

# ICS Compatible Site Safety and Health Plan

## Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED?
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	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		
Air Monitoring Log	E	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:					

\* Required only if function or equipment is used during a response

<b>EMERGENCY SAFETY and RESPONSE PLAN</b>	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: <b>Attach MSDS for each Chemical</b>														
5. <u>Organization IC:</u>	Safety:  Group Supv:	Entry Team:	Backup Team:	Decon Team:														
6. <u>Physical Hazards and Protection</u>	Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Rad <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other (specify)																	
Major Tasks	Entry Permit	Ventilate	Hearing Protection	Shoes (type)	Hard Hats	Clothing (cold wx)	Life Jacket	Work/Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	Post Guards	Flash Protect	Work Gloves	Other			
7. Chemicals	<b>Hazards</b> Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Biomedical <input type="checkbox"/> Toxic <input type="checkbox"/>			<b>Radioactive</b> <input type="checkbox"/> Carcinogen <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrosive <input type="checkbox"/> Specify Other:			<b>Target Organs</b> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Skin <input type="checkbox"/> Ears <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Respiratory <input type="checkbox"/> Throat <input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Lungs <input type="checkbox"/> Circulatory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Bone <input type="checkbox"/> Other:			<b>Exposure Routes</b> Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>			<b>PPE</b> Face Shield <input type="checkbox"/> Eyes <input type="checkbox"/> Gloves <input type="checkbox"/> Inner Suit <input type="checkbox"/> Splash Suit <input type="checkbox"/> Level A Suit <input type="checkbox"/> SCBA <input type="checkbox"/> APR <input type="checkbox"/> SAR <input type="checkbox"/> Cartridges <input type="checkbox"/> Fire Resistance <input type="checkbox"/>			<b>Type of PPE</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
8. <u>Instruments</u>	Action Levels	Chemical Name:	LEL/UEL %	Odor Thresh Ppm	Ceiling/IDLH	STEL/TLV	Flash Point/ Ignition Pt (F or C)	Vapor Pressure (mm)	Vapor Density	Specific Gravity	Boiling Point F or C							
O2 <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
CGI <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
Radiation <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
Total HCs <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
Colorimetric <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
Thermal <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
Other <input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							

10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North

11. <u>Decontamination</u> : Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input type="checkbox"/> Suit/Gloves/Boot Disposal <input type="checkbox"/>	Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/>	Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input type="checkbox"/>	SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input type="checkbox"/> Work Clothes Removal <input type="checkbox"/> Body Shower <input type="checkbox"/>	Intervening Steps <input type="checkbox"/> Specify:
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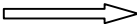
12. <u>Potential Emergencies</u> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other <input type="checkbox"/>	Evacuation Alarms: Horn <input type="checkbox"/> # Blasts <input type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other:	Emergency Prevention and Evacuation Procedures: Safe Distance
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13. <u>Communications</u> : Radio? <input type="checkbox"/> Phone? <input type="checkbox"/>	Command #:	Tactical #:	Entry #:
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14. <u>Site Security</u> Personnel Assigned	Procedures:	Equipment
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15. <u>Emergency Medical</u> Personnel Assigned	Procedures:	Equipment
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16. <u>Prepared By</u> :	17. <u>Date/Time Briefed</u> :	<b>Form SSP-A:</b> Page of
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<b>CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL</b>	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 <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact:	9. Attachments: <b>Attach MSDS for each Chemical</b>
10. Job Task/Activity	Hazards* 	Potential Injury and Health Effects	Exposure Routes	<u>Controls</u> : Engineering, Administrative, PPE
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	
11. Prepared By:	12. Date/Time Briefed:	* <b>HAZARD LIST</b> : Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		<b>Form SSP-B:</b> Page        of

<b>CG ICS SSP: SITE MAP</b>	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 <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies 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:	<b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		<b>Form SSP-C:</b> Page        of

<b>CG ICS SSP: EMERGENCY RESPONSE PLAN</b>	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: <b>INCLUDE ICS FORM 206 and EMT Medical Response Procedures</b>
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:	<b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving		<b>Form SSP-D:</b>  Page            of

<b>CG ICS SSP: AIR MONITORING LOG</b>	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. <u>Weather</u> : Temperature:                  Precipitation: Wind: Relative Humidity: Cloud Cover:	
9. Instrument, ID Number Calibrated? Indicate below.	Monitoring Person Name(s)	Results (units)	Location	Time	Interferences and 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			<b>Form SSP-E:</b> Page                  of	

<b>CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT</b>	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:
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		<b>Form SSP-F:</b>  Page      of



<b>CG ICS SSP: DECONTAMINATION</b>	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:
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, Eye Burning		<b>Form SSP-G:</b> Page        of

<b>CG ICS SSP: ENFORCEMENT LOG</b>	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:	<b>HAZARD LIST:</b> Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, Diving			<b>Form SSP-H:</b> Page        of

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

5. Location of Site

**CG ICS Emergency Response Plan 1910.120 COMPLIANCE CHECKLIST**

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

<b>CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST</b>	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	<input type="checkbox"/>	
(B)	Comprehensive workplan?		IAP	<input type="checkbox"/>	Incident Action Plan
(C)	Site Safety Plan?		SSP-B	<input type="checkbox"/>	
(D)	Safety and health training program?		N/A	<input type="checkbox"/>	Responsibility of each employer
(E)	Medical surveillance program?		N/A	<input type="checkbox"/>	Responsibility of each employer
(F)	Employer SOPs?		N/A	<input type="checkbox"/>	Responsibility of each employer
(G)	Written program related to site activities?		N/A	<input type="checkbox"/>	
(b)(1)(iii)	Site excavation meets shored or slope requirements in 1926?		N/A	<input type="checkbox"/>	
(b)(2)(i)(D)	Lines of communication?		201 203 205	<input type="checkbox"/>	
(b)3(iv)	Training addressed?		N/A	<input type="checkbox"/>	Responsibility of each employer
(v)-(vi)	Information and medical monitoring addressed?		N/A	<input type="checkbox"/>	Responsibility of each employer
(b)4(i)	Site Safety Plan kept on site?		N/A	<input type="checkbox"/>	
(ii)(A)	Safety and health hazard analysis conducted?		N/A	<input type="checkbox"/>	
(B)	Properly trained employees assigned to right jobs?		N/A	<input type="checkbox"/>	
(C)	Personnel Protective Equipment issues addressed?		SSP-F	<input type="checkbox"/>	
(E)	Frequency and types of air monitoring addressed?		SSP-E	<input type="checkbox"/>	
(F)	Site control measures in place?		SSP-B	<input type="checkbox"/>	
(G)	Decontamination procedures in place?		SSP-G	<input type="checkbox"/>	
(H)	Emergency Response Plan in place?		SSP-D	<input type="checkbox"/>	
(I)	Confined space entry procedures?		SSP-B	<input type="checkbox"/>	
(J)	Spill containment program		SSP-B	<input type="checkbox"/>	
(iii)	Pre-entry briefings conducted?		SSP-I	<input type="checkbox"/>	
(iv)	Site Safety Plan effectiveness evaluated?		SSP-H	<input type="checkbox"/>	
(c)(1)	Site characterization done?		N/A	<input type="checkbox"/>	
(c)(2)	Preliminary evaluation done by qualified person?		N/A	<input type="checkbox"/>	
(c)(3)	Hazard identification performed?		SSP-B	<input type="checkbox"/>	
(c)(4)(i)	Location and size of site identified?		SSP-B	<input type="checkbox"/>	
(ii)	Response activities, job tasks identified?		SSP-B	<input type="checkbox"/>	
(iii)	Duration of tasks identified?		SSP-B	<input type="checkbox"/>	Operational period
(iv)	Site topography and accessibility addressed?		SSP-C	<input type="checkbox"/>	
(v)	Health and safety hazards addressed?		SSP-B	<input type="checkbox"/>	
(vi)	Dispersion pathways addressed?		SSP-B	<input type="checkbox"/>	
(vii)	Status and capabilities of medical emergency response teams?		206	<input type="checkbox"/>	
(c)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?		SSP-F	<input type="checkbox"/>	
(ii)	Respiratory protection addressed?		SSP-B and F	<input type="checkbox"/>	
(iii)	Level B used for unknowns?		N/A	<input type="checkbox"/>	
(c)(6)(i)	Monitoring for ionization conducted?		SSP-E	<input type="checkbox"/>	
(ii)	Monitoring conducted for IDLH conditions?		SSP-E	<input type="checkbox"/>	
(iii)	Personnel looking out for dangers of IDLH environments?		N/A	<input type="checkbox"/>	
(iv)	Ongoing air monitoring program in place?		SSP-E	<input type="checkbox"/>	

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

<b>CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST</b>	1. Incident Name	2. Date/Time Prepared	3. Operational Period	
Cite: 1910.165	Requirement	ICS Form	[✓]	Comments
(b)(4)	Are employees aware of the alarms and are they accessible?	SSP-D	<input type="checkbox"/>	
(b)(5)	Are emergency phone numbers, radio frequencies clearly posted?	206	<input type="checkbox"/>	
(b)(6)	Signaling devices in place where there are 10 or more workers?	IAP	<input type="checkbox"/>	
(c)(1)	Are alarms like steam whistles, air horns being used?	IAP	<input type="checkbox"/>	
(d)(3)	Are backup alarms available?	IAP	<input type="checkbox"/>	
<b>1910.120(m)</b>	Are areas adequately illuminated?	IAP	<input type="checkbox"/>	
(n)(1)(i)	Is an adequate supply of potable water available?	IAP	<input type="checkbox"/>	
(ii)	Are drinking water containers equipped with a tap?	IAP	<input type="checkbox"/>	
(iii)	Are drinking water containers clearly marked?	IAP	<input type="checkbox"/>	
(iv)	Is a drinking cup receptacle available and clearly marked?	IAP	<input type="checkbox"/>	
(n)(2)(i)	Are non-potable water containers clearly marked?	IAP	<input type="checkbox"/>	
(n)(3)(i)	Are their sufficient toilets available?	IAP	<input type="checkbox"/>	
(n)(4)	Have food handling issues been addressed?	IAP	<input type="checkbox"/>	
(n)(6)	Have adequate wash facilities been provided outside hazard zone?	IAP	<input type="checkbox"/>	
(n)(7)	If response is greater than 6 months, have showers been provided?	IAP	<input type="checkbox"/>	
4. Prepared By:			<b>Form SSP-K: Page 3</b>	

<b>CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET</b>	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: <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 waste they contain, including shipment?			<input type="checkbox"/>	
	(iii) Drums inspected and integrity ensured prior to movement?			<input type="checkbox"/>	
	(iii) Or drums moved to an accessible location (staging area) prior to movement?			<input type="checkbox"/>	
	(iv) Unlabelled drums treated as unknown until properly identified and labeled?			<input type="checkbox"/>	
	(v) Site activities organized to minimize drum handling?			<input type="checkbox"/>	
	(vi) Employers properly warned about the hazards of moving and handling drums?			<input type="checkbox"/>	
	(vii) Suitable overpack drums are available for addressing leaking and ruptured drums?			<input type="checkbox"/>	
	(viii) Leaking materials from drums properly contained?			<input type="checkbox"/>	
	(ix) Are drums that cannot be moved, emptied of contents with transfer equipment?			<input type="checkbox"/>	
	(x) Are suspect buried drums surveyed with underground detection system?			<input type="checkbox"/>	
	(xi) Are soil and covering material above buried drums removed with caution?			<input type="checkbox"/>	
	(xii) Is the proper extinguishing equipment on scene to control incipient fires?			<input type="checkbox"/>	
	(j)(2)(i) Are airlines on supplied air systems protected from leaking drums?			<input type="checkbox"/>	
	(ii) Are employees at a safe distance, using remote equipment, when handling explosive drums?			<input type="checkbox"/>	
	(iii) Are explosive shields in place to protect workers opening explosive drums?			<input type="checkbox"/>	
	(iv) Is response equipment positioned behind shields when shields are used?			<input type="checkbox"/>	
	(v) Are non-sparking tools used in flammable or potentially flammable atmospheres?			<input type="checkbox"/>	
	(vi) Are drums under extreme pressure opened slowly & workers protected by shields/distance?			<input type="checkbox"/>	
	(vii) Are workers prohibited from standing and working on drums?			<input type="checkbox"/>	
	(j)(3) Is the drum handling equipment positioned and operated to minimize sources of ignition?			<input type="checkbox"/>	
	(j)(5)(i) For shock sensitive drums, have all non-essential employees been evacuated?			<input type="checkbox"/>	
	(ii) For shock sensitive drums: is handling equipment provided with shields to protect workers?			<input type="checkbox"/>	
	(iii) Are alarms that announce start/finish of explosive drum handling actions in place?			<input type="checkbox"/>	
	(iv) Are continuous communications in place between the drum handling site & command post?			<input type="checkbox"/>	
	(v) Are drums under pressure properly controlled for prior to handling?			<input type="checkbox"/>	
	(vi) Are drums containing packaged laboratory wastes treated as shock sensitive?			<input type="checkbox"/>	
	(j)(6)(i) Are lab packs opened by trained and experienced personnel?			<input type="checkbox"/>	
	(ii) Are lab packs showing crystallization treated as shock sensitive?			<input type="checkbox"/>	
	(j)(8)(ii-iii) Are drum staging areas manageable with marked access and egress?			<input type="checkbox"/>	
	(iv) Is bulking of drums conducted only after drum contents have been properly identified?			<input type="checkbox"/>	
10. Prepared By:				<b>Form SSP-L:</b>	