

HEALTH AND SAFETY PLAN

Title: Health and Safety Plan

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EMERGENCY PHONE NUMBERS

IN THE EVENT OF AN EMERGENCY DIAL 911

AMBULANCE SERVICE	911
FIRE DEPARTMENT	911
EMERGENCY RESCUE SERVICE	911
POLICE DEPARTMENT	911
NATIONAL RESPONSE CENTER	1-800-424-8802
POISON CONTROL CENTER	1-800-732-2200
NEAREST HOSPITAL	
ILLINOIS DEPARTMENT OF NUCLEAR SAFETY (IDNS) EMERGENCY NUMBER	(217) 785-0600
PROJECT COORDINATOR	
ILLINOIS EMERGENCY MANAGEMENT	(217) 782-7860
USEPA REGION 5 - 24-HOUR EMERGENCY NUMBER.....	(312) 353-2318

EMERGENCY PLAN

In the event excavation within the potentially impacted area (site specific) is required on an emergency basis, the following shall be incorporated to the extent possible, and all personnel working in the potentially impacted areas shall be given the opportunity to read this section of the Health and Safety Plan (HASP). The remainder of the attached HASP will be implemented as conditions allow.

A. PROTECT WORKERS POTENTIALLY EXPOSED TO IMPACTED SOIL

1. Notify workers that levels of radiation above background levels may be present in excavated soil.
2. Avoid ingesting soil.
Avoid inhaling dust from contaminated areas.
Minimize contact with the soil to the extent possible.
Wear protective coveralls or disposable coveralls to facilitate cleanup of workers.
3. Screen excavation for gamma radiation (NaI detector).

B. AVOID SPREAD OF CONTAMINATION

1. Limit erosion transport of excavated soil through use of hay bales, sand bags, temporary berm materials to minimize uncontrolled runoff.
2. Cover any excavated soil piles until screened for potential contamination.
3. Screen soil prior to transport away from project site using NaI gamma detector.
4. Do not remove equipment which has been in contact with potential contamination until it has been checked and released.

C. MINIMIZE POTENTIAL PUBLIC CONTACT.

1. Limit access to excavated soil using barricades, temporary fencing, jersey barriers.
2. Cover excavated piles to minimize fugitive dust. Wet dusty excavations.
3. Control, to the extent possible, off-site tracking by vehicles, potentially contaminated boots or clothing by workers.

D. MONITOR CONTAMINATION

1. To the extent practicable, provide gamma radiation screening of the exposed soils in the excavation (NaI detector).
2. When possible, provide high volume air samplers immediately adjacent to potential or known exposed contaminated soil, to monitor for fugitive emissions (dust, radon gas).
3. Survey ground surface/pavement surface around potential or known contamination locations for elevated gamma radiation (NaI detector).

E. DISPOSAL

1. Any excavated material should be disposed as required by law.

F. NOTIFY AUTHORITIES

Notify agencies identified on the enclosed emergency notification list.

<u>USEPA</u>	<u>312-353-2318</u>	(US Environmental Protection Agency)
<u>IDNS</u>	<u>217-785-0600</u>	(Illinois Department of Nuclear Safety)
<u>Chicago D.E.</u>	<u>312-744-7672</u>	(Chicago Department of the Environment)
<u>IEMA</u>	<u>217-782-7860</u>	(Illinois Emergency Management Agency)

Notification should include, as a minimum, the following

- Location of Excavation

- Potential Contact with Thorium Containing Soil (11 (e)(2) by-product material)
- Field surveys and sampling measured a maximum reading of _____ cpm (if readings have been taken) in soils remaining, although higher concentrations may be present.

The following support services should be secured:

- Gamma radiation survey equipment (micro-R meter, NaI detector) should be secured promptly for site screening.
- Health Physics contractors, personnel and monitoring equipment should be secured promptly to provide survey and monitoring services in accordance with the attached plan, and to survey equipment for release as uncontaminated.

1.0 SCOPE OF PLAN

The following Health and Safety Plan (HASP) will be utilized and modified as necessary in order to minimize and prevent exposures to hazardous substances and conditions related to all excavation and restoration activities at _____ (Site). All personnel assigned to this project will be required to review thoroughly the contents of the HASP and to strictly adhere to the policies and procedures listed herein. This HASP is for use only by the _____ their designated contractors and consultants, and approved Site visitors. USEPA, and other agencies, are not considered visitors and will be required to conform to their own Health and Safety Plans.

This plan meets the requirements of OSHA 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response, and applicable subparts of OSHA 29 CFR 1926, 1910 and 10 CFR. Visitors will be required to review the health and safety plan and read and sign the visitor information sheet (Figure 1.1).




FIGURE 1.1
VISITOR INFORMATION SHEET

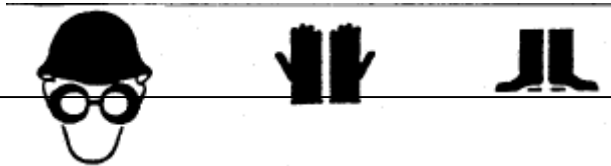
VISITOR INFORMATION

NOTICE TO VISITOR: ALL VISITORS MUST BE ESCORTED AT ALL TIMES WHILE ON THIS SITE.

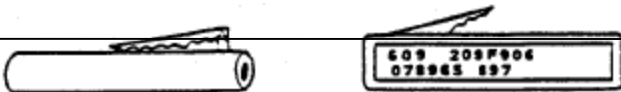


CAUTION. Radioactive materials may be present on this site. Radioactive materials may be found throughout the site.

<p>CAUTION</p>  <p>RADIATION AREA</p>	<p>CAUTION</p>  <p>CONTAMINATION AREA</p>	<p>CAUTION</p>  <p>AIRBORNE RADIOACTIVITY</p>	<p>CONTROLLED AREAS: Do not enter areas with these signs unless you have an escort or health physics has given specific approval and you understand access limitations.</p>
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You must wear protective clothing in controlled areas. Health physics will provide you with instructions.



You must wear a personal radiation dosimeter if you enter an area which is controlled.



No smoking, eating, drinking or chewing in controlled areas. NO EXCEPTIONS.

Name _____ Date _____

2.0 SAFETY MANAGEMENT

The following safety management structure will be utilized for the implementation, administration, and monitoring of the HASP.

2.1 HEALTH AND SAFETY COORDINATOR

The Health and Safety Coordinator (HSC) shall assume overall responsibility for the HASP. The HSC or designee shall monitor and maintain quality assurance of the HASP until project completion. Principal duties of the HSC include:

- Review project background data,
- Approve all HASP modifications,
- Administer and enforce the HASP,
- Evaluate the adequacy of personal protective equipment (PPE) to be used by Site personnel,
- Conduct required on-site training except tailgate safety meetings that will be conducted by the Field Team Leader,
- Brief visitors on work Site conditions, and
- Administer personnel and ambient air monitoring procedures.

The HSC or designee has the authority to stop work in the event conditions develop which pose an unreasonable risk to Site personnel or persons in the vicinity.

3.0 PERSONNEL RESPONSIBILITIES

The HSC or designee will administer and supervise the HASP at the work-site level. He will monitor all operations and will be the primary on-site contact for health and safety issues, and will have full authority to stop operations if conditions are judged to be hazardous to on-site personnel or the public.

The HSC will brief all Site personnel on the contents of the HASP. Personnel will be required to review the HASP, and have the opportunity to ask questions about the planned work or hazards. The Field Team Leader will conduct tailgate safety meetings to familiarize the Site personnel with Site conditions, boundaries, and physical hazards. Site personnel will conduct their assigned tasks in accordance with the HASP at all times.

If at any time Site personnel observe unsafe conditions, faulty equipment or other conditions which could jeopardize personnel health and safety, they are required to immediately report their observations to the HSC or Field Team Leader.

Work zones will be established at the Site. These zones include clean/support zones, decontamination zones, and exclusion zones. Known impacted areas where exclusion zones are to be established during the removal effort are shown on Figure 3.1. Although the clean/support zones are anticipated to remain fixed, other zones will move about the Site as excavation work progresses.

Figure 3.1 - Impacted Areas Where Exclusion Zones May Be Established

4.0 HAZARD ASSESSMENT

The following represents potential hazards associated with this project.

4.1 **PRINCIPAL CONTAMINANTS (KNOWN OR SUSPECTED)**

- Thorium
- Uranium
- Radium
- Radon

The contaminants are present in the soil at low concentrations. These primary routes of entry to the body will be considered:

ROUTE

Inhalation

ENTRY MADE VIA:

Airborne dust containing heavy metal radionuclides.

Ingestion

Airborne dust containing heavy metal radionuclides/contaminants.

Improper or poor personal hygiene practices.

Eye and Skin

Direct contact with contaminants.

Improper or poor personal hygiene practices.

Airborne dust containing heavy metal/radionuclide contaminant.

Cuts and abrasions.

Direct Exposure

Penetrating gamma radiation in air and soil.

4.2 PHYSICAL HAZARDS

Before field activities begin, the HSC will conduct a Site reconnaissance to identify any real or potential hazards created from Site activities. Physical hazards inherent to construction activities and power-operated equipment may exist.

4.2.1 Heat Stress

Field activities in hot weather create a potential for heat stress. The warning symptoms of heat stress include fatigue; loss of strength; reduced accuracy, comprehension and retention; and reduced alertness and mental capacity. To prevent heat stress, personnel shall receive adequate water supplies and electrolyte replacement fluids, and maintain scheduled work/rest periods.

The Field Team Leader or designee shall continuously visually monitor personnel to note for signs of heat stress. In addition, field personnel will be instructed to observe for symptoms of heat stress and methods on how to control it. One or more of the following control measures can be used to help control heat stress.

- Provision of adequate liquids to replace lost body fluids. Employees must replace body fluids lost from sweating. Employees must be encouraged to drink more than the amount required to satisfy thirst, 12 to 16 ounces every half-hour is recommended. Thirst satisfaction is not an accurate indicator of adequate salt and fluid replacement. Replacement fluids can be commercial mixes such as Gatorade.
- Establishment of a work regimen that will provide adequate rest periods for cooling down. This may require additional shifts of workers.
- Breaks should be taken in a cool and shaded rest area (77 degrees is best).
- Employees shall remove impermeable protective garments during rest periods.
- Employees shall not be assigned other tasks during rest periods.
- All employees shall be informed of the importance of adequate rest, acclimation, and proper diet in the prevention of heat stress.

4.2.2 Cold Stress

If the field activities occur during a period when temperatures average below freezing, the following guidelines will be followed.

Persons working outdoors in temperatures of 40 degrees and below may suffer from cold exposure. During prolonged outdoor periods with inadequate clothing, effects of cold exposure may even occur at temperatures well above freezing. Cold exposure may cause severe injury by freezing exposed body surfaces (frostbite) or result in profound generalized cooling, possibly causing death. Areas of the body which have high surface area-to-volume ratios such as fingers, toes and ears are the most susceptible to frostbite.

Two factors influence the development of a cold injury: ambient temperature and the velocity of the wind. Wind chill is used to describe the chilling effect of moving air in combination with low temperature. For instance, 10° F with a wind of 15 miles per hour (mph) is equivalent in chilling effect to still air at -18°F.

As a general rule, the greatest incremental increase in wind chill occurs when a wind of 5 mph increases to 10 mph. Additionally, water conducts heat 240 times faster than air. Thus, the body cools suddenly when external chemical-protective equipment is removed if the clothing underneath is perspiration-soaked.

Local injury resulting from cold is included in the generic term "frostbite". There are several degrees of damage. Frostbite of the extremities can be categorized into:

- Frost nip or incipient frostbite: Characterized by sudden blanching or whitening of skin.
- Superficial frostbite: Skin has a waxy or white appearance and is firm to the touch, but tissue beneath is resilient.
- Deep frostbite: Tissues are cold, pale, and solid; extremely serious injury.

Prevention of frostbite is vital. Keep the extremities warm. Wear insulated clothing as part of one's protective gear during extremely cold conditions. Check for symptoms of frostbite at every break. The onset is painless and gradual - you might not know you have been injured until it is too late.

To administer first aid for frostbite, bring the victim indoors and rewarm the areas quickly in water 95° to 100°F. Give individual a warm drink - not coffee, tea, or alcohol. The victim should not smoke. Keep the frozen parts in warm water or covered with warm clothes for 30 minutes, even though the tissue will be very painful as it thaws; then elevate the injured area and protect it from injury. Do not allow blisters to be broken. Use sterile, soft, dry material to cover the injured areas. Keep victim warm and get immediate medical care.

4.2.3 Electrical Hazards

Overhead power lines, downed electrical wires, buried cables and improper use of electrical extension cords can pose a danger of shock or electrocution. All Site personnel should immediately report to the Field Team Leader any condition that could result in a potential electrical hazard.

The Field Team Leader will notify Site personnel during the safety meetings of the locations of known underground cables and utilities.

4.2.4 Noise Hazard

Operation of equipment may present a noise hazard to workers. Site personnel will utilize hearing protection when noise levels are determined to be in excess of 29 CFR 1910.95 requirements. Noise monitoring will be performed to determine noise levels.

4.2.5 Overt Chemical Exposure

Typical response procedures include:

SKIN CONTACT:

Use copious amounts of soap and water. Wash/rinse affected area thoroughly, then provide appropriate medical attention. Eye wash will be provided on-site at the work zone and support zone as appropriate. If affected, eyes should be continuously flushed for a minimum of 15 minutes.

INHALATION:

Move to fresh air and transport to hospital. Decontaminate as other actions permit.

INGESTION:

Transport to emergency medical facility. Decontaminate as permitted by other requirements.

PUNCTURE WOUND OR LACERATIONS:

Transport to emergency medical facility. Field Team Leader will provide Material Safety Data Sheets (MSDS) to medical personnel as requested. Decontaminate as permitted by other requirements.

4.2.6 Adverse Weather Conditions

In the event of adverse weather conditions, the Field Team Leader will determine if work can continue without endangering the health and safety of field workers. Some items to be considered before determining if work should continue are:

- Potential for heat stress and heat-related injuries.
- Potential for cold stress and cold-related injuries.
- Treacherous weather-related working conditions.
- Limited visibility.
- Potential for electrical storms or high winds.

4.3

MEDICAL EVALUATION AND SURVEILLANCE PROGRAM

All field project personnel shall receive a medical evaluation in accordance with 29 CFR 1910.120. Personnel who receive a medical evaluation will be notified by the medical contractor as to the outcome of their evaluation. This will be in the form of a confidential report addressed to the individual and will contain a breakdown of the clinical findings. In addition, it will indicate any areas of concern which would justify further medical consultation by the individual's personal physician. In the event that the areas of concern are of a severe nature, a follow-up notification will be made to the individual by the medical consultant to answer any questions the employee may have.

4.3.1 Dosimetry/Personnel Monitoring

All project personnel shall participate in a dosimetry program administered by the Project Health Physics Personnel. (The dosimetry program shall comply with 32 IAC 340¹, i.e. dosimeters shall be processed by a dosimetry processor accredited by the National Voluntary Laboratory Accreditation Program.) The Project Health Physics Personnel shall maintain records of all radiation exposures incurred by field personnel including all contractors. These records will be maintained in an up-to-date manner to comply with the requirements of 32 IAC 340.4010. The HSC shall review the results of personal exposure monitoring to determine compliance with exposure limit requirements.

4.3.2 Requirement for Dosimetry

Personal dosimetry is required for anyone who enters a radiologically controlled area in which he/she may receive in one calendar year a dose in excess of 10% of the limits in 32 IAC 340. Any person who works in a radiation area will be required to have a personal dosimeter. As a matter of policy, all individuals shall be required to use a dosimeter (either self-reading type, film badge or Thermoluminescence Detector (TLD)) whenever they enter the Exclusion Zone.

4.3.3 Bioassay

Bioassay is the determination of the types and amounts of radioactive materials, which are inside the body. By analyzing the rate of deposition, the rate of excretion, and any other available information regarding placement in the body, internal exposures from radioactive materials can be estimated.

Bioassays are not anticipated to be required for the excavation and removal activities proposed, based on levels documented as present. The determination of the need for bioassay will be based on dosimetry monitoring and review and recommendations from the Project Health Physics personnel.

4.3.4 Emergency Medical Treatment

Emergency first aid should be administered on-site as appropriate. The individual should be decontaminated if possible, depending on the severity of the injury, and transported to the nearest medical facility, if needed.

¹ The IDNS regulations are usually more restrictive than US Nuclear Regulatory Commission (NRC) regulations. However, if there is a conflict between IDNS and NRC regulations, the NRC regulations will be used to determine compliance.

Treatment of the injury is of primary concern and decontamination a secondary concern. Levels of radioactive contamination at the Site could be acutely hazardous if decontamination is not undertaken during an emergency situation. The Field Team Leader will complete the appropriate incident report, if warranted. See Section 4.4, Accident and Incident Reporting.

An emergency first-aid station will be established and will include a first-aid kit for onsite emergency first aid.

Provisions for emergency medical treatment shall be integrated with the following guidelines:

- At least one individual qualified to render first aid and Cardiopulmonary Resuscitation (CPR) will be assigned to each shift.
- Emergency first aid stations in the immediate work vicinity.
- Conspicuously posted phone numbers and procedures for contacting ambulance services, fire department, police, and medical facilities.
- Maps and directions to medical facilities.
- Conspicuously posted evacuation routes and gathering area locations shall be posted around the Site.

4.4 ACCIDENT AND INCIDENT REPORTING

All accidents, injuries, or incidents will be reported to the HSC. This accident/incident will be reported as soon as possible to the employee's supervisor. An Accident/Incident Form will be completed by the Field Team Leader, and a copy will be forwarded to the Project Manager. A copy of the form is shown as Figure 4.1.

**FIGURE 4.1 (PAGE 1 OF 3)
ACCIDENT/EXPOSURE INVESTIGATION REPORT**

COMPANY		DATE
INVESTIGATION TEAM		
EMPLOYEE'S NAME & ID		
SEX	AGE	JOB DESCRIPTION
DEPARTMENT & LOCATION		
ACCIDENT DATE & TIME		
DATE & TIME ACCIDENT REPORTED TO SUPERVISOR		
NATURE OF INCIDENT		
NATURE OF INJURY		
REFERRED TO MEDICAL FACILITY/DOCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYEE RETURNED TO WORK <input type="checkbox"/> Yes DATE/TIME _____ <input type="checkbox"/> No		
<input type="checkbox"/> INJURED EMPLOYEE INTERVIEW/STATEMENT - ATTACHED		
WITNESSES		
<input type="checkbox"/> WITNESSES INTERVIEWS/STATEMENTS ATTACHED		
<input type="checkbox"/> PHOTOGRAPHS OF SITE - ATTACHED		
<input type="checkbox"/> DIAGRAMS OF SITE - ATTACHED		
EQUIPMENT RECORDS - ATTACHED - REVIEWED		<input type="checkbox"/> Yes <input type="checkbox"/> No
ACCIDENT/EXPOSURE INCIDENT DESCRIPTION		

**FIGURE 4.1 (PAGE 2 OF 3)
ACCIDENT/EXPOSURE INVESTIGATION REPORT**

ACCIDENT DESCRIPTION			
DATE & TIME		LOCATION	
EMPLOYEES INVOLVED			
PREVENTIVE ACTION RECOMMENDATIONS			
CORRECTIVE ACTIONS COMPLETED		MANAGER RESPONSIBLE	DATE COMPLETED
EMPLOYEE LOST TIME - TEMPORARY HELP - CLEANUP - REPAIR - DISCUSSION			
ACCIDENT COST ANALYSIS	INVESTIGATION	COMPLIANCE	TOTAL COST
MEDICAL			
PRODUCTION LOSS			
REPORT PREPARED BY		DATE COMPLETED	
SAFETY COMMITTEE REVIEW	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CORRECTIVE ACTION		DATE STARTED	
SAFETY COMMUNICATION NOTICE PREPARED		DATE	
SAFETY DIRECTOR SIGNATURE			

**FIGURE 4.1 (PAGE 3 OF 3)
ACCIDENT/EXPOSURE INVESTIGATION REPORT**

ACCIDENT DESCRIPTION	
DATE & TIME	LOCATION
EMPLOYEES INVOLVED	
EMPLOYEE INTERVIEW/STATEMENT - INJURED EMPLOYEE - WITNESS	
EMPLOYEE NAME	
INTERVIEWED BY	

ACCIDENT DIAGRAM/PHOTOGRAPHS

5.0 TRAINING

All Site personnel shall be trained and certified in accordance with 29 CFR 1910.120.

5.1 PROJECT- AND SITE-SPECIFIC TRAINING

Prior to project start-up, all assigned personnel shall receive an initial project- and site-specific training session. This training shall include, but not be limited to, the following areas:

- Review of the Health and Safety Plan;
- Review of applicable radiological and physical hazards;
- PPE levels to be used by Site personnel;
- Site security control;
- Emergency response and evacuation procedures;
- Project communication;
- Required decontamination procedures;
- Prohibited on-site activities;
- Instructions to workers in accordance with 10 CFR 1912; and
- U.S. NRC Regulatory Guide 8.13 and Declared Pregnant Woman Policies (Females).

5.2 VISITOR ORIENTATION

All non-essential personnel and visitors who plan to enter the exclusion zone will be briefed on the HASP requirements and 10 CFR 1912 requirements prior to entry with a trained Site escort. In addition, female visitors will be instructed regarding U.S. NRC Regulatory Guide 8.13 and Declared Pregnant Woman Policies.

5.3 SAFETY TAILGATE MEETINGS

Before the start of the work week, on Monday morning, the Field Team Leader will assemble the Site personnel for a brief safety meeting. The purpose of these meetings will be to discuss project status, problem areas, conditions, safety concerns, PPE levels and to reiterate HASP requirements. The Field Team Leader will complete a Safety Meeting Report (Figure 5.1) to indicate the contents of the meeting and the attendees.

5.4 FIRST AID

At least one (1) individual, trained and qualified to administer first aid and CPR in accordance with American Red Cross requirements, will be present at the Site.

5.5 SAFE WORK PERMIT

Site workers in special work conditions such as confined space, hot work, trenching, or other physical hazards, must be skilled at such work and trained to recognize these as special work conditions. Confined space is defined by OSHA 1910.146. Section 13 of this HASP contains further information on the confined space program to be followed.

(A Safe Work Permit will be required to be completed and will be included as Figure 5.2. A Confined Space Entry Permit will be required to be completed and is included as Figure 13.1.)

SAFETY MEETING REPORT (PAGE 1 OF 2) (FIGURE 5.1)

DATE	DIVISION	DEPARTMENT	DURATION OF MEETING	
			FROM: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TO: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NUMBER PRESENT	NUMBER ABSENT	MEETING CONDUCTED BY	DID MEETING INCLUDE REQUIRED TRAINING? <input type="checkbox"/> Yes (DESCRIBE BELOW) <input type="checkbox"/> No	
SUPERVISOR'S PRESENTATION	DISCUSSION OF SAFE/UNSAFE WORK PRACTICES, MATERIALS, PRECAUTIONS, HAZARDS, EQUIPMENT FAMILIARIZATION, ETC.			
EMPLOYEE FEEDBACK	COMMENTS, QUESTIONS, COMPLAINTS, ETC.			
SUPERVISOR'S CORRECTIVE ACTION PLAN	KNOWN PLANS FOR CORRECTION, PARTS ON ORDER, ITEMS TO BE DISCUSSED WITH DEPART. HEAD, AND CORRECTION OF ITEMS PREVIOUSLY SUBMITTED			
DEPARTMENT HEAD COMMENTS	RESOLUTION OF QUESTIONS, ITEMS OR ISSUES RAISED IN MEETING OR WITH SUPERVISOR			
SUPERVISOR		DEPARTMENT HEAD		
FACILITY MANAGER		HAVE EMPLOYEES ATTENDING SIGN ON REVERSE SIDE. FORWARD A COPY TO THE LOCAL SAFETY DEPARTMENT		

Insert Safe Work Permit Figure 5.2

Permit to be provided by Contractor

**FIGURE 5.3
SITE SAFETY PLAN
LOW CONTAMINATION OF FUEL,
PNAs IN SOILS**

SUMMARY INFORMATION

DATE: _____ UPDATE: _____

PROJECT NAME: _____ PROJECT NO: _____

LOCATION: _____

SITE CONTACT AND PHONE NUMBER: _____

TYPE OF FACILITY: (active or inactive - describe previous use, previous agency action, soil type, topography, surrounding community)

PLAN PREPARED BY: _____

SITE SAFETY OFFICER: _____ CPR/FIRST AID TRAINED STAFF: _____

REVIEWED BY: _____ DATE: _____

WORK SCOPE/ CONSTRUCTION/ INVESTIGATION

Task 1 _____

Task 2 _____

Task 3 _____

PROPOSED START DATE: _____

UNUSUAL FEATURES/SITE SECURITY (include site map): _____

UTILITIES: Marked Scheduled Meet Date _____ Time _____

ANALYTICAL DATA (to be summarized below or attached, if available)

CONFINED SPACE: Yes No (If yes, describe and address permitting and entry procedures in an attachment.) _____

AIR MONITORING:

Monitoring equipment: HNu meter with 10.2 eV lamp or _____

Action level = 15 PID units in breathing zone for Level C upgrade. Stop work = 50 PID units in breathing zone.

O₂ meter, FID, Detector tubes, L.E.L. meter, Other _____

Other action levels: _____

PERSONAL PROTECTION: Level of Protection: A B C D
Special Requirements _____

COMMUNICATION EQUIPMENT: (Mobile Phone or other phone location and number, etc.)

Scheduled Safety Meetings Interval: (daily, weekly, as needed)

SPECIAL SITE EMERGENCY COMMUNICATION PROCEDURES: (Evacuation signals, routes, spill containment)

HEAT/COLD STRESS CONTROLS:

SPECIAL PHYSICAL HAZARD CONTROLS: Barricades for work area, reflective vests, other, etc.

LOCAL EMERGENCY RESOURCES and telephone numbers

Emergency Eye Wash/Shower Location: _____

Fire Extinguisher: _____

Police: _____

Fire Department: _____

Poison Control: _____

HOSPITAL: _____

Address: _____

Telephone: _____

Directions (supply map): _____

EMERGENCY CONTACTS (name and phone number)

1. Construction Manager Contact: _____
2. Owner Contact: _____
3. Contractor Contact: _____
4. Subcontractor Contact: _____
5. Subcontractor Contact: _____
6. _____
7. _____

PRE-ENTRY SAFETY BRIEFING

I have received and read the _____ Low Contamination Health and Safety Plan. I understand the plan and had the opportunity to ask questions. I understand the information and instructions in the plan. I understand that medicine can complicate the effects from exposure to toxic chemicals. If I am taking any prescription or over the counter medicine or have a current medical condition which may increase my risks, I will advise my supervisor or Site Safety Officer.

<u>Signature</u>	<u>Responsibility</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6.0 COMMUNICATIONS

6.1 GENERAL COMMUNICATIONS

The Field Team Leader will have available at the Site the means for telephone communications, or an equivalent means of communication, for summoning emergency assistance from the fire/ambulance and police departments in the event they are required. The telephone will also act as a direct link to technical personnel for information pertaining to all phases of the project.

6.2 RADIO/TELEPHONES

Short-range walkie-talkies or cellular telephones will be made available to designated personnel working at the Site.

6.3 EMERGENCY WARNING

In the event of an emergency condition, the Field Team Leader will notify project personnel verbally if all are within immediate hearing and via a bullhorn if the Site area is large. The Field Team Leader will also notify visitors present within the area. Site personnel will immediately proceed to a pre-designated assembly area as designated by the Field Team Leader during the daily safety meeting. Personnel will remain in the designated area until further instructions are received by the Field Team Leader.

All communication equipment will be tested at the beginning of each day to verify operational integrity.

6.4 HAND SIGNALS

Hand signals will be used by field teams in conjunction with the buddy system. Hand signals shall be familiar to the entire field team before operations commence and should be reviewed during site-specific training.

Signal

Hand gripping throat
Grip partner's wrist
Hands on top of head
Thumbs up
Thumbs down

Meaning

Out of air; can't breathe
Leave area immediately; no debate
Need assistance
OK; I'm all right; I understand
No; negative

6.5 SITE SECURITY

Only authorized personnel will be permitted on the Site in accordance with the requirements of the Site Security Plan (Appendix E to the Removal Action Work Plan) and this HASP. Visitors and other non-essential personnel may enter the work area only upon authorization by the Field Team Leader. This restricted access will ensure that the Field Team Leader can communicate with each person authorized to enter the work area.

7.0 PERSONNEL EXPOSURE AND AIR QUALITY MONITORING

7.1 AIR QUALITY (DUST)

Due to the nature of the principal contaminants associated with the project, dust suppression will be important as a means of minimizing exposure levels and off-site migration of contaminants. The Field Team Leader will routinely monitor the project area. The OSHA personal exposure limit (PEL) for nuisance dust is 15 mg/m³.

7.2 AIRBORNE RADIOACTIVITY MONITORING

Monitoring for airborne radioactivity exposure is as important as monitoring for external radiation exposure. Monitoring for airborne radioactivity exposure requires the following elements:

- Air sampling for radioactive particulates,
- Recordkeeping regarding personnel work locations and time in location, and
- Respiratory protective equipment records regarding devices used by workers in airborne radioactivity areas.

By closely monitoring these three elements, a continuous record of personnel exposure to airborne radioactivity is maintained.

Lapel samplers worn for personal air monitoring can be utilized for airborne radioactivity monitoring. Air filters shall be analyzed on a daily basis to determine potential contributions to dose from radionuclides. It is expected that naturally occurring radon and thorium daughters will interfere with analyses. Additional evaluation of samples shall be performed when determined necessary based upon elevated results. Such analyses shall be performed after allowing time for decay of some interfering radionuclides.

Downwind monitoring of the excavation areas for radioactive particulate activity also will be performed. High volume air samplers shall run continuously during operations and be evaluated on a daily basis for gross alpha activity. Comparisons will be made to 32 IAC 340 Appendix A to ensure that adequate radiological controls are in place for workers and the general public. As low as reasonably achievable (ALARA) concepts will be utilized when considering protective measures to ensure that internal exposures are minimized, while also considering the effects of such protective measures with respect to external exposures. Controls on the Site, such as wetting of soils and procedural changes, will be employed prior to the prescription of respiratory protective equipment.

Time decay of interfering nuclides generally refers to radon-222 decay and daughters but may also include thoron decay. The specific times for decay of samples is best addressed in procedures rather than in the health and safety plan. Air samples will be decayed a minimum of 5 hours to allow for counting without interference from radon-222 and its daughters. Thoron (Rn-220), if present in significant amounts, will require decay for up to 4 days to allow for decay of its Pb-212 daughter (10.6 hour half life).

After filters have been collected and decayed overnight, there will be a morning count of the filter that will serve to identify high gross counts for the previous day. This will alert health and safety staff of a potential problem which they can investigate more promptly. The count, after 4 days decay, will serve to be the official measurement of Th-Alpha.

7.3 INTERNAL MONITORING

Internal monitoring to determine intakes of radioactive material will be performed as needed based upon the results of the air sampling program. Bioassay methods to be considered should include in-vivo, as well as in-vitro, assessments. Routine bioassay of workers is not anticipated based upon the low concentrations of radioactivity in soils to be excavated.

7.4 EXTERNAL RADIATION MONITORING

External radiation monitoring of workers will be performed using film badges or thermoluminescent dosimeters. Dosimetry will be provided and processed by a service holding National Voluntary Laboratory Accreditation Program (NVLAP) certification. Pocket dosimeters may also be utilized for visitors and other infrequent personnel requiring access to the Site.

7.5 RADIOLOGICAL SURVEYS

Radiological surveys will be performed to ensure that radiation levels and contamination levels are within regulatory limits for workers and the general public. Radiation surveys will consist of ambient gamma surveys using micro-R meter or Geiger detectors, as appropriate, and contamination surveys.

7.6 CONTAMINATION MONITORING

Samples shall be obtained periodically in work areas to ensure that radioactivity is present at acceptable levels and is prevented from leaving the Site. Decontamination of elevated areas will be performed to maintain contamination at levels that are ALARA.

Before leaving the exclusion zone, Site personnel shall be checked through use of a hand-held frisker to ensure that contamination is not present on skin or clothes. The Field Team Leader will be immediately informed regarding any contamination on individuals and will initiate appropriate decontamination techniques. Proper disposition of contaminated personal effects and clothing also will be the responsibility of the Field Team Leader.

7.7 ACTION LEVELS

7.7.1 Radiological Action Levels

Radiological action levels for on-site workers will be determined by smear/swipe measurements as well as airborne particulate monitoring for the presence of radioactivity. The Field Team Leader will perform radiological monitoring. The radioactive contamination on the Site is particulate and insoluble in water. Therefore, there will be no fixed contamination on the workers. Action levels as determined by radioactive monitoring can be found in Table 7.1.

To avoid the need for upgrade of personal protection equipment due to airborne contamination, engineering controls such as the use of water to minimize dust levels will be implemented as necessary during excavation and restoration activities.

TABLE 7-1

ACTION LEVELS AS DETERMINED BY RADIOACTIVITY

Note: Personnel shall not be exposed to airborne radioactivity such that their weekly intake exceeds 12 Derived Air Concentration (DAC)-hours without prior approval of the Field Team Leader or designee.

Level of protection may be increased to Level C (full-face air purifying respirator) when airborne monitoring indicates that contamination levels have reached 30% of the DAC. All assessments shall incorporate ALARA principles. Engineering controls shall be used prior to assignment of respiratory protective equipment.

Signs shall be posted at entrances to areas where airborne radioactivity levels exceed, or have the potential to exceed, 25% of the DAC.

Radiation Type	Action Level	Level of Respiratory Protection/Action
a. Contamination on smear samples	60 pCi/100 cm ² gross alpha ^(a)	Consider modified Level C (full-face APR) based upon ALARA evaluation.
b. Airborne Radioactivity	30% DAC ^(b)	Consider Level C (full-face APR) based upon ALARA evaluation. Ensure proper posting. Consider internal monitoring
c. Ambient Gamma (work areas)	5 mrem/hr ^(c)	Consider procedures for shielding of soils. Ensure proper posting.
d. Ambient Gamma (off-site areas)	2 mrem/hr ^(d)	Implement immediate controls to reduce dose equivalent rate.

Notes

- (a) This is approximately 3 times the unrestricted release criteria in the NRC Regulatory Guide 1.86. If any dry-brushing or otherwise abrasive-type decontamination of the sampled equipment is required, the Action Level shown shall require modified Level C (full-face APR).
- (b) Potential Airborne Radioactivity Area as defined in 10 CFR 20. Workers with 1000 DAC-hours per year to date must wear modified Level C (full-face APR) until the end of the calendar year.
- (c) The ambient gamma dose equivalent rate action level of 5 mrem/hr stems, from the 10 CFR 20 radiation area definition. If the ambient gamma dose equivalent rate reaches 2 mrem/hr, one or more of the following actions will be implemented: The source may be shielded; the working distance from the source may be increased; or the worker's exposure time may be limited.
- (d) The ambient gamma action level for off-site is based upon the 10 CFR 20 requirements to maintain dose equivalent rates in unrestricted areas such that they do not exceed 0.002 rem in any one hour.

8.0 PERSONAL PROTECTIVE EQUIPMENT

It is anticipated that most excavation activities in designated exclusion zones can be conducted in Level D personal protective equipment (PPE), with a contingency upgrade to Level C, based on the action levels listed in Section 7. Level C will be used when required by Special Work Permits, or when directed by the Field Team Leader.

Level D personal protective clothing and equipment for excavation activities includes:

- Coveralls
- Hard hat
- Chemical resistant, OSHA approved safety shoes/boots
- Cotton or leather gloves
- Safety glasses
- Dust mask (optional)

Level C protective clothing and equipment includes:

- Full-face air-purifying respirator (NIOSH/MSHA approved) fitted with radionuclides/HEPA cartridges and/or organic vapor cartridges, depending on which action levels are exceeded (see Section 7 of this HASP)
- Coveralls
- Tyvek coveralls - required in areas when splashing by contaminated soils or water is a possibility
- Cotton or leather gloves
- Disposable latex inner gloves - required in areas when splashing by contaminated soils or water is a possibility
- Nitrile outer gloves (taped) - required in areas when splashing by contaminated soils or water is a possibility
- Chemical-resistant steel toe boots
- Hard hat

Action levels used to determine the need to upgrade or downgrade the levels of protection are described in Section 7.0 of this HASP.

9.0 CONTAMINATION REDUCTION PROCEDURES

9.1 EQUIPMENT

Portable equipment will be decontaminated with soap and water and rinsed with tap water. Heavy equipment will be steam-cleaned with water and, if necessary, a detergent solution. It is not anticipated that chemical cleaning will be necessary for decontamination.

9.2 PERSONNEL

If levels of radioactivity show that individuals can remove coveralls and other personal protective clothing and equipment before leaving the work-site and, thus complete decontamination, the individuals may leave the Site. If, however, levels of radioactivity show that individuals cannot achieve decontamination by the removal of coveralls and showering is required, they will be dressed in clean coveralls, boots and gloves and be transported to _____ Hospital to complete decontamination.

If substantial skin contamination occurs on an individual working with radioactive materials, the following specific procedures should be followed to prevent fixation of the material in the skin or absorption of the radioactivity through the skin.

Immediate Action: Notify the HSC or Field Team Leader, who will supervise the decontamination. If contamination is spotty, the HSC or Field Team Leader will supervise the cleaning of the individual spots with swabs, soap, or water. If the contamination is general, the HSC or Field Team Leader may recommend washing the area gently in warm or cool water (not hot) using hand soap (not detergent) for one minute. Rinse, dry, and monitor for radioactivity. This soap wash step may be repeated three times.

Evaluation: If the above procedure fails to remove all the skin contamination, the treatment should cease. An evaluation of the skin contamination should be performed by the HSC or Field Team Leader including an estimate of the dose commitment to the skin, and the quantity and identity of the nuclides contaminating the skin. If additional decontamination steps are necessary, they are performed and documented by the HSC. The guidelines for Personnel Decontamination in the Radiological Health Handbook, HEW 1970, beginning on page 194, can be used as applicable. **CAUTION:** Do not use chemicals for personnel decontamination until full evaluation of the contamination is made by the HSC or Field Team Leader.

9.3 CONTAMINATION PREVENTION

Work practices that minimize the spread of contamination will reduce worker exposure and help ensure valid sample results by precluding cross-contamination. Procedures for contamination avoidance include:

- knowing the limitations of all personal protective equipment being used
avoiding walking through areas of obvious or known contamination
- refraining from handling or touching contaminated materials directly. Do not sit or lean on potentially contaminated surfaces
- ensuring personal protective equipment has no cuts or tears prior to donning

- fastening all closures on suits, covering with tape if necessary
- taking steps to protect against any skin injuries
- staying upwind of airborne contaminants
- When working in contaminated areas, refraining from eating, chewing gum, smoking, or engaging in any activity from which contaminated materials may be ingested

9.4 DISPOSAL PROCEDURES

All discarded materials, waste materials, or other field equipment and supplies should be handled in such a way as to preclude the spread of contamination, creating a sanitary hazard, or causing litter to be left on-site. All potentially contaminated waste materials (e.g., clothing, gloves) shall be monitored and segregated in accordance with monitoring results into either radioactive or non-radioactive waste. Appropriate labels shall be affixed to all containers of radioactive materials.

10.0 GENERAL WORK PRECAUTIONS

10.1 GENERAL WORK PRECAUTIONS

The following general work precautions apply to all Site personnel.

- Eating, drinking, chewing gum or tobacco, smoking, or any practice that increases the probability of hand-to-mouth transfer and ingestion of material is prohibited in the work area.
- Hands and face must be thoroughly washed upon leaving the work area. Wash water will be provided at the Site for this purpose.
- Whenever levels of radioactivity warrant, the entire body should be thoroughly washed, as soon as possible, after the protective coveralls and other clothing are removed as part of the decontamination process.
- No facial hair that interferes with a satisfactory fit of the mask-to-face-seal is allowed on personnel required to wear respirators.
- Contact with contaminated or suspected contaminated surfaces should be avoided. Whenever possible, do not walk through puddles, leachate, discolored surfaces, kneel on ground, lean, sit, or place equipment on drums, containers, or the ground.
- Medicine, drugs and alcohol may interfere with or impair judgment and reaction times. Therefore, usage of prescribed drugs must be specifically approved by a qualified physician and made known to the Field Team Leader prior to an individuals' presence on the work-site. Alcoholic beverage intake is strictly prohibited at the Site and prior to work.
- All personnel must be familiar with standard operating procedures and any additional instructions and information contained in the HASP.
- All personnel must adhere to the requirements of the HASP.
- Contact lenses are not permitted when respiratory protection is required or where the possibility of a splash exists.
- Personnel must be cognizant of symptoms for radiological exposure onsite, for heat stress and cold stress, and knowledgeable regarding emergency measures contained in the Emergency Plan.
- Respirators shall be cleaned and disinfected after each day's use or more often, if necessary.
- Prior to donning, respirators shall be inspected for worn or deteriorated parts. Emergency respirators or self-contained devices will be inspected at least once a month and after each use.
- Each employee shall be familiar with the project's Respiratory Protection Program.

10.2 OPERATIONAL PRECAUTIONS

The following operational precautions must be observed at all times.

- All Site personnel shall be adequately trained and thoroughly briefed on anticipated hazards, equipment to be worn, safety practices to be followed, emergency procedures, and communications.

- All required respiratory protective devices and clothing shall be worn by all personnel going into areas designated for wearing protective equipment.
- All Site personnel shall use the buddy system when wearing respiratory protective equipment. At a minimum, a third person, suitably equipped as a safety backup, is required during extremely hazardous entries.
- During continual operations, on-site workers act as a safety backup to each other. Off-site personnel provide emergency assistance.
- Personnel should practice any unfamiliar operations prior to undertaking the actual procedure.
- Entrance and exit locations shall be designated and emergency escape routes delineated. Warning signals for Site evacuation must be established.
- Personnel and equipment in the contaminated work area should be minimized, consistent with effective Site operations.
- Work areas for various operational activities shall be established.
- Procedures for leaving a contaminated area shall be planned and implemented prior to going on-site. Work areas and decontamination procedures shall be established based on expected Site conditions.
- Frequent and regular inspection of Site operations will be conducted to ensure compliance with the HASP. If any changes in operation occur, the HASP will be modified to reflect those changes.

11.0 SANITARY FACILITIES

11.1 POTABLE WATER

- a. An adequate supply of potable drinking water shall be maintained at all times immediately outside the Site. Drinking water shall meet all federal, state and local health requirements.
- b. Drinking water shall be supplied to project personnel via approved dispensing sources.
- c. Paper cups shall be permitted for the drinking of potable water supplies.
- d. Drinking water dispensers shall be clearly marked and shall, in no way, have the potential for contamination from non-potable supplies.
- e. Site personnel must be fully decontaminated prior to approaching the drinking water supply.

11.2 TOILET FACILITIES

- a. Adequate toilet facilities shall be provided at the Site.
- b. These facilities shall be in the form of portable chemical toilets.
- c. Routine servicing and cleaning of the toilets should be established with the selected contractor and shall be in accordance with federal, state, and local health regulations.
- d. Site, personnel must be fully decontaminated prior to approaching the toilet facilities.

11.3 WASHING AREAS

- a. Adequate washing areas shall be provided for personal use within the work area.
- b. Washing areas shall be maintained in a sanitary condition and will be provided with adequate supplies of soap, towels for drying, and covered waste receptacles.
- c. Washing areas shall be maintained and sanitized daily.
- d. No eating, drinking or smoking shall be permitted in the work area. This policy will be strictly enforced by the Field Team Leader.

12.0 FIRE CONTROL EQUIPMENT

An adequate number of approved portable fire extinguishers (class rated A, B and C) shall be readily available at the Site at all times.

All Site personnel shall be trained in the use of the extinguishers. Extinguishers shall only be used on outbreak stage fires or fires of minor nature. The local fire department shall be contacted in the event of a larger fire.

13.0 CONFINED SPACE PROGRAM

13.1 PURPOSE

In the event that confined space work is a necessity, a Confined Space Program will be implemented. Training in the recognition of confined spaces is a component of the health and safety training program.

The purpose of the Confined Space Program is to establish procedures to protect personnel from this serious hazard in the course of their work; and at a minimum, to comply with 29 CFR OSHA 1910.146. This document assigns responsibilities and sets standards for personnel engaged in activities where confined spaces may be present.

13.2 RESPONSIBILITIES

13.2.1 Health and Safety Coordinator

The Health and Safety Coordinator administers the Confined Space Program. The Health and Safety Coordinator's responsibilities include:

- Review of the HASP for potential confined space hazards and design alternative approaches to accomplish the confined space tasks;
- Coordinating and managing the Confined Space Program in the event one is required;
- Establishing priorities for implementation of the program;
- Assisting with recognition and implementation of the Confined Space Program;
- Advising project management on confined space issues; and
- Communicating the Confined Space Program to personnel by training related to specific Site activities.

13.2.2 Project Manager

The Project Manager directs the application of the Confined Space Program to project work. The Project Manager is responsible for:

- Working with the Health and Safety Coordinator to prepare information describing activities that might be conducted in a confined space area;
- Assuring that all personnel engaged in project activities are familiar with the definition of a confined space;
- Assuring that personnel are familiar with the Confined Space Program, and that project activities are conducted in compliance with the Confined Space Program;
- Assuming the responsibilities of the Field Team Leader if another person is not assigned these responsibilities.

13.2.3 Field Team Leader

The Field Team Leader is responsible for the implementation of the Confined Space Program on-site during field activities. The Field Team Leader is responsible for:

- Overseeing implementation of the Confined Space Program during field operations; and
- Reporting confined space work activity, and any violations of the Confined Space Program, to the Project Manager and the Health and Safety Coordinator.

13.2.4 Personnel

Personnel are responsible for:

- Familiarizing themselves with the Confined Space Program and following it;
- Becoming familiar with the criteria for determining a confined space, and with the monitoring, permitting, and other requirements of the program; and
- Reporting immediately a confined space condition to the Field Team Leader.

13.3 DEFINITION OF A CONFINED SPACE

Confined space means a space that:

1. Is large enough and so configured that an employee can bodily enter and perform assigned work
2. Has limited or restricted means for entry or exit (such as pits, storage bins, hoppers, crawl spaces, and storm cellar areas)
3. Is not designed for continuous employee occupancy

Any workspace meeting all of these criteria is a confined space and the Confined Space Program must be followed.

13.4 CONFINED SPACE ENTRY PROCEDURES

13.4.1 Safety Work Permit Required

All spaces shall be considered permit-required confined spaces until the pre-entry procedures demonstrate otherwise. The Confined Space Entry Permit (Figure 13.1) for entry into a confined space must be completed before work begins; it verifies completion of the items necessary for confined space entry. The Permit will be kept at the Site for the duration of the confined space work. If there is an interruption of work, or the alarm conditions change, a new Permit must be obtained before work begins.

A permit is not required when the space can be maintained for safe entry by 100% fresh air mechanical ventilation. This must be documented and approved by the Health and Safety Coordinator. Mechanical ventilation systems, where applicable, shall be set at 100% fresh air.

The Field Team Leader must certify that all hazards have been eliminated on the Entry Permit. If conditions change, a new permit is required.

13.4.2 Pre-entry Testing for Potential Hazards

a. Surveillance

Personnel first will survey the surrounding area to assure the absence of hazards such as contaminated water, soil, or sediment, barrels, tanks, or piping where vapors may drift into the confined space.

b. Testing

No personnel will enter a confined space if any one of these conditions exists during pre-entry testing. Determinations will be made for the following conditions:

1. Presence of toxic gases or dusts: Equal to or more than 5 parts per million (ppm) on the organic vapor analyzer with an alarm, above background outside the confined space area; or other action levels for specific gases, vapors, or dusts as specified in the Health and Safety Plan and the Confined Space Permit based on knowledge of Site constituents;
2. Presence of explosive/flammable gases: Equal to or greater than 10% of the Lower Explosive Limit (LEL) as measured with a combustible gas indicator or similar instrument (with an alarm); and
3. Oxygen Deficiency: A concentration of oxygen in the atmosphere equal to or less than 19.5% by volume as measured with an oxygen meter.

Pre-entry test results will be recorded and kept at the Site for the duration of the job by the Field Team Leader. Affected personnel can review the test results.

c. Authorization

Only the Field Team Leader and the Health and Safety Coordinator can authorize any personnel to enter into a confined space. This is reflected on the Safe Work Permit for entry into a confined space. The Field Team Leader must assure that conditions in the confined space meet permit requirements before authorizing entry.

d. Safe Work Permit

A Safe Work Permit for confined space entry must be filled out by the Health and Safety Coordinator or Field Team Leader. A copy of the Safe Work Permit is included as Figure 5.2.

e. Attendants

One worker will stand by outside the confined space ready to give assistance in the case of an emergency. Under no circumstances will the standby worker enter the confined space or leave the standby position. There shall be at least one other worker not in the confined space within sight or call of the standby worker.

f. Observation and Communication

Communications between standby worker and entrant(s) shall be maintained at all times. Methods of communication that may be specified in the Safe Work Permit and the HASP may include voice, voice by powered radio, tapping or rapping codes, signaling tugs on rope, and standby worker's observations that activity appears normal.

13.4.3 Rescue Procedures

Acceptable rescue procedures include entry by a team of rescuers only if the appropriate self-contained breathing apparatus (SCBA) is available; or use of public emergency services.

The standby worker must be trained in first aid, CPR, and respirator use. A first aid kit should be on hand and ready for emergency use. The standby worker must be trained in rescue procedures. Retrieval of an unconscious victim in a confined space will only be conducted by trained rescue personnel. An emergency call to 911 will be initiated to assist the victim.

13.5 TRAINING

Personnel who will engage in field activities will be given annual training on the requirements and responsibilities in the Confined Space Program and on OSHA 1910.146. Only trained personnel can work in confined spaces. Workers should be experienced in the tasks to be performed, instructed in proper use of respirators, lifelines and other equipment, and practice emergency procedures and self-rescue.

Before each Site activity, the determination of confined space work will be part of the Site characterization process. Training in the site-specific confined space activities will be part of the site-specific health and safety training:

13.6 SAFE WORK PRACTICES

- Warning signs should be posted. These include warnings for entry permits, respirator use, prohibition of hot work and emergency procedures and phone numbers.
- Cylinders containing oxygen, acetylene or other fuel such as gasoline must be removed a safe distance from the confined space work area.
- Purging and ventilating is done before work begins to remove hazardous vapors from the space. The space should be monitored to ensure that the gas used to purge the space (e.g. tank) has also been removed. Local exhaust should be used where general exhaust is not practical.
- The buddy system is used at all times. A standby person always must be posted within sight of, or in communication with, the person inside the confined space. The standby should not enter the confined space, but instead will call for help in an emergency and not leave the post. Communication should be maintained at all times with workers inside the confined space.
- Emergency planning in the HASP and a Safe Work Permit must be approved in advance and the proper rescue equipment must be immediately available.

CONFINED SPACE ENTRY PERMIT (FIGURE 13.1)
(Pre-Entry/Entry Check List)

Date and Time Issued: _____ Date and Time Expires: _____
 Location and Description of Confined Space: _____
 Purpose of Entry: _____ Job Supervisor: _____

PRE-ENTRY CHECKLIST

1. Atmospheric Checks:

Time	_____	Initials	_____	
Oxygen	_____	_____	_____	% (Record first)
Explosive	_____	_____	_____	% L.E.L.
Toxic	_____	_____	_____	PPM H ₂ S

2. Source isolation (No Entry):

	N/A	Yes	No
Pumps or lines blinded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
disconnected, or blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockout-De-Energized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Ventilation Modification:

	N/A	Yes	No
Mechanical (grounded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Ventilation only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Atmospheric check after isolation and ventilation:

			Permissible
Oxygen	_____	%	>19.5 <23.5
Explosive	_____	%L.E.L.*	<10%
Toxic	_____	PPM	<10PPM H ₂ S
Time	_____		

Instrument Name, I.D.#, & Calibration date: _____
 Instrument Worn by Entrant (name): _____

5. Emergency Escape Respirator

	N/A	Yes	No
Worn by entrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Other hazards: _____

Must complete Entry Checklist, on right, if there are other hazards. If conditions are in compliance with the above requirements and forced air ventilation alone controls all the hazards in the space and there is no reason to believe conditions may change adversely, then entry may proceed. Complete and post this checklist with this permit. If conditions are not in compliance with the above requirements or there is reason to believe that conditions may change adversely, proceed to the right-hand side Entry Checklist portion of this permit and acquire attendants, additional equipment, and emergency numbers

Should alarms sound or any indication of ill effects becomes evident entrant must evacuate the area. **VOID IF ENTRY NOT STARTED WITHIN 30 MIN. OF TESTING**

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Supervisor Authorizing entry _____
 All above conditions satisfied (printed names and signatures of confined space operations personnel)

signature _____
 This permit to be kept at job site. Return job site copy to Safety Office following job completion.
 Remarks (comment on any problems encountered)

ENTRY CHECKLIST (MUST BE COMPLETED IF THERE ARE):

- Uncontrolled atmospheric hazards
- Engulfment hazards
- Odd internal configuration that could cause entrapment or asphyxiation
- Other recognized safety or health hazards

PERMIT REQUIRED CONFINED SPACE

1. Entry, standby, and back up persons: Yes No
 Successfully completed required training? _____ name of entrant Yes No
 Is it current? _____ name of attendant Yes No

2. Equipment: N/A Yes No
 Direct reading gas monitor - tested (calibrated) - worn on entrant
 Safety harnesses and lifelines for entry and standby persons
 Hoisting equipment
 Communication Procedures _____
 Respiratory Protection (SCBA) _____
 Rescue Equipment
 Signs Posted/Area Secured
 Protective Clothing
 All electric equipment & lighting listed Class I, Division I, Group D and Non-Sparking tools

3. Rescue Procedure and Emergency
 Ambulance # _____
 Local Hospital # _____
 Fire # _____
 Safety Supervisor # _____

Non-entry rescue by retrieval system employed as indicated above. Emergency escape respirator for entrant (10 min). Should alarms sound or any indication of ill effects becomes evident the entrant must evacuate the area.

* L.E.L. - Lower Explosion Limit

N/A = Not Applicable

14.0 ELECTRICAL LOCKOUT/TAGOUT

The Field Team Leader must approve all work in areas requiring lockout/tagout procedures. Specific procedures and permitting requirements will be specified in the HASP, or in a revised HASP based on the need for a worker to work around electrical equipment.

All systems must be locked out and tagged before the work begins. This includes pipes, air lines, electrical equipment and mechanical devices. The equipment must be start tested and approved for use by a worker by the Health and Safety Coordinator or the Field Team Leader by start-testing to make sure the locked-out equipment does not operate.