

APPENDIX O  
**GENERIC HEALTH & SAFETY PLAN**

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Date of Inspection \_\_\_\_\_ Time \_\_\_\_\_

Original Safety Plan Yes \_\_\_ No \_\_\_ Modification # \_\_\_\_\_

**SITE SAFETY COORDINATOR**

Site Name \_\_\_\_\_

Site Address Street # \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Directions to Site (Attach Map): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site History/Background \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCIDENT DESCRIPTION**

Type A) Spill\_\_\_ Air Release\_\_\_ Fire\_\_\_ GW Site\_\_\_ Other\_\_\_

B) Assessment\_\_\_ Sampling\_\_\_ Emergency Response\_\_\_  
Cleanup/Removal\_\_\_ Other (specify)\_\_\_\_\_

C) Urban/Residential\_\_\_ Commercial\_\_\_ Industrial\_\_\_  
Rural\_\_\_ Remote\_\_\_

**PERSONNEL PHYSICAL SAFETY HAZARDS**

Heat\_\_\_ Cold\_\_\_ Noise\_\_\_ Underground Utilities\_\_\_\_\_

Overhead Utilities\_\_\_ Heavy Equipment\_\_\_ Slip, Trip, Fall\_\_\_

Confined Spaces\_\_\_ Pressurized Airlines\_\_\_ Cylinders\_\_\_

Ladders\_\_\_ Scaffolds\_\_\_ Unguarded Openings-Wall, Floor\_\_\_

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**(continued)**

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

Liquids in Open Containers, Ponds/Lagoons \_\_

Other \_\_\_\_\_

<b>TASK TO BE PERFORMED</b>	<b>Anticipated Level of Protection</b>	<b>Coverall</b>	<b>Glove In/Out</b>	<b>Air Purifying Respirator Cartridge/Can</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REQUIRED AIR MONITORING**

Radiation Meter

Oxygen Meter

Photoionizer

Combustible Gas Indicator

Detector Tube  \_\_\_\_\_

Organic Vapor Analyzer

Other \_\_\_\_\_

For additional information on use and calibration of field equipment, please see the next section on Equipment Training, Calibration, and Maintenance.

**EMERGENCY PHONE NUMBERS**

	<b>LOCATION</b>	<b>PHONE</b>	<b>NOTIFIED (Y/N)</b>
Fire	_____	_____	_____
Police	_____	_____	_____
Ambulance	_____	_____	_____
Hospital	_____	_____	_____
Chemical Trauma Capability (of hospital)	_____		
Directions to Hospital (attach map)	_____		
	_____		
	_____		

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**(continued)**

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

**ADDITIONAL EMERGENCY PHONE CONTACTS:**

CHEMTREC	(800) 424-9300
TSCA HOTLINE	(800) 426-9065 (202) 344-1404
ATSDR	(Day) (404) 329-2888
AT & F (EXPLOSIVES INFO.)	(800) 424-9555
NATIONAL RESPONSE CENTER	(800) 424-8802
PESTICIDE INFORMATION SERVICE	(800) 843-7633
EPA ERT EMERGENCY	(201) 321-6660
RCRA HOTLINE	(800) 424-9346
CMA CHEMICAL REFERRAL CENTER	(800) 262-8200
NATIONAL POISON CONTROL CENTER	(212) 340-4494
U.S. DOT	(800) 468-4201

**OBSERVED CONDITIONS/ACTIVITIES**

Describe Initial Conditions (Source/Type/Quantity):

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**DOCUMENTATION PERFORMED BY:** \_\_\_\_\_

Type:    Photo\_\_\_\_    Log Book\_\_\_\_    Recorder\_\_\_\_    Video\_\_\_\_

**PHYSICAL DESCRIPTION**

Topography

Size of Site:\_\_\_\_\_ Terrain:\_\_\_\_\_ Weather:\_\_\_\_\_

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**(continued)**

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

**PUBLIC IMPACT**

Distance to Nearest: Residence\_\_\_\_ School\_\_\_\_ Hospital\_\_\_\_  
 Public Building\_\_\_\_\_ Other\_\_\_\_\_

Evacuation: Yes\_\_\_\_ No\_\_\_\_ Decision made by whom? \_\_\_\_\_  
 If yes, number of evacuees \_\_\_\_

**ENVIRONMENTAL IMPACT**

Nearest Waterway: \_\_\_\_\_ Distance: \_\_\_\_\_  
 (name or description)

<b>CONDITION</b>	<b>OBSERVED</b>	<b>POTENTIAL</b>	<b>NONE</b>
Surface Water Contamination	_____	_____	_____
Ground-water Contamination	_____	_____	_____
Drinking Water Contamination	_____	_____	_____
Air Contamination	_____	_____	_____
Soil Contamination	_____	_____	_____
Stressed Vegetation	_____	_____	_____
Dead Fish, Other Animals	_____	_____	_____

**ACTIONS TAKEN ON SITE** (Attach Map of Site Control Zones)

Was entry made by NYSDEC? Yes \_\_\_\_ No \_\_\_\_

**TASK CONDUCTED** (Also describe specific PPE used and why)

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



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

<b>NAME (printed)</b>	<b>SIGNATURE</b>	<b>AFFILIATION</b>	<b>DATE</b>
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Final Submission of Plan by \_\_\_\_\_ Date \_\_\_\_\_

Post Response Approval \_\_\_\_\_ Date \_\_\_\_\_

Health and Safety Officer: \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Required:      Yes \_\_\_\_\_      No \_\_\_\_\_

Follow-up Performed:      Date \_\_\_\_\_      With \_\_\_\_\_

Comments:

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**Attachment to Generic Health and Safety Plan**

**Air Monitoring Logistics of Concern  
(continued)**

ATTACH CALIBRATION TO LOG \_\_\_\_\_  
LEAK TEST PERFORMED? YES\_\_ NO\_\_ \_\_\_\_\_  
SITE NAME \_\_\_\_\_  
Background Oxygen \_\_\_\_\_  
Organics \_\_\_\_\_  
Radiation \_\_\_\_\_  
OGI \_\_\_\_\_

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<b>Station/ Location</b>	<b>Date</b>	<b>Time</b>	<b>Air Monitor Name</b>	<b>Type of Equipment CGI OVA RAD PID</b>	<b>Reading</b>	<b>Summary/Comments</b>
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**Attachment to Generic Health and Safety Plan**  
**Chemical Contaminants of Concern**

Contaminant	TLV OSHA TWA PEL	IDLH	Physical Characteristics	Route of Exposure	Symptoms of Acute Exposure	First Aid	Instruments to Detect
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Description of Decontamination to be Used \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_ Pre-Response Approval by: \_\_\_\_\_ Date \_\_\_\_\_

TLV-TWA - Threshold Limit Value Time Weighted Average.  
 OSHA-PEL - Occupational Safety and Health Administration - Permissible Exposure Limit.