

Project Specific Health and Safety Plan (HASP)
Food Center Drive - Green Street Construction Oversight

Hunts Point Food Distribution Center Food Center Drive - Green Street

Prepared for:
**New York City Economic Development Corporation
(NYCEDC).**
110 Williams Street
New York, New York, 10038

Prepared by:
 **ONE COMPANY**
Many SolutionsSM
One Blue Hill Plaza- 12th Floor, Pearl River New York 10965

May 2013

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SITE SPECIFIC HEALTH & SAFETY PLAN TITLE PAGE HDR																
PROJECT NAME: Hunts Point Food Distribution Center – Green Street Construction	PROJECT COMPANY: HDR															
JOB SITE ADDRESS: Food Center Drive Between Halleck Street and Ryawa Avenue, Hunts Point, New York	JOB NUMBER: 147-															
PROJECT MANAGER: Bradley Williams	PHONE NO. : (845) 735-8300, extension 228															
SITE CONTACT: Colin Mills	PHONE NO. : (845) 735-8300, extension 253 (office) 845-499-9564 (cell)															
(-) AMENDMENT NO. 0																
OBJECTIVES OF FIELD WORK: The objective of the Green Street Construction Oversight is to oversee and document contractors compliance with the VCA and to make sure the work is executed in accordance with the New York State Department of Environmental Conservation approved SMP. In addition HDR will conduct Community Air Monitoring during intrusive work.	SITE TYPE: <i>Check as many as applicable</i> <table> <tr> <td><input checked="" type="checkbox"/> Active</td> <td><input type="checkbox"/> Landfill</td> <td><input type="checkbox"/> Natural</td> </tr> <tr> <td><input type="checkbox"/> Inactive</td> <td><input type="checkbox"/> Uncontrolled</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input checked="" type="checkbox"/> Secure</td> <td><input checked="" type="checkbox"/> Industrial</td> <td><input checked="" type="checkbox"/> Other specify: Street</td> </tr> <tr> <td><input type="checkbox"/> Unsecured</td> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Parking Lot</td> </tr> <tr> <td><input type="checkbox"/> Enclosed space</td> <td><input type="checkbox"/> Well Field</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Landfill	<input type="checkbox"/> Natural	<input type="checkbox"/> Inactive	<input type="checkbox"/> Uncontrolled	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Secure	<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Other specify: Street	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Residential	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Enclosed space	<input type="checkbox"/> Well Field	
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<input type="checkbox"/> Unsecured	<input type="checkbox"/> Residential	<input type="checkbox"/> Parking Lot														
<input type="checkbox"/> Enclosed space	<input type="checkbox"/> Well Field															
DESCRIPTION AND FEATURES: <i>Summarize below. Include principal operations and unusual features (containers, buildings, dikes, power lines, hills, slopes, rivers)</i> <p>The proposed greenway construction along FCD is a component of the South Bronx Greenway Master Plan, released in November 2006. The plan proposed improved pedestrian and bicycle access and significant additions to the vegetation throughout the Hunts Point neighborhood. A key goal of this project is to provide a Class 1 shared pedestrian and bicycle linkage between the residential community and a new park (Hunts Point Landing) as well as future waterfront access. The greenway is also intended to encourage non-motorized commuting for some of the 16,000 employees within the HPFDC. In addition to the shared travel route, new planting and pedestrian scale lighting will be incorporated.</p> <p>The Greenway construction project is 1.3 miles long with an average depth of excavation of approximately 2 feet below the existing ground surface. The construction of the 19 foot wide greenway is enabled by conversion of the street to one-way circulation, thereby gaining a vehicular lane and allowing the outer most lane and adjacent sidewalk (next to the Iroquois Easement) to be converted for use as the shared bicycle and pedestrian route, with planting. Due to varying utilities and land use conditions, the greenway will have three different cross-sections (shown on Figures 3, 4 and 5):</p> <ul style="list-style-type: none"> Condition 1: The greenway is a 19 foot wide shared path separated from the roadway by a sloped planting strip with a 16 inch high curb. Condition 2: The greenway remains a 19 foot wide shared path separated from the roadway by a flush planting strip on the roadway side, protected by a 6 inch high curb. Condition 3: This condition occurs when the right-of way narrows from 100 foot to 80 foot at the north end of the project area, near the Produce Market entrance. The 																

SITE SPECIFIC HEALTH & SAFETY PLAN

TITLE PAGE

HDR

greenway is a 12 foot wide shared path adjacent to the road, without planting, with a 6 inch high curb.

In addition, the greenway will upgrade four public bus stops to include bus shelters, provide for safe crossings at truck entrances and railroad crossings, and include standard NYC Greenway signage. The existing median, with its trees and street lights, will be maintained except as required to allow trucks to cross over from one side of the one-way road to the other to access dedicated turning lanes.

In addition to the Greenway, construction activities will include the installation of approximately 1,800 linear feet of water line with an approximate excavation depth of 9 feet and 30 new catch basins and associated piping with an approximate excavation depth for the basins of 12 feet. The water line installation will begin at the southern intersection of Halleck Street and FCD (adjacent to the New Fulton Fish Market) and continue east along FCD to a termination point immediately west of the Hunts Point Landing Park (the former Farragut Street alignment). The location of the utility installations and their associated excavations are shown on Figures 6a, b and c.

SURROUNDING POPULATION: ☐ Residential ☒ **Industrial** ☐ Rural ☒ **Urban** ☒ **Commercial** ☐ Other:

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

Figure 1 - Site Location.



HDR

Engineering and Construction, P.C.
 a subsidiary of HDR Corporation

Food Center Drive - Site Location

Construction Work Plan for the Food Center Drive Greenway
 Hurra Point, New York

DATE
3/12/2012

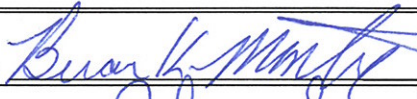
FIGURE
1

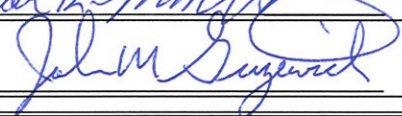
SITE SPECIFIC HEALTH & SAFETY PLAN
EMERGENCY CONTACTS & APPROVALS
 HDR

EMERGENCY CONTACTS		EMERGENCY CONTACTS	NAME	PHONE
EPA Region II	(800) 227-8917	Project Manger	Bradley Williams	(845) 735-8300, x 228
State EPA Office	(518) 402-8559	Office Health & Safety Officer	John M. Guzewich	(845) 735-8300, x 252
Site Telephone	Not Available	State Spill		(845) 256-3000
Poison Control Center	(800) 522-6337	Fire Department		911
Work Care (Occupational Health Management)	(800) 455-6155	Police Department		911
National Response Center	(800) 424-8802	Number of 24-Hour Ambulance:		911
		Nearest Hospital Emergency Room Number:	Lincoln Medical & Mental Health Center 234 East 149 th Street (Eugenio Maria De Hostos Blvd) Bronx, New York, 10451	(718) 579-5000

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).
- HDR Office Safety Coordinator

HEALTH AND SAFETY PLAN APPROVALS

Project Manager:  Date: 5/30/13

Health and Safety Officer:  Date: 5/31/13

Route to Hospital is described on the following page with a map to the hospital on the next page.

SITE SPECIFIC HEALTH & SAFETY PLAN

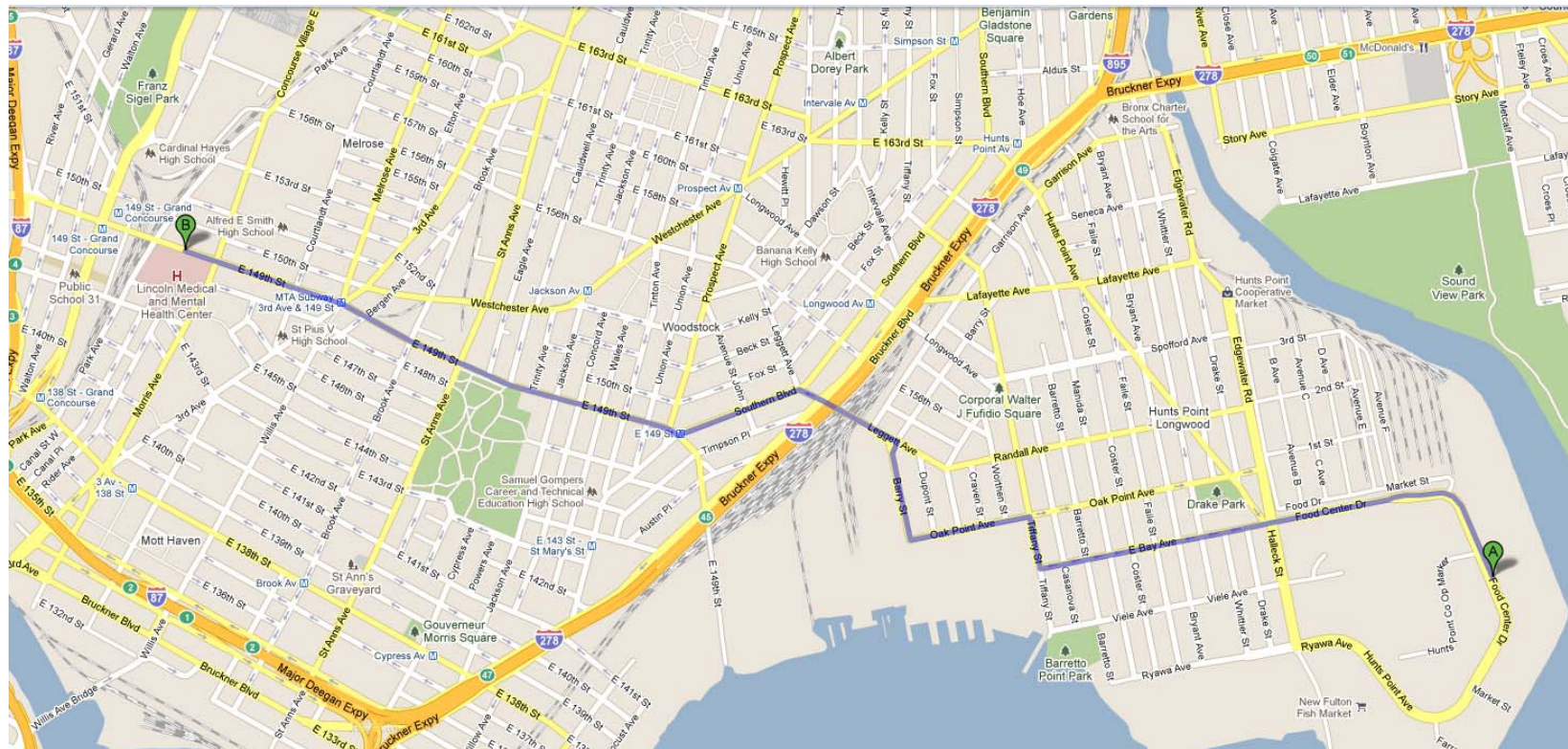
HOSPITAL MAP ROUTE

HDR

Directions to **Lincoln Medical and Mental Health Center:**
 234 E 149th Street (Eugenio Maria De Hostos Blvd)
 Bronx, NY 10451

From Site:

1. Head **NORTHWEST** on Food Center Drive toward Hunts Point Co Op Market
2. Continue onto E Bay Ave
3. Turn **RIGHT** onto Tiffany St
4. Take **1st LEFT** onto Oak Point Ave (Oak Point Ave turns right and becomes Barry St.)
5. Turn **LEFT** onto Leggett Ave
6. **SLIGHT LEFT** onto Southern Blvd
7. Take **2nd RIGHT** onto E 149 St. Hospital on left (between Park and Morris Avenues)



SITE SPECIFIC HEALTH & SAFETY PLAN HISTORY AND WASTE CHARACTERIZATION HDR	
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 checked="" 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 <input checked="" type="checkbox"/> Noise <input checked="" type="checkbox"/> Cold Stress <input checked="" type="checkbox"/> Inorganic Chemicals <input 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 type="checkbox"/> Other: <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 that can not be re-used during construction of the South Bronx Greenway will be stockpiled, sampled, and subsequently shipped under proper manifest for offsite disposal.

SITE SPECIFIC HEALTH & SAFETY PLAN HAZARDOUS MATERIALS SUMMARY HDR					
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 Pickling Liquors Caustics Pesticides Dyes/Inks <u>Cyanides</u> Phenols Halogens Dioxins Other (Specify):	Flash Asbestos Milling/Mine Tailings Ferrous Smelter Non-ferrous Smelter Metals Other: <u>Purifier Waste</u> <u>Coal Tar</u> <u>Slag</u>	Paint Pigments Metal Sludges POTW Sludge Aluminum Distillation Bottoms Other:	Halogenated (chloro, bromo) Solvents <u>Hydrocarbons</u> Alcohols Ketones Esters Ethers <u>Other:</u> - VOCs and SVOCs found in Site Soils and Groundwater samples	Oily Wastes Gasoline Diesel Oil Lubricants PCBs <u>Poly Aromatic Hydrocarbons</u> Other:	Laboratory Pharmaceutical Hospital Radiological Municipal Construction Munitions Other Specify:
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						
TASK DESCRIPTION				w _____		
HDR						
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 Construction Oversight	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area			X
	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area			
	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area			
	Intrusive	A B C D	A B C D	Hi	Med	Low
	Non-intrusive	Modified D	Exit Area			
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	
Bradley Williams	(845) 735-8300, ext. 228	2013	2011	PROJECT MANAGER	No	
John M. Guzewich	(845) 735-8300, ext. 252	2013	2013	OFFICE HEALTH AND SAFETY OFFICER	No	
Colin Mills	(845) 735-8300,	2013	2012	HSO, SITE COORDINATOR	Yes, Tasks 1-4	

SITE SPECIFIC HEALTH & SAFETY PLAN
DESCRIPTION OF RESPONSIBILITIES AND ORGANIZATIONAL STRUCTURE
HDR

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 PPE BY TASK HDR			
PROTECTIVE EQUIPMENT: Specify by task. Indicate type and/or material as necessary. Use copies of this sheet if needed.			
TASKS: 1 - 2 - 3 - 4 (x) Primary LEVEL: A - B - C - <u>D</u> - Modified () Contingency		TASKS: 1 - 2 - 3 - 4 () Primary LEVEL: A - B - C - D - Modified () Contingency	
Respiratory: (x) Not Needed <input type="checkbox"/> SCBA, Airline: <input type="checkbox"/> APR: <input type="checkbox"/> Cartridge: <input type="checkbox"/> Escape Mask: <input type="checkbox"/> Other: Head and Eye: () Not Needed (x) Safety Glasses <input type="checkbox"/> Face Shield: <input type="checkbox"/> Goggles: (X) Hard Hat <input type="checkbox"/> Other: Boots: () Not Needed (x) Boots: <u>Safety-toed work boots</u> <input type="checkbox"/> Over boots: <input type="checkbox"/> Rubber:	Protective Clothing: () Not Needed <input type="checkbox"/> Encapsulated Suit: <input type="checkbox"/> Splash Suit: <input type="checkbox"/> Apron (X) Disposable Coverall: OPTIONAL <input type="checkbox"/> Saranex Coverall: <input type="checkbox"/> Cloth Coverall: <input type="checkbox"/> Other: Gloves: () Not Needed <input type="checkbox"/> Under gloves: (x) Gloves (disposable nitrile) <input type="checkbox"/> Over gloves: (x) Other - specify below: Hearing protection if required	Respiratory: () Not Needed <input type="checkbox"/> SCBA, Airline: <input type="checkbox"/> APR: <input type="checkbox"/> Cartridge: <input type="checkbox"/> Escape Mask: <input type="checkbox"/> Other: Head and Eye: () Not Needed <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Face Shield: <input type="checkbox"/> Goggles: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other: Boots: () Not Needed <input type="checkbox"/> Boots: <input type="checkbox"/> Over boots: <input type="checkbox"/> Rubber:	Protective Clothing: () Not Needed <input type="checkbox"/> Encapsulated Suit: <input type="checkbox"/> Splash Suit: <input type="checkbox"/> Apron <input type="checkbox"/> Tyvek Coverall - OPTIONAL <input type="checkbox"/> Saranex Coverall: <input type="checkbox"/> Cloth Coverall: <input type="checkbox"/> Other: Gloves: () Not Needed <input type="checkbox"/> Under gloves: <input type="checkbox"/> Gloves <input type="checkbox"/> Over gloves: () Other - specify below:
TASKS: 1 - 2 - 3 - 4 () Primary LEVEL: A - B - C - D - Modified () Contingency		TASKS: 1 - 2 - 3 - 4 () Primary LEVEL: A - B - C - D - Modified () Contingency	
Respiratory: () Not Needed <input type="checkbox"/> SCBA, Airline: <input type="checkbox"/> APR: <input type="checkbox"/> Cartridge: <input type="checkbox"/> Escape Mask: <input type="checkbox"/> Other: Head and Eye: () Not Needed <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Face Shield: <input type="checkbox"/> Goggles: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other: Boots: () Not Needed <input type="checkbox"/> Boots: <input type="checkbox"/> Over boots: <input type="checkbox"/> Rubber:	Protective Clothing: () Not Needed <input type="checkbox"/> Encapsulated Suit: <input type="checkbox"/> Splash Suit: <input type="checkbox"/> Apron <input type="checkbox"/> Tyvek Coverall <input type="checkbox"/> Saranex Coverall: <input type="checkbox"/> Cloth Coverall: <input type="checkbox"/> Other: Gloves: () Not Needed <input type="checkbox"/> Under gloves: <input type="checkbox"/> Gloves <input type="checkbox"/> Over gloves: () Other - specify below:	Respiratory: () Not Needed <input type="checkbox"/> SCBA, Airline: <input type="checkbox"/> APR: <input type="checkbox"/> Cartridge: <input type="checkbox"/> Escape Mask: <input type="checkbox"/> Other: Head and Eye: () Not Needed <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Face Shield: <input type="checkbox"/> Goggles: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other: Boots: () Not Needed <input type="checkbox"/> Boots: <input type="checkbox"/> Over boots: <input type="checkbox"/> Rubber:	Protective Clothing: () Not Needed <input type="checkbox"/> Encapsulated Suit: <input type="checkbox"/> Splash Suit: <input type="checkbox"/> Apron <input type="checkbox"/> Tyvek Coverall: <input type="checkbox"/> Saranex Coverall: <input type="checkbox"/> Cloth Coverall: <input type="checkbox"/> Other: Gloves: () Not Needed <input type="checkbox"/> Under gloves: <input type="checkbox"/> Gloves <input type="checkbox"/> Over gloves: () Other - specify below:

SITE SPECIFIC HEALTH & SAFETY PLAN AIR MONITORING BY TASK HDR				
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	<u>1</u> - 2 - 3 - 4	0-10% LEL 10-25% LEL >25% LEL 21.0% O₂ <20.5% O₂ <19.5% O₂	No explosion hazard Potential explosion hazard; notify HSO. Explosion hazard; interrupt task/evacuate Oxygen normal Oxygen deficient; notify HSO. Interrupt task/evacuate	() Not Needed
Radiation Survey Meter	1 - 2 - 3 - 4	3X Background >2mR/hr	Notify SHSC Interrupt task/evacuate	(X) Not Needed
Photo ionization Detector () 11.7 ev (X) 10.6 ev () 9.8 ev () ___ ev	<u>1</u> - 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: 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		(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/m ³ above the background level for a period of fifteen (15) minutes, then downwind perimeter measurements will be collected. If measurements remain 150 ug/m ³ above the background then dust suppression techniques will be employed.		(X) Not Needed
Other: Colorimetric Tubes	1 - 2 - 3 - 4	Specify: For determination of presences and approximate quantity of hydrogen cyanide. If TLV of 4.7 ppm		(X) Not Needed

Notes:

1. Personal air samples and area samples taken during unique project activities must be documented on the INDUSTRIAL HYGIENE SAMPLING SHEET (see Appendix D).
2. 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
WORK ZONE
HDR

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

To Be Completed On Site.

SITE SPECIFIC HEALTH & SAFETY PLAN
SIGNATURE PAGE
HDR

The following personnel have read and fully understand the contents of this Site Health and Safety Plan and referenced HDR|LMS H&S procedures and further agree to all requirements contained herein. Furthermore, the individuals are fully trained and have required clearances in accordance with HDR|LMS H&S Procedure #20. Attach copies of current HTRW and first aid training, medical clearance, and respiratory fit test records.

Name

Affiliation

Date _____

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 of Safety, Mr. Jim Woolcott, in Omaha, Nebraska.

Incident Report

HDR Engineering, Inc.
8404 Indian Hills Drive
Omaha, NE 68114-4049
(402) 399-1000

Project Name:	Incident Location:
Project No.:	Date/Time of Incident:
Project Manager/ employee supervisor:	Reported to Omaha, Date/Time/to Whom:

Person(s) affected:

Name:	Phone:

Witnesses:

Name:	Phone:

Health Care Treatment Facility Used:

Name:	Address:	Phone:

Treating Physician/Health Care Provider:

Name:	Phone:

Person(s) Treated:

Name:	Extent of Injuries:

Describe the Incident, the project activity being performed, and just how the incident occurred (please be descriptive, use proper names, etc.):

[illegible]

1

[illegible]

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

HDR Engineering, Inc.
8404 Indian Hills Drive
Omaha, NE 68114-4049
(402) 399-1000

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]