APPENDIX O
GENERIC HEALTH AND SAFETY PLAN

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__
Clean-up/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__
APPENDIX O
GENERIC HEALTH AND SAFETY PLAN
(continued)

SITE NAME __________________________

Liquids in Open Containers, Ponds/Lagoons __
Other ____________________________________

<table>
<thead>
<tr>
<th>TASK TO BE PERFORMED</th>
<th>Anticipated Level of Protection</th>
<th>Coverall</th>
<th>Glove In/Out</th>
<th>Air Purifying Respirator Cartridge/Can</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________</td>
<td>______________________________</td>
<td>______</td>
<td>______</td>
<td>______________________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>PHONE</th>
<th>NOTIFIED (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Chemical Trauma Capability (of hospital)</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Directions to Hospital (attach map)</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

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APPENDIX O
GENERIC HEALTH AND SAFETY PLAN
(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):


DOCUMENTATION PERFORMED BY: ________________________________

Type:   Photo ___   Log Book ___   Recorder ___   Video ___

PHYSICAL DESCRIPTION
   Topography

Size of Site:_____   Terrain:_____   Weather:_______
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)

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>OBSERVED</th>
<th>POTENTIAL</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Water Contamination</td>
<td>______</td>
<td>______</td>
<td>____</td>
</tr>
<tr>
<td>Ground-water Contamination</td>
<td>______</td>
<td>______</td>
<td>____</td>
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<tr>
<td>Drinking Water Contamination</td>
<td>______</td>
<td>______</td>
<td>____</td>
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<tr>
<td>Air Contamination</td>
<td>______</td>
<td>______</td>
<td>____</td>
</tr>
<tr>
<td>Soil Contamination</td>
<td>______</td>
<td>______</td>
<td>____</td>
</tr>
<tr>
<td>Stressed Vegetation</td>
<td>______</td>
<td>______</td>
<td>____</td>
</tr>
<tr>
<td>Dead Fish, Other Animals</td>
<td>______</td>
<td>______</td>
<td>____</td>
</tr>
</tbody>
</table>

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)  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
SITE NAME _____________________________

SAMPLING: CONDUCTED? YES ____ NO ____

If yes, describe type and number of samples: __________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Lab has been notified of potential hazard level? Yes ____ No ____ N/A ____

Note: Use of this plan by NYSDEC and its contractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this plan are included by reference to 29 CFR 1910 and 1926.

I have read and understand this safety plan.

NAME (printed) SIGNATURE AFFILIATION DATE

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
APPENDIX O

GENERIC HEALTH AND SAFETY PLAN
(continued)

SITE NAME ____________________________

<table>
<thead>
<tr>
<th>NAME (printed)</th>
<th>SIGNATURE</th>
<th>AFFILIATION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Attachment to Generic Health and Safety Plan

Air Monitoring Logistics of Concern
(continued)

<table>
<thead>
<tr>
<th>Background Oxygen</th>
<th>Organics</th>
<th>Radiation</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

ATTACH CALIBRATION TO LOG

SITE NAME

LEAK TEST PERFORMED? YES__ NO__

<table>
<thead>
<tr>
<th>Station/Location</th>
<th>Date</th>
<th>Time</th>
<th>Air Monitor</th>
<th>Type of Equipment</th>
<th>Reading</th>
<th>Summary/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CGI OVA RAD PID</td>
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</tr>
</tbody>
</table>
## Attachment to Generic Health and Safety Plan

### Chemical Contaminants of Concern

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>TLV OSHA TWA PEL</th>
<th>IDLH</th>
<th>Physical Characteristics</th>
<th>Route of Exposure</th>
<th>Symptoms of Acute Exposure</th>
<th>First Aid</th>
<th>Instruments to Detect</th>
</tr>
</thead>
</table>

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.