

**EMA, Inc.  
SITE SAFETY PLAN**

**A. SITE DESCRIPTION**

JOB NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_ PLAN REVISION NUMBER: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Additional Site / Project Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. SCOPE OF WORK**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**C. ONSITE ORGANIZATION AND COORDINATION**

The following personnel are designated to carry out the stated job functions on site.  
(*Note: One person may carry out more than one job function.*)

**EMA PROJECT MANAGER:** \_\_\_\_\_

**ASHLAND REPRESENTATIVE:** \_\_\_\_\_

**SUBCONTRACTOR COMPANY:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

The Project Manager has overall responsibility for all activities on site including implementation of the site safety and health plan. The Project Manager is responsible for ensuring that work crews comply with all site safety and health requirements. All site employees are responsible for understanding and complying with this Site Safety Plan.

**D. SITE LAYOUT**

The onsite post will be communicated per the policy and procedures of the customer.

Explain the location of the exclusion zone and the method to identify:

---

---

---

---

Explain where the decon are will be located and method to identify:

---

---

---

---

**E. HAZARD EVALUATION**

The following chemical substance(s) are known per the project. The primary hazards of each are identified.

<u>Chemical</u>	<u>Exposure Limit (PEL/TLV)</u>	<u>Primary Hazards</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

The following physical hazards are expected on site:

**TASK SPECIFIC SAFETY ASSESSMENT**

<b>JOB TASK:</b>			
<b>PERSONAL PROTECTIVE EQUIPMENT:</b>			
HAZARD	SOURCES	CONTROL MEASURES	REF

**TASK SPECIFIC SAFETY ASSESSMENT**

<b>JOB TASK:</b>			
<b>PERSONAL PROTECTIVE EQUIPMENT:</b>			
HAZARD	SOURCES	CONTROL MEASURES	REF

**TASK SPECIFIC SAFETY ASSESSMENT**

<b>JOB TASK:</b>			
<b>PERSONAL PROTECTIVE EQUIPMENT:</b>			
HAZARD	SOURCES	CONTROL MEASURES	REF

**TASK SPECIFIC SAFETY ASSESSMENT**

<b>JOB TASK:</b>			
<b>PERSONAL PROTECTIVE EQUIPMENT:</b>			
HAZARD	SOURCES	CONTROL MEASURES	REF

**TASK SPECIFIC SAFETY ASSESSMENT**

<b>JOB TASK:</b>			
<b>PERSONAL PROTECTIVE EQUIPMENT:</b>			
HAZARD	SOURCES	CONTROL MEASURES	REF

**TASK SPECIFIC SAFETY ASSESSMENT**

<b>JOB TASK:</b>			
<b>PERSONAL PROTECTIVE EQUIPMENT:</b>			
HAZARD	SOURCES	CONTROL MEASURES	REF

**F. PERSONAL PROTECTIVE EQUIPMENT**

Based on evaluation of potential hazards, the following levels of personal protection have been designated for the applicable work areas or tasks:

<u>Location</u>	<u>Task/Activity</u>	<u>Level of Protection</u>
<b>Exclusion Zone</b>	_____	B C D
	_____	B C D
	_____	B C D
	_____	B C D
	_____	B C D
	_____	B C D
<b>Decon Area</b>	_____	B C D
	_____	B C D
	_____	B C D

**Specific protective equipment for each level of protection is as follows:**

**PROTECTIVE GEAR - LEVEL B**

**(Check those needed)**

- SCBA -
- CHEMICAL RESISTANT OUTER SUIT (TYPE \_\_\_\_\_)
- FULL BODY APRON (TYPE \_\_\_\_\_)
- INNER LATEX GLOVES
- OUTER CHEM GLOVES (TYPE \_\_\_\_\_)
- OUTER WORK GLOVES (TYPE \_\_\_\_\_)
- CHEMICAL STEEL TOE BOOTS
- BOOT COVERS (TYPE \_\_\_\_\_)
- HARD HAT
- HEARING PROTECTION
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_

**PROTECTIVE GEAR - LEVEL C**

- MSA ULTRA-TWIN RESPIRATOR
- MSA POWER AIR PURIFYING RESPIRATOR
- CARTRIDGES (TYPE \_\_\_\_\_)
- ESCAPE MASK (TYPE \_\_\_\_\_)
- CHEMICAL RESISTANT OUTER SUIT (TYPE \_\_\_\_\_)
- FULL BODY APRON (TYPE \_\_\_\_\_)
- INNER LATEX GLOVES
- OUTER CHEM GLOVES (TYPE \_\_\_\_\_)
- OUTER WORK GLOVES (TYPE \_\_\_\_\_)
- CHEMICAL STEEL TOE BOOTS
- BOOT COVERS (TYPE \_\_\_\_\_)
- HARD HAT
- HEARING PROTECTION
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_

**PROTECTIVE GEAR - LEVEL D**

- CHEMICAL RESISTANT OUTER SUIT (TYPE \_\_\_\_\_)
- RAIN SUIT
- INNER LATEX GLOVES
- OUTER WORK GLOVES (TYPE \_\_\_\_\_)
- STEEL TOE BOOTS
- BOOT COVERS (TYPE \_\_\_\_\_)
- HARD HAT
- SAFETY GLASSES
- HEARING PROTECTION
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_
- OTHER: List \_\_\_\_\_

NO CHANGES TO THE SPECIFIED LEVEL OF PROTECTION SHALL BE MADE WITHOUT THE APPROVAL OF THE PROJECT MANAGER.

**G. DECONTAMINATION PROCEDURES**

Decontamination of personnel will consist of the following steps:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Equipment decontamination will consist of the following steps:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Emergency decontamination will consist of the following steps:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

The following decontamination equipment is required:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**H. EMERGENCY AND CONTINGENCY PLANS**

- 1. \_\_\_\_\_ is the designated Project Manager.
- 2. \_\_\_\_\_ is the designated First Aid / CPR person on site.

First-aid equipment is available on site at the following locations:

- First-Aid Kit \_\_\_\_\_
- Emergency Eye Wash \_\_\_\_\_
- Emergency Shower \_\_\_\_\_
- Other \_\_\_\_\_

**Emergency medical information for substance present:**

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First-Aid Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY PHONE NUMBERS**

<u>Agency / Facility</u>	<u>Phone #</u>
Police	_____
Fire	_____
Hospital	_____
Poison Control	_____

**Medical Facility**

\_\_\_\_\_ is the medical facility to be used in the event of illness or injury.

The route to the hospital is as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Procedures**

The following standard emergency procedures will be used by onsite personnel. The Project Manager shall be notified of any onsite emergencies and be responsible for ensuring that the appropriate procedures are followed.

Perform the following in the event of fire:

Upon notification of a fire or an explosion on site, the designated emergency signal of the plant or location shall be implemented. The department shall be alerted and all personnel moved to a safe distance from the involved area.

Perform the following in the event of medical emergency.

Upon notification of an injury, the Project Manager will assess the nature of the injury. If the cause of the injury or the loss of the injured person does not affect the performance and safety of site personnel, operations may continue, with initiating the appropriate first aid procedures. If the

injury increases the risk to others, the Project Manager will suspend the project and will assess additional options.

Personal Protective Equipment Failure: If any site worker experiences a failure or alternation of protective equipment that affects the protection factor, that person and his/her buddy shall immediately leave the Exclusion Zone. Reentry shall not be permitted until the equipment has been repaired or replaced.

Other Equipment Failure: If any other equipment on site fails to operate properly, the Project Manager shall be notified. He will determine the effect of this failure on continuing operations on site. If the failure affects the safety of personnel or prevents completion of the Work Plan tasks, all personnel shall leave the Exclusion Zone until the situation is evaluated and appropriate actions taken.

Perform the following in the event of chemical spill or vapor release.

1. Adhere to onsite emergency plan.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**I. SITE AIR MONITORING**

**Direct Reading Instrumentation:**

The following environmental monitoring instruments shall be used on site (*circle the appropriate interval*) at the specified intervals.

Combustible Gas Indicator	continuous / hourly / daily / not needed
0 2 Monitor	continuous / hourly / daily / not needed
Calorimetric Tubes	continuous / hourly / daily / not needed
HNU/OVA	continuous / hourly / daily / not needed
Other _____	continuous / hourly / daily / not needed
_____	continuous / hourly / daily / not needed

**Personal Monitoring:**

Personal monitoring breathing zone (*if required*) will consist of:

Type Required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sample Media: \_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_

\_\_\_\_\_

Analytical Procedures Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## J. EMPLOYEE TRAINING

**All Field employees receive forty hours of classroom training on various health and safety topics regarding hazardous waste sites in accordance with 29 CFR 1910.120. Topics include:**

Regulatory Compliance (OSHA, EPA, DOT)	Noise Stress
Toxicology	Heat/Cold Stress
Flammables	Corrosives Reactions
Drum Handling	Respiratory Protection
Confined Space Entry	Personal Protective Clothing
Decontamination	Environmental Monitoring
Medical Surveillance	Site Safety Plans
Hazard Communication	
Contingency Plans	

Annually thereafter, all field employees receive eight hours of refresher training on the above topics.

Managers and Supervisors receive an additional eight hours of training on safe management of hazardous waste sites. All training complies with 29 CFR 1910.120. All field employees receive initial and recertification training in first aid and CPR. All training is documented and kept on file at the office. Copies of certification are also located on each job site.

Site specific training is held at the beginning of each job.

## K. MEDICAL SURVEILLANCE

Pre-employment and periodic update medical examinations are required under 29 CFR 1910.120 for persons working at hazardous waste sites. The medical examination must have been completed within 12 months prior to on-site activity and repeated annually. A licensed physician issues a written opinion that the worker is fit-for-duty for hazardous waste site work activities and able to wear respiratory protection. Workers are informed of their right to accessibility of medical records.

## L. HAZARD COMMUNICATION



**APPENDIX A**  
**MSDS's**

**APPENDIX B**  
**STANDARD OPERATING PROCEDURES**

**SITE SAFETY PLAN  
AMENDMENTS**

**SITE SAFETY PLAN AMENDMENT # 01 :**

**SITE NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TYPE OF AMENDMENT:** \_\_\_\_\_

**REASON FOR AMENDMENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALTERNATE SAFEGUARD PROCEDURES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED CHANGES IN PPE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EMA Project Manager

\_\_\_\_\_  
(Date)