Site Safety and Health Plan ICS-208-CG (rev 4/15)

Incident Name:       Date/Time Prepared:       Operational Period:

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

Changes: The only change to this form since 2006 is added Emergency Site Non-Hazardous Assessment form (SSP-A2).

Questions on the document should be addressed to the Coast Guard Office of Contingency Preparedness and Exercise Policy (CG-CPE).

Table of Forms

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| FORM NAME | FORM # | USE | REQUIRED | OPTIONAL | ATTACHED |
| Emergency Safety and Response Plan | A | Emergency response phase (uncontrolled) | X |  |  |
| Emergency Site Non-Hazardous Assessment Form | A2 | Emergency response phase without Hazardous Materials present. Overall site assessment | X |  |  |
| Site Safety Plan | B | Post-emergency phase (stabilized, cleanup) | X |  |  |
| Site Map | C | Post-emergency phase map of site and hazards | X |  |  |
| Emergency Response Plan | D | Part of Form B, to address emergencies | X |  |  |
| Exposure Monitoring Plan | E | Exposure monitoring Plan to monitor exposure | X |  |  |
| Air Monitoring Log | E-1 | To log air monitoring data | X\* |  |  |
| Personal Protective Equipment | F | To document PPE equipment and procedures | X\* |  |  |
| Decontamination | G | To document decon equipment and procedures | X\* |  |  |
| Site Safety Enforcement Log | H | To use in enforcing safety on site |  | X |  |
| Worker Acknowledgement Form | I | To document workers receiving briefings |  | X |  |
| Form A Compliance Checklist | J | To assist in ensuring HAZWOPER compliance |  | X |  |
| Form B Compliance Checklist | K | To assist in ensuring HAZWOPER compliance |  | X |  |
| Drum Compliance Checklist | L | To assist in ensuring HAZWOPER compliance |  | X |  |
| Other: |  |  |  |  |  |
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*\* Required only if function or equipment is used during a response*

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| EMERGENCY SAFETY and RESPONSE PLAN | | | | 1. Incident Name | | | | | | | | | | 2. Date/Time Prepared | | | | | | | | 3. Operational Period | | | | | | | | 4. Attachments: **Attach MSDS for each Chemical:** | | | | | | | |
| 5. Organization IC/UC: | | | Safety:  Div/Group Supv: | | | | | | | | | | Entry Team: | | | | | | | | Backup Team: | | | | | | | Decon Team: | | | | | | | | | |
| 6.a. Physical Hazards and Protection | | | 6.b. Confined Space  Noise  Heat Stress  Cold Stress  Electrical  Animal/Plant/Insect  Ergonomic  Ionizing Rad  Slips/Trips/Falls  Struck by  Water  Violence  Excavation  Biomedical waste and/or needles  Fatigue  Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.c.  Tasks & Controls | | 6d Entry Permit | | | | 6.e.  Ventilate | | 6f. Hearing  Protection | 6g. Shoes  (type) | | | 6.h.  Hard Hats | | | 6i. Clothing  (cold wx) | | 6j. Life Jacket | | 6l. Work/ Rest (hrs) | | | 6.m. Fluids (amt/time) | | 6.n. Signs & Barricade | | | 6.p. Fall Protect | | | | 6.q. Post Guards | | 6.r. Flash Protect | | 6.s. Work Gloves | | 6.t.  Other |
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| 7.a. Agent | | 7.b. Hazards | | | | | | | | | 7.c. Target Organs | | | | | | | | | 7.d. Exposure Routes | | | | | | 7.f. PPE | | | | | | 7.g. Type of PPE | | | | | |
|  | | Explosive  Flammable  Reactive  Biomedical  Toxic | | | | | Radioactive  Carcinogen  Oxidizer  Corrosive  Specify Other: | | | | Eyes  Nose  Skin  Ears  Central Nervous System  Respiratory  Throat  Lungs  Heart  Liver  Kidney  Blood  Lungs  Circulatory  Gastrointestinal  Bone  Other Specify: | | | | | | | | | Inhalation  Absorption  Ingestion  Injection  Membrane | | | | | | Face Shield  Eyes  Gloves  Inner Suit  Splash Suit  Level A Suit  SCBA APR  SAR  Cartridges  Fire Resistance | | | | | |  | | | | | |
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| 8. Instruments: | 8.a. Action Levels | | | | 8.b. Chemical Name(s): | | | | | 8.c. LEL/UEL % | | | 8.d. Odor Thresh Ppm | | | 8.e. Ceiling/ IDLH | | 8.f. STEL/TLV | | | | | 8.g. Flash Pt/ Ignition Pt  (F or C) | | 8.h. Vapor Pressure (mm) | | | | 8.i. Vapor Density | | | | | 8.j. Specific Gravity | | 8.l. Boiling Pt F or C | |
| O2  CGI  Radiation  Total HCs  Colorimetric  Thermal  Other |  | | | |  | | | | |  | | |  | | |  | |  | | | | |  | |  | | | |  | | | | |  | |  | |
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| EMERGENCY SAFETY and RESPONSE PLAN (Cont) | 1. Incident Name | | | | | | 2. Date/Time Prepared | | 3. Operational Period | | | 4. Attachments: **Attach SDS for each Chemical** | |
| 9. Decontamination:  Instrument Drop Off  Outer Boots/Glove Removal  Suit/Gloves/Boot Disposal | | | | Suit Wash  Decon Agent: Water  Other  Specify: | | Bottle Exchange  Outer Suit Removal  Inner Suit Removal  SCBA/Mask Removal | | | | SCBA/Mask Rinse  Inner Glove Removal  Work Clothes Removal  Body Shower | | | Intervening Steps Specify: |
| 10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North  Attached,  Drawn Below: | | | | | | | | | | | | | |
| 11.a. Potential Emergencies:  Fire  Explosion        Other | | | 11.b. Evacuation Alarms:  Horn  # Blasts  Bells  #Rings  Radio Code  Other: | | 11.c Emergency Prevention and Evacuation Procedures:  Safe Distance: | | | | | | | | |
| 12. a. Communications:  Radio  Phone  Other | | 12.b. Command #: | | | | | | 12.c. Tactical #: | | | 12.d. Entry #: | | |
| 13.a. Site Security: Personnel Assigned | 13.b. Procedures: | | | | | | | | | | 13.c. Equipment: | | |
| 14.a. Emergency Medical: Personnel Assigned | 14.b. Procedures: | | | | | | | | | | 14.c Equipment: | | |
| 15. Prepared by: | 16. Date/Time Briefed: | | | | | | | | | | **ICS-208-CG SSP-A Page 2 (rev 4/15):** Page       of | | |

**EMERGENCY SAFETY AND RESPONSE PLAN (ICS-208-CG SSP-A)**

**Purpose:** The Emergency Safety and Response Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response. *It is only used during the emergency phase of the response, which is defined as a situation involving an uncontrolled release.* It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

**Preparation:** The Safety Officer or his/her designated staff starts the Emergency Site Safety and Response Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). Form ICS-208-CG SSP-G need not be completed if this form is used. When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Safety and Response Plan complements the Incident Action Plan. For smaller incidents, the Emergency Site Safety and Response Plan complements ICS-201.

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

# Instructions:

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| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Attachments | Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached. |
| 5 | Organization | List the personnel responsible for these positions. IC and Safety Officer are mandatory. |
| 6 | Physical Hazards & Protection | Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, overpacking, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task. |
| 7 | Chemical/Agent | List the chemicals involved in the response. Chemicals may be listed numerically. Check off the hazards, potential health effects, pathway of dispersion, and exposure route of the chemical. Numbers corresponding to the chemical may be entered into the check blocks to differentiate. Check off the PPE to be used. Identify the type of PPE selected (for example: gloves: butyl rubber). |
| 8 | Instruments | Indicate the instruments being used for monitoring. List the action levels adjacent to the instruments being used. Identify the chemicals being monitored (2). List the physical parameters of the chemicals. Use a separate form for additional chemicals monitored. |

**EMERGENCY SAFETY AND RESPONSE PLAN (FORM ICS-208-CG SSP-A) (Instructions Continued)**

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| 9 | Decontamination | Check off the decontamination steps to be used. Numbers may be entered to indicate the preferred sequence. Identify any intervening steps necessary on the form or in a separate attachment. |
| 10 | Site Map | Draw a rough site map. Ensure all the information listed is identified on the map. |
| 11 | Potential Emergencies | Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet. |
| 12 | Communications | Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions. |
| 13 | Site Security | Identify the personnel assigned. Identify security procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations. |
| 14. | Emergency Medical | Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations. |
| 15. | Prepared by: | Enter the name and position of the person completing the worksheet. |
| 16. | Date/time briefed: | Enter the date/time the document was briefed to the appropriate workers and by whom. |

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| EMERGENCY SITE  NON-HAZARDOUS ASSESSMENT FORM | | 1. Incident Name | | | | | | 2. Date/Time Prepared | | | | | | | 3. Operational Period | | | | 4. Attachments**:  Y** on **N** | | |
| 5. *SCENE CONTACTS*: | Name of Group/Branch or Division: | | | | | Safety Officer: | | | | | | Staging Manager: | | | | | OSC: | | | | |
| 6.a.  Physical Hazards Onsite | 6.b. Confined Space  Noise  Heat Stress  Cold Stress  Electrical  Animal/Plant/Insect  Ergonomic  Ionizing Rad  Slips/Trips/Falls  Struck by  Water  Violence  Excavation  Biomedical waste and/or needles  Fatigue  Other (specify) | | | | | | | | | | | | | | | | | | | | |
| 6.c.  Work Assignments/ Job Tasks | 6d  Electrical Hazard | | 6.e.  Eye  /Face Hazards | 6f.  Ear  Protection | 6g. Foot Protection (type) | | 6.h.  Hard Hats | | 6i. Clothing  (cold/hot wx) | 6j.  Life Vest | 6l. Work/Rest (hrs) | | 6.m. Fluids (amt/time | 6.n. Signs & Barricade | | 6.p.  Fall Hazard | | 6.q. Security Issues | | 6.r.  Hand Protection (Gloves) | 6.s.  Other |
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| 7. Comments: | | | | | | | | | | | | | | | | | | | | | |
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| EMERGENCY SITE  NON-HAZARDOUS ASSESSMENT FORM (CONT’D) | | 1. Incident Name | | | 2. Date/Time Prepared | | 3. Operational Period | | | 4. Attachments: **Y** or **N** |
| 8. Any Reported Illnesses or Injuries: **Y** or **N**  If so, what type of Injury: Location of Injury:  Was this recorded on CG-209 ?  **Y** or **N** Was the persons Agency informed of injury: **Y** or **N** | | | | | | | | | | |
| 9. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North  Attached,  Drawn Below: | | | | | | | | | | |
| 10.a. Potential Emergencies:  Fire  Explosion        Other | | | 10.b. Evacuation Alarms:  Horn  # Blasts  Bells  #Rings  Radio Code  Other: | | | 10.c Emergency Prevention and Evacuation Procedures:  Safe Distance: | | | | |
| 11. a. Communications:  Radio  Phone  Other | 11.b. Command #: | | | 11.c. Tactical #: | | | | 11 d. Staging Area #: | | |
| 12.a. Emergency Medical: Personnel Assigned | 12.b. Procedures: | | | | | | | | 12.c Equipment: | |
| 13. Prepared by: | 14. Date/Time Briefed: | | | | | | | | **ICS-208-CG SSP-A2 Non-Hazardous Page 2 (rev 4/15):** Page       of | |

# EMERGENCY SITE NON-HAZARD ASSESSMENT FORM(ICS-208-CG SSP-A2)

**Purpose:** The Emergency Site Non-Hazard Assessment Form provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response whenan*uncontrolled release is* ***NOT present***. It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

**Preparation:** The Safety Officer or his/her Assistant Safety Officer will start the Emergency Site Non-Hazard Assessment Form. They initially address the possibility for employee/worker exposure to safety and health hazards in all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Non-Hazard Assessment Form will complement the Incident Action Plan. For smaller incidents, the Emergency Site Non-Hazard Assessment Form will complement ICS-201 form.

**Distribution:** The Emergency Site Non-Hazard Assessment Form completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, DIVS (Division/Group Supervisor), Supervisors or Leaders get a copy of the plan. They must ensure it is available on site for all personnel to review. The Safety Officer is responsible for ensuring that the Emergency Site Non-Hazard Assessment Form properly addresses the hazards of the operation. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

# Instructions:

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| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Attachments | Enter attachments. Injury Logs or reports, Any required supplies or PPE (CG213RR), and any Safe Practices initiated. |
| 5 | Scene Contacts | Area Assessed. List the personnel responsible for these positions. IC and Safety Officer are mandatory. |
| 6 | Physical Hazards Onsite & Protection | Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, over packing, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task. |
| 7 | Comments | Other Physical Hazards seen. Suggested Control Measures. CG213RR order number assigned to a Control Measure to safeguard workers |
| 8 | Any Reported Illnesses or Injuries | Any Illnesses or Injuries in Assessed Area? If so, what was the Illness or Injury? Was an ICS CG209 (Incident Status Summary) filled out or updated? Was the persons Agency informed? |
| 9 | Site Map | Draw a rough site map. Ensure all the information listed is identified on the map. |
| 10 | Potential Emergencies | Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet. |
| 11 | Communications | Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions. |
| 12. | Emergency Medical | Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations. |
| 13. | Prepared by: | Enter the name and position of the person completing the worksheet. |
| 14. | Date/time briefed: | Enter the date/time the document was briefed to the appropriate workers/IMT members and by whom. |

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| CG ICS SITE SAFETY PLAN (SSP) HAZARD IDENTIFICATION/ EVAL/CONTROL | | 1. Incident Name | | 2. Date/Time Prepared | | 3. Operational Period | | | 4. Safety Officer (include method of contact): | |
| 5. Supervisor/Leader | 6. Location and Size of Site | | 7. Site Accessibility  Land Water Air  Comments: | | 8. For Emergencies Contact: | | | 9. Attachments: **Attach MSDS for each Chemical OR CG 213RR for Ordering items from Block 10.e.** | | |
| 10.a.  Job Task/Activity | 10.b.  Hazards**\*** | | 10.c. Potential Injury & Health Effects | | 10.d. Exposure Routes | | 10.e.  Controls: Engineering, Administrative, PPE | | | |
|  |  | |  | | Inhalation  Absorption  Ingestion  Injection  Membrane | |  | | | |
|  |  | |  | | Inhalation  Absorption  Ingestion  Injection  Membrane | |  | | | |
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|  |  | |  | | Inhalation  Absorption  Ingestion  Injection  Membrane | |  | | | |
| 11. Prepared By: | 12. Date/Time Briefed: | | **\*HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | | ICS-208-CG SSP-B (rev 4/15):Page       of |

**SITE SAFETY PLAN (FORM ICS-208-CG SSP-B)**

**Purpose:** The Site Safety Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the post-emergency phase of an incident. The post-emergency phase is when the situation is stabilized and cleanup operations have begun. ICS-208-CG SSP-B is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

**Preparation:** The Safety Officer or his/her designated staff starts the Site Safety Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). The plan is then reproduced and as a minimum sent to ICS Group/Division Supervisors. They amend it according to unique job or on-scene hazards with support from the Safety Officer and/or his/her staff (detailed site characterization). The plan is continuously updated to address changing conditions. During the first hours of the response, where most response functions are in the emergency phase, the Safety Officer may chose to use the Emergency Safety and Response Plan (ICS-208-CG SSP-A) in place of the Site Safety Plan. For large incidents, ICS-208-CG SSP-B compliments the Incident Action Plan (IAP). For smaller incidents, ICS-208-CG SSP-B compliments ICS Form 201. The Safety Officer is encouraged to use the HAZWOPER Compliance Checklist (Form ICS-208-CG SSP-K) to ensure the IAP and the 201 address the requirements and all other pertinent ICS forms (203, 205, 206, etc.) are completed.

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

**Instructions:**

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| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Safety Officer | Enter the name of the Safety Officer and means of contact. |
| 5 | Group/Division Supv Strike Team/TF Leader | The Supervisor/Leader who receives this form will enter their name here. |
| 6 | Location & size of site | Enter the geographical location of the site and the approximate square area. |
| 7 | Site Accessibility | Check the block(s) if the site is accessible by land, water, air, etc. |
| 8 | For Emergencies Contact | Enter the name and way to contact the individual who handles emergencies. |
| 9 | Attachments | Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached. |
| 10 | Job/Task Activity | Enter Job/Task & Activities, list hazards, list potential injury and health effects, check exposure routes and identify controls. If more detail is needed for controls, provided attachments. |
| 11 | Prepared by | Enter the name and position of the person completing the worksheet. |
| 12 | Date/Time Briefed: | Enter the date/time the document was briefed to the appropriate workers and by whom. |

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| CG ICS SSP: SITE MAP | | 1. Incident Name | | 2. Date/Time Prepared | | 3. Operational Period | | 4. Safety Officer (include method of contact) : | |
| 5. Supervisor/Leader | 6. Location and Size of Site | | 7. Site Accessibility  Land Water Air  Comments: | | 8. For Emergencies Contact: | | 9. Include:  - Work Zones - Locations of Hazards  - Security Perimeter - Places of Refuge  - Decontamination Line - Evacuation Routes | | |
| 10. Sketch of Site:  Attached.  Drawn Here | | | | | | | | | |
| 11. Prepared By: | 12. Date/Time Briefed: | | **HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | ICS-208-CG SSP-C (rev 4/15):Page       of |

**SITE MAP FOR SITE SAFETY PLAN (ICS-208-CG SSP-C)**

**Purpose:** The Site Map for the Site Safety Plan is required by Title 29 Code of Federal Regulations Part 1910.120. It provides in 1 place a visual description of the site which can help ICS personnel locate hazards, identify evacuation routes and places of refuge.

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

**Distribution:** This form must be located with the Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

**Instructions:**

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

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| CG ICS SSP: EMERGENCY RESPONSE PLAN | | 1. Incident Name | | | 2. Date/Time Prepared | | | 3. Operational Period | | | 4. Safety Officer (include method of contact): | |
| 5. Supervisor/Leader | 6. Location and Size of Site | | | 7. For Emergencies Contact: | | | | | 8. Attachments: **INCLUDE ICS FORM 206 and EMT Medical Response Procedures** | | | |
| 9. Emergency Alarm (sound and location) | 10. Backup Alarm (sound and location) | | | 11. Emergency Hand Signals | | | 12. Emergency Personal Protective Equipment Required: | | | | | |
|  |  | | |  | | |  | | | | | |
| 13. Emergency Notification Procedures | | | 14. Places of Refuge (also see site map form 208B) | | | 15. Emergency Decon and Evacuation Steps | | | | 16. Site Security Measures | | |
|  | | |  | | |  | | | |  | | |
| 17. Prepared By: | 18. Date/Time Briefed: | | | **HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | | | | **ICS-208-CG SSP-D** **(rev 4/15)**Page       of |

**EMERGENCY RESPONSE PLAN (ICS-208-CG SSP-D)**

**Purpose:** The Emergency Response Plan provides information on measures to be taken in the event of an emergency. It is used in conjunction with the Site Safety Plan (Form ICS-208-CG SSP-B). It is also required by Title 29 Code of Federal Regulations Part 1910.120.

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

**Distribution:** This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

**Instructions:**

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| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Safety Officer | Enter the name of the Safety Officer and means of contact. |
| 5 | Supervisor/Leader | The Supervisor/Leader who receives this form will enter their name here. |
| 6 | Location & size of site | Enter the geographical location of the site and the approximate square area. |
| 7 | For Emergencies Contact | Enter the name and way to contact the individual who handles emergencies. |
| 8 | Attachments | Enter attachments. ICS Form 206 must be included. |
| 9 | Emergency Alarm | Enter a description of the sound of the emergency alarm and it’s location. |
| 10 | Backup Alarm | Enter a description of the sound of the emergency alarm and it’s location. |
| 11 | Emergency Hand Signals | Enter the emergency hand signals to be used. |
| 12 | Emergency Personal Protective Equipment Required | Enter the emergency personal protective equipment that may be needed in the event of an emergency. |
| 13 | Emergency Notification Procedures | Enter the procedures for notifying the appropriate personnel and organizations in the event of an emergency. |
| 14 | Places of Refuge | Enter by name the place of refuge personnel can go to in the event of an emergency. |
| 15 | Emergency Decon & Evacuation Steps | Enter emergency decontamination steps and evacuation procedures. |
| 16 | Site Security Measures | Enter site security measures needed for emergencies. |
| 17 | Prepared by | Enter the name and position of the person completing the worksheet. |
| 18 | Date/Time Briefed: | Enter the date/time the document was briefed to the appropriate workers and by whom. |

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

**EXPOSURE MONITORING PLAN (FORM ICS-208-CG SSP-E)**

**Purpose:** The Exposure Monitoring Plan provides plan of monitoring conducted during an incident. The plan is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing monitoring operations.

**Preparation:** The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Exposure Monitoring Plan. If there is a decision not to monitor during a response, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

**Distribution:** This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

**Instructions:**

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| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Safety Officer | Enter the name of the Safety Officer and means of contact. |
| 5 | Specific Task / Operation | Enter specific task or operation. |
| 6 | Survey Location | Enter the location to be monitored. |
| 7 | Survey Date/Time | Enter the date/time for the monitoring teams to survey. |
| 8 | Monitoring Methodology | Enter/Check the monitoring method to be used. |
| 9 | Direct-Reading Instrument | Enter the instrument model, manufacturer, last calibration date. |
| 10 | Air Sampling | Enter Air Sampling analysis method |
| 11 | Hazards to Monitor | Enter the hazards to monitor |
| 12 | Monitoring Duration | Enter duration of monitoring |
| 13 | Reasons to Monitor | Enter Reasons to Monitor |
| 14 | Laboratory Support for Analysis | Enter Laboratory Support needed for analysis of samples |
| 15 | Prepared by | Enter the name and position of the person completing the worksheet. |
| 16 | Date/Time Briefed | Enter the date/time the document was briefed to the appropriate workers and by whom. |
| 17 | Safety Officer Review | The Safety Officer must review and sign the form. |

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| CG ICS SSP: AIR MONITORING LOG | 1. Incident Name | 2. Date/Time Prepared | 3. Operational Period | 4. Safety Officer (include method of contact) | |
| 5. Site Location | 6. Hazards of Concern | 7. Action Levels (include references): | | 8. Weather: Air Temperature:  Water Temp:       Precipitation:       Wind:  Relative Humidity:       Cloud Cover: | |
| 9.a. Instrument, ID Number Calibrated? Indicate below. | 9.b. Monitoring Person Name(s) | 9.c. Results (units) | 9.d. Location | 9.f. Time | 9.g. Interferences and Comments |
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| 10. Safety Officer Review: | | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning | | | ICS-208-CG SSP-E-1(rev 4/15):Page       of |

**DAILY AIR MONITORING LOG (FORM ICS-208-CG SSP-E-1)**

**Purpose:** The Exposure Monitoring Log provides documentation of air monitoring conducted during a spill. The log is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing air monitoring operations. The information used from the log can help update the Site Safety Plan.

**Preparation:** Persons conducting monitoring complete the Daily Air Monitoring Log. Normally these are air monitoring units under the Site Safety Officer. If there is a decision not to monitor during a spill, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

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

**Instructions:**

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

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

**PERSONAL PROTECTIVE EQUIPMENT (ICS-208-CG SSP-F)**

**Purpose:** The Personal Protective Equipment form is a list of personal protective equipment to be used in operations. The listing of personal protective equipment is required by Title 29 Code of Federal Regulations Part 1910.120.

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

**Distribution:**  This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

**Instructions:**

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| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Safety Officer | Enter the name of the Safety Officer and means of contact. |
| 5 | Supervisor/Leader | The Supervisor/Leader who receives this form will enter their name here. |
| 6 | Location & size of site | Enter the geographical location of the site and the approximate square area. |
| 7 | Hazard(s) Addressed: | Enter the hazards that need to be safeguarded. |
| 8 | For Emergencies Contact | Enter the name and way to contact the individual who handles emergencies. |
| 9 | Equipment | List the equipment needed to address the hazards. If pre-designed Safe Work Practices are used, indicate here and attach to form. |
| 10 | References consulted | List the references used in making the selection for PPE. |
| 11 | Inspection Procedures | Enter the procedures for inspecting the Personal Protective Equipment prior to donning. If pre-designed Safe Work Practices are used, indicate here and attach to form. |
| 12 | Donning Procedures | Enter the procedures for putting on the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form. |
| 13 | Doffing Procedures | Enter the information for removing the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form. |
| 14 | Limitations and Precautions | List the limitations and precautions when using PPE. Include the maximum time to be inside the PPE, Heat Stress concerns, psychomotor skill detraction and other factors. |
| 15 | Prepared by | Enter the name and position of the person completing the worksheet. |
| 16 | Date/Time Briefed: | Enter the date/time the document was briefed to the appropriate workers and by whom. |

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

**DECONTAMINATION (ICS-208-CG SSP-G)**

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

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

**Distribution:** This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

**Instructions:**

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

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| CG ICS SSP: ENFORCEMENT LOG | 1. Incident Name | | 2. Date/Time Prepared | | 3. Operational Period | | | 4. Safety Officer (include method of contact) | |
| 5. Supervisor/Leader | | 6. For Emergencies Contact: | | | | | 7. Attachments: | | |
| 8.a. Job Task/Activity | | 8.b. Hazards | | 8.c. Deficiency | | 8.d. Action Taken | 8.e. Safety Plan Amended? | | 8.f. Signature of Supervisor/Leader |
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| 9. Prepared By: | | 10. Date/Time Briefed: | | **HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | | | ICS-208-CG SSP-H (rev 4/15):Page       of |

**SITE SAFETY ENFORCEMENT LOG (ICS-208-CG SSP-H)**

**Purpose:** The Site Safety Plan Enforcement Log is used to help enforce safety during an incident.

**Preparation:** The Safety Officer and/or his/her staff complete the Site Safety Plan Enforcement Log. The log is completed as Safety personnel are on scene reviewing the site. It should be completed at a minimum once per day. The number of enforcement logs to be completed depends on the size of the incident. Enough should be completed to ensure that site safety is being adequately enforced.

**Distribution:** The Site Safety Plan enforcement log when completed is delivered to the Safety Officer. The Safety Officer can use the form to amend the Site Safety Plan (ICS-208-CG SSP-A or B).

**Instructions:**

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

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| CG ICS SSP WORKER ACKNOWLEDGEMENT FORM | 1. Incident Name | 2. Site Location: | | 3. Attachments: | |
| 4. Type of Briefing | 5. Presented By: | | | 6. Date Presented | 7. Time Presented |
| Safety Plan/Emergency Response Plan  Start Shift  Pre-Entry  Exit  End of Shift  Specify Other: |  | | |  |  |
| 8.a. Worker Name (Print) | 8.b. Signature**\*** | | | 8.c. Date | 8.d. Time |
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| \* *By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me.* | | | **ICS-208-CG SSP-I (rev 4/15): Worker Acknowledgement**Page       of | | |

**WORKER ACKNOWLEDGEMENT FORM (ICS-208-CG SSP-I)**

**Purpose:** The Worker Acknowledgement form is used to document workers who have received safety briefings.

**Preparation:** Those personnel responsible for conducting safety briefings complete this form initially. Once the briefings are completed, workers who were briefed print their name, sign, date and indicate the time of the briefing.

**Distribution:** This form is returned to the Safety Officer or designated representative at the end of each operational period.

**Instructions:**

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

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| CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A) | | 1. Incident Name | 2. Date/Time Prepared | 3. Operational Period | | 4. Site Supervisor/Leader | | 5. Location of Site |
| 6.a. Cite: 1910.120 | 6.b. Requirement(sections that duplicate or explain are omitted) | | | 6.c. ICS Form | 6.d. Check | | 6.e. Comments | |
| (**q**)(1) | Is the plan in writing? | | | SSP-A |  | |  | |
| (1) | Is the plan available for inspection by employees? | | | N/A |  | | Performance based | |
| (**q)**(2)(i) | Does the plan address pre-emergency planning and coordination? | | | SSP-A |  | |  | |
| (ii) | Does it address personnel roles? | | | SSP-A |  | |  | |
| (ii) | Does it address lines of authority? | | | SSP-A |  | |  | |
| (ii) | Does it address communications? | | | SSP-A |  | |  | |
| (iii) | Does it address emergency recognition? | | | SSP-A |  | |  | |
| (iii) | Does it address emergency prevention? | | | SSP-A |  | |  | |
| (iv) | Does it identify safe distances? | | | SSP-A |  | |  | |
| (iv) | Does it address places of refuge? | | | SSP-A |  | |  | |
| (v) | Does it address site security and control? | | | SSP-A |  | |  | |
| (vi) | Does it identify evacuation routes? | | | SSP-A |  | |  | |
| (vi) | Does it identify evacuation procedures? | | | SSP-A |  | |  | |
| (vii) | Does it address decontamination? | | | SSP-A |  | |  | |
| (viii) | Does it address medical treatment and first aid? | | | SSP-A |  | |  | |
| (ix) | Does it address emergency alerting procedures? | | | SSP-A |  | |  | |
| (ix) | Does it address emergency response procedures | | | SSP-A |  | |  | |
| (x) | Was the response critiqued? | | | N/A |  | | Performance based | |
| (xi) | Does it identify Personal Protection Equipment? | | | SSP-A |  | |  | |
| (xi) | Does it identify emergency equipment? | | | SSP-A |  | |  | |
| (**q)**(3)(ii) | All the hazardous substances identified to the extent possible? | | | N/A |  | | Performance based | |
| (ii) | All the hazardous conditions identified to the extent possible? | | | N/A |  | | Performance based | |
| (ii) | Was site analysis addressed? | | | N/A |  | | Performance based | |
| (ii) | Were engineering controls addressed? | | | N/A |  | | Performance based | |
| (ii) | Were exposure limits addressed? | | | N/A |  | | Performance based | |
| (ii) | Were hazardous substance handling procedures addressed? | | | N/A |  | | Performance based | |
| (iii) | Is the PPE appropriate for the hazards identified? | | | N/A |  | | Performance based | |
| (iv) | Is respiratory protection worn when inhalation hazards present? | | | N/A |  | | Performance based | |
| (v) | Is the buddy system used in the hazard zone? | | | N/A |  | | Performance based | |
| (vi) | Are backup personnel on standby? | | | N/A |  | | Performance based | |
| (vi) | Are advanced first aid support personnel standing by? | | | N/A |  | | Performance based | |
| (vii) | Has the ICS designated safety official been identified? | | | SSP-A |  | |  | |
| (vii) | Has the Safety Official evaluated the hazards? | | | N/A |  | | Performance based | |
| (viii) | Can the Safety Official communicate with IC immediately? | | | N/A |  | | Performance based | |
| (ix) | Are appropriate decontamination procedures implemented? | | | N/A |  | | Performance based | |
| ICS-208-CG SSP-J (rev 4/15) Page       of | | | | | | | | |

**Emergency Safety & Response Plan Compliance Checklist Form A (ICS-208-CG SSP-J)**

**Purpose:** The Emergency Safety and Response Plan 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how form ICS-208-CG SSP-J can be used to satisfy the HAZWOPER requirements. This checklist is an optional form.

**Preparation:** The Emergency Safety and Response Plan 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). Many of the requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

**Distribution:** The Safety Officer should maintain The Emergency Safety and Response Plan (ERP) 1910.120 Compliance Checklist.

**Instructions:**

|  |  |  |
| --- | --- | --- |
| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Supervisor/Leader | The Supervisor/Leader who receives this form will enter their name here. |
| 5 | Location of Site | Enter the site location. |
| 6 a | Cites | These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included. |
| 6 b | Requirement | This lists the requirement in a question format. Some require documentation or some form of action. |
| 6 c | ICS Form | Lists those requirements covered by ICS-208-CG SSP-A. |
| 6 d | Check Block | Enter the check if the site satisfies the requirement. |
| 6 f | Comments | This provides additional information on the requirement. The user may also enter comments. |
| 7 | Prepared by | Enter the name and position of the person completing the worksheet. |

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| CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B) | | 1. Incident Name | 2. Date/Time Prepared | 3. Operational Period | | 4. Site Supervisor/Leader | | 5. Location of Site |
| 6.a. Cite: 1910.120 | 6.b. Requirement(sections that duplicate or explain are omitted) | | | 6.c. ICS Form | 6.d. Check | | 6.e. Comments | |
| 1910.120 (**b**)(1)(ii)(A) | Organizational structure? | | | 203 |  | |  | |
| (B) | Comprehensive workplan? | | | IAP |  | | Incident Action Plan | |
| (C) | Site Safety Plan? | | | SSP-B |  | |  | |
| (D) | Safety and health training program? | | | N/A |  | | Responsibility of each employer | |
| (E) | Medical surveillance program? | | | N/A |  | | Responsibility of each employer | |
| (F) | Employer SOPs? | | | N/A |  | | Responsibility of each employer | |
| (G) | Written program related to site activities? | | | N/A |  | |  | |
| (**b**)(1)(iii) | Site excavation meets shored or slope requirements in 1926? | | | N/A |  | |  | |
| (**b**)(2)(i)(D) | Lines of communication? | | | 201 203 205 |  | |  | |
| (**b**)3(iv) | Training addressed? | | | N/A |  | | Responsibility of each employer | |
| (v)-(vi) | Information and medical monitoring addressed? | | | N/A |  | | Responsibility of each employer | |
| (**b**)4(i) | Site Safety Plan kept on site? | | | N/A |  | |  | |
| (ii)(A) | Safety and health hazard analysis conducted? | | | N/A |  | |  | |
| (B) | Properly trained employees assigned to right jobs? | | | N/A |  | |  | |
| (C) | Personnel Protective Equipment issues addressed? | | | SSP-F |  | |  | |
| (E) | Frequency and types of air monitoring addressed? | | | SSP-E |  | |  | |
| (F) | Site control measures in place? | | | SSP-B |  | |  | |
| (G) | Decontamination procedures in place? | | | SSP-G |  | |  | |
| (H) | Emergency Response Plan in place? | | | SSP-D |  | |  | |
| (I) | Confined space entry procedures? | | | SSP-B |  | |  | |
| (J) | Spill containment program | | | SSP-B |  | |  | |
| (iii) | Pre-entry briefings conducted? | | | SSP-I |  | |  | |
| (iv) | Site Safety Plan effectiveness evaluated? | | | SSP-H |  | |  | |
| (**c**)(1) | Site characterization done? | | | N/A |  | |  | |
| (**c**)(2) | Preliminary evaluation done by qualified person? | | | N/A |  | |  | |
| (**c**)(3) | Hazard identification performed? | | | SSP-B |  | |  | |
| (**c**)(4)(i) | Location and size of site identified? | | | SSP-B |  | |  | |
| (ii) | Response activities, job tasks identified? | | | SSP-B |  | |  | |
| (iii) | Duration of tasks identified? | | | SSP-B |  | | Operational period | |
| (iv) | Site topography and accessibility addressed? | | | SSP-C |  | |  | |
| (v) | Health and safety hazards addressed? | | | SSP-B |  | |  | |
| (vi) | Dispersion pathways addressed? | | | SSP-B |  | |  | |
| (vii) | Status and capabilities of medical emergency response teams? | | | 206 |  | |  | |
| (**c**)(5)(i)(iv) | Chemical protective clothing addressed and properly selected? | | | SSP-F |  | |  | |
| (ii) | Respiratory protection addressed? | | | SSP-B and F |  | |  | |
| (iii) | Level B used for unknowns? | | | N/A |  | |  | |
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| CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B) | | 1. Incident Name | 2. Date/Time Prepared | | 3. Operational Period | |
| 6.a. Cite: 1910.120 | 6.b. Requirement(sections that duplicate or explain are omitted) | | | 6.c. ICS Form | 6.d. Check | 6.e. Comments |
| 1910.120 (**c**)(6)(i) | Monitoring for ionization conducted? | | | SSP-E |  |  |
| (ii) | Monitoring conducted for IDLH conditions? | | | SSP-E |  |  |
| (iii) | Personnel looking out for dangers of IDLH environments? | | | N/A |  |  |
| (iv) | Ongoing air monitoring program in place? | | | SSP-E |  |  |
| (**c**)(7) | Employees informed of potential hazard occurrence? | | | SSP-B |  |  |
| (**c**)(8) | Properties of each chemical made aware to employees? | | | SSP-B |  |  |
| (**d**)(1) | Appropriate site control procedures in place? | | | IAP, SSP-B |  |  |
| (**d**)(2) | Site control program developed during planning stages? | | | IAP, SSP-B |  |  |
| (**d**)(3) | Site map, work zones, alarms, communications addressed? | | | IAP, SSP-B |  |  |
| (**g**)(1)(i) | Engineering, admin controls considered? | | | SSP-B |  |  |
| (iii) | Personnel not rotated to reduce exposures? | | | N/A |  |  |
| (**g**)(5)(i) | PPE selection criteria part of employer’s program? | | | N/A |  | Responsibility of employer |
| (ii) | PPE use and limitations identified? | | | SSP-F |  |  |
| (iii) | Work mission duration identified? | | | SSP-F |  |  |
| (iv) | PPE properly maintained and stored? | | | N/A |  | Responsibility of employer |
| (vi) | Are employees properly trained and fitted with PPE? | | | N/A |  | Responsibility of employer |
| (vii) | Are donning and doffing procedures identified? | | | SSP-F |  |  |
| (viii) | Are inspection procedures properly identified? | | | SSP-F |  |  |
| (ix) | Is a PPE evaluation program in place? | | | SSP-F |  |  |
| (**h**) (3) | Periodic monitoring conducted? | | | SSP-E |  |  |
| (**k**)(2)(i) | Have decontamination procedures been established? | | | SSP-G |  |  |
| (ii) | Are procedures in place for contamination avoidance? | | | SSP-G |  |  |
| (iii) | Is personal clothing properly deconned prior to leaving the site? | | | SSP-G |  |  |
| (iv) | Are decontamination deficiencies identified and corrected? | | | SSP-H |  |  |
| (**k**)(3) | Are decontamination lines in the proper location? | | | SSP-C |  |  |
| (**k**)(4) | Are solutions/equipment used in decon properly disposed of? | | | N/A |  |  |
| (**k**)(6) | Is protective clothing and equipment properly secured? | | | N/A |  |  |
| (**k**)(7) | If cleaning facilities are used, are they aware of the hazards? | | | N/A |  |  |
| (**k**)(8) | Have showers and change rooms provided, if necessary? | | | N/A |  |  |
| (**l**)(1)(iii) | Are provisions for reporting emergencies identified? | | | SSP-D |  |  |
| (iv) | Are safe distances and places of refuge identified? | | | SSP-B and C |  |  |
| (v) | Site security and control addressed in emergencies? | | | SSP-D |  |  |
| (vi) | Evacuation routes and procedures identified? | | | SSP-D |  |  |
| (vii) | Emergency decontamination procedures developed? | | | SSP-D |  |  |
| (ix) | Emergency alerting and response procedures identified? | | | SSP-D |  |  |
| (x) | Response teams critiqued and followup performed? | | | SSP-H |  |  |
| (xi) | Emergency PPE and equipment available? | | | SSP-D |  |  |
| ICS-208-CG SSP-K (rev 4/15): Page 2. Page       of | | | | | | |

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| CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B) | | 1. Incident Name | 2. Date/Time Prepared | | | | | 3. Operational Period | |
| 6.a. Cite: | 6.b. Requirement(sections that duplicate or explain are omitted) | | | | 6.c. ICS Form | | 6.d. Check | | 6.e. Comments |
| **1910.120** (**l**)(3)(i) | Emergency notification procedures identified? | | | | SSP-D |  | | |  |
| (ii) | Emergency response plan separate from Site Safety Plan? | | | | SSP-D |  | | |  |
| (iii) | Emergency response plan compatible with other plans? | | | | SSP-D |  | | |  |
| (iv) | Emergency response plan rehearsed regularly? | | | | SSP-D |  | | |  |
| (v) | Emergency response plan maintained and kept current? | | | | SSP-H |  | | |  |
| **1910.165** (**b**)(2) | Can alarms be seen/heard above ambient light and noise levels? | | | | N/A |  | | |  |
| (**b**)(3) | Are alarms distinct and recognizable? | | | | N/A |  | | |  |
| (**b**)(4) | Are employees aware of the alarms and are they accessible? | | | | SSP-D | |  | |  |
| (**b**)(5) | Are emergency phone numbers, radio frequencies clearly posted? | | | | 206 | |  | |  |
| (**b**)(6) | Signaling devices in place where there are 10 or more workers? | | | | IAP | |  | |  |
| (**c**)(1) | Are alarms like steam whistles, air horns being used? | | | | IAP | |  | |  |
| (**d**)(3) | Are backup alarms available? | | | | IAP | |  | |  |
| **(m)** | Are areas adequately illuminated? | | | | IAP | |  | |  |
| (**n**)(1)(i) | Is an adequate supply of potable water available? | | | | IAP | |  | |  |
| (ii) | Are drinking water containers equipped with a tap? | | | | IAP | |  | |  |
| (iii) | Are drinking water containers clearly marked? | | | | IAP | |  | |  |
| (iv) | Is a drinking cup receptacle available and clearly marked? | | | | IAP | |  | |  |
| (**n**)(2)(i) | Are non-potable water containers clearly marked? | | | | IAP | |  | |  |
| (**n**)(3)(i) | Are their sufficient toilets available? | | | | IAP | |  | |  |
| (**n**)(4) | Have food handling issues been addressed? | | | | IAP | |  | |  |
| (**n**)(6) | Have adequate wash facilities been provided outside hazard zone? | | | | IAP | |  | |  |
| (**n**)(7) | If response is greater than 6 months, have showers been provided? | | | | IAP | |  | |  |
| 7. Prepared By: | | | | ICS-208-CG SSP-K (rev 4/15): Page 3. Page       of | | | | | |

**HAZWOPER 1910.120 COMPLIANCE CHECKLIST FORM B (ICS-208-CG SSP-K)**

**Purpose:** The HAZWOPER 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how other ICS forms can be used to satisfy the HAZWOPER requirements. This is an optional form.

**Preparation:** The HAZWOPER 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. The Incident Action Plan is suited to address other requirements, and the Safety Officer should ensure the IAP addresses them. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

**Distribution:** The HAZWOPER 1910.120 Compliance Checklist should be maintained by the Safety Officer.

**Instructions:**

|  |  |  |
| --- | --- | --- |
| Item # | Item Title | Instructions |
| 1 | Incident Name | Print the name assigned to the incident. |
| 2 | Date/Time Prepared | Enter date (month, day, year) prepared. |
| 3 | Operational Period | Enter the time interval for which the assignment applies. |
| 4 | Supervisor/Leader | The Supervisor/Leader who receives this form will enter their name here. |
| 5 | Location of Site | Enter the site location. |
| 6.a. | Cites | These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included. |
| 6.b. | Requirement | This lists the requirement in a question format. Some require documentation or some form of action. |
| 6.c. | ICS Form | Lists those ICS Forms that cover the requirement. **IAP designations means it should be covered in IAP, it does not guarantee it is covered. The Safety Officer must ensure this.** |
| 6.d. | Check Block | Enter the check if the site satisfies the requirement. |
| 6.e. | Comments | This provides information on where else the requirement may be met. The user may also enter comments. |
| 7 | Prepared by | Enter the name and position of the person completing the worksheet. |

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| CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET | 1. Incident Name | 2. Date/Time Prepared | 3. Operational Period | | | | 4. Safety Officer (include method of contact): | |
| 5. Supervisor/Leader | 6. Location and Size of Site | 7. For Emergencies Contact: | | | 8. Note: tanks and vaults should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards. | | | |
| 9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted) | 9.b. Requirement | | | | | 9.c. Check | | 9.d. Comments |
| (**j**)(1)(ii) | Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment? | | | | |  | |  |
| (iii) | Drums inspected and integrity ensured prior to movement? | | | | |  | |  |
| (iii) | Or drums moved to an accessible location (staging area) prior to movement? | | | | |  | |  |
| (iv) | Unlabelled drums treated as unknown until properly identified and labeled? | | | | |  | |  |
| (v) | Site activities organized to minimize drum handling? | | | | |  | |  |
| (vi) | Employers properly warned about the hazards of moving and handling drums? | | | | |  | |  |
| (vii) | Suitable overpack drums are available for addressing leaking and ruptured drums? | | | | |  | |  |
| (viii) | Leaking materials from drums properly contained? | | | | |  | |  |
| (ix) | Are drums that cannot be moved, emptied of contents with transfer equipment? | | | | |  | |  |
| (x) | Are suspect buried drums surveyed with underground detection system? | | | | |  | |  |
| (xi) | Are soil and covering material above buried drums removed with caution? | | | | |  | |  |
| (xii) | Is the proper extinguishing equipment on scene to control incipient fires? | | | | |  | |  |
| (**j**)(2)(i) | Are airlines on supplied air systems protected from leaking drums? | | | | |  | |  |
| (ii) | Are employees at a safe distance, using remote equipment, when handling explosive drums? | | | | |  | |  |
| (iii) | Are explosive shields in plane to protect workers opening explosive drums? | | | | |  | |  |
| (iv) | Is response equipment positioned behind shields when shields are used? | | | | |  | |  |
| (v) | Are non-sparking tools used in flammable or potentially flammable atmospheres? | | | | |  | |  |
| (vi) | Are drums under extreme pressure opened slowly & workers protected by shields/distance? | | | | |  | |  |
| (vii) | Are workers prohibited from standing and working on drums? | | | | |  | |  |
| (**j**)(3) | Is the drum handling equipment positioned and operated to minimize sources of ignition? | | | | |  | |  |
| (**j**)(5)(i) | For shock sensitive drums, have all non-essential employees been evacuated? | | | | |  | |  |
| (ii) | For shock sensitive drums: is handling equipment provided with shields to protect workers? | | | | |  | |  |
| (iii) | Are alarms that announce start/finish of explosive drum handling actions in place? | | | | |  | |  |
| (iv) | Are continuous communications in place between the drum handling site & command post? | | | | |  | |  |
| (v) | Are drums under pressure properly controlled for prior to handling? | | | | |  | |  |
| (vi) | Are drums containing packaged laboratory wastes treated as shock sensitive? | | | | |  | |  |
| (**j**)(6)(i) | Are lab packs opened by trained and experienced personnel? | | | | |  | |  |
| (ii) | Are lab packs showing crystallization treated as shock sensitive? | | | | |  | |  |
| (**j**)(8)(ii-iii) | Are drum staging areas manageable with marked access and egress? | | | | |  | |  |
| (iv) | Is bulking of drums conducted only after drum contents have been properly identified? | | | | |  | |  |
| 10. Prepared By: | | | | Form SSP-L (rev 4/15) Page       of | | | | |

**HAZWOPER 1910.120 DRUM COMPLIANCE CHECKLIST (ICS-208-CG SSP-L)**

**Purpose:** The HAZWOPER 1910.120 Drum Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response whenever drums are encountered during an incident. This is an optional form.

**Preparation:** The HAZWOPER 1910.120 Drum Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

**Distribution:** The HAZWOPER 1910.120 Drum Compliance Checklist should be maintained by the Safety Officer.

**Instructions:**

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