



1
2
3
4
5
6
7
8
9
10

Section 9203

Health and Safety Job Aid

11
12

Table of Contents

1
2
3
4
5
6
7
8
9

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48

Section	Page
9203 Health and Safety Job Aid	9203-1
9203.1 Background	9203-1
9203.1.1 Overview	9203-1
9203.1.2 Purpose	9203-1
9203.2 Health and Safety	9203-1
9203.2.1 Federal Health and Safety Guidance	9203-1
9203.2.2 Washington State Health and Safety Guidance	9203-2
9203.2.3 Oregon State Health and Safety Guidance	9203-2
9203.2.4 Idaho State Health and Safety Guidance	9203-2
9203.2.5 Safety Officer Advanced Planning	9203-3
9203.2.6 Site Safety and Health Plans	9203-3
9203.3 Incident Command System Compatible Site Safety and Health Plan	9203-3
9203.3.1 Purpose	9203-3
9203.4 Emergency Safety and Response Plan (Form SSP-A)	9203-4
9203.4.1 Purpose	9203-4
9203.4.2 Preparation	9203-4
9203.4.3 Distribution	9203-4
9203.4.4 Instructions	9203-5
9203.5 Site Safety Plan (Form SSP-B)	9203-6
9203.5.1 Purpose	9203-6
9203.5.2 Preparation	9203-6
9203.5.3 Distribution	9203-6
9203.5.4 Instructions	9203-7
9203.6 Site Map for Site Safety Plan (SSP-C)	9203-7
9203.6.1 Purpose	9203-7
9203.6.2 Preparation	9203-7
9203.6.3 Distribution	9203-7
9203.6.4 Instructions	9203-8
9203.7 Emergency Response Plan (ICS Form 208D)	9203-8
9203.7.1 Purpose	9203-8
9203.7.2 Preparation	9203-8
9203.7.3 Distribution	9203-8
9203.7.4 Instructions	9203-8
9203.8 Daily Air Monitoring Log (Form SSP-E)	9203-9
9203.8.1 Purpose	9203-9
9203.8.2 Preparation	9203-9
9203.8.3 Distribution	9203-9
9203.8.4 Instructions	9203-10

Table of Contents (cont.)

Section	Page
1	9203.9 Personal Protective Equipment (SSP-F)..... 9203-10
2	9203.9.1 Purpose 9203-10
3	9203.9.2 Preparation..... 9203-10
4	9203.9.3 Distribution..... 9203-10
5	9203.10 Decontamination 9203-10
6	9203.10.1 Purpose 9203-10
7	9203.10.2 Preparation..... 9203-10
8	9203.10.3 Distribution..... 9203-11
9	9203.10.4 Instructions 9203-11
10	9203.11 Site Safety Enforcement Log (SSP-H)..... 9203-11
11	9203.11.1 Purpose 9203-11
12	9203.11.2 Preparation..... 9203-11
13	9203.11.3 Distribution..... 9203-12
14	9203.11.4 Instructions 9203-12
15	9203.12 Worker Acknowledgement Form (SSP-I)..... 9203-12
16	9203.12.1 Purpose 9203-12
17	9203.12.2 Preparation..... 9203-12
18	9203.12.3 Distribution..... 9203-12
19	9203.12.4 Instructions 9203-13
20	9203.13 Emergency Safety and Response Plan Compliance Checklist
21	(SSP-J)..... 9203-13
22	9203.13.1 Purpose 9203-13
23	9203.13.2 Preparation..... 9203-13
24	9203.13.3 Distribution..... 9203-13
25	9203.13.4 Instructions 9203-14
26	9203.14 HAZWOPER 1910.120 Compliance Checklist 9203-14
27	9203.14.1 Purpose 9203-14
28	9203.14.2 Preparation..... 9203-14
29	9203.14.3 Distribution..... 9203-14
30	9203.14.4 Instructions 9203-15
31	9203.15 HAZWOPER 1910.120 Drum Compliance Checklist (SSP-L).. 9203-15
32	9203.15.1 Purpose 9203-15
33	9203.15.2 Preparation..... 9203-15
34	9203.15.3 Distribution..... 9203-15
35	9203.15.4 Instructions 9203-16
36	9203.16 Site Safety Plan Attachments (SSP-ATTACH 1-#)..... 9203-16
37	9203.16.1 Purpose 9203-16
38	9203.16.2 Preparation..... 9203-16
39	9203.16.3 Distribution..... 9203-16
40	

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44

9

Health and Safety Job Aid

2

9203.1 Background

9203.1.1 Overview

This document was developed to provide federal and state health and safety guidance for oil/hazardous materials incidents in the Pacific Northwest. It also includes two Site Safety and Health Plan examples.

0

9203.1.2 Purpose

The purpose of health and safety efforts conducted during an environmental emergency is to ensure the protection of responders, cleanup crews, and the public from possible hazards. The guidance contained in this document is intended to assist safety officers in establishing, managing, and operating a safe spill response to the report incident.

3

9203.2 Health and Safety

9203.2.1 Federal Health and Safety Guidance

Federal and state government employees, private industry employees, and other contract personnel involved in oil spill response activities must comply with all applicable worker health and safety laws and regulations. The Occupational Safety and Health Act was enacted on December 29, 1970, and granted authority to the Secretary of Labor to promulgate, modify, and revoke safety and health standards. The primary federal regulations for hazardous waste operations and emergency response are found in 29 Code of Federal Regulations (CFR) 1910.120. This regulation specifies the safety and health requirements for employees involved in cleanup operations at uncontrolled hazardous waste sites being cleaned up under government mandate and in certain hazardous waste treatment, storage, and disposal operations conducted under the Resource Conservation and Recovery Act of 1976 (RCRA). The regulations apply to both emergency response and post-emergency response cleanup of hazardous substance spills. The definition of hazardous substance used in these regulations is much broader than the Comprehensive Environmental Response Compensation and Liability Act of 1980 (CERCLA), encompassing all CERCLA hazardous substances, RCRA hazardous waste, and all United States Department of Transportation hazardous materials listed in 49 CFR 172. Thus, most oils and oil spill response are covered by these regulations.

1 The federal Occupational Safety and Health Administration (OSHA) classifies
2 an area impacted by oil as an uncontrolled hazardous waste site. The role of the
3 site safety and health supervisor is to assess the site, determine the safety and
4 health hazards present, and determine if OSHA regulations apply. If an OSHA
5 field compliance officer is on scene, he or she should be consulted to determine
6 the applicability of OSHA regulations. Disputes should be referred to the
7 United States Department of Labor representative on the Regional Response
8 Team.

9
10 One of the key provisions of the Occupational Safety and Health Act provided
11 50/50 funding to states that developed their own state programs that are at least as
12 effective as the federal program in providing safe and healthful employment.
13 Two of the three states involved with this plan, Oregon and Washington, have
14 developed state managed programs that are discussed below. Idaho does not
15 have a state managed program, and therefore, all workers involved with oil spill
16 response activities in Idaho must comply with the federal regulations.

17 18 **9203.2.2 Washington State Health and Safety Guidance**

19 The Washington State Industrial Safety and Health Administration, a division of
20 the Washington State Department of Labor and Industries (DLI), is responsible
21 for ensuring that employers are providing safe and healthful workplaces for their
22 employees. This responsibility is carried out through enforcement of rules
23 promulgated under authority granted in RCW 49.17. The primary standard for
24 Hazardous Waste Operations and Emergency Response, Washington
25 Administrative Code 296-62-300, became effective in November 1989. Under
26 these regulations, DLI can evaluate the safety and health program, site
27 characterization, site control, emergency response procedures, and personal
28 protective equipment requirements during oil spill cleanup operations. DLI may
29 also provide technical assistance to the On-Scene Coordinator and responsible
30 party and conduct inspections of employers involved in spill response efforts. As
31 always, many other and safety and health regulations outside of Washington
32 Administrative Code 296-62-300 apply to Washington State Industrial Safety and
33 Health Administration jurisdiction employers.

34 35 **9203.2.3 Oregon State Health and Safety Guidance**

36 The Oregon State Occupational Safety and Health Administration is a division of
37 the Department of Consumer and Business Services and is primarily responsible
38 for enforcing the health and safety regulations as they pertain to workers involved
39 with an oil spill. The primary standard for Hazardous Waste Operations and
40 Emergency Response, Oregon Administrative Rules 437-002-1910.120, came into
41 effect in July of 1990.

42 43 **9203.2.4 Idaho State Health and Safety Guidance**

44 Federal regulations specify minimum training levels for responders to hazardous
45 materials incidents. The OSHA enforces the requirements for federal and
46 private workers (29 CFR 1910.120). State and local employees must follow the

1 same regulations but are overseen by the United States Environmental
2 Protection Agency (40 CFR 311).

3 4 **9203.2.5 Safety Officer Advanced Planning**

5 The incident Safety Officer will need personnel and equipment very quickly in
6 the event of an incident. It would be beneficial, if possible, to have preset lists of
7 resources, equipment, and personnel for a large incident that could be pared down
8 for smaller incidents. This will allow the Safety Officer to get a request into the
9 Logistics Section quickly while the Safety Officer begins to tackle the chaotic
10 issues at the beginning of an incident. A go kit with information resource forms
11 preprinted, or on a computer disk (laptop and personnel printer if available), and
12 some safety and detection equipment would increase the response effectiveness of
13 the Safety Officer. A good Site Safety and Health plan form (see below) with
14 which the Safety Officer is familiar can serve as a useful guide/checklist to cover
15 the safety issues of an incident and quickly develop the site plan. This type of
16 preplanning is critical to allow the Safety Officer to quickly respond to the needs
17 of the personnel responding to an incident.

18 19 **9203.2.6 Site Safety and Health Plans**

20 The following site safety and health plans can be used as a general guide to
21 facilitate rapid development of site safety and health plans during spill response.
22 They are non-mandatory guidelines intended to support appropriate site-specific
23 site planning. They were developed for response personnel involved in
24 emergency and/or post-emergency operations and may not provide sufficient
25 detail for long-term remedial sites.

26
27 A generic site safety and health plan is provided for oil/chemical spill responses,
28 along with a Proposed American Society for Testing and Materials (ASTM)
29 Standard Site Safety and Health Plan for oil spill response. Both documents
30 provide a set of attachments that provide more detail for supervisory personnel.
31 These attachments should be used as needed. The generic and proposed ASTM
32 standard site safety plans are not intended to satisfy all requirements for written
33 procedures. A site-specific site safety and health plan must be backed up by other
34 documents that add more detailed information that may not necessarily be needed
35 in the field (e.g., a site safety and health program, a respiratory protection
36 program, or a medical monitoring program.)

37
38 Once the proposed ASTM standard is approved, this will replace the generic
39 Site Safety and Health Plan in this document.

40 41 **9203.3 Incident Command System Compatible Site Safety 42 and Health Plan**

43 **9203.3.1 Purpose**

44 The Incident Command System (ICS) form 208 – Compatible Site Safety and
45 Health Plan ICS is designed for safety and health personnel that use ICS. It is
46 compatible with ICS and is intended to meet the requirements of the Hazardous

1 Waste Operations and Emergency Response (HAZWOPER) regulation (29 CFR
2 1910.120). The plan avoids the duplication found between many other site safety
3 plans and certain ICS forms. It is also in a format familiar to users of ICS.
4 Although primarily designed for oil and chemical spills, the plan can be used for
5 all hazard situations. The most up to date ICS form 208 can be found at the
6 United States Coast Guard (USCG) Homeport internet site. To access the form,
7 go to: <https://homeport.uscg.mil>
8

9 **9203.4 Emergency Safety and Response Plan** 10 **(Form SSP-A)**

11 **9203.4.1 Purpose**

12 The Emergency Safety and Response Plan provides the Safety Officer and ICS
13 personnel a plan for safeguarding personnel during the initial emergency phase
14 of the response. It is only used during the emergency phase of the response,
15 which is defined as a situation involving an uncontrolled release. It is also
16 intended to meet the requirements of the HAZWOPER regulation, 29 CFR
17 1910.120.
18

19 **9203.4.2 Preparation**

20 The Safety Officer, or his/her designated staff, starts the Emergency Site Safety
21 and Response Plan. They initially address the hazards common to all operations
22 involved in the response (initial site characterization). Outside support
23 organizations must be contacted to ensure that the plan is consistent with other
24 plans (local, state, other federal plans). Form SSP-G need not be completed if
25 this form is used. When the operation proceeds into the post-emergency phase
26 (site stabilized and cleanup operations begun), forms SSP-B and SSP-G should
27 be used. For large incidents, the Emergency Site Safety and Response Plan
28 complements the Incident Action Plan. For smaller incidents, the Emergency
29 Site Safety and Response Plan complements ICS Form 201.
30

31 **9203.4.3 Distribution**

32 The Emergency Safety and Response Plan completed by the Safety Officer is
33 forwarded to the Planning Section Chief. Copies are made and attached to the
34 Assignment List(s) (ICS Form 204). The Operations Section Chief, Directors,
35 Supervisors, or Leaders get a copy of the plan. They must ensure that it is
36 available on site for all personnel to review. The Safety Officer is responsible
37 for ensuring that the Emergency Site Safety and Response Plan properly
38 addresses the hazards of the operation. The Safety Officer accomplishes this
39 through on-site enforcement and feedback to the operational units.
40

9203.4.4.1 Instructions

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
5	Organization	List the personnel responsible for these positions. Incident Commander and Safety Officer are mandatory.
6	Physical Hazards & Protection	Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, over packing, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task.
7	Chemicals	List the chemicals involved in the response. Chemicals may be listed numerically. Check off the hazards, potential health effects, pathway of dispersion, and exposure route of the chemical. Numbers corresponding to the chemical may be entered into the check blocks
8	Instruments	Indicate the instruments being used for monitoring. List the action levels adjacent to the instruments being used. Identify the chemicals being monitored. List the physical parameters of the chemicals. Use a separate form for additional chemicals monitored.
9	Decontamination	Check off the decontamination steps to be used. Numbers may be entered to indicate the preferred sequence. Identify any intervening steps necessary on the form or in a separate attachment.
10	Site Map	Draw a rough site map. Ensure that all the information listed is identified on the map.
11	Potential Emergencies	Identify any potential emergencies that may occur. If none, state so. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet.
12	Communications	Indicate the type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical, and entry functions.
13	Site Security	Identify the personnel assigned. Identify security procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
14	Emergency Medical	Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
15	Prepared by:	Enter the name and position of the person completing the worksheet.
16	Date/time briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

2

3

1 9203.5 Site Safety Plan (Form SSP-B)**2 9203.5.1 Purpose**

3 The Site Safety Plan provides the Safety Officer and ICS personnel a plan for
4 safeguarding personnel during the post-emergency phase of an incident. The
5 post-emergency phase is when the situation is stabilized and cleanup
6 operations have begun. SSP-B is intended to meet the requirements of the
7 HAZWOPER regulation, 29 CFR 1910.120.
8

9 9203.5.2 Preparation

10 The Safety Officer or his/her designated staff initiates implementation of the
11 Site Safety Plan. They initially address the hazards common to all operations
12 involved in the response, a process known as initial site characterization. The
13 plan is then reproduced and, at a minimum, sent to ICS Group/Division
14 Supervisors. They amend it according to unique job or on-scene hazards with
15 support from the Safety Officer and/or his/her staff (detailed site
16 characterization). The plan is continuously updated to address changing
17 conditions. During the first hours of the response, when most response
18 functions are in the emergency phase, the Safety Officer may choose to use the
19 Emergency Safety and Response Plan (SSP-A) in place of the Site Safety Plan.
20 For large incidents, SSP-B complements the Incident Action Plan (IAP). For
21 smaller incidents, SSP-B complements ICS Form 201. The Safety Officer is
22 encouraged to use the HAZWOPER Compliance Checklist (Form SSP-K) to
23 ensure the IAP and the 201 address the requirements and all other pertinent ICS
24 forms (203, 205, 206, etc.) are completed.
25

26 9203.5.3 Distribution

27 The initial Site Safety Plan completed by the Safety Officer is forwarded to the
28 Planning Section Chief. Copies are made and attached to the Assignment List(s)
29 (ICS Form 204). The Operations Section Chief, Directors, Supervisors, or
30 Leaders get a copy and make on-site amendments specific to their operation.
31 They must also ensure that it is available on site for all personnel to review. The
32 Safety Officer provides personnel from his/her staff to assist in the detailed site
33 characterization. The Safety Officer is responsible for ensuring that the Site
34 Safety Plan for each assignment properly addresses the hazards of the
35 assignment. The Safety Officer must ensure that the safety plans on site are
36 consistent. The Safety Officer accomplishes this through on-site enforcement
37 and feedback to the operational units.

1 **9203.5.4 Instructions**

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Group/Division Supv Strike Team/TF Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate size/area.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under
10	Job/Task Activity	Enter Job/Task & Activities, list hazards, list potential injury and health effects, check exposure routes and identify controls. If more detail is needed for controls, provided
11	Prepared by	Enter the name and position of the person completing the worksheet.
12	Briefed on by	Enter the date/time the document was briefed to the appropriate workers and by whom.

2

3 **9203.6 Site Map for Site Safety Plan (SSP-C)**4 **9203.6.1 Purpose**

5 The Site Map for the Site Safety Plan is required by 29 CFR 1910.120. It
6 provides in one place a visual description of the site, which can help, ICS
7 personnel identify hazards, evacuation routes, and places of refuge.

8

9 **9203.6.2 Preparation**

10 The Site Map for the Site Safety Plan can be completed by the Safety Officer,
11 his/her staff, or ICS field personnel (Group Supervisors, Task Force/Strike
12 Team Leaders) working at a site with unique and specific hazards. One or
13 several maps may be developed, depending on the size of the incident and the
14 uniqueness of the hazards. The key is to ensure that the workers using the
15 map(s) can clearly identify the work zones, locations of hazards, evacuation
16 routes, and places of refuge.

17

18 **9203.6.3 Distribution**

19 The Site Map for Site Safety Plan form must be located with the Site Safety Plan
20 (SSP-B). It therefore follows the same distribution route.

21

1 **9203.6.4 Instructions**

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Include	Ensure the map includes the listed items provided in this block.
10	Prepared by	Enter the name and position of the person completing the
11	Briefed on by	Enter the date/time the document was briefed to the appropriate workers and by whom.

2

3 **9203.7 Emergency Response Plan (ICS Form 208D)**4 **9203.7.1 Purpose**

5 The Emergency Response Plan provides information on measures to be
6 taken in the event of an emergency. It is used in conjunction with the Site
7 Safety Plan (Form SSP-B). It is also required by 29 CFR 1910.120.

8

9 **9203.7.2 Preparation**

10 The Safety Officer, his/her staff member, or the Site Supervisor/Leader
11 prepares the Emergency Response Plan. A copy of the Medical Plan (ICS
12 Form 206) must always be attached to this form.

13

14 **9203.7.3 Distribution**

15 The Emergency Response Plan form must be located with Site Safety Plan
16 (SSP-B). It therefore follows the same distribution route.

17

18 **9203.7.4 Instructions**

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Attachments	Enter attachments. ICS Form 206 must be included.

Item #	Item Title	Instructions
9	Emergency Alarm	Enter a description of the sound of the emergency alarm and its location.
10	Backup Alarm	Enter a description of the sound of the emergency alarm and its location.
11	Emergency Hand Signals	Enter the emergency hand signals to be used.
12	Emergency Personal Protective	Enter the emergency personal protective equipment that may be needed in the event of an emergency.
13	Emergency Notification Procedures	Enter the procedures for notifying the appropriate personnel and organizations in the event of an emergency.
14	Places of Refuge	Enter by name the place of refuge personnel can go to in the event of an emergency.
15	Emergency Decon & Evacuation Steps	Enter emergency decontamination steps and evacuation procedures.
16	Site Security Measures	Enter site security measures needed for emergencies.
17	Prepared by	Enter the name and position of the person completing the
18	Briefed on by	Enter the date/time the document was briefed to the appropriate workers and by whom.

1

2 **9203.8 Daily Air Monitoring Log (Form SSP-E)**

3 **9203.8.1 Purpose**

4 The Daily Air Monitoring Log provides documentation of air monitoring con-
5 ducted during a spill. The log is a supplement to the Site Safety Plan (SSP-B).
6 It is only required when performing air monitoring operations. The
7 information used from the log can help update the Site Safety Plan.

8

9 **9203.8.2 Preparation**

10 Persons conducting monitoring complete the Daily Air Monitoring Log.
11 Normally, these are air-monitoring units under the Site Safety Officer. If
12 there is a decision not to monitor during a spill, the reasons must be stated
13 clearly in the Site Safety Plan (SSP-B).

14

15 **9203.8.3 Distribution**

16 The Daily Air Monitoring Log when completed is copied and forwarded to
17 the Site Safety Officer, who must review and sign the form. The original
18 form must be readily available on site and briefed to all impacted ICS
19 personnel.

20

1 **9203.8.4 Instructions**

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Location & size of site	Enter the geographical location of the site and the approximate square area.
6	Hazards of Concern	Enter the hazards being monitored.
7	Action Levels	Enter the action levels/readings for the monitoring teams.
8	Weather	Enter weather information. Ensure units of measure are listed.
9	Air Monitoring Data	Enter the instrument type and number, persons monitoring, results with appropriate units, location of reading, time of reading, and interferences and comments.
10	Safety Officer Review	The Safety Officer must review and sign the form.

2

3 **9203.9 Personal Protective Equipment (SSP-F)**4 **9203.9.1 Purpose**

5 The Personal Protective Equipment form is a list of personal protective
6 equipment to be used in operations. The listing of personal protective
7 equipment is required by 29 CFR 1910.120.

8

9 **9203.9.2 Preparation**

10 The Personal Protective Equipment form is completed by the Site Safety
11 Officer, or his/her staff. Personal protective equipment common to all ICS
12 Operations personnel is addressed first. Jobs with unique personal protective
13 equipment requirements (fall protection) are addressed next. When the form is
14 delivered on site, the ICS Director, Supervisor, or Leader may amend the list to
15 ensure personnel are adequately protected from job hazards. It must be
16 completed prior to the onset of any operations, unless addressed elsewhere by
17 Standard Operating Procedures.

18

19 **9203.9.3 Distribution**

20 The Personal Protective Equipment form must be located with the Site Safety
21 Plan (SSP-B). It therefore follows the same distribution route.

22

23 **9203.10 Decontamination**24 **9203.10.1 Purpose**

25 The Decontamination form provides information on how workers can avoid
26 contamination and how to get decontaminated. It is a supplemental form to the
27 Site Safety Plan.

28

29 **9203.10.2 Preparation**

30 The Decontamination Form can be completed by the Site Safety Officer, a
31 member of his/her staff or by the Group/Division Supervisor, Task Force/Strike
32 Team Leader on the site

1

2 **9203.10.3 Distribution**

3 The Decontamination form must be located with Site Safety Plan (SSP-B). It
4 therefore follows the same distribution route.

5

6 **9203.10.4 Instructions**

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
9	Equipment	Enter the decontamination equipment needed for the site. If pre-designed Safe Work Practices are used, indicate here and attach to this form.
10	References consulted	List the references used in making the selection for personal protective equipment.
11	Contamination Avoidance Practices	Enter procedures for personnel to avoid contamination. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Decon Diagram	Draw a diagram for the decontamination operation. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Decon Steps	List the decontamination steps.
14	Prepared by	Enter the name and position of the person completing the worksheet.
15	Briefed on by	Enter the date/time the document was briefed to the appropriate workers and by whom.

7

8 **9203.11 Site Safety Enforcement Log (SSP-H)**9 **9203.11.1 Purpose**

10 The Site Safety Plan Enforcement Log is used to help enforce safety during
11 an incident.

12

13 **9203.11.2 Preparation**

14 The Safety Officer and/or his/her staff complete the Site Safety Plan
15 Enforcement Log. The log is completed as Safety personnel are on scene
16 reviewing the site. It should be completed at a minimum of once per day. The
17 number of enforcement logs to be completed depends on the size of the

1 incident. Enough should be completed to ensure that site safety is being
2 adequately enforced.

3

4 **9203.11.3 Distribution**

5 The Site Safety Plan enforcement log when completed is delivered to the
6 Safety Officer. The Safety Officer can use the form to amend the Site Safety
7 Plan (SSP- A or B).

8

9 **9203.11.4 Instructions**

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
7	Attachments	List any attached supporting documentation.
8	Job/Task Activity	Enter only those Job/Task activities for which a deficiency is noted.
	Hazards	Enter the hazard not being sufficiently addressed.
	Deficiency	Enter the deficiency.
	Action Taken	Enter the corrective action taken to address the deficiency.
	Safety Plan Amended?	Enter whether the on-site safety plan was amended.
	Signature of Supervisor/Leader	Ensure the Supervisor/Leader signs the form to acknowledge the deficiency.
9	Prepared by	Enter the name and position of the person completing the worksheet.
10	Briefed on by	Enter the date/time the document was briefed to the appropriate workers and by whom.

10

11 **9203.12 Worker Acknowledgement Form (SSP-I)**

12 **9203.12.1 Purpose**

13 The Worker Acknowledgement form is used to document workers who have
14 received safety briefings.

15

16 **9203.12.2 Preparation**

17 Personnel responsible for conducting safety briefings complete this form
18 initially. Once the briefings are completed, workers who were briefed print
19 their name, sign, date, and indicate the time of the briefing.

20

21 **9203.12.3 Distribution**

22 This form is returned to the Safety Officer or designated representative at the
23 end of each operational period.

24

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Site Location	Indicate the location where the briefings are held.
3	Attachments	Indicate any attachments used as part of the briefings.
4	Type of briefing	Check the block next to the type of briefing.
5	Presented by	Enter the name of the person conducting the briefing.
6	Date	Enter the date of the briefing.
7	Time	Enter the time of the briefing.
8	Worker Name	Workers receiving the briefing print their name, sign, date and enter the time they acknowledge the briefing.

2

3 **9203.13 Emergency Safety and Response Plan Compliance Checklist (SSP-J)**

4 **9203.13.1 Purpose**

5 The purpose of Emergency Safety and Response Plan 1910.120 Compliance
6 Checklist is to ensure that incident response operations are in compliance with
7 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response.
8 This form also identifies how form SSP-J can be used to satisfy the
9 HAZWOPER requirements. This checklist is an optional form.

10

11

12

12 **9203.13.2 Preparation**

13 The Emergency Safety and Response Plan 1910.120 Compliance Checklist is
14 to ensure that incident response operations are in compliance with 29 CFR
15 1910.120, Hazardous Waste Operations and Emergency Response. It also
16 identifies how form SSP-J can be used to satisfy the HAZWOPER
17 requirements. This checklist is an optional form.

18

19

19 **9203.13.3 Distribution**

20 The Safety Officer should maintain The Emergency Safety and Response Plan
21 1910.120 Compliance Checklist.

22

1 **9203.13.4 Instructions**

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
	Cites	These are the regulatory cites within HAZWOPER 1910.120 Compliance Checklist 1910.120. The major headings are highlighted in bold. Informational cites and duplicative cites are not included.
	Requirement	This lists the requirements in a question format. Some require documentation or some form of action.
	ICS Form	Lists those requirements covered by SSP-A.
	Check Block	Enter the check if the site satisfies the requirement.
	Comments	This provides additional information on the requirement. The user may also enter comments.
6	Prepared by	Enter the name and position of the person completing the worksheet.

2

3 **9203.14 HAZWOPER 1910.120 Compliance Checklist**4 **9203.14.1 Purpose**

5 The purpose of the HAZWOPER 1910.120 Compliance Checklist is to ensure
6 that incident response operations are in compliance with 29 CFR 1910.120,
7 Hazardous Waste Operations and Emergency Response. It also identifies how
8 other ICS forms can be used to satisfy the HAZWOPER requirements. This is
9 an optional form.

10

11 **9203.14.2 Preparation**

12 The HAZWOPER 1910.120 Compliance Checklist is completed by the Safety
13 Officer or his/her staff as frequently as necessary whenever the Safety Officer
14 wants to ensure regulatory compliance. It is best used in conjunction with the
15 Site Safety Plan Enforcement Log (SSP-H). The Site Safety Plan Forms (A-
16 G) best meet some of the requirements in this checklist. The IAP is suited to
17 address other requirements, and the Safety Officer should ensure that the IAP
18 addresses them. Other requirements are performance-based and are best
19 evaluated on scene by the Safety Officer or his/her staff.

20

21 **9203.14.3 Distribution**

22 The HAZWOPER 1910.120 Compliance Checklist should be maintained by
23 the Safety Officer.

24

1 9203.14.4 Instructions		
Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
	Cites	These are the regulatory cites noted in the HAZWOPER 1910.120 Compliance Checklist 1910.120. The major headings are highlighted in bold. Informational cites and duplicative cites are not included.
	Requirement	This item lists the requirement in a question format. Some require documentation or some form of action.
	ICS Form	Lists those ICS Forms that cover the requirement.
	Check Block	Enter the check if the site satisfies the requirement.
	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
6	Prepared by	Enter the name and position of the person completing the worksheet.

2

3 **9203.15 HAZWOPER 1910.120 Drum Compliance Checklist** 4 **(SSP-L)**

5 **9203.15.1 Purpose**

6 The purpose of the HAZWOPER 1910.120 Drum Compliance Checklist is to
7 ensure that incident response operations are in compliance with 29 CFR
8 1910.120, Hazardous Waste Operations and Emergency Response whenever
9 drums are encountered during an incident. This is an optional form.

10

11 **9203.15.2 Preparation**

12 The HAZWOPER 1910.120 Drum Compliance Checklist is completed by the
13 Safety Officer or his/her staff as frequently as necessary whenever the Safety
14 Officer wants to ensure regulatory compliance. It is best used in conjunction
15 with the Site Safety Plan Enforcement Log (SSP-H). The Site Safety Plan
16 Forms (A- G) best meet some of the requirements in this checklist. Other
17 requirements are performance based and are best evaluated on scene by the
18 Safety Officer or his/her staff.

19

20 **9203.15.3 Distribution**

21 The HAZWOPER 1910.120 Drum Compliance Checklist should be
22 maintained by the Safety Officer.

23

1 **9203.15.4 Instructions**

Item #	Item Title	Instruction
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Note	Tanks and vaults should also be treated in the same manner as described in the checklist (1910.120((j)(9))).
9	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites and duplicative cites are not included.
	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
	Check Block	Enter the check if the site satisfies the requirement.
	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
10	Prepared by	Enter the name and position of the person completing the worksheet.

2

3 **9203.16 Site Safety Plan Attachments (SSP-ATTACH 1-#)**4 **9203.16.1 Purpose**

5 The Site Safety Plan attachments provide ready-made safe work practices for
6 the Safety Officer and ICS personnel. They are optional documents designed to
7 assist the Safety Officer in communicating and enforcing control of safety
8 hazards. They were derived from the USCG's National Strike Force's Guide for
9 Developing Oil Spill Site Safety Plans (NSFCCINST M16465.2).

10

11 **9203.16.2 Preparation**

12 The SSP attachments require little to no preparation. Some of them have blank
13 sections (due to information changing) that are required to be filled by the
14 Safety Officer or his/her staff. The Safety Officer is encouraged to use the
15 format presented by the attachments for developing his/her own additional safe
16 work practices.

17

18 **9203.16.3 Distribution**

19 These forms must be located with Site Safety Plan (SSP-A). They therefore
20 follow the same distribution route.

Site Safety and Health Plan ICS-208-CG (rev 9/06)

Incident Name: ____ **Date/Time Prepared:** ____ **Operational Period:** _____

Purpose: The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations.

Questions on the document should be addressed to the USCG Office of Incident Management and Preparedness (G-RPP).

Table of Forms

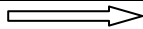
FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled	X		
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		
Site Map	C	Post-emergency phase map of site and hazards	X		
Emergency Response Plan	D	Part of Form B, to address emergencies	X		
Exposure Monitoring Plan	E	Exposure monitoring plan to monitor exposure	X		
Air Monitoring Log	E-1	To log air monitoring data	X*		
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		
Decontamination	G	To document decon equipment and procedures	X*		
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	
Other:					

* Required only if function or equipment is used during a response.

EMERGENCY SAFETY and RESPONSE PLAN		1. Incident Name:			2. Date/Time Prepared:			3. Operational Period			4. Attachments: Attach MSDS for each chemical!						
5. <u>Organization</u> IC/UC:		Safety: Div/Group Supv:			Entry Team:			Backup Team:			Decon Team:						
6a. <u>Physical Hazards and Protection:</u>		6. <input type="checkbox"/> Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify)															
6c. Task & Controls	6d. Entry Permit	6e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/Rest (hrs)	6m. Fluids (amt/time)	6n. Signs & Barricade	6p. Fall Protect	6q. Post Guards	6r. Flash Protect	6s. Work Gloves	6t. Other		
7a. Agent		7b. Hazards			7c. Target Organs			7d. Exposure Routes		7f. PPE		7g. Type of PPE					
		Explosive <input type="checkbox"/>			Radioactive <input type="checkbox"/>			Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Skin <input type="checkbox"/> Ears <input type="checkbox"/>		Inhalation <input type="checkbox"/>		Face Shield <input type="checkbox"/>					
		Flammable <input type="checkbox"/>			Carcinogen <input type="checkbox"/>			Central Nervous System <input type="checkbox"/>		Absorption <input type="checkbox"/>		Eyes <input type="checkbox"/>					
		Reactive <input type="checkbox"/>			Oxidizer <input type="checkbox"/>			Respiratory <input type="checkbox"/> Throat <input type="checkbox"/>		Ingestion <input type="checkbox"/>		Gloves <input type="checkbox"/>					
		Biomedical <input type="checkbox"/>			Corrosive <input type="checkbox"/>			Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/>		Injection <input type="checkbox"/>		Inner Suite <input type="checkbox"/>					
		Toxic <input type="checkbox"/>			Specify Other: <input type="checkbox"/>			Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Lungs <input type="checkbox"/>		Membrane <input type="checkbox"/>		Splash Suit <input type="checkbox"/>					
								Circulatory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/>				Level A Suit <input type="checkbox"/>					
					Bone <input type="checkbox"/>			Other Specify: <input type="checkbox"/>				SCBA <input type="checkbox"/> APR <input type="checkbox"/>					
												SAR <input type="checkbox"/>					
												Cartridges <input type="checkbox"/>					
												Fire Resistance <input type="checkbox"/>					
8. Instruments	8a. Action Levels	8b. Chemical Name(s)			8c. LEL/UEL %	8d. Odor Thresh ppm	8e. Ceiling/IDLH	8f. STEL/TLV	8g. Flash Pt/ Ignition Pt. (F or C)	8h. Vapor Pressure (mm)	8i. Vapor Density	8j. Specific Gravity	8l. Boiling Pt (F or C)				
O2 <input type="checkbox"/>																	
CGI <input type="checkbox"/>																	
Radiation <input type="checkbox"/>																	
Total HCs <input type="checkbox"/>																	
Colorimetric <input type="checkbox"/>																	
Thermal <input type="checkbox"/>																	
Other <input type="checkbox"/>																	

EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name:	2. Date/Time Prepared:	3. Operational Period	4. Attachments: Attach MSDS for each chemical/
9. Decontamination:				
Instrument Drop Off <input type="checkbox"/>	Suit Wash <input type="checkbox"/>	Bottle Exchange <input type="checkbox"/>	SCBA/Mask Rinse <input type="checkbox"/>	Intervening Steps <input type="checkbox"/>
Outer Boots/Glove Removal <input type="checkbox"/>	Decon Agent: Water <input type="checkbox"/>	Outer Suit Removal <input type="checkbox"/>	Inner Glove Removal <input type="checkbox"/>	Specify:
Suit/Gloves/Boot Disposal <input type="checkbox"/>	Other: <input type="checkbox"/>	Inner Suit Removal <input type="checkbox"/>	Work Clothes Removal <input type="checkbox"/>	
	Specify:	SCBA/Mask Removal <input type="checkbox"/>	Body Shower <input type="checkbox"/>	
10. Site Map: Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North, <input type="checkbox"/> Attached <input type="checkbox"/> Drawn Below:				
11a. Potential Emergencies:				
Fire <input type="checkbox"/>	Horn <input type="checkbox"/> # Blasts <input type="checkbox"/>		11c. Emergency Prevention and Evacuation Procedures: Safe Distance:	
Explosion <input type="checkbox"/>	Bells <input type="checkbox"/> # Rings <input type="checkbox"/>			
Other <input type="checkbox"/>	Radio Code <input type="checkbox"/>			
	Other:			
12a Communications:		12b. Command #	12c. Tactical #:	12d. Entry #
Radio <input type="checkbox"/>	Phone <input type="checkbox"/>	Other <input type="checkbox"/>		
13a. Site Security:		13b. Procedures:		13c. Equipment:
Personnel Assigned				
14a. Emergency Medical:		14b. Procedures:		14c. Equipment
Personnel Assigned				
15. Prepared By:		16. Date/Time Briefed:		ICS-208-CG SSP-A Page 2 (Rev 9/06): Page ____ of ____

1

CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL	1. Incident Name:	2. Date/Time Prepared	3. Operational Period		4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility	8. For Emergencies Contact		9. Attachments: Attach MSDS for each Chemical
	Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/>				
	Comments:				
10a. Job Task/Activity	10b. Hazards * 	10c. Potential Injury & Health Effects	10d. Exposure Routes	10e. <u>Controls</u> : Engineering, Administrative, PPE	
			Inhalation <input type="checkbox"/>		
			Absorption <input type="checkbox"/>		
			Ingestion <input type="checkbox"/>		
			Injection <input type="checkbox"/>		
			Membrane <input type="checkbox"/>		
			_____ <input type="checkbox"/>		
			Inhalation <input type="checkbox"/>		
			Absorption <input type="checkbox"/>		
			Ingestion <input type="checkbox"/>		
			Injection <input type="checkbox"/>		
			Membrane <input type="checkbox"/>		
			_____ <input type="checkbox"/>		
			Inhalation <input type="checkbox"/>		
			Absorption <input type="checkbox"/>		
			Ingestion <input type="checkbox"/>		
			Injection <input type="checkbox"/>		
			Membrane <input type="checkbox"/>		
			_____ <input type="checkbox"/>		
			Inhalation <input type="checkbox"/>		
			Absorption <input type="checkbox"/>		
			Ingestion <input type="checkbox"/>		
			Injection <input type="checkbox"/>		
			Membrane <input type="checkbox"/>		
			_____ <input type="checkbox"/>		
11. Prepared By:	12. Date/Time Briefed:	* Hazard List: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		ICS-208-CG SSP-B (rev 9/06): Page ___ of ___	

CG ICS SSP SITE MAP	1. Incident Name:	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility	8. For Emergencies Contact	9. <u>Include:</u>
		Land <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/>		- Work Zones - Locations of Hazards
		Comments:		- Security Perimeter - Places of Refuge
				- Decontamination Line - Evacuation Routs
10. Sketch of Site <input type="checkbox"/> Attached <input type="checkbox"/> Drawn Here				
11. Prepared By:	12. Date/Time Briefed:	*Hazard List: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		ICS-208-CG SSP-B (rev 9/06): Page ____ of ____

1
2

CG ICS SSP: EMERGENCY RESPONSE PLAN		1. Incident Name:	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:	8. Attachments: INCLUDE ICS FORM 206 and EMT Medical Response Procedures		
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:		
13. Emergency Notification Procedures:		14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps	16. Site Security Measures:	
11. Prepared By:	12. Date/Time Briefed:	*Hazard List: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		ICS-208-CG SSP-B (rev 9/06): Page ____ of ____	

1/2

CG ICS SSP: Exposure Monitoring Plan		1. Incident Name		2. Date/Time Prepared:		3. Operational Period:		4. Safety Officer (Method of Contact)	
5. Specific Task/ Operation	6. Survey Location	7. Survey Date/Time	8. Monitoring Methodology	9. Direct-Reading Instrument	10. Air Sampling	11. Hazard(s) to Monitor	12. Monitoring Duration	13. Reason to Monitor	14. Laboratory Support for Analysis
			<input type="checkbox"/> Personal Breathing Zone Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other	<u>Model:</u> <u>Manufacturer</u> <u>Last Mfr Calibration Date</u>	<u>Sample/Analysis Method:</u> <u>Collection Media</u> <input type="checkbox"/> Charcoal Tube Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH conditions <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Personal Breathing Zone Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other	<u>Model:</u> <u>Manufacturer</u> <u>Last Mfr Calibration Date</u>	<u>Sample/Analysis Method:</u> <u>Collection Media</u> <input type="checkbox"/> Charcoal Tube Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH conditions <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Personal Breathing Zone Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other	<u>Model:</u> <u>Manufacturer</u> <u>Last Mfr Calibration Date</u>	<u>Sample/Analysis Method:</u> <u>Collection Media</u> <input type="checkbox"/> Charcoal Tube Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH conditions <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Personal Breathing Zone Area Air Monitoring <input type="checkbox"/> Dermal Exposure Monitoring <input type="checkbox"/> Biological Monitoring: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other	<u>Model:</u> <u>Manufacturer</u> <u>Last Mfr Calibration Date</u>	<u>Sample/Analysis Method:</u> <u>Collection Media</u> <input type="checkbox"/> Charcoal Tube Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: _____			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH conditions <input type="checkbox"/> Other _____	
15. Prepared by:			16. Date/Time Briefed:	Hazard List: <u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning					
18. Site Officer Review:			<u>Reporting:</u> Monitoring results shall be logged in the ICS-208-CG SSP-E-1 Form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate Correction.					ICS-208-CG SSP-E (rev 9/06): Page ___ of ___	

1
2

CG ICS SSP: AIR MONITORING	1. Incident Name	2. Date/Time Prepared:	3. Operational Period:	4. Safety Officer (Method of Contact)		
5. Site Location	6. Hazards of Concern:	7. Action Levels (include references):		8. <u>Weather</u>		
				Temperature:	Precipitation	
				Wind:		
				Relative Humidity:		
				Cloud Cover		
9a. Instrument ID Number Calibrated? Indicate below.	9b. Monitoring Person name(s)	9c. Results (units)	9d. Location	9f. Time	9g. Interferences and Comments	
10. Safety Officer Review:	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning			ICS-208-CG SSP-E -1(rev 9/06): Page ____ of ____		

1
2

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT	1. Incident Name	2. Date/Time Prepared:	3. Operational Period:	4. Safety Officer (Method of Contact)
5. Supervisor/Leader		6. Location and Size of Site:	7. Hazards Addressed:	8. For Emergencies Contact:
9. Equipment:				10. References Consulted:
11. Inspection Procedures:	12. Donning Procedures:	13. Doffing Procedures:	14. Limitation and Precautions (include maximum stay time in PPE)	
15. Prepared By:	16. Date/Time Briefed:	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning	ICS-208-CG SSP-F(rev 9/06): Page ___ of ___	

CG ICS SSP: DECONTAMINATION		1. Incident Name	2. Date/Time Prepared:	3. Operational Period:	4. Safety Officer (Method of Contact)
5. Supervisor/Leader		6. Location and Size of Site:	7. Hazards Addressed:		8. For Emergencies Contact:
9. Equipment:					10. References Consulted:
11. Contamination Avoidance Practices:		12. Decon Diagram: <input type="checkbox"/> Attached <input type="checkbox"/> Drawn Below			13. Decon Steps
14. Prepared By:	15. Date/Time Briefed:	<u>Potential Health Effects:</u> Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning			ICS-208-CG SSP-G(rev 9/06): Page ____ of ____

1

CG ICS SSP: ENFORCEMENT		1. Incident Name	2. Date/Time Prepared:	3. Operational Period:	4. Safety Officer (Method of Contact)	
5. Supervisor/Leader		6. For Emergencies Contact:			7. Attachments:	
8a. Job/Task Activity	8b. Hazards	8c. Deficiency	8d. Action Taken	8e. Safety Plan Amended?	8f. Signature of Supervisor/Leader	
9. Prepared By:	10. Date/Time Briefed:	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen, Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-G(rev 9/06): Page ____ of ____	

1
2

CG ICS SSP WORKER ACKNOWLEDGEMENT FORM	1. Incident Name:	2. Site Location	3. Attachments:	
4. Type of Briefing Safety Plan/Emergency Response Plan <input type="checkbox"/> Start Shift <input type="checkbox"/> Pre-Entry <input type="checkbox"/> Exit <input type="checkbox"/> End of Shift <input type="checkbox"/> Specify Other: 8a. Worker Name (Print)	5. Presented By:	6. Date Presented	7. Time Presented:	
8a. Worker Name (Print)	8b. Signature *	8c. Date	8d. Time	
* By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me.		ICS-208-CG SSP-I(rev 9/06): Worker Acknowledgement Page ____ of ____		

1/2

CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A)		1. Incident Name:	2. Date/Time Prepared:	3. Operational Period.	4. Site Supervisor/Leader	5. Location of Site
6a. Cite: 1910.120	6b. Requirements (sections that duplicate or explain are omitted)	6c. ICS Form	6d. Check	5e. Comments		
(q)(1)	Is the plan in writing?	SSP-A	<input type="checkbox"/>			
(1)	Is the plan available for inspection by employees?	N/A	<input type="checkbox"/>	Performance based.		
(q)(2)(i)	Does the plan address pre-emergency planning and coordination?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address personnel roles?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address lines of authority?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address communications?	SSP-A	<input type="checkbox"/>			
(iii)	Does it address emergency recognition?	SSP-A	<input type="checkbox"/>			
(iii)	Does it address emergency prevention?	SSPA-A	<input type="checkbox"/>			
(iv)	Does it identify safe distances?	SSP-A	<input type="checkbox"/>			
(iv)	Does it address places of refuge?	SSP-A	<input type="checkbox"/>			
(v)	Does it address site security and control?	SSP-A	<input type="checkbox"/>			
(vi)	Does it identify evacuation routes?	SSP-A	<input type="checkbox"/>			
(vi)	Does it identify evacuation procedures?	SSP-A	<input type="checkbox"/>			
(vii)	Does it address decontamination?	SSP-A	<input type="checkbox"/>			
(viii)	Does it address medical treatment and first aid?	SSP-A	<input type="checkbox"/>			
(ix)	Does it address emergency alerting procedures?	SSP-A	<input type="checkbox"/>			
(ix)	Does it address emergency response procedures?	SSP-A	<input type="checkbox"/>			
(x)	Was the response critiqued?	SSP-A	<input type="checkbox"/>	Performance based		
(xi)	Does it identify Personal Protective Equipment?	SSP-A	<input type="checkbox"/>			
(xi)	Does it identify emergency equipment?	SSP-A	<input type="checkbox"/>			
(q)(3)(ii)	All the hazardous substances identified to the extent possible?	N/A	<input type="checkbox"/>	Performance Based		
(ii)	All the hazardous conditions identified to the extent possible?	N/A	<input type="checkbox"/>	Performance Based		
(ii)	Was site analysis addressed?	N/A	<input type="checkbox"/>	Performance Based		
(ii)	Were engineering controls addressed?	N/A	<input type="checkbox"/>	Performance Based		
(ii)	Were exposure limits addressed?	N/A	<input type="checkbox"/>	Performance Based		
(ii)	Were hazardous substance handling procedures addressed?	N/A	<input type="checkbox"/>	Performance Based		
(iii)	Is the PPE appropriate for the hazards identified?	N/A	<input type="checkbox"/>	Performance Based		
(iv)	Is respiratory protection worn when inhalation hazards are present?	N/A	<input type="checkbox"/>	Performance Based		
(v)	Is the buddy system used in the hazard zone?	N/A	<input type="checkbox"/>	Performance Based		
(vi)	Are backup personnel on standby?	N/A	<input type="checkbox"/>	Performance Based		
(vi)	Are advanced first aid support personnel standing by?	N/A	<input type="checkbox"/>	Performance Based		
(vii)	Has the ICS designated safety official been identified?	SSP-A	<input type="checkbox"/>			
(vii)	Has the Safety Official evaluated the hazards?	N/A	<input type="checkbox"/>	Performance Based		
(viii)	Can the Safety Official communicate with IC immediately?	N/A	<input type="checkbox"/>	Performance Based		
(ix)	Are appropriate decontamination procedures implemented?	N/A	<input type="checkbox"/>	Performance Based		

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B		1. Incident Name:	2. Date/Time Prepared:	3. Operational Period.	4. Site Supervisor/Leader	5. Location of Site
6a. Cite: 1910.120	6b. Requirements (sections that duplicate or explain are omitted)	6c. ICS Form	6d. Check	5e. Comments		
(b)(1)(ii)(A)	Organization Structure?	203	<input type="checkbox"/>			
(B)	Comprehensive Workplan?	IAP	<input type="checkbox"/>	Incident Action Plan		
(C)	Site Safety Plan?	SSP-B	<input type="checkbox"/>			
(D)	Safety and health training program?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(E)	Medical surveillance program?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(F)	Employer SOPs?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(G)	Written program related to site activities?	N/A	<input type="checkbox"/>			
(b)(1)(iii)	Site excavation meets shored or slope requirements in 1926?	N/A	<input type="checkbox"/>			
(b)(2)(i)(D)	Lines of communication?	201 203 205	<input type="checkbox"/>			
(b)3(iv)	Training addressed?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(v)-(vi)	Information and medical monitoring addressed?	N/A	<input type="checkbox"/>	Responsibility of each employer		
(b)4(i)	Site Safety Plan kept on site?	N/A	<input type="checkbox"/>			
(ii)(A)	Safety and health hazard analysis conducted?	N/A	<input type="checkbox"/>			
(B)	Properly trained employees assigned to the right jobs?	N/A	<input type="checkbox"/>			
(C)	Personnel Protective Equipment issues addressed?	SSP-F	<input type="checkbox"/>			
(E)	Frequency and types of air monitoring addressed?	SSP-E	<input type="checkbox"/>			
(F)	Site control measures in place?	SSP-B	<input type="checkbox"/>			
(G)	Decontamination procedures in place?	SSP-G	<input type="checkbox"/>			
(H)	Emergency Response Plan in place?	SSP-D	<input type="checkbox"/>			
(I)	Confined space entry procedures?	SSP-B	<input type="checkbox"/>			
(J)	Spill containment program?	SSP-B	<input type="checkbox"/>			
(iii)	Pre-entry briefings conducted?	SSP-I	<input type="checkbox"/>			
(iv)	Site Safety Plan effectiveness evaluated?	SSP-H	<input type="checkbox"/>			
(c)(1)	Site characterization done?	N/A	<input type="checkbox"/>			
(c)(2)	Preliminary evaluation done by qualified person?	N/A	<input type="checkbox"/>			
(c)(3)	Hazard identification performed?	SSP-B	<input type="checkbox"/>			
(c)(4)(i)	Location and size of site identified?	SSP-B	<input type="checkbox"/>			
(ii)	Response activities, job task identified?	SSP-B	<input type="checkbox"/>			
(iii)	Duration of tasks identified?	SSP-B	<input type="checkbox"/>			
(iv)	Site topography and accessibility identified?	SSP-C	<input type="checkbox"/>			
(v)	Health and safety hazards addressed?	SSP-B	<input type="checkbox"/>			
(vi)	Dispersion pathways addressed?	SSP-B	<input type="checkbox"/>			
(vii)	Status and capabilities of medical emergency response teams?	206	<input type="checkbox"/>			
(c)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?	SSP-F	<input type="checkbox"/>			
(ii)	Respiratory protection addressed?	SSP-B and F	<input type="checkbox"/>			
(iii)	Level B used for unknowns?	N/A	<input type="checkbox"/>			

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B cont.		1. Incident Name:	2. Date/Time Prepared:	3. Operational Period.	4. Site Supervisor/Leader	5. Location of Site
6a. Cite: 1910.120	6b. Requirements (sections that duplicate or explain are omitted)			6c. ICS Form	6d. Check	5e. Comments
(c)(6)(i)	Monitoring for ionization conducted?			SSP-E	<input type="checkbox"/>	
(ii)	Monitoring conducted for IDLH conditions?			SSP-E	<input type="checkbox"/>	
(iii)	Personnel looking out for dangers of IDLH environments?			N/A	<input type="checkbox"/>	
(iv)	Ongoing air monitoring program in place?			SSP-E	<input type="checkbox"/>	
(c)(7)	Employees informed of potential hazard occurrence?			SSP-B	<input type="checkbox"/>	
(c)(8)	Properties of each chemical made aware to employees?			SSP-B	<input type="checkbox"/>	
(d)(1)	Appropriate site control procedures in place?			IAP, SSP-B	<input type="checkbox"/>	
(d)(2)	Site control program developed during planning stages?			IAP, SSP-B	<input type="checkbox"/>	
(d)(3)	Site map, work zones, alarms, communications addressed?			IAP, SSP-B	<input type="checkbox"/>	
(g)(1)(i)	Engineering, admin controls considered?			SSP-B	<input type="checkbox"/>	
(iii)	Personnel not rotated to reduce exposures?			N/A	<input type="checkbox"/>	
(g)(5)(i)	PPE selection criteria part of employer's program?			N/A	<input type="checkbox"/>	Responsibility of employer
(ii)	PPE use and limitations identified?			SSP-F	<input type="checkbox"/>	
(iii)	Work mission duration identified?			SSP-F	<input type="checkbox"/>	
(iv)	PPE properly maintained and stored?			N/A	<input type="checkbox"/>	Responsibility of employer
(vi)	Are employees properly trained and fitted with PPE?			N/A	<input type="checkbox"/>	Responsibility of employer
(vii)	Are donning and doffing procedures identified?			SSP-F	<input type="checkbox"/>	
(viii)	Are inspection procedures properly identified?			SSP-F	<input type="checkbox"/>	
(ix)	Is PPE evaluation program in place?			SSP-F	<input type="checkbox"/>	
(h)(3)	Periodic monitoring conducted?			SSP-E	<input type="checkbox"/>	
(k)(2)(i)	Have decontamination procedures been established?			SSP-G	<input type="checkbox"/>	
(ii)	Are procedures in place for contamination avoidance?			SSP-G	<input type="checkbox"/>	
(iii)	Is personal clothing properly deconned prior to leaving the site?			SSP-G	<input type="checkbox"/>	
(iv)	Are decontamination deficiencies identified and corrected?			SSP-H	<input type="checkbox"/>	
(k)(3)	Are decontamination lines in the proper location?			SSP-C	<input type="checkbox"/>	
(k)(4)	Are solutions/equipment used in decon properly disposed of?			N/A	<input type="checkbox"/>	
(k)(6)	Is protective clothing and equipment properly secured?			N/A	<input type="checkbox"/>	
(k)(7)	If cleaning facilities are used, are they aware of the hazards?			N/A	<input type="checkbox"/>	
(k)(8)	Have showers and change rooms been provided, if necessary?			N/A	<input type="checkbox"/>	
(l)(1)(iii)	Are provisions for reporting emergencies identified?			SSP-D	<input type="checkbox"/>	
(iv)	Are safe distances and places of refuge identified?			SSP-B and C	<input type="checkbox"/>	
(v)	Site security and control addressed in emergencies?			SSP-D	<input type="checkbox"/>	
(vi)	Evacuation routes and procedures identified?			SSP-D	<input type="checkbox"/>	
(vii)	Emergency decontamination procedures developed?			SSP-D	<input type="checkbox"/>	
(ix)	Emergency alerting and response procedures identified?			SSP-D	<input type="checkbox"/>	
(x)	Response teams critiqued and follow-up performed?			SSP-H	<input type="checkbox"/>	
(xi)	Emergency PPE and equipment available?			SSP-D	<input type="checkbox"/>	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B cont.		1. Incident Name:	2. Date/Time Prepared:	3. Operational Period.	4. Site Supervisor/Leader	5. Location of Site
6a. Cite:	6b. Requirements (sections that duplicate or explain are omitted)			6c. ICS Form	6d. Check	5e. Comments
1910.120(1)(3)(i)	Emergency notification procedures identified?			SSP-D	<input type="checkbox"/>	
(ii)	Emergency response plan separate from Site Safety Plan?			SSP-D	<input type="checkbox"/>	
(iii)	Emergency response plan compatible with other plans?			SSP-D	<input type="checkbox"/>	
(iv)	Emergency response plan rehearsed regularly?			SSP-D	<input type="checkbox"/>	
(v)	Emergency response plan maintained and kept current?			SSP-H	<input type="checkbox"/>	
1910.165 (b)(2)	Can alarms be seen/heard above ambient light and noise levels?			N/A	<input type="checkbox"/>	
(b)(3)	Are alarms distinct and recognizable?			N/A	<input type="checkbox"/>	
(b)(4)	Are employees aware of the alarms and are they accessible?			SSP-D	<input type="checkbox"/>	
(b)(5)	Are emergency phone numbers and radio frequencies clearly posted?			206	<input type="checkbox"/>	
(b)(6)	Signaling devised in place where there are ten or more workers?			IAP	<input type="checkbox"/>	
(c)(1)	Are alarms like steam whistles and air horns being used?			IAP	<input type="checkbox"/>	
(d)(3)	Are backup alarms available?			IAP	<input type="checkbox"/>	
(m)	Are areas adequately illuminated?			IAP	<input type="checkbox"/>	
(n)(1)(i)	Is an adequate supply of potable water available?			IAP	<input type="checkbox"/>	
(ii)	Are drinking water containers equipped with a tap?			IAP	<input type="checkbox"/>	
(iii)	Are drinking water containers clearly marked?			IAP	<input type="checkbox"/>	
(iv)	Is a drinking cup receptacle available and clearly marked?			IAP	<input type="checkbox"/>	
(n)(2)(i)	Are non-potable water containers clearly marked?			IAP	<input type="checkbox"/>	
(n)(3)(i)	Are there sufficient toilets available?			IAP	<input type="checkbox"/>	
(n)(4)	Have food handling issues been addressed?			IAP	<input type="checkbox"/>	
(n)(6)	Have adequate wash facilities been provided outside hazard zones?			IAP	<input type="checkbox"/>	
(n)(7)	If response is greater than 6 months, have showers been provided?			IAP	<input type="checkbox"/>	
7. Prepared by:				ICS-208-CG SSP-K (rev 9/06) Page 3 Page _____ of _____		

1
2

CG ICS SSP: 1910.120 DRUM COMPLIANCE		1. Incident Name:	2. Date/Time Prepared:	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader		6. Location and Size of Site:	7. For Emergencies Contact:		8. Note: <u>Tanks and vaults</u> should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.
9a. Cite: 1910.120	9b. Requirements (sections that duplicate or explain are omitted)			9c. Check	9d. Comments
(j)(1)(ii)	Drums meet DOT, OSHA, EPA regulations for waste they contain, including shipment?			<input type="checkbox"/>	
(iii)	Drums inspected and integrity ensured prior to movement?			<input type="checkbox"/>	
(iii)	Or drums moved to an accessible location (staging area) prior to movement?			<input type="checkbox"/>	
(iv)	Unlabeled drums treated as unknown until properly identified and labeled?			<input type="checkbox"/>	
(v)	Site activities organized to minimize drum handling?			<input type="checkbox"/>	
(vi)	Employers properly warned about the hazards of moving and handling drums?			<input type="checkbox"/>	
(vii)	Suitable overpack drums are available for addressing leaking and ruptured drums?			<input type="checkbox"/>	
(viii)	Leaking materials from drums properly contained?			<input type="checkbox"/>	
(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?			<input type="checkbox"/>	
(x)	Are suspect buried drums surveyed with underground detection system?			<input type="checkbox"/>	
(xi)	Are soil and covering material above buried drums removed with caution?			<input type="checkbox"/>	
(xii)	Is the proper extinguishing equipment on scene to control incipient fires?			<input type="checkbox"/>	
(j)(2)(i)	Are airlines on supplied air systems protected from leaking drums?			<input type="checkbox"/>	
(ii)	Are employees at a safe distance, using remote equipment, when handling explosive drums?			<input type="checkbox"/>	
(iii)	Are explosive shields in place to protect workers opening explosive drums?			<input type="checkbox"/>	
(iv)	Is response equipment positioned behind shields when shields are used?			<input type="checkbox"/>	
(v)	Are non-sparking tools used in flammable or potentially flammable atmospheres?			<input type="checkbox"/>	
(vi)	Are drums under extreme pressure opened slowly and workers protected by shields/distance?			<input type="checkbox"/>	
(vii)	Are workers prohibited from standing and working on drums?			<input type="checkbox"/>	
(j)(5)(i)	For shock sensitive drums, have all non-essential employees been evacuated?			<input type="checkbox"/>	
(ii)	For shock sensitive drums, is handling equipment provided with shields to protect workers?			<input type="checkbox"/>	
(iii)	Are alarms that announce start/finish of explosive drum handling actions in place?			<input type="checkbox"/>	
(iv)	Are continuous communications in place between the drum handling site and the command post?			<input type="checkbox"/>	
(v)	Are drums under pressure properly controlled for prior to handling?			<input type="checkbox"/>	
(vi)	Are drums containing packaged laboratory wastes treated as shock sensitive?			<input type="checkbox"/>	
(j)(6)(i)	Are lab packs opened by trained and experienced personnel?			<input type="checkbox"/>	
(ii)	Are lab packs showing crystallization treated as shock sensitive?			<input type="checkbox"/>	
(j)(8)(ii – iii)	Are drum staging areas manageable with marked access and egress?			<input type="checkbox"/>	
(iv)	Is bulking of drums conducted only after the drum contents have been properly identified?			<input type="checkbox"/>	
10. Prepared by:				Form SSP-L (rev 9/06) Page _____ of _____	

1