SITE AND SAFETY PLAN FOR

• UNDERGROUND STORAGE TANK- REPAIRS, REMOVAL, INSTALLATIONS •

• INVESTIGATION/REMEDIATION OF CONTAMINATED SITES • MONITORING WELL & SOIL BORING •

As indicated throughout the plan, selected sections should only be filled out by people with technical expertise in health and safety issues. In addition, State organizations using this plan should set up a system to ensure that: (1) The plan is used properly; and (2) staff follows proper safety procedures. Attach copies of employee certification in hazardous waste/hazardous materials/underground storage tanks. Certifications are for employees who will be working at the job site. All selections are to be completed as appropriate.

PART I - (Sections I-IV) should be completed prior to the site visit and turned in with permit application.

SECTION I. GENERAL SITE INFORMATION

SITE NAME AND ADDRESS: _____

CONTACT PERSON AND PHONE NUMBER: _____

SITE IDENTIFICATION NUMBER: _____

PROPOSED DATE(S) OF SITE WORK: _____

SECTION II. DESCRIPTION OF ACTIVITY

PURPOSE OF ACTIVITY:

- ☐ New Tank Installation
- ☐ Tank Closure
- ☐ Tank/Pipe Removal
- ☐ Tank/Pipe Disposal
- ☐ Site Investigation/Mitigation
- ☐ Tank/Pipe Repair
- ☐ Leak Detection Testing
- ☐ Installation of Monitor Wells/Sampling
- ☐ Other_____

PROVIDE A BRIEF NARRATIVE DESCRIPTION OF THE PROPOSED ACTIVITIES:

_____

_____

_____

SECTION III. SPECIFIC SITE INFORMATION

SPECIFIC TANK SYSTEM INFORMATION:

Age/Size/Capacity of Tanks and Piping: _____

Contents of Tank: _____

Other (Specify): _____

TYPE OF SITE

CHECK ALL APPROPRIATE:

- ☐ Active
- ☐ Inactive
- ☐ Industrial facility
- ☐ Gas Station
- ☐ TSDF
- ☐ R & D Facility
- ☐ Military base
- ☐ Other (Specify)

RELEASE HISTORY

☐ No evidence of leaks or soil contamination ☐ Suspected or known leaks and soil contamination

☐ Known groundwater contamination

BACKGROUND AND DESCRIPTION OF ANY PREVIOUS INVESTIVATIONS OR INCIDENCE:

BACKGROUND INFORMATION STATUS: ☐—COMPLETE ☐— INCOMPLETE

SECTION IV. POTENTIAL HEALTH AND SAFETY HAZARDS

ANTICIPATED PHYSICAL HAZARDOUS OF CONCERN: (CHECK ALL THAT APPLY AND DESCRIBE)

- ☐ Heat (high ambient temp.)
- ☐ Cold
- ☐ Noise
- ☐ Oxygen depletion
  - ☐ Asphyxiation
- ☐ Excavation
  - ☐ Cave-ins
  - ☐ Falls, trips, slipping
- ☐ Handling and transfer of petroleum products
  - ☐ Fire
  - ☐ Explosions
- ☐ Heavy equipment
  - ☐ Physical injury and trauma resulting from moving machinery
- ☐ General construction
  - ☐ Physical injury and trauma
  - ☐ Electrical Hazards
- ☐ Confined space entry
  - ☐ Explosions
- ☐ Other (Specify):

ANTICIPATED BIOLOGICAL HAZARDS: (LIST BELOW)

- ☐ Snakes
- ☐ Insects
- ☐ Rodents
- ☐ Poisonous plants
- ☐ Other

NARRATIVE:(Provide all information which could impact Health and Safety – e.g., power lines, integrity of dikes, terrain, etc.)

ANTICIPATED CHEMICAL HAZARDS: *(LIST BELOW ALL CHEMICALS PRESENT ON SITE; ATTACH MATERIAL SAFETY DATA SHEETS-MSDS)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PART II ***Section V should only be completed by persons with technical expertise in health and safety.***

SECTION V. EVALUATION OF POTENTIAL HAZARDS

CHEMICALS OF CONCERN

Chemical	Highest Observable Concentration(media)	PEL/TLV	Symptoms/Effects of Acute Exposure

PART III *Sections VI and VII should be completed by the applicant prior to the site visit.*

SECTION VI. METHODS TO CONTROL POTENTIAL HEALTH AND SAFETY HAZARDS

MONITORING INSTRUMENTATION: (NOTE: MONITORING INSTRUMENTS MUST BE USED FOR ALL OPERATIONS UNLESS APPROPRIATE RATIONALE OR RESTRICTIONS ARE PROVIDED)

- ☐ Organic Vapor Analyzer
- ☐ Photoionization Detector
- ☐ Combustible Gas Indicator (CGI)
- ☐ Oxygen Meter
- ☐ Hydrogen Sulfide Meter
- ☐ Detector Tubes (specify)
- ☐ Other, specify (toxic gas, air sampling pumps, etc.)

IF MONITORING INSTRUMENTS ARE NOT USED, SPECIFY RATIONALE OR JUSTIFICATION OR ACTICITY/AREA RESTRICTIONS.

_____

_____

ACTION LEVELS (breathing zone):

Combustible Gas Indicator

0-10%	LEL	No Explosion Hazard
10-25%	LEL	Potential Explosion Hazard, Notify Site Health and Safety Officer
>25%	LEL	Explosion Hazard; Interrupt Task/Evacuate

Oxygen Meter

<21.0%	O_2	Oxygen Normal
<21.0%	O_2	Oxygen Deficient; Notify Site Health and Safety Officer
<19.5%	O_2	Oxygen Deficient; Interrupt Task/Evacuate

ACTION LEVELS (breathing zone)_____

Photoionization Detector Specify: _____

☐ 11.7 ev

☐ 10.2 ev

☐ 9.8 eve

Type:_____

Flame Ionization Detector Specify:_____

Type: _____

Detector Tubes Specify:_____

Type:_____

Type:_____

Type:_____

PERSONAL PROTECTIVE EQUIPMENT: List all applicable items

Minimum personal protective equipment

1. Hardhat
2. Safety glasses/goggles
3. Steel toed/shank shoes or boots
4. Flame retardant coveralls
5. Hearing protection (muffs or ear plugs)

Is additional PPE required? ☐ Yes *see below* ☐ No

PERSONAL PROTECTIVE EQUIPMENT

Check all additional necessary items:

☐ Uncoated tyvek coveralls ☐ Full face respirators

☐ Sarnex tyvek overalls
☐ Rubber boots
☐ Over boots
☐ Surgical (inner) gloves
☐ Butyl/neoprene/viton/nitrile/outer gloves

type of cartridge: _____
☐ SCBA/SAR
☐ ELSAs
☐ Decontamination/eyewash/hand wash
☐ Other (specify)

SECTION VII. EMERGENCY INFORMATION

Emergency Contact: _____
Fire/Rescue: _____
Ambulance: _____
Police: _____
Hazardous Waste/
Material Response Units: _____

Hazardous Waste/Material Response Units:

Health and Safety Director:_____
Poison Control Center:_____
Onsite medical facility (clinic): ☐ Yes ☐ No Facility health and safety officer: ☐ Yes ☐ No
Name:_____ Phone Number:_____
Hospital Name and Address:_____
Directions to hospital (include a map):_____

PART IV.

SECTION VIII. PLAN APPROVAL

Plan prepared by: _____
Signature (Date)

Plan approved by: _____
Signature (Date)

Plan approved by: _____
Signature (Date)

HEALTH AND SAFETY REMINDERS

Activity	Potential Hazard
Is excavation going to be performed?	If so, hazards associated with construction machinery are possible.
Is excavation in a "known" clean area?	If not, toxic exposure could occur.
Have underground utilities and overhead power lines been identified and marked?	If not, the potential for electrocution, toxic Exposure and flooding exist.
Are excavations shored/supported properly?	If not, slope failure could result in physical injury and asphyxiation
Has air monitoring been conducted in the excavation prior to entrance?	If not exposure to toxic chemicals explosive and oxygen deficient atmospheres could occur.
Is the crane (or other lifting equipment) designed for the specific lift in question at the given boom angle?	If, not catastrophic equipment failure could occur.
Is the wire used for the lift appropriate and has it been inspected for integrity?	If not, wire breakage can occur, resulting in serious injury or fatality.
Is the tank integrity testing being performed correctly? Is pressurization to the maximum of 5 psi? Has the integrity of the pressure gauge been checked? Is someone assuring that the gauge is functioning properly (not sticking)?	If not, over pressurization could lead to tank rupture and subsequent injury.
Is entry/work in a confined area being performed? Is it necessary to enter sewers, manholes, basements, excavations, tanks?	If so, potential hazards associated with injury, exposure, fire/explosion, asphyxiation and biological hazard exists.
Is appropriate monitoring being performed prior to and during confined space entry/work?	If not, potential for fire/explosions, asphyxiation and toxic exposure potential exist.
Is product handling/transfer being performed?	If so, the potential for fire/explosion, toxic exposure and spills exist.
Is appropriate caution being taken to eliminate all sources of sparks including static electricity? Have personnel working in potential explosive atmospheres left all potential spark producing materials (lighters, matches, keys, etc.) behind?	If not, incidental sparks could initiate a fire/explosion. If not, the potential for fires, explosions, and toxic exposure exists.
Is appropriate monitoring being performed during product transfer?	If not, the potential for exposure exists.
Is appropriate protective clothing being used to prevent exposures? Is the UST inert or ventilated?	If not, the potential for explosion, fire and asphyxiation exist.