



# THE MEMPHIS DEPOT TENNESSEE

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## ADMINISTRATIVE RECORD COVER SHEET

AR File Number 118

**Hazardous and Toxic Waste  
Health and Safety Plan**

for

Defense Distribution Depot Memphis

August 1995

Prepared for

Huntsville Division Corps of Engineers  
Huntsville, Alabama

Prepared by

CH2M HILL Southeast, Inc.  
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DEFENSE LOGISTICS AGENCY  
DEFENSE DISTRIBUTION DEPOT MEMPHIS  
2163 AIRWAYS BLVD.  
MEMPHIS, TENNESSEE 38114-5210

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IN REPLY  
REFER TO DDMT-DE

SUBJECT: Final Health and Safety Plan for Hazardous/Toxic Waste

Mr. Joseph R. Franzmathes, Director  
Waste Management Division  
U.S. Environmental Protection Agency  
345 Courtland St., NE  
Atlanta, GA 30365

Dear Mr. Franzmathes:

1. I have enclosed four copies of the final Health and Safety Plan for Defense Distribution Depot Memphis. We have attempted to revise the previous draft of this document appropriately in response to your comments and those of the Tennessee Department of Environment and Conservation (TDEC). Please note that the revisions to the previous document are in the form of replacement sheets. Directions for replacing pages are enclosed.
2. Should you have any questions or require additional information, please contact me at 901-775-6372.

A handwritten signature in cursive script that reads "Frank Novitzki".

FRANK NOVITZKI  
DDMT Project Manager

cc:

TDEC (J. English)  
ASCE-WP (M. Dobbs)  
HSHB-ME-SR (D. Druck)  
DDMT-D  
CEHND-PM-MD (J. Romeo)  
ME3 (S. Estes)



DEFENSE LOGISTICS AGENCY  
DEFENSE DISTRIBUTION DEPOT MEMPHIS  
2163 AIRWAYS BOULEVARD  
MEMPHIS, TENNESSEE 38114-5211

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DDMT-DE

JUN 20 1996

Mr. Dann Spariosu  
BRAC Division  
U.S. Environmental Protection Agency  
345 Courtland St., NE  
Atlanta, GA 30365

Dear Mr. Spariosu:

Please find enclosed errata sheets for the Generic RI/FS Work Plan, Generic QAPP, Generic HSP and Screening Sites Field Sampling Plan. We are issuing these errata sheets in response to comments from the Tennessee Department of Environment and Conservation. Should you have any questions or require additional information, please contact me at 901-775-6372.

Sincerely,

HAROLD ROACH  
Environmental Engineer  
Environmental Protection and Safety Office

Enclosure

cc:

TDEC (J. English)  
CEHNC-PM-ED (J. Savage)  
CESAM-PM-TA (K. Braun)  
ASCE-WP (M. Dobbs)  
HSHB-ME-SR (D. Druck)  
AEC (J. Waugh)  
ME3 (S. Estes)

## Introduction

In October 1992, the Defense Depot Memphis, Tennessee (DDMT), was placed on the National Priorities List (NPL) by the U.S. Environmental Protection Agency (EPA). Therefore, DDMT must fulfill requirements under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and National Contingency Plan. A remedial investigation/feasibility study (RI/FS) must be prepared to determine the nature and extent of contamination, to evaluate the risk to human health and the environment, and to screen potential cleanup actions. The *Generic RI/FS Work Plan* was prepared to show how the investigation and study would be accomplished. This *Health and Safety Plan (HASP)* was prepared as a supplement to ensure the safety and health of CH2M HILL and their subcontractors whose work CH2M HILL controls during the performance of operable unit (OU) and screening site characterization activities during the RI/FS at DDMT.

The ultimate goal of the RI/FS is to select cost-effective cleanup actions that minimize threats and provide protection of public health and the environment. To accomplish this goal, the nature and extent of the release of hazardous substances must be identified, the source of release must be determined, and proposed cleanup actions must be evaluated. By implementing the procedures described in the site-specific safety and health plan (SSHP), CH2M HILL can perform their activities in a safe environment while the goal of the RI/FS is being achieved.

## Site Background and Location

DDMT covers 642 acres of land in Memphis, Shelby County, Tennessee, in the extreme southwestern portion of the state. The installation contains approximately 110 buildings, 26 miles of railroad track, and 28 miles of paved streets. Approximately 5.5 million square feet of storage space is open. Stored items include food, clothing, electronic equipment, petroleum products, construction materials, and industrial, medical, and general supplies.

## Description of Operable Units

DDMT is divided into four OUs for evaluation purposes. Dunn Field is designated OU-1. Work at Dunn Field is not covered in this HASP. The Main Installation is divided into three areas: the southwestern quadrant, OU-2; the southeastern lakes and golf course area, OU-3; and the north-central area, OU-4. Substances found in OU-1 probably resulted from use of the area for landfill operations, mineral stockpiles, pistol

range use, and pesticides storage. Potential contamination of OU-2 could have resulted from spills or releases from the hazardous material storage and repouring area, sand-blasting and painting activities, or both. Storage of polychlorinated biphenyls (PCBs) and the use of pesticides and herbicides are potential sources of contamination for OU-3. Principal contamination in OU-4 probably resulted from a wood treatment operation and hazardous material storage.

### **Description of SSHP**

The SSHP describes the responsibilities, requirements, and procedures for the protection of personnel while onsite during the field investigations. The project manager (PM) maintains overall responsibility for the performance of the project in a safe manner. However, the field team leader, project safety officers, and site safety officer will aid with the implementation of this SSHP.

The field personnel will be responsible for complying with all SSHP requirements. These requirements include specifications in Occupational Safety and Health Administration (OSHA) 29 CFR 1910.120(e), attendance at tailgate safety meetings, knowledge of proper protective equipment and clothing, emergency procedures, hospital routes, standard operating procedures, and other safety topics. Additionally, all personnel monitoring and medical records will comply with OSHA in 29 CFR 1910.120.

Hazard monitoring is essential for safe implementation of the RI/FS. Types of monitoring that will be used at DDMT include heat and cold related illnesses, direct read air monitoring, personal air monitoring, and noise monitoring. After analyzing the hazard monitoring data and confirming the appropriate level of protection for the site, the exclusion, contamination reduction, and support zones will be established. These zones will allow for control of site personnel movement and reduce the likelihood of contaminant migration between sites.

The safety of field personnel is essential for a successful RI/FS. Therefore, the SSHP describes decontamination procedures for field personnel and equipment. Additionally, the proper disposal methods for decontamination equipment are presented. An emergency medical assistance network will be established so that medical emergencies can be attended to quickly and efficiently.

By implementing the procedures outlined in the SSHP, the RI/FS can be conducted in a safe manner and create a healthy environment for CH2M HILL.

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## Acronyms

APR	Air-purifying respirator
ASAP	As soon as possible
ATV	All-terrain vehicles
CERCLA	Comprehensive Environmental Response, Compensation, Liability Act
CIH	Certified Industrial Hygienist
CNS	Central nervous system
COE	U.S. Army Corps of Engineers
CPP	Chemical protection program
CPR	Cardiopulmonary resuscitation
CRC	Contamination reduction corridor
CRZ	Contamination reduction zone
CWM	Chemical warfare material
CWMP	Chemical warfare management plan
dB(A)	Decibels on the A-scale
DDMT	Defense Depot Memphis, Tennessee
DOT	Department of Transportation
EM	Electromagnetic
EPA	U.S. Environmental Protection Agency
ER	Early removal site
EZ	Exclusion zone
FA-CPR	First aid and CPR training
FID	Flame ionization detector
FSP	Field Sampling Plan
FTL	Field team leader
GFCI	Ground fault circuit interrupter
GI	Gastrointestinal
HTW	Hazardous and toxic waste
IDW	Investigation-derived waste
MSDS	Material Safety Data Sheets
NFA	No further action
NIOSH	National Institute of Occupational Safety and Health
NPL	National Priorities List
OSHA	Occupational Safety and Health Administration
OU	Operable unit
OVA	Organic vapor analyzer
PAH	Polycyclic aromatic hydrocarbon
PA/SI	Preliminary assessment/site investigation
PCBs	Polychlorinated biphenyls
PCP	Pentachlorophenol
PM	Project manager
PPE	Personal protective equipment
PRFI	Preliminary RCRA facility investigation
PSO	Project safety officer
QA/QC	Quality assurance/quality control

QAPP	Quality Assurance Project Plan
RCRA	Resource Conservation and Recovery Act
RFA	RCRA facility assessment
RFI	RCRA facility investigation
RI	Remedial investigation
RI/FS	Remedial investigation/feasibility study
RMSF	Rocky Mountain spotted fever
Screening	Screening site field sampling plan
SOP	Standard operating procedure
SSHP	Site-specific safety and health plan
SSO	Site safety officer
SWMU	Solid waste management unit
SZ	Support zone
TLD	Thermoluminescent dosimeter
UL	Underwriters Laboratories Inc.
USACE	United States Army Corps of Engineers
USCG	U.S. Coast Guard
UXO	Unexploded ordinance
VOC	Volatile organic compound

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This site-specific safety and health plan (SSHP) is written for CH2M HILL and their subcontractors whose work CH2M HILL controls. It does not apply to other onsite parties. This SSHP contains information specific to the activities CH2M HILL is conducting, including a hazard analysis for each task, air monitoring requirements, personal protective equipment (PPE) specifications, decontamination procedures, and CH2M HILL emergency procedures and contacts. It only addresses hazardous and toxic wastes (HTWs) and does not apply to chemical warfare materials (CWMs) or unexploded ordinances (UXOs). Work at Dunn Field is not covered under this SSHP because of the potential for CWMs and/or UXOs; work at Dunn Field will be addressed in a separate SSHP. This SSHP adopts, by reference, the standards of practice contained in CH2M HILL's *Corporate Health and Safety Program—Program and Training Manual* and the procedures contained in the work plan. The SSHP must be kept onsite during all field activities and will be reviewed and updated as necessary by the project safety officers (PSOs). All onsite personnel must be familiar with this document and must sign Appendix A to this document indicating that they have read, understand, and agree to follow the SSHP.

#### 1.0 PROJECT INFORMATION AND DESCRIPTION

**CLIENT OR OWNER:** U.S. Army Corps of Engineers (COE)      **PROJECT NO:** 110479

**PROJECT MANAGER:** Mark Corey

**OFFICE:** MGM

**SITE NAME:** Defense Depot Memphis, Tennessee (DDMT)

**SITE ADDRESS:** 2163 Airways Blvd., Memphis, Tennessee 38114

**DATE HEALTH AND SAFETY PLAN PREPARED:** March 1994

**DATE OF INITIAL VISIT:** March 9, 1994

**DATES OF SITE WORK:** January - December 1995

**HEALTH AND SAFETY PLAN UPDATE REQUIRED:** August 1996

#### **SITE ACCESS:**

Before going onsite, each employee's name must be placed on a list of authorized personnel. To avoid delays in entering the site, access should be coordinated with DDMT at least 1 day prior to visiting the site. Upon arriving at the site, each person will be required to check in with the security guard and presenting his or her driver's license or another form of picture identification. Vehicle registration also must be presented to the guard. DDMT's security guards will issue temporary passes or identification badges for each person, which must be returned.

The site safety officers (SSOs) is responsible for prohibiting unauthorized personnel from entering the exclusion zone. Because of the size of the project and the limited number of people involved, no formal identification system is required. However, the SSOs may establish a sign-in procedure, as necessary, for all personnel entering the exclusion zone. Visitors who must enter the exclusion or contamination reduction zones must be approved by the project team leader.

**SITE SIZE:** 642 acres

**SITE TOPOGRAPHY:** Flat to gently sloping

### 1.1 SITE DESCRIPTION AND HISTORY

The DDMT is located in the southern portion of the City of Memphis approximately 6 miles north of the Tennessee-Mississippi border and 8 miles east of the Mississippi River. The installation was officially activated on January 26, 1942.

Its mission has been related to the Army Engineer, Chemical, and Quartermaster Services, providing supply, stock control, storage, and maintenance for all three services. During World War II it performed supply missions for the Signal and Ordnance Technical Services and also served as a prisoner-of-war camp for enemy prisoners. This installation was originally named Memphis General Depot but was also known by the following names: Memphis Quartermaster Depot, Memphis Army Service Forces Depot, Memphis Army Depot, and Defense Depot Memphis.

### 1.2 DESCRIPTION OF OPERABLE UNITS

A brief description of each operable unit is provided in this section to include a qualitative assessment of past sampling activities. Detailed site descriptions, sample locations, and quantitative sampling results are provided in the operable unit (OU)-specific field sampling plans (FSPs). Figure 1 for the location of the OUs. Table 1 provides a summary of the sites and solid waste management units (SWMUs) within each OU and their respective status.

**Operable Unit 1, Dunn Field.** Dunn Field is the only known burial area at DDMT. Installation records indicate that various types and quantities of wastes were buried in the northwestern corner of Dunn Field. Each burial site within Dunn Field is described in detail in the OU-1 FSP. OU-1 includes 36 sites from the SWMU and remedial investigation/feasibility study (RI/FS) lists. Of these sites, 4 have been identified as sites where chemical warfare materials have been disposed (addressed by the Chemical Warfare Management Plan), 17 have been identified for early removal, 4 have been designated for no further action, 6 are RI sites and addressed by the OU-1 FSP, and the remaining 5 sites are being screened to determine whether a release of contaminants has occurred (addressed in the Screening Sites FSP). Other sites at Dunn Field are anticipated as a result of other investigation activities.

Work at this OU is not covered in this SSHP because there is a potential for CWM and/or UXO. A separate SSHP will be developed for work at Dunn Field.

**Operable Unit 2, Southwestern Quadrant of Main Installation.** OU-2 is geographically defined as the southwestern quadrant of DDMT and is further characterized as an area where maintenance and repair activities have taken place. OU-2 includes three key areas of the DDMT:

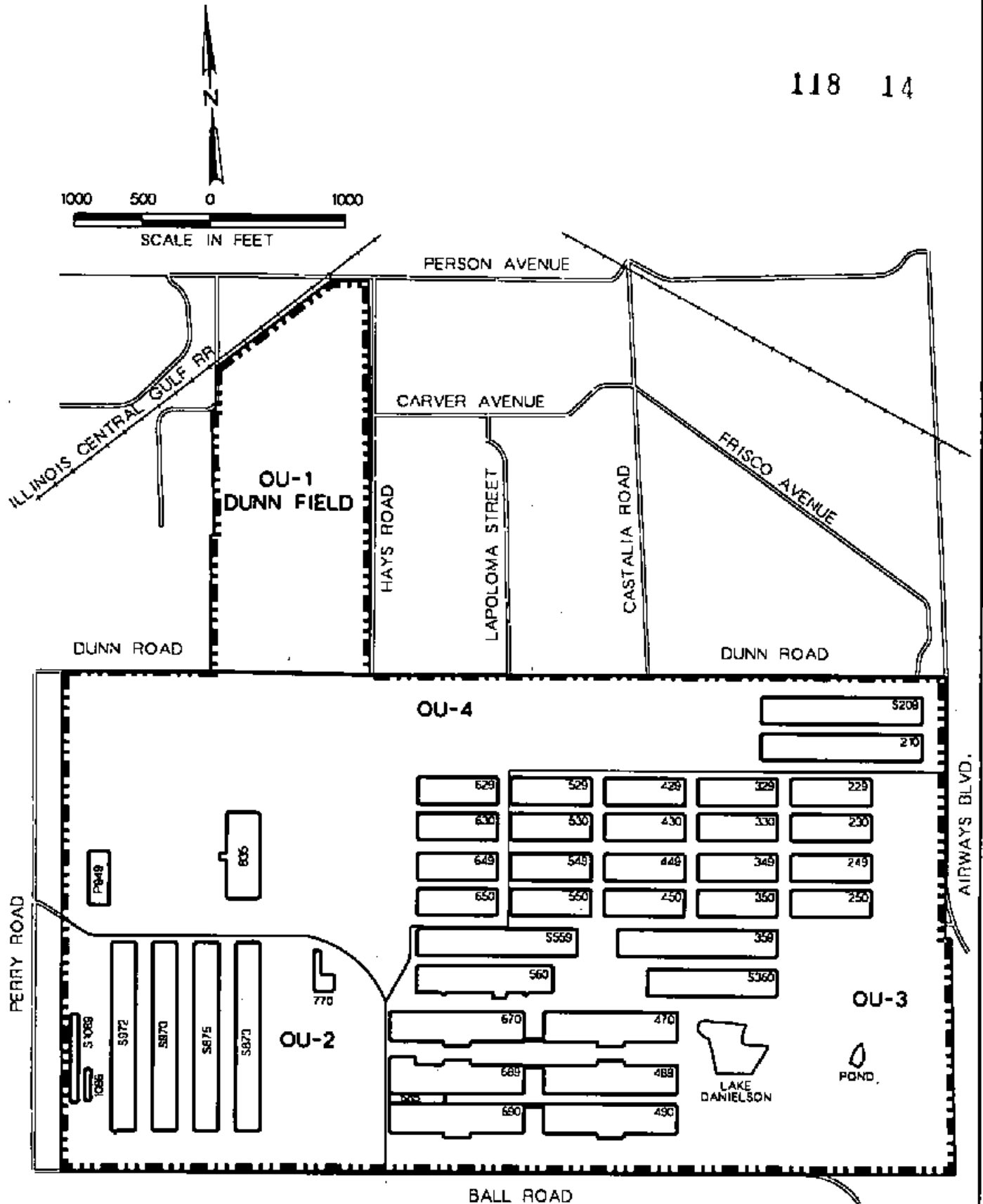


Figure 1  
**OPERABLE UNIT LOCATIONS**  
 Defense Depot Memphis, Tennessee



Source: Engineering-Science, 1993

Table 1  
 CERCLA Site Status (08/23/95)  
 Defense Depot Memphis, Tennessee

Site Number	Operable Unit	Description	SWMU Number	LAW Number	RFA Status	Current Status
1	OU-1	Mustard and Lewisite Training Sets (6) Burial Site (1955)	1	1	PRFI	CWMP
9	OU-1	Ashes and Metal Burial Site (burning pit/refuse) (1955)	9	10	PRFI	CWMP
24	OU-1	Former Burn Site (1945)	24	31	PRFI	CWMP
86	OU-1	Food Supplies (Dunn Field)		29		CWMP
2	OU-1	Ammonia Hydroxide (7 lbs) and Acetic Acid (1 gal.) Burial (1955)	2	2	PRFI	ER
3	OU-1	Mixed Chemical Burial Site (paraldehyde dihydrochloride, 1955)	3	3	PRFI	ER
4	OU-1	POL Burial Site (13.55-gal. drums of oil, grease, and paint; date unknown)	4	4	PRFI	ER
4.1	OU-1	POL Burial Site (32.55-gal. drums of oil, grease, and thinner, 1955)		5	PRFI	ER
5	OU-1	MethylBromide Burial Site A (3 cubic feet) (1955)	5	6	PRFI	ER
7	OU-1	Nitric Acid Burial Site (1,700 bottles) (1954)	7	8	PRFI	ER
8	OU-1	MethylBromide Burial site B (3,768 - 1 gal. cans) (1954)	8	9	PRFI	ER
11	OU-1	Trichloroacetic Acid Burial Site (1,433 - 1-oz bottles) (1965)	11	11	PRFI	ER
12	OU-1	Sulfuric and Hydrochloric Acid Burial (quantity?) (1967)	12	12	PRFI	ER
12.1	OU-1	Sulfuric and Hydrochloric Acid Burial (quantity?) (1967)				ER
13	OU-1	Mixed Chemical Burial (Acid, 800lbs. Deter., 7,000lbs. AL2SO4, and 200lbs.	13	13	PRFI	ER
16	OU-1	Unknown Acid Burial Site (1969)	16	16	PRFI	ER
16.1	OU-1	Acid, date unknown		18	PRFI	ER
17	OU-1	Mixed Chemical Burial Site C (1969)	17	17	PRFI	ER
60	OU-1	Pistol Range Impact Area/Bullet Shop		24		ER
62	OU-1	Bauxite Storage (Eastern Half Quadrant of Dunn Field)		27		ER
64	OU-1	Bauxite Storage (SW Quadrant of Dunn Field) (1942 through 1972)		32		ER
65	OU-1	Old Pistol Range Bldg. 1184/Temporary Pesticide Storage		25		ER
18	OU-1	Plane Crash Residue (Dunn Field)	18		NFA	NFA
22	OU-1	Hardware Burial Site (Nuts and Bolts) (Dunn Field)	22	19	NFA	NFA
23	OU-1	Construction Debris and Food Burial Site (Dunn Field)	23	30	NFA	NFA
63	OU-1	Fluorpar Storage (SE Quadrant of Dunn Field)		28		NFA
6	OU-1	40,037 units ointment (eye) Burial Site (1955)	6	7	PRFI	RI
10	OU-1	Solid Waste Burial Site (near MW-10) (metal, glass, trash, etc.)	10	74	PRFI	RI
14	OU-1	Municipal Waste Burial Site B (near MW 12) (food, paper products)	14	75	PRFI	RI



Table 1  
CERCLA Site Status (08/23/95)  
Defense Depot Memphis, Tennessee

Site Number	Operable Unit	Description	SWMU Number	LAW Number	RFA Status	Current Status
15	OU-1	Sodium Burial Sites (1968)	15	14	PRFI	RI
15.1	OU-1	Sodium Phosphate Burial (1958)	-	15	PRFI	RI
15.2	OU-1	14 Burial Pits: Na <sub>2</sub> PO <sub>4</sub> , Na, Acid, Medical Supplies, and Chlorinated Lime	-	33	PRFI	RI
19	OU-1	Former Tear Gas Canister Burn Site (Dunn Field)	19	21	PRFI	Screening
20	OU-1	Probable Asphalt Burial Site (Dunn Field)	20	20	PRFI	Screening
21	OU-1	XXCC-3 Burial Site (Dunn Field)	21	22	PRFI	Screening
50	OU-1	Dunn Field Northeastern Quadrant Drainage Ditch	AOC-A	23	PRFI	Screening
61	OU-1	Buried Drain Pipe (NW Quadrant of Dunn Field)	-	26	-	Screening
30	OU-2	Paint Spray Booths (2 of 3 total; Bldgs. 770 and 1086)	30	-	NFA	NFA
40	OU-2	Safety Kleen Units - 5 of 9 total (All located in Bldg. 770)	40	-	NFA	NFA
41	OU-2	Satellite Drum Accumulation Areas - 2 of 4 total (vicinity Bldg. 770)	41	-	NFA	NFA
47	OU-2	Former Cont. Soil Drum Storage Area (300 ft W of Bldg. 689, removed 1988)	47	-	NFA	NFA
29	OU-2	Former Underground Waste Oil Storage Tank	29	66	PRFI	ER
87	OU-2	DDT, banned pesticides (Bldg. 1084)	-	64	-	ER
88	OU-2	POL (Bldg. 1085)	-	65	-	ER
27	OU-2	Former Recoup Area	27	60	RFI	RI
32	OU-2	Sandblasting Waste Accumulation Area	32	67	RFI	RI
34	OU-2	Building 770 Underground Oil Storage Tanks	34	58	PRFI	RI
31	OU-2	Former Paint Spray Booth (Bldg. 1087)	31	-	PRFI	Screening
33	OU-2	Sandblasting Waste Drum Storage Area (Metal Shed S. of Bldg. 1088)	33	-	NFA	Screening
82	OU-2	Flammables (Bldg. 783)	-	59	-	Screening
84	OU-2	Flammables, Solvents, Waste Oil, etc. (Bldg. 972)	-	63	-	Screening
89	OU-2	Acids (Bldg. 1099)	-	68	-	Screening
73	OU-2	2,4-Dichlorophenoxyacetic Acid (all grassed areas)	-	73	-	Feasibility Study
30	OU-3	Paint Spray Booths (1 of 3 total - Bldg. 260)	30	-	NFA	NFA
40	OU-3	Safety Kleen Units - 4 of 9 total units (Bldgs. 253; 469; 490; 689)	40	-	NFA	NFA
41	OU-3	Satellite Drum Accumulation Areas - 2 of 4 total areas (Bldgs. 469 and 260)	41	-	NFA	NFA
49	OU-3	Medical Waste Storage Area	49	46	NFA	NFA
48	OU-3	Former PCB Transformer Storage Area	48	39	PRFI	RI

Table 1

**CERCLA Site Status (08/23/95)**  
**Defense Depot Memphis, Tennessee**

Site Number	Operable Unit	Description	SWMU Number	LAW Number	RFA Status	Current Status
58	OU-3	Pesticides, herbicides (PAD 287)	-	38	-	RI
59	OU-3	Pesticides, cleaners (Bldg. 273)	-	40	-	RI
51	OU-3	Lake Danielson Outlet Ditch	AOC-B	-	PRFI	Screening
52	OU-3	Golf Course Pond Outlet Ditch	AOC-C	-	PRFI	Screening
65	OU-3	XXCC-3 (Bldg. 249)	-	34	-	Screening
66	OU-3	POL (Bldg. 253)	-	35	-	Screening
67	OU-3	MOGAS (Bldg. 253)	-	36	-	Screening
68	OU-3	POL (Bldg. 263) (20 x 40 feet)	-	37	-	Screening
69	OU-3	2,4-D, M2A1, and M4 flamethrower liquid fuels (surface appl)	-	41	-	Screening
75	OU-3	Unknown Wastes near Bldg. 689	-	50	-	Screening
76	OU-3	Unknown Wastes near Bldg. 690	-	51	-	Screening
77	OU-3	Unknown Wastes near Bldgs. 688 and 690	-	52	-	Screening
78	OU-3	Alcohol, Acetone, Toluene, Naptha, Hydrofluoric Acid Spill	-	53	-	Screening
25	OU-3	Golf Course Pond	25	42	RFI	Feasibility Study
26	OU-3	Lake Danielson	26	43	RFI	Feasibility Study
73	OU-3	2,4-Dichlorophenoxyacetic Acid (all grassed areas)	-	73	-	Feasibility Study
41	OU-4	Satellite Drum Accumulation Area (1 of 5 total - Bldg. 210)	41	-	NFA	NFA
44	OU-4	Former Wastewater Treatment Unit Area	44	56	NFA	NFA
45	OU-4	Former Contaminated Soil Staging Area	45	58	NFA	NFA
53	OU-4	X-25 Flammable Solvents Storage Area (near Bldg 925)	AOC-O	51/52	NFA	NFA
57	OU-4	Building 629 Spill Area	AOC-H	49	RFI	RI
28	OU-4	Recoup Area Building	28	-	NFA	Screening
35	OU-4	DRMO Bldg T - 308 Hazardous Waste Storage	35	46	NFA	Screening
36	OU-4	DRMO Hazardous Waste Concrete Storage Pad	36	-	NFA	Screening
37	OU-4	DRMO Hazardous Waste Gravel Storage Pad	37	-	PRFI	Screening
38	OU-4	DRMO Damaged/Empty Hazardous Materials Drum Storage Area	38	-	PRFI	Screening
39	OU-4	DRMO Damaged/Empty Lubricant Container Area	39	-	PRFI	Screening
42	OU-4	Former PCP Dip Vat Area	42	56	PRFI	Screening
43	OU-4	Former Underground PCP Tank Area	43	56	PRFI	Screening

Table 1  
 CERCLA Site Status (08/23/95)  
 Defense Depot Memphis, Tennessee

Site Number	Operable Unit	Description	SWMU Number	LAW Number	RFA Status	Current Status
46	OU-4	Former PCP Pallet Drying Area	46	56	PRFI	Screening
54	OU-4	Main Installation - DRMO East Storm Water Runoff Canal	AOC-E		NFA	Screening
55	OU-4	Main Installation - DRMO North Storm Water Runoff Area	AOC-F		NFA	Screening
56	OU-4	Main Installation - West Storm Water Drainage Canal	AOC-G		NFA	Screening
70	OU-4	POL, Various Chemicals (RR tracks 1, 2, 3, 4, 5, 6) - Leaks		70	-	Screening
71	OU-4	Herbicide (All RR tracks) (used to clear tracks)		71	-	Screening
72	OU-4	Waste Oil (PDO yard) (surf. appl. for dust control)		72	-	Screening
74	OU-4	Flammables, toxics (West End - Bldg. 319)		45	-	Screening
79	OU-4	Fuels, Misc. Liquids, Wood, Paper (Vicinity S702)		54	-	Screening
80	OU-4	Fuel and cleaners dispensing (Bldg. 720)		55	-	Screening
81	OU-4	Fuel Oil (Bldg. 765)		57	-	Screening
83	OU-4	POL (isooctane, toluene, octane, MEK, naphtha) Areas X-13, 15, 25		69	-	Screening
73	OU-4	2,4-Dichlorophenoxyacetic Acid (all grassed areas)		73	-	Feasibility Study

Site Summary: 12 NFA Sites (16 listings-same sites in multiple numbers(4))

41 Screening Sites

13 RI Sites

4 CWMP Sites

20 Early Removal Sites

3 Feasibility Study Sites (5 listings-Site 73 in OU-23/4)

83 Sites (5 sites in multiple OUs, 89 listings)

RFA-RCRA facility assessment

NFA-No further action

PA/SI-Preliminary assessment/site investigation

PRFI-Preliminary RCRA facility investigation

RFI-RCRA facility investigation

SWMU-Solid waste management unit

Screening-Screening site field sampling plan

ER-Early removal site

RI-Remedial investigation site

CWMP-Chemical warfare management plan

Sites with shading indicate TDEC lead sites. Other sites are EPA lead sites.

- The former hazardous materials recoupment area (Building S-873), designated as Site 27
- The sandblasting and painting area (Building 1088), designated as Site 32, and associated buildings (Buildings 1084, 1085, and 1089), designated as Sites 89, 90, and 91
- The maintenance shop area (Building 770), designated as Site 34

**Operable Unit 3, Southeastern Watershed.** OU-3 includes the Golf Course Pond (Site 25), Lake Danielson (Site 26), the former transformer storage area (Site 48), Pad 267 (Site 58), and Building T-273 (former pesticide storage area, Site 59). Past studies on Lake Danielson and the Golf Course Pond have shown that the surface water, sediment, and fish in these water bodies exhibit exposure to pesticides and polychlorinated biphenyls (PCBs). Because these water bodies receive surface runoff from the surrounding industrial and recreational areas, this OU contains the entire southeast watershed of the facility.

**Operable Unit 4, North-Central Area.** The most prominent feature of this OU is the main hazardous materials storage building (Building 629) at DDMT. The geographical area of OU-4 contains the former pentachlorophenol (PCP) dip vat area sites (all near Building 737) and Building 629. Pesticides, polycyclic aromatic hydrocarbons (PAHs), and volatile organic compounds (VOCs) were detected during the RI Report (Law Environmental, August 1990) near Site 57.

**Screening Sites.** The screening sites are sites identified in the Resource Conservation and Recovery Act (RCRA) facility assessment (RFA) and the RI Report (ref. 18 in the Generic RI/FS WP), that appear to have been minor waste disposal areas during past operations or, based on historical records, have less potential for contamination than sites in the OUs described above. A wide variety of sites are included in this category, such as storm water drainage ditches, fuel storage areas, suspected spill areas, areas where hazardous substances were used and may have been released, and areas where pesticides had been applied (railroad tracks, vegetation). The purpose of screening these sites is to assess whether a release has occurred from past practices.

**Chemical Warfare Sites.** A variety of chemical warfare materials (CWMs) have been used, stored, and/or disposed of at the site. CH2M HILL is not working in areas that have been identified as CWM sites or in areas where CWMs are suspected. Figures 2, 3, and 4 show the locations of known and potential CWM areas, respectively. A separate health and safety plan is required for areas where CWMs are known or suspected.

**TDEC Lead Sites.** These sites were designated in Appendix A-3 of the DDMT RCRA Part B Permit (No. TN2 210 020 570) as sites regulated by the State of Tennessee's portion of the RCRA permit.

**No Further Action Sites.** Twelve sites are proposed for no further action (NFA)—four of which are on multiple OUs—for one or more of the following reasons:

- Solid wastes were never managed or disposed at the site.
- The site is not a threat for releases because of past waste management activities.
- There is no observed contamination based on previous sampling results.
- Current operational and structural features preclude action.

A separate NFA report that documents these sites and the rationale for the NFA determination has been prepared by DDMT for regulatory approval.

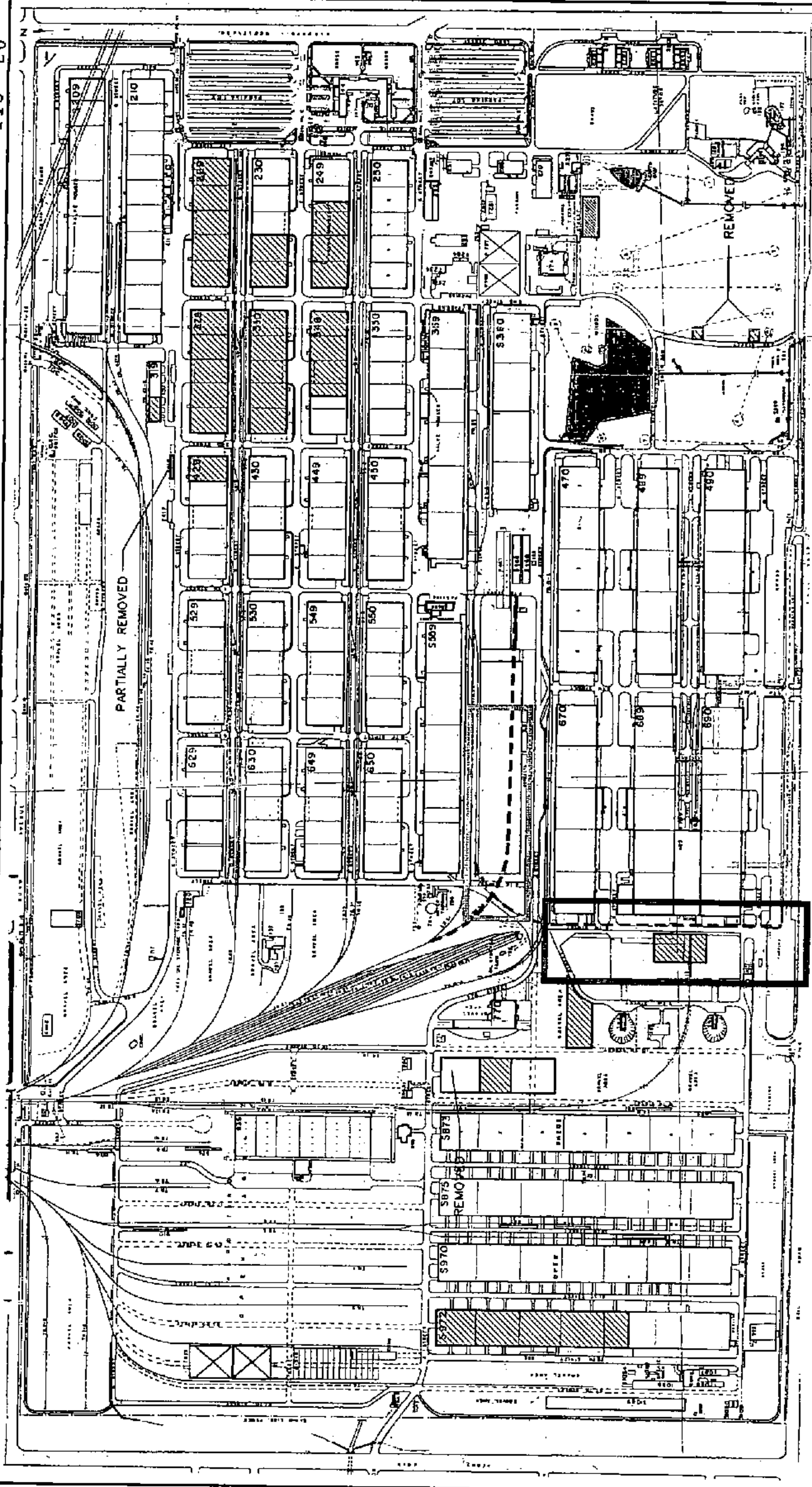


FIGURE 2

MEMPHIS ORDNANCE DEPOT  
 MEMPHIS, TENNESSEE  
 DEPOT MAP



**LEGEND:**

- TRACK 27A
- TRACK 28
- ORIGINAL LOCATION OF CHEMICAL TRAIN.
- PROBABLE UNLOADING / RELOADING LOCATION OF CHEMICAL TRAIN.
- BUILDINGS AND AREAS USED BY CHEMICAL WARFARE SERVICE
- PISTOL RANGE
- FLAMETHROWER TEST AREA

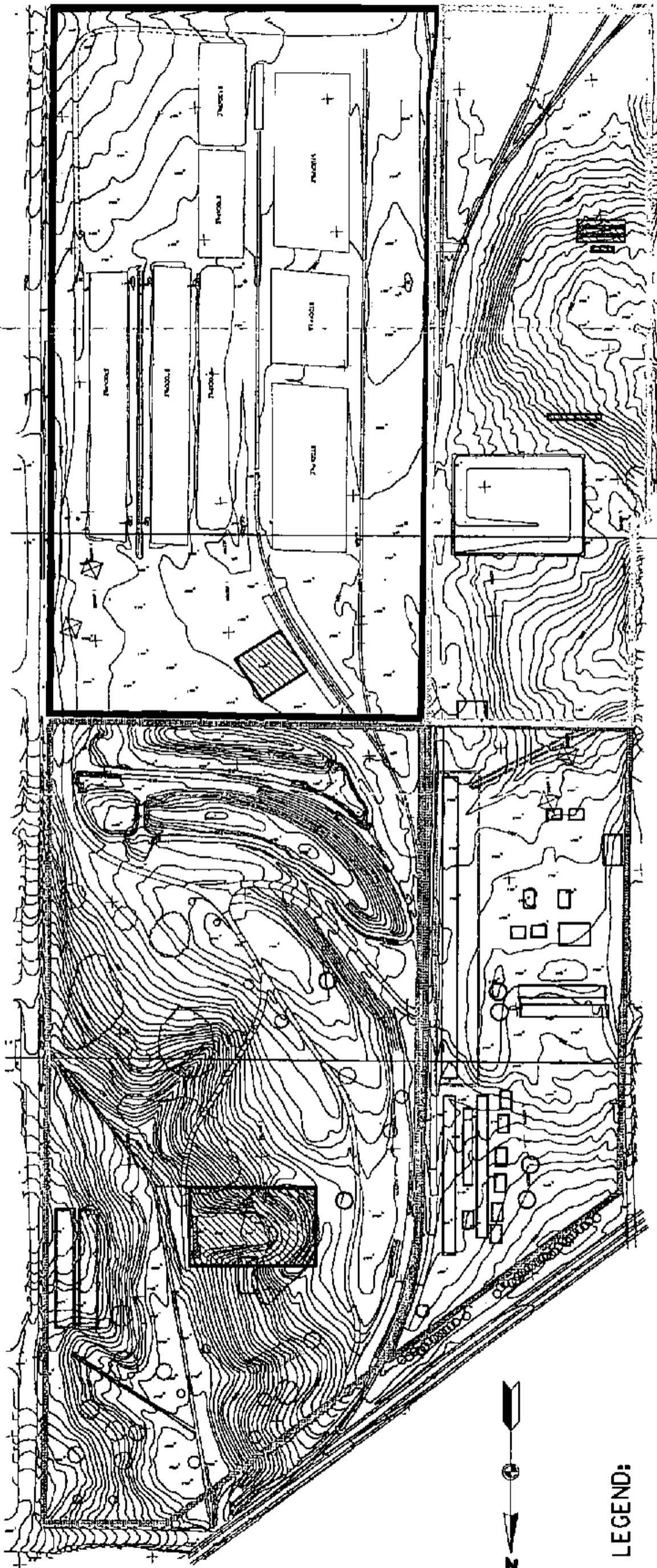
NOT TO SCALE

DATE OF MAP: X











PROJ. DATE: JAN. 1995






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**LEGEND:**

-  POSSIBLE SITE OF JULY 1946 DESTRUCTION OF GERMAN MUSTARD BOMBS.
-  86,100 LBS CC-2 IMPREGNITE (18 FEB. 1947).
-  300,000 LBS XX-CC-3 IMPREGNITE
-  1955-1956 AREA USED TO BURY CHEMICAL ID SETS AND XX-CC-3 IMPREGNITE. POSSIBLE BURIAL OF DANC, CHLORINATED LIME AND RH155.
-  CHLORINATE LIME PITS.
-  FLAME THROWER TEST AREA.
-  USATHAMA IDENTIFIED BURIAL OF CHEMICAL ID SETS.
-  BURIALS PREVIOUSLY IDENTIFIED BY USATHAMA.
-  UNIDENTIFIED CLEARED AREA (LOCATED ON 1958 AERIAL PHOTO).
-  PISTOL RANGE

-  CANISTERS (POSSIBLE GAS MASK FILTERS)
-  AREA A
-  AREA B - SEE NOTE 2
-  AREA C
-  AREA D

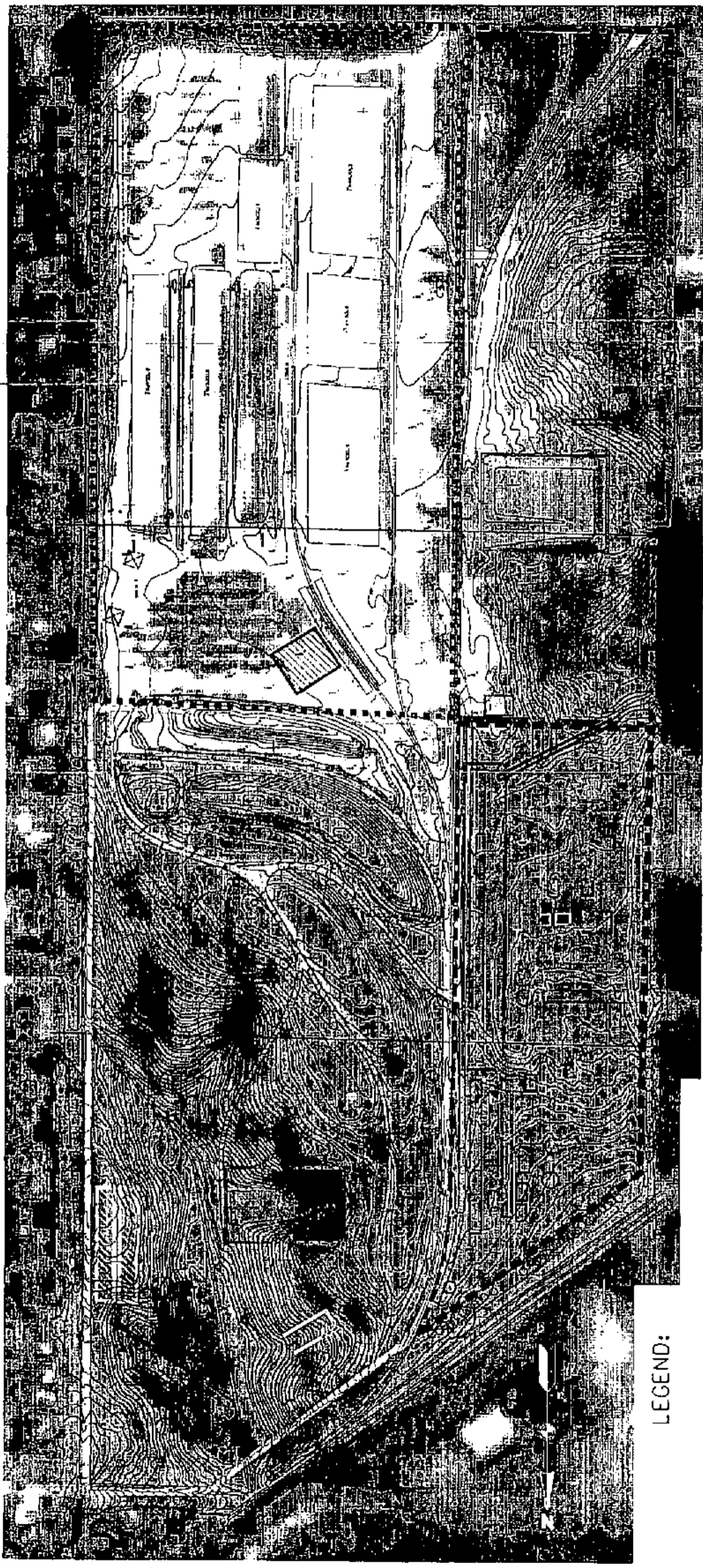
**BURIALS NOT LOCATED:**

- AREA A: PITS USED TO DESTROY ORDNANCE.
- AREAS A, B, OR C: 1947 BURIAL OF 32,636 LBS OF ACETYLENE TETRACHLORIDE.
- NOTE 1: LOCATIONS ARE APPROXIMATE
- NOTE 2: AREA USED AS A BORROW PIT, TO TEST HEAVY ENGINEER EQUIPMENT, AND AS A VEHICLE HOLDING AREA.


















**FIGURE 3**

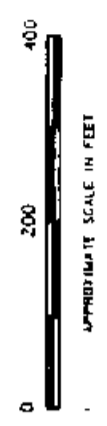
**MEMPHIS ORDNANCE DEPOT**  
**MEMPHIS, TENNESSEE**  
**GARVER AND GARVER DRAWING**



**LEGEND:**

-  POSSIBLE SITE OF JULY 1946 DESTRUCTION OF GERMAN MUSTARD BOMBS
-  86,100 LBS CC-2 IMPREGNITE (18 FEB, 1947)
-  300,000 LBS XX-CC-3 IMPREGNITE
-  1955-1956 AREA USED TO BURY CHEMICAL ID SETS AND XX-CC-3 IMPREGNITE. POSSIBLE BURIAL OF DANC, CHLORINATED LIME AND RH195.
-  CHLORINATE LIME PITS.
-  FLAME THROWER TEST AREA.
-  USATHAMA IDENTIFIED BURIAL OF CHEMICAL ID SETS.
-  BURIALS PREVIOUSLY IDENTIFIED BY USATHAMA.
-  UNIDENTIFIED CLEARED AREA (LOCATED ON 1958 AERIAL PHOTO).
-  PISTOL RANGE

-  CANISTERS (POSSIBLE GAS MASK FILTERS)
-  AREA A
-  AREA B - SEE NOTE 2
-  AREA C
-  AREA D
- BURIALS NOT LOCATED:
- AREA 4: PITS USED TO DESTROY ORDNANCE.
- AREAS A, B, OR C: 1947 BURIAL OF 32,636 LBS OF ACETYLENE TETRACHLORIDE.
- \* NOTE 1: LOCATIONS ARE APPROXIMATE
- \* NOTE 2: AREA USED AS A BORROW PIT, TO TEST HEAVY ENGINEER EQUIPMENT, AND AS A VEHICLE HOLDING AREA.



**FIGURE 4**

**MEMPHIS ORDNANCE DEPOT**  
**MEMPHIS, TENNESSEE**  
**1990 AERIAL PHOTO**

## 2.0 PROJECT ORGANIZATION AND TASKS TO BE PERFORMED UNDER THIS PLAN

### 2.1 PROJECT ORGANIZATION

The project team will be organized in contractor, U.S. Army Corps of Engineers (COE), and offsite laboratory work groups. The contractor group will consist of a project manager, a project hydrogeologist, a project engineer, and various support staff. The COE group will consist of a project manager, a project engineer, a project geologist, and a project environmental engineer, who will develop work plans and scopes of work, oversee field performance, and review technical documents. The contractor group at the field site will consist of the field team leader, who will be onsite for all phases of the project, the field geologists, the SSOs and sampling team, and various other support technicians. The laboratory work groups include the technical staff and quality assurance/quality control (QA/QC) personnel at the laboratories. Additional project organization information will be provided upon selection of a contractor. Figure 5 illustrates the general health and safety project organization for CH2M HILL's onsite work. In addition, Table 2 summarizes key personnel involved in this project.

### 2.2 ASSIGNMENT OF RESPONSIBILITIES

Assignment of responsibilities for development, coordination, and implementation of the health and safety program is essential for proper administration of program requirements. Implementation of the health and safety program will be accomplished through an integrated effort by the following personnel:

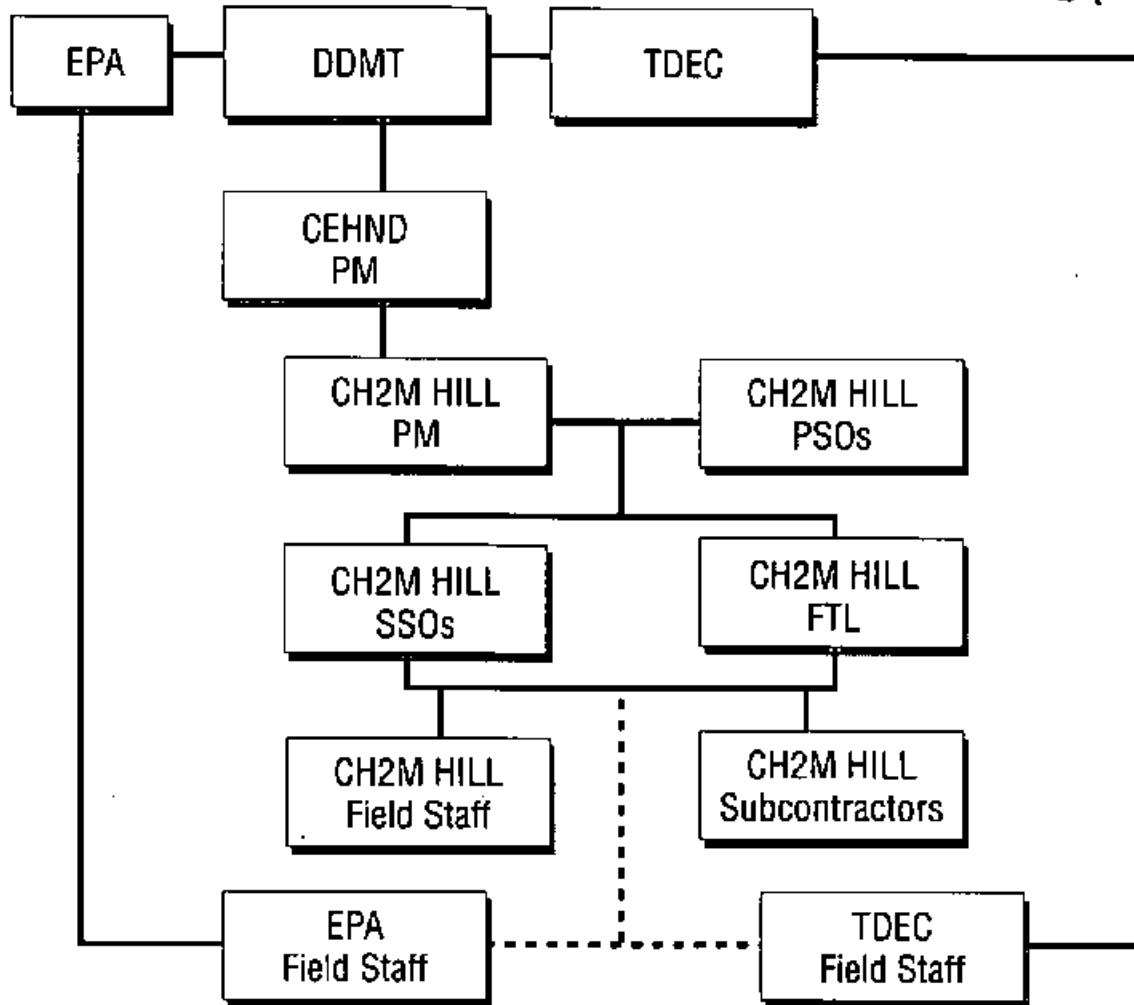
Mr. John Romeo, P.E. – COE Project Manager  
 Mr. Frank Novitzki – DDMT Installation Restoration Project Manager  
 Contractor Officer-In-Charge  
 Contractor Project Safety Officer  
 Mark Corey – Contractor Project Manager  
 Greg Underberg – Contractor Project Hydrogeologist  
 Contractor Field Team Leader/Quality Assurance Coordinator  
 Mollie Netherland and Dan Locke – Contractor Site Safety Officers  
 Laboratory Project Safety Officer

Additional information regarding key positions is provided below.

**Project Manager.** The CH2M HILL project manager (PM) maintains overall responsibility for the performance of CH2M HILL's work as well as that of their subcontractors. He ensures work is conducted in a safe manner. He is the point of contact with the COE through the COE project manager. Should a health and safety issue develop in the performance of the contract requiring consultation with the COE, the field project manager or project hydrogeologist will immediately contact the COE project manager.

**Project Hydrogeologist/Field Team Leader.** The project hydrogeologist is responsible for ensuring that the goals of the RI are attained in a manner consistent with the health and safety program requirements. Coordination will be performed with the site safety officers in the selection of sampling locations, media, and techniques. The field team leader (FTL) is the secondary contact with the COE regarding SSHP implementation. The FTL will be identified in an addendum prior to initiation of fieldwork.





**LEGEND**

- Direct reporting
- - - Informal communication
- CEHND Corps of Engineers, Huntsville Division
- DDMT Defense Depot, Memphis, Tennessee
- EPA Environmental Protection Agency
- FTL Field Team Leader
- PM Project Manager
- PSOs Project Safety Officers
- SSOs Site Safety Officers
- TDEC Tennessee Department of Environmental Conservation

Figure 5  
**CH2M HILL PROJECT**  
**HEALTH AND SAFETY ORGANIZATION**  
 Defense Depot Memphis, Tennessee



Table 2  
**DEFENSE DEPOT MEMPHIS, TENNESSEE**  
 Project Communications Information

Office Address	Name	Responsibility	Phone (Voice Mail)	Home Phone	FAX No. E-Mail	Last Update: 7/3/June-95
<b>CORPS OF ENGINEERS</b> <b>BUILDING ADDRESS</b> U. S. Army Engineer Division, Huntsville 4120 University Square Huntsville, Alabama 35815-1822	John Rombo Scott Bradley Jared Denton John Matthews Dae Satter Ken Edmundson Pat Newman Ernest White J. N. Etridge	Project Manager Environmental Engineer Geologist Contract COR PM Assistant Director/Programs & PM Contracts Specialist Project Management/Construction Contract Officer	(205) 895-1481 (205) 895-1827 (205) 895-1824 (205) 895-1571 (205) 895-1570 (205) 895-1781 (205) 895-1383 (205) 895-1588 12033089	(205) 895-1173 or 1177 or 1469 (205) 895-1173 (205) 895-1807  (205) 895-1165 (205) 895-1135 (205) 895-1465  (901) 544-4065 (901) 544-4065		
<b>MAILING ADDRESS:</b> U. S. Army Corps. of Engineers, Memphis District 8-202 Clifford Davis Federal Bldg Memphis, TN 38103	Bill Glason John McCormick		(901) 544-3602 (901) 544-3605			
<b>DODD</b> Defense Depot Memphis, Tennessee 2163 Airways Boulevard Memphis, TN 38114-5210	Frank Nowlan Janice Hindman Christine Kuzman Denise Cooper Roy Varnell Eric Holladay Robert Sanders	Project Manager/Env. Protection Office Secretary Mgr. of Env. Protection & Safety PM Assistant Records Management Installation Commander (Acting) Environmental Protection Engineer	(901) 775-6372 Pager (901) 775-4568 (901) 775-4568 (901) 775-4378 (904) 775-8242 (901) 775-6411 (901) 775-4003	(901) 775-4372 or (901) 775-6319 (Legal Office)  (901) 775-4372		
<b>ADRE</b> Building 1-1, 2nd Floor Defense Distribution Region East New Cumberland, PA 17070-5001	Clarence Smith Mia Dobbs Larry Neillinger, DORE-W		(717) 776-6950 (717) 776-6030		(717) 776-7244	
<b>DLA</b> Defense Logistics Agency Bldg 4, Room 4D489 Cameron Station Alexandria, VA 22304-6100	Denina Liko, DDAE		(703) 274-6124			
<b>AFLA</b> Army Environmental Hygiene Agency HSMB-ME-SR, Denina Druck Bldg E1877 Aberdeen Proving Ground, MD 21010-5422	Denina Druck	Risk Assessment Review	(410) 671-2563			
<b>MEMPHIS GROUNDWATER INSTITUTE</b> Civil Engineering Dept. Memphis State University Memphis, Tennessee 38152	John Smith Robert Braun	Director Student	(901) 678-3283	(901) 678-3728 Home: 10305 Labing Road, Memphis, TN 38078		

Table 2  
**DEFENSE DEPOT MEMPHIS, TENNESSEE**  
 Project Communications Information

Office Address	Name	Responsibility	Phone (Voice Mail)	Home Phone	FAX No. E-Mail
EPA Federal Facilities Branch 345 Courland St. N.E. Atlanta, GA 30365	Martha Berry Allison Humphreys Joseph Franzmann	RPM Director/Vocals Management Dir.	(404) 347-3335 35431 (404) 347-3018 (EPA General #)	(404) 347-3335 or (404) 347-0076	
TENNESSEE DEPT. OF CONSERVATION & ENVIRONMENT Division of Superfund 645 Parkway Park, Suite E 2510 Mt. Moriah Road Memphis, TN 38115-1320	Terry Yungbluth, R.F.S. Jordan English	Project Manager TDEC-Environmental Field Office Mgr.	(901) 368-1953 (901) 368-7953	(901) 368-7978	
USACE/DRL United States Army Chemical Destruction Remediation Activities (USACDRA) Non-Soluble Chemical Materials AMCPM-NSM Edgewood Area Aberdeen Proving Grounds, Maryland 21810-5401	Chuck Heyman Gini Braquinet	Program Manager	(410) 871-1090	(410) 612-8737	
Technical Escort Unit	Howard Beardsley Curt Rogers		(410) 871-3127 (410) 612-8516	(410) 471-5901	
CESTL USACE - St. Louis District	Tom Murrell Arlene Search		(314) 337-8787	(314) 333-4338	
MEMPHIS AND SHELBY CO. HEALTH DEPT. 312 Jefferson Avenue Memphis, TN 38106	Carter Gray Allen Brinson Barry Moore	Pollution Control Pollution Control	(901) 376-7600 (901) 376-7600	(901) 325-3085	
MILGW Memphis Light Gas, and Water Company Post Office Box 430 Memphis, TN 38101-0430	James Viebo		(901) 325-3801		
CHRYSLER SUBCERN REACTORS Hydrocarbon	Ram Arora	Senior Hydrogeologist	(404) 484-3225	(404) 454-3234	
2761 Perimeter Park Drive, Suite 2 Atlanta, Georgia 30341	Randy Bousard Ralph Hayes Glenn Roberts	Chemical/Wastewater Agents Specialist President	(801) 966-8384	(801) 966-8499	
2064 West 4700 South Salt Lake City, Utah 84118-2554	W&J L.L.C. Sus Estes	President	(204) 800-1143	(204) 800-1193	
9031 Valiant Drive Huntsville, AL 35893					



**Project Safety Officers.** The PSOs will ensure that the safety plan complies with all federal, state, and DDMT non-military requirements. If necessary, the PSOs can modify the SSHP to adjust for onsite changes that affect safety. The PSOs will coordinate with the FTL and with the SSOs on all modifications to the SSHP, and will be available for consultation when required. The PSOs will not be onsite during the entire investigation. He or she will prepare the materials to be used in the training program and ensure that the SSOs are knowledgeable in all components of the SSHP. The PSOs for this project are Mollie Netherland/SEA and Dan Locke/MGM. Bob Nash/SCO is the CIH involved in the project.

**Site Safety Officers.** The SSOs is responsible for the implementation of the SSHP. Field personnel will have an SSO present during all field activities. The SSOs have the responsibility and authority to halt or modify site operations in the event any unsafe or hazardous condition occurs. The SSOs will consult with and keep DDMT safety office informed of all safety-related matters. The SSOs will be the main contact in any onsite emergency situation and will direct all field activities involved with safety. The SSOs are responsible for ensuring that onsite personnel understand and comply with safety requirements. Except in an emergency, they can modify the SSHP requirements only after consultation and agreement with the PSOs.

**Field Staff.** All field personnel will be responsible for understanding and complying with all requirements of the SSHP. Field personnel will be instructed during each Tailgate Safety Meeting to bring all perceived unsafe site conditions to the attention of the SSOs.

### 2.3 DESCRIPTION OF TASKS

The work activities to be conducted during the RI consist of monitoring well sampling, borehole drilling and sampling, soil sampling, surface water and sediment sampling, surveying, well logging, and test pit excavation. This section describes the general site investigation activities and where they will occur. These activities are summarized in Table 3. A detailed description of the procedures to be used in performing these activities is contained in the FSPs and/or the Quality Assurance Project Plans (QAPPs).

Area	Proposed Activities
OU-1, 2, 3, 4, and screening sites; offsite locations	Monitoring well installation and sampling, surveying, soil sampling, soil borings, surface water/sediment sampling, test pit (OU-1 only)
OU-3, southwestern quadrant	Soil sampling, surface water/sediment sampling, monitoring well sampling
Stream sediment and surface water offsite locations	Surface water/sediment sampling

The following tasks, which CH2M HILL and their subcontractors will conduct, are covered under this SSHP:

- Water level measurement and groundwater well sampling
- Land surveying
- Soil sampling
- Soil borings
- Monitoring well installation
- Surface water and sediment sampling

This plan does not cover activities conducted in areas where CWMs and/or UXOs have been detected. If such materials are encountered, CH2M HILL personnel will immediately leave the area.

#### 2.4 DESCRIPTION OF SUBCONTRACTORS

When CH2M HILL controls its subcontractors' work, CH2M HILL is responsible for the subcontractors' health and safety. In such cases, the subcontractors may follow CH2M HILL's SSHP, or they may develop their own plan. If the subcontractors opt to follow CH2M HILL's SSHP, they must supplement it with information regarding the hazards in which they have expertise. Such information must be attached to the CH2M HILL SSHP. If the subcontractors develop their own SSHP, it must be approved by the CH2M HILL PSOs before work is started.

If CH2M HILL does not control the subcontractors' work or if another onsite party is contracted directly to the COE, CH2M HILL is not responsible for their health and safety.

CH2M HILL has contracted the following firm that is covered under this plan:

- Hydrovision (hydrology review)
- Toles and Associates

As required, additional subcontractors will be identified in an addendum before conducting work onsite.

### 3.0 HAZARD EVALUATION AND CONTROL

The SSOs will conduct an initial hazard assessment to locate hazards and determine appropriate control measures before initiation of work activities. Hazard assessment will be conducted as an ongoing process. The following sections indicate the known physical, chemical, and biological hazards of concern for each site and for each task and operation to be performed. The selection of chemicals as indicators of hazard was based on media concentrations, toxicity, and volatility or risk potential for air entrainment at hazardous levels and frequency of detection. The SSHP included the physical and chemical properties of selected contaminants, sources and pathways of employee exposures anticipated onsite and offsite, exposure level potentials, and regulatory or recommended protective exposure standards.

#### 3.1 HEAT AND COLD STRESS (REFERENCE CIEM HILL SOP HS-07)

The following are general guidelines for site workers. Acclimated workers should follow the Pulse Criteria listed below whereas, the non-acclimated worker or personnel known to be sensitive to the effects of heat should follow the guidelines listed in 3.1.1 until acclimated to the weather conditions.

##### 3.1.1 GUIDELINES FOR WORKING IN TEMPERATURE EXTREMES WHILE WEARING PERSONAL PROTECTIVE EQUIPMENT

Temperature	Work Cycle	Rest Cycle	Control Measures
<32° F or <55° F & raining	2 hrs	15 min	Review cold stress in safety meeting. Rest in a warm area. Drink at least 8 ounces of warm non-caffeinated, non-alcoholic beverage at each rest break. Schedule a mid-day lunch break of at least 30 minutes in a warm area to begin not later than 5 hours after startup.
72° to 77° F	2 hrs	5 min	Review heat stress in safety meeting. Take resting pulse rate before beginning work. Drink 8 ounces of cool water before beginning work and 4 ounces at rest break. Have ice available.
77° to 82° F	2 hrs	5 min	As above, but seated rest break. Monitor pulse rate. (See Pulse Criteria below.)
82° to 87° F	60 min	15 min	As above, but rest area to be shaded.
87° to 90° F	30 min	15 min	As above. Try to provide a shaded work area.
>90° F	15 min	15 min	As above. Provide a shaded area with seats in the work area for team members to use as needed. Reschedule work to avoid mid-day heat.

**PULSE CRITERIA.** Take resting radial (wrist) pulse at start of work day; record it. Measure radial pulse for 30 seconds as rest period begins. Pulse not to exceed 110 beats per minute (bpm) or 20 bpm above resting pulse. If pulse exceeds this criteria, reduce work load and/or shorten the work cycle by one third, and observe for signs of heat stress. No team member is to return to work until his/her pulse has returned to <110 bpm or resting pulse +20 bpm.

##### 3.1.2 SYMPTOMS AND TREATMENT OF HEAT AND COLD STRESS

Heat Stroke	Heat Exhaustion	Frostbite	Hypothermia
Red, hot, dry skin; dizziness; confusion; rapid breathing and pulse; high body temperature.	Pale, clammy, moist skin; profuse sweating; weakness; normal temperature; headache; dizzy; vomiting.	Blanched, white, waxy skin, but tissue resilient; tissue cold and pale.	Shivering, apathy, sleepiness; rapid drop in body temperature; glassy stare; slow pulse; slow respiration.
Cool victim rapidly by soaking in cool (not cold) water. Get medical attention immediately!!	Remove victim to a cool, air conditioned place. Loosen clothing, place in head low position. Have victim drink cool (not cold) water.	Remove victim to a warm place. Rewarm area quickly in warm (not hot) water. Have victim drink warm fluids—not coffee or alcohol. Do not break any blisters. Elevate the injured area and get medical attention.	Remove victim to a warm place. Have victim drink warm fluids—not coffee or alcohol. Get medical attention.

3.2 GENERAL PHYSICAL (SAFETY) HAZARDS AND CONTROLS

Engineering and administrative controls and work practices are generally to be implemented by the party in control of the site or hazard (i.e., CH2M HILL, subcontractor, or contractor). CH2M HILL employees must, at a minimum, remain aware of hazards affecting them, regardless of who is responsible for controlling the hazards.

Hazard (Refer to SOP, or SHP Section)	Engineering Controls, Administrative Controls, and Work Practices	Tasks						
		General Site Hazards Geophysical Investigation, Civil, and Biological Sampling	Test Pit and Excavation	Drilling, Soil Boring, Installation and Abandonment	Groundwater Monitoring Activities	Surface Water and Sediment Sampling Using a Boat	Surface Water and Sediment Sampling from the Shore or Water	Hand Augering
Flying debris/objects (HS-07)	Shielding and PPE such as safety glasses, hard hat, and steel-toed boots, will be provided.	X	X	X	X	X	X	X
Noise > 85 dBA	Noise protection required when working around heavy equipment or conversations have to be shouted at 3 feet or less. Monitoring required above 85 dB(A).	X	X	X	X	X	X	X
Slip terrain/unstable surface	Personnel will proceed with caution and brace and shore equipment.							
Gas cylinders (HS-21)	Instruct employees in the safe use of compressed gases. Make certain gas cylinders are properly anchored and chained. Keep cylinders away from ignition sources.	X	X	X	X	X	X	X
Electrical	<ul style="list-style-type: none"> <li>Make certain third wire is properly grounded. Do not tamper with electrical wiring unless qualified to do so. Ground as appropriate.</li> <li>Heavy equipment (e.g., drill rig) to remain at least 15 feet from overhead power line for power lines of 50 kV or less. For each 10 kV &gt; 50, increase distance by 1/4 foot.</li> <li>Project field sites should have ground fault circuit interrupters (GFCIs) installed for all wiring, including extension cords.</li> <li>Heavy equipment (e.g., drill rig) should remain at least 15 feet from overhead power line for power lines of 50 kV or less. For each 10 kV &gt; 50, increase distance by 1/4 foot.</li> <li>Operate and maintain equipment according to manufacturer's instructions.</li> <li>Use only extension cords that are three-wire grounded. Cords passing through work areas must be covered or elevated to protect from damage.</li> <li>Use only electrical tools and equipment that are either effectively grounded or double-insulated UL approved.</li> <li>Properly label switches, fuses, and circuit breakers.</li> <li>Remove cord from an outlet by grasping the plug, not pulling the cord.</li> <li>Protect all electrical equipment, tools, switches, etc., from elements.</li> <li>Avoid physical contact with power circuit.</li> <li>Only qualified electricians are to install and work on electrical circuits and equipment.</li> </ul>	X	X	X	X	X	X	X
Suspended loads	Work not permitted under suspended loads.							
Buried utilities, drums, tanks, etc. (Section 3.3)	Locate buried utilities, drums, tanks, etc., prior to digging or drilling and mark location.		X	X				
Slip, trip, fall hazards	Personnel will use caution and will use wood pallets or similar devices in muddy work areas. Provide slip-resistant surfaces, ropes, and/or other devices to be used as needed.		X	X	X	X	X	X
Back injury (HS-29)	Use proper lifting techniques, or provide mechanical lifting aids.		X	X	X	X	X	X
Confined space entry (Section 9.0)	Space must be evaluated by qualified person. Additional controls and monitoring, and an approved entry permit are generally required.		Not approved	X	X	X	X	X
Trenches/excavations (HS-32)	Make certain trench meets OSHA standard before entering. All excavations > 4 feet deep must be sloped or shored and have a ladder every 25 feet. Personnel and equipment remain 2 feet from edge of trench at all times.		X					
Protruding objects	Visible objects will be flagged.							
Visible lightning	Cease work.	X	X	X	X	X	X	X
Vehicle traffic (HS-24)	Provide temporary traffic controls, including trained flaggers and lookouts. Implement traffic control program when required. Personnel are required to wear orange safety vests in areas with heavy traffic.	X	X	X	X	X	X	X
Elevated work area/falls (HS-31)	Provide guardrail, safety net, floor covers, body harness, and monitoring system, where applicable. Document employee training.	X	X	X	X	X	X	X
Fire/explosion	<ul style="list-style-type: none"> <li>Turn equipment off before refueling.</li> <li>No spark sources within exclusion or decontamination zones.</li> <li>Appropriate firefighting equipment must be available onsite.</li> <li>Extinguishers are to be inspected and maintained.</li> <li>Open flames are prohibited in the vicinity of flammable materials.</li> <li>Combustible materials stored outside should be at least 10 feet from the building.</li> <li>Unnecessary combustible materials and flammable or combustible liquids must not be allowed to accumulate.</li> <li>Flammable or combustible liquids must be kept in approved containers, and must be stored in an approved storage cabinet.</li> </ul>			X				
Inadequate illumination	Site work will be performed during daylight hours whenever possible. Any work conducted during hours of darkness will require enough illumination intensity "to read a newspaper without difficulty."							
Entanglement in rotating equipment	<ul style="list-style-type: none"> <li>Prohibit loose clothing and hair</li> <li>Prohibit wearing jewelry</li> </ul>	X	X	X	X	X	X	X



3.2 GENERAL PHYSICAL (SAFETY) HAZARDS AND CONTROLS

Engineering and administrative controls and work practices are generally to be implemented by the party in control of the site or hazard (i.e., CH2M HILL, subcontractor, or contractor). CH2M HILL employees must, at a minimum, remain aware of hazards affecting them, regardless of who is responsible for controlling the hazards.

Hazard (Refer to SOP, or SHEP Section)	Engineering Controls, Administrative Controls, and Work Practices	Tasks					
		General Site Hazards Geophysical Investigation, Civil, and Biological Sampling	Test Pit and Excavation	Drilling, Soil Boring, and Monitoring Well Installation and Abandonment	Groundwater Monitoring Activities	Surface Water and Sediment Sampling from the Shore or Water	Hand Augering
Drilling	<p>CH2M HILL employees must be aware of the safety hazards affecting them, related to the operation of drilling equipment. NOTE that the operator (a specialty subcontractor) is responsible for safe operations of drilling equipment and the safety of his employees. CH2M HILL employees are not to operate the drilling equipment, or assist the operator. General work practices to be followed while working around drilling equipment include:</p> <ul style="list-style-type: none"> <li>The drill rig is not to be operated in inclement weather.</li> <li>The driller is to verify that the rig is properly leveled and stabilized before raising the mast.</li> <li>Personnel should be cleared from the sides and rear of the rig before the mast is raised.</li> <li>The driller is not to drive the rig with the mast in the raised position.</li> <li>The driller must check for overhead power lines before raising the mast. A minimum distance of 15 feet between mast and overhead lines (&lt;50 kV) is recommended. Increased separation may be required for lines greater than 50 kV.</li> <li>Personnel should stand clear before rig startup.</li> <li>The driller is to verify that the rig is in neutral when the operator is not at the controls.</li> <li>Become familiar with the hazards associated with the drilling method used (cable tool, air rotary, hollow-stem auger, etc.).</li> <li>Do not wear loose-fitting clothing, watches, etc., that could get caught in moving parts.</li> <li>Do not smoke or permit other spark-producing equipment around the drill rig.</li> <li>The drill rig must be equipped with a kill wire or switch, and personnel are to be informed of its location.</li> <li>Be aware and stand clear of heavy objects that are hoisted overhead.</li> <li>The driller is to verify that the rig is properly maintained in accordance with the drilling company's maintenance program.</li> <li>The driller is to verify that all machine guards are in place while the rig is in operation.</li> <li>The driller is responsible for housekeeping (maintaining a clean work area).</li> <li>The drill rig should be equipped with at least one fire extinguisher.</li> <li>In the event the drill rig comes into contact with electrical wires and becomes electrically energized, do not touch any part of the rig or any person in contact with the rig, and stay as far away as possible. Notify emergency personnel immediately.</li> </ul>			X			
Heavy equipment	<p>CH2M HILL employees must be aware of the safety hazards affecting them, related to the operation of heavy equipment. NOTE that the operator (a specialty subcontractor) is responsible for the safe operations of heavy equipment and the safety of his employees. CH2M HILL employees are not to operate the heavy equipment, or assist the operator. General work practices to be followed while working around heavy equipment include:</p> <ul style="list-style-type: none"> <li>Become familiar with hazards particular to the equipment being used.</li> <li>Observer will remain in contact with operator and signal safe backup.</li> <li>Always confirm that operator is aware of your location-particularly when you approach or pass by equipment.</li> <li>Do not count on backup alarms always functioning. Look around when alarm sounds.</li> <li>Do not ride equipment not designed for passengers.</li> <li>Do not climb on operating equipment.</li> <li>Do not place yourself between fixed and moving parts or objects.</li> <li>Do not stand adjacent to the equipment.</li> <li>Stay clear of equipment on cross slopes and unstable terrain.</li> <li>Stay clear of pile-driving operations.</li> <li>Remain outside the turning radius of the equipment.</li> <li>Operators using all-terrain vehicles (ATV) must be trained; other ATV requirements may apply.</li> <li>Backup alarm required for heavy equipment.</li> <li>Observer remains in contact with operator and signals safe backup.</li> <li>Personnel to remain outside the turning radius.</li> </ul> <p>Personnel will use careful footing. Operations will be halted if adverse weather conditions are encountered.</p>	X	X	X		X	
Tripping, slipping, falling (wet surfaces, inadequate railing, waves, instability of boat)	Personnel will use careful footing. Operations will be halted if adverse weather conditions are encountered.					X	
Entanglement in lines, ropes, cables, equipment	The buddy system will be used.					X	
Falling overboard	The boat/cargo will have adequate railing, and personnel will wear U.S. Coast Guard (USCG)-approved flotation devices. Operations will be halted if adverse weather conditions are encountered.					X	
Refueling boat	No smoking is allowed. The engine will be turned off prior to refueling.					X	
Collisions of boats	USCG boating regulations (speed, right-of-way, lighting) will be followed. The boating subcontractors are					X	

3.2 GENERAL PHYSICAL (SAFETY) HAZARDS AND CONTROLS

Engineering and administrative controls and work practices are generally to be implemented by the party in control of the site or hazard (i.e., CH2M HILL, subcontractor, or contractor). CH2M HILL employees must, at a minimum, remain aware of hazards affecting them, regardless of who is responsible for controlling the hazards.

Hazard (Refer to SOP, or SHP Section)	Engineering Controls, Administrative Controls, and Work Practices	Tasks						
		General Site Hazards Geophysical Investigation, Civil, and Biological Sampling	Test Pit and Excavation	Drilling, Soil Boring, and Monitoring Well Installation and Abandonment	Groundwater Monitoring Activities	Surface Water and Sediment Sampling Using a Boat	Surface Water and Sediment Sampling from the Shore or Water	Hand Augering
Navigation hazards (rocks, gravel bars, water level changes)	Personnel will familiarize themselves with the work area. The boating subcontractors are responsible for providing procedures that address navigation hazards prior to conducting work.				X			
Injuries from equipment (pinch points, sharp objects)	Equipment, protective equipment (gloves), and warning signs will be used as intended by the manufacturers.				X			
Weather (cold, heat, lightning)	Personnel will wear appropriate clothing and will monitor weather conditions. Operations will be halted if adverse weather conditions are encountered. The boating subcontractors are responsible for providing procedures that address the hazards associated with adverse weather prior to conducting work.				X			
Slip, trip, fall hazards resulting from muddy work areas	The buddy system and extreme caution will be used. Work will be conducted from stable areas while remaining as far as possible from the water's edge. If a natural stable surface is not available, construct a sampling platform. If not sampling, remain at least 3 feet from edge of water. Use wood pallets or similar devices in muddy work areas. Have available appropriate rescue equipment.					X		
Tripping, slipping, falling (wet surfaces, inadequate railing)	Personnel will use careful footing. Operations will be halted if adverse weather conditions are encountered.						X	

<sup>1</sup>Decibels on the A-scale.  
<sup>2</sup>Underwriters Laboratories Inc.

### 3.3 PROCEDURES TO LOCATE BURIED UTILITIES

Although the COE will provide maps, each contractor is responsible for identifying buried utilities. A copy of the DDMT utility drawings will be provided prior to drilling activities.

### 3.4 BIOLOGICAL HAZARDS AND CONTROLS

Hazards	Location and Control Measures
Snakes	When possible, personnel will avoid areas where snakes may be. Personnel must wear long pants and steel-toed, steel-shanked leather or rubber boots. If bitten, seek medical help immediately.
Fire ants	Areas should be observed for fire ant mounds prior to conducting work. If ants are present, sample locations should be moved whenever possible. Personnel must wear long pants and steel-toed, steel-shanked leather or rubber boots. Pants should be tucked into boots when possible.
Bloodborne pathogens (Hepatitis B and HIV)	Personnel must be trained in bloodborne pathogens and have been offered a Hepatitis B vaccination (see CH2M HILL HS-36). If an exposure occurs, the human resources department must be notified immediately. A confidential medical examination and consultation will be offered.

### 3.5 TICK BITES, LYME DISEASE, AND ROCKY MOUNTAIN SPOTTED FEVER

Check often for tick bites. If bitten, carefully remove tick with tweezers, making certain to remove pincers, being careful not to crush the tick. After removing the tick, wash your hands. Disinfect area, and dress. If the tick resists or cannot be completely removed, seek medical attention.

Look for symptoms of Lyme disease or Rocky Mountain spotted fever (RMSF). Lyme: rash that looks like a "bull's-eye," with small welt in center, several days to weeks after tick bite. RMSF: Rash comprising red spots under skin, 3 to 10 days after tick bite. For both: chills, fever, headache, fatigue, stiff neck, bone pain. If symptoms appear, seek medical attention.

### 3.6 RADIOLOGICAL HAZARDS AND CONTROLS

Refer to the CH2M HILL *Corporate Health and Safety Program—Program and Training Manual, Volume 2*, for standards of practice for operating in contaminated areas.

Hazards	Controls
Records indicate that DDMT has a permit for luminescent dials and gauges.	<p>If any of the following conditions are met, the control measures listed below will be followed.</p> <p><b>Conditions:</b></p> <ul style="list-style-type: none"> <li>• Working in areas where luminescent dials or gauges have been used or disposed of</li> <li>• Observation of luminescent dials or gauges</li> <li>• Working on landfill areas</li> </ul> <p><b>Control Measures:</b></p> <ul style="list-style-type: none"> <li>• All personnel will wear thermoluminescent dosimeter (TLD) badges.</li> <li>• Personnel and equipment will be screened for radiation contamination before leaving the work area (see Appendix B, Radiation Self-Monitoring Procedures).</li> </ul>
Geophysical logging equipment nuclear source	<ul style="list-style-type: none"> <li>• If geophysical logging with a nuclear source is required, all protocols and restrictions of the geophysical logging service company will be followed. No untrained personnel will be allowed within the exclusion zone (EZ) established by the service company. Personnel working within the EZ must wear TLD badges.</li> </ul>

### 3.7 HAZARDS POSED BY CHEMICALS BROUGHT ONSITE

Refer to CH2M HILL *Hazard Communication Program Manual*, which is available from the Corporate Human Resources Department in Denver. The Project Manager is to request Material Safety Data Sheets (MSDSs) from the client, or contractors and subcontractors, for chemicals to which CH2M HILL employees are potentially exposed. Appendix C contains MSDSs for the chemicals listed below.

Chemical	Location
Methane	Calibration gas
Hydrogen	Calibration gas
Pentane	Calibration gas
MSA sanitizer	Decontamination compound
Hexane	Decontamination compound
Methanol	Decontamination compound
Alconox	Decontamination compound
Hydrochloric acid	Sample preservative
Nitric acid	Sample preservative
Sulfuric acid	Sample preservative

## 3.8 CONTAMINANTS OF CONCERN

Contaminant*	PEL, REL, or TLV* (ppm)	IDLH* (ppm)	Symptoms and Effects of Exposure	PIP*
2,4-D	10 mg/m <sup>3</sup>	100 mg/m <sup>3</sup>	Weakness, stupor, muscle twitching, dermatitis	NL
Aceaphthene	NL	NL	Eye and skin irritation	NL
Aceaphthylene	NL	NL	No information found in the NIOSH pocket guide	NL
Acetone	250 ppm	2,500 ppm	Eye, nose, and throat irritation, headache, dizziness, and dermatitis	9.69
Aldrin	0.25 mg/m <sup>3</sup>	Ca* (25 mg/m <sup>3</sup> )	Headache, dizziness, nausea, vomiting	NL <sup>1</sup>
Aluminum	NL	NL	No information found in the NIOSH pocket guide	NL
Antimony and Compounds	0.5 mg/m <sup>3</sup>	50 mg/m <sup>3</sup>	Nose, throat, and mouth irritation; coughing; headache; nausea; vomiting; diarrhea; stomach cramps; skin irritation; unable to smell properly	NA <sup>1</sup>
Anthracene	0.2 mg/m <sup>3</sup>	NL	Skin irritation	NL
Arsenic	0.01 mg/m <sup>3</sup>	Ca (5 mg/m <sup>3</sup> )	Ulceration of nasal septum, dermatitis, GI disturbances, respiratory irritation	NA
Barium	0.5 mg/m <sup>3</sup>	1,100 mg/m <sup>3</sup>	Upper respiratory irritation, muscle spasms, slow pulse, eye and skin irritation, skin burns	NL
Benzene	0.1 ppm	500 ppm	Eye, nose, and respiratory irritation; headache; nausea; dermatitis; fatigue; giddiness	9.24
Benzo(a)anthracene	NL	NL	Experimental carcinogen	NL
Benzo(a)pyrene	0.2 mg/m <sup>3</sup>	NL	Chronic dermatitis	NL
Benzo(b)fluoranthene	NL	NL	No information found in the NIOSH Pocket Guide	NL
Benzo(g,h,i)perylene	NL	NL	No information found in the NIOSH Pocket Guide	NL
Benzo(k)fluoranthene	NL	NL	No information found in the NIOSH Pocket Guide	NL
Benzoic acid	NL	NL	No information found in the NIOSH Pocket Guide	NL
beta-BHC	NL	NL	No information found in the NIOSH Pocket Guide	NL
bis (2-ethylhexyl) phthalate	5 mg/m <sup>3</sup>	NL	GI effects, eye and skin irritation	NL
Beryllium	0.002 mg/m <sup>3</sup>	Ca (4 mg/m <sup>3</sup> )	Respiratory symptoms, weakness, fatigue, weight loss	NL
Bromoform	0.5 ppm	850 ppm	Eye and respiratory irritation, CNS depression	10.48
2-Butanone (Methyl ethyl ketone, MEK)	200 ppm	3,000 ppm	Eye and nose irritation, headache, dizziness, vomiting	9.54
Butyl benzyl phthalate	NL	NL	No information found in the NIOSH pocket guide	NL
Cadmium	0.1 mg/m <sup>3</sup>	Ca (9 mg/m <sup>3</sup> )	Pulmonary edema, coughing, chest tightness, headache, chills, muscle aches, nausea, vomiting, diarrhea	NL
Carbon Disulfide	1 ppm	500 ppm	Dizziness, headache, poor sleep, fatigue, nervousness, eye and skin burns, dermatitis	10.08
Carbon tetrachloride	2 ppm	Ca (200 ppm)	CNS depression, nausea, vomiting, skin irritation	11.47
Chlordane	0.5 mg/m <sup>3</sup>	Ca (100 ppm)	Blurred vision, confusion, ataxia, delirium, coughing, abdominal pain, nausea, vomiting, diarrhea, irritability, tremor	NL
Chlorobenzene	10 ppm	1,000 ppm	Skin, eye, and nose irritation; drowsiness; incoordination	9.07
Chloroform	2 ppm	Ca (500 ppm)	Dizziness, mental dullness, nausea, disorientation, headache, fatigue, eye and skin irritation	11.42
Chromium	0.5 mg/m <sup>3</sup>	NE	Sensitization dermatitis	NL

## 3.8 CONTAMINANTS OF CONCERN

Contaminant*	PEL, REL, or TLV <sup>b</sup> (ppm)	IDLH <sup>c</sup> (ppm)	Symptoms and Effects of Exposure	PIP <sup>d</sup>
Chromium (Metal)	0.5 mg/m <sup>3</sup>	250 mg/m <sup>3</sup>	Histologic fibrosis of lungs	NL
Chrysene	0.2 mg/m <sup>3</sup>	NL	Carcinogenic	NL
Cobalt (Metal, Dusts, & Fumes)	0.05 mg/m <sup>3</sup>	20 mg/m <sup>3</sup>	Coughing, decreased pulmonary function, dermatitis, respiratory hypersensitivity	NA
Copper	0.1 mg/m <sup>3</sup>	NE	Metal fume fever, chills, muscle ache, nausea, fever, dry throat, coughing, weakness, lassitude, eye and upper respiratory tract irritation	NA
4,4'-DDD	NL	NL	No information found in the NIOSH pocket guide	NL
4,4'-DDE	NL	NL	No information found in the NIOSH pocket guide	NL
DDT	0.5 mg/m <sup>3</sup>	Ca 500 mg/m <sup>3</sup>	Parasitica tongue, lips, and face; tremors; dizziness; confusion; headache; fatigue; convulsions; eye and skin irritation	NL
delta-BHC	NL	NL	No information listed in the NIOSH Pocket Guide	NL
Dibenzofuran	NL	NL	Absorbed dermally	NL
Dibenzofuran	NL	NL	Headache, eye irritation, nausea, vomiting	NL
Dibenzophthalate	5 mg/m <sup>3</sup>	4,000 mg/m <sup>3</sup>	Upper respiratory tract and stomach irritation	NL
Di-n-octylphthalate	NL	NL	No information found in the NIOSH pocket guide	NL
1,3-Dichlorobenzene	NL	NL	No information listed in the NIOSH Pocket Guide	NL
o-Dichlorobenzene (1,2-Dichlorobenzene)	50 ppm C <sup>e</sup>	200 ppm	Nose and eye irritation	9.06
p-Dichlorobenzene (1,4-Dichlorobenzene)	75 ppm	Ca <sup>f</sup> (150 ppm)	Headache, eye irritation, nausea, vomiting	8.98
1,1-Dichloroethane	100 ppm	3,000 ppm	CNS depression, skin irritation	11.06
1,1-Dichloroethene	NL	NL	No information listed in the NIOSH Pocket Guide	NL
1,2-Dichloroethane	200 ppm	1,000 ppm	Eye and respiratory system irritation, CNS depression	9.66
Dichloromethane	NL	2,100 ppm	No information listed in the NIOSH Pocket Guide	NL
Dieldrin	0.25 mg/m <sup>3</sup>	Ca <sup>g</sup> (50 mg/m <sup>3</sup> )	Headache, dizziness, nausea, vomiting, sweating	NL
2,4-Dimethylphenol	NL	NL	No information found in the NIOSH Pocket Guide	NL
Dimethylphthalate	5 mg/m <sup>3</sup>	2,000 mg/m <sup>3</sup>	Upper respiratory system irritation, stomach pain	9.64
di-n-Butylphthalate	5 mg/m <sup>3</sup>	4,000 mg/m <sup>3</sup>	Eye and upper respiratory system failure	NL
Dioxin	1 x 10 <sup>4</sup> mg/m <sup>3</sup> <sup>h</sup>	NL	Eye irritation, allergic dermatitis, chloromene, GI disturbance	NL
Endosulfan	0.1 mg/m <sup>3</sup>	NL	No information found in literature	NL
Endosulfan Sulfate	NL	NL	No information found in the NIOSH pocket guide	NL
Endrin	0.1 mg/m <sup>3</sup>	2 mg/m <sup>3</sup>	Stupor, headache, dizziness, abdominal discomfort, nausea, vomiting, aggressiveness, confusion, lethargy, weakness	NL
Endrin ketone	NL	NL	No information found in the NIOSH pocket guide	NL
Ethyl benzene	100 ppm	800 ppm	Eye and mucous membrane irritation, headache, dermatitis, narcotic	8.76
Ethylene dichloride (1,2-Dichloroethane)	1 ppm	Ca <sup>h</sup> (50 ppm)	CNS depression, nausea, vomiting, dermatitis, eye irritation	11.05
Fluoranthene	NL	NL	Toxic by ingestion and skin contact	NL

## 3.8 CONTAMINANTS OF CONCERN

Contaminant*	PEL, REL. or TLV* (ppm)	IDLH* (ppm)	Symptoms and Effects of Exposure	PIP*
Fluorene	NL	NL	Toxic through inhalation, ingestion, dermal contact, and absorption	NL
Heptachlor	0.5 mg/m <sup>3</sup>	Ca (35 mg/m <sup>3</sup> )	In animals: tremors, convulsions	NL
Heptachlor epoxide	0.5 mg/m <sup>3</sup>	NL	Poisonous by ingestion	NL
2-Hexanone (Methyl butyl ketone)	1 ppm	1,600 ppm	Eye and nose irritation, weakness, dermatitis, headache, drowsiness	9.34
Hydrogen Cyanide	5.0 mg/m <sup>3</sup>	50 ppm	Asphyxiation and death at high levels; weakness, headache, confusion	NL
Indeno(1,2,3)pyrene	NL	NL	No information found in the NIOSH Pocket Guide	NL
Lead	0.05 mg/m <sup>3</sup>	100 mg/m <sup>3</sup>	Weakness, lassitude, facial pallor, abdominal pain, constipation	NA**
Limulane	0.5 mg/m <sup>3</sup>	50 mg/m <sup>3</sup>	Eye, nose, throat, and skin irritation; headache; nausea; respiratory difficulty; muscle spasms	NL
Mercury	0.01 mg/m <sup>3</sup>	10 mg/m <sup>3</sup>	Vision and hearing disturbances, dizziness, nausea, vomiting, diarrhea, constipation, skin burns	NL
Methoxychlor	10 mg/m <sup>3</sup>	5,000 mg/m <sup>3</sup>	None known in humans	NL
4-Methyl-2-pentanone	NL	NL	Irritation	NL
Methylene chloride (Dichloride Methane)	50 ppm	Ca (2,300 ppm)	Fatigue, weakness, sleepiness, light headedness, numbness and tingling of limbs, nausea, eye and skin irritation	11.32
2-Methylnaphthalene	NL	NL	No information found in literature	NL
2-Methylphenol	NL	NL	No information found in the NIOSH pocket guide	NL
4-Methylphenol	NL	NL	No information found in the NIOSH pocket guide	NL
Naphthalene	10 ppm	250 ppm	Eye irritation, headache, confusion, excitement, nausea, vomiting, abdominal pain, bladder irritation, profuse sweating, dermatitis	8.12
Nickel (Metal and other Compounds)	0.015 mg/m <sup>3</sup>	Ca (10 mg/m <sup>3</sup> )	Headache, vertigo, nausea, vomiting, coughing, weakness	NA
p-Nitroaniline	3 mg/m <sup>3</sup>	300 mg/m <sup>3</sup>	Dyspnea, irritability, vomiting, diarrhea	8.85
n-Nitrosodiphenylamine	NL	NL	Eye irritation	NL
di-n-Octyl phthalate	NL	NL	No information found in the NIOSH pocket guide	NL
Di-sec-Octyl phthalate	5 mg/m <sup>3</sup>	Ca (5,000 mg/m <sup>3</sup> )	Eye and mucous membrane irritation	NL
PCB (54% Chlorine)	0.001 mg/m <sup>3</sup>	Ca (5 mg/m <sup>3</sup> )	Eye and skin irritation, acne-form dermatitis	NL
PCB (42% Chlorine)	0.001 mg/m <sup>3</sup>	Ca (5 mg/m <sup>3</sup> )	Eye irritation, chloracne	NL
Perachlorophenol (PCP)	0.5 mg/m <sup>3</sup>	2.5 mg/m <sup>3</sup>	Eye, nose, and throat irritation; sneezing, coughing; weakness; sweating; headache; dizziness; nausea; vomiting; chest pain; dermatitis	NL
Phenanthrene	0.2 mg/m <sup>3</sup>	NL	Irritation	NL
Phenol	5 ppm	250 ppm	Eye, nose, and throat irritation; weakness; muscle aches; dark urine; dermatitis; convulsions	8.50
Pyrene	0.2 mg/m <sup>3</sup>	NL	Irritation	NL
Selenium	0.2 mg/m <sup>3</sup>	1 mg/m <sup>3</sup>	Eye, nose, and throat irritation; visual disturbance; headache; chills; metallic taste; garlic breath; dermatitis	NL

3.8 CONTAMINANTS OF CONCERN

Contaminant <sup>a</sup>	PEL, REL, or TLV <sup>b</sup> (ppm)	IDLH <sup>c</sup> (ppm)	Symptoms and Effects of Exposure	PIV <sup>d</sup>
Silver (Metal Dust & Soluble)	0.01 mg/m <sup>3</sup>	10 mg/m <sup>3</sup>	Blue-gray eyes; nasal septum, throat, skin, and GI irritation	NA
1,1,2-Tetrachloroethane	1 ppm	Ca (100 ppm)	Nausea, vomiting, abdominal pain, finger tremors, dermatitis	11.10
Tetrachloroethene	25 ppm	Ca (150 ppm)	Eye, nose, and throat irritation; nausea; flushed face and neck; vertigo; dizziness; headache	9.32
Tetrahydrofuran	1 ppm	2,000 ppm	Eye and upper respiratory irritation, nausea, dizziness, headache	9.45
Toluene	100 ppm	500 ppm	Fatigue, weakness, confusion, dizziness, headache, dilated pupils, muscle fatigue, dermatitis	8.82
1,1,1-Trichloroethane (1,1,1-TCA)	350 ppm	700 ppm	Headache, lassitude, CNS depression, poor equilibrium, eye irritation, dermatitis	11.00
1,1,2-Trichloroethane	10 ppm	Ca (100 ppm)	Eye and nose irritation, CNS depression	11.00
Trichloroethene	25 ppm	Ca (100 ppm)	Headache, vertigo, visual disturbance, tremors, nausea, eye irritation, dermatitis	9.45
Trichlorofluoromethane	NL	2,000 ppm	No information listed in the NIOSH Pocket Guide	NL
Vinyl chloride	1 ppm	Ca	Weakness, abdominal pain, GI bleeding	9.99
Xylenes, o & p	100 ppm	900 ppm	Dizziness; excitement; drowsiness; staggering gait; eyes, nose, and throat irritation; nausea; vomiting; dermatitis	8.44 - 8.56
Zinc	NL	NL	Skin and pulmonary system irritation	NA

<sup>a</sup>See Table 3.9 for maximum concentrations detected in each OU.

<sup>b</sup>Lower numerical value of permissible exposure limit (PEL), recommended exposure limit (REL), or threshold limit value (TLV) listed.

<sup>c</sup>Immediately dangerous to life and health.

<sup>d</sup>Photoionization potential.

<sup>e</sup>Carcinogenic.

<sup>f</sup>No limit found in reference materials.

<sup>g</sup>National Institute of Occupational Safety and Health.

<sup>h</sup>Nox applicable.

<sup>i</sup>Gastrointestinal.

<sup>j</sup>Central nervous system.

<sup>k</sup>No limit established.

<sup>l</sup>Ceiling.

<sup>m</sup>CH2M HILL exposure limit.



3.9 Maximum Concentrations				
3.9.1 Maximum Concentrations—Operable Unit 1				
Compound	Groundwater (µg/L)	Subsurface Soil (µg/kg)	Surface Soil (µg/kg)	Surface Water (µg/L)
Acenaphthene	—	—	19,000	—
Acenaphthylene	—	—	2,000J	—
Acetone	3,500D	1,100D	120	18J
Anthracene	—	—	21,000	—
Antimony	142N	—	—	—
Arsenic	210	—	35,000	—
Barium	1,900 EPTOX: 58	99,200	—	91B
Benzo(a)anthracene	—	—	81,000	—
Benzo(a)fluoranthene	—	—	68,000D	—
Benzo(a)pyrene	—	—	68,000D	—
Benzo(g,h,i)perylene	—	—	48,000D	—
Benzo(k)fluoranthene	—	—	28,000	—
Benzoic acid	3J	—	—	3BJ
beta-BHC	—	14Z	—	—
bis(2-ethylhexyl) phthalate	13	6,400B	940J	10BJ
2-Butanone	4J	15	19	—
di-n-Butylphthalate	42	210BJ	—	—
Cadmium	12N EPTOX: 20	800	1,600	6
Carbon tetrachloride	77	—	4J	—
alpha-Chlordane	—	—	1,500J	—
Chloroform	33	8,000	—	—
Chromium	340	1,200	32,000	—
Chrysene	—	—	87,000D	—
Copper	910	600	—	18B
1,1-DCA	5	—	—	—
1,2-DCA	3J	—	—	—
1,1-DCE	160	—	—	—
1,2-DCE	1,100D	28	—	—
4,4'-DDT	—	—	170D	—
4,4'-DDE	—	—	160D	—
Dibenzo(a,h)anthracene	—	—	26,000	—
Dibenzofuran	—	—	11,000	—
Dieldrin	—	—	480D	0.13
Ethyl benzene	—	—	2J	—
Fluoranthene	—	51J	220,000D	—

3.9.1 Maximum Concentrations-Operable Unit 1				
Compound	Groundwater (µg/L)	Subsurface Soil (µg/kg)	Surface Soil (µg/kg)	Surface Water (µg/L)
Fluorene	-	-	18,000	-
2-Hexanone	-	-	2J	-
Indeno(1,2,3-cd)pyrene	-	-	44,000D	-
Lead	1,000	11,000	459,000	40
Mercury	3.6	-	60	-
Methylene chloride	2J	21B	45B	1BJ
4-Methyl-2-pentanone	8J	-	62	-
2-Methylnaphthalene	-	-	3,600J	-
4-Methylphenol	-	-	300J	-
Naphthalene	-	-	4,800	-
Nickel	602N	700	14,000	-
n-Nitrosodiphenylamine	19BJ	431B	3,200J	5BJ
1,1,2,2-PCA	1,990D	240E	-	-
PCE	-	-	-	-
Phenanthrene	-	-	160,000D	-
Pyrene	-	40J	160,000	-
Selenium	90	-	-	-
Silver	42	-	-	-
1,1,1-TCA	10	-	-	-
1,1,2-TCA	12	-	-	-
TCE	5,100D	4J	-	-
1,1,2,2 Tetrachloroethane	-	240E	-	-
Toluene	-	55	6	-
Total Pesticides	-	2,160	-	-
Total PAHs	-	91	1,054,800	-
Total Xylenes	-	-	14	-
Zinc	1,300	47,200	300,000	140

>: = Native analyte >4 times spike added; therefore, acceptance criteria do not apply.  
 \*: = Duplicate control not within limits.  
 Z = Matrix interference: compound not positively identifiable.  
 J = Estimated value less than the sample quantitation limit, but greater than zero.  
 B (Inorganic) = Value less than the Contract Required Detection Limit, but greater than the Instrument Detection Limit.  
 B (Organic) = Found in method blank.  
 D = Identified in an analysis at a secondary dilution factor.  
 - = No information available.

3.9.2 Maximum Concentrations--Operable Unit 2		
Compound	Groundwater ( $\mu\text{g/L}$ )	Surface Soil ( $\mu\text{g/kg}$ )
Acenaphthylene	-	250J
Acetone	4J	200
Aldrin	-	54
alpha-Chlordane	-	25J
Anthracene	-	260J
Antimony	60	26,000
Aroclor-1016	-	140Z
Aroclor-1221	-	95Z
Aroclor-1232	-	550Z
Aroclor-1242	-	200Z
Aroclor-1254	-	10,000D
Arsenic	324*	36,000 EPTOX: 0.008 mg/L
Barium	1,960 EPTOX: 58	409,000 EPTOX: 10 $\mu\text{g/L}$
Benzo(a)anthracene	-	7,800
Benzo(a)fluoranthene	-	2,800J
Benzo(a)pyrene	-	3,600J
Benzo(g,h,i)perylene	-	1,400J
Benzo(k)fluoranthene	-	4,600
Benzoic acid	-	320J
Benzol(b)fluoranthene	-	70J
Benzyl Alcohol	-	1,000J
alpha-BHC	-	12Z
beta-BHC	-	290Z
delta-BHC	-	11Z
bis(2-ethylhexyl) phthalate	54	8,100B
Butyl benzyl phthalate	-	1,300J
di-n-Butylphthalate	3J	480J
Cadmium	8	23.4
Carbon tetrachloride	5	-
Chloroform	2J	-
Chromium	616	8,680,000 EPTOX: 1.6 mg/L
Chrysene	-	2,500
Copper	1,570	240,000
4,4'-DDD	-	450
4,4'-DDE	-	1,300D
4,4'-DDT	-	7,400D
Dibenzofuran	-	350J
Dieldrin	-	220
Diethylphthalate	-	77J
2,4-Dimethylphenol	-	720J

3.9.2 Maximum Concentrations—Operable Unit 2		
Compound	Groundwater (µg/L)	Surface Soil (µg/kg)
Endosulfan-I	—	350
Endrin	—	29
Ethyl benzene	—	9J
Fluoranthene	—	12,000
Fluorene	—	620J
Heptachlor epoxide	—	460
Heptachlor	—	32
Indeno(1,2,3-cd)pyrene	—	1,500J
Lead	334	17,500,000 EPTOX: 1.6 mg/L
Lindane	—	120Z
Mercury	1.7	260
4-Methyl-2-pentanone	—	8J
Methylene chloride	1BJ	36B
2-Methylnaphthalene	—	4,000
2-Methylphenol	—	1,100J
4-Methylphenol	—	500J
Naphthalene	—	1,600J
Nickel	238	53,000
3-Nitroaniline	—	36J
n-Nitrosodiphenylamine	5J	590J
di-n-Octyl phthalate	7J	—
PCE	39	31
Phenanthrene	—	18,000
Phenol	3J	550J
Pyrene	—	13,000
Selenium	—	15,000
Silver	—	800B
1,1,1-TCA	—	110
TCE	11	2J
Toluene	—	43
Total Xylenes	—	590
Total PCBs	—	10,000
Total PAHs	—	45,030
Total Pesticides	—	9,360
Zinc	910	22,100,000

> = Native analyte >4 times spike added; therefore, acceptance criteria do not apply.  
 \* = Duplicate control not within limits.  
 Z = Matrix interference; compound not positively identifiable.  
 J = Estimated value less than the sample quantitation limit, but greater than zero.  
 B (Inorganic) = Value less than the Contract Required Detection Limit, but greater than the Instrument Detection Limit.  
 B (Organic) = Found in method blank.  
 D = Identified in an analysis at a secondary dilution factor.  
 — = No information available.

3.9.3 Maximum Concentrations—Operable Unit 3				
Compound	Groundwater (µg/L)	Surface Soil (µg/kg)	Sediment (µg/kg)	Surface Water (µg/L)
Acenaphthene	-	200J	140J	-
Acetone	4J	38	170	110
Aluminum	89,900	-	-	-
Anthracene	-	330J	200J	-
Antimony	60	5,000	-	-
Arsenic	50	42,000	23,100	48
Barium	1,960	118,000	110,000	98
Benzo(a)anthracene	0.009	920J	1,100	-
Benzo(a)pyrene	0.004	930J	1,300	-
Benzo(b)fluoranthene	0.005	1,100J	1,800	-
Benzo(g,h,i)perylene	-	780J	940	-
Benzo(k)fluoranthene	0.002	1,100J	1,600	-
Benzoic acid	-	-	1,200J	6BJ
bis(2-ethylhexyl) phthalate	9.6	2,700B	760J	2J
2-Butanone	-	-	6J	4J
Butyl benzyl phthalate	-	-	-	3J
di-n-Butylphthalate	-	-	-	3J
Cadmium	18N*	2,000	6,200	19
Carbon tetrachloride	5	-	-	-
Chlordane	-	-	2,090	-
Chlorobenzene	3.16	-	-	-
Chloroform	2J	2J	-	-
Chromium	337	206,000	166,000	20
Chrysene	-	1,200J	1,400	-
Cobalt	156	-	-	-
Copper	268	34,000*	81,000	68
4,4'-DDD	-	-	3,000D	-
4,4'-DDE	-	4,300D	460Z	0.88D
4,4'-DDT	-	4,000D	2,900D	2.2D
delta-BHC	-	2,500	-	-
Dibenzo(a,h)anthracene	-	-	330J	-
Dieldrin	-	3,800D	-	-
Endosulfan-I	-	-	200Z	0.16Z
Fluoranthene	0.009	2,700	3,000,000	2J
Fluorene	-	160J	150J	-
Heptachlor	-	1,100Z	-	-
Heptachlor epoxide	-	340Z	-	-
Indeno(1,2,3-cd)pyrene	-	700J	900	-
Lead	128	157,000	560,000	295

3.9.3 Maximum Concentrations--Operable Unit 3				
Compound	Groundwater (µg/L)	Surface Soil (µg/kg)	Sediment (µg/kg)	Surface Water (µg/L)
Mercury	1.7	98,000N	420	150
Methylene chloride	1BJ	21B	42B	28J
Nickel	125	13,000	22,500	-
n-Nitrosodiphenylamine	5J	340J	280BJ	7BJ
Di-n-Octyl phthalate	3J	-	-	9
PCE	11.2	2J	-	-
Pentachlorophenol	-	-	270J	-
Phenanthrene	-	2,000	1,300	-
Pyrene	-	2,500	2,400	3J
Silver	-	600	-	13
TCE	3J	4J	-	-
Toluene	-	9J	2J	-
Total Xylenes	-	8J	-	1J
Total PAHs	-	13,010	16,500	-
Total Pesticides	-	18,100	-	-
Zinc	408	290,000	801,000	400

>: = Native analyte >4 times spike added; therefore, acceptance criteria do not apply.  
 \*: = Duplicate control not within limits.  
 Z = Matrix interference; compound not positively identifiable.  
 J = Estimated value less than the sample quantitation limit, but greater than zero.  
 B (Inorganic) = Value less than the Contract Required Detection Limit, but greater than the Instrument Detection Limit.  
 B (Organic) = Found in method blank.  
 D = Identified in an analysis at a secondary dilution factor.  
 - = No information available.

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3.9.4 Maximum Concentrations—Operable Unit 4				
Compound	Groundwater (ug/L)	Subsurface Soil (ug/kg)	Surface Soil (ug/kg)	Surface Water (ug/L)
Acenaphthene	--	--	64000J	--
Acenaphthylene	--	--	1900J	--
Acetone	--	45.00	95.00	110.00
Aldrin	--	--	54.00	--
Aluminum	120,000.00	--	--	--
Anthracene	1.84	--	130,000J	--
Antimony	--	--	27.00	--
Arsenic	324.00	--	33.00	--
Barium	603.00	49.00	6,540.00	42.00
Benzene	--	--	4.00	--
Benzo(a)anthracene	0.035	--	970,000.00	--
Benzo(a)pyrene	0.046	--	450,000.00	--
Benzo(b)fluoranthene	0.063	--	540,000.00	--
Benzo(g,h,i)perylene	0.093	--	360,000.00	--
Benzo(k)fluoranthene	0.029	--	450,000.00	--
Benzoic Acid	--	--	840J	--
alpha-BHC	--	--	9.50	--
delta-BHC	--	--	110.00	--
Bis(2-ethylhexyl)phthalate	54.00	--	2,900.00	--
2-Butanone	--	18.00	8J	4J
Butylbenzylphthalate	--	--	4,700.00	--
Cadmium	11.00	7.00	159	--
Carbon disulfide	--	--	8	--
alpha-Chlordane	--	--	4,000.00	--
gamma-Chlordane	--	--	4,000D	--
Chromium	408.00	6.00	16,200.00	20.00
Chrysene	0.127	--	620,000.00	--
Cobalt	63.20	--	--	--
Copper	322.00	6.00	1,590.00	--
4,4'-DDD	--	--	3,600.00	--
4,4'-DDE	--	--	39,000D	--
4,4'-DDT	--	--	59,000D	--
Dibenzo(a,h)anthracene	0.005	--	160,000.00	--
Dibenzofuran	--	--	24,000.00	--
Dieldrin	0.06	--	4,500D	--
Di-n-butylphthalate	3J	--	--	--
Di-n-octylphthalate	7J	--	--	--
Endosulfan I	--	--	350	--
Endosulfan Sulfate	--	--	360	--
Endrin ketone	--	--	12,000D	--
Ethylbenzene	--	--	4J	--
Fluoranthene	0.08	--	860,000.00	--
Fluorene	--	--	4,7000J	--
Heptachlor	--	--	120.00	--
Heptachlor epoxide	--	--	250.00	--
HpCDD	--	2,100.00	230.00	--
HpCDF	--	2,800.00	190.00	--

3.9.4 Maximum Concentrations-Operable Unit 4				
Compound	Groundwater (ug/L)	Subsurface Soil (ug/kg)	Surface Soil (ug/kg)	Surface Water (ug/L)
HxCDD	--	75.00	17.00	--
HxCDF	--	320.00	53.00	--
Indeno(1,2,3-cd)pyrene	0.02	--	860,000.00	--
Lead	205.00	7.00	7,680.00	--
Mercury	6.80	--	1.30	--
Methoxychlor	--	--	1500J	--
2-Methylnaphthalene	--	--	2,600.00	--
N-Nitrosodiphenylamine	--	44J	580J	--
Naphthalene	1.13	--	4,600.00	--
Nickel	238.00	4.00	367.00	--
OCDD	--	4,600.00	1,600.00	--
OCDF	--	2,300.00	230.00	--
PCDD	--	3.40	2.20	--
PCDF	--	4.00	--	--
PCE	2.39	--	3J	--
PCP	--	--	310J	--
Phenanthrene	0.16	--	620,000.00	--
Phenol	5.90	--	--	--
Pyrene	0.17	--	870,000.00	--
Selenium	--	--	12.00	--
Silver	--	--	9.00	--
1,1,2-TCA	--	--	11.00	--
TCDD	--	0.40	5.60	--
TCDF	--	0.60	0.80	--
TCE	9.00	--	2,100E	--
1,1,2,2 - Tetrachloroethane	--	--	19.00	--
Toluene	--	--	34.00	--
Total Xylenes	--	--	11.00	--
Zinc	910.00	11.60	28,200.00	36.00

### 3.10 POTENTIAL ROUTES OF EXPOSURE

**DERMAL:** Contact with potentially contaminated soil and water will be controlled through the use of PPE.

**INHALATION:** Inhalation of volatile vapors and contaminated dust will be controlled through the use of good work practice, engineering control, and PPE.

**OTHER:** Incidental ingestion can occur if personnel do not wash their hands and face before eating, drinking, or smoking.



#### 4.0 TRAINING AND MEDICAL SURVEILLANCE

##### 4.1 GENERAL REQUIREMENTS

###### 4.1.1 EMPLOYEE TRAINING REQUIREMENTS

The SSOs will ensure that, before working onsite, all personnel have received the required training for tasks they are assigned to perform. All site personnel will meet the classroom and site-specific training requirements specified in Occupational Safety and Health Administration (OSHA) 29 CFR 1910.120(e).

###### 4.1.2 RESPIRATOR SELECTION AND FIT TEST

Prior to site work requiring respiratory protection, the SSOs or the PSOs are responsible for assisting in the selection and fit testing of air purifying respirators to be used by site personnel. Each CH2M HILL employee will carry a card that documents the size, brand, and model number of the air purifying respirator with which each site worker has achieved a successful face seal fit.

###### 4.1.3 MEDICAL SURVEILLANCE REQUIREMENTS

Establishment of a medical surveillance program is essential for the protection of site personnel. The purpose of the program is threefold:

- To establish a baseline record of health against which future changes can be measured
- To identify any underlying illnesses or conditions that might be aggravated by chemical exposures or job activities such as the use of respiratory protective equipment
- To allow recognition of any abnormalities at the earliest opportunity, so that corrective measures can be implemented

All medical monitoring and medical recordkeeping of personnel will comply with the requirements specified by OSHA in 29 CFR 1910.120. All medical surveillance protocols will be reviewed by a licensed physician certified in Occupational Medicine by the American Board of Preventive Medicine or who, by necessary training and experience, is board eligible. Recommended medical examination and screening protocols are described in Appendix D. The content of the medical examination will be determined by the examining physician.

###### 4.1.4 ONSITE BRIEFINGS

The SSOs must conduct a Tailgate Safety Meeting at the beginning of each shift, whenever new personnel arrive at the site, and as site conditions change. The typical Tailgate Safety Meeting will be brief and address safety issues pertaining to the site, incidents that may have occurred previously at the site, incidents and accidents most likely to occur, and engineering or work practice controls necessary to mitigate those hazards. A more detailed tailgate session will be held at the beginning of each week, whenever new personnel arrive at the site, and when new site activities are planned. Potential topics of discussion at these sessions include the following:

- Site hazards
- Protective equipment/clothing
- Emergency procedures
- Hospital/ambulance route
- Standard operating procedures (SOPs)
- Other safety topics that are relevant to the site
- Previous day's incidents concerning site safety

#### 4.1.5 TRAINING DOCUMENTATION

The SSO will maintain a file of completed personal acknowledgements. All site workers must sign and date this document acknowledging that they have read and understand the SSHP and attended the requisite training. A copy of the personal acknowledgement form is contained in Appendix A. In addition, each CH2M HILL employee will carry a card that summarizes their training and medical monitoring status.

#### 4.2 CH2M HILL EMPLOYEES (REFERENCE CH2M HILL SOP HS-41 AND HS-42)

Employees listed below are enrolled in the CH2M HILL chemical protection program (CPP) and meet the medical surveillance, 40-hour initial training, 3-day on-the-job experience, and 8-hour annual refresher training requirements of OSHA 29 CFR1910.120. Employees designated SSOs have received 8 hours of supervisory and 8 hours of instrument training and can serve as SSOs for the level of protection indicated. All employees who are enrolled in CH2M HILL's hazardous waste training and medical surveillance program are required to carry cards that summarize their training and medical status, including SSOs and first aid and cardiopulmonary resuscitation (CPR) status. The cards also provide documentation of respiratory fit testing, including the type and size of respirator the employee is authorized to wear. All field teams using heavy equipment will have an SSO that is certified in first aid and CPR (designated below as FA-CPR). Whenever possible, an SSO with first aid and CPR training will be a member of all field teams. If a team does not have an SSO, the team may not be more than 5 minutes away from an SSO and must be in radio (inherently safe in hazardous atmosphere) contact with an SSO with FA-CPR training at all times. The "buddy system" requirements of OSHA 29 CFR1910.120 are to be met at all times.

Employee Name	Office	Responsibility	SSO/FA-CPR
Kelly Crochet	MGM	Task Manager; Project Engineer	FA-CPR
Hunter Sartain	MGM	Task Manager; Project Engineer	FA-CPR
Jason Glasgow	MGM	Sampler	FA-CPR
Waylon Goss	MGM	Field Team Member	
Dan Jacobazzi	MGM	Field Team Member	FA-CPR
Rob Piekarz	MGM	Field Team Member; SSO	Level D SSO; FA-CPR
Philip Stroud	MGM	Field Team Member; SSO	Level B SSO; FA-CPR
Chris Waid	MGM	Field Team Member	FA-CPR
Joel Bowker	ORO	Field Team Member	FA-CPR
David Hammel	ORO	Field Team Member	FA-CPR
Dale Jayne	ORO	Field Team Member	FA-CPR
David King	ORO	Field Team Member; SSO	Level D SSO; FA-CPR
Mike Marable	ORO	Field Team Member; SSO	Level C SSO; FA-CPR
Greg Schaefer	ORO	Field Team Member; SSO	Level C SSO; FA-CPR
Greg Underberg	ORO	Field Team Member	FA
Bob Viens	FGL-ORO	Auditor	-

**4.3 HEALTH AND SAFETY AND FIELD TEAM CHAIN-OF-COMMAND AND PROCEDURES****4.3.1 CLIENT**

Corps of Engineers, Huntsville Division  
John Romeo, P.E.  
205/955-5803

**4.3.2 CH2M HILL**

The SSO is responsible for implementing the SSHP. Questions regarding health and safety should be addressed to the SSO. If the SSO is unable to answer the question or is unresponsive, the PSO should be contacted. Emergency procedures and contacts are listed in Sections 11.0 through 14.0.

**4.3.3 SUBCONTRACTOR**

Hydrovision  
Ram Arora, Ph.D., R.G.  
404/454-3285

Toles and Associates  
1750 Madison Avenue  
Memphis, Tennessee 38104  
James H. Toles, President  
901/725-6152

## 5.0 PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) will be required during the course of the fieldwork at DDMT. Selection of this equipment is based primarily on hazard assessment data and work task requirements. The protective ensembles and associated personal protective components are based on the U.S. Environmental Protection Agency's (EPA's) levels of protection B, C, and D. The effectiveness of the PPE program will be continuously evaluated and provisions made for appropriate upgrades or downgrades in equipment, based on hazard assessment and air monitoring results. CH2M HILL SOP HS-07 and HS-08 are written PPE programs in accordance with 29 CFR 1910.120 (g)(5) and the respiratory protection requirements of 29 CFR 1910.134, respectively. Minimum PPE ensembles and specific materials from which the PPE components are constructed for each site activity to be performed by CH2M HILL are detailed by task in Section 5.1.

### 5.1 PERSONAL PROTECTIVE EQUIPMENT SPECIFICATION BY TASK

Tasks	Level	Body	Foot	Head	Eye	Hand	Respirator
<p>All tasks in areas with dioxin potential:</p> <ul style="list-style-type: none"> <li>OU-4 (PCP dip vats and associated sites)</li> <li>OU-2, 3, and 4 (millroad tracks) and DRMO yard</li> </ul>	C	<p>Cotton coveralls.</p> <p>Tyvek coveralls if cotton coveralls cannot be kept clean.</p> <p>Coated Tyvek coveralls or rubber apron if splash potential is present.</p>	<p>Steel-toed, steel-shanked neoprene boots or steel-toed, steel-shanked leather boots with neoprene boot covers.</p>	<p>Hardhat.</p> <p>Hearing protection if working in the vicinity of heavy equipment or if conversations have to be shouted at 3 feet or less.</p>	<p>Full-face respirator</p>	<p>OU-2: Inner nitrile gloves and outer neoprene gloves when touching potentially contaminated materials.</p> <p>OUs 3 and 4: Inner nitrile or latex gloves and outer nitrile gloves when touching potentially contaminated materials.</p>	<p>APR full face with organic vapor/acid gas cartridges and dust filters.</p>
<p>The following tasks, if there is no potential for dioxin:</p> <ul style="list-style-type: none"> <li>Civil surveying</li> <li>Geophysical investigation</li> </ul>	D (modified)	<p>Long pants and long-sleeved shirt or cotton coveralls.</p>	<p>Steel-toed, steel-shanked neoprene boots or steel-toed, steel-shanked leather boots with neoprene boot covers.</p>	<p>Hardhat.</p>	<p>Safety glasses.</p> <p>Safety goggles or face shield if splash potential is present.</p>	<p>Work gloves.</p> <p>OU-2: Inner nitrile gloves and outer neoprene gloves when touching potentially contaminated materials.</p> <p>OUs 3 and 4: Inner nitrile or latex gloves and outer nitrile gloves when touching potentially contaminated materials.</p>	<p>None required.</p>
<p>The following tasks, if there is no potential for dioxin:</p> <ul style="list-style-type: none"> <li>Surface soil sampling</li> <li>Drilling and soil boring</li> <li>Groundwater well installation</li> <li>Groundwater sampling</li> <li>Water level measurements</li> </ul>	D (modified)	<p>Cotton coveralls.</p> <p>Tyvek coveralls, if cotton coveralls cannot be kept clean.</p> <p>Coated Tyvek coveralls or rubber apron if splash potential is present.</p>	<p>Steel-toed, steel-shanked neoprene boots or steel-toed, steel-shanked leather boots with neoprene boot covers.</p>	<p>Hardhat.</p> <p>Hearing protection if working in vicinity of heavy equipment or if conversations have to be shouted at 3 feet or less.</p>	<p>Safety glasses.</p> <p>Safety goggles or face shield if splash potential is present.</p>	<p>OU-2: Inner nitrile gloves and outer neoprene gloves when touching potentially contaminated materials.</p> <p>OUs 3 and 4: Inner nitrile gloves or latex gloves and outer nitrile gloves when touching potentially contaminated materials.</p>	<p>None required.</p>

5.1 PERSONAL PROTECTIVE EQUIPMENT SPECIFICATION BY TASK

Tasks	Level	Body	Foot	Head*	Eye	Hand	Respirator
<p>The following tasks, if action levels are exceeded (see Section 6.0):</p> <ul style="list-style-type: none"> <li>• Surface soil sampling</li> <li>• Drilling and soil boring</li> <li>• Groundwater well installation</li> <li>• Groundwater sampling</li> <li>• Water level measurements</li> <li>• Trenching, and digging test pits</li> </ul>	C	<p>Tyvek taped to boots and gloves.</p> <p>Coated Tyvek coveralls or rubber apron taped to boots and gloves if splash potential is present.</p>	<p>Steel-toed, steel-shanked neoprene boots or steel-toed, steel-shanked leather boots with neoprene boot covers.</p>	<p>Hardhat.</p> <p>Hearing protection if working in vicinity of heavy equipment or if conversations have to be shouted at 3 feet or less.</p>	Full-face respirator.	<p>OU-2: Inner nitrile gloves and outer neoprene gloves when touching potentially contaminated materials.</p> <p>OUs 3 and 4: Inner nitrile gloves or latex gloves and outer nitrile gloves when touching potential contaminated materials.</p>	<p>APR, full face with organic vapor acid gas cartridges and dust filter.</p>
<p>If action levels are exceeded (see Section 6.0):</p> <ul style="list-style-type: none"> <li>• Surface soil sampling</li> <li>• Drilling and soil boring</li> <li>• Groundwater well installation</li> <li>• Groundwater sampling</li> <li>• Water level measurements</li> <li>• Trenching, and digging test pits</li> </ul>	B*	<p>Saranex taped to boots and gloves.</p>	<p>Steel-toed, steel-shanked neoprene boots or steel-toed, steel-shanked leather boots with neoprene boot covers.</p>	<p>Hardhat.</p> <p>If working in vicinity of heavy equipment or if conversations have to be shouted at 3 feet or less.</p>	Full-face respirator.	<p>OU-2: Inner nitrile gloves and outer neoprene gloves when touching potentially contaminated materials.</p> <p>OUs 3 and 4: Inner nitrile or latex gloves and outer nitrile gloves when touching potentially contaminated materials.</p>	<p>Supplied air respirator with a 5-minute escape pack.</p>
<p>Surface water and sediment sampling</p>	D (modified)	<p>Saranex coveralls, rainsuit, or rubber apron.</p>	<p>Steel-toed, steel-shanked neoprene boots or steel-toed, steel-shanked leather boots with latex boot covers.</p>	<p>Hardhat.</p>	<p>Safety glasses.</p> <p>Safety goggles or face shield if splash potential is present.</p>	<p>OU-2: Inner nitrile gloves and outer neoprene gloves when touching potentially contaminated materials.</p> <p>OUs 3 and 4: Inner nitrile gloves or latex gloves and outer nitrile gloves when touching potentially contaminated materials.</p>	<p>None required.</p>

\*The SSO shall specify hardhat areas.  
 †Two-way radios (intrinsically safe in hazardous atmosphere) are required by the COE HASP when Level C or B is used. Personnel must have a medical clearance to wear respirators and have been fit tested within the past year prior to wearing respirator protection. The U.S. Army Corps of Engineers (USACE) PM must be advised of any site conditions that require personnel to upgrade to another level of protection. Boundary monitoring must be completed when work is conducted in Level C or higher. If boundary monitoring results are greater than background levels, engineering controls must be implemented to reduce airborne concentrations. If levels cannot be reduced, work will be stopped until effective control measures can be implemented.

## 6.0 AIR MONITORING AND SAMPLING SPECIFICATION

Monitoring is an ongoing process essential for the determination of hazard control measures. These measures must be implemented during the site investigation and documentation of personnel exposure. It involves characterization of the chemical, physical, safety, and biological hazards at the site.

**Exposure Monitoring/Air Sampling Program.** The main objective of air monitoring is to assess the potential inhalation hazard to site personnel. This SSHP describes in detail the air monitoring and sampling protocol that has been developed according to a site hazard analysis and the potential for offsite migration of airborne contaminants for the activities CH2M HILL will be performing. All site monitoring will be conducted by a member of each field crew trained in the use of the instruments. The results will be recorded in a safety logbook.

**Organic Vapor Monitoring.** Organic vapor levels will be measured upwind of the field activities to assess the background reading. Each specific work site will be continuously monitored (by a member of each field crew trained in the use of the instruments) for the presence of organic vapors in the exclusion zone using appropriate direct read instrumentation as determined by the SSO (see Section 6.1). Perimeter monitoring will be conducted as necessary, based on the site hazard analysis (see Section 6.2). Action levels will be set for upgrades or downgrades in levels of protection; for implementation of engineering controls; for emergency evacuation of onsite personnel; and for prevention and minimization of public exposures to hazards, based on airborne exposure hazards and direct skin contact potentials. All air monitoring results will be compared to action levels to determine the acceptability of current practices and controls and the need for corrective action. The COE project manager will be advised of any site conditions that require personnel to upgrade to another level of protection.

**Noise Monitoring.** Some site activities may result in significant noise levels. Area and personal noise surveys will be conducted to categorize noise levels. A sound-level meter that is capable of integrating and averaging sound levels throughout the work day will be used to monitor employee exposures to noise levels at operations likely to cause increased noise. Hearing protective devices will be available to employees upon request, and mandatory for employees involved in operations that result in noise levels exceeding the OSHA-permissible exposure levels for noise.

6.1 AIR MONITORING EQUIPMENT FOR WORKERS (CH2M HILL, 1994, HS-06)					
Instrument	Tasks	Action Levels		Frequency	Calibration
CGI: MSA 260 or 261	* All invasive tasks	0-10% LEL 10-25% LEL >25% LEL	No expl. <sup>a</sup> hazard Pot. <sup>b</sup> expl. hazard Expl. hazard; evacuate or vent	Monitor continuously. Record readings every 30 minutes.	Daily
O <sub>2</sub> meter: MSA 260 or 261	* All invasive tasks	>25.0% O <sub>2</sub>  20.9% O <sub>2</sub>  <19.5% O <sub>2</sub>	Expl. hazard; evacuate or vent  Normal O <sub>2</sub>  O <sub>2</sub> def. <sup>c</sup> ; vent or use SCBA	Monitor continuously. Record readings every 30 minutes.	Daily
Flame Ionization Detector (FID):  Foxboro OVA-128	The following activities in non-dioxin areas:  <ul style="list-style-type: none"> <li>* Civil surveying</li> <li>* Geophysical investigation</li> <li>* Surface soil sampling</li> <li>* Drilling or soil boring</li> <li>* Groundwater monitoring well installation</li> <li>* Groundwater sampling</li> <li>* Water level measurements</li> <li>* Surface water and sediment sampling</li> </ul>	<1 ppm <sup>d,e</sup>  1-10 ppm <sup>d,e</sup>      10-100 ppm <sup>d,e</sup>  >100 ppm <sup>d,e</sup>	Level D  Level C <sup>f</sup> with organic vapor-acid gas cartridges and dust filters, if no other action levels are exceeded.    Level B <sup>f</sup>  Stop work; reevaluate	Monitor continuously. Record readings every 30 minutes.	Daily
FID:  Foxboro OVA-128	The following activities in dioxin areas:  <ul style="list-style-type: none"> <li>* Civil surveying</li> <li>* Geophysical investigation</li> <li>* Surface soil sampling</li> <li>* Drilling or soil boring</li> <li>* Groundwater monitoring well installation</li> <li>* Groundwater sampling</li> <li>* Water level measurements</li> <li>* Surface water and sediment sampling</li> </ul>	<10 ppm <sup>d,e</sup>      10-100 ppm <sup>d,e</sup>  >100 ppm <sup>d,e</sup>	Level C <sup>f</sup> with organic vapor-acid gas cartridges and dust filters, if no other action levels are exceeded.    Level B <sup>f</sup>  Stop work; reevaluate	Monitor continuously. Record readings every 30 minutes.	Daily
Noise Monitor	* All tasks in high noise areas	<85dB(A)  85-120dB(A)  >120 dB(A)	No hearing protection required  Hearing protection required  Stop work	Continuously record readings every hour.	Daily

<sup>a</sup>Explosion.  
<sup>b</sup>Potential.  
<sup>c</sup>Deficient.  
<sup>d</sup>Non-methane readings. Non-methane readings are obtained by taking the difference between readings with and without the charcoal filter.  
<sup>e</sup>Above background in breathing zone; sustained for 5 minutes. For toxic chemicals, the immediate concern is worker exposure. Therefore, the location of air monitoring equipment is in the worker breathing zone, regardless of the contaminant specific gravity. When action levels are exceeded in the breathing zone, the source of emissions is also monitored (to account for any contaminant, regardless of specific gravity) periodically (monitor and record every 30 minutes). Background to be determined daily by SSOs.  
<sup>f</sup>The U.S. Army Corps of Engineers (USACE) PM must be advised of any site conditions that require personnel to upgrade to another level of protection. Boundary monitoring must be completed when work is conducted in Level C or higher. If boundary monitoring results are greater than background levels, engineering controls must be implemented to reduce airborne concentrations. If levels cannot be reduced, work will be stopped until effective control measures can be implemented.

## 6.2 PERIMETER MONITORING

Perimeter monitoring will be conducted with an organic vapor monitor (OVA) by a field team member trained in the use of the instrument when breathing zone action levels (see Section 6.1) are exceeded or Level C or a higher level of protection is used. Perimeter monitoring will be conducted at the same frequency as the breathing zone monitoring. The action levels listed below will be followed:

- < Background Continue work
- > Background Implement measures (e.g., ventilation, covering contaminated materials, etc.) to reduce airborne levels, or stop work and re-evaluate.

## 6.3 CALIBRATION SPECIFICATION

Instrument	Gas	Span	Reading	Method
FID: OVA-128	100 ppm methane	3.0 ± 1.5	100 ppm	1.5 l/m reg T-tubing
COI: MSA 260, 261, 360, or 361	0.75% pentane	N/A	50% LEL ± 5 % LEL	1.5 l/m reg direct tubing
Noise Monitor	N/A	N/A	N/A	N/A

## 6.4 AIR SAMPLING

**Method and Description:** Based on the types and concentration of contaminants, it is not anticipated that air sampling will be required. However, if direct reading instruments indicate an exposure problem or personnel become ill, the PSOs will be contacted to re-evaluate the necessity of air sampling.

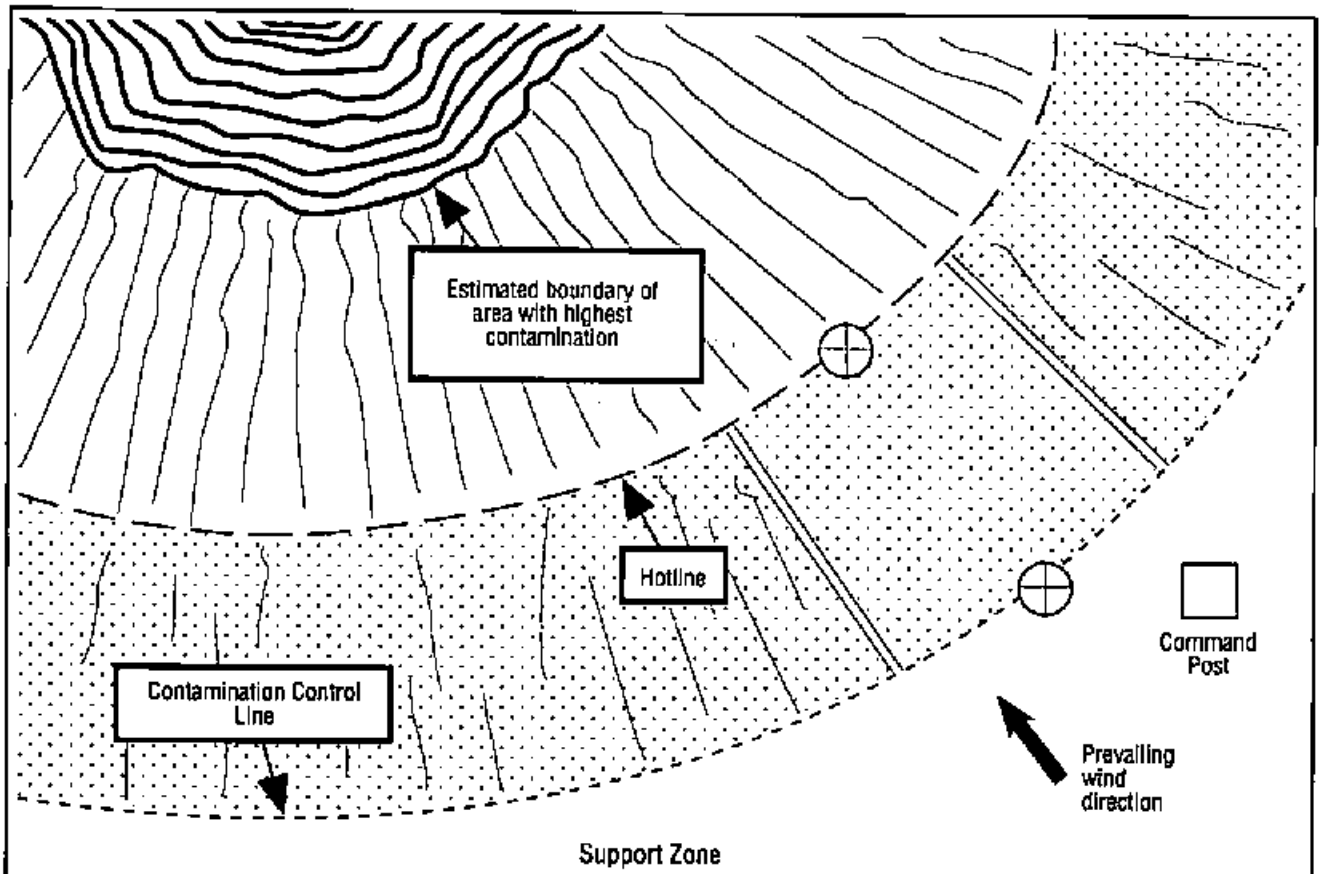
## 7.0 WORK ZONES AND DECONTAMINATION (REFERENCE CHEM HILL SOP 103-13)

### 7.1 WORK ZONES






Safety procedures for preventing or reducing the migration of contamination require the delineation of zones on the site where prescribed operations occur. Movement of personnel and equipment between zones and onto the site itself will be limited by access control points. After confirming the appropriate level of personal protection for site entry and determining the general wind direction, site work zones (exclusion, contamination reduction, and support) will be established. Delineation of work zones will be based on monitoring results, evaluating potential routes of exposure, and determining the amount of contaminant dispersion in the event of a release. The site will be outlined with surveyor tape and/or stakes to define the work area and to identify the entry and exit points. A typical work zone schematic is presented in Figure 6.

**Exclusion Zone.** The EZ is defined as the work area where contamination could occur. All personnel entering the EZ must wear the prescribed level of protection. The outer boundary of the EZ will be established by visually surveying the site to determine the distances needed to prevent fire or an explosion from affecting personnel, the physical area necessary to conduct the work operations, and the potential contaminants to be blown from the area. The EZ will be large enough to include all vehicles and equipment needed to do the work. Once the boundary has been determined, it will be defined with continuous





**LEGEND**

-  Contaminated Area
-  Exclusion Zone
-  Contamination Reduction Zone
-  Contamination Reduction Corridor
-  Access Control Points

11047000ZZ / Health & Safety Plan-Corps of Engineers / Typ Work Zone Schematic / 18 1A 95 / ECR / LW

Figure 6  
**TYPICAL WORK ZONE SCHEMATIC**  
 Defense Depot Memphis, Tennessee



red surveyors' tape and/or stakes. An entry and exit checkpoint must be established at the boundary of the EZ to regulate the flow of personnel and equipment. During subsequent operations, the boundary may be modified and adjusted by the SSO as more information becomes available.

**Contamination Reduction Zone.** The contamination reduction zone (CRZ) provides a transition between contaminated and clean zones and serves as a buffer to further reduce the probability of the clean zone becoming contaminated or being affected by other existing hazards. It provides additional assurance that the physical transfer of contaminants on personnel, equipment, or through the air is limited by a combination of decontamination and the distance. All personnel assisting with decontamination procedures in the CRZ will be required to wear the same level of protection as prescribed for the exclusion zone.

**Contamination Reduction Corridor.** Decontamination stations will be established at the boundary between the exclusion and contamination reduction zones. There will be separate stations for personnel and for heavy equipment. Figures 7 and 8 depict the maximum decontamination layout for Levels D and C, respectively. Depending on the task, the sampling location, and air monitoring results, the stations shown in these figures may be consolidated. The exit from the EZ will be through a designated contamination reduction corridor (CRC). The CRC is used to control access into and out of the exclusion zone and confines personnel decontamination activities to a limited area. The size of the corridor depends on the number of stations in the decontamination procedure, overall dimensions of work control zones, and amount of space available. Boundaries will be conspicuously marked, with entry and exit restricted. The inner end of the corridor is the "hot line," the boundary between the exclusion zone and the contamination reduction zone. Personnel exiting the exclusion zone must go through the CRC. Another corridor may be required for the entrance and exit of heavy equipment needing decontamination. The CRC will be dedicated to decontamination activities only.

As operations proceed, the area around the decontamination station may become contaminated, but to a much lesser degree than the EZ. The outer boundary of the CRZ will be far enough away from the EZ so that no levels of atmospheric contamination exist that are dangerous to unprotected personnel. This level will be verified by monitoring the CRZ once per hour using direct read instrumentation during times when air monitoring results in EZ are above background levels. If monitoring results are above background in the CRZ, then the EZ will be expanded to include the area that is above background. The CRZ will be reestablished in an area free of air contaminants.

**Support Zone.** The support zone (SZ), the outermost part of the site, is considered a noncontaminated, or clean, area. Support equipment (the command post, safety vehicle, and so forth) is located in this area. Normal work clothes are appropriate within this zone. Access to the SZ from the CRZ is through a controlled access point. Re-entrance into the SZ requires decontamination procedures as determined by the PSOs.

The location of the SZ at each site depends on a number of factors, including the following:

- Accessibility—topography, open space available, locations of roads, or other limitations.
- Visibility—SZ must have complete visual access to all activities in the EZ.
- Wind Direction—preferably, the support facilities should be located upwind of the EZ. Shifts in wind direction and other conditions may be such that an ideal location based on wind direction alone does not exist.
- Resources—water.

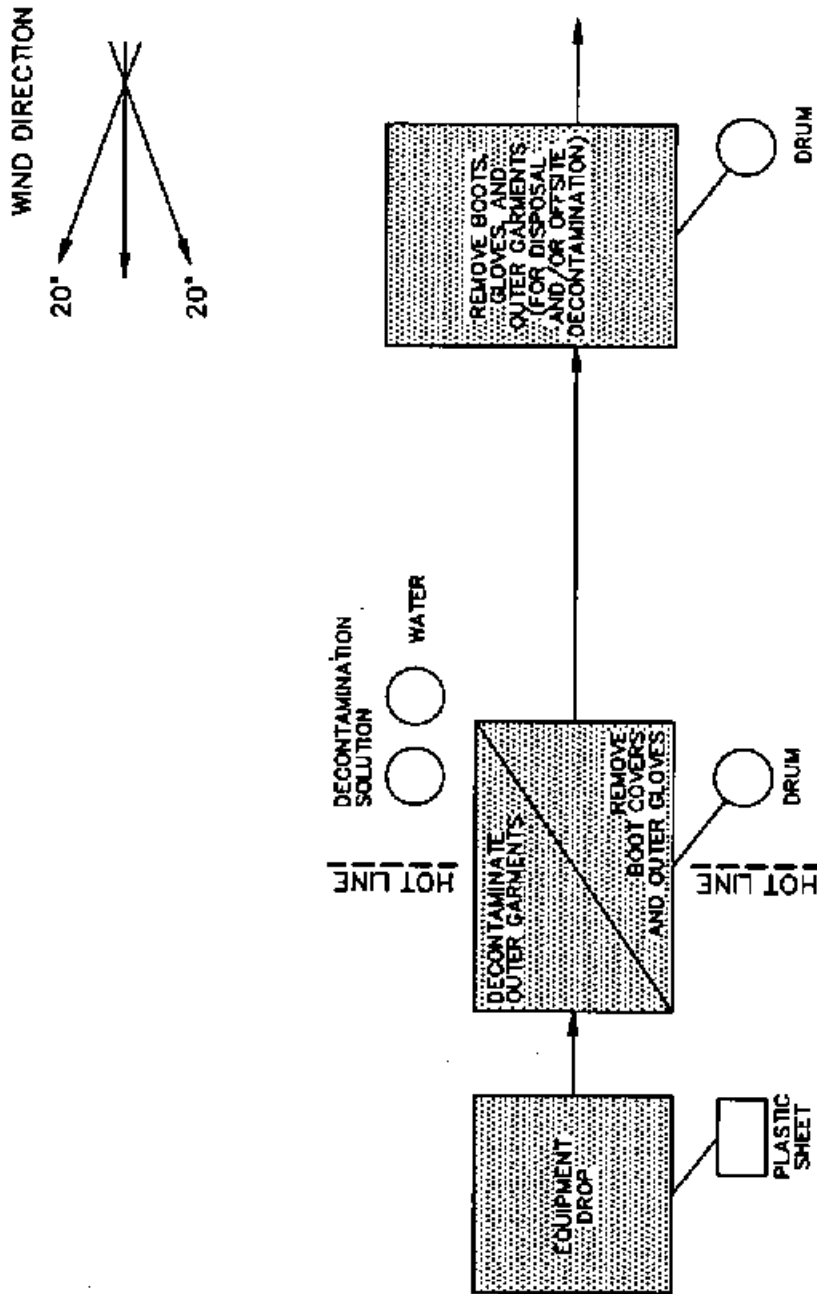


Figure 7  
**TYPICAL LEVEL D  
 DECONTAMINATION SCHEMATIC**  
 Defense Depot Memphis, Tennessee

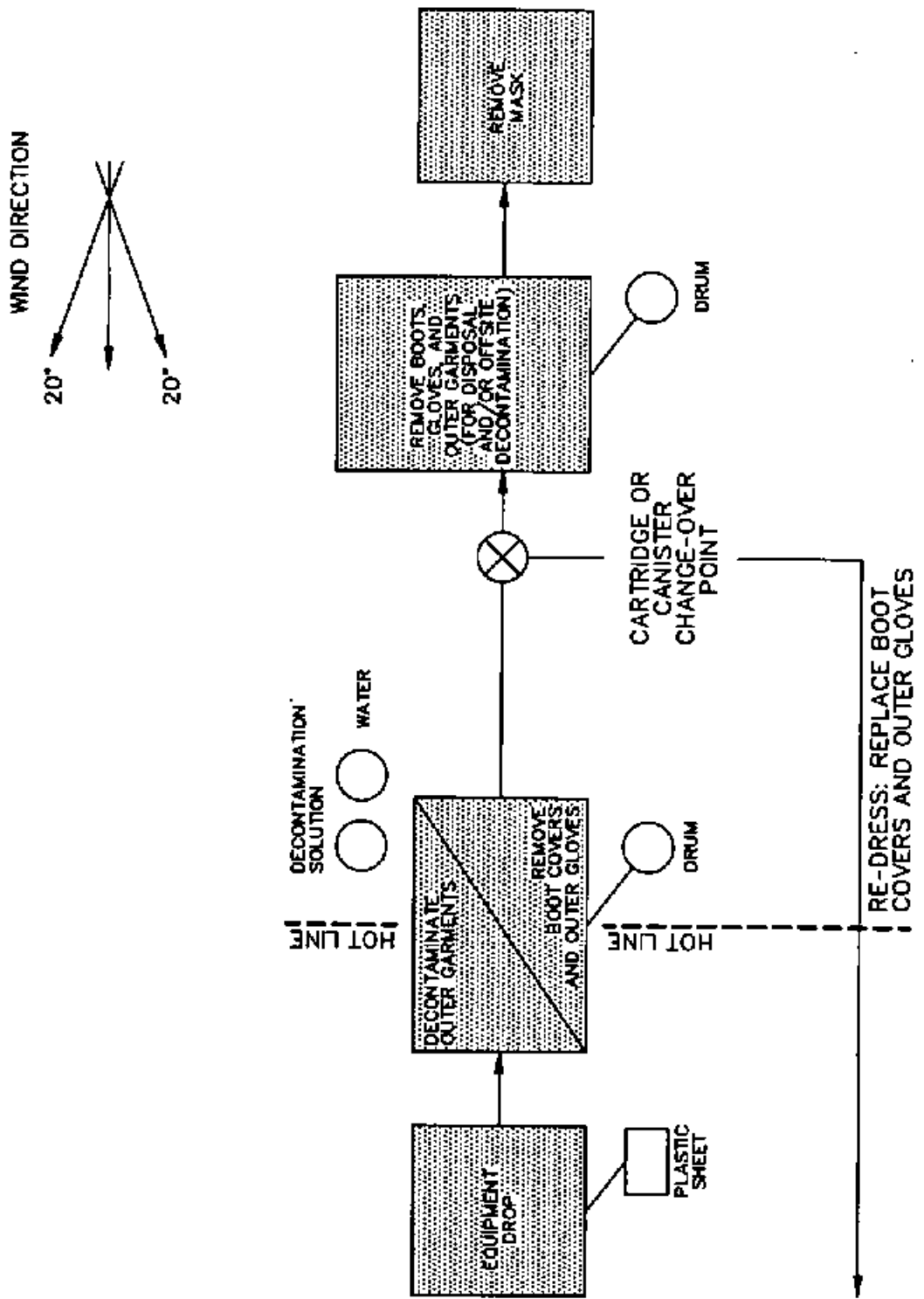


Figure 8  
**TYPICAL LEVEL C  
 DECONTAMINATION SCHEMATIC**  
 Defense Depot Memphis, Tennessee



## 7.2 DECONTAMINATION PROCEDURES

The establishment of decontamination procedures for personnel and equipment is necessary to prevent the spread of contamination and to protect field personnel. This section generally describes procedures to be used to decontaminate personnel and equipment. It also describes the decontamination procedures to be used in case of a medical emergency. Site-specific decontamination procedures for CH2M HILL's activities are developed according to site hazard assessment, and a worst-case scenario. Initial decontamination procedures will be modified by the SSOs on the basis of actual site conditions, with the approval of the PSO.

All materials and equipment used for decontamination must be disposed of properly. Disposable clothing, tools, buckets, brushes, and all other equipment that cannot be decontaminated will be secured in containers and labeled. Clothing that will be reused will be secured in plastic bags before being removed from the site.

### 7.2.1 DECONTAMINATION OF PERSONNEL

Personnel and equipment will be decontaminated upon leaving the EZ unless the SSOs determine that site hazard assessment, monitoring results, and visual inspection of personal protective clothing and equipment indicate that no need exists for decontamination. When decontamination is necessary, it will consist of the following:

- A decontamination station at the "hot line" or in the CRZ will be located where personnel routinely exit the EZ. When exiting the EZ, personnel will remove overboots, chemical-resistant boots, coveralls, and outer gloves only at the specified decontamination station. When in use, air purifying respirators or supplied-air facepieces will be removed next-to-last. Inner gloves, when worn, will be removed last.
- All personal protective clothing that has been removed will remain at the decontamination station pending personnel redonning the clothing. At the conclusion of work in an EZ, all protective equipment must be placed in plastic bags before disposal or transfer offsite.
- Personnel will not be permitted to exit the regulated work area until contaminated clothing and equipment have been removed and employees have washed their hands and face with soap and water.
- All employees will wash their hands and face with soap and water before eating, drinking, smoking, or applying cosmetics. These activities will be restricted to designated rest areas in the SZ.

These procedures are summarized in Section 7.2.4.

### 7.2.2 EQUIPMENT DECONTAMINATION AND DISPOSAL OF CONTAMINATED MATERIALS

Equipment that may require decontamination includes drill rigs, soil and water sampling devices and containers, and certain protective equipment. Decontamination of sampling equipment is provided in the generic QAPP (CH2M HILL, August 1995). Protective equipment will be decontaminated by the following steps:

1. Rinsing with a solution that is chemically and physically compatible with contaminants.
2. Washing with a soft bristle brush and detergent.
3. Rinsing thoroughly with tap water.
4. Rinsing thoroughly with de-ionized water.
5. Rinsing with methanol.
6. Rinsing thoroughly with organic free water and allowing to air dry as long as possible.

A summary of these procedures is presented in Section 7.2.4.

### 7.2.3 DECONTAMINATION DURING MEDICAL EMERGENCIES

If prompt life-saving first aid and medical treatment is required, emergency decontamination procedures may be omitted. It is possible that decontamination could aggravate or cause more serious health effects. In any event, life-saving care will be initiated immediately after emergency decontamination. The outer garments can be removed if they do not cause delays, interfere with treatment, or aggravate the problem. Respiratory equipment must always be removed. Chemical-resistant clothing can be cut away. If the outer contaminated garments cannot be safely removed, the individual will be wrapped in plastic, rubber, or blankets to help prevent contaminating the inside of an ambulance or medical personnel. Outer garments are then removed at the medical facility. The SSO will determine the necessary steps for decontamination in an emergency situation. If possible, onsite response personnel will accompany contaminated victims to the emergency medical facility to advise on matters involving decontamination. No attempt will be made to wash or rinse the victim, unless it is known or suspected that the individual has been contaminated with an extremely toxic or corrosive material that could cause severe injury or loss of life. For minor medical problems or injuries, the normal decontamination procedures will be followed.

### 7.2.4 DECONTAMINATION SUMMARY (REFERENCE CH2M HILL 807 103-45)

Personnel	Sample Equipment	Heavy Equipment
<ul style="list-style-type: none"> <li>• Boot wash/rinse</li> <li>• Glove wash/rinse</li> <li>• Outer glove removal</li> <li>• Body suit removal</li> <li>• Inner glove removal</li> <li>• Respirator removal</li> <li>• Hand wash/rinse</li> <li>• Face wash/rinse</li> <li>• Shower as soon as possible (ASAP)</li> </ul>	<ul style="list-style-type: none"> <li>• Wash/rinse equipment</li> <li>• Solvent rinse equipment</li> <li>• Solvent disposal method: containerized and transported to a Dunn Field holding tank for processing</li> </ul>	<ul style="list-style-type: none"> <li>• Power wash</li> <li>• Steam clean</li> <li>• Water disposal method: containerized and transported to a Dunn Field holding tank for processing</li> </ul>

Personnel	Sample Equipment	Heavy Equipment
<ul style="list-style-type: none"> <li>• PPE disposal method: double-bagged and disposed of in DDMT dumpsters unless it cannot be decontaminated. Equipment that cannot be decontaminated must be containerized and labeled.</li> <li>• Water disposal method: containerized and transported to a Dunn Field holding tank for processing</li> </ul>		
<b>8.0 SPILL CONTAINMENT PROCEDURES</b>		
<ul style="list-style-type: none"> <li>• Containers with chemical substances will be secured, and the amount of chemical substances available will be limited. If a spill occurs, sorbent will be used, and the material will be put into containers.</li> <li>• Purged groundwater will be stored in 55-gallon drums. If a spill occurs, sorbent will be used, and the material will be put into containers.</li> <li>• If oils or other fluids leak from the heavy equipment, any affected media will be put into containers, and a drip pan will be placed under the equipment.</li> <li>• Investigation derived wastes (IDW) will be managed in Department of Transportation (DOT)-approved drums, stored onsite temporarily, sampled and analyzed, and disposed of in accordance with applicable regulations (see Section 4.9 of the QAPP).</li> </ul>		
<b>9.0 CONFINED-SPACE ENTRY</b>		
<p>No confined-space entries are anticipated; however, if they become necessary, procedures and a permit meeting USACE EM 385-1-1, 29 CFR 1910.146, and CH2M HILL HS-17 requirements will be developed. The PSO must be contacted to approve confined-space entry procedures and permits before entry into a confined space.</p>		
<b>10.0 WORK PROCEDURES</b>		
<b>10.1 WORK PRACTICES</b>		
<ul style="list-style-type: none"> <li>• No spark sources within exclusion or decontamination zones.</li> <li>• Smoking, eating, drinking, or chewing tobacco within 100 ft of the EZ or any potentially contaminated area is prohibited. Smoking and eating areas will be designated by the SSOs.</li> <li>• Contact with potentially contaminated substances is prohibited. Walking through puddles or pools of liquid, kneeling on the ground or leaning, sitting, or placing equipment on contaminated soil should be avoided.</li> <li>• Failure to wear proper safety clothing at all times is prohibited. Shirts and steel-toed shoes will be used on the job at all times.</li> </ul>		

- Personnel onsite will use the "buddy system" and maintain communication or visual contact among team members at all times.
- No contact lenses in exclusion or decontamination zones.
- No facial hair that would interfere with respirator fit if Level C or B is anticipated.
- Site work will be performed during daylight hours whenever possible. Any work conducted during hours of darkness will require enough illumination intensity "to read a newspaper without difficulty."
- Hazard assessment is a continual process; personnel must be aware of their surroundings and constantly be aware of the chemical and physical hazards that are present.
- Personnel in the EZ will be the minimum number necessary to perform work tasks safely and efficiently.
- Team members will be familiar with the physical characteristics of each investigation site, including wind direction, site access, location of communication devices, and safety equipment.
- Before drilling activities, the location of overhead power lines and underground utilities must be established.
- If geophysical logging with a nuclear source is required, all protocols and restrictions of the geophysical logging service company will be followed. No untrained personnel will be allowed within the exclusion zone established by the service company. Personnel working with the exclusion zone must wear ID badges.

## 10.2 SITE CONTROL MEASURES

- The SSOs must conduct a Tailgate Safety Meeting at the beginning of each shift, whenever new personnel arrive at the site, and as site conditions change to discuss the following: safety issues pertinent to the site, incidents that may have occurred previously at the site, incidents and accidents most likely to occur, and engineering or work practice controls necessary to mitigate those hazards. A more detailed tailgate session will be held at the beginning of each week, whenever new personnel arrive at the site, and when new site activities are planned. Potential topics of discussion at these sessions include site hazards, protective equipment/clothing, emergency procedures, hospital/ambulance route, standard operating procedures, and previous day's incidents concerning site safety.
- Safety briefing attendance and topics will be documented in a logbook and available for review on request.
- The SSOs will conduct daily safety and health inspections, using Appendix E, Job Inspection Checklist. Documentation (including SSO's signature) must be maintained.
- The OSHA job safety poster will be posted in a central and conspicuous location at the site (see Appendix F).
- Wind direction will be determined.
- Support, decontamination, and exclusion zones will be established based on anticipated hazards and the results of direct reading instruments. Work zones will be delineated with flagging, cones, barriers, flashers, or warning signs. The SZ must be upwind of the EZ.
- Decontamination procedures will be established and tested.
- At the entry and exit from each work zone, use access control. The SSO must prevent unauthorized people from entering the EZ and CRZ.
- Only enough personnel necessary to perform the work in a safe and efficient manner will be allowed in the EZ.
- Chemicals will be stored in proper containers.
- MSDSs are available for onsite chemicals to which employees are exposed.



- Onsite communications will be established. These should consist of the following:
  - Line-of-sight/hand signals
  - Air horn
  - Two-way radio (intrinsically safe in hazardous atmosphere) or cellular phone, if available
- When work is planned in areas that are high noise atmospheres, hand signals needed to communicate day-to-day operations must be established during the pre-entry briefing.
- Emergency signals will be established. For example:
  - Grasping throat with hand—EMERGENCY, HELP ME
  - Grasping buddy wrist—LEAVE AREA NOW
  - Thumbs up—OK, UNDERSTOOD
  - Two short blasts on air horn—ALL CLEAR
  - Continuous air horn—EMERGENCY, EVACUATE
- Offsite communications will be established.
- "Buddy" system will be established.
- Procedures for disposal of material generated onsite will be established.
- The SSO will conduct initial air monitoring in appropriate level of protection.
- The SSO will conduct periodic inspections of work practices to determine effectiveness of this plan. Deficiencies will be noted, reported to PSOs, and corrected.

## 11.0 EMERGENCY RESPONSE PLAN (REFERENCE CHEM HILL 807 1E-1E)

### 11.1 PRE-EMERGENCY PLANNING

The SSOs perform the applicable pre-emergency planning tasks before starting field activities and coordinates emergency response with the facility and local emergency service providers as appropriate.

- Locate nearest telephone to the site and inspect onsite communications.
- Locate chemical, safety, radiological, and biological hazards.
- Confirm and post emergency telephone numbers and route to hospital.
- Post site map marked with location of emergency equipment and supplies.
- Review emergency response plan for applicability to any changed site conditions, alterations in onsite operations, or personnel availability.
- Evaluate capabilities of local response teams.
- Where appropriate and acceptable to the client, inform emergency room/ambulance service and emergency response teams of anticipated types of site emergencies.
- Designate one vehicle as the emergency vehicle; place hospital directions and map inside; keep keys in ignition during field activities.
- Inventory and check site emergency equipment and supplies.
- Review emergency procedures with field personnel for personnel injury, exposures, fires, explosions, and chemical and vapor releases.
- Locate onsite emergency equipment and supplies of clean water.
- Verify local emergency contacts, hospital routes, evacuation routes, and assembly points.
- Drive route to hospital.
- At least one person will be certified to render first aid and CPR before field activities are begun, these personnel will also be trained in bloodborne pathogens in accordance with 29 CFR 1910.1030. At least one such person will be onsite during site operations. A first-aid kit will be available at the site for use by trained personnel. An adequate supply of fresh water or a portable emergency eye wash will be available at each work site. Personnel must also have protective equipment such as rubber gloves and rubber mouth inserts.

- Review names of onsite personnel trained in first aid and CPR.
- Review notification procedures for contacting CH2M HILL's medical consultant and team member's occupational physician.
- Rehearse the emergency response plan once before site activities begin.
- Brief new workers on the emergency response plan.
- When working in the exclusion zone, SSO must have a compressed air horn.

## 11.2 EMERGENCY EQUIPMENT AND SUPPLIES

The SSOs mark the locations of emergency equipment on the site map and posts the map in the support zone.

- 20-lb ABC fire extinguisher
- Industrial first aid kit (with bloodborne pathogen kit)
- Additional emergency equipment: compressed air horn and portable emergency eye wash or adequate fresh water.

## 11.3 EMERGENCY MEDICAL TREATMENT

- The SSOs will be in charge during a medical emergency until the ambulance arrives or the injured person is admitted to the emergency room.
- Prevent further injury.
- Initiate first aid and CPR.
- Call the ambulance and hospital.
- Determine if decontamination will make injury worse (see Section 7.2.3 for decontamination during medical emergencies). If yes, seek medical treatment immediately. If no, remove outer garments if it does not cause delay, interfere with treatment, or aggravate the problem. If outer garments cannot be removed, wrap the individual in plastic, rubber, or a blanket. Do not wash victim unless contaminated with an extremely toxic or corrosive material. For minor injuries, follow normal decontamination procedures.
- Make certain that injured person is accompanied to emergency room.
- Notify the project manager of the injury.
- Notify the PSOs.
- Notify the injured person's human resources department.
- Prepare an incident report (see Appendix G, CH2M HILL Incident Report Form). Submit this to the Corporate Director of Health and Safety (SEA) and Corporate Human Resources Department (DEN) within 48 hours.
- Within 2 working days, all accidents, injuries, and illnesses must be reported to the USACE contracting officer, using the form provided in Appendix H, USACE Incident Report Form.

## 11.4 EVACUATION

- Evacuation routes will be designated by SSO before beginning work.
- Onsite and offsite assembly points will be designated before beginning work.
- Personnel will exit the exclusion zone and assemble at the onsite assembly point upon hearing the emergency signal for evacuation of the exclusion zone.

- Personnel will assemble at the offsite point upon hearing the emergency signal for a site evacuation.
- The SSO and a "buddy" will remain onsite after the site has been evacuated (if possible) to assist local responders and advise them of the nature and location of the incident.
- SSO accounts for all personnel in the onsite assembly zone.
- A person designated by the SSO (prior to work) will account for personnel at the offsite assembly area.
- The SSO is to write up the incident as soon as possible after it occurs and submit a report to the Corporate Director of Health and Safety.

**11.5 EVACUATION ROUTES AND ASSEMBLY POINTS—See Appendix I, DDMT Evacuation Route Map**

**11.6 EVACUATION SIGNALS**

Exclusion Zone	Site
To be identified in an addendum before conducting fieldwork.	Three short blasts on air horn. (The SSOs will carry an air horn.)

**12.0 ACCIDENT REPORTING AND RECORDKEEPING**

All accidents, injuries, or illnesses occurring onsite will be reported to the COE contracting officer via ENG Form 3394 (see Appendix H) within 2 working days of occurrence. OSHA reporting and recording requirements also will be applicable.

Medical records will be maintained in accordance with requirements of 29 CFR 1910.20. Other records (air monitoring/sampling results, results of site safety inspections, site-specific training records, and tailgate safety meetings) will be recorded in a site safety log by the SSOs.

**13.0 EMERGENCY RESPONSE TELEPHONE NUMBERS**

<b>SITE ADDRESS:</b> 2163 Airways Blvd. Memphis, TN 38114	<b>Phone:</b> 901/775-6372
<b>Police</b>	<b>Phone:</b> 911 (emergency) 528-2222 (non-emergency)
<b>Fire</b>	<b>Phone:</b> 911 (emergency) 393-7441 (non-emergency)
<b>Ambulance</b>	<b>Phone:</b> 911 (emergency)
<b>Security</b>	<b>Phone:</b> 901/775-6677
<b>Fire Marshall</b>	<b>Phone:</b> 901/775-6745
<b>Spill Team</b>	<b>Phone:</b> 901/775-4910
<b>Water, Gas, and Electric: Memphis Light, Gas, and Water Division (MLGW)</b>	<b>Phone:</b> 528-4465 (emergency) 523-0711 (non-emergency)

<b>Hospital</b> • Methodist Hospital at Memphis-Central 1265 Union Avenue	<b>Phone:</b> 726-7000
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**Route to Hospital:** (See Figure 9)

**13.1 GOVERNMENT AGENCIES INVOLVED IN PROJECT**

<b>Federal:</b> EPA Martha Berry	<b>Phone:</b> 404/347-5205
<b>State:</b> Tennessee Department of Conservation and Environment (TDEC) Terry Templeton	<b>Phone:</b> 901/423-6600
<b>Local:</b> Memphis and Shelby County Health Department Barry Moore, City of Memphis-Utilities Department	<b>Phone:</b> 901/576-7600



**DIRECTIONS TO METHODIST HOSPITAL CENTRAL**

Airways Blvd. out of DDMT  
 Left on Lamar Ave.  
 Right on Elvis Presley Blvd.  
 Right on Union Ave. to 65 Union Ave.

Figure 9  
**ROUTE TO REGIONAL MEDICAL CENTER**  
 Defense Depot Memphis, Tennessee



110478703 Z / Health & Safety Plan-Cont'd of Engineers / Route to Med. Ctr. / 8.11.95 / CW

14.0 EMERGENCY CONTACTS	
<b>CH2M HILL Medical Consultant</b>  Dr. Elayne F. Theriault Medical Director Environmental Medicine Resources, Inc. Atlanta, Georgia 800/229-3674 or 404/455-0818 (after-hours calls will be returned within 20 minutes)	<b>MGM Occupational Physician</b>  Dr. Kirven Ulmer 334/269-9026
	<b>ORO Occupational Physician</b> <b>Occupational Health Services</b> 615/481-0991
<b>Corporate Director Health and Safety</b>  Name: David Waite/SEA Phone: 206/453-5000	<b>Site Safety Officer (SSO)</b>  Name: To be identified in an addendum
<b>Project Safety Officers (PSOs)</b>  Name: Mollie Netherland/SEA Phone: 206/453-5000  Name: Dan Locke/MGM Phone: 334/271-1444	<b>Regional Manager</b>  Name: Blake Jeffcoat/MGM Phone: 334/271-1444
<b>Health and Safety Plan Approver, CIH</b>  Name: Bob Nash/SCO Phone: 714/250-1900	<b>Project Manager</b>  Name: Mark Corey/MGM Phone: 334/271-1444
<b>Client</b>  Corps of Engineers, Huntsville Division John Romeo, P.E. 205/895-1461	<b>MGM Human Resources Department</b>  Name: Lacy Gibson Phone: 334/271-1444
	<b>Corporate Human Resources Department</b>  Name: Julie Zimmerman Phone: 303/771-0952  If an injury occurs, notify the injured person's personnel office as soon as possible after obtaining medical attention for the injured. Notification <u>MUST</u> be made within 24 hours of the injury.

**15.0 PLAN APPROVAL**

This SSHP has been written for use by CH2M HILL. CH2M HILL claims no responsibility for its use by others, unless specified and defined in project or contract documents. The plan is written for the specific site conditions, purposes, dates, and personnel specified and must be amended if these conditions change.

**PLAN WRITTEN BY:** Mollie Netherland

**DATE:** March 1994

**PLAN APPROVED BY:** Robert Nash

**DATE:** March 1994

**15.1 PLAN AMENDMENTS**

**DATE:** August 1995

**CHANGES MADE BY:** Mollie Netherland

**CHANGES TO PLAN:**

- Incorporate regulatory agency and COE comments

**APPROVED:**

**DATE:**

**15.2 PLAN AMENDMENTS**

**DATE: CHANGES MADE BY:**

**CHANGES TO PLAN:**

**APPROVED:**

**DATE:**

**16.0 ATTACHMENTS TO PLAN**

- Appendix A:** Employee Signoff
- Appendix B:** Radiation Self-Monitoring Procedures
- Appendix C:** Applicable MSDSs
- Appendix D:** Recommended Medical Examination and Screening Protocols
- Appendix E:** Job Inspection Checklist
- Appendix F:** OSHA Job Safety Poster
- Appendix G:** CH2M HILL Incident Report Form
- Appendix H:** USACE Incident Report Form (ENG Form 3394)
- Appendix I:** DDMT Evacuation Route Map

**Note:** Once approved, a copy of this plan should be forwarded to Corporate Health and Safety in DEN.

Appendix A  
**Employee Signoff**





Appendix B  
**Radiation Self-Monitoring Procedures**

## CH2M HILL Self-Monitoring Procedure

Self-monitoring for radioactive contamination will be implemented on a case by case basis for locations and activities with low potential for personnel exposure (detectable levels of contamination not expected). These locations and activities may include decontamination pad(s); offsite well sampling and water level measurement activities; well development at certain locations; and other locations and activities as approved. Self-monitoring locations/activities shall be approved by the project Health Physicist or designee prior to implementation.

Self-monitoring will not be utilized in posted areas of known radioactive contamination or areas where it is expected that significant radioactive contamination could be encountered during field activities.

Self-monitoring will only be authorized for those individuals who have completed a self-monitoring training program that includes basic operation of the survey instruments; background/alert/alarm levels; response/notification actions; and documentation of results.

(PRIVATE )	CH2M HILL RADIATION SELF-MONITORING PROCEDURE
1.	Turn Ludlum Model 3 instrument (or equivalent) on and place the switch to the BAT position. The indicator needle should deflect to the full-scale position. If the battery is not fully charged, the instrument should not be used. Contact HP technician or SSC to replace the batteries. Do not use the instrument if it fails to respond to a battery check.
2.	Turn the switch to the x 0.1 position and check the instrument background. The background count rate should be approximately 50-100 counts per minute (cpm).
3.	Place the G.M. detector next to the check source attached to the side of the instrument. The count rate should increase until it reaches full scale on the x 0.1 range. If the instrument does not respond to the source, contact the HP technician or SSC. Do not use the instrument if it fails to respond to a source check.
4.	Use the same scale setting (x 0.1) for self-monitoring surveys. Survey hands, feet, and personal objects (notebooks, logs, and so forth) by moving the thin-end window G.M. detector slowly over the surface of the object. Be careful to keep the detector within approximately 1/4- to 1/2-in. of the surface, but do not touch the object being surveyed. (Note: The thin window on these instruments is very fragile and can be damaged by contact with small objects such as gravel on boots.)  Observe the meter reading while surveying hands, feet, and other objects. If the meter reading exceeds 100 cpm above the background count rate, and the reading is consistent (not erratic), contact the HP technician or SSC for assistance.
5.	Sign the self-monitoring survey logsheet to acknowledge that the survey was completed and no contamination was detected.
6.	The HP technician will maintain records of self-monitoring logsheets.

Appendix C  
Applicable MSDSs



# GASES GROUP MATERIAL SAFETY DATA SHEET

## SECTION 1: PRODUCT IDENTIFICATION

PRODUCT NAME: METHANE

FORMULA: CH<sub>4</sub>

SYNONYMS: Methyl Hydride, Marsh Gas

MANUFACTURER: Air Products and Chemicals, Inc.  
7201 Hamilton Boulevard  
Allentown, PA 18195 - 1501

PRODUCT INFORMATION : 1 - 800 - 752 - 1597

MSDS NUMBER: 2M01-4 EFFECTIVE DATE: May 1993 REVISION: 4

## SECTION 2: HAZARDOUS COMPONENTS

Methane is packaged as pure product (>99%).

CAS NUMBER: 74-82-8

EXPOSURE LIMITS:

OSHA: None established

ACGIH: Simple Asphyxiant

NIOSH: None established

## SECTION 3: HAZARD IDENTIFICATION

### EMERGENCY OVERVIEW

Methane is a flammable, colorless, odorless, compressed gas packaged in cylinders under high pressure. It poses an immediate fire and explosion hazard when concentrations exceed 5.0%. High concentrations that can cause rapid suffocation are within the flammable range and should not be entered.

### EMERGENCY TELEPHONE NUMBERS

800 - 523 - 9374 in Continental U.S. (except PA), Canada and Puerto Rico

800 - 322 - 9092 in Pennsylvania

215 - 481 - 7711 outside U.S.

**POTENTIAL HEALTH EFFECTS**

**INHALATION:** Methane is non-toxic. It can, however, reduce the amount of oxygen in the air necessary to support life. Exposure to oxygen-deficient atmospheres (< 19.5 %) may produce dizziness, nausea, vomiting, loss of consciousness, and death. At very low oxygen concentrations (< 12 %) unconsciousness and death may occur without warning.

**EYE CONTACT:** No harmful affect.

**SKIN CONTACT:** No harmful affect.

**CARCINOGENIC POTENTIAL:** Methane is not listed as carcinogen or potential carcinogen by NTP, IARC, or OSHA Subpart Z.

**EXPOSURE INFORMATION**

**ROUTE OF ENTRY:** Inhalation.

**TARGET ORGANS:** None

**EFFECT:** Asphyxiation (suffocation).

**CONDITIONS AGGRAVATED:** None

**SECTION 4: FIRST AID**

**INHALATION:** Conscious persons should be assisted to an uncontaminated area and inhale fresh air. Unconscious persons should be moved to an uncontaminated area, given artificial respiration and supplemental oxygen. Quick removal from contaminated area is most important.

**EYE CONTACT:** No treatment necessary.

**SKIN CONTACT:** No treatment necessary.

**SECTION 5: FIRE AND EXPLOSION**

**FLASH POINT**

**AUTO IGNITION TEMP**

**FLAMMABLE LIMITS**

-306 °F

1076 °F

5.0% - 15%

**EXTINGUISHING MEDIA:** Dry chemical, carbon dioxide, or water.

**HAZARDOUS COMBUSTION PRODUCTS:** None

**FIRE FIGHTING PROCEDURES:** If possible, without risk, stop the flow of methane then fight fire according to types of materials burning. If possible, move adjacent cylinders away from fire area. If the flow of methane cannot be safely shut off, allow fire to burn itself out. This will avoid possible accumulation and re-ignition of a flammable gas mixture. Cool cylinders with water spray until well after fire is out.

**UNUSUAL HAZARDS:** Upon exposure to intense heat or flame cylinder may vent rapidly or rupture due to pressure increase.

**SECTION 6: ACCIDENTAL RELEASE MEASURES**

Evacuate all personnel from affected area. Increase ventilation to release area. Use a flammable gas meter (explosimeter) to monitor concentration. An immediate fire and explosion hazard exists when atmospheric concentrations exceed 5.0%. Use appropriate protective equipment (SCBA and fire resistant suit). Never enter an area where the concentration is within the 20% of the lower flammable limit (1.0%). If the leak is from cylinder or cylinder valve, call the Air Products emergency telephone number. If the leak is in users system, close cylinder valve, vent and purge lines with inert gas before attempting repairs.

**SECTION 7: STORAGE AND HANDLING**

**STORAGE:** Cylinders should be stored upright in a well-ventilated, secure area. Storage area temperatures should not exceed 125 °F (52 °C) and should be free of oxidizers and sources of ignition. "No Smoking or Open Flames" signs should be posted in storage area. Storage should be away from heavily traveled areas and emergency exits. Avoid areas where salt or other corrosive materials are present. Valve protection caps and valve outlet seals should remain on cylinders not connected for use. Separate full from empty cylinders. Use a first-in first-out system. Keep good inventory records. Visually inspect stored cylinders on a routine basis, at least weekly, for any indication of leakage or other problems.

**HANDLING:** Do not drag, roll, or slide cylinder. Use a suitable handtruck designed for cylinder movement. Never attempt to lift a cylinder by its cap. Secure cylinders at all times while in use. Use a pressure reducing regulator or separate control valve to safely discharge gas from cylinder. Use a check valve to prevent reverse flow into cylinder. Never apply flame or localized heat directly to any part of the cylinder. Do not allow any part of the cylinder to exceed 125 °F (52 °C). High temperature may cause damage to cylinder and/or premature failure of pressure relief device which will result in the venting of the cylinder contents. If user experiences any difficulty operating cylinder valve, discontinue use and contact supplier. Use an adjustable strap-wrench to remove over-tight or rusted caps.

Use a "FULL", "IN USE", and "EMPTY" tag system on cylinders. This will greatly reduce the chances of inadvertently connecting or operating the wrong cylinder.

**SPECIAL REQUIREMENTS:** Always store and handle compressed gases in accordance with Compressed Gas Association, Inc. (ph. 703-412-0900) pamphlet CGA P-1, *Safe Handling of Compressed Gases in Containers*. Local regulations may require specific equipment for storage or use.

**CAUTION:** Compressed gas cylinders shall not be refilled except by qualified producers of compressed gases. Shipment of a compressed gas cylinder refilled by someone other than the owner, without the owner's written consent, is a violation of federal law.

**SECTION 8: PERSONAL PROTECTION / EXPOSURE CONTROL**

**ENGINEERING CONTROLS:** Provide ventilation and/or local exhaust to prevent accumulation of gas concentrations above 1.0%.

**RESPIRATORY PROTECTION:**

**GENERAL USE:** None required.

**EMERGENCY:** Do not enter areas where concentration is greater than 1.0% (20% of LEL). Exposure to concentrations below this level does not require respiratory protection.

**SKIN PROTECTION:**

**GENERAL USE:** Leather work gloves and safety shoes for handling cylinders.

**EMERGENCY:** Leather gloves, fire resistant suit.

**EYE PROTECTION:** Safety glasses and/or face shield.

**SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES**

**APPEARANCE:** Colorless

**ODOR:** Odorless

**VAPOR PRESSURE:** Permanent noncondensable gas.

**GAS DENSITY:** 0.042 lb / cu. ft. @ 70 °F

**BOILING POINT:** -258.6 °F

**FREEZING POINT:** -296.45 °F

**SOLUBILITY IN WATER:** Negligible

**SPECIFIC GRAVITY:** 0.555 @ 70 °F (air=1)

**SPECIFIC VOLUME:** 24.06 cu. ft. / lb. @ 70 °F 1 atm.

**MOLECULAR WEIGHT:** 16.04

**SECTION 10: REACTIVITY / STABILITY**

**CHEMICAL STABILITY:** Stable

**CONDITIONS TO AVOID:** None

**INCOMPATIBILITY:** Oxidizers

**HAZARDOUS DECOMPOSITION PRODUCTS:** None

**HAZARDOUS POLYMERIZATION:** Will not occur

**SECTION 11: TOXICOLOGICAL INFORMATION**

Methane is nontoxic and acts as a simple asphyxiant.

**SECTION 12: ECOLOGICAL INFORMATION**

This product does not contain any Class I or Class II ozone depleting chemicals. This product is not listed as a marine pollutant by DOT (49 CFR).

**SECTION 13: DISPOSAL**

**UNUSED PRODUCT / EMPTY CYLINDER:** Return cylinder and unused product to supplier. Do not attempt to dispose of unused product. Ensure cylinder valve is properly closed, valve outlet cap has been reinstalled, and valve protection cap is secured before shipping cylinder.

**DISPOSAL:** Residual product in the system may be burned if a suitable burning unit (flair incinerator) is available on site. This shall be done in accordance with federal, state, and local regulations. Wastes containing this material may be classified by EPA as hazardous waste by characteristic (i.e., Ignitability, Corrosivity, Toxicity, Reactivity). Waste streams must be characterized by the user to meet federal, state, and local requirements. If classified as hazardous waste this material will have a CERCLA reportable quantity (RQ) of 100 pounds (D001 Ignitable).



## SECTION 14: TRANSPORTATION

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DOT HAZARD CLASS: 2.1

DOT SHIPPING LABEL: Flammable Gas

DOT SHIPPING NAME: Methane

IDENTIFICATION NUMBER: UN 1971

SPECIAL SHIPPING INFORMATION: Cylinders should be transported in a secure upright position in a well ventilated truck. Never transport in passenger compartment of a vehicle. Always ensure valve is closed, and valve outlet seal and protective cap are in place before shipping cylinder.

## SECTION 15: REGULATORY INFORMATION

### U.S. FEDERAL REGULATIONS:

CERCLA: Comprehensive Environmental Response, Compensation, and Liability Act of 1980 requires notification to the National Response Center of a release of quantities of hazardous substances equal to or greater than the reportable quantities (RQ's) in 40 CFR 302.4.

CERCLA REPORTABLE QUANTITY: NONE (see Section 13).

### SARA TITLE III: SUPERFUND AMENDMENT AND REAUTHORIZATION ACT OF 1986

SECTION 302: Requires emergency planning based on threshold planning quantities (TPQ's) and release reporting based on reportable quantities (RQ's) of EPA's extremely hazardous substances (40 CFR 355).

Extremely Hazardous Substances in product are: NONE

SECTIONS 311 / 312: Require submission of material safety data sheets (MSDSs) and chemical inventory reporting with identification of EPA defined hazard classes. The hazard classes for this product are:

HEALTH: Immediate

PHYSICAL: High Pressure  
Flammability

SECTION 313: Requires submission of annual reports of release of toxic chemicals that appear in 40 CFR 372. This information must be included in all MSDS's that are copied and distributed for this material.

Components present which could require reporting under Section 313: NONE

TOXIC SUBSTANCE CONTROL ACT (TSCA): Methane is listed on the TSCA inventory.

### STATE REGULATIONS

#### CALIFORNIA:

Proposition 65:

This product does NOT contain any listed substances which the State of California requires warning under this statute.

SCAQMD Rule:

VOC = 24.06 cu. ft. / lb

**SECTION 16: SUPPLEMENTAL INFORMATION****HAZARD RATINGS:**

	<b>HEALTH</b>	<b>FLAMMABILITY</b>	<b>REACTIVITY</b>	<b>SPECIAL</b>
<b>NFPA:</b>	0	4	0	SA
<b>HMIS:</b>	0	4	0	

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REVISION INFORMATION: *New format.*

**INDUSTRIAL SAFETY**  
**Data Sheet**

Tel. (215) 481-4811 • TWX 510-661-3688  
Teletype (215) 481-5800  
CABLE-AIRPROD • TELEX 847416

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EMERGENCY PHONE: 800-523-8374		IN PENNSYLVANIA: 800-322-8092	
ISSUE DATE	Issued: 13 April 1977	TRADE NAME AND SYNONYMS	CHEMICAL NAME AND SYNONYMS
REVISIONS	Rev: 1 March 1990	-Hydrogen, or Liquid Hydrogen (in cryogenic liquid state)	Hydrogen
		FORMULA	CHEMICAL FAMILY
		H <sub>2</sub> MW: 2.016	Flammable Gas CAS #1333-74-0

**HEALTH HAZARD DATA**

**EXPOSURE LIMITS**

Hydrogen is a simple asphyxiant and has no threshold limit value (TLV). Hydrogen is not listed as a carcinogen by NTP, IARC, or OSHA.

**SYMPTOMS IF INGESTED, CONTACTED WITH SKIN, OR VAPOR INHALED**

Hydrogen is nontoxic and classified as a simple asphyxiant. Symptoms of anoxia occur only when gas concentrations are within the flammable range and the mixture has not ignited. **DO NOT ENTER AREAS WITHIN THE FLAMMABLE RANGE DUE TO THE IMMEDIATE FIRE AND EXPLOSION HAZARD.** Contact of skin with liquid hydrogen or cold gas vapors can cause cryogenic (extreme low temperature) burns and freeze tissues.

**TOXICOLOGICAL PROPERTIES**

Hydrogen is nontoxic and classified as a simple asphyxiant, but is extremely flammable. The amount of hydrogen gas necessary to reduce oxygen concentrations below life support levels is well within the flammable range. Do not enter areas containing flammable mixtures due to the immediate fire and explosion hazard.

**RECOMMENDED FIRST AID TREATMENT**

If cryogenic liquid or cold boil-off gas contacts worker's skin or eyes, frozen tissues should be flooded or soaked with tepid water (105-115F; 41-46C). **DO NOT USE HOT WATER.** Cryogenic burns which result in blistering or deeper tissue freezing should be seen promptly by a physician. First degree burns (reddening only, as sunburn), or second degree burns (blistering) which are the result of fire exposure and are localized to a portion of an extremity or other small area of the body may be immersed in cool water for 10-20 minutes to relieve pain. Do NOT immerse the whole body in a cold bath. All thermal injuries except the most minor and localized burns should be referred promptly for medical care. Burned areas should be covered with the cleanest available material, such as a clean sheet, prior to transport. Do NOT use burn ointments or greasy materials on burns which show more than localized reddening. Persons suffering from lack of oxygen should be moved to areas with normal atmosphere. Assisted respiration and supplemental oxygen should be given if the victim is not breathing.

**FIRE AND EXPLOSION HAZARD DATA**

FLASH POINT (Method used)	AUTO IGNITION TEMP	FLAMMABLE LIMITS	LEL	UEL
N/A (gas at normal temperatures)	832F (500C)	In air @ 1 atm	4.0%	74.2%

**EXTINGUISHING MEDIA**

Dry chemical, carbon dioxide, or Halon

**ELECTRICAL CLASSIFICATION**

GROUP Class I, Group B

**SPECIAL FIRE FIGHTING PROCEDURES**

Shut off source of hydrogen. When possible, allow fire to burn itself out. Spray water on adjoining equipment to keep it cool.

**UNUSUAL FIRE AND EXPLOSION HAZARDS**

Hydrogen can burn with almost an invisible flame of low thermal radiation. People have unknowingly walked into hydrogen flames. Easily ignited; minimum ignition energy is low (0.2MJ) and flammable range is wide. Flame propagates at rapid rate. Potential explosion hazard from reignition if fire is extinguished without shutting off hydrogen source. Hydrogen gas is bouyant and can accumulate in the upper sections of enclosed spaces.

**PHYSICAL DATA**

BOILING POINT (°F)	FREZZING POINT (°F)		
@ 1 atm -423.0F (-252.8C)	@ 1 atm -434.5F (-259.2C)		
VAPOR PRESSURE (psia)	SOLUBILITY IN WATER		
N/A	@ 68F (20C), 1 atm 1.82% by volume		
VAPOR DENSITY (vs air)	SPECIFIC GRAVITY (vs air)	LIQUID DENSITY (vs air)	SPECIFIC GRAVITY (vs air)
@ 68F (20C), 1 atm 0.005229	@ 68F (20C), 1 atm 0.0896	@ boiling point, 1 atm 4.432	@ boiling point, 1 atm 0.0710

**APPEARANCE AND ODOR**

Both liquid and gaseous hydrogen are colorless and odorless.

**REACTIVITY DATA**

STABILITY	UNSTABLE		CONDITIONS TO AVOID Sources of ignition, sparks, flames, hot objects.	118 83
	STABLE	X		

**COMPATIBILITY (Materials to Avoid)**  
 Oxidizing materials. Some steels are susceptible to hydrogen attack or embrittlement at high temperature and pressure.

**HAZARDOUS POLYMERIZATION**

MAY OCCUR		CONDITIONS TO AVOID
WILL NOT OCCUR	X	None

**SPILL OR LEAK PROCEDURES**

**STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED**  
 DO NOT ENTER areas containing flammable mixtures of hydrogen in air. Avoid contact of skin with liquid hydrogen or cold boil-off gas. Ventilate enclosed areas to prevent formation of flammable or oxygen-deficient atmospheres. See "VENTILATION" below. Eliminate all potential sources of ignition. Move a leaking compressed gas cylinder out of doors if leak is small. Consult Air Products for additional assistance.

**WASTE DISPOSAL METHOD**  
 Do not attempt to dispose of residual gaseous hydrogen in cylinders. Return cylinders to Air Products with positive residual pressure, cylinder valves tightly closed, and valve cap in place. Do not dispose of liquid hydrogen — contact Air Products for assistance.

**SPECIAL PROTECTION INFORMATION**

**RESPIRATORY PROTECTION (Specify type)**

<b>VENTILATION</b> Natural or mechanical where gas or vapor is present.	<b>LOCAL EXHAUST</b> As necessary	<b>SPECIAL</b> Mechanical ventilation must meet National Electric Code (NEC) requirements for Class I, Group B.
	<b>MECHANICAL (General)</b> As necessary	<b>OTHER</b> Only as necessary

**PROTECTIVE GLOVES**  
 (Liquid) Loose-fitting of impermeable materials, such as leather. Leather work gloves are recommended when handling compressed gas cylinders.

**EYE PROTECTION**  
 Safety glasses are recommended when handling compressed gas cylinders. Use safety glasses or goggles when handling liquid.

**PROTECTIVE EQUIPMENT?**

**SPECIAL PRECAUTIONS\***

**SPECIAL LABELING INFORMATION**  
 DOT Shipping Name: Hydrogen, or Hydrogen, Compressed; (Liquid) Hydrogen, refrigerated liquid.  
 DOT Hazard Class: Flammable Gas.  
 DOT Shipping Label: Flammable Gas.  
 I.D. Number: UN 1049 (Hydrogen or Hydrogen, Compressed); UN 1966 (Liquid Hydrogen).

**SPECIAL HANDLING RECOMMENDATIONS**  
 Prevent contact of liquid hydrogen with exposed skin. Prevent entrapment of liquid in closed systems. Use only in well ventilated areas. Compressed gas cylinders contain hydrogen at extremely high pressure and should be handled with care. Use a pressure-reducing regulator when connecting to lower pressure piping systems. Secure cylinders when in use. Never use direct flame to heat a compressed gas cylinder. Use a check valve to prevent back flow into storage container. Avoid dragging, rolling, or sliding cylinders, even for a short distance. Use a suitable hand truck. For additional handling recommendations on compressed gas cylinders, consult Compressed Gas Association Pamphlet P-1.

**SPECIAL STORAGE RECOMMENDATIONS**  
 Store liquid containers and cylinders in well-ventilated areas. Keep cylinders away from sources of heat. Storage should not be in heavy traffic areas to prevent accidental knocking over or damage from passing or falling objects. Valve caps should remain on cylinders not connected for use. Segregate full and empty cylinders. Storage areas should be free of combustible material. Avoid exposure to areas where salt or other corrosive chemicals are present. Cylinder storage of hydrogen should be segregated from oxidizers such as oxygen, fluorine, etc. See Compressed Gas Association Pamphlet P-1 for additional storage recommendations.

**SPECIAL PACKAGING RECOMMENDATIONS**  
 Gaseous hydrogen containers meet DOT specifications or American Society of Mechanical Engineers (ASME) codes. Liquid hydrogen is stored in vacuum-insulated containers meeting DOT specifications or ASME codes.

**OTHER RECOMMENDATIONS OR PRECAUTIONS**  
 Liquid hydrogen in exposed piping can actually cause air to condense and liquefy. The nitrogen in this liquid can evaporate more rapidly, leaving an oxygen enriched liquid behind. Utilize oxygen-compatible insulating materials and minimize exposed piping surface areas. Use only metals and materials compatible with extremely low temperatures. Avoid use of carbon steel and other metals which become brittle at low temperatures. Compressed gas cylinders should not be refilled except by qualified producers of compressed gases. Shipment of a compressed gas cylinder filled without the written permission of the owner is a violation of Federal Law. The atmosphere in areas in which hydrogen gas may be vented and collect should be tested with a portable or continuous flammable gas analyzer.

Government agencies (i.e., Department of Transportation, Occupational Safety and Health Administration, Food and Drug Administration and others) may have specific regulations concerning the transportation, handling, storage or use of this product which should be reflected in this data sheet. The customer should review these regulations to ensure that s/he is in full compliance.

# American Burdick & Jackson

## Material Safety Data Sheet



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emergency telephone no. 312/973-3600 (American Scientific Products)  
chemtrec telephone no. 800/424-9300  
information telephone no. 616/726-3171 (American Burdick & Jackson)

**MATERIAL SAFETY  
DATA SHEET****I. Identification**

chemical name Pentane molecular weight 72.15  
chemical family Aliphatic Hydrocarbon formula C<sub>5</sub>H<sub>12</sub>  
synonyms n-Pentane  
DOT proper shipping name Pentane  
DOT hazard class Flammable Liquid  
DOT identification no. UN1265 CAS no. 109-66-0

**PENTANE****II. Physical and Chemical Data**

boiling point, 760mm Hg. 36.07°C freezing point -129.7°C evaporation rate (BuAc=1) ca 29  
vapor pressure at 20°C 420 mm Hg vapor density (air = 1) 2.5 solubility in water @ 20°C 0.04%  
% volatiles by volume ca 100 specific gravity (H<sub>2</sub>O = 1) @ 20°C 0.626 stability Stable  
hazardous polymerization Not expected to occur.  
appearance and odor Clear, colorless liquid with a mild hydrocarbon odor.  
conditions to avoid Heat, sparks, open flame, open containers, and poor ventilation.

materials to avoid Strong oxidizing agents.

hazardous decomposition products Incomplete combustion can generate carbon monoxide and other toxic vapors.

**III. Fire and Explosion Hazard Data**

flash point, (test method) -40°C (Tag closed cup) auto ignition temperature 296°C  
flammable limits in air % by volume: lower limit 1.5 upper limit 7.8  
unusual fire and explosion hazards Very volatile and extremely flammable.

extinguishing media Carbon dioxide, dry chemical or foam.

special fire fighting procedures Water will not be effective in extinguishing a fire and may spread it, but a water spray can be used to cool exposed containers. Wear full protective clothing and self-contained breathing apparatus. Heat will build pressure and may rupture closed storage containers.

**IV. Hazardous Components**

Pentane % ca 100 TLV 600 ppm CAS no. 109-66-0

**American Burdick & Jackson's Disclaimer:** "The information and recommendations presented herein are based on sources believed to be reliable as of the date hereof. American Burdick & Jackson makes no representation as to the completeness or accuracy thereof. It is the user's responsibility to determine the product's suitability for its intended use, the product's safe use, and the product's proper disposal. No representations or warranties not expressly set forth herein are made hereunder, whether express or implied by operation of law or otherwise, including, but not limited to any implied warranties of MERCHANTABILITY OR FITNESS. American Burdick & Jackson neither assumes nor authorizes any other person to assume for it, any other or ADDITIONAL LIABILITY OR RESPONSIBILITY resulting from the use of, or reliance upon, this information."

**American Burdick & Jackson**Subsidiary of American  
Scientific Products Corporation1953 South Harvey Street  
Milwaukee, WI 53219

V. Health HazardsOccupational Exposure Limits

OSHA      8-hour PEL   - 1000 ppm  
             Ceiling       - not listed  
             Peak           - not listed

ACGIH     TLV-TWA     - 600 ppm  
             TLV-STEL   - 750 ppm  
             (15-min)

NIOSH     TLV-TWA     - 120 ppm  
             TLV-C       - 610 ppm

Concentration Immediately Dangerous to Health

OSHA/NIOSH      5,000 ppm

Odor Threshold

NIOSH              2.2 ppm  
 OHS                10 ppm  
 NSC                not listed

Primary Routes of Entry

Pentane may exert its effects through inhalation, skin absorption, and ingestion.

Industrial Exposure: Route of Exposure/Signs and Symptoms

Inhalation:            Exposure can cause dizziness, headache, nausea, and narcosis.

Eye Contact:            Liquid and high vapor concentration can be irritating.

Skin Contact:           Prolonged or repeated skin contact can cause irritation and dermatitis through defatting of skin.

Ingestion:              Can cause gastrointestinal tract discomfort.

Effects of Overexposure

Pentane is a mild eye and mucous membrane irritant, primary skin irritant, and central nervous system depressant. Acute exposure irritates the eyes and respiratory tract. Extreme concentrations can produce drowsiness and other signs of narcosis. Chronic exposure can cause dermatitis.

Medical Condition Aggravated by Exposure

Preclude from exposure those individuals susceptible to dermatitis.

Emergency First Aid

- Inhalation:** Immediately remove to fresh air. If not breathing, administer mouth-to-mouth rescue breathing. If there is no pulse administer cardiopulmonary resuscitation (CPR). Contact physician immediately.
- Eye Contact:** Rinse with copious amounts of water for at least 15 minutes. Get emergency medical assistance.
- Skin Contact:** Flush thoroughly for at least 15 minutes. Wash affected skin with soap and water. Remove contaminated clothing and shoes. Wash clothing before re-use, and discard contaminated shoes. Get emergency medical assistance.
- Ingestion:** Call local Poison Control Center for assistance. Contact physician immediately. Aspiration Hazard - Do not induce vomiting.

**VI. Safety Measures and Equipment**

---

- Ventilation:** Adequate ventilation is required to protect personnel from exposure to chemical vapors exceeding the PEL and to minimize fire hazards. The choice of ventilation equipment, either local or general, will depend on the conditions of use, quantity of material, and other operating parameters.
- Respiratory:** Use approved respirator equipment. Follow NIOSH and equipment manufacturer's recommendations to determine appropriate equipment (air-purifying, air-supplied, or self-contained breathing apparatus).
- Eyes:** Safety glasses are considered minimum protection. Goggles or face shield may be necessary depending on quantity of material and conditions of use.
- Skin:** Protective gloves and clothing are recommended. The choice of material must be based on chemical resistance and other user requirements. Generally, neoprene or Buna-N offers acceptable chemical resistance. Individuals who are acutely and specifically sensitive to pentane may require additional protective equipment.

**Storage:** Pentane should be protected from temperature extremes and direct sunlight. Proper storage of pentane must be determined based on other materials stored and their hazards and potential chemical incompatibility. In general, pentane should be stored in an acceptably protected and secure flammable liquid storage room.

**Other:** Emergency eye wash fountains and safety showers should be available in the vicinity of any potential exposure. Ground and bond metal containers to minimize static sparks.

#### VII. Spill and Disposal Data

**Spill Control:** Protect from ignition. Wear protective clothing and use approved respirator equipment. Absorb spilled material in an absorbent recommended for solvent spills and remove to a safe location for disposal by approved methods. If released to the environment, comply with all regulatory notification requirements.

**Waste Disposal:** Dispose of pentane as an EPA hazardous waste. Hazardous waste number: D001(Ignitable).

Revision Date: 6/85

#### KEY

ca	Approximately	STEL	Short Term Exposure Level
na	Not applicable	TLV	Threshold Limit Value
C	Ceiling	TWA	Time Weighted Average
PEL	Permissible Exposure Level	BuAc	Butyl Acetate
NSC	National Safety Council ("Fundamentals of Industrial Hygiene", 1983)		
OHS	Occupational Health Services ("Hazardline")		



# MINERAL SAFETY DATA SHEET

(Essentially Similar to Form OSHA-202)

MSA PIN 34337

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## SECTION I

PRODUCT NAME	MSA CLEANER-SANITIZER II		
MANUFACTURER	Mine Safety Appliances Company 600 Penn Center Boulevard Pittsburgh, PA 15235	FORMULA CODE	8599-03
		COMPLETED BY	L. P. Dewosky
EMERGENCY PHONE NO.	412-273-5500	TITLE	Mgr. Product Safety
		DATE	6/9/83

## SECTION II - INGREDIENTS

	CAS NUMBER	WEIGHT,
<b>ACTIVE INGREDIENTS:</b>		<b>54.7</b>
SODIUM CARBONATE	497-19-8	42.2
TRISODIUM PHOSPHATE	7601-54-9	10.0
ALKYL (C14, 50%; C12, 40%; C16, 10%)		
DIMETHYL BENZYL AMMONIUM CHLORIDES	139-08-2	2.5
 <b>INERT INGREDIENTS:</b>		 <b>45.3</b>
SODIUM TRIPOLYPHOSPHATE	7758-29-4	
SODIUM BICARBONATE	144-55-8	
WATER	7732-18-5	
ISOMERIC LINEAR ALCOHOLS (C11-C15)		
POLYETHOXY ETANOLS	68131-40-8*	
ETHANOL	64-17-5	
ISOBORNYL ACETATE	125-12-2	

## SECTION III - PHYSICAL DATA

BOILING POINT (° F.)	NA	SPECIFIC GRAVITY (H <sub>2</sub> O=1)	0.8
VAPOR PRESSURE (mm Hg.)	NA	%VOLATILE BY VOLUME	NA
VAPOR DENSITY (AIR=1)	NA	EVAPORATION RATE (_____ = 1)	NA
SOLUBILITY IN WATER	20%	PH 1% AQUEOUS SOLUTION	9.5 - 10.5
APPEARANCE AND ODOR	FRAGRANT BLEND OF WHITE POWDERS		

## SECTION IV - FIRE AND EXPLOSION DATA

FLASH POINT (Method used)	NO FLASH TO 240 F	FLAMMABLE LIMITS	Lel NA Uel NA
EXTINGUISHING MEDIA	WATER SPRAY (FOG), FOAM, DRY CHEMICAL, CARBON DIOXIDE		
SPECIAL FIRE FIGHTING PROCEDURES	BLANKET FIRE WITH EXTINGUISHING MEDIUM		
UNUSUAL FIRE AND	PRODUCT IS NONREACTIVE AND DOES NOT READILY SUPPORT		

SKIN CONTACT WITH POWDER MAY CAUSE BURNS. FLUSH AFFECTED AREA WITH CLEAN WATER.

EYE CONTACT WITH POWDER MAY CAUSE CORNEAL BURNS. AVOID RUBBING EYES BECAUSE WATER INSOLUBLE PARTICLES MAY SCRATCH CORNEA. IMMEDIATELY FLUSH EYES WITH CLEAN WATER WHILE HOLDING EYELIDS APART. CONTINUE FLUSHING FOR AT LEAST 15 MINUTES OR UNTIL IRRITATION SUBSIDES. CONSULT PHYSICIAN AS SOON AS POSSIBLE.

INHALATION OF A LARGE ENOUGH QUANTITY TO POSE A SIGNIFICANT HEALTH HAZARD IS IMPROBABLE.

INGESTION OF POWDER IS HARMFUL OR FATAL. SHOULD INGESTION OCCUR, DRINK MILK, RAW EGG WHITE, OR GELATIN SOLUTION, OR LARGE QUANTITIES OF WATER. AVOID ALCOHOL. CONSULT PHYSICIAN AS SOON AS POSSIBLE.

## SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID	NONE
	STABLE	X		
HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID	NONE
	WILL NOT OCCUR	X		
HAZARDOUS DECOMPOSITION PRODUCTS	UNDETERMINED			
INCOMPATIBILITY (MATERIALS TO AVOID)	OXIDIZING AGENTS SOAP AND ANIONIC SURFACTANTS DEACTIVATE GERMICIDE			

## SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IF CASE MATERIAL RELEASED OR SPILLED	SWEEP UP
WASTE DISPOSAL METHOD	REMOVE TO SANITARY LANDFILL AWAY FROM WATER SUPPLIES DESTROY EMPTY CONTAINERS

## SECTION VIII - SPECIAL PROTECTION INFORMATION

SPECIAL RESPIRATORY PROTECTION	NOT REQUIRED
SPECIAL SKIN PROTECTION	NOT REQUIRED
SPECIAL EYE PROTECTION	NOT REQUIRED

## SECTION IX - SPECIAL PRECAUTIONS

SPECIAL HANDLING PRECAUTIONS	NOT REQUIRED
SPECIAL STORAGE PRECAUTIONS	NOT REQUIRED.
OTHER SPECIAL PRECAUTIONS	NOT REQUIRED

## HEXANES

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## Material Safety Data Sheet

-----  
Mallinckrodt Specialty Chemicals Co.

P.O. Box 800

Paris, Kentucky 40362

Emergency Telephone Number

314-539-1500

Effective Date: 11-09-92 Supersedes 09-06-91

## PRODUCT IDENTIFICATION:

-----  
Synonyms: n-Hexane:

Formula CAS No.: 110-54-3

Molecular Weight: 86.18

Hazardous Ingredients:

Chemical Formula: CH<sub>3</sub>(CH<sub>2</sub>)<sub>4</sub>CH<sub>3</sub>

n-Hexane

3-Methylpentane

## PRECAUTIONARY MEASURES

-----  
DANGER! EXTREMELY FLAMMABLE. HARMFUL IF SWALLOWED OR INHALED. AFFECTS  
CENTRAL NERVOUS SYSTEM. MAY CAUSE IRRITATION.

Keep away from heat, sparks and flame.

Keep container closed.

Use with adequate ventilation.

Avoid breathing vapor.

Avoid contact with eyes, skin and clothing.

Wash thoroughly after handling.

## EMERGENCY FIRST AID

-----  
Aspiration hazard. If swallowed, DO NOT INDUCE VOMITING! Give large quantities  
of water or milk if available. Never give anything by mouth to an unconscious  
person. If inhaled, remove to fresh air. If not breathing, give artificial  
respiration. If breathing is difficult, give oxygen. In case of contact,  
immediately flush skin or eyes with plenty of water for at least 15 minutes.  
In all cases call a physician.

SEE SECTION 5.

DOT Hazard Class: Flammable Liquid

## Physical Data

## SECTION 1

-----  
Appearance: Clear, colorless solution.

Odor: Odorless.

Solubility: Insoluble in water.

Boiling Point: ca. 68 C (154 F).

Vapor Density (Air=1): 3.0

Melting Point: ca. -95 C (-139 F)

Vapor Pressure (mm Hg): 124 @ 20 C (68  
F)

Specific Gravity: ca. 0.7

Evaporation Rate: No information

found.

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NFPA Ratings: Health: 1 Flammability: 3 Reactivity: 0

## Fire and Explosion

## SECTION 2

-----  
Information-----  
Fire:

Extremely Flammable. Dangerous fire hazard when exposed to heat or flame. Flashpoint: -22 to -26 C (-7 to -15 F). Autoignition temperature: 240-260 C (464-500 F). Flammable limits in air, % by volume: lel: 1.1; uel: 7.5.

## Explosion:

Above flash point, vapor-air mixtures are explosive within flammable limits noted above. Contact with oxidizing materials may cause extremely violent combustion.

## Fire Extinguishing Media:

Dry chemical, foam or carbon dioxide. Water spray may be used to keep fire exposed containers cool.

## Special Information:

In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode. Water spray may be used to keep fire exposed containers cool. Use chemical safety goggles. Contact lenses should not be worn when working with this material. Vapors can flow along surfaces to distant ignition source and flash back.

## Reactivity Data

## SECTION 3

-----  
Stability:

Stable under ordinary conditions of use and storage. Heat will contribute to instability.

Hazardous Decomposition  
Products:

Toxic gases and vapors may be released if involved in a fire.

## Hazardous Polymerization:

This substance does not polymerize.

## Incompatibilities:

Strong oxidizers.

## Leak/Spill Disposal Information

## SECTION 4

-----  
Ventilate area of leak or spill. Remove all sources of ignition. Clean-up personnel require protective clothing and respiratory protection from vapors. Contain and recover liquid when possible. Use non-sparking tools and equipment. Collect as hazardous waste and atomize in a suitable RCRA approved combustion chamber, or absorb with vermiculite, dry sand, earth or similar material for disposal as hazardous waste in a RCRA approved facility. Do not flush to sewer! Reportable Quantity (RQ) (CWA/CERCLA) : 1 lb.  
Ensure compliance with local, state and federal regulations.

## Health Hazard Information

## SECTION 5

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## A. Exposure/Health Effects

- Inhalation:** Mild irritant to the respiratory tract. Overexposure may cause lightheadedness, nausea, and blurred vision. Greater exposure may cause unconsciousness and death.
- Ingestion:** May cause abdominal pain, nausea. Other symptoms parallel inhalation. Aspiration into the lungs can produce severe lung damage.
- Skin Contact:** May cause redness, irritation.
- Eye Contact:** Vapors may cause irritation. Splashes may cause redness and pain.
- Chronic Exposure:** Chronic inhalation may cause peripheral nerve disorders.
- Aggravation of Pre-existing Conditions:** Persons with pre-existing skin disorders or eye problems or impaired respiratory function may be more susceptible to the effects of the substance.

## B. FIRST AID

- Inhalation:** Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician.
- Ingestion:** Aspiration hazard. If swallowed, DO NOT induce vomiting. Give large quantities of water or milk if available. Call a physician immediately. Never give anything by mouth to an unconscious person.
- Skin Exposure:** Remove any contaminated clothing. Wipe off excess from skin. Wash skin with soap and water for at least 15 minutes. Get medical attention if irritation develops or persists.
- Eye Exposure:** Wash eyes with plenty of water for at least 15 minutes. If irritation develops, get medical attention.

## C. TOXICITY (RTECS, 1992)

Hexane: Oral rat LD50: 28710 mg/kg. Irritation eye rabbit 10 mg mild Investigated as a tumorigen, mutagen and reproductive effector.

## Occupational Control Measures

## SECTION 6

- Airborne Exposure Limits:** n-Hexane [110-54-3]: -OSHA Permissible Exposure Limit (PEL): 50 ppm (TWA) -ACGIH Threshold Limit Value (TLV): 50 ppm (TWA)
- Ventilation System:** A system of local and/or general exhaust is recommended to keep employee exposures below the

Airborne Exposure Limits. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, "Industrial Ventilation, A Manual of Recommended Practices", most recent edition, for details.

Personal Respirators  
(NIOSH Approved)

If the TLV is exceeded a full facepiece chemical cartridge respirator may be worn, in general, up to 100 times the TLV or the maximum use concentration specified by the respirator supplier, whichever is less. Alternatively, a supplied air full facepiece respirator or airlined hood may be worn.

Skin Protection:

Gloves and lab coat, apron or coveralls.

Eye Protection:

Use chemical safety goggles and/or a full face shield where splashing is possible. Contact lenses should not be worn when working with this material. Maintain eye wash fountain and quick-drench facilities in work area.

Storage and Special Information SECTION 7

Protect against physical damage. Store in a cool, dry well-ventilated location, away from direct sunlight and any area where the fire hazard may be acute. Store in tightly closed containers (preferably under nitrogen atmosphere). Outside or detached storage is preferred. Inside storage should be in a standard flammable liquids storage room or cabinet. Separate from oxidizing materials. Containers should be bonded and grounded for transfers to avoid static sparks. Storage and use areas should be No Smoking areas. Use non-sparking type tools and equipment.

\*\*\*\*\*  
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\*\*\*\*\*  
HEXAN

Addendum to Material Safety Data Sheet

REGULATORY STATUS

Hazard Categories for SARA  
Section 311/312 Reporting

Acute	Chronic	Fire	Pressure	Reactive
-----	-----	-----	-----	-----

X X X

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Product or Components of Product:	SARA EHS Sec. 302		SARA Sec. 313 Chemicals		CERCLA Sec. 103	RCRA Sec.
	RQ	TPQ	Name List	Chemical Category	RQ lbs	261.33
HEXANES						
Hexane (110-54-3) > 95%	No	No	No	No	No	No
3-Methylpentane (96-14-0) < 1.2%	No	No	No	No	No	No

## SARA Section 302 EHS RQ:

Reportable Quantity of Extremely Hazardous Substance, listed at 40 CFR 355.

## SARA Section 302 EHS TPQ:

Threshold Planning Quantity of Extremely Hazardous substance. An asterisk (\*) following a Threshold Planning Quantity signifies that if the material is a solid and has a particle size equal to or larger than 100 micrometers, the Threshold Planning Quantity = 10,000 LBS.

## SARA Section 313 Chemicals:

Toxic Substances subject to annual release reporting requirements listed at 40 CFR 372.65.

## CERCLA Sec. 103:

Comprehensive Environmental Response, Compensation and Liability Act (Superfund). Releases to air, land or water of these hazardous substances which exceed the Reportable Quantity (RQ) must be reported to the National Response Center, (800-424-8802); Listed at 40 CFR 302.4

## RCRA:

Resource Conservation and Reclamation Act. Commercial chemical product wastes designated as acute hazards and toxic under 40 CFR 261.33

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HEXANES

ASHLAND CHEMICAL COMPANY  
DIVISION OF ASHLAND OIL, INC.  
P.O. BOX 2219, COLUMBUS, OHIO 43216  
(614) 889-3333

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METHANOL

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THIS MSDS COMPLIES WITH 29 CFR 1910.1200 (THE HAZARD COMMUNICATION STANDARD)

24-HOUR EMERGENCY TELEPHONE: 1-800-ASHLAND OR 1-800-274-5263

\*\*\*\*\*  
PRODUCT NAME: METHANOL

CAS NUMBER: 67-56-1

DATA SHEET NO: 0001447-005.003

PREPARED: 08/17/94

SUPERSEDES: 05/25/94

PRINT DATE: 10/11/94

-----  
SECTION I-PRODUCT IDENTIFICATION  
-----

GENERAL OR GENERIC ID: ALCOHOL  
-----

-----  
SECTION II-COMPONENTS  
-----

IF PRESENT, IARC, NTP AND OSHA CARCINOGENS AND CHEMICALS SUBJECT TO THE REPORTING REQUIREMENTS OF SARA TITLE III SECTION 313 ARE IDENTIFIED IN THIS SECTION. SEE DEFINITION PAGE FOR CLARIFICATION

INGREDIENT -----	PERCENT -----	NOTE -----
METHYL ALCOHOL CAS #: 67-56-1	100 PEL: 200 PPM - SKIN	( 1 ) TLV: 200 PPM - SKIN

( 1 ): SKIN ABSORPTION MAY CONTRIBUTE TO THE OVERALL ABSORPTION OF THIS MATERIAL. APPROPRIATE MEASURES SHOULD BE TAKEN TO PREVENT ABSORPTION SO THAT THE TLV AND/OR PEL ARE NOT INVALIDATED. SEE SECTION V. OSHA/ACGIH SHORT TERM EXPOSURE LIMIT (STEL) FOR METHYL ALCOHOL IS 250 PPM. NIOSH RECOMMENDS A LIMIT OF 200 PPM, 8-HOUR TWA; 800 PPM 15-MINUTE CEILING. THIS CHEMICAL IS SUBJECT TO THE REPORTING REQUIREMENTS OF SECTION 313 OF SARA TITLE III.

CONTINUED ON PAGE: 2



## METHANOL

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## SECTION III-PHYSICAL DATA

PROPERTY	REFINEMENT	MEASUREMENT
BOILING POINT	FOR PRODUCT	147.00 DEG F ( 53.88 DEG C) @ 750.00 MMHG
VAPOR PRESSURE	FOR PRODUCT	97.58 MMHG @ 68.00 DEG F ( 20.00 DEG C)
SPECIFIC VAPOR DENSITY	AIR = 1	1.11
SPECIFIC GRAVITY		.793 @ 68.00 DEG F ( 20.00 DEG C)
PERCENT VOLATILES		100.00%
EVAPORATION RATE	(N-BUTYL ACETATE = 1)	5.91
APPEARANCE		CLEAR, APHA COLOR 5 MAX
STATE		LIQUID
FORM		NEAT

## SECTION IV-FIRE AND EXPLOSION INFORMATION

FLASH POINT(TCC ) 54.0 DEG F  
( 12.2 DEG C)

EXPLOSIVE LIMIT (PRODUCT) LOWER - 6.0%

EXTINGUISHING MEDIA: ALCOHOL FOAM OR CARBON DIOXIDE OR DRY CHEMICAL

HAZARDOUS DECOMPOSITION PRODUCTS: MAY FORM TOXIC MATERIALS:, CARBON DIOXIDE AND CARBON MONOXIDE, VARIOUS HYDROCARBONS, ETC.

FIREFIGHTING PROCEDURES: WEAR SELF-CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN THE POSITIVE PRESSURE DEMAND MODE WHEN FIGHTING FIRES.

SPECIAL FIRE & EXPLOSION HAZARDS: VAPORS ARE HEAVIER THAN AIR AND MAY TRAVEL ALONG THE GROUND OR MAY BE MOVED BY VENTILATION AND IGNITED BY PILOT LIGHTS, OTHER FLAMES, SPARKS, HEATERS, SMOKING, ELECTRIC MOTORS, STATIC DISCHARGE, OR OTHER IGNITION SOURCES AT LOCATIONS DISTANT FROM MATERIAL HANDLING POINT.

CONTINUED ON PAGE: 3

METHANOL

PAGE: 3

-----  
SECTION IV-FIRE AND EXPLOSION INFORMATION (CONTINUED)  
-----

NEVER USE WELDING OR CUTTING TORCH ON OR NEAR DRUM (EVEN EMPTY) BECAUSE PRODUCT (EVEN JUST RESIDUE) CAN IGNITE EXPLOSIVELY.  
ALL FIVE GALLON PAILS AND LARGER METAL CONTAINERS INCLUDING TANK CARS AND TANK TRUCKS SHOULD BE GROUNDED AND/OR BONDED WHEN MATERIAL IS TRANSFERRED.

NFPA CODES: HEALTH- 1 FLAMMABILITY- 3 REACTIVITY- 0

-----  
SECTION V-HEALTH HAZARD DATA  
-----

PERMISSIBLE EXPOSURE LIMIT 200 PPM - SKIN  
THRESHOLD LIMIT VALUE 200 PPM - SKIN  
SEE SECTION II

EFFECTS OF ACUTE OVEREXPOSURE:  
-----

EYES - EXPOSURE CAUSES EYE IRRITATION. SYMPTOMS MAY INCLUDE STINGING, TEARING, REDNESS, AND SWELLING.  
BREATHING - EXCESSIVE INHALATION OF VAPORS CAN CAUSE NASAL AND RESPIRATORY IRRITATION, CENTRAL NERVOUS SYSTEM EFFECTS INCLUDING DIZZINESS, WEAKNESS, FATIGUE, NAUSEA, HEADACHE AND POSSIBLE UNCONSCIOUSNESS, AND EVEN DEATH.  
SWALLOWING - CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, DIARRHEA, BLINDNESS AND DEATH.  
SKIN - EXPOSURE MAY CAUSE MILD SKIN IRRITATION. PROLONGED OR REPEATED EXPOSURE MAY DRY THE SKIN. SYMPTOMS MAY INCLUDE REDNESS, BURNING, DRYING AND CRACKING, AND SKIN BURNS. PRE-EXISTING SKIN DISORDERS MAY BE AGGRAVATED BY EXPOSURE TO THIS MATERIAL.

FIRST AID:  
-----

IF ON SKIN: THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. REMOVE CONTAMINATED CLOTHING. LAUNDRY CONTAMINATED CLOTHING BEFORE RE-USE. REMOVE CONTAMINATED SHOES PROMPTLY. DISCARD SHOES SATURATED WITH THIS PRODUCT.  
IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY, GET MEDICAL ATTENTION.  
IF SWALLOWED: IMMEDIATELY DRINK TWO GLASSES OF WATER AND INDUCE VOMITING BY EITHER GIVING IPECAC SYRUP OR BY PLACING FINGER AT BACK OF THROAT. NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. GET MEDICAL ATTENTION IMMEDIATELY.  
NOTE TO PHYSICIANS: THIS PRODUCT CONTAINS METHANOL. METHANOL IS METABOLIZED TO FORMALDEHYDE AND FORMIC ACID. THESE METABOLITES MAY CAUSE METABOLIC ACIDOSIS, VISUAL DISTURBANCES AND BLINDNESS. SINCE METABOLISM IS REQUIRED FOR THESE TOXIC SYMPTOMS, THEIR ONSET MAY BE DELAYED FROM 5 TO 38 HOURS FOLLOWING INGESTION. ETHANOL COMPETES FOR THE SAME METABOLIC PATHWAY AND HAS BEEN USED AS AN ANTIDOTE. METHANOL IS EFFECTIVELY REMOVED BY HEMODIALYSIS.

CONTINUED ON PAGE: 4

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METHANOL

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-----  
SECTION V-HEALTH HAZARD DATA (CONTINUED)  
-----

IF BREATHED: IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF BREATHING IS DIFFICULT, ADMINISTER OXYGEN. IF BREATHING HAS STOPPED GIVE ARTIFICIAL RESPIRATION. KEEP PERSON WARM, QUIET AND GET MEDICAL ATTENTION.

PRIMARY ROUTE(S) OF ENTRY:  
-----

INHALATION, SKIN ABSORPTION, SKIN CONTACT

EFFECTS OF CHRONIC OVEREXPOSURE:  
-----

OVEREXPOSURE TO THIS MATERIAL (OR ITS COMPONENTS) HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING EFFECTS IN LABORATORY ANIMALS, AND MAY AGGRAVATE PRE-EXISTING DISORDERS OF THESE ORGANS IN HUMANS: , LIVER ABNORMALITIES, KIDNEY DAMAGE, EYE DAMAGE, LUNG DAMAGE, BRAIN DAMAGE, NERVOUS SYSTEM DAMAGE

OVEREXPOSURE TO THIS MATERIAL (OR ITS COMPONENTS) HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING EFFECTS IN HUMANS, AND MAY AGGRAVATE PRE-EXISTING DISORDERS OF THESE ORGANS: , EYE DAMAGE

-----  
SECTION VI-REACTIVITY DATA  
-----

HAZARDOUS POLYMERIZATION: CANNOT OCCUR

STABILITY: STABLE

INCOMPATIBILITY: AVOID CONTACT WITH: , STRONG OXIDIZING AGENTS

-----  
SECTION VII-SPILL OR LEAK PROCEDURES  
-----STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:  
-----

SMALL SPILL: ELIMINATE ALL SOURCES OF IGNITION SUCH AS FLARES, FLAMES (INCLUDING PILOT LIGHTS), AND ELECTRICAL SPARKS.

ABSORB LIQUID ON VERMICULITE, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND TRANSFER TO HOOD.

LARGE SPILL: ELIMINATE ALL IGNITION SOURCES (FLARES, FLAMES INCLUDING PILOT LIGHTS, ELECTRICAL SPARKS). PERSONS NOT WEARING PROTECTIVE EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE. PREVENT FROM ENTERING DRAINS, SEWERS, STREAMS OR OTHER BODIES OF WATER. PREVENT FROM SPREADING. IF RUNOFF OCCURS, NOTIFY AUTHORITIES AS REQUIRED. PUMP OR VACUUM TRANSFER SPILLED PRODUCT TO CLEAN CONTAINERS FOR RECOVERY. ABSORB UNRECOVERABLE PRODUCT. TRANSFER CONTAMINATED ABSORBENT, SOIL AND OTHER MATERIALS TO CONTAINERS FOR DISPOSAL.

CONTINUED ON PAGE: 5

METHANOL

PAGE: 5

-----  
SECTION VII-SPILL OR LEAK PROCEDURES (CONTINUED)  
-----

PREVENT RUN-OFF TO SEWERS, STREAMS OR OTHER BODIES OF WATER. IF RUN-OFF OCCURS, NOTIFY PROPER AUTHORITIES AS REQUIRED, THAT A SPILL HAS OCCURED.

WASTE DISPOSAL METHOD:  
-----

SMALL SPILL: ALLOW VOLATILE PORTION TO EVAPORATE IN HOOD. ALLOW SUFFICIENT TIME FOR VAPORS TO COMPLETELY CLEAR HOOD DUCT WORK. DISPOSE OF REMAINING MATERIAL IN ACCORDANCE WITH APPLICABLE REGULATIONS.

LARGE SPILL: DESTROY BY LIQUID INCINERATION.  
CONTAMINATED ABSORBENT MAY BE DEPOSITED IN A LANDFILL IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

-----  
SECTION VIII-PROTECTIVE EQUIPMENT TO BE USED  
-----

RESPIRATORY PROTECTION: IF WORKPLACE EXPOSURE LIMIT(S) OF PRODUCT OR ANY COMPONENT IS EXCEEDED (SEE SECTION II), A NIOSH/MSHA APPROVED AIR SUPPLIED RESPIRATOR IS ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT OTHER NIOSH/MSHA RESPIRATORS (NEGATIVE PRESSURE TYPE) UNDER SPECIFIED CONDITIONS (SEE YOUR INDUSTRIAL HYGIENIST). ENGINEERING OR ADMINISTRATIVE CONTROLS SHOULD BE IMPLEMENTED TO REDUCE EXPOSURE.

VENTILATION: PROVIDE SUFFICIENT MECHANICAL (GENERAL AND/OR LOCAL EXHAUST) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).

PROTECTIVE GLOVES: WEAR RESISTANT GLOVES SUCH AS: , NEOPRENE

EYE PROTECTION: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED; HOWEVER, OSHA REGULATIONS ALSO PERMIT OTHER TYPE SAFETY GLASSES. CONSULT YOUR SAFETY REPRESENTATIVE.

OTHER PROTECTIVE EQUIPMENT: TO PREVENT REPEATED OR PROLONGED SKIN CONTACT, WEAR IMPERVIOUS CLOTHING AND BOOTS.

-----  
SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS  
-----

CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED. SINCE EMPTIED CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID), ALL HAZARD PRECAUTIONS GIVEN IN THE DATA SHEET MUST BE OBSERVED.

CONTAINS METHANOL.

CANNOT BE MADE NON-POISONOUS.

ALUMINUM MAY FORM AN OXIDE SCALE ON PROLONGED EXPOSURE TO METHANOL.

THE INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE WHETHER ORIGINATING WITH THE COMPANY OR NOT. RECIPIENTS ARE ADVISED TO CONFIRM IN ADVANCE OF NEED THAT THE INFORMATION IS CURRENT, APPLICABLE, AND SUITABLE TO THEIR CIRCUMSTANCES.

LAST PAGE-----LAST PAGE

# MATERIAL SAFETY DATA SHEET

## LIQUI-NOX™

Manufactured by:  
ALCONOX, INC.  
9 EAST 40TH STREET  
NEW YORK, NY 10016

TELEPHONE NUMBER FOR EMERGENCY: CHEM-TEL 1-800-255-3924  
TELEPHONE NUMBER FOR INFORMATION: (212) 532-4040

### SECTION I: IDENTIFICATION

Product Name (As appears on Label):	LIQUI-NOX™
CAS Registry Number:	NOT APPLICABLE
Date Prepared:	JULY 29, 1993
Chemical Family:	ANIONIC LIQUID DETERGENT

### SECTION II: HAZARDOUS INGREDIENTS/IDENTITY INFORMATION

THERE ARE NO HAZARDOUS INGREDIENTS IN LIQUI-NOX AS DEFINED BY THE OSHA STANDARD 29 CFR 1910 SUBPART Z, THE HAZARDOUS SUBSTANCE LIST.

### SECTION III: PHYSICAL/CHEMICAL CHARACTERISTICS

Boiling Point:	214°F
Vapor Pressure (mm Hg):	NO DATA
Vapor Density (AIR =1):	NO DATA
Specific Gravity (Water=1):	1.075
Melting Point:	NOT APPLICABLE
Evaporation Rate (Butyl Acetate = 1):	SLOWER
Solubility in Water:	COMPLETELY SOLUBLE IN ALL PROPORTIONS
Appearance:	YELLOW LIQUID, NEARLY ODORLESS

### SECTION IV: FIRE AND EXPLOSION DATA

Flash Point:	NONE (CLEVELAND OPEN CUP)
Flammable Limits:	NOT APPLICABLE
Extinguishing Media:	LEL: NO DATA    UEL: NO DATA WATER, DRY CHEMICALS, CO <sub>2</sub> , FOAM
Special Firefighting Procedures:	SELF-CONTAINED POSITIVE PRESSURE BREATHING APPARATUS AND PROTECTIVE CLOTHING SHOULD BE WORN FIGHTING FIRES INVOLVING CHEMICALS.
Unusual Fire and Explosion Hazards:	NONE.

National Fire Protection Association 704 Labeling:  
Degree of Hazard: 0 = insignificant, 1 = slight, 2 = moderate, 3 = high, 4 = extreme

RED (FIRE):	0
BLUE (HEALTH):	0
YELLOW (REACTIVITY):	0
WHITE (SPECIAL):	0

LIMITED DATA

**SECTION V: REACTIVITY DATA**

Stability:  
 Conditions to Avoid:  
 Incompatibility (Materials to Avoid):  
 Hazardous Decomposition or Byproducts:

STABLE  
 NONE  
 OXIDIZING OR ALKALINE SOLUTIONS.  
 MAY RELEASE SO<sub>2</sub> ON BURNING.

Page 2 of 2

**SECTION VI: HEALTH HAZARD DATA**

Routes of Entry: Inhalation?: NO  
 Health Hazards (Acute and Chronic):

Skin: YES Ingestion: YES  
 SKIN CONTACT MAY PROVE LOCALLY  
 IRRITATING, CAUSING DRYING AND/OR  
 CHAPPING. INGESTION MAY CAUSE  
 DISCOMFORT AND/OR DIARRHEA.

Carcinogenicity: NTP?: NO IARC Monographs?: NO  
 Signs and Symptoms of Exposure:

OSHA Regulated?: NO  
 PROLONGED SKIN CONTACT MAY CAUSE DRYING  
 AND/OR CHAPPING.

Medical Conditions Generally  
 Aggravated by Exposure:

NOT ESTABLISHED. UNNECESSARY EXPOSURE  
 TO THIS PRODUCT OR ANY INDUSTRIAL  
 CHEMICAL SHOULD BE AVOIDED.

Emergency and First Aid

Procedures: Eyes - IMMEDIATELY FLUSH WITH WATER FOR AT LEAST 15 MINUTES  
 Skin - FLUSH WITH PLENTY OF WATER  
 Ingestion - DRINK LARGE QUANTITIES OF WATER OR MILK.  
 SEE A PHYSICIAN FOR DISCOMFORT.

**SECTION VII: PRECAUTIONS FOR SAFE HANDLING AND USE**

Steps to be Taken if Material  
 is Released or Spilled:

MATERIAL FOAMS PROMPTLY. FOR SMALL  
 SPILLS RECOVER AS MUCH AS POSSIBLE WITH  
 ABSORBENT MATERIAL AND FLUSH REMAINDER  
 TO SEWER. MATERIAL IS BIODEGRADABLE.

Waste Disposal Method:

SMALL QUANTITIES MAY BE DISPOSED OF IN  
 SEWER. LARGE QUANTITIES SHOULD BE  
 DISPOSED OF IN ACCORDANCE WITH LOCAL  
 ORDINANCES FOR DETERGENT PRODUCTS

Precautions to be Taken in  
 Storing and Handling:

NO SPECIAL PRECAUTIONS IN STORING. USE  
 PROTECTIVE EQUIPMENT WHEN HANDLING  
 UNDILUTE MATERIAL.

Other Precautions:

NO SPECIAL REQUIREMENTS OTHER THAN GOOD  
 INDUSTRIAL HYGIENE AND SAFETY PRACTICES  
 EMPLOYED WITH ANY INDUSTRIAL CHEMICAL.

**VIII: CONTROL MEASURES**

Respiratory Protection (Specify Type): NOT REQUIRED

Ventilation: - Local Exhaust:

- Special:

- Mechanical:

- Other:

NORMAL

NOT REQUIRED

NOT REQUIRED

NOT REQUIRED

Protective Gloves:

IMPERVIOUS GLOVES ARE RECOMMENDED.  
 GOGGLES AND/OR SPLASH SHIELDS ARE  
 RECOMMENDED.

Eye protection:

Other Protective Clothing or  
 Equipment:

NOT REQUIRED

Work/Hygiene Practices:

NO SPECIAL PRACTICES REQUIRED.

THE INFORMATION HEREIN IS GIVEN IN GOOD FAITH BUT NO WARRANTY IS EXPRESSED OR IMPLIED

## MATERIAL SAFETY DATA SHEET

118 102

EAGLE **EP** PICHERHYDROCHLORIC ACID,  
SOLUTION  
CAS#: 7647-01-0 (p.1)

EMERGENCY TELEPHONE: 800-535-5053 INFOTRAC (24 hours)

DATE PREPARED: August 25, 1992

DATE REVISED: September 15, 1995

## SECTION I

MANUFACTURER'S NAME ..... EAGLE-PICHER INDUSTRIES, INC.  
 ADDRESS ..... ENVIRONMENTAL SCIENCE AND TECHNOLOGY  
 200 B. J. TUNNELL BLVD.  
 MIAMI, OKLAHOMA 74354  
 EMERGENCY TELEPHONE NUMBER ..... (800) 535-5053 INFOTRAC (24 HOURS)  
 INFORMATION TELEPHONE NUMBER ..... (918) 540-1507  
 FAX NUMBER ..... (918) 542-3223  
 CHEMICAL NAME AND SYNONYMS ..... HYDROCHLORIC ACID, SOLUTION; MURIATIC ACID  
 TRADE NAME AND SYNONYMS ..... HYDROGEN CHLORIDE, CHLOROHYDRIC ACID  
 CAS# ..... 7647-01-0  
 CHEMICAL FAMILY ..... CHLORIDE  
 FORMULA ..... HCL

## SECTION II - HAZARDOUS INGREDIENTS/TOXICITY DATA

COMPONENTS	CAS #	ACGIH TLV	OSHA PEL	% (optional)
Hydrochloric acid	7647-01-0	Sppm CL	Sppm CL	

TOXICITY DATA: inh-hmn LCLo: 1300ppm/30m, ini-hmn LCLo: 3000ppm/5m, inh-rat LC50: 3124ppm/1h, ori-rat LD50: 900mg/kg.

## SECTION III - PHYSICAL DATA

BOILING PT. ....	53°C (127°F)	SPECIFIC GRAVITY .....	1.18
MELTING PT. ....	N/A	FORMULA WT .....	36.47
VAPOR PRESSURE (mmHg) .....	190 @ 25°C	%VOLATILE BY VOLUME .....	Unknown
VAPOR DENSITY (air=1) .....	@ 1.3	EVAPORATION RATE .....	Unknown
SOLUBILITY IN WATER: 100%, slight evolution of heat.		APPEARANCE AND ODOR: Colorless, fuming liquid.	

## SECTION IV - FIRE AND EXPLOSION DATA

FLASH POINT: N/A

FLAMMABLE LIMITS: N/A

LEL: N/A

UEL: N/A

EXTINGUISHING MEDIA: Non-combustible. Use extinguishing media appropriate to surrounding fire conditions.

SPECIAL FIRE FIGHTING PROCEDURES: Fire fighters should wear proper protective equipment and self-contained breathing apparatus with full face piece in positive pressure mode. DO NOT GET WATER INSIDE CONTAINERS!

UNUSUAL FIRE AND EXPLOSION HAZARDS: Will produce toxic fumes of hydrogen chloride gas in contact with water, and hydrogen gas upon contact with metal.

# EAGLE **EP** PICHER

HYDROCHLORIC ACID,  
SOLUTION  
CAS#: 7647-01-0 (p.2)

**EMERGENCY TELEPHONE: 800-535-5053 INFOTRAC (24 hours)**

## SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE (TLV): ACGIH, OSHA Ceiling Limit: 5 ppm.

HEALTH HAZARDS: May be fatal by inhalation, ingestion or skin absorption. High concentrations may be destructive to tissue of mucous membranes, upper respiratory tract, eyes and skin. Inhalation may be fatal as a result of inflammation, spasm, and edema of larynx and bronchi, chemical pneumonitis and pulmonary edema.

EFFECTS OF OVEREXPOSURE: Burning sensation, coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and vomiting.

### EMERGENCY FIRST AID PROCEDURES

INHALATION: Remove to fresh air. If breathing, give oxygen. If not breathing, give artificial respiration. Call a physician.

EYE CONTACT: Immediately flush eyes with copious amounts of water for at least 15 minutes.

SKIN CONTACT: Immediately flush skin with copious amounts of water for at least 15 minutes while removing clothing.

INGESTION: Call physician immediately. If conscious, give water.

## SECTION VI - REACTIVITY DATA

STABILITY:  STABLE

UNSTABLE

CONDITIONS TO AVOID: Heat, moisture.

INCOMPATIBILITY: Bases, amines, alkali metals, copper, copper alloys, aluminum.

HAZARDOUS DECOMPOSITION PRODUCTS: Hydrogen chloride gas.

HAZARDOUS POLYMERIZATION:  MAY OCCUR  WILL NOT OCCUR

## SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: Evacuate area. Wear self-contained breathing apparatus, rubber boots and heavy rubber gloves. Cover spill with dry lime, sand, or soda ash. Place in covered containers using non-sparking tools. Transport outdoors. Ventilate area and wash spill site after pick-up is complete.

WASTE DISPOSAL METHOD: For small quantities, cautiously add to a large quantity of stirred excess of water and adjust pH to 7 (neutral). Separate any insoluble solids and package for hazardous waste disposal. Flush aqueous solution down the drain with plenty of water. Hydrolysis may generate heat and fumes which can be controlled by rate of addition. Follow all Federal, State, and Local regulations.

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING: Keep tightly closed, store in a cool, dry place. Wear chemical resistant gloves and avoid breathing vapor. Do not get on skin or in eyes.

## SECTION VIII - SPECIAL PRECAUTIONS

RESPIRATORY PROTECTION: NIOSH/MSHA approved respirator.

PROTECTIVE GLOVES: Chemical resistant.

EYE PROTECTION: Safety goggles/face shield.

OTHER PROTECTIVE EQUIPMENT: Lab coat or apron.

VENTILATION:

NATURAL EXHAUST: Acceptable

MECHANICAL EXHAUST: Required

SPECIAL: Chem. fume hood.

PRECAUTIONS: POISON! CORROSIVE! Avoid all contact. Avoid breathing vapor. Avoid prolonged or repeated exposure. Wash thoroughly after handling.



## NITRIC ACID, 70%

118 104

## Material Safety Data Sheet

-----  
Mallinckrodt Specialty Chemicals Co.

P.O. Box 800

Paris, Kentucky 40362

Emergency Telephone Number

314-539-1600

Effective Date: 04-06-89 Supersedes 10-21-86

## PRODUCT IDENTIFICATION:

-----  
Synonyms: Aqua Fortis; Azotic Acid; Nitric Acid 70%

Formula CAS No.: 7697-37-2

Molecular Weight: 63.00

Hazardous Ingredients: Nitric acid

Chemical Formula: HNO3

## PRECAUTIONARY MEASURES

-----  
DANGER! STRONG OXIDIZER. CONTACT WITH OTHER MATERIAL MAY CAUSE FIRE.  
CORROSIVE. LIQUID AND MIST CAUSE SEVERE BURNS TO ALL BODY TISSUE. MAY BE FATAL  
IF SWALLOWED. HARMFUL IF INHALED. INHALATION MAY CAUSE LUNG DAMAGE.

Do not get in eyes, on skin, or on clothing.

Avoid breathing mist.

Use only with adequate ventilation.

Wash thoroughly after handling.

Keep from contact with clothing and other combustible materials.

Do not store near combustible materials.

Store in a tightly closed container.

Remove and wash contaminated clothing promptly.

This substance is classified as a POISON under the Federal Caustic Poison Act.

## EMERGENCY FIRST AID

-----  
In case of contact, immediately flush skin or eyes with plenty of water for at  
least 15 minutes. If swallowed, DO NOT INDUCE VOMITING! Give large quantities  
of water or milk if available. Never give anything by mouth to an unconscious  
person. If inhaled, remove to fresh air. If not breathing, give artificial  
respiration. If breathing is difficult, give oxygen. In all cases call a  
physician.

SEE SECTION 5.

DOT Hazard Class: Oxidizer

## Physical Data

## SECTION 1

-----  
Appearance: Clear, colorless to slightly yellow liquid.

Odor: Suffocating acrid.

Solubility: Infinite in water.

Boiling Point: 122 C (252 F)

Vapor Density (Air=1): 2-3 approximately

Melting Point: -34 C (-29 F)

Vapor Pressure (mm Hg): 62 @ 20 C (68 F)

Specific Gravity: 1.41

Evaporation Rate: No information found. 118 105

NFPA Ratings: Health: 3 Flammability: 0 Reactivity: 0 Other: Oxidizer

## Fire and Explosion

## SECTION 2

-----  
Information  
-----

## Fire:

Not combustible, but substance is a strong oxidizer and its heat of reaction with reducing agents or combustibles may cause ignition. Can react with metals to release flammable hydrogen gas.

## Explosion:

Reacts explosively with combustible organic or readily oxidizable materials such as: alcohols, turpentine, charcoal, organic refuse, metal powder, hydrogen sulfide, etc.

## Fire Extinguishing Media:

If involved in a fire, use water spray.

## Special Information:

Increases the flammability of combustible, organic and readily oxidizable materials. In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode.

## Reactivity Data

## SECTION 3

-----  
Stability:  
-----

Stable under ordinary conditions of use and storage. Containers may burst when heated.

Hazardous Decomposition  
Products:

When heated to decomposition, emits toxic nitrogen oxides fumes and hydrogen nitrate. Will react with water or steam to produce heat and toxic and corrosive fumes.

## Hazardous Polymerization:

Will not occur.

## Incompatibilities:

A dangerously powerful oxidizing agent, concentrated nitric acid is incompatible with most substances, especially strong bases, metallic powders, carbides, hydrogen sulfide, turpentine, and combustible organics.

## Leak/Spill Disposal Information

## SECTION 4

-----  
Isolate or enclose the area of the leak or spill. Clean-up personnel should wear protective clothing and respiratory equipment suitable for toxic or corrosive fluids or vapors. Small Spills: Flush with water and neutralize with alkaline material (soda ash, lime, etc.). Sewer with excess water. Larger spills and lot sizes: Neutralize with alkaline material, pick up with absorbent material (sand, earth, vermiculite) and dispose in a RCRA-approved waste facility or sewer the neutralized slurry with excess water if local ordinances

allow. Provide forced ventilation to dissipate fumes.  
 Reportable Quantity (RQ)(CWA/CERCLA) : 1000 lbs.  
 Ensure compliance with local, state and federal regulations.

118 106

## Health Hazard Information

## SECTION 5

## A. Exposure/Health Effects

**Inhalation:** Corrosive! Inhalation of vapors can cause breathing difficulties and lead to pneumonia and pulmonary edema, which may be fatal. Other symptoms may include coughing, choking, and irritation of the nose, throat, and respiratory tract.

**Ingestion:** Corrosive! Swallowing nitric acid can cause immediate pain and burns of the mouth, throat, esophagus and gastrointestinal tract.

**Skin Contact:** Corrosive! Can cause redness, pain, and severe skin burns. Concentrated solutions cause deep ulcers and stain skin a yellow or yellow-brown color.

**Eye Contact:** Corrosive! Vapors are irritating and may cause damage to the eyes. Splashes may cause severe burns and permanent eye damage.

**Chronic Exposure:** Long-term exposure to concentrated vapors may cause erosion of teeth. Long term exposures seldom occur due to the corrosive properties of the acid.

**Aggravation of Pre-existing Conditions:** Persons with pre-existing skin disorders or eye disease may be more susceptible to the effects of this substance.

## B. FIRST AID

**Inhalation:** Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician.

**Ingestion:** DO NOT INDUCE VOMITING! Give large quantities of water or milk if available. Never give anything by mouth to an unconscious person. Get medical attention immediately.

**Skin Exposure:** In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

**Eye Exposure:** Wash eyes with plenty of water for at least 15 minutes, lifting lower and upper eyelids occasionally. Get medical attention immediately.

## C. TOXICITY

(RTECS, 1986)

Inhalation (Rat) LC50: 244 ppm (NO2)/30M

118 107

Occupational Control Measures SECTION 5

Airborne Exposure Limits: -OSHA Permissible Exposure Limit (PEL): 2 ppm (TWA), 4 ppm (STEL) -ACGIH Threshold Limit Value (TLV): 2 ppm (TWA); 4 ppm (STEL)

Ventilation System: A system of local and/or general exhaust is recommended to keep employee exposures below the Airborne Exposure Limits. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, "Industrial Ventilation, A Manual of Recommended Practices", most recent edition, for details.

Personal Respirators (NIOSH Approved) If the TLV is exceeded, wear a supplied air, full-facepiece respirator, airlined hood, or self-contained breathing apparatus. Nitric acid is an oxidizer and should not come in contact with cartridges and canisters that contain oxidizable materials, such as activated charcoal.

Skin Protection: Wear impervious protective clothing, including boots, gloves, lab coat, apron or coveralls to prevent skin contact.

Eye Protection: Use chemical safety goggles and/or a full face shield where splashing is possible. Contact lenses should not be worn when working with this material. Maintain eye wash fountain and quick-drench facilities in work area.

Storage and Special Information SECTION 7

Keep in a tightly closed container, stored in a cool, dry, ventilated area. Protect from physical damage and direct sunlight. Isolate from incompatible substances. Protect from moisture.

\*\*\*\*\*
Mallinckrodt provides the information contained herein in good faith but makes no representation as to its comprehensiveness or accuracy. Individuals receiving the information must exercise their independent judgment in determining its appropriateness for a particular purpose. MALLINCKRODT MAKES NO REPRESENTATIONS, OR WARRANTIES, EITHER EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE INFORMATION SET FORTH HEREIN OR TO THE PRODUCT TO WHICH THE INFORMATION REFERS. ACCORDINGLY, MALLINCKRODT WILL NOT BE RESPONSIBLE FOR DAMAGES RESULTING FROM USE OF OR RELIANCE UPON THIS INFORMATION.
\*\*\*\*\*
NITRA

Addendum to Material Safety Data Sheet

REGULATORY STATUS

This Addendum Must Not Be

Detached from the MSDS  
Identifies SARA 313 substance(s)

118 108

Any copying or redistribution of the MSDS  
must include a copy of this addendum

Hazard Categories for SARA  
Section 311/312 Reporting

Acute	Chronic	Fire	Pressure	Reactive
X	X			X

Product or Components of Product:	SARA EHS		SARA Sec. 313 Chemicals		CERCLA	RCRA
	RQ	TPQ	Name List	Chemical Category	Sec.103 RQ lbs	Sec. 261.33
NITRIC ACID, 70% (7697-37-2)	1000	1,000	Yes	No	No	No

SARA Section 302 EHS RQ:  
Reportable Quantity of Extremely Hazardous Substance, listed at 40 CFR 355.

SARA Section 302 EHS TPQ:  
Threshold Planning Quantity of Extremely Hazardous substance. An asterisk (\*) following a Threshold Planning Quantity signifies that if the material is a solid and has a particle size equal to or larger than 100 micrometers, the Threshold Planning Quantity = 10,000 LBS.

SARA Section 313 Chemicals:  
Toxic Substances subject to annual release reporting requirements listed at 40 CFR 372.65.

CERCLA Sec. 103:  
Comprehensive Environmental Response, Compensation and Liability Act (Superfund). Releases to air, land or water of these hazardous substances which exceed the Reportable Quantity (RQ) must be reported to the National Response Center, (800-424-8802); Listed at 40 CFR 302.4

RCRA:  
Resource Conservation and Reclamation Act. Commercial chemical product wastes designated as acute hazards and toxic under 40 CFR 261.33

NITRA .

NITRIC ACID, 70%

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## MATERIAL SAFETY DATA SHEET

EM SCIENCE  
A DIVISION OF EM INDUSTRIES  
111 WOODCREST  
CHERRY HILL, N.J. 08034-0395

PREPARATION DATE ..... JAN 26, '88

INFORMATION PHONE NUMBER.:  
(609) 354-9200  
CHEMTREC EMERGENCY NUMBER:  
1-800-424-9300

## NFPA HAZARD RATINGS

HEALTH .....	3	FLAMMABILITY ....	0
REACTIVITY :	2	SPECIAL HAZARDS.:	W

## SECTION I - GENERAL INFORMATION

CATALOG NUMBER(S): SX1242 SX1244 SX1244I SX1244PC SX1244Y  
714  
CHEMICAL NAME..... SULFURIC ACID  
TRADE NAME..... OIL OF VITRIOL  
C.A.S. NUMBER..... 7664-93-9  
CHEMICAL FAMILY... MINERAL ACID  
FORMULA..... H<sub>2</sub>SO<sub>4</sub>  
MOLECULAR WEIGHT.: 98.08  
DOT SHIPPING NAME: SULFURIC ACID  
DOT NUMBER..... UN1830

## SECTION II - HAZARDOUS INGREDIENTS

NONE OTHER THAN SPECIFIC PRODUCT.

## SECTION III- PHYSICAL DATA

BOILING POINT (C 760 MM HG): 290+C  
MELTING POINT (C)..... 0 -10C  
SPECIFIC GRAVITY(H<sub>2</sub>O = 1)..... 1.844\*  
VAPOR PRESSURE..(MM HG)..... 1 146C  
PERCENT VOLATILE BY VOL (%): N/A  
VAPOR DENSITY (AIR=1)..... N/A  
EVAPORATION RATE (BUAC=1)..... (1  
SOLUBILITY IN WATER (%): MISCIBLE  
APPEARANCE AND ODOR..... CLEAR, COLORLESS VISCOUS LIQUID;  
SHARP ODOR

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## SECTION IV - FIRE &amp; EXPLOSION HAZARD DATA

FLASH POINT (F).....: NONCOMBUSTIBLE  
 FLAMMABLE LIMITS LEL %: N/A  
 FLAMMABLE LIMITS UEL %: N/A  
 EXTINGUISHING MEDIA.....  
 DRY CHEMICAL OR SAND; DO NOT USE WATER OR FOAM  
 FIRE FIGHTING PROC.....  
 WEAR SELF-CONTAINED BREATHING APPARATUS AND PROTECTIVE CLOTHING.  
 FIRE & EXPL. HAZARDS....  
 REACTS WITH MOST METALS TO FORM EXPLOSIVE HYDROGEN GAS WHICH CAN FORM  
 EXPLOSIVE MIXTURES WITH AIR. MAY IGNITE COMBUSTIBLE MATERIAL ON CONTACT

## SECTION V - HEALTH HAZARD DATA (ACUTE AND CHRONIC)

ACGIH TLV/OSHA PEL (TWA).....: 1 MG/CU.M.  
 TOXICITY DATA.....  
 -ORL-RAT LD50: 2140 MG/KG IHL-GPG LC50: 18 MG/CU.M.  
 SYMPTOMS OF EXPOSURE .....  
 CAUSES SEVERE BURNS ON CONTACT WITH ANY BODY TISSUE.  
 POSSIBLY FATAL BY INHALATION OR INGESTION.  
 INHALATION OF MIST MAY DAMAGE RESPIRATORY TRACT AND LUNGS.  
 MEDICAL COND. AGGRAVATED BY EXP: RESPIRATORY CONDITIONS  
 ROUTES OF ENTRY.....: INHALATION, INGESTION OR SKIN CONTACT.  
 CARCINOGENICITY.....  
 THE MATERIAL IS NOT LISTED AS A CANCER CAUSING AGENT.  
 EMERGENCY FIRST AID.....  
 GET MEDICAL ASSISTANCE FOR ALL CASES OF OVEREXPOSURE  
 INGESTION: DO NOT INDUCE VOMITING; DILUTE BY GIVING MILK OR WATER  
 IF CONSCIOUS; GET MEDICAL ATTENTION IMMEDIATELY  
 SKIN: FLUSH THOROUGHLY WITH WATER; REMOVE ALL CONTAMINATED CLOTHING  
 AND SHOES; GET IMMEDIATE MEDICAL ATTENTION  
 EYES: FLUSH WITH WATER FOR AT LEAST 15 MINUTES, LIFTING UPPER & LOWER  
 LIDS OCCASIONALLY; CONTINUE FLUSHING WHILE WAITING FOR MEDICAL HELP  
 INHALATION: REMOVE TO FRESH AIR; GET IMMEDIATE MEDICAL ASSISTANCE

## SECTION VI - REACTIVITY DATA

STABILITY.....: YES  
 CONDITIONS TO AVOID .....  
 -ADDING WATER TO ACID CAN CAUSE VIOLENT, EXOTHERMIC REACTION,  
 POSSIBLY CAUSING FIRE. CAN REACT VIOLENTLY WITH ALKALIES.  
 MATERIALS TO AVOID.....: (X) WATER ( ) ACIDS  
 (X) BASES ( ) CORROSIVES (X) OXIDIZERS  
 (X) OTHER: REDUCING AGENTS, METAL POWDERS, CARBIDES, ACETIC ACID,  
 COMBUSTIBLE MATERIAL

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HAZARDOUS POLYMERIZATION.: DOES NOT OCCUR  
HAZARDOUS DECOMPOSITION.: SOX, HYDRUGEN (IN PRESENCE OF METALS)

SECTION VII - ENVIRONMENTAL PROTECTION PROCEDURES

SPILL RESPONSE:

COVER WITH SAND; NEUTRALIZE WITH SODA ASH OR LIME  
TAKE UP AND CONTAINERIZE FOR PROPER DISPOSAL.

WASTE DISPOSAL: TO BE PERFORMED IN COMPLIANCE WITH ALL CURRENT LOCAL,  
STATE AND FEDERAL REGULATIONS.

SECTION VIII - SPECIAL PROTECTION INFORMATION

VENTILATION, RESPIRATORY PROTECTION, PROTECTIVE CLOTHING, EYE PROTECTION:  
MATERIAL MUST BE HANDLED OR TRANSFERRED IN AN APPROVED FUME HOOD  
OR WITH ADEQUATE VENTILATION  
PROTECTIVE GLOVES (NATURAL RUBBER, NEOPRENE OR EQUIVALENT) MUST BE  
WORN TO PREVENT SKIN CONTACT  
PROTECTIVE CLOTHING (NATURAL RUBBER, NEOPRENE OR EQUIVALENT) SHOULD  
BE WORN WHEN HANDLING THIS MATERIAL  
SAFETY GLASSES WITH SIDE SHIELDS MUST BE WORN AT ALL TIMES  
NIOSH-APPROVED RESPIRATOR SHOULD BE WORN IN THE ABSENCE OF ADEQUATE  
VENTILATION.

SECTION IX - SPECIAL PRECAUTIONS

HANDLING & STORAGE . . . . :

-KEEP CONTAINER CLOSED AND PROTECTED AGAINST PHYSICAL DAMAGE  
KEEP UPRIGHT; SEPARATE FROM ALL INCOMPATIBLE MATERIALS,  
COMBUSTIBLE MATERIALS AND OXIDIZING AGENTS  
WHEN DILUTING: ADD ACID TO WATER; NEVER ADD WATER TO ACID  
DO NOT BREATHE VAPOR.  
DO NOT GET IN EYES, ON SKIN, OR ON CLOTHING  
RETAINED RESIDUE MAY MAKE EMPTY CONTAINERS HAZARDOUS; USE CAUTION!  
WORK/HYGIENIC PRACTICES: WASH THOROUGHLY AFTER HANDLING. DO NOT TAKE  
INTERNALLY. EYE WASH AND SAFETY EQUIPMENT SHOULD BE READILY AVAILABLE.

SECTION X - OTHER INFORMATION

COMMENTS . . . . .:

# 60/60F

REVISION HISTORY . . . . .: 08/01/81, 8/84, 4/17/86, 12/6/86, 6/19/88,  
10/27/88

N/A # NOT AVAILABLE:

MSDS-SX1242 PAGE # : 03



Appendix D

**Recommended Medical Examination and Screening Protocols**

Appendix D  
**Medical Surveillance Program Requirements  
Recommended Protocol**

**Baseline Health Assessment**

Personnel who will work at a suspected hazardous substance site will be provided with a baseline health assessment. This assessment will investigate existing conditions that would predispose personnel to illness from exposure to hazardous substances, or to the physical demands of using personal protective equipment. This assessment should include, but not be limited to, the following items:

- Work history
- Family history
- Laboratory analyses
- Medical history
- Physical examination
- Pulmonary function tests
- Eye and ear examination

**Criteria for the Baseline Health Assessment**

Medical monitoring will include occupational, medical, and family histories; a screening physical examination; basic blood and urine laboratory test; pulmonary function tests; ear and eye examination; and a physician's evaluation.

**Basic Blood and Urine Laboratory Tests*****Blood Tests***

Onsite personnel will receive a basic panel of blood counts and chemistries to evaluate blood-forming, kidney, liver, endocrine, and metabolic functions. The following blood tests are considered the minimum desirable:

- White blood cell count, differential cell count, and platelet estimate
- Hemoglobin and/or hematocrit
- Albumin, globulin, and total protein
- Total bilirubin
- Serum glutamic oxalacetic transaminase (SGOT)
- Lactic dehydrogenase (LDH)
- Inorganic phosphate
- Alkaline phosphatase
- Calcium

- Phosphorus
- Uric acid
- Creatinine
- Urea nitrogen
- Cholesterol
- Glucose

### ***Urine Tests***

Onsite personnel will have a routine urinalysis that includes the following:

- Specific gravity
- Microscopic examination
- Acetone
- Albumin
- pH
- Protein
- Glucose

### **Pulmonary Function Tests**

Pulmonary function testing is a requirement of the baseline medical examination. At a minimum, the tests will include lung ventilation evaluations of forced expiratory volume in one second (FEV1) and forced vital capacity (FVC).

### **X-ray**

X-ray exams should be obtained only when clinically indicated by other testing procedures such as pulmonary function testing. A chest x-ray, when required, should be a standard 14 x 17 inch posterior-anterior (P-A) exposure. However, no chest x-ray should be obtained if the employee has had one within the past 3 years. That record will be obtained from the former examining physician, radiologist, or hospital. All films must be read or reviewed by a board-certified radiologist or other competent medical specialist.

### **Electrocardiogram**

An electrocardiogram will be included in the baseline examination only when deemed necessary by the examining physician. It will be of the standard 12-lead resting type and interpreted by an internist or cardiologist.

## Vision and Hearing Testing

Vision testing that measures refraction, depth perception, and color vision should be administered by a qualified technician or physician. Audiometric testing will be performed at 500, 1,000, 2,000, 3,000, 4,000, and 6,000 hertz pure tones in an approved booth (29 CFR, Part 1910.95) by a qualified technician, and the results read by a certified audiologist or a physician familiar with audiometric evaluation.

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Appendix E  
**Job Inspection Checklist**

# HEALTH AND SAFETY CHECKLIST

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Standard of Practice HS-18

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## 1.0 THE BASICS

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A checklist provides a simple format to verify the work is being performed in

compliance with health and safety standards. A site-specific checklist may be

developed, adding or sub-contracting to the example checklist.

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### 1.1 THE LAW

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Some OSHA standards (e.g., hazardous waste operations and construction job sites) require frequent

and regular jobsite safety inspections. The project manager should identify applicable standards and

determine if health and safety inspections are required.

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## 2.0 INSPECTION CHECKLIST

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A checklist is a method of organizing and documenting a jobsite inspection.

*When preparing the checklist*, verify applicable federal, state, and local regulations.

*The person responsible for preparing safety and health inspection checklists* should identify the areas that make up the workplace; determine what activities, equipment, and facilities require inspection; and identify potential hazards.

For CH2M HILL, this would typically be only those areas where CH2M HILL has direct control over the work.

*The frequency of inspections* should be based on the type of work performed, equipment used, materials, and potential hazards. Inspections are

required daily, weekly, monthly, or annually depending on what is required by the regulations. For example, OSHA crane standards require inspections prior to each use (at least daily) and more thorough inspections annually.

*The person responsible for making inspections* must be identified. A person experienced at making inspections should be more familiar with the standards and should not need as much detail in the checklist as an inexperienced inspector.

*Individuals required to make inspections* must be knowledgeable about the requirements and the areas they are inspecting. Personnel making inspections should be instructed not to rely solely on the checklists because of the possibility of overlooking unique hazards.

*All inspection checklists* should include identity of the project, date, time, name, and signature of inspector. Including this information on the checklist reinforces the importance of the inspection.

Any form and contents of a completed checklist used to assist with safety audits of work controlled by CH2M HILL are considered confidential, and must not be given to clients (or Owners), contractors, or subcontractors. The checklist of items such as those found in Attachment 1 should **NOT** be used to perform periodic safety audits on work controlled by a contractor. The only exception to this rule could be where the scope of our consulting agreement specifically includes monitoring work conditions for public safety and exposure and for strategic clients. In

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## HEALTH AND SAFETY CHECKLIST

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### 2.0 INSPECTION CHECKLIST, CONT.

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these cases, we need to carefully review our consulting agreement and verify the appropriate indemnity and limitation of liability clauses are included. In addition, only qualified personnel should be used to perform these inspections.

*On sites where work is performed and controlled by others*, checklists could also be used to assist our site staff in the recognition of hazards. Used in this manner, the health and safety plan for the site, prepared by the party controlling the work, is the primary document for working around and mitigating the hazard.

*A procedure for taking action to correct hazards* should be established. Inspections are an effective way of identifying unsafe conditions and unsafe acts; however, when corrective action is not taken quickly, the inspection process is not taken seriously.

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### 3.0 ATTACHMENTS

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Attachment 1: Jobsite Safety Inspection Checklist

## HEALTH AND SAFETY CHECKLIST

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## ATTACHMENT 1

## JOBSITE SAFETY INSPECTION CHECKLIST

CH2M HILL

Note: The following jobsite safety inspection checklist is to be used only at locations where CH2M HILL controls the work. It is not to be used at locations where others control the work.

Project Name/Number \_\_\_\_\_ Others \_\_\_\_\_  
 Location \_\_\_\_\_ Project Manager \_\_\_\_\_  
 Date \_\_\_\_\_ Inspector \_\_\_\_\_

This checklist has been divided into two basic sections. The first section (A - Y) can be applicable to any jobsite, while the second section (Z) is applicable more to hazardous waste sites. There may be some duplication between Sections A - Y and Z.

Check "Yes" For Items Complete	Yes	No	N/A
<b>A. JOBSITE OFFICE</b>			
1. Posters and safety signs in place:			
a. OSHA safety poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. OSHA Form 200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Emergency Telephone Number Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Workers Compensation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. First-aid kit:			
a. Fully stocked/sufficient supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. First-aid administered by a person with a valid certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accident/injury reporting:			
a. Employees briefed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Forms available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All injuries and illnesses reported and logged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Accidents investigated and properly followed up to prevent reoccurrences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accident reports and logs submitted promptly as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Job safety rules and regulations available/posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## HEALTH AND SAFETY CHECKLIST

Check "Yes" For Items Complete	Yes	No	N/A
<b>B. HAZARD COMMUNICATION</b>			
1. Employee training:			
a. Employees' signed training certificates on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. MSDSs:			
a. MSDSs on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Log assigned to competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Log complete and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written program on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. EMPLOYEE TRAINING</b>			
1. Safety indoctrination held for new employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sufficient instruction given in recognition and avoidance of job hazards; unsafe conditions; and job rules, regulations, and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sufficient instruction in proper use and maintenance of tools, equipment, and PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees instructed to report unsafe or hazardous conditions to proper job supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employees instructed to promptly report injury, illness, and accidents involving damage to equipment and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. JOBSITE LOGISTICS AND LAYOUT</b>			
1. Traffic routes around construction areas:			
a. Warning signs, flagging in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crane swing flagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Utility ditches:			
a. Flagged or barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trucks and heavy equipment:			
a. Good mechanical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Backup signals working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seat belts installed and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Motor graders and other earth movers:			
a. Good mechanical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Backup signals working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seat belts installed and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HEALTH AND SAFETY CHECKLIST

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Check "Yes" For Items Complete	Yes	No	N/A
<b>E. PUBLIC PROTECTION</b>			
1. Warning signs in place around site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. After-hours hazards:			
a. Open ditches protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drop-offs protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ladders lowered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hazard lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. HOUSEKEEPING</b>			
1. Material storage yard:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Stacked neatly and properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Aisles, walkways, roads clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Check work areas for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Loose and waste materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vicinity of ladders, stairs, ramps, and machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Empty bottles, containers, papers, trash, bands, brick-bats, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trash cans, dumpsters available and emptied regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Trash chutes and surrounding areas clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Nails, boards, debris removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trash receptacles provided for drinking cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>			
1. Hard hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety shoes/boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eye/face protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Safety belts/lanyards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Noise level areas of 90 dBA and above identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Signs notifying personnel of "Hearing Protection Required" posted as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## HEALTH AND SAFETY CHECKLIST

Check "Yes" For Items Complete	Yes	No	N/A
6. Specialized equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chemical-resistant clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Handles in good shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tool guards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. SANITATION</b>			
1. Temporary toilets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Serviced regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficient Quantity (20 or fewer employees—1 required; 20 or more employees—1 toilet and 1 urinal per 40 workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Potable water:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Tightly closed containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equipped with tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Paper cups available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Containers labeled "Drinking Water"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. FLOOR AND WALL OPENINGS - GUARDS</b>			
1. All floor openings with a drop of more than 4 feet covered or guarded by standard railing and toe board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wall openings with a drop of more than 4 feet guarded as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All open-sided floors, walkways, platforms, ramps, and runways with a drop of more than 4 to 6 feet guarded with standard railing and toe-board as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All stairs with four or more risers provided with railings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Railing, posts, and wall opening barriers able to withstand force of at least 200 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Floor coverings built to withstand two times the intended load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Screens used between the board top rail where needed to prevent material from falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Check "Yes" For Items Complete	Yes	No	N/A
<b>J. PORTABLE LADDERS (straight, extension, and step)</b>			
1. Inspected and in good conditions (not painted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ladders must not be tied or fastened together unless specifically designed for such a use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Properly secured top and bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All straight and extension ladders equipped with safety shoes and/or blocked off in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rails extend at least 36 inches above landing or work platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Step ladders fully open when in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Metal ladders not used around electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Defective ladders tagged and removed from the work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Properly maintained and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ladder areas barricaded where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>K. SCAFFOLDING</b>			
1. Erected under proper supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All structural members adequate for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All connections adequate, pins, crossbracing provided and support plumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper footings provided (sound, rigid, and secured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safely tied into structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Access ladder or safe equivalent provided and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Defective and damaged parts, planks, etc., removed from service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ladders and working areas kept free of debris, ice, snow, chemicals, and grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Complete platform, planks, close together and overlapped by at least 12 inches or secured by wire or proper cleating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Guard rails, mid-rails, and toe boards installed on all open sides of platforms 10 feet and over in height (applies to both maintenance and construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Frequent inspections made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Check "Yes" For Items Complete	Yes	No	N/A
<b>L. ELECTRICAL</b>			
1. Cords/devices have current inspection color code tape installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Frayed cords, broken plugs fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Temporary wiring:			
a. Panels secured and GFCIs working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Away from vehicle pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Out of water/moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No broken receptacles found	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sufficient outlets for all crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Temporary lighting with cages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Assured equipment grounding conductor program in place, if not using GFCIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lock-out or tag-out system used when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Electrical dangers posted and guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fire hazards checked, proper extinguishers available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M. TEMPORARY HEATERS</b>			
1. Equipped with pilot and automatic shutoff valve to prevent flow of fuel if flame goes out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Installed, serviced, and relocated only by authorized employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Frequently checked to ascertain safe conditions and clearance from combustible and flammable material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sufficiently ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>N. FIRE PROTECTION</b>			
1. Office fire extinguisher in working order and inspected regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. One extinguisher, 2A rating, for each 3,000 square feet of protected area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. One extinguisher or more, 2A rating, on each floor, adjacent to each stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trash, paper, other combustibles picked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Welders/roofers have extinguishers nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fire alarm available/fire evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Check "Yes" For Items Complete	Yes	No	N/A
7. "No Smoking" signs posted and enforced where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Supervisors and employees trained in proper use of extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>O. MATERIAL STORAGE AND HANDLING</b>			
1. Neat storage area, clear passageways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Materials spotted to minimize rehandling and reduce transport distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Power equipment used to handle heavy or awkward loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stacks on firm footing and all tier stacked materials secured against sudden movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Storage platforms, skids, bins, shelves, etc. in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Protruding nails and wires removed and rugged metal edges protected before material is handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lifting weights known before handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employees using proper lifting methods, picking up loads correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Proper number of employees for each operation, physically suited for task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tag lines used to control loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Protection provided against falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Dust protection observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Extinguishers or other fire protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Combustibles, flammable, and other unrelated materials separated and clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. "No Smoking" signs posted where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Safe loading limits observed for indoor storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>P. DEMOLITION WORK</b>			
1. Operations planned ahead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety work permit required and necessary blinding of lines, etc., accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adjacent structures shored or braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical, water, sewer, steam lines cut off, locked out, or tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Area roped off or barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Check "Yes" For Items Complete	Yes	No	N/A
6. Proper safety, danger, and warning signs provided and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate lighting and ventilation provided where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Material chutes used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adequate safe access provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Clear operating space provided for equipment and vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overhead protection provided where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper fire extinguishing equipment in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Full clothing, serviceable shoes, and adequate PPE (hard hats, goggles, gloves, safety belts, respirators, ear plugs or muffs, etc.) provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Regular supervision maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Safe housekeeping, welding, rigging, and scaffolding practices observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q. CONCRETE CONSTRUCTION</b>			
1. Forms properly installed and braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate shoring used, plumbed and cross-braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shoring remains in place until strength is attained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper curing period and procedures observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heating devices checked, necessary permits obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mixing and transport equipment supported and traffic planned and routed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate runways, walkways guarded, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employees wear full clothing, serviceable shoes, long sleeve shirts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hard hats, gloves, boots, plus goggles and respirators provided for protection from cement dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Protruding nails and stripped form material removed from area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Good housekeeping and safe hoisting and scaffolding practices observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND SAFETY CHECKLIST

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Check "Yes" For Items Complete	Yes	No	N/A
<b>R. STEEL ERECTION</b>			
1. Safety nets used, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hard hats, eye protection, safety belts, serviceable shoes, gloves, and full clothing used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tag lines used for hoisting tools and material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire hazards checked at rivet force and welding operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ladders, stairs, or other safe access provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hoisting apparatus checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Good housekeeping, welding, and rigging practices observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S. MASONRY WORK</b>			
1. Proper scaffolding erected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Masonry saws properly equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hard hats, eye and face protection, and dust respirators provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Good housekeeping and rigging practices observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>T. EXCAVATION, SHORING, AND TRENCHING</b>			
1. Prior installation, gas lines, conduit, etc., located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Atmospheric conditions tested where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adjacent structures shored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Land shored and sheathed as needed for soil and depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Roads and sidewalks supported and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Banks more than 5 feet shored or sloped to angle or repose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate barriers and lighting provided at night where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Materials at least 2 feet away from edge of excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Equipment at safe distance from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Water controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ladders or stairs provided as required (trenches 4 feet deep or greater require ladder for every 25 feet of lateral travel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## HEALTH AND SAFETY CHECKLIST

Check "Yes" For Items Complete	Yes	No	N/A
12. Equipment ramps adequate, slope not too steep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Frequent inspections made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Full clothing, serviceable shoes and hard hats, goggles, gloves, respirators, boots provided as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>U. FLAMMABLE AND COMBUSTIBLE LIQUIDS</b>			
1. All containers clearly marked to show contents (gas cylinders, cans, drums, fuel tanks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper storage practices observed:			
a. Storage areas enclosed or protected from heat and mobile equipment exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fire hazards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sufficient fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. UL approved safety cans used for 1 to 5 gallons of flammable liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Approved cabinet for indoor storage of liquids in excess of 25-gallon, but not more than 120-gallon storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sign labeled "Flammable - Keep Fire Away" posted on cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Drums and tanks used for outdoor dispensing and fueling purposes:			
a. Located at least 25 feet from buildings and work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bonded, grounded, and equipped with self-venting bungs and self-closing faucets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identified and restricted from smoking or other heat sources; "No Smoking" signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diked and drainage provided for spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Protected from traffic and kept free of weeds, debris, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engines of vehicles and other combustion equipment shut off when being fueled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V. FLAMMABLE GAS (Oxygen/Acetylene)</b>			
1. Cylinders:			
a. Away from heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stored upright (secured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Valves closed on empty cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND SAFETY CHECKLIST

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Check "Yes" For Items Complete	Yes	No	N/A
d. Valve protection caps in place if cylinder not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Valve key wrench available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Portable rack with bottles secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Never drag or slide bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Designated storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. "No Smoking" signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Oxygen bottles stored 20 feet from acetylene bottles or 1/2-hour fire barrier installed between them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gauges/valves/hoses:			
a. Good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fire arresters installed (both hoses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eye protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When in use, gas lines properly located to prevent tripping and falling hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All burning torches bled and free of oxygen and acetylene and/or other gases during lunch breaks and other extended periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>W. WELDING OPERATIONS</b>			
1. Performed by qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Screens, shields, or eye protection provided and used to protect employees from welding operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees wear sufficient clothing and PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Equipment checked before use and in operative conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Power cables protected and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Power cables properly located to prevent tripping and falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dry chemical fire extinguisher within 30 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exposed combustible materials removed to safe location or properly protected from sparks and slag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Valid hot work permit required or provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overhead protection provided where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## HEALTH AND SAFETY CHECKLIST

Check "Yes" For Items Complete	Yes	No	N/A
12. "Danger - No Smoking, Matches or Open Lights" signs posted when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Adequate lighting and ventilation provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Machines turned off at end of shift or when not in use for extended periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>X. HOISTS</b>			
1. Material hoists:			
a. Designed by licensed professional engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. With tower enclosed for full height on all sides with 1/2-inch by 18-inch gauge screen mesh, except for landing access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With tower not enclosed, hoist platform or car shall be totally enclosed on all sides for the full height between floor and overhead covering with 1/2-inch x 14-inch gauge mesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Operation rules poster "No Riders Allowed" posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hoisting entrances guarded by substantial gate or bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vertical gates of sufficient height to prevent anyone from looking over them into shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Competent person assigned to inspect daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Weekly inspections logged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Annual inspection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fire extinguisher in place and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Load chart posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Personnel hoists:			
a. Hoisting doors at least 6 feet, 6 inches high with vision panel of solid construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Machinery and control equipment lighting and protection from weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Double-planked stock overhead protection for operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Operator on duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Electrically released, spring or weight-applied brake in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hoist thoroughly inspected each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Not used to carry personnel until inspected and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND SAFETY CHECKLIST

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Check "Yes" For Items Complete	Yes	No	N/A
<b>Y. BLASTING</b>			
1. Qualifications and credentials checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Jobsite meeting held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All signs, warning signals, PPE in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Nonessentials removed from area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Radio transmissions limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Blasting mats in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Blasting log maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Z. HAZARDOUS WASTE</b>			
<b>Certification and Training of CH2M HILL Personnel</b>			
1. Medical exam within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 40-hour initial training, 3 days supervised field activities, 8-hour annual refresher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. First aid and CPR certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quantitatively fit tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attend pre-entry safety meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Site Safety Coordinator with appropriate training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Certification and Training of Subcontractor Personnel</b>			
1. Medical exam within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 40 hour initial training, 3 days supervised field activities, 8 hour annual refresher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. First aid and CPR certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quantitatively fit tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attend pre-entry safety meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Site Safety Documentation</b>			
1. Site safety plan (SSP) prepared and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSP onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All personnel onsite identified in SSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentation of safety briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hospital map posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Emergency vehicle identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## HEALTH AND SAFETY CHECKLIST

Check "Yes" For Items Complete	Yes	No	N/A
8. Material Safety Data Sheets (MSDSs) onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Work zones delineated (How? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Wind direction flags in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Documentation of calibration of monitoring equipment in clean environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Monitoring conducted and recorded as specified in SSP (Frequency? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Monitoring for heat/cold stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Buddy system in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Decontamination procedures established as specified in SSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. No eating, drinking, or smoking in exclusion and contamination reduction zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Toilet facilities provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. 533 Forms completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. No contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Work conducted during daylight hours only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Emergency equipment available as specified in SSP (What? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety Briefing</b>			
1. All personnel attended (including new personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Documentation of meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chemical hazards and toxicology reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Physical hazards reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Biological hazards reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heat/cold stress information reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Air monitoring requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Levels of protection reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Work zones reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Decontamination procedures reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Emergency response procedures reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Site communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND SAFETY CHECKLIST

Revision: 01  
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Check "Yes" For Items Complete	Yes	No	N/A
<b>Personal Protective Equipment (PPE)</b>			
1. Levels of protection being worn as specified in SSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All appropriate PPE available onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hard hats being worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate hand protection being used (What? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appropriate body protection being used (What? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appropriate eye protection being used (What? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appropriate ear protection being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Appropriate respirator protection being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Respirators donned correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. TLD badges being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If air purifying respirators (APRs) are being used, correct cartridges (Type? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If self contained breathing apparatuses (SCBAs) are being used, is grade D air being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If SCBAs are being used, are cylinders stored correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If personal protective equipment (PPE) is not onsite, prepared to halt work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Disposal methods in place for disposable PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Decontamination Procedures</b>			
1. Decontamination procedure established as specified in the SSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Decontamination zone clearly defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PPE properly decontaminated (How? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sampling equipment properly decontaminated (How? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Monitoring equipment properly decontaminated (How? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heavy equipment properly decontaminated (How? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Samples properly decontaminated (How? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Decontamination fluids appropriately disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F  
**OSHA Job Safety Poster**

# JOB SAFETY & HEALTH PROTECTION

The Occupational Safety and Health Act of 1970 provides job safety and health protection for workers by promoting safe and healthful working conditions throughout the Nation. Requirements of the Act include the following:

## Employers

All employers must furnish to employees employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious harm to employees. Employers must comply with occupational safety and health standards issued under the Act.

## Employees

Employees must comply with all occupational safety and health standards, rules, regulations and orders issued under the Act that apply to their own actions and conduct on the job.

The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor has the primary responsibility for administering the Act. OSHA issues occupational safety and health standards, and its Compliance Safety and Health Officers conduct jobsite inspections to help ensure compliance with the Act.

## Inspection

The Act requires that a representative of the employer and a representative authorized by the employees be given an opportunity to accompany the OSHA inspector for the purpose of aiding the inspection.

Where there is no authorized employee representative, the OSHA Compliance Officer must consult with a reasonable number of employees concerning safety and health conditions in the workplace.

## Complaint

Employees or their representatives have the right to file a complaint with the nearest OSHA office requesting an inspection if they believe unsafe or unhealthful conditions exist in their workplace. OSHA will withhold, on request, names of employees complaining.

The Act provides that employees may not be discharged or discriminated against in any way for filing safety and health complaints or for otherwise exercising their rights under the Act.

Employees who believe they have been discriminated against may file a complaint with their nearest OSHA office within 30 days of the alleged discrimination.

## Citation

If upon inspection OSHA believes an employer has violated the Act, a citation alleging such violations will be issued to the employer. Each

citation will specify a time period within which the alleged violation must be corrected.

The OSHA citation must be prominently displayed at or near the place of alleged violation for three days, or until it is corrected, whichever is later, to warn employees of dangers that may exist there.

## Proposed Penalty

The Act provides for mandatory penalties against employers of up to \$1,000 for each serious violation and for optional penalties of up to \$1,000 for each nonserious violation. Penalties of up to \$1,000 per day may be proposed for failure to correct violations within the proposed time period. Also, any employer who willfully or repeatedly violates the Act may be assessed penalties of up to \$10,000 for each such violation.

Criminal penalties are also provided for in the Act. Any willful violation resulting in death of an employee, upon conviction, is punishable by a fine of not more than \$10,000, or by imprisonment for not more than six months, or by both. Conviction of an employer after a first conviction doubles these maximum penalties.

## Voluntary Activity

While providing penalties for violations, the Act also encourages efforts by labor and management, before an OSHA inspection, to reduce workplace hazards voluntarily and to develop and improve safety and health programs in all workplaces and industries. OSHA's Voluntary Protection Programs recognize outstanding efforts of this nature.

Such voluntary action should initially focus on the identification and elimination of hazards that could cause death, injury, or illness to employees and supervisors. There are many public and private organizations that can provide information and assistance in this effort, if requested. Also, your local OSHA office can provide considerable help and advice on solving safety and health problems or can refer you to other sources for help such as training.

## Consultation

Free consultative assistance, without citation or penalty, is available to employers, on request, through OSHA supported programs in most State departments of labor or health.

## More Information

Additional information and copies of the Act, specific OSHA safety and health standards, and other applicable regulations may be obtained from your employer or from the nearest OSHA Regional Office in the following locations:

Atlanta, Georgia  
Boston, Massachusetts  
Chicago, Illinois  
Dallas, Texas  
Denver, Colorado  
Kansas City, Missouri  
New York, New York  
Philadelphia, Pennsylvania  
San Francisco, California  
Seattle, Washington

Telephone numbers for these offices, and additional area office locations, are listed in the telephone directory under the United States Department of Labor in the United States Government listing.

Washington, D.C.  
1988 (Revised)  
OSHA 2203



*Ann McLaughlin*  
Ann McLaughlin, Secretary of Labor

**U.S. Department of Labor**  
Occupational Safety and Health Administration

Under provisions of Title 29, Code of Federal Regulations, Part 1903.2(a)(1) employers must post this notice (or a facsimile) in a conspicuous place where notices to employees are customarily posted.

GPO : 1988 O - 219-667



Appendix G  
**CH2M HILL Incident Report Form**

Revision: 01  
Date: 01/01/94

INJURY AND ILLNESS REPORTING

Attachment 1



ACCIDENT REPORT

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

NOTE: TO BE COMPLETED ONLY FOR REPRESENTATIVES OF CH2M HILL, INC.

PROJECT: \_\_\_\_\_ PROJECT NO. \_\_\_\_\_

INJURED EMPLOYEE: \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

DATE INJURED: \_\_\_\_\_ TIME \_\_\_\_\_ A.M. P.M.

DATE REPORTED: \_\_\_\_\_ LAST DAY WORKED: \_\_\_\_\_

DID EMPLOYEE RETURN TO WORK: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

WHERE ACCIDENT OCCURRED: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

WORK PERFORMING WHEN INJURED: \_\_\_\_\_

KIND AND EXTENT OF INJURY: \_\_\_\_\_

NAME - ADDRESS OF DOCTOR - HOSPITAL: \_\_\_\_\_

DESCRIPTION OF ACCIDENT: \_\_\_\_\_

WAS THERE EQUIPMENT MALFUNCTION?  YES  NO

DESCRIBE DAMAGE TO EQUIPMENT OR PROPERTY: \_\_\_\_\_

UNSAFE CONDITION OR ACT CAUSING ACCIDENT: \_\_\_\_\_

ACTION TAKEN TO PREVENT SIMILAR ACCIDENT: \_\_\_\_\_

ADDITIONAL RECOMMENDATIONS OR ACTION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

PHOTO(S) TAKEN

(7.1)

FORM 308

Appendix H  
**USACE Incident Report Form (ENG Form 3394)**

(For Safety Staff only)	REPORT NO.	EROC CODE	UNITED STATES ARMY CORPS OF ENGINEERS ACCIDENT INVESTIGATION REPORT (For Use of this Form See Attached Instructions and USACE Suppl to AR 385-40)		REQUIREMENT CONTROL SYMBOL: CEEC-5-8(R2)
<b>ACCIDENT CLASSIFICATION</b>					
PERSONNEL CLASSIFICATION		INJURY/ILLNESS/FATAL		PROPERTY DAMAGE	
GOVERNMENT <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY		<input type="checkbox"/>		<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER	
<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/>		<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER	
<input type="checkbox"/> PUBLIC		<input type="checkbox"/> FATAL <input type="checkbox"/> OTHER		<del>PROPERTY DAMAGE</del>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
<b>PERSONAL DATA</b>					
a. NAME (Last, First, MI)		b. AGE	c. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		d. SOCIAL SECURITY NUMBER
e. GRADE					
f. JOB SERIES/TITLE		g. DUTY STATUS AT TIME OF ACCIDENT <input type="checkbox"/> ON DUTY <input type="checkbox"/> TDY <input type="checkbox"/> OFF DUTY		h. EMPLOYMENT STATUS AT TIME OF ACCIDENT <input type="checkbox"/> ARMY ACTIVE <input type="checkbox"/> ARMY RESERVE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PERMANENT <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (Specify)	
<b>GENERAL INFORMATION</b>					
a. DATE OF ACCIDENT (month/day/year)		b. TIME OF ACCIDENT (Military time)		c. EXACT LOCATION OF ACCIDENT	
d. CONTRACTOR'S NAME (1) PRIME:  (2) SUBCONTRACTOR:		e. CONTRACT NUMBER <input type="checkbox"/> CIVIL WORKS <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER (Specify)		f. TYPE OF CONTRACT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SERVICE <input type="checkbox"/> AE <input type="checkbox"/> DREDGE <input type="checkbox"/> OTHER (Specify)	
				g. HAZARDOUS/TOXIC WASTE ACTIVITY <input type="checkbox"/> SUPERFUND <input type="checkbox"/> DERP <input type="checkbox"/> IRP <input type="checkbox"/> OTHER (Specify)	
<b>CONSTRUCTION ACTIVITIES ONLY (Fill in line and corresponding code number in box from fig - see instructions)</b>					
CONSTRUCTION ACTIVITY (CODE)			b. TYPE OF CONSTRUCTION EQUIPMENT (CODE)		
<b>INJURY / ILLNESS INFORMATION (Include name on line and corresponding code number in box for items a, f &amp; g - see instructions)</b>					
a. SEVERITY OF ILLNESS / INJURY (CODE)		b. ESTIMATED DAYS LOST		c. ESTIMATED DAYS HOSPITALIZED	
d. ESTIMATED DAYS RESTRICTED DUTY		e. BODY PART AFFECTED (CODE)			
		PRIMARY			
		SECONDARY			
f. NATURE OF ILLNESS / INJURY (CODE)		g. TYPE AND SOURCE OF INJURY/ILLNESS (CODE)			
		TYPE			
		SOURCE			
<b>PUBLIC FATALITY (Fill in line and corresponding code number in box - see instructions)</b>					
a. ACTIVITY AT TIME OF ACCIDENT (CODE)			b. PERSONAL FLOATATION DEVICE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>MOTOR VEHICLE ACCIDENT</b>					
a. TYPE OF VEHICLE <input type="checkbox"/> PICKUP/VAN <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER (Specify)		b. TYPE OF COLLISION <input type="checkbox"/> SIDE SWIPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> BROADSIDE <input type="checkbox"/> ROLL OVER <input type="checkbox"/> BACKING <input type="checkbox"/> OTHER (Specify)		c. SEAT BELTS USED    NOT USED    NOT AVAILABLE (1) FRONT SEAT (2) REAR SEAT	
<b>PROPERTY/MATERIAL INVOLVED</b>					
a. NAME OF ITEM		b. OWNERSHIP		c. \$ AMOUNT OF DAMAGE	
(1)					
(2)					
(3)					
<b>VESSEL / FLOATING PLANT ACCIDENT (Fill in line and corresponding code number in box from fig - see instructions)</b>					
a. TYPE OF VESSEL/FLOATING PLANT (CODE)			b. TYPE OF COLLISION/SHIP (CODE)		
<b>ACCIDENT DESCRIPTION (Use additional paper, if necessary)</b>					

11 CAUSAL FACTOR(S) (Read Instruction Before Completing)					
a. (Explain YES answers in item 13)		YES	NO	a. (CONTINUED)	
DESIGN: Was design of facility, workplace or equipment a factor?	<input type="checkbox"/>	<input type="checkbox"/>	CHEMICAL AND PHYSICAL AGENT FACTORS: Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents, such as noise, radiation, etc., contribute to accident?		
INSPECTION/MAINTENANCE: Were inspection & maintenance procedures a factor?	<input type="checkbox"/>	<input type="checkbox"/>	OFFICE FACTORS: Did office setting, such as, lifting office furniture, carrying, stooping, etc., contribute to the accident?		
PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor?	<input type="checkbox"/>	<input type="checkbox"/>	SUPPORT FACTORS: Were inappropriate tools/resources provided to properly perform the activity/task?		
OPERATING PROCEDURES: Were operating procedures a factor?	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL PROTECTIVE EQUIPMENT: Did the improper selection, use or maintenance of personal protective equipment contribute to the accident?		
JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred?	<input type="checkbox"/>	<input type="checkbox"/>	DRUGS/ALCOHOL: In your opinion, was drugs or alcohol a factor to the accident?		
HUMAN FACTORS: Did any human factors such as, size or strength of person, etc., contribute to accident?	<input type="checkbox"/>	<input type="checkbox"/>	b. WAS A WRITTEN JOB/ACTIVITY HAZARD ANALYSIS COMPLETED FOR TASK BEING PERFORMED AT TIME OF ACCIDENT?		
ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES (if yes, attach a copy) <input type="checkbox"/> NO		
12 TRAINING					
a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK?  <input type="checkbox"/> YES <input type="checkbox"/> NO		b. TYPE OF TRAINING.  <input type="checkbox"/> CLASSROOM <input type="checkbox"/> ON JOB		c. DATE OF MOST RECENT FORMAL TRAINING.  (Month) / (Day) / (Year)	
13 FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDENT; INCLUDE DIRECT AND INDIRECT CAUSES (See instruction for definition of direct and indirect causes.) (Use additional paper, if necessary)					
a. DIRECT CAUSE					
b. INDIRECT CAUSE(S)					
14 ACTION(S) TAKEN, ANTICIPATED OR RECOMMENDED TO ELIMINATE CAUSE(S).					
DESCRIBE FULLY:					
15 DATES FOR ACTIONS IDENTIFIED IN BLOCK 14.					
a. BEGINNING (Month/Day/Year)      /      /			b. ANTICIPATED COMPLETION (Month/Day/Year)      /      /		
c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPORT CORPS _____ CONTRACTOR _____		d. DATE (Mo/Day/Yr) ____ / ____ / ____	e. ORGANIZATION IDENTIFIER (Div. Br. Sect)		f. OFFICE SYMBOL
16 MANAGEMENT REVIEW (1st)					
a. <input type="checkbox"/> CONCUR		b. <input type="checkbox"/> NON CONCUR		c. COMMENTS	
SIGNATURE		TITLE		DATE	
17 MANAGEMENT REVIEW (2nd - Chief Operations, Construction, Engineering, etc.)					
a. <input type="checkbox"/> CONCUR		b. <input type="checkbox"/> NON CONCUR		c. COMMENTS	
SIGNATURE		TITLE		DATE	
18 SAFETY AND OCCUPATIONAL HEALTH OFFICE REVIEW					
a. <input type="checkbox"/> CONCUR		b. <input type="checkbox"/> NON CONCUR		c. ADDITIONAL ACTIONS/COMMENTS	
SIGNATURE		TITLE		DATE	
19 COMMAND APPROVAL					
COMMENTS					
COMMANDER SIGNATURE				DATE	

**GENERAL.** Complete a separate report for each person who was injured, caused, or contributed to the accident (excluding uninjured personnel and witnesses). Use of this form for reporting USACE employee first-aid type injuries not submitted to the Office of Workers' Compensation Programs (OWCP) shall be at the discretion of the FOA commander. Please type or print legibly. Appropriate items shall be marked with an "X" in box(es). If additional space is needed, provide the information on a separate sheet and attach to the completed form. Ensure that these instructions are forwarded with the completed report to the designated management reviewers indicated in sections 16, and 17.

### INSTRUCTIONS FOR SECTION 1 — ACCIDENT CLASSIFICATION. (Mark All Boxes That Are Applicable.)

- a. GOVERNMENT.** Mark "CIVILIAN" box if accident involved government civilian employee; mark "MILITARY" box if accident involved U.S. military personnel.
- (1) **INJURY/ILLNESS/FATALITY** — Mark if accident resulted in any government civilian employee injury, illness, or fatality that requires the submission of OWCP Forms CA-1 (injury), CA-2 (illness), or CA-6 (fatality) to OWCP; mark if accident resulted in military personnel lost-time or fatal injury or illness.
  - (2) **PROPERTY DAMAGE** — Mark the appropriate box if accident resulted in any damage of \$1000 or more to government property (including motor vehicles).
  - (3) **VEHICLE INVOLVED** — Mark if accident involved a motor vehicle, regardless of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.
  - (4) **DIVING ACTIVITY** — Mark if the accident involved an in-house USACE diving activity.
- b. CONTRACTOR.**
- (1) **INJURY/ILLNESS/FATALITY** — Mark if accident resulted in any contractor lost-time injury/illness or fatality.
  - (2) **PROPERTY DAMAGE** — Mark the appropriate box if accident resulted in any damage of \$1000 or more to contractor property (including motor vehicles).
  - (3) **VEHICLE INVOLVED** — Mark if accident involved a motor vehicle, regardless of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.
  - (4) **DIVING ACTIVITY** — Mark if the accident involved a USACE Contractor diving activity.
- c. PUBLIC.**
- (1) **INJURY/ILLNESS/FATALITY** — Mark if accident resulted in public fatality or permanent total disability. (The "OTHER" box will be marked when requested by the FOA to report an unusual non-fatal public accident that could result in claims against the government or as otherwise directed by the FOA Commander).
  - (2) **VOID SPACE** — Make no entry.
  - (3) **VEHICLE INVOLVED** — Mark if accident resulted in a fatality to a member of the public and involved a motor vehicle, regardless of whether "INJURY/ILLNESS/FATALITY" is marked.
  - (4) **VOID SPACE** — Make no entry.

### INSTRUCTIONS FOR SECTION 2 — PERSONAL DATA

- a. NAME** — (MANDATORY FOR GOVERNMENT ACCIDENTS, OPTIONAL AT THE DISCRETION OF THE FOA COMMANDER FOR CONTRACTOR AND PUBLIC ACCIDENTS). Enter last name, first name, middle initial of person involved.
- b. AGE** — Enter age.
- c. SEX** — Mark appropriate box.
- d. SOCIAL SECURITY NUMBER** — (FOR GOVERNMENT PERSONNEL ONLY) Enter the social security number (or other personal identification number if no social security number issued).
- e. GRADE** — (FOR GOVERNMENT PERSONNEL ONLY) Enter pay grade. Example: O-6; E-7; WG-8; WS-12; GS-11; etc.

- f. JOB SERIES/TITLE** — For government civilian employees enter the pay plan, full series number, and job title, e.g. GS-0810/Civil Engineer. For military personnel enter the primary military occupational specialty (PMOS), e.g., 15A30 or 11G50. For contractor employees enter the job title assigned to the injured person, e.g. carpenter, laborer, surveyor, etc..
- g. DUTY STATUS** — Mark the appropriate box.
- (1) **ON DUTY** — Person was at duty station during duty hours or person was away from duty station during duty hours but on official business at time of the accident.
  - (2) **TDY** — Person was on official business, away from the duty station and with travel orders at time of accident. Line-of-duty investigation required.
  - (3) **OFF DUTY** — Person was not on official business at time of accident.
- h. EMPLOYMENT STATUS** — (FOR GOVERNMENT PERSONNEL ONLY) Mark the most appropriate box. If "OTHER" is marked, specify the employment status of the person.

### INSTRUCTION FOR SECTION 3 — GENERAL INFORMATION

- a. DATE OF ACCIDENT** — Enter the month, day, and year of accident.
- b. TIME OF ACCIDENT** — Enter the local time of accident in military time. Example: 1430 hrs (not 2:30 p.m.).
- c. EXACT LOCATION OF ACCIDENT** — Enter facts needed to locate the accident scene. (installation/project name, building number, street, direction and distance from closest landmark, etc.).
- d. CONTRACTOR NAME**
- (1) **PRIME** — Enter the exact name (title of firm) of the prime contractor.
  - (2) **SUBCONTRACTOR** — Enter the name of any subcontractor involved in the accident.
- e. CONTRACT NUMBER** — Mark the appropriate box to identify if contract is civil works, military, or other; if "OTHER" is marked, specify contract appropriation on line provided. Enter complete contract number of prime contract, e.g., DACW 09-85-C-0100.
- f. TYPE OF CONTRACT** — Mark appropriate box. A/E means architect/engineer. If "OTHER" is marked, specify type of contract on line provided.
- g. HAZARDOUS/TOXIC WASTE ACTIVITY (HTW)** — Mark the box to identify the HTW activity being performed at the time of the accident. For Superfund, DERP, and Installation Restoration Program (IRP) HTW activities include accidents that occurred during inventory, pre-design, design, and construction. For the purpose of accident reporting, DERP Formerly Used DoD Site (FUDS) activities and IRP activities will be treated separately. For Civil Works O&M HTW activities mark the "OTHER" box.

### INSTRUCTIONS FOR SECTION 4 — CONSTRUCTION ACTIVITIES

- a. CONSTRUCTION ACTIVITY** — Select the most appropriate construction activity being performed at time of accident from the list below. Enter the activity name and place the corresponding code number identified in the box.

#### CONSTRUCTION ACTIVITY LIST

- |                         |                            |
|-------------------------|----------------------------|
| 1. MOBILIZATION         | 14. ELECTRICAL             |
| 2. SITE PREPARATION     | 15. SCAFFOLDING/ACCESS     |
| 3. EXCAVATION/TRENCHING | 16. MECHANICAL             |
| 4. GRADING (EARTHWORK)  | 17. PAINTING               |
| 5. PIPING/UTILITIES     | 18. EQUIPMENT/MAINTENANCE  |
| 6. FOUNDATION           | 19. TUNNELING              |
| 7. FORMING              | 20. WAREHOUSING/STORAGE    |
| 8. CONCRETE PLACEMENT   | 21. PAVING                 |
| 9. STEEL ERECTION       | 22. FENCING                |
| 10. ROOFING             | 23. SIGNING                |
| 11. FRAMING             | 24. LANDSCAPING/IRRIGATION |
| 12. MASONRY             | 25. INSULATION             |
| 13. CARPENTRY           | 26. DEMOLITION             |

b. TYPE OF CONSTRUCTION EQUIPMENT—Select the equipment involved in the accident from the list below. Enter the name and place the corresponding code number identified in the box. If equipment is not included below, use code 24, "OTHER", and write in specific type of equipment.

**CONSTRUCTION EQUIPMENT**

- |                                    |                                |
|------------------------------------|--------------------------------|
| 1. GRADER                          | 13. DUMP TRUCK (OFF HIGHWAY)   |
| 2. DRAGLINE                        | 14. TRUCK (OTHER)              |
| 3. CRANE (ON VESSEL/BARGE)         | 15. FORKLIFT                   |
| 4. CRANE (TRACKED)                 | 16. BACKHOE                    |
| 5. CRANE (RUBBER TIRE)             | 17. FRONT-END LOADER           |
| 6. CRANE (VEHICLE MOUNTED)         | 18. PILE DRIVER                |
| 7. CRANE (TOWER)                   | 19. TRACTOR (UTILITY)          |
| 8. SHOVEL                          | 20. MANLIFF                    |
| 9. SCRAPER                         | 21. DOZER                      |
| 10. PUMP TRUCK (CONCRETE)          | 22. DRILL RIG                  |
| 11. TRUCK (CONCRETE/TRANSIT MIXER) | 23. COMPACTOR/VIBRATORY ROLLER |
| 12. DUMP TRUCK (HIGHWAY)           | 24. OTHER                      |

**INSTRUCTIONS FOR SECTION 5—INJURY/ILLNESS INFORMATION**

a. SEVERITY OF INJURY / ILLNESS - Reference para 2-10 of USACE Suppl 1 to AR 385-40 and enter code and description from list below.

- NOI NO INJURY
- FAT FATALITY
- PTL PERMANENT TOTAL DISABILITY
- PPR PERMANENT PARTIAL DISABILITY
- LWD LOST WORKDAY CASE INVOLVING DAYS AWAY FROM WORK
- NLW RECORDABLE CASE WITHOUT LOST WORKDAYS
- RFA RECORDABLE FIRST AID CASE
- NRI NON-RECORDABLE INJURY

ESTIMATED DAYS LOST—Enter the estimated number of workdays the person will lose from work.

- c. ESTIMATED DAYS HOSPITALIZED—Enter the estimated number of workdays the person will be hospitalized.
- d. ESTIMATED DAYS RESTRICTED DUTY—Enter the estimated number of workdays the person, as a result of the accident, will not be able to perform all of their regular duties.
- e. BODY PART AFFECTED—Select the most appropriate primary and when applicable, secondary body part affected from the list below. Enter body part name on line and place the corresponding code letters identifying that body part in the box.

GENERAL BODY AREA	CODE	BODY PART NAME
ARM/WRIST	AB	ARM AND WRIST
	AS	ARM OR WRIST
TRUNK, EXTERNAL MUSCULATURE	B1	SINGLE BREAST
	B2	BOTH BREASTS
	B3	SINGLE TESTICLE
	B4	BOTH TESTICLES
	BA	ABDOMEN
	BC	CHEST
	BL	LOWER BACK
	BP	PENIS
	BS	SIDE
	BU	UPPER BACK
	BW	WAIST
	BZ	TRUNK OTHER

**HEAD, INTERNAL**

C1	SINGLE EAR INTERNAL
C2	BOTH EARS INTERNAL
C3	SINGLE EYE INTERNAL
C4	BOTH EYES INTERNAL
CB	BRAIN
CC	CRANIAL BONES
CD	TEETH
CJ	JAW
CL	THROAT, LARYNX
CM	MOUTH

CR	NOSE	
CT	THROAT, OTHER	
CU	TONGUE	
CZ	HEAD OTHER INTERNAL	
ELBOW	EB	BOTH ELBOWS
	ES	SINGLE ELBOW
FINGER	F1	FIRST FINGER
	F2	BOTH FIRST FINGERS
	F3	SECOND FINGER
	F4	BOTH SECOND FINGERS
	F5	THIRD FINGER
	F6	BOTH THIRD FINGERS
	F7	FOURTH FINGER
	F8	BOTH FOURTH FINGERS
TOE	G1	GREAT TOE
	G2	BOTH GREAT TOES
	G3	TOE OTHER
	G4	TOES OTHER
HEAD, EXTERNAL	H1	EYE EXTERNAL
	H2	BOTH EYES EXTERNAL
	H3	EAR EXTERNAL
	H4	BOTH EARS EXTERNAL
	HC	CHIN
	HF	FACE
	NK	NECK/THROAT
	HM	MOUTH/LIPS
	HN	NOSE
	HS	SCALP
KNEE	KB	BOTH KNEES
	KS	KNEE
LEG, MP, ANKLE, BUTTOCK	LB	BOTH LEGS/HIPS/ANKLES/BUTTOCKS
	LS	SINGLE LEG/HIP/ANKLE/BUTTOCK
HAND	MB	BOTH HANDS
	MS	SINGLE HAND
FOOT	PB	BOTH FEET
	PS	SINGLE FOOT
TRUNK BONES	R1	SINGLE COLLAR BONE
	R2	BOTH COLLAR BONES
	RO	SHOULDER BLADE
	RA	BOTH SHOULDER BLADES
	RB	RIB
	RS	STERNUM (BREAST BONE)
	RV	VERTEBRAE (SPINE; DISC)
	RZ	TRUNK BONES OTHER
SHOULDER	SB	BOTH SHOULDERS
	SS	SINGLE SHOULDER
THUMB	TB	BOTH THUMBS
	TS	SINGLE THUMB
TRUNK, INTERNAL ORGANS	V1	LUNG, SINGLE
	V2	LUNGS, BOTH
	V3	KIDNEY, SINGLE
	V4	KIDNEYS, BOTH
	VH	HEART
	VL	LIVER
	VR	REPRODUCTIVE ORGANS
	VS	STOMACH
	VV	INTESTINES
	VZ	TRUNK, INTERNAL, OTHER

L. NATURE OF INJURY/ILLNESS - Select the most appropriate nature of injury / illness from the list below. The nature of injury / illness shall correspond to the primary body part selected in 5e, above. Enter the nature of injury / illness name on the line and place the corresponding CODE letters in the box provided.

\* The injury or condition selected below must be caused by a specific incident or event which occurred during a single work day or shift.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
SKIN DISEASE OR CONDITION	S8	BIOLOGICAL
	SC	CHEMICAL
	SS	DERMATITIS, UNCLASSIFIED

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
TRAUMATIC INJURY OR DISABILITY	TA	AMPUTATION
	TB	BACK STRAIN
	TC	CONUSION; BRUISE; ABRASION
	TD	DISLOCATION
	TF	FRACTURE
	TH	HERNIA
	TK	CONCUSSION
	TL	LACERATION, CUT
	TP	PUNCTURE
	TS	STRAIN, MULTIPLE
	TU	BURN, SCALD, SUNBURN
	TI	TRAUMATIC SKIN DISEASES/ CONDITIONS INCLUDING DERMATITIS
	TR	TRAUMATIC RESPIRATORY DISEASE
	TO	TRAUMATIC FOOD POISONING
	TW	TRAUMATIC TUBERCULOSIS
	TX	TRAUMATIC VIROLOGICAL/ INFECTIVE/PARASITIC DISEASE
	T1	TRAUMATIC CEREBRAL VASCULAR CONDITION/STROKE
	T2	TRAUMATIC HEARING LOSS
	T3	TRAUMATIC HEART CONDITION
	T4	TRAUMATIC MENTAL DISORDER; STRESS; NERVOUS CONDITION
	T8	TRAUMATIC INJURY - OTHER (EXCEPT DISEASE, ILLNESS)

g. TYPE AND SOURCE OF INJURY/ILLNESS (CAUSE) - Type and Source Codes are used to describe what caused the incident. The Type Code stands for an ACTION and the Source Code for an OBJECT or SUBSTANCE. Together, they form a brief description of how the incident occurred. Where there are two different sources, code the initiating source of the incident (see example 1, below). Examples:

(1) An employee tripped on carpet and struck his head on a desk.  
TYPE: 210 (fell on same level) SOURCE: 0110 (walking/working surface)

NOTE: This example would NOT be coded 120 (struck against) and 0140 (furniture).

(2) A Park Ranger contracted dermatitis from contact with poison ivy/oak.  
TYPE: 530 (contact) SOURCE: 0920 (plant)

(3) A lock and dam mechanic punctured his finger with a metal sliver while grinding a turbine blade.  
TYPE: 410 (punctured by) SOURCE: 0830 (metal)

(4) An employee was driving a government vehicle when it was struck by another vehicle.  
TYPE: 800 (traveling in) SOURCE: 0421 (government-owned vehicle, as driver)

NOTE: The Type Code 800, "Traveling In" is different from the other type codes in that its function is not to identify factors contributing to the injury or fatality, but rather to collect data on the type of vehicle the employee was operating or traveling in at the time of the incident.

Select the most appropriate TYPE and SOURCE identifier from the list below and enter the name on the line and the corresponding code in the appropriate box.

A nontraumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness/disease or disability is any reported condition which does not meet the definition of traumatic injury or disability as described above.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
NON-TRAUMATIC ILLNESS/DISEASE OR DISABILITY		
RESPIRATORY DISEASE	RA	ASBESTOSIS
	RB	BRONCHITIS
	RE	EMPHYSEMA
	RP	PNEUMOCONIOSIS
	RS	SILICOSIS
	R9	RESPIRATORY DISEASE, OTHER
BIOLOGICAL, INFECTIVE & PARASITIC DISEASES	VB	BRUCELLOSIS
	VC	COCCIDIOMYCOOSIS
	VF	FOOD POISONING
	VH	HEPATITIS
	VM	MALARIA
	VS	STAPHYLOCOCCUS
	VT	TUBERCULOSIS
	V9	VIROLOGICAL/INFECTIVE/ PARASITIC - OTHER
DISABILITY, OCCUPATIONAL	DA	ARTHRITIS, BURSTITIS
	DB	BACK STRAIN, BACK SPRAIN
	DC	CEREBRAL VASCULAR CONDITION; STROKE
	DD	ENDEMIC DISEASE (OTHER THAN CODE TYPES R&S)
	DE	EFFECT OF ENVIRONMENTAL CONDITION
	DM	HEARING LOSS
	DK	HEART CONDITION
	DM	MENTAL DISORDER, EMOTIONAL STRESS NERVOUS CONDITION
	DR	RADIATION
	DS	STRAIN, MULTIPLE
	DU	ULCER
	DV	OTHER VASCULAR CONDITIONS
	D9	DISABILITY, OTHER

CODE	TYPE OF INJURY NAME
	STRUCK
0110	STRUCK BY
0111	STRUCK BY FALLING OBJECT
0120	STRUCK AGAINST
	FELL, SLIPPED, TRIPPED
0210	FELL ON SAME LEVEL
0220	FELL ON DIFFERENT LEVEL
0230	SLIPPED, TRIPPED (NO FALL)
	CAUGHT
0310	CAUGHT ON
0320	CAUGHT IN
0330	CAUGHT BETWEEN
	PUNCTURED, LACERATED
0410	PUNCTURED BY
0420	CUT BY
0430	STUNG BY
0440	BITTEN BY
	CONTACTED
0510	CONTACTED WITH (INJURED PERSON MOVING)
0520	CONTACTED BY (OBJECT WAS MOVING)
	EXERTED
0610	LIFTED, STRAINED BY (SINGLE ACTION)
0620	STRESSED BY (REPEATED ACTION)
	EXPOSED
0710	INHALED
0720	INGESTED
0730	ABSORBED
0740	EXPOSED TO
0800	TRAVELING IN
CODE	SOURCE OF INJURY NAME
0100	BUILDING OR WORKING AREA
0110	WALKING/WORKING SURFACE (FLOOR, STREET, SIDEWALKS, ETC)
0120	STAIRS, STEPS
0130	LADDER
0140	FURNITURE, FURNISHINGS, OFFICE EQUIPMENT
0150	BOILER, PRESSURE VESSEL
0160	EQUIPMENT LAYOUT (ERGONOMIC)
0170	WINDOWS, DOORS
0180	ELECTRICITY



CODE	SOURCE OF INJURY NAME
0200	ENVIRONMENTAL CONDITION
0210	TEMPERATURE EXTREME (INDOOR)
0220	WEATHER (ICE, RAIN, HEAT, ETC.)
0230	FIRE, FLAME, SMOKE (NOT TOBACCO)
0240	NOISE
0250	RADIATION
0260	LIGHT
0270	VENTILATION
0271	TOBACCO SMOKE
0280	STRESS (EMOTIONAL)
0290	CONFINED SPACE
0300	MACHINE OR TOOL
0310	HAND TOOL (POWERED: SAW, GRINDER, ETC.)
0320	HAND TOOL (NONPOWERED)
0330	MECHANICAL POWER TRANSMISSION APPARATUS
0340	GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK)
0350	VIDEO DISPLAY TERMINAL
0360	PUMP, COMPRESSOR, AIR PRESSURE TOOL
0370	HEATING EQUIPMENT
0380	WELDING EQUIPMENT
0400	VEHICLE
0411	AS DRIVER OF PRIVATELY OWNED/RENTAL VEHICLE
0412	AS PASSENGER OF PRIVATELY OWNED/RENTAL VEHICLE
0421	DRIVER OF GOVERNMENT VEHICLE
0422	PASSENGER OF GOVERNMENT VEHICLE
0430	COMMON CARRIER (AIRLINE, BUS, ETC.)
0440	AIRCRAFT (NOT COMMERCIAL)
0450	BOAT, SHIP, BARGE
0500	MATERIAL HANDLING EQUIPMENT
0510	EARTHMOVER (TRACTOR, BACKHOE, ETC.)
0520	CONVEYOR (FOR MATERIAL AND EQUIPMENT)
0530	ELEVATOR, ESCALATOR, PERSONNEL HOIST
0540	HOIST, SLING CHAIN, JACK
0550	CRANE
0551	FORKLIFT
0552	HANDTRUCK, DOLLY
0560	DUST, VAPOR, ETC.
0561	DUST (SILICA, COAL, ETC.)
0562	FIBERS
0563	ASBESTOS
0564	GASES
0565	CARBON MONOXIDE
0566	MIST, STEAM, VAPOR, FUME
0567	WELDING FLAMES
0568	PARTICLES (UNIDENTIFIED)
0700	CHEMICAL, PLASTIC, ETC.
0711	DRY CHEMICAL—CORROSIVE
0712	DRY CHEMICAL—TOXIC
0713	DRY CHEMICAL—EXPLOSIVE
0714	DRY CHEMICAL—FLAMMABLE
0721	LIQUID CHEMICAL—CORROSIVE
0722	LIQUID CHEMICAL—TOXIC
0723	LIQUID CHEMICAL—EXPLOSIVE
0724	LIQUID CHEMICAL—FLAMMABLE
0730	PLASTIC
0740	WATER
0750	MEDICINE
0800	INANIMATE OBJECT
0810	BOX, BARREL, ETC.
0820	PAPER
0830	METAL ITEM, MINERAL
0831	NEEDLE
0840	GLASS
0850	SCRAP, TRASH
0860	WOOD
0870	FOOD
0880	CLOTHING, APPAREL, SHOES
0900	ANIMATE OBJECT
0911	DOG
0912	OTHER ANIMAL
0920	PLANT
0930	INSECT
0940	HUMAN (VIOLENCE)
0950	HUMAN (COMMUNICABLE DISEASE)
0960	BACTERIA, VIRUS (NOT HUMAN CONTACT)

CODE	SOURCE OF INJURY NAME
1000	PERSONAL PROTECTIVE EQUIPMENT
1010	PROTECTIVE CLOTHING, SHOES, GLASSES, GOGGLES
1020	RESPIRATOR, MASK
1021	DIVING EQUIPMENT
1030	SAFETY BELT, HARNESS
1040	PARACHUTE

## INSTRUCTIONS FOR SECTION 5 — PUBLIC FATALITY

- a. **ACTIVITY AT TIME OF ACCIDENT**—Select the activity being performed at the time of the accident from the list below. Enter the activity name on the line and the corresponding number in the box. If the activity performed is not identified on the list, select from the most appropriate primary activity area (water related, non-water related or other activity), the code number for "Other", and write in the activity being performed at the time of the accident.

### WATER RELATED RECREATION

- |                                   |  |
|-----------------------------------|--|
| 1. Sailing                        | 9. Swimming/designated area                          |
| 2. Boating—powered                | 10. Swimming/other area                              |
| 3. Boating—unpowered              | 11. Underwater activities (skin diving, scuba, etc.) |
| 4. Water skiing                   | 12. Wading   |
| 5. Fishing from boat              | 13. Assisted rescue                                  |
| 6. Fishing from bank dock or pier | 14. Hunting from boat                                |
| 7. Fishing while wading           | 15. Other  |
| 8. Swimming/supervised area       |  |

### NON-WATER RELATED RECREATION

- |  |  |
|--|--|
| 16. Hiking and walking                   | 23. Sports/summer (baseball, football, etc.)             |
| 17. Climbing (general)                   | 24. Sports/winter (skiing, sledding, snowmobiling, etc.) |
| 18. Camping/picnicking authorized area   | 25. Cycling (bicycle, motorcycle, scooter)               |
| 19. Camping/picnicking unauthorized area | 26. Gliding  |
| 20. Guided tours                         | 27. Paragliding  |
| 21. Hunting                              | 28. Other non-water related                              |
| 22. Playground equipment                 |  |

### OTHER ACTIVITIES

- |  |                                  |
|--|----------------------------------|
| 29. Unlawful acts (fights, riots, vandalism, etc.) | 33. Sleeping                     |
| 30. Food preparation/serving                       | 34. Pedestrian struck by vehicle |
| 31. Food consumption                               | 35. Pedestrian other acts        |
| 32. Housekeeping                                   | 36. Suicide                      |
|  | 37. "Other" activities           |

- b. **PERSONAL FLOTATION DEVICE USED**—If fatality was water-related was the victim wearing a personal flotation device? Mark the appropriate box.

## INSTRUCTIONS FOR SECTION 7—MOTOR VEHICLE ACCIDENT

- a. **TYPE OF VEHICLE**—Mark appropriate box for each vehicle involved. If more than one vehicle of the same type is involved, mark both halves of the appropriate box. USACE vehicle(s) involved shall be marked in left half of appropriate box.

- b. **TYPE OF COLLISION**—Mark appropriate box.

- c. **SEAT BELT**—Mark appropriate box.

## INSTRUCTIONS FOR SECTION 8—PROPERTY/MATERIAL INVOLVED

- a. **NAME OF ITEM**—Describe all property involved in accident. Property/material involved means material which is damaged or whose use or misuse contributed to the accident. Include the name, type, model; also include the National Stock Number (NSN) whenever applicable.
- b. **OWNERSHIP**—Enter ownership for each item listed. (Enter one of the following: *USACE; OTHER GOVERNMENT; CONTRACTOR; PRIVATE*)
- c. **\$ AMOUNT OF DAMAGE**—Enter the total estimated dollar amount of damage (parts and labor), if any.

## INSTRUCTIONS FOR SECTION 9—VESSEL/ FLOATING PLANT ACCIDENT

**TYPE OF VESSEL/FLOATING PLANT**—Select the most appropriate vessel/floating plant from list below. Enter name and place corresponding number in box. If item is not listed below, enter item number for "OTHER" and write in specific type of vessel/floating plant.

### VESSEL/FLOATING PLANTS

- |                        |                            |
|------------------------|----------------------------|
| 1. ROW BOAT            | 7. DREDGE/DIPPER           |
| 2. SAIL BOAT           | 8. DREDGE/CLAMSHELL BUCKET |
| 3. MOTOR BOAT          | 9. DREDGE/PIPE LINE        |
| 4. BARGE               | 10. DREDGE/DUST PAN        |
| 5. DREDGE/HOPPER       | 11. TUG BOAT               |
| 6. DREDGE/SIDE CASTING | 12. OTHER                  |

2. **COLLISION/MISHAP**—Select from the list below the object(s) that contributed to the accident or were damaged in the accident.

### COLLISION/MISHAP

- |                                |                       |
|--------------------------------|-----------------------|
| 1. COLLISION WITH OTHER VESSEL | 7. HAULAGE UNIT       |
| 2. UPPER GUIDE WALL            | 8. BREAKING TOW       |
| 3. UPPER LOCK GATES            | 9. TOW BREAKING UP    |
| 4. LOCK WALL                   | 10. SWEEP DOWN ON DAM |
| 5. LOWER LOCK GATES            | 11. BUOY/DOLPHIN/CELL |
| 6. LOWER GUIDE WALL            | 12. WHARF OR DOCK     |
|                                | 13. OTHER             |

## INSTRUCTIONS FOR SECTION 10—ACCIDENT DESCRIPTION

**DESCRIBE ACCIDENT**—Fully describe the accident. Give the sequence of events that describe what happened leading up to and during the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Continue on blank sheets if necessary and attach to this report.

## INSTRUCTIONS FOR SECTION 11—CAUSAL FACTORS

Review thoroughly. Answer each question by marking the appropriate block. If any answer is yes, explain in item 13 below. Consider, as a minimum, the following:

- (1) **DESIGN**—Did inadequacies associated with the building or work site play a role? Would an improved design or layout of the equipment or facilities reduce the likelihood of similar accidents? Were the tools or other equipment designed and intended for the task at hand?
- (2) **INSPECTION/MAINTENANCE**—Did inadequately or improperly maintained equipment, tools, workplace, etc. create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?
- (3) **PERSON'S PHYSICAL CONDITION**—Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was over exertion a factor?
- (4) **OPERATING PROCEDURES**—Did a lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?

**JOB PRACTICES**—Were any of the provisions of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the task?

- (5) **HUMAN FACTORS**—Was the person under undue stress (either internal or external to the job)? Did the task (and toward overloading the capabilities of the person; i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals)? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach, strength, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?
  - (7) **ENVIRONMENTAL FACTORS**—Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun, temperature changes, wind, tides, floods, currents, dust, mud, glare, pressure changes, lightning, etc., play a part in the accident?
  - (8) **CHEMICAL AND PHYSICAL AGENT FACTORS**—Did exposure to chemical agents (either single shift exposure or long-term exposure) such as dusts, fibers (asbestos, etc.), silica, gases (carbon monoxide, chlorine, etc.), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, by-products of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?
  - (9) **OFFICE FACTORS**—Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?
  - (10) **SUPPORT FACTORS**—Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized, and adequate to provide proper tools, equipment, personnel, site preparation, etc.?
  - (11) **PERSONAL PROTECTIVE EQUIPMENT**—Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc.) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?
  - (12) **DRUGS/ALCOHOL**—Is there any reason to believe the person's mental or physical capabilities, judgement, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".
- b. **WRITTEN JOB/ACTIVITY HAZARD ANALYSIS**—Was a written Job/Activity Hazard Analysis completed for the task being performed at the time of the accident? Mark the appropriate box. If one was performed, attach a copy of the analysis to the report.

## INSTRUCTIONS FOR SECTION 12—TRAINING

- a. **WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK?**—For the purpose of this section "trained" means the person has been provided the necessary information (either formal and/or on-the-job (OJT) training) to competently perform the activity/task in a safe and healthful manner.
- b. **TYPE OF TRAINING**—Mark the appropriate box that best indicates the type of training: (classroom or on-the-job) that the injured person received before the accident happened.
- c. **DATE OF MOST RECENT TRAINING**—Enter the month, day, and year of the last formal training completed that covered the activity/task being performed at the time of the accident.

## INSTRUCTIONS FOR SECTION 13—CAUSES

- a. **DIRECT CAUSES**—The direct cause is that single factor which most directly lead to the accident. See examples below.
- b. **INDIRECT CAUSES**—Indirect causes are those factors which contributed to but did not directly initiate the occurrence of the accident.

Examples for section 13:

- a. Employee was dismantling scaffold and fell 12 feet from unguarded opening.  
*Direct cause:* failure to provide fall protection at elevation.  
*Indirect causes:* failure to enforce USACE safety requirements; improper training/motivation of employee (possibility that employee was not knowledgeable of USACE fall protection requirements or was lax in his attitude towards safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.
- b. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by USACE vehicle. (note USACE vehicle was in proper/safe working condition).  
*Direct cause:* failure of USACE driver to maintain control of and stop USACE vehicle within safe distance.  
*Indirect cause:* Failure of employee to pay attention to driving (defensive driving).

## INSTRUCTIONS FOR SECTION 14—ACTION TO ELIMINATE CAUSE(S)

**DESCRIPTION**—Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent recurrence of similar accidents/illnesses. Continue on blank sheets of paper if necessary to fully explain and attach to the completed report form.

## INSTRUCTIONS FOR SECTION 15—DATES FOR ACTION

- a. **BEGIN DATE**—Enter the date when the corrective action(s) identified in Section 14 will begin.
- b. **COMPLETE DATE**—Enter the date when the corrective action(s) identified in Section 14 will be completed.
- c. **TITLE AND SIGNATURE**—Enter the title and signature of supervisor completing the accident report. For a **GOVERNMENT** employee accident/illness the immediate supervisor will complete and sign the report. For **PUBLIC** accidents the USACE Project Manager/Area Engineer responsible for the USACE property where the accident happened shall complete and sign the report. For **CONTRACTOR** accidents the Contractor's project manager shall complete and sign the report and provide to the USACE supervisor responsible for oversight of that contractor activity. This USACE Supervisor shall also sign the report. Upon entering the information required in 15.d, 15.e and 15.f below, the responsible USACE supervisor shall forward the report for management review as indicated in Section 16.
- d. **DATE SIGNED**—Enter the month, day, and year that the report was signed by the responsible supervisor.
- e. **ORGANIZATION NAME**—For **GOVERNMENT** employee accidents enter the USACE organization name (Division, Branch, Section, etc.) of the injured employee. For **PUBLIC** accidents enter the USACE organization name for the person identified in block 15.c. For **CONTRACTOR** accidents enter the USACE organization name for the USACE office responsible for providing contract administration oversight.

- f. **OFFICE SYMBOL**—Enter the latest complete USACE Office Symbol for the USACE organization identified in block 15.e.

## INSTRUCTIONS FOR SECTION 16—MANAGEMENT REVIEW (1st)

**1ST REVIEW**—Each USACE FOA shall determine who will provide 1st management review. The responsible USACE supervisor in section 15.c shall forward the completed report to the USACE office designated as the 1st Reviewer by the FOA. Upon receipt, the Chief of the Office shall review the completed report, mark the appropriate box, provide substantive comments, sign, date, and forward to the FOA Staff Chief (2nd review) for review and comment.

## INSTRUCTIONS FOR SECTION 17—MANAGEMENT REVIEW (2nd)

**2ND REVIEW**—The FOA Staff Chief (i.e., FOA Chief of Construction, Operations, Engineering, Planning, etc.) shall mark the appropriate box, review the completed report, provide substantive comments, sign, date, and return to the FOA Safety and Occupational Health Office.

## INSTRUCTIONS FOR SECTION 18—SAFETY AND OCCUPATIONAL HEALTH REVIEW

**3RD REVIEW**—The FOA Safety and Occupational Health Office shall review the completed report, mark the appropriate box, ensure that any inadequacies, discrepancies, etc. are rectified by the responsible supervisor and management reviewers, provide substantive comments, sign, date and forward to the FOA Commander for review, comment, and signature.

## INSTRUCTION FOR SECTION 19—COMMAND APPROVAL

**4TH REVIEW**—The FOA Commander shall (to include the person designated Acting Commander in his absence) review the completed report, comment if required, sign, date, and forward the report to the FOA Safety and Occupational Health Office. Signature authority shall not be delegated.

Appendix I  
**DDMT Evacuation Route Map**



**FINAL PAGE**

**ADMINISTRATIVE RECORD**

**FINAL PAGE**

**FINAL PAGE**

**ADMINISTRATIVE RECORD**

**FINAL PAGE**