATA</b>			Carcinogen: OSHA _____ IARC <u>  X  </u> NTP <u>  X  </u> ACGIH <u>  X  </u> NIOSH <u>  X  </u>  Skin absorbable: Yes <u>  X  </u> No _____ Skin corrosive: Yes _____ No <u>  X  </u>  Signs/Symptoms of Acute Exposure: <u>Irritates the eyes; chloracne; liver</u> <u>damage; reproductive effects.</u> <u>Carcinogen.</u> _____ _____ _____		Source: _____ TWA (units) ppm: _____ STEL (units) ppm: _____ C (units) ppm: _____  OSHA PELs: 1 mg/m <sup>3</sup> Skin  ACGIH TLVs: 1 mg/m <sup>3</sup> Skin  NIOSH RELs: 0.001 mg/m <sup>3</sup>	
		Color: <u>Colorless to light colored</u>  Physical State: Solid _____ Liquid _____ Gas _____  Odor: <u>Mild, Hydrocarbon</u>  Odor Threshold: _____  Vapor Density: <u>11.5</u> Vapor Pressure: <u>0.001 mmHg</u> Ionization Potential (IP): <u>Unk</u>  IDLH: <u>Ca (5 mg/m<sup>3</sup>)</u>	Chemical Name: <u>PCBs (42% Chlorine)</u> CAS Number: <u>435469-21-9</u> Synonyms: <u>Chlorodiphenyl (42% Chlorine),</u> <u>Aroclor 1242; Polychlorinated</u> <u>biphenyl</u>					
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>		<b>FIRE/REACTIVITY DATA</b>	
Type	Brand/Model No.	Calibrations Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	<u>Recommended Protective Clothing Materials:</u> Suits: <u>Saranex</u> _____ _____  Gloves: <u>Viton or Neoprene</u> _____ _____  Boots: <u>Butyl, Nitrile</u> _____ _____ _____		Flash Point: <u>N/A</u>  LEL/UEL: <u>N/A</u>  <u>Fire Extinguishing Media:</u> Dry Chemical: <u>N/A</u> Foam: <u>N/A</u> Water Spray: <u>N/A</u> CO <sub>2</sub> : <u>N/A</u>  <u>Incompatibilities:</u> <u>Strong Oxidizers</u> _____ _____ _____	
Dust Meter	Any	Factory	N/A	**	Service Limit Concentration (ppm): _____ **  MUC 1/2 Mask APR = TWA x 10 = _____ ** MUC Full-Face APR = TWA x 10 = _____ **			
**Action limit will be based on soil concentrations. Contact C. Sundquist for action limits					** Contact C. Sundquist			
Checked by: Cindy Sundquist		Date: 9/11/2009						

2003 by MACTEC Engineering & Consulting, Inc.

Note: The recommended protective clothing materials assumes that potential for direct contact (by splashing, dust inhalation, or other means) with the contaminants exists. Professional judgment and knowledge of on-site hazards should be used in selecting PPE appropriate to the concentration of the contaminant (trace vs percentage) to which the individual is likely to be exposed.

# ATTACHMENT A

## CONTAMINANT FACT SHEET


 <p style="text-align: center;"><b>CONTAMINANT FACT SHEET</b></p> <p>Chemical Name: <u>PCB-1254</u>                  CAS Number: <u>11097-69-1</u>                  Synonyms: <u>Aroclor-1254, Chlorodiphenyl</u>  <u>Polychlorinated biphenyl</u></p>					<b>HEALTH HAZARD DATA</b>									
					Color:	<u>Colorless to pale yellow</u>			Carcinogen:	OSHA _____ IARC <u>  X  </u> NTP <u>  X  </u> ACGIH <u>  X  </u> NIOSH <u>  X  </u>	Source	TWA (units)	STEL (units)	C (units)
Physical State		Solid	<u>  X   (below 50° F)</u>		Skin absorbable	yes <u>  X  </u> no _____	OSHA PELs	0.5 mg/m <sup>3</sup>						
		Liquid	<u>  (Viscous)  </u>		Skin corrosive	yes <u>  X  </u> no _____	ACGIH TLVs	0.5 mg/m <sup>3</sup>						
		Gas	_____		Signs/Symptoms of Acute Exposure	<u>Irritant to eyes, chloracne, liver damage</u>	NIOSH RELs	0.001 mg/m <sup>3</sup>						
Odor:		<u>Hydrocarbon</u>												
Odor Threshold:		<u>N/A</u>												
Vapor Density		<u>N/A</u>												
Ionization Potential (IP)		<u>Unknown</u>												
IDLH:		<u>5 mg/m<sup>3</sup></u>												
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Mode No.	Calibrations Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	Recommended Protective Clothing Material:					Flash Point: <u>NA</u>				
					Suits <u>Saranex</u>					LEL/UEL: <u>NA/NA</u>				
					Gloves <u>Viton Butyl Rubber</u>					Fire Extinguishing Media				
					<u>Teflon, Neoprene</u>					Dry Chemical <u>  X  </u> Foam <u>  X  </u>				
					Boots _____					Water Spray <u>  X  </u> CO <sub>2</sub> <u>  X  </u>				
Not Applicable					Service Limit Concentration (ppm)					Incompatibilities				
					MUC 1/2 Mask APR = TWA x 10 = <u>5 mg/m<sup>3</sup></u>					Strong oxidizers _____				
					MUC Full-Face APR = TWA x 10 = <u>5 mg/m<sup>3</sup></u>									
Checked by: <u>Emmet F. Curtis</u>					Date: <u>2/15/00</u>									

2000 by LAW Engineering & Environmental Services, Inc.

Note: The recommended protective clothing materials assumes that potential for direct contact (by splashing, dust inhalation, or other means) with the contaminants exists. Professional judgment and knowledge of on-site hazards should be used in selecting PPE appropriate to the concentration of the contaminant (trace vs percentage) to which the individual is likely to be exposed.

# ATTACHMENT A

## CONTAMINANT FACT SHEET


 <p style="text-align: center;"><b>CONTAMINANT FACT SHEET</b></p> <p>Chemical Name: _____                  Aroclors-General 1336-36-3, _____                  CAS Number: 11097-69-1, 53469-21-9 _____                  Synonyms: _____                  Chlorodiphenyls _____                  Polychlorinated biphenyls (PCBs) _____</p>					<b>HEALTH HAZARD DATA</b>									
					Color:	Colorless to pale yellow			Carcinogen:	OSHA _____ IARC <u>  X  </u> NTP <u>  X  </u> ACGIH <u>  X  </u> NIOSH <u>  X  </u>	Source	TWA (units)	STEL (units)	C (units)
Physical State:	Solid	<u>  X  </u> (below 50° F)			Skin absorbable:	yes <u>  X  </u> no _____	OSHA PELs	0.5 mg/m <sup>3</sup> (1254)						
	Liquid	<u>  </u> (Viscous)			Skin corrosive:	yes <u>  X  </u> no _____	ACGIH TLVs	0.5 mg/m <sup>3</sup> (1254)						
	Gas	<u>  </u>			Signs/Symptoms of Acute Exposure:	_____	NIOSH RELs	0.001 mg/m <sup>3</sup> (1254)						
Odor:	Hydrocarbon-like				Irritant to eyes, chloracne, liver damage	_____								
Odor Threshold:	NA				_____									
Vapor Density:	NA				_____									
Ionization Potential (IP):	Unknown				_____									
IDLH:	5 mg/m <sup>3</sup>				_____									
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Model No.	Calibrations Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	<u>Recommended Protective Clothing Materials:</u>					Flash Point: <u>  NA  </u>				
Dust Meter	Any	Factory	N/A	**	Suits	<u>  Saranex, Butyl Rubber, Neoprene, Viton, Teflon, Barricade, Responder  </u>				LEL/UEL: <u>  N/A/N/A  </u>				
**Action limit will be based on soil concentrations. Contact C. Sundquist for action limits					Gloves	<u>  Viton, Butyl Rubber, Teflon, Neoprene  </u>				<u>Fire Extinguishing Media:</u>				
					Boots	<u>  Butyl Rubber, Neoprene  </u>				Dry Chemical <u>  X  </u> Foam <u>  X  </u>				
					Service Limit Concentration (ppm): <u>  **  </u>					Water Spray <u>  X  </u> CO <sub>2</sub> <u>  X  </u>				
					MUC 1/2 Mask APR = TWA x 10 = <u>  **  </u>					<u>Incompatibilities:</u>				
					MUC Full-Face APR = TWA x 10 = <u>  **  </u>					Strong oxidizers _____				
Checked by: C. Sundquist					Date: 9/12/09					** Contact C. Sundquist				

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Note: The recommended protective clothing materials assumes that potential for direct contact (by splashing, dust inhalation, or other means) with the contaminants exists. Professional judgment and knowledge of on-site hazards should be used in selecting PPE appropriate to the concentration of the contaminant (trace vs percentage) to which the individual is likely to be exposed.


**APPENDIX A**

**CONTAMINANT FACT SHEET**

 <p align="center"><b>CONTAMINANT FACT SHEET</b></p> <p><b>Chemical Name:</b> Arsenic</p> <p><b>CAS Number:</b> <u>7440-38-2</u></p> <p><b>Synonyms:</b></p>					<b>HEALTH HAZARD DATA</b>									
					Color: <u>Silver/dark gray, yellow</u> Physical State: Solid X Liquid Gas Odor: NA Odor Threshold NA Vapor Density: NA Ionization Potential (IP): NA IDLH: 5 mg/m <sup>3</sup>		Carcinogen: OSHA X IARC X NTP X ACGIH X NIOSH X Skin absorbable: No Skin corrosive: No Signs/Symptoms of Acute Exposure: Ulceration of nasal septum; dermatitis; gastrointestinal disturbances; peripheral neuropathy; respiratory irritation, hemolytic anemia, cardiovascular instability; bloody stools; facial and peripheral edema; acute encephalopathy; metallic taste, garlicky breath odor; fatigue, anorexia with weight loss; hair loss; hyperpigmentation and hyperkeratosis of skin			Source	TWA (units)	STEL (units)	C (units)	
										OSHA PELs	0.01 mg/m <sup>3</sup> (inorganic)			
										ACGIH TLVs	0.01 mg/m <sup>3</sup> (inorganic)			
					NIOSH RELs			0.002 mg/m <sup>3</sup>						
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Model No.	Calibration Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	<u>Recommended Protective Clothing Materials:</u> Suits Any chemical-resistant Gloves Any chemical-resistant Boots Any chemical-resistant Service Limit Concentration (ppm): NA MUC 1/2 Mask APR = TWA x 10 = **0.1 mg/m <sup>3</sup> MUC Full-Face APR = TWA x *50 = ** 0.5 mg/m <sup>3</sup> *If quantitative fit testing is conducted, otherwise, use protection factor of 10 *If contaminant in soil, contact C. Sundquist for action limits					Flash Point: NA LEL/UEL: NA <u>Fire Extinguishing Media:</u> Dry Chemical X                      Foam X Water Spray X                        CO <sub>2</sub> X <u>Incompatibilities:</u> Strong oxidizers, bromine azide <u>Hydrogen gas can react with arsenic to form the high toxic gas arsine</u>				
Collection on 0.87 micron MCEF filter at a maximum flow rate of 2 liters/minute until a collection volume of 480-960 liters is reached. Analysis by liquid	NA	NA	NA	NA										
Dust meter	Any		N/A	**										
**Action limit will be based on soil concentrations. Contact C. Sundquist for action limits.														
Checked by: Joanne Bacchus					Date: 06/04/08									

# ATTACHMENT A


## CONTAMINANT FACT SHEET

 <p><b>CONTAMINANT FACT SHEET</b></p> <p>Chemical Name: Barium</p> <p>CAS Number: 7440-39-3</p> <p>Synonyms:</p> <p>_____</p> <p>_____</p> <p>_____</p>					<b>HEALTH HAZARD DATA</b>									
					Color: <u>White</u>	Physical State: Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/>	Odor: <u>None</u>	Odor Threshold: <u>NA</u>	Vapor Density: <u>NA</u>	Ionization Potential (IP): <u>NA</u>	IDLH: <u>50 mg/m<sup>3</sup></u>	Carcinogen: OSHA _____ IARC _____ NTP _____ ACGIH _____ NIOSH _____	Skin absorbable: yes ___ no <input checked="" type="checkbox"/> Skin corrosive: yes ___ no <input checked="" type="checkbox"/>	Signs/Symptoms of Acute Exposure: <u>Upper respiratory tract irritation,</u> <u>gastroenteritis, muscle spasms, slow pulse,</u> <u>eye/skin irritant, slow heart rate</u>
								OSHA PEL	0.5 mg/m <sup>3</sup>					
								ACGIH TLVs	0.5 mg/m <sup>3</sup>					
								NIOSH RELs	0.5 mg/m <sup>3</sup>					
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Model No.	Calibrations Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	Recommended Protective Clothing Materials: Suits <u>Any chemical - resistant</u> _____ _____ _____ Gloves <u>Any chemical - resistant</u> _____ _____ _____ Boots <u>Any chemical - resistant</u> _____ _____ _____					Flash Point: <u>NA</u>  LEL/UEL: <u>Not Combustible *</u>  Fire Extinguishing Media: Dry Chemical <input checked="" type="checkbox"/> Foam _____ Water Spray _____ CO <sub>2</sub> _____  Incompatibilities: <u>Acids, oxidizers, water</u> _____ _____				
Not Applicable (NA)					Service Limit Concentration (ppm): <u>NA</u>					* Barium compounds. Pure barium may ignite in air.				
					MUC 1/2 Mask APR=TWA x 10= <u>2.5 mg/m<sup>3</sup></u> MUC Full-Face APR=TWA x 10= <u>2.5 mg/m<sup>3</sup></u>									
Checked by: Emmet F. Curtis					Date: 12/5/03									


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Note: The recommended protective clothing materials assumes that potential for direct contact (by splashing, dust inhalation, or other means) with the contaminants exists. Professional judgment and knowledge of on-site hazards should be used in selecting PPE appropriate to the concentration of the contaminant (trace vs percentage) to which the individual is likely to be exposed.


**APPENDIX A**  
**CONTAMINANT FACT SHEET**

  <b>CONTAMINANT FACT SHEET</b>  <b>Chemical Name:</b> <u>Chromium</u> <b>CAS Number:</b> <u>7440-47-3</u> <b>Synonyms:</b> <u>Chrome, Chromium metal</u>   	<b>HEALTH HAZARD DATA</b>												
	Color: <u>Blue-white to steel-gray</u> Physical State: Solid <input checked="" type="checkbox"/> Liquid _____ Gas _____ Odor: <u>Odorless</u> Odor Threshold <u>N/A</u> Vapor Density: <u>N/A</u> Ionization Potential (IP): <u>N/A</u> IDLH: <u>250 mg/m<sup>3</sup></u>	Carcinogen: OSHA _____ IARC <u>X</u> NTP <u>X</u> ACGIH <u>X</u> NIOSH <u>X</u> Skin absorbable: <u>No</u> Skin corrosive: <u>No</u> Signs/Symptoms of Acute Exposure: <u>Irritates eyes and lungs</u>		Source   OSHA PELs	TWA (units)  0.1 ppm (Cr); 0.005 (CrO3); 0.5 (CrII/III);	STEL (units)  CrVI = 0.005 mg/m <sup>3</sup>	C (units)						
				ACGIH TLVs	0.5 mg/m <sup>3</sup>								
				NIOSH RELs	0.5 ppm (Cr); 0.001 ppm(CrVI)								
<b>AIR MONITORING</b>				<b>PERSONAL PROTECTIVE EQUIPMENT</b>				<b>FIRE/REACTIVITY DATA</b>					
Type	Brand/Model No.	Calibrations Method/Media	Relative Resonse or Conversion Factor	Meter Specific Action Level	Recommended Protective Clothing Materials: Suits <u>Tyvek, Polycoated Tyvkes</u>  Gloves <u>Any chemical –resistant Gloves</u>  Boots <u>Any chemical –resistant boots</u>  Service Limit Concentration (ppm): <u>NA</u> MUC 1/2 Mask APR = TWA x 10 = <b>**0.05 mg/m<sup>3</sup></b> MUC Full-Face APR = TWA x *50 = <b>* 0.25 mg/m<sup>3</sup></b>				Flash Point: <u>NA</u> LEL/UEL: <u>NA / NA</u> Fire Extinguishing Media: Dry Chemical <u>X</u> Foam <u>X</u> Water Spray <u>X</u> CO <sub>2</sub> <u>X</u>  Incompatibilities: <u>Strong oxidizers, alkalis</u>				
Dust meter **Action limit will be based on soil concentrations. Contact C. Sundquist for action limits	Any		N/A	**									
Checked by: <u>Joanne Bacchus</u> Date: <u>06/04/08</u>					*If quantitative fit testing is conducted, otherwise, use protection factor of 10 **Action limit will be based on soil concentrations. Contact C. Sundquist for action limits								

**APPENDIX A**  
**CONTAMINANT FACT SHEET**

  <b>CONTAMINANT FACT SHEET</b>  <b>Chemical Name:</b> Hexavalent Chromium <b>CAS Number:</b> 1333-82-0 <b>Synonyms:</b> Chromic Acid Chromium trioxide Chromic Anhydride					<b>HEALTH HAZARD DATA</b>									
					Color: <u>Dark-red Flakes or powder</u> Physical State: Solid <input checked="" type="checkbox"/> Liquid _____ Gas _____ Odor: <u>Odorless</u> Odor Threshold <u>N/A</u> Vapor Density: <u>N/A</u> Ionization Potential (IP): <u>N/A</u> IDLH: <u>15 mg/m<sup>3</sup></u>	Carcinogen: OSHA <u>X</u> IARC <u>X</u> NTP <u>X</u> ACGIH <u>X</u> NIOSH <u>X</u> Skin absorbable: <u>No</u> Skin corrosive: <u>Yes</u> Signs/Symptoms of Acute Exposure: <u>Irritates the eyes, the skin and the respiratory track. Cough.</u> <u>Labored breathing, shortness of breath. Eyes - permanent</u> <u>Loss of vision</u>	<u>Source</u>	<u>TWA (units)</u>	<u>STEL (units)</u>	<u>C (units)</u>				
		OSHA PELs	0.005 mg/m <sup>3</sup>											
		ACGIH TLVs	0.05 mg/m <sup>3</sup>											
		NIOSH RELs	0.001 mg/m <sup>3</sup>											
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Model No.	Calibrations Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	<b>Recommended Protective Clothing Materials:</b> Suits <u>Uncoated Tyveks</u> <u>Polycoated Tyveks</u> _____ Gloves <u>Any Chemical resistant Gloves</u> _____ Boots <u>Any Chemical resistant Boots</u> _____ Service Limit Concentration (ppm): MUC 1/2 Mask APR = TWA x 10 = <b>**0.01 mg/m<sup>3</sup></b> *MUC Full-Face APR = TWA x 50 = <b>**0.01 mg/m<sup>3</sup></b> *MUC of 50 can be used only if quantitative fit testing is done **Action limit will be based on soil concentrations. Contact C. Sundquist for action limits					Flash Point: <u>NA</u> LEL/UEL: <u>NA / NA</u> <b>Fire Extinguishing Media:</b> Dry Chemical _____ Foam _____ Water Spray _____ CO <sub>2</sub> _____ <b>Incompatibilities:</b> <u>Combustible, organic, or other readily oxidizable materials (eg., paper, wood, sulfur, aluminum, plastic, etc.)</u>				
Personal sampling – OSHA Method ID215		Calibrate pumps	NA	NA										
Dust Meter *Action Limit based on soil concentration. Contact C. Sundquist for action limits	Any		N/A	*										
Checked by: _____					Date: _____									


**APPENDIX A**  
**CONTAMINANT FACT SHEET**

  <b>CONTAMINANT FACT SHEET</b>  <b>Chemical Name:</b> <u>Copper</u> <b>CAS Number:</b> <u>7440-50-8</u> <b>Synonyms:</b> <u>Cu, copper metal dusts</u>					<b>HEALTH HAZARD DATA</b>									
					Color: <u>Reddish gold metallic</u> Physical State: Solid <input checked="" type="checkbox"/> <u>X</u> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Odor: <u>NA</u> Odor Threshold <u>NA</u> Vapor Density: <u>NA</u> Ionization Potential (IP): <u>NA</u> IDLH: <u>100 mg/m<sup>3</sup></u>	Carcinogen: OSHA _____ IARC _____ NTP _____ ACGIH _____ NIOSH _____ Skin absorbable: <u>Yes</u> Skin corrosive: <u>No</u> Signs/Symptoms of Acute Exposure: <u>Fumes/dust may cause eye/upper respiratory irritation; may induce allergic contact dermatitis in susceptible individuals. Ingestion causes nausea, vomiting, abdominal pain, metallic taste, and diarrhea. Ingestion of large doses may cause stomach and intestine ulceration, jaundice, and kidney and liver damage.</u>	Source _____ _____ _____	TWA (units) _____ _____ _____	STEL (units) _____ _____ _____	C (units) _____ _____ _____				
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Model No.	Calibration Method/ Media	Relative Response or Conversion Factor	Meter Specific Action Level	Recommended Protective Clothing Materials: Suits <u>Tyvek, Polycoated Tyvkes</u> _____ _____ _____ Gloves <u>Any chemical –resistant Gloves</u> _____ _____ _____ Boots <u>Any chemical –resistant boots</u> _____ _____ _____					Flash Point: <u>NA</u> LEL/UEL: <u>NA</u> Fire Extinguishing Media: Dry Chemical <u>X</u> Foam <u>X</u> Water Spray _____                      CO <sub>2</sub> <u>X</u> Note: <u>Do not allow molten copper to contact water</u>				
Collection on a Mixed Cellulose Ester Filter (MCEF) 0.8 microns at a flow rate of 2 liters/minute until a maximum collection volume of 960 liters is reached. Analysis via AAS or ICP	NA	NA	NA	NA	Service Limit Concentration (ppm): _____ MUC 1/2 Mask APR = TWA x 10 = <u>**10 mg/m<sup>3</sup></u> -MUC Full-Face APR = TWA x *50 = <u>**50 mg/m<sup>3</sup></u>					Incompatibilities: <u>Reacts violently with ammonium nitrate, bromates, chlorates, iodates, chloride, ethylene oxide, hydrazine mononitrate, hydrazoic acid, sodium azide, potassium oxide, acetylene gas and magnesium metal</u>				
Dust meter **Action limit will be based on soil concentrations. Contact C. Sundquist for action limits	Any		N/A	**	*If quantitative fit testing is conducted, otherwise, use protection factor of 10 **Action limit will be based on soil concentrations. Contact C. Sundquist for action limits									
Checked by: _____					Date: _____									



# ATTACHMENT A

## CONTAMINANT FACT SHEET


 <p style="text-align: center;"><b>CONTAMINANT FACT SHEET</b></p> <p>Chemical Name: <u>Manganese</u>                  CAS Number: <u>7439-96-5</u>                  Synonyms: <u>Manganese metal, colloidal manganese, manganese-55</u></p>					<b>HEALTH HAZARD DATA</b>									
					Color: <u>Silvery</u>	Physical State: Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/>	Odor: <u>NA</u>	Odor Threshold: <u>NA</u>	Vapor Density: <u>NA</u>	Ionization Potential (IP): <u>NA</u>				
					Carcinogen: OSHA _____ IARC _____ NTP _____ ACGIH _____ NIOSH _____	Source	TWA (units)	STEL (units)	C (units)					
					Skin absorbable: yes ___ no <input checked="" type="checkbox"/> Skin corrosive: yes ___ no <input checked="" type="checkbox"/>	OSHA PELs			5 mg/m <sup>3</sup>					
					Signs/Symptoms of Acute Exposure: <u>Mental confusion, dry throat, cough, tight chest, flu-like fever, low-back pain, vomiting, fatigue</u>	ACGIH TLVs	0.2 mg/m <sup>3</sup>							
					IDLH: <u>500 mg/m<sup>3</sup></u>	NIOSH RELs	1 mg/m <sup>3</sup>	3 mg/m <sup>3</sup>						
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>					<b>FIRE/REACTIVITY DATA</b>				
Type	Brand/Model No.	Calibrations Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	<u>Recommended Protective Clothing Materials:</u>					Flash Point: <u>NA</u>				
					Suits <u>Any chemical-resistant</u>					LEL/UEL: <u>NA / NA</u>				
					Gloves <u>Any chemical-resistant</u>					<u>Fire Extinguishing Media:</u>				
					Boots <u>Any chemical-resistant</u>					Dry Chemical <input checked="" type="checkbox"/> Foam ___				
					Service Limit Concentration (ppm): <u>NA</u>					Water Spray ___ CO <sub>2</sub> ___				
					MUC 1/2 Mask APR = TWA x 10 = <u>1 mg/m<sup>3</sup></u>					<u>Incompatibilities:</u>				
					MUC Full-Face APR = TWA x 10 = <u>1 mg/m<sup>3</sup></u>					Oxidizers, including water or steam				
Checked by: <u>Emmet F. Curtis</u>					Date: <u>12/5/03</u>									

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Note: The recommended protective clothing materials assumes that potential for direct contact (by splashing, dust inhalation, or other means) with the contaminants exists. Professional judgment and knowledge of on-site hazards should be used in selecting PPE appropriate to the concentration of the contaminant (trace vs percentage) to which the individual is likely to be exposed.

**APPENDIX A**

**CONTAMINANT FACT SHEET**

 <p><b>CONTAMINANT FACT SHEET</b></p> <p><b>Chemical Name:</b> Nickel _____</p> <p><b>CAS Number:</b> 7440-02-0</p> <p><b>Synonyms:</b> Ni, nickel metal dusts _____</p>					<b>HEALTH HAZARD DATA</b>							
					Color: <u>Silver metallic</u> _____ Physical State: Solid <u>X</u> _____ Liquid _____ Gas _____ Odor: <u>NA</u> _____ Odor Threshold <u>NA</u> _____ Vapor Density: <u>NA</u> _____ Ionization Potential (IP): <u>NA</u> _____ IDLH: <u>10 mg/m<sup>3</sup></u> _____ _____ _____	Carcinogen: OSHA _____ IARC <u>X</u> _____ NTP <u>X</u> _____ ACGIH _____ NIOSH <u>X</u> _____ Skin absorbable: <u>Yes</u> _____ Skin corrosive: <u>No</u> _____ Signs/Symptoms of Acute Exposure: <u>Fumes/dust may cause eye/upper respiratory irritation; may induce allergic contact dermatitis in susceptible individuals.</u>						
					<u>Source</u>	<u>TWA (units)</u>	<u>STEL (units)</u>	<u>C (units)</u>				
					OSHA PELs	1 mg/m <sup>3</sup>						
					ACGIH TLVs	1.5 mg/m <sup>3</sup>						
					NIOSH RELs	0.015 mg/m <sup>3</sup>						
<b>AIR MONITORING</b>					<b>PERSONAL PROTECTIVE EQUIPMENT</b>				<b>FIRE/REACTIVITY DATA</b>			
Type	Brand/Model No.	Calibration Method/Media	Relative Response or Conversion Factor	Meter Specific Action Level	<u>Recommended Protective Clothing Materials:</u> Suits <u>Uncoated Tyveks</u> <u>Polycoated Tyveks</u> _____ Gloves <u>Any Chemical resistant Gloves</u> _____ Boots <u>Any Chemical resistant Boots</u> _____ Service Limit Concentration (ppm): _____ MUC 1/2 Mask APR = TWA x 10 = <b>**10 mg/m<sup>3</sup></b> MUC Full-Face APR = TWA x *50 = <b>**50 mg/m<sup>3</sup></b> *If quantitative fit testing is conducted, otherwise, use protection factor of 10 **Action limit will be based on soil concentrations. Contact C. Sundquist for action limits				Flash Point: <u>NA</u> _____ LEL/UEL: <u>NA</u> _____ <u>Fire Extinguishing Media:</u> Dry Chemical <u>X</u> _____ Foam _____ Water Spray <u>X</u> _____ CO <sub>2</sub> _____ Note: <u>Flammable as dust or fume and may release toxic vapors; dusts may combust spontaneously</u> _____ <u>Incompatibilities:</u> <u>Strong acids, sulfur, selenium, wood &amp; other combustibles, nickel nitrate</u> _____			
Collection on a Mixed Cellulose Ester Filter (MCEF) 0.8 microns at a flow rate of 2 liters/minute until a maximum collection volume of 960 liters is reached. Analysis via AAS or ICP	NA	NA	NA	NA								
Dust Meter **Action Limit based on soil concentration. Contact C. Sundquist for action limits	Any		N/A	**								
Checked by: _____					Date: _____							

**ATTACHMENT 2**

**FIELD DATA RECORDS**

### SOIL BORING LOG



511 Congress Street, Portland Maine 04101

Project Name: AL Tech Specialty Steel - WMA - Supplemental Data Ga		Boring ID:
Project Location: Colonie, NY		Page No.
Project No.: 3612112222.03.04	Client: NYSDEC	of:
Boring Location:	Refusal Depth:	Total Depth:
Weather:	Soil Drilled:	Method:
Subcontractor:	Protection Level: D	
Driller:	Date Started:	Date Completed:
Rig Type/Model:	Logged By:	Checked By:
Reference Elevation:	Water Level:	Time:

Sample Information				Monitoring				Sample Description and Classification	USCS Group Symbol	Remarks
Depth (feet/bgs)	Sample Number	Penetration/ Recovery (feet)								
0.0							NA			

**NOTES:** **SOIL BORING LOG**

**SURFACE SOIL SAMPLING RECORD**



<b>PROJECT NAME</b> AL Tech Specialty Steel - WMA - Supplemental Data Gap	
<b>PROJECT NUMBER</b> 3612112222.03.04	
<b>SAMPLE ID</b>	<b>SAMPLE TIME</b>

<b>SAMPLE LOCATION</b>	<b>DATE</b>
<b>START TIME</b>	<b>END TIME</b>
<b>SITE NAME/NUMBER</b>	<b>PAGE</b> OF

**SAMPLE INFORMATION**

TYPE OF SAMPLE

DISCRETE  
 COMPOSITE

QC SAMPLES

DUPLICATE \_\_\_\_\_  
 EQ BLK \_\_\_\_\_

MS/MSD:

YES  
 NO

SAMPLE INTERVAL:

TOP \_\_\_\_\_  
BOTTOM \_\_\_\_\_

TYPE OF MATERIAL:

ORGANIC  
 SAND  
 GRAVEL  
 CLAY  
 FILL  
 OTHER \_\_\_\_\_

COLLECTION EQUIPMENT

HAND AUGER/CORER  
 S.S. SPLIT BARREL  
 ALUMINIUM PAN  
 S.S. SHOVEL  
 HAND SPOON/SPATULA  
 S.S. BUCKET  
 OTHER \_\_\_\_\_

SAMPLE OBSERVATIONS

ODOR \_\_\_\_\_  
COLOR \_\_\_\_\_  
OTHER \_\_\_\_\_  
PID \_\_\_\_\_

DECON FLUIDS USED

ALL USED  
 LIQUINOX/DI H<sub>2</sub>O SOLUTION  
 DEIONIZED WATER  
 POTABLE WATER  
 NITRIC ACID  
 HEXANE  
 25% METHANOL/75% ASTM TYPE II H<sub>2</sub>O  
 ETHYL ALCOHOL

FIELD SKETCH SHOWN/ATTACHED

YES  
 NO

**ANALYTICAL PARAMETERS**

	PARAMETER	METHOD NUMBER	PRESERVATION METHOD	VOLUME REQUIRED	SAMPLE COLLECTED	QC COLLECTED	SAMPLE BOTTLE ID NUMBERS
<input type="checkbox"/>	PCBs	8082	4° C	4oz AG	_____	_____	_____
<input type="checkbox"/>	TAL Metals + Mo	6010	4° C	4oz G	_____	_____	_____
<input type="checkbox"/>	Cr <sup>6+</sup>	7199	4° C	4oz G	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

**NOTES**

**SKETCH**

Sampler Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Checked By: \_\_\_\_\_

Date: \_\_\_\_\_

**FIGURE 4.13**  
**SURFACE SOIL SAMPLING RECORD**  
**NYSDEC QUALITY ASSURANCE PROJECT PLAN**