# SITE SAFETY PLAN

**PURPOSE:** To ensure adequate review of proposed occupational safety and health precautions, procedures and techniques applicable to field activities. Assistance on form completion is available through the SHEM office. Note that if work is done at a hazardous site, employees are expected to complete a full Health and Safety Plan (HASP).

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| **I. Site(s)/Facility to be visited:** |  |
| **Address/Location(s):**  |  |
| **Purpose:**  Site Visit  Site Inspection  Monitoring/Sampling  Remediation  Dive  |
|  **Start Date: Return Date/Time: Phone Number (for best contact):**  |
| **PPE Levels:**  A  B  C  D  None  SCUBA  Waders  Other (Specify): |
|  **Employee Names/Cell:**  Additional Sheets |
| **Closest Medical Facility: (**Medical Facility locations listed on R1 H&S website) **Phone Number:**  Call 911  Visiting Facility Responsible for Health & Safety |

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| **II: Site-Specific Issues (Security, Notifications, Weather extremes, etc.)**  **None**  **See Below** |
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| **III. Physical Hazards (check all that apply)**:  None Host facility responsible for safety of visitors |
| Vehicle:  Plane  Train  Car  Truck  Boat  ATV  Other (specify): |
|  Noise > 85 dBA  Oxygen deficiency  Sharps  Heavy vegetation  Terrain |
|  Extreme temperature (specify): |
|  Slip-Trip-Fall (Specify e.g. dirty/oily flooring and obstacles): |
|  Electrical hazards  Lifting heavy objects  Strenuous tasks  Compressed gasses |
|  Power tools  Hand tools  Remote area Confined space  Security |
|  Trenching/excavation  Material/earthmoving equipment Water (specify)  Electrofishing |
|  Vacuum chambers or systems  Other spark producing activity (grinding)  |
|  Flammable liquids Welding, brazing, soldering  Open flames  Other (Specify): |
| **Management controls, work practices, and PPE to address above Physical Hazards:** |

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| **IV. Biological Hazards (check all that apply)**:  None |
|  Bacteria, mold, viruses, etc. |  Medical sharps |  Animal |  Vectors |  Vegetation |
|  Poison plants |  Insects |  Organic dust |  Allergies |  Blood components, tissue/body fluids |
|  Contaminated water (microorganisms) |  Other (specify): |
| **Management controls, work practices, and PPE to address above Biological Hazards:** |

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| **V.** [**Chemical Hazards (**](https://sbms.bnl.gov/sbmsearch/subjarea/120/120_SA.cfm?parentID=120)**check all that apply):**  None  |
|  Carcinogens  |  Highly acute toxins  |  Reproductive toxins  |  Corrosives  |
|  Flammable liquids  |  Flammable solids  |  Flammable gasses  |  Oils  |
|  Explosives  |  Acids/Bases  |  Pyrophoric materials  |  PCBs  |
|  Asbestos  |  Pesticides / herbicides  |  Controlled substances  |  Dioxins/Furans  |
|  Solvents / volatiles  |  Semi-Volatile Organics  |  Highly reactive materials  |  Strong oxidizers  |
|  OSHA regulated chemicals, any use  |  Methylene chloride, any use  |  Lead, any use  |
|  Toxic metals (e.g. As, Ba, Be, Cd, Cr, Se, Ag)  |  Nanomaterials  |  Mercury/Hg compounds, any use  |
|  On-site or off-site transportation of chemicals  |  Other (specify):  |
| **Management controls, work practices, and PPE to address the above Chemical Hazards:**  See Attached Health & Safety Plan  |

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| **VI. Ionizing and Non-ionizing Radiation Hazards (check all that apply):**  **None**  |
|  Radioactive sources  |  Dispersible radioactive materials  |  Lasers  |
|  Non-fissionable radioactive materials  |  Fissionable radionuclides  |
|  Ionizing radiation-generating devices (x-rays)  |  Any atmospheric discharge of radiological material  |
|  On-site **/**off-site transportation of radiological materials  |  Radio frequency (RF)/Microwave energy  |
|  Magnetic/electric fields  |  Infrared / Ultraviolet sources  |  Extreme, low frequency (ELF)  |
|  Other (specify):  |
| **Management controls, work practices and PPE to address the above Radiation Hazards:**  See Attached Health & Safety Plan  |

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| **VII. COVID Hazards (check all that apply):** **None** |
|  Bacteria, mold, viruses, etc. |  Poor indoor ventilation |  Lack of Face Covering for yourself |  Person at facility tested positive for Covid |  Close proximity to others |
|  Indoor Multi-person Meeting  |  Physical exertion (deep breathing) |  Poor physical distancing  |  No Face Covering for Others |  No Hand Washing/ sanitizing at facility |
|  Contaminated Surfaces  |  Other (specify): |
| **Management controls (including not going), work practices, and PPE to address the above Covid Hazards:**  |

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| **Tasks/On-site Operations**  | **Associated Hazard Controls**  |  |  |  **None**  |
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**Preparer’s Name/Signature: Mail Code:**  **Date:**

**Supervisor Contact Name & Contact Number:**

**H&S Officer’s Contact Number:**

*(Employee and employer should discuss information on the form and appropriate procedures and controls for the field activity. Please ensure that employee is up to date on all necessary monitoring and training. If controls for identified hazards are deemed insufficient, supervisor should contact the SHEM office for consultation and further review.)*