
Hunts Point Food Distribution Center Redevelopment Plan

Generic Health and Safety Plan (GHASP)

Site C OU 1, Bronx, NY

- Final -

Prepared for:



New York City
Economic Development
Corporation

110 William Street, New York, New York 10038

September 2008

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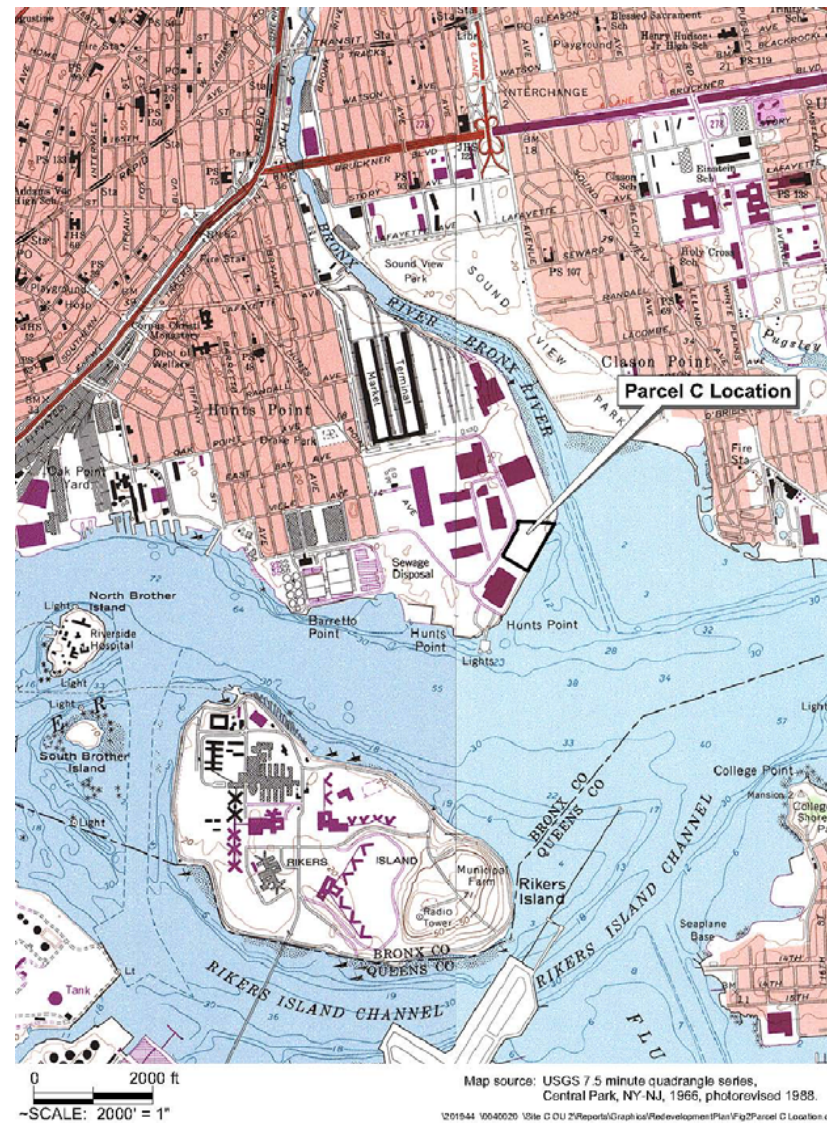
List of Appendices

- Appendix A Incident Report Form
- Appendix B Deviations and Additions Form
- Appendix C Visitors Log

SITE SPECIFIC HEALTH & SAFETY PLAN TITLE PAGE			
PROJECT NAME: NYCEDC Hunts Point Site C OU-1		PROJECT COMPANY:	
JOB SITE ADDRESS: 500 and 550 Food Center Drive, Bronx, NY		JOB NUMBER:	
PROJECT MANAGER:		PHONE NO. :	
SITE CONTACT:		PHONE NO. :	
(-) AMENDMENT NO. 0			
OBJECTIVES OF FIELD WORK: Perform interim remedial contaminated soil/fill excavation and removal from site. Field Activities Include but are not limited to: 1. Bulkhead rehabilitation observation and environmental oversight 2. Excavation of pre-determined remedial areas 3. Stockpiling of targeted excavated material for pre-disposal testing 4. Backfilling of non-targeted material excavated from remedial area 5. Off-site removal and disposal of targeted excavated waste		SITE TYPE: <i>Check as many as applicable</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Secure </div> <div style="width: 30%;"> <input type="checkbox"/> Landfill <input type="checkbox"/> Uncontrolled <input checked="" type="checkbox"/> Industrial: Former MGP Facility <input type="checkbox"/> Unsecured <input type="checkbox"/> Enclosed space </div> <div style="width: 30%;"> <input type="checkbox"/> Natural <input type="checkbox"/> Military <input checked="" type="checkbox"/> Other specify: Commercial Warehouse Space <input type="checkbox"/> Residential <input type="checkbox"/> Well Field </div> </div>	
DESCRIPTION AND FEATURES: <i>Summarize below. Include principal operations and unusual features (containers, buildings, dikes, power lines, hills, slopes, rivers)</i> The Site is located in the urbanized Hunts Point Food Distribution Center in Bronx, New York. The Site investigation included the excavation and inspection of on-Site material, as well as the collection of soil and groundwater samples for chemical analyses. Four trenches and five test pits were installed across the Site in an east-west direction. These trenches were spaced so that adequate coverage of the Site was achieved. The Site inspection results showed that an upper layer of fill exists, consisting of residual coal from the historic Site operations. The residual coal layer is present over the majority of the Site, varies in thickness, and exhibits the greatest volume towards the center of the Site. Beneath the coal layer is sand mixed with ceramics and glass. The sand layer appears to be dredged material. Occasional concrete or brick footers or foundations were encountered during the subsurface investigative activities, especially in the southern portion of the Site. Coal tar and creosote impacted areas were also encountered; however these areas were limited in horizontal and vertical extent. The results of this investigation show that although the fill material appears to be impacted in part by the former manufactured gas facility, only small isolated areas of the Site are noticeably impacted. The SVOCs detected at the Site are at relatively low concentrations and appear to be widespread.			
SURROUNDING POPULATION: <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Other:			

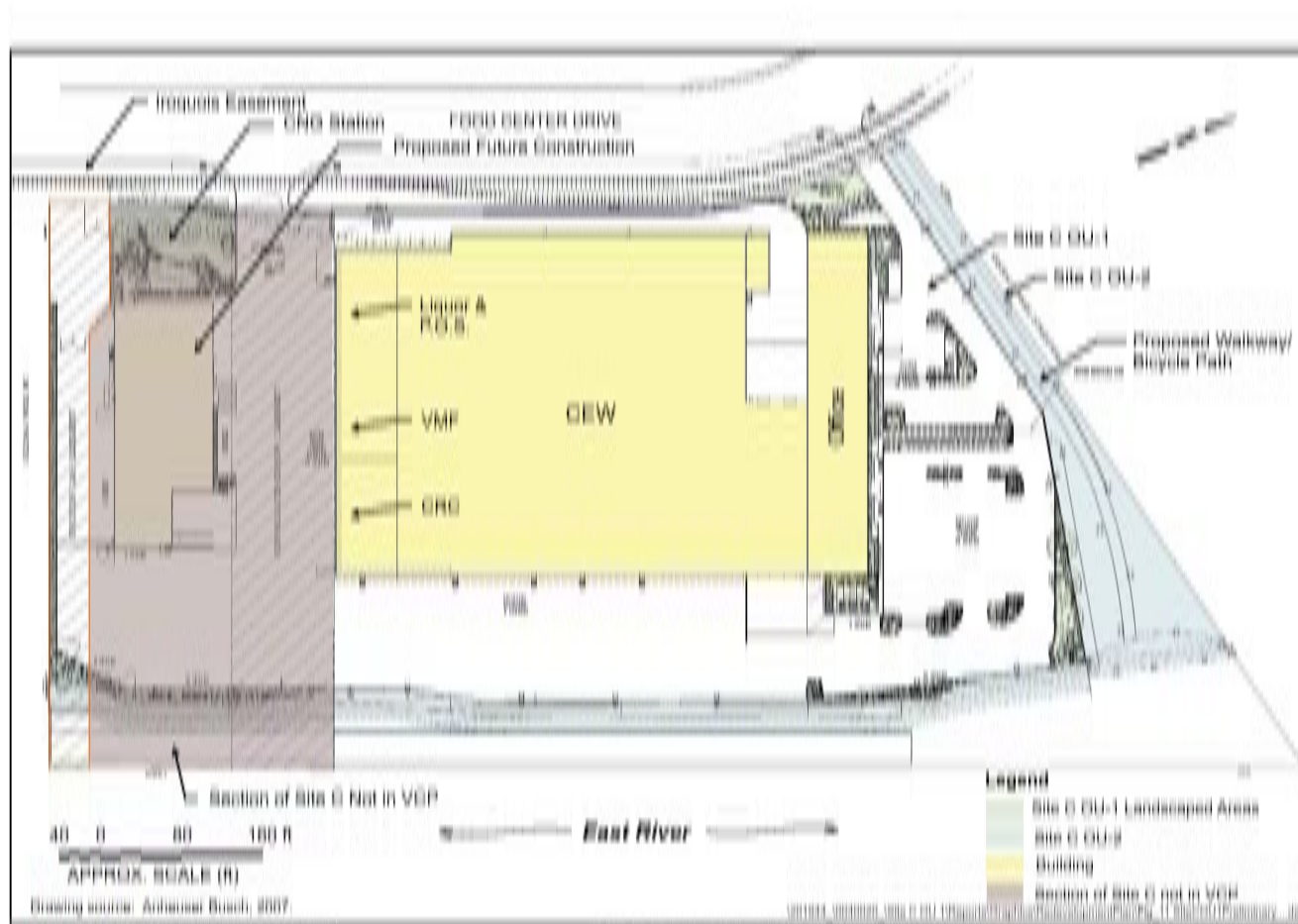
SITE SPECIFIC HEALTH & SAFETY PLAN
SITE LOCATION PLAN / SITE SKETCH

Figure 1 contains the Site Location.



SITE SPECIFIC HEALTH & SAFETY PLAN
SITE LOCATION PLAN / SITE SKETCH

Figure 2 contains the Parcel C Operable Unit divisions.

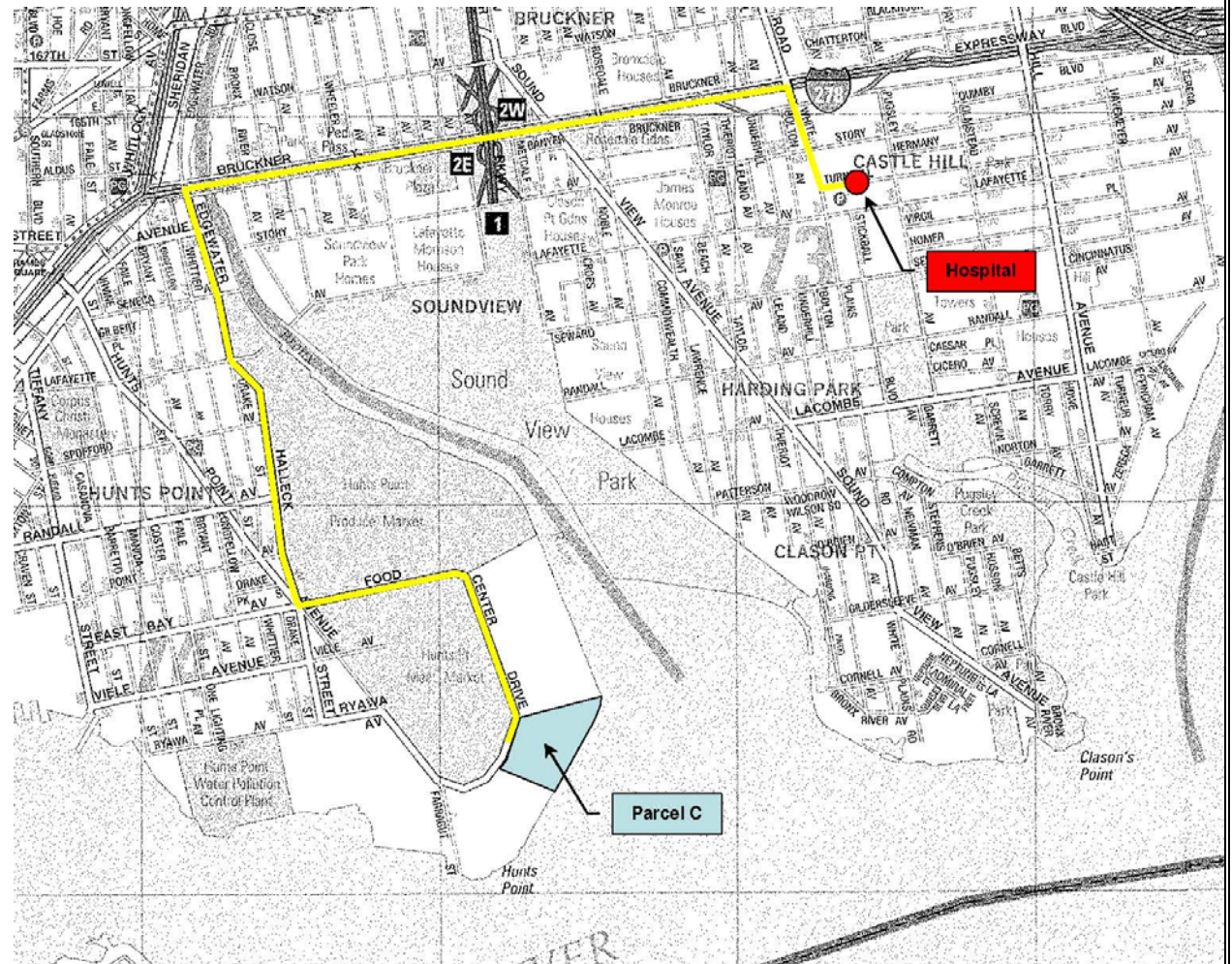


SITE SPECIFIC HEALTH & SAFETY PLAN EMERGENCY CONTACTS & APPROVALS				
EMERGENCY CONTACTS		EMERGENCY CONTACTS	NAME	PHONE
EPA Region II	(800) 227-8917	Project Manger		
State EPA Office	(518) 402-8559	Health and Safety Officer		
Site Telephone	Not Available	State Spill		(845) 256-3000
Poison Control Center	(800) 522-6337	Fire Department		911
Continuum Health Care (Occupational Health Management)	1-800-229-3674 (ext. 440)	Police Department		911
National Response Center	(800) 424-8802	Number of 24-Hour Ambulance:		911
		Nearest Hospital Emergency Room Number:	St. Barnabus Hospital 1967 Turnbull Avenue Bronx, New York	(718) 409-2633
1. Evacuation Routes will be specified by the HSO and communicated to all personnel on site. 2. Personnel will evacuate under conditions specified by air monitoring or as directed by the HSO. 3. An INCIDENT REPORT form will be completed for all accidents (see Appendix A). QA REVIEW: _____ Date: _____ <div style="margin-left: 40px;">Office Safety Coordinator</div>				
HEALTH AND SAFETY PLAN APPROVALS				
Project Manager: _____ Date: _____ Site Health and Safety Officer _____ Date: _____		Route to Hospital is described on the following page with a map to the hospital on the next page.		

SITE SPECIFIC HEALTH & SAFETY PLAN **HOSPITAL MAP ROUTE**

Directions to St. Barnabus Hospital from the site:

1. Turn right onto Food Center Drive
2. Turn right onto Halleck Street
3. Go straight onto Edgewater Road
4. Turn right onto Bruckner Boulevard
5. Take I-278 East/Bruckner Expressway towards the Throgs Neck Bridge
6. Exit at White Plains Road / Castle Hill Avenue
7. Merge onto Bruckner Boulevard
8. Turn right onto White Plains Road
9. Turn left onto Turnbull Avenue.



SITE SPECIFIC HEALTH & SAFETY PLAN HISTORY AND WASTE CHARACTERIZATION	
HISTORY: Summarize site specific information below or attach information behind this page.	
WASTE TYPES: <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Gas <input type="checkbox"/> Unknown <input type="checkbox"/> Other specify:	
WASTE CHARACTERISTICS: Check as many as applicable. <input type="checkbox"/> Corrosive <input type="checkbox"/> Flammable <input type="checkbox"/> Radioactive <input checked="" type="checkbox"/> Toxic <input checked="" type="checkbox"/> Volatile <input type="checkbox"/> Reactive <input type="checkbox"/> Inert Gas <input type="checkbox"/> Unknown <input type="checkbox"/> Other specify:	WORK ZONES: Describe how the Exclusion, Contamination Reduction, and Support Zones will be delineated in terms that on-site personnel will recognize. Work zones will be shown on "WORK ZONE MAP PAGE." 1. Exclusion zone will be considered to be within 20 feet of the sampling location
HAZARDS OF CONCERN: Check as many as applicable. <input checked="" type="checkbox"/> Heat Stress attach guidelines <input checked="" type="checkbox"/> Noise <input checked="" type="checkbox"/> Cold Stress attach guidelines <input checked="" type="checkbox"/> Inorganic Chemicals <input checked="" type="checkbox"/> Explosive/Flammable <input checked="" type="checkbox"/> Organic Chemicals <input type="checkbox"/> Oxygen Deficient <input checked="" type="checkbox"/> Motorized Traffic <input type="checkbox"/> Radiological <input checked="" type="checkbox"/> Heavy Machinery <input type="checkbox"/> Biological <input checked="" type="checkbox"/> Slips, Trips & Falls <input checked="" type="checkbox"/> Other: <ul style="list-style-type: none"> ▪ First Aid/CPR ▪ Air Monitoring ▪ Personal Protective Equipment <input checked="" type="checkbox"/> Other specify: CONFINED SPACES WILL NOT BE ENTERED. (If confined spaces are to be entered a specific confined space entry plan will be developed)	PRINCIPAL DISPOSAL METHODS AND PRACTICES: Summarize Site Specific Conditions Procedures Below: All waste generated by Interim Remedial site activities shall be the full responsibility of the subconsultant retained by to conduct the work.

SITE SPECIFIC HEALTH & SAFETY PLAN HAZARDOUS MATERIALS SUMMARY					
HAZARDOUS MATERIAL SUMMARY: Underline and bold waste type and estimate amounts by category (if possible)					
CHEMICALS Amounts/Units:	SOLIDS Amounts/Units:	SLUDGES Amounts/Units:	SOLVENTS Amounts/Units:	OILS Amounts/Units:	OTHER Amounts/Units:
Acids	Flash	Paint	Halogenated (chloro, bromo) Solvents	Oily Wastes	Laboratory
Pickling Liquors	Asbestos	Pigments	Hydrocarbons	Gasoline	Pharmaceutical
Caustics	Milling/Mine Tailings	Metal Sludges	Alcohols	Diesel Oil	Hospital
Pesticides	Ferrous Smelter	POTW Sludge	Ketones	Lubricants	Radiological
Dyes/Inks	Non-ferrous Smelter	Aluminum	Esters	PCBs	Municipal
Cyanides	Metals	Distillation Bottoms	Ethers	Polynuclear Aromatics	Construction
Phenols	Other:	Other:	Other:	Other:	Munitions
Halogens	- Solidified Coal Tar	- Malleable Coal Tar	- VOCs and SVOCs found in GW & soil samples	- Site former MGP plant	Other
Dioxins	- Coal/Coke Ash/Cinders				Specify:
Other (Specify):	- Purifier Waste				
OVERALL HAZARD EVALUATION: () High (X) Medium () Low () Unknown JUSTIFICATION: Materials and operations on the site pose a moderate threat to site workers.					
FIRE/EXPLOSION POTENTIAL: () High () Medium (X) Low () Unknown					

SITE SPECIFIC HEALTH & SAFETY PLAN CHEMICAL HAZARD TABLE					
KNOWN CONTAMINANTS	HIGHEST OBSERVED CONCENTRATION (specify units and media)	PEL/TLV ppm or mg/m ³ (specify)	IDLH ppm or mg/m ³ (specify)	SYMPTOMS/EFFECTS OF ACUTE EXPOSURE	PHOTOIONIZATION POTENTIAL
Arsenic	31.7 mg/kg (S) (CT2SCOMP, Sept. 1999)	PEL: 0.01 mg/m ³ TLV: 0.01 mg/m ³	5.0 mg/m ³ (Carcinogen)	Ulceration of nasal septum, dermatitis, gastrointestinal disturbances, peripheral neuropathy, respiratory irritant, hyperpigmentation of skin, [carcinogenic]	NA
Thallium	0.029 mg/kg (GW) (CTPGW, Sept. 1999)	PEL: 0.1 mg/m ³ TLV: 0. 1 mg/m ³	15.0 mg/m ³ (Carcinogen)	Nau, diarr, abdom pain, vomit; ptosis, strabismus; peri neuritis, tremor; retster tight, chest pain, pulm edema; sez, chorea, psychosis; liver, kidney damage; alopecia; pares legs	NA
NA = Not Available NE = None Established U = Unknown S = Soil SW = Surface Water T = Tailings W = Waste SD = Sediment A = Air GW = Groundwater SL = Sludge D = Drums OFF = Offsite					

HAZARD COMMUNICATIONS STANDARD

A notebook containing this Site Specific Health and Safety Plan will be taken to the field with the crew and kept in the vehicle. A current inventory of chemicals to be brought on-site and appropriate MSDSs will accompany these chemicals in the vehicle.

SITE SPECIFIC HEALTH & SAFETY PLAN TASK DESCRIPTION						
FIELD ACTIVITIES COVERED UNDER THIS PLAN - ATTACH ACTIVITY HAZARD ANALYSIS FOR EACH TASK				HAZARD		
TASK DESCRIPTION/SPECIFIC TECHNIQUE-STANDARD OPERATING PROCEDURES/SITE LOCATION(Attach additional sheets as necessary)	Type	Primary	Contingency	SCHEDULE		
1 Mobilization / Site Preparation	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area			X
2 Interim Remedial Waste Excavation/Stockpiling/Removal Observation	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area		X	
3 Interim Remedial Waste Excavation Endpoint Sampling	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area		X	
4 Demobilization	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area			X
PERSONNEL AND RESPONSIBILITIES (Include subcontractors) Responsibilities and the reporting organizational structure are described on the following page.						
NAME	PHONE	DATE OF LAST TRAINING	DATE OF HEALTH CLEARANCE	RESPONSIBILITIES	ON-SITE? List task numbers	
				PROJECT MANAGER	No	
				HEALTH AND SAFETY OFFICER	No	
				HSO, SITE COORDINATOR	Yes, Tasks 1-4	
				HSO, SITE COORDINATOR	Yes, Tasks 1-4	

SITE SPECIFIC HEALTH & SAFETY PLAN DESCRIPTION OF RESPONSIBILITIES AND ORGANIZATIONAL STRUCTURE	
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1. Site Safety and Health Personnel.

The Site Health and Safety Officer (HSO), in conjunction with the Site Coordinator, ensures that the provisions of this HASP are adequate and implemented in the field. The Project Manager is to take all necessary actions to guarantee site safety. Changing field conditions may require decisions to be made concerning adequate protection programs and may require deviations or additions to this HASP. All deviations and/or additions must be documented and approved by the HSO on the DEVIATIONS AND ADDITIONS form, located in Appendix B. Personnel assigned as HSO must be experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120 and this HASP. The HSO is also responsible for conducting site inspections on a regular basis to ensure the effectiveness of this plan.

2. Organizational Structure and Responsibilities.

Briefly describe the responsibilities of all team members and denote the reporting structure.

1. Project Manager

- a. Overall responsibility for project schedule.
- b. Develop cost estimates for work identified.
- c. Identify scope of work and estimate schedule for work.
- d. Determine the technical/field team.
- e. Will not be on site.

2. Site Coordinator (reports to “1” when “1” is on-site, otherwise in charge)

- a. Enforce disciplinary action when unsafe acts or practices occur.
- b. Grant permission for site access (including visitors, see Appendix C).
- c. Designate site security.
- d. Enforce the buddy system.
- e. Attend all Site pre-entry safety briefings.
- f. Serve as the facilitator of communications in emergencies.

3. Site Health and Safety Officer (HSO) (Same as “2”)

- a. Maintain daily field log book and a health and safety file for the project.
- b. Conduct safety meetings.
- c. Monitor on-site hazards and conditions.
- d. Enforce safety procedures.
- e. Designate facilities, and equipment for health and safety.
- f. Select, dispense, and ensure availability of Personal Protective Equipment (PPE).
- g. Maintain copies of instrument operation manuals and maintain records of usage and calibration.
- h. Periodically inspect PPE and ensure proper storage and maintenance.
- i. Monitor for heat and cold stress.
- j. Set up decontamination lines, control decontamination, prepare decontamination solutions, and monitor.
- k. Train employees on emergency procedures and evacuation routes.
- l. Control entry and exit at the Access Control Points.
- m. Confirm an employee's suitability for work based on the physician's recommendation.

4. Other On-Site Personnel (report to “2”)

SITE SPECIFIC HEALTH & SAFETY PLAN AIR MONITORING BY TASK			
MONITORING EQUIPMENT: Specify by task. Indicate type as necessary. Attach additional sheets as necessary.			
INSTRUMENT	TASK	ACTION GUIDELINES	COMMENTS (Includes schedules of use)
Combustible Gas Indicator	1 - 2 - 3 - 4	0-10% LEL No explosion hazard 10-25% LEL Potential explosion hazard; notify HSO. >25% LEL Explosion hazard; interrupt task/evacuate 21.0% O ₂ Oxygen normal <20.5% O ₂ Oxygen deficient; notify HSO. <19.5% O ₂ Interrupt task/evacuate	(X) Not Needed
Radiation Survey Meter	1 - 2 - 3 - 4	3X Background Notify SHSC >2mR/hr Interrupt task/evacuate	(X) Not Needed
Photo ionization Detector () 11.7 ev (X) 10.2 ev () 9.8 ev () ___ ev	1 - 2 - 3 - 4	Specify: If TOTAL VOC's \geq 5 PPM above background in the breathing zone, sustained for 5 or more minutes, all personnel shall evacuate the site. Contact Project HSO and the site shall be reevaluated after 30 minutes. The HSO will re-enter the site upwind and monitor with the PID. Once the volatile levels are below 1 PPM, work can continue.	() Not Needed
Flame Ionization Detector	1 - 2 - 3 - 4	Specify:	(X) Not Needed
Detector Tubes/Monitox	1 - 2 - 3 - 4	Specify:	(X) Not Needed
Dust Monitor	1 - 2 - 3 - 4	Specify: Particulates will be monitored within the work area during intrusive activities. Prior to beginning intrusive work, a background ambient measurement will be collected. If during the work, particulate levels in the work area are 150 ug/m³ above the background level for a period of fifteen (15) minutes, then downwind perimeter measurements will be collected. If measurements remain 150 ug/m³ above the background then dust suppression techniques will be employed.	() Not Needed
Other: Specify	1 - 2 - 3 - 4	Specify:	() Not Needed

Notes:

- When area samples are collected for routine project activities, the following information must be recorded in the field log book: date and time; location; air temperature; wind direction and speed; cloud cover and type of precipitation; sampler; instrumentation used; activity being sampled; result; sample duration time; applicable comments.

SITE SPECIFIC HEALTH & SAFETY PLAN DECONTAMINATION		
DECONTAMINATION PROCEDURES		
ATTACH SITE MAP INDICATING EXCLUSION, DECONTAMINATION, AND SUPPORT ZONES AS PAGE TWO		
<u>Personalized Decontamination</u> Summarize below and/or attach diagram; discuss use of work zones. Sampler will wear disposable gloves. No other portion of body should be exposed. Observers will wear disposable PPE.	<u>Sampling Equipment Decontamination</u> Summarize below and/or attach diagram; discuss use of work zones. For equipment such as spoons, knives, bowls, trowels, hand augers, balers, direct-push samplers and surface water sampling devices (dippers), the following procedures will be used: (1) Initial wash with potable water/alconox soap mixture. Scrub brushes will be used to remove all residual dirt or other debris. (2) Potable water wash to remove all soap residue. (3) Rinse with distilled/deionized water. (4) Wrap decontaminated equipment in plastic or aluminum foil to prevent recontamination. For sampling in areas where free-product petroleum (NAPL) is encountered, the following additional steps will be added between steps 2 and 3 above: 2a) Methanol Rinse 2b) Hexane Rinse 2c) Methanol Rinse For sampling in areas where elevated metal concentrations are a concern, the following additional step will be added between steps 2 and 3 above: 2a) Rinse with diluted (10%) nitric acid (HNO ₃).	<u>Heavy Equipment Decontamination</u> Summarize below and/or attach diagram; discuss use of work zones. For equipment such as drill rigs, augers, drill rods, etc. the following procedures will be used: (1) Spray with a hot water/high pressure sprayer (Hotsy) using on-base potable water supply. (2) Stubborn soil or residue may be washed with a potable water/alconox soap mixture. Scrub brushes will be used to remove all residual dirt or other debris. (3) Place decontaminated equipment in a secure location, or wrap in plastic to prevent recontamination
(X) Not Needed	() Not Needed	() Not Needed
<u>Containment and Disposal Method</u> Disposable PPE will be placed in sealed plastic bags, and disposed of as municipal waste.	<u>Containment and Disposal Method</u> See principal disposal methods and practices.	<u>Containment and Disposal Method</u> See principal disposal methods and practices.

**SITE SPECIFIC HEALTH & SAFETY PLAN
WORK ZONE**

THIS PAGE RESERVED FOR MAP (Show Exclusion, Contamination Reduction, and Support Zones. Indicate evacuation and reassembly points.)

To Be Completed On Site.

[illegible]

Signature _____

Appendix A

Accident Reporting

All accidents, injuries and illnesses which occur from performing project activities in this HASP require that the injured person and the Site Health and Safety Officer complete an INCIDENT REPORT and forward it to the Corporate Director.

Incident Report

Project Name:		Incident Location:	
Project No.:		Date/Time of Incident:	
Project Manager/ employee supervisor:		Reported to (Name) Date/Time/to Whom:	
Person(s) affected:			
Name:		Phone:	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
Witnesses:			
Name:		Phone:	
<div></div>		<div></div>	
<div></div>		<div></div>	
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Health Care Treatment Facility Used:			
Name:		Address:	
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<div></div>		<div></div>	
Treating Physician/Health Care Provider:			
Name:		Phone:	
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Person(s) Treated:			
Name:		Extent of Injuries:	
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Describe the Incident, the project activity being performed, and just how the incident occurred (please be descriptive, use proper names, etc.):			
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Specific recommendations, to prevent this incident from reoccurring:

Comments:

Reported byDate of ReportPhone

For Use by Health and Safety Manager:

Number of
Sheets Attached:

Forwarded:

Appendix B

Deviations and Additions Form

Deviations from and additions to this HASP are permitted and sometimes required based on additional information obtained since the preparation date of the HASP. The DEVIATIONS AND ADDITIONS form will be used to authorize and record all deviations and additions that occur after any one individual has signed this document. Changes in this HASP are only permitted with the following:

1. Written documentation of what the deviation or addition is and reference to the appropriate section from this HASP;
2. Written justification for the change;
3. Verbal communication of the change to all personnel who are directly affected and answering all questions regarding the change to the satisfaction of those same individuals; and
4. Signatures from all personnel who are affected by the change prior to commencing project activities on site with an approval signature from the Site Health and Safety Officer.

Health and Safety Plan

Deviations and Additions

Change 1: Section:

Description of Change:

Justification:

Safety Impact:

Signatures of Acknowledgement:			
Resident Field Representative	Date		Date
	Date		Date
	Date		Date

Change 2: Section:

Description of Change:

Justification:

Safety Impact:

Signatures of Acknowledgement:			
Resident Field Representative	Date		Date
	Date		Date
	Date		Date

Appendix C

Visitors Log

Visitors to the site may be permitted entrance into the exclusion and contamination reduction zones based upon approval of the Site Coordinator. Otherwise, they must remain in the support zone. The Site Coordinator will be responsible for documenting the name and identity of all visitors in the VISITORS LOG.

VISITORS LOG

[illegible]