

CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)		
5. Supervisor/Leader	6. Location & Size of Site	7. Site Accessibility Land [] Water [] Air [] Comments:	8. For Emergencies Contact:	9. Attachments: Attach MSDS for each Chemical		
10. Job Task/Activity	Hazards		Potential Health Effects	Pathway of Dispersion	Exposure Routes	Controls: Engineering, Administrative, PPE
	Toxic [] Explosion/Fire [] Lack of Oxygen [] Ionizing Rad [] Biological [] Biomedical [] Physical/Safety []	Electrical [] Heat Stress [] Cold Stress [] Ergonomics [] Noise [] Specify Other:		Land [] Air [] Water [] Other Specify:	Inhalation [] Absorption [] Ingestion [] Injection [] Membrane [] _____ []	
	Toxic [] Explosion/Fire [] Lack of Oxygen [] Ionizing Rad [] Biological [] Biomedical [] Physical/Safety []	Electrical [] Heat Stress [] Cold Stress [] Ergonomics [] Noise [] Specify Other:		Land [] Air [] Water [] Other Specify:	Inhalation [] Absorption [] Ingestion [] Injection [] Membrane [] _____ []	
	Toxic [] Explosion/Fire [] Lack of Oxygen [] Ionizing Rad [] Biological [] Biomedical [] Physical/Safety []	Electrical [] Heat Stress [] Cold Stress [] Ergonomics [] Noise [] Specify Other:		Land [] Air [] Water [] Other Specify:	Inhalation [] Absorption [] Ingestion [] Injection [] Membrane [] _____ []	
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	Toxic [] Explosion/Fire [] Lack of Oxygen [] Ionizing Rad [] Biological [] Biomedical [] Physical/Safety []	Electrical [] Heat Stress [] Cold Stress [] Ergonomics [] Noise [] Specify Other:		Land [] Air [] Water [] Other Specify:	Inhalation [] Absorption [] Ingestion [] Injection [] Membrane [] _____ []	
11. Prepared by:	12. Date/time briefed:	<u>Potential Health Effects:</u> bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks, eye burning			Form SSP-A: Page ____ of ____	

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: Temperature: Precipitation: Wind: Relative Humidity: Cloud Cover:	
9. Instrument, ID Number	Person Monitoring	Results (units)	Location	Time	Interferences & Comments
10. Safety Officer review:		<u>Potential Health Effects:</u> bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks, eye burning			Form SSP-C: Page ____ of ____

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 & Size of Site	7. Site Accessibility Land[] Water[] Air [] Comments:	8. Emergency Contact:	9. <u>Include</u> : - Work Zones - Security Perimeter - Decontamination Line - Locations of Hazards - Places of Refuge - Evacuation Routes
10. Sketch of Site:				
11. Prepared by:	12. Date/time briefed:	<u>Potential Health Effects</u> : bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks.		Form SSP-B: Page ____ of ____

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 & Size of Site	7. Hazards Addressed:		8. For emergencies contact:
9. Equipment:				10. References consulted:
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:	<u>Potential Health Effects:</u> bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks, eye burning		Form SSP-D: Page ____ of ____

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 & Size of Site	7. For Emergencies Contact:		8. Hazard(s) addressed:
9. Equipment:				10. References Consulted:
11. Contamination Avoidance Practices:	12. Decon Diagram			13. Decon Steps
14. Prepared by:	15. Date/time briefed:	<u>Potential Health Effects:</u> bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks.		Form SSP-E: Page ____ of ____

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. Job Task/Activity	Hazards	Deficiency	Action Taken	Safety Plan Amended?	Signature of Supervisor/Leader
9. Prepared by:	10. Date/time briefed:	<u>Potential Health Effects:</u> bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks, eye burning			Form SSP-F: Page ____ of ____

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 & Size of Site	7. For Emergencies Contact:		8. Attachments: INCLUDE ICS FORM 206 & 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 & Evacuation Steps	16. Site Security Measures
17. Prepared by:	18. Date/time briefed:	<u>Potential Health Effects:</u> bruise/lacerations, organ damage, central nervous system effects, cancer, reproductive damage, low back pain, temporary hearing loss, dermatitis, respiratory effects, bone breaks, eye burning		Form SSP-G: Page ____ of ____

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site
Cite: 1910.120	Requirement(sections that duplicate or explain are omitted)		ICS Form	[✓]	Comments
(b)(1)(ii)(A)	Organizational structure?		203		
(B)	Comprehensive workplan?		IAP		Incident Action Plan
(C)	Site Safety Plan?		SSP-A		
(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		
(1)(iii)	Site excavation meets shored or slope requirements in 1926?		N/A		
2(i)(D)	Lines of communication?		201 203 205		
3(iv)	Training addressed?		N/A		Responsibility of each employer
3(v)-(vi)	Information and medical monitoring addressed?		N/A		Responsibility of each employer
4(i)	Site Safety Plan kept on site?		N/A		
4(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-D		
(E)	Frequency & types of air monitoring addressed?		SSP-C		
(F)	Site control measures in place?		SSP-B		
(G)	Decontamination procedures in place?		SSP-E		
(H)	Emergency response plan in place?		SSP-G		
(I)	Confined space entry procedures?		SSP-A		
(J)	Spill containment program		SSP-A		
4(iii)	Pre-entry briefings conducted?		SSP-A		
(iv)	Site safety plan effectiveness evaluated?		SSP-F		
(c)(1)	Site characterization done?		N/A		
(2)	Preliminary evaluation done by qualified person?		N/A		
(3)	Hazard identification performed?		SSP-A		
(4)(i)	Location and size of site identified?		SSP-A		
(ii)	Response activities, job tasks identified?		SSP-A		
(iii)	Duration of tasks identified?		SSP-A		Operational period
(iv)	Site topography and accessibility addressed?		SSP-B		
(c)(4)(v)	Health and safety hazards addressed?		SSP-A		
(vi)	Dispersion pathways addressed?		SSP-A		
(vii)	Status & capabilities of medical emergency response teams?		206		
(5)(i)(iv)	Chemical protective clothing addressed & properly selected?		SSP-D		
(ii)	Respiratory protection addressed?		SSP-A&D		
(iii)	Level B used for unknowns?		N/A		
(6)(i)	Monitoring for ionization conducted?		SSP-C		
(ii)	Monitoring conducted for IDLH conditions?		SSP-C		
(iii)	Personnel looking out for dangers of IDLH environments?		N/A		
(iv)	Ongoing air monitoring program in place?		SSP-C		
6. Prepared by:				Form SSP-H: Page 1	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period	
Cite: 1910.120	Requirement	ICS Form	[✓]	Comments
	(7) Employees informed of potential hazard occurrence?	SSP-A		
	(8) Properties of each chemical made aware to employees?	SSP-A		
	(d)(1) Appropriate site control procedures in place?	IAP, SSP-B		
	(2) Site control program developed during planning stages?	IAP, SSP-A		
	(3) Site map, work zones, alarms, communications addressed?	IAP, SSP-B		
	(g)(1)(i) Engineering, admin controls considered?	SSP-A		
	(iii) Personnel not rotated to reduce exposures?	N/A		
	(5)(i) PPE selection criteria part of employer's program?	N/A		Responsibility of employer
	(ii) PPE use and limitations identified?	SSP-D		
	(iii) Work mission duration identified?	SSP-D		
	(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-D		
	(viii) Are inspection procedures properly identified?	SSP-D		
	(ix) Is a PPE evaluation program in place?	SSP-F		
	(h) (3) Periodic monitoring conducted?	SSP-C		
	(k)(2)(i) Have decontamination procedures been established?	SSP-E		
	(ii) Are procedures in place for contamination avoidance?	SSP-E		
	(iii) Is personal clothing properly decontaminated prior to leaving the site?	SSP-E		
	(iv) Are decontamination deficiencies identified and corrected?	SSP-F		
	(3) Are decontamination lines in the proper location?	SSP-E		
	(4) Are solutions/equipment used in decon properly disposed of?	N/A		
	(6) Is protective clothing & equip properly secured?	N/A		
	(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)(iii) Are provisions for reporting emergencies identified?	SSP-G		
	(iv) Are safe distances and places of refuge identified?	SSP-B&G		
	(v) Site security & control addressed in emergencies?	SSP-G		
	(vi) Evacuation routes & procedures identified?	SSP-G		
	(vii) Emergency decontamination procedures developed?	SSP-G		
	(ix) Emergency alerting and response procedures identified?	SSP-G		
	(x) Response teams critiqued & followup performed?	SSP-F		
	(xi) Emergency PPE and equipment available?	SSP-G		
	(3)(i) Emergency notification procedures identified?	SSP-G		
	(ii) Emergency response plan separate from Site Safety Plan?	SSP-G		
	(iii) Emergency response plan compatible with other plans?	SSP-G		
	(iv) Emergency response plan rehearsed regularly?	SSP-G		
	(v) Emergency response plan maintained and kept current?	SSP-F		
	1910.165(b)(2) Can alarms be seen/heard above ambient light & noise levels?	N/A		
	(3) Are alarms distinct and recognizable?	N/A		
4. Prepared by:			Form SSP-H: Page 2	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
Cite: 1910.120	Requirement		ICS Form	[✓]	Comments
(4)	Are employees aware of the alarms & are they accessible?		SSP-G		
(5)	Are emergency phone numbers, radio frequencies clearly posted?		206		
(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		
1910.120(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		
(2)(i)	Are non-potable water containers clearly marked?		IAP		
(3)(i)	Are their sufficient toilets available?		IAP		
(4)	Have food handling issues been addressed?		IAP		
(6)	Have adequate wash facilities been provided outside hazard zone?		IAP		
(7)	If greater than 6 months, have showers been provided?		IAP		
4. Prepared by:				Form SSP-H: Page 3	

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 & Size of Site	7. For Emergencies Contact:		8. Note <u>tanks and vaults</u> should also be treated in the same manner as described below (1910.120(j)(9)). Many can also pose confined space hazards.	
9. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted)	Requirement			[✓]	Comments
(j)(1)(ii)	Drums meet DOT, OSHA, EPA regs for waists they contain, including shipment?				
(iii)	Drums inspected & 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 & handling drums?				
(vii)	Suitable overpack drums are available for addressing leaking & ruptured drums?				
(viii)	Leaking materials from drums properly contained?				
(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?				
(x)	Have 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?				
(2)(i)	Are airlines on supplied air systems protected from leaking drums?				
(ii)	Are employees handling open drums at a safe distance?				
(iii)	Are explosive shields in place 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?				
(3)	Is the drum handling equipment positioned & operated to minimize sources of ignition?				
(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 in place & do they announce start/finish of explosive drum handling actions?				
(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?				
(6)(i)	Are lab packs opened by trained & experienced personnel?				
(ii)	Are lab packs showing crystallization treated as shock sensitive?				
(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-I:				