

# Site Safety and Health Plan

## Chevron Perth Amboy – Updated 17 Feb 2006

### Table of Forms

FORM NAME	Form	USE	Required	Optional	Attached	updated
Emergency Safety & Response Plan	A	Emergency response phase (uncontrolled)	X		X	<b>16 Feb</b>
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		X	<b>16 Feb</b>
Site Map	C	Post-emergency phase map of site and hazards	X		IAP/SitStat	Daily
Emergency Response Plan	D	Part of Form B, to address emergencies	X		X	<b>16 Feb</b>
Air Monitoring Log	E	To log air monitoring data	X		X	
Personal Protective Equipment	F	To document PPE equipment and procedures	X		X	<b>16 Feb</b>
Decontamination	G	To document decon equipment and procedures	X		X	<b>16 Feb</b>
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	X	
ICS 206, Medical Plan	See Incident Action Plan		X		w/IAP	w/IAP
Attachments:		10. animal/plant hazards	<b>16 Feb</b>			
1. Hydrocarbons/Benzene					Attachments only listed if attached	
2. Cold stress	<b>16 Feb</b>					
3. Signs/Symptoms of Acute Exposure	<b>16 Feb</b>					
4. Record of Safety Briefings						
5. Helicopter Safety	<b>16 Feb</b>					
6. Small Boat Safety	<b>16 Feb</b>					
7. Vehicle Safety	<b>16 Feb</b>					
8. Crew Work-Rest	<b>16 Feb</b>					
9. MSDS sweet crude oil						

\_\_\_\_\_  
FOSC/FOSCR      Date

\_\_\_\_\_  
Safety Officer      Date

\_\_\_\_\_  
SOSC      Date

\_\_\_\_\_  
SOSC      Date

\_\_\_\_\_  
RP      Date

# **Introduction**

## **Chevron Perth Amboy Site Safety Plan**

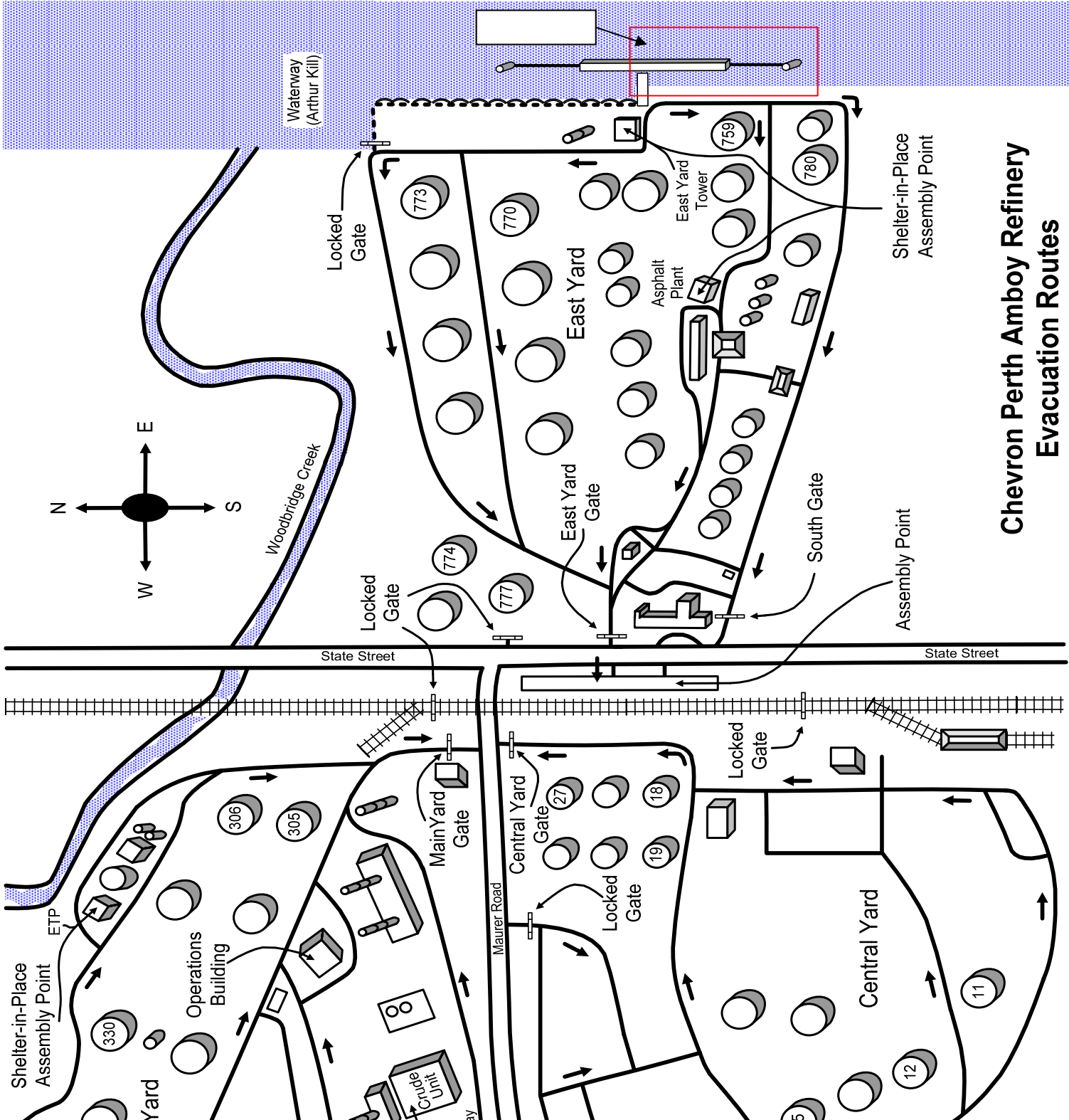
### **Updated 17 Feb 2006**

**Personal safety** of responders and the public is paramount. Do not proceed if the situation is not safe.

#### **Biohazards**

Contamination with biohazards is not expected in this operation. If areas contaminated with sewage or other biohazard sources is necessary, request logistical support or direction from ops. Stay upwind well of any cleanup of biohazards, especially if a pressure washer is in use.

<b>USCG EMERGENCY SAFETY and RESPONSE PLAN</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared 17 Feb 2006	3. Operational Period 0700-0700	4. Attachments: MSDS for Crude Oil (See attachment 14)											
5. <u>Organization</u> I/UC: USCG/NJ DEP/Chevron	Safety: B.Connors 732-738-2141 Group Supv: per IAP	Entry Team: N/A	Backup Team: N/A	Decon Team: N/A											
6. <u>Physical Hazards and Protection</u>	Confined Space <input checked="" type="checkbox"/> Noise <input checked="" type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input checked="" type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify) Flooded Areas														
Tasks & Controls	Entry Permit	Ventilate	Hearing Protection	Shoes steel toe	Hard Hats	warm Clothing	PFD	Work/ Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	Post Guards	Flash Protect	Work Gloves	Other
Flight Operations (pax or observer)			x	x		x	x	12/12	2 cups/hr				x	x	
			x	x	x	x	x	12/12	2 cups/hr					x	
Boom/Absorbent Deployment			x	x	x	x	x	12/12	2 cups/hr					x	
Equipment Staging/demobing			x	x	x	x		12/12	2 cups/hr					x	
Boat Operations			x	x		x	x	12/12	2 cups/hr					x	
7. <u>Agent</u>	<u>Hazards</u>		<u>Target Organs</u>				<u>Exposure Routes</u>		<u>PPE</u>			<u>Type of PPE</u>			
-Sweet Crude oil	Explosive <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Nose <input checked="" type="checkbox"/>	Skin <input checked="" type="checkbox"/>	Ears <input type="checkbox"/>	Inhalation <input checked="" type="checkbox"/>	Face Shield <input checked="" type="checkbox"/>	Safety Glasses or Goggles Rubber/leather Steel toe shoes Tyvek or better Hard hats (as needed) Flight suit, gloves						
Flammable <input type="checkbox"/>		Central Nervous System <input type="checkbox"/>	Absorption <input checked="" type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Fire Resistance <input checked="" type="checkbox"/>										
Reactive <input type="checkbox"/>	Carcinogen <input checked="" type="checkbox"/>	Respiratory <input checked="" type="checkbox"/>	Ingestion <input checked="" type="checkbox"/>	Gloves <input checked="" type="checkbox"/>											
Biomedical <input type="checkbox"/>	Oxidizer <input type="checkbox"/>	Heart <input type="checkbox"/>	Injection <input checked="" type="checkbox"/>	Inner Suit <input type="checkbox"/>											
Toxic <input checked="" type="checkbox"/>	Corrosive <input type="checkbox"/>	Liver <input type="checkbox"/>	Membrane <input checked="" type="checkbox"/>	Splash Suit <input type="checkbox"/>											
	Specify Other:	Kidney <input type="checkbox"/>		UV protection <input type="checkbox"/>											
		Blood <input type="checkbox"/>		insect repellent <input type="checkbox"/>											
		Lungs <input type="checkbox"/>													
		Circulatory <input type="checkbox"/>													
		Other: animal bite													
8. <u>Instruments</u>	Action levels	Chemical Name:	LEL/UEL %	Odor Thresh Ppm	Ceiling/IDLH	STEL/TLV	Flash Point F	Vapor Pressure (mm)	Vapor Density	Specific Gravity	Boiling Point ° F				
O <sub>2</sub> <input checked="" type="checkbox"/>	<19.5 > 20.8	Benzene	1.2 / 7.8		1 ppm	2.5 / 0.5 ppm	12	75 mm	>1	0.88	176				
CGI <input checked="" type="checkbox"/>	10% LEL														
Radiation <input type="checkbox"/>															
Total HCs <input checked="" type="checkbox"/>	15 ppm														
Colorimetric <input checked="" type="checkbox"/>	Detect	Hydrogen Sulfide	4/44	<0.01 ppm	20/700 ppm	15/10 ppm	NA	17.6 atm	>1		-77				
Thermal <input type="checkbox"/>	Benzene														
Other: H <sub>2</sub> S <input checked="" type="checkbox"/>	5 ppm														



# Chevron Perth Amboy Refinery Evacuation Routes

## Refinery Emergency Phone Numbers

### When Using Refinery Phones Only Use Last Four Digits

State type of emergency (fire, first aid, etc.) and location of emergency

For any emergency, evacuate to a safe upwind location

Crude Unit .....732-738-2032                      Control Tower ..... 732-738-2256

East Yard Gate.....732-738-2072                      Scale House..... 732-738-2101

Facility Security Officer ..... 732-738-2294                      Incident Command Center....732-738-2141

---

### Refinery Rules for Visitors/Contractors

- You must have a valid driver's license to drive within the refinery
- Speed Limit 20 mph, seat belts are required
- Hard hats, safety glasses with side shields, fire retardant clothing with long sleeves must be worn at all times in operating areas
- No Smoking (except in designated areas)
- All visitors/contractors must sign into refinery daily
- All authorized vehicles require a vehicle pass. Passes must be returned to the Guard at the end of the authorized time period
- When entering and leaving an operating area you must contact the area Head Operator/Operator
- Work permits are required before performing work
- All Hot Work or ignition sources require a permit
- You have the right to stop any work you deem it unsafe (report it)
- Report all near misses or incidents immediately
- All injuries and property damage must be reported
- Drugs, alcohol, and weapons are not permitted
- Chevron reserves the right to search all vehicles and belongings
- Yellow-lined areas warn of chemical hazards
- Follow housekeeping rules and keep work areas clean
- When in doubt contact any Chevron employee, your Contractor Foreman, or your Chevron Company Representative

<b>EMERGENCY SAFETY and RESPONSE PLAN</b>	1. Incident Name Chevron Perth Amboy		2. Date/Time Prepared 17 Feb 06		3. Operational Period 0700-0700		4. Attachments:								
5. <u>Organization</u> I/UC: USCG/LA SOSC	Safety: B.Connors 732-738-2141 Group Supv: PER IAP		Entry Team: N/A		Backup Team: N/A		Decon Team: N/A								
6. <u>Physical Hazards and Protection</u>	Confined Space <input checked="" type="checkbox"/> Noise <input checked="" type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input checked="" type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify) Flooded Areas														
Tasks & Controls	Entry Permit	Ventilate	Hearing Protection	Shoes Steel toe	Hard Hats	Protective Clothing	PFD	Work/ Rest (hrs)	Fluids (amt/time)	Signs and Barricade	Fall Protect	Post Guards	Flash Protect	Work Gloves	Other
Observing crane/Barge/Heavy Equipment Ops			x	x	x		x	12/12	4 cups/hr					x	
Oil Sampling			x	x		x	x	12/12	4 cups/hr					x	
7. Agent	Hazards			Target Organs			Exposure Routes		PPE		Type of PPE				
-Unknowns -Fuel Oil -Sweet Crude (Benzene)	Explosive <input checked="" type="checkbox"/> Flammable <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Biomedical <input checked="" type="checkbox"/> Toxic <input checked="" type="checkbox"/>	Radioactive <input type="checkbox"/> Carcinogen <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Specify Other:	Eyes <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Ears <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Respiratory <input checked="" 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:	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Face Shield <input type="checkbox"/> Eyes <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Inner Suit <input type="checkbox"/> Splash Suit <input type="checkbox"/> UV protection <input type="checkbox"/> insect repellent <input checked="" type="checkbox"/>  Fire Resistance <input checked="" type="checkbox"/>	Safety Glassess or Goggles Nitrile and work Steel toe shoes Hard hats (as needed) Sunscreen, Wide brim hat Spray, cream, or liquid  Flight suit, gloves									
8. <u>Instruments</u>	Action Levels <19.5 > 20.8 % 10% LEL 15 ppm 5 ppm	Chemical Name:  Benzene  Hydrogen Sulfide	LEL/UEL % 1.2 / 7.8 4/44	Odor Thresh Ppm  <0.01 ppm	Ceiling/IDLH 1 ppm 20/700 ppm	STEL/TLV 2.5 / 0.5 ppm 15/10 ppm	Flash Point F 12 NA	Vapor Pressure (mm) 75 mm 17.6 atm	Vapor Density >1 >1	Specific Gravity 0.88	Boiling Point ° F 176 -77				

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

See previous pages for Chevron map  
 See Sit Stat for maps of area and updated pictures of work sites.

- See Medical Plan (ICS 206-CG) for medical locations. Ensure medical monitoring programs in place where applicable.
- Personnel working in remote locations that require medical evacuation must contact ICP at 732-738-2141. See Medical Plan (ICS 206-CG) for details.

11. <u>Decontamination:</u> Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input checked="" type="checkbox"/> Suit/Gloves/Boot Disposal <input checked="" type="checkbox"/>	Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify: dry sorbent wipe	Work clothes removal <input checked="" type="checkbox"/>	Intervening Steps <input type="checkbox"/> Specify:
---	--	--	--

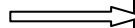
12. <u>Potential Emergencies:</u> Fire <input checked="" type="checkbox"/> Explosion <input type="checkbox"/> Other <input checked="" type="checkbox"/> security/riots	Evacuation Alarms: Horn <input checked="" type="checkbox"/> # Blasts <input checked="" type="checkbox"/> Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: 3 blasts or more to alarms others	Emergency Prevention and Evacuation Procedures: Take most direct route away from the work area, use any west leading roadway to exit Chevron facility (see handout cards) Safe Distance 1000 feet. Responders on scene must evaluate the situation and evaluate where risks exist. Before entering and commencing work, ensure an escape route is accessible. Evacuate upwind if possible
---	--	---

13. <u>Communications:</u> Radio? <input checked="" type="checkbox"/> Phone? <input checked="" type="checkbox"/>	Command x2141	Tactical #:	Entry #:
--	---------------	-------------	----------

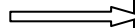
14. <u>Site Security</u> Personnel Assigned A. Allan	Procedures: Extra guards on site to monitor area of work and available to accompany emergency personnel to the spill site.	Equipment: Truck and radio
--	--	----------------------------

15. <u>Emergency Medical:</u> EMT/Local 911	Procedures: Notify ICC at 2141, call 911, have guard meet emergency response at East Yard Gate	Equipment: Truck and radio
--	--	----------------------------

16. <u>Prepared by:</u> R. Hemp/T. Depko/B. Connors	17. <u>Date/Time Briefed:</u>	<b>Form SSP-A:</b> Page 3 of 3
--	-------------------------------	-----------------------------------

<b>CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared 17 Feb 06	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) B.Connors 732-738-2141
5. Supervisor/Leader	6. Location and Size of Site Southern Arthur Kill/NJ/Staten Island	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Comments: Flooding	8. For Emergencies Contact: 911	9. Attachments:
10. Job Task/Activity	Hazards* 	Potential Injury and Health Effects	Exposure Routes	<u>Controls</u> : Engineering, Administrative, PPE. Underlined controls optional unless situation dictates
SCAT (terrestrial)	Weather, slips, trips, falls, /cold stress, fatigue, motor vehicle, oil absorption (skin)	Ambulatory, short-term injury, and long-term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: <u>PFDs</u> , boots, <u>gloves, hard hats, and hearing protection</u> . Utilize <u>rain gear/Tyvek</u> /warm clothing, ensure proper footing, drink plenty of fluids to maintain hydration, ensure rest periods in accordance with this plan, use seat belts while in motor vehicles.
Vac Truck operations	Loud noise caused by truck; ergo hazards from tending skimmer; slips/trips, drowning; cold; dermal contact w/oil	Hearing loss if exposure is prolonged	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: <u>PFDs</u> , boots, gloves, hard hats, and hearing protection. Utilize <u>rain gear/Tyvek</u> /warm clothing. ensure proper footing, drink plenty of fluids to maintain hydration, ensure rest periods in accordance with this plan, use seat belts while in motor vehicles; avoid awkward lifting;
Barge skimmer operations	Fall in water, exposure to oil (skin contact), exposure to cold atmosphere	Drowning, exposure to cold water, cold stress	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> Immersion <input checked="" type="checkbox"/>	Utilize proper PPE including: <u>PFDs</u> , boots Tyvek coveralls, hard hats, and hearing protection. Utilize <u>rain gear</u> /warm clothing . rubber gloves with liners if needed and, provide life rings on skimmer
Boat Operations	Weather, cold water, drowning, slips, trips, falls, cold stress, fatigue, noise, oil absorption (skin)	Ambulatory, short-term injury, and long-term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: PFD's, boots, <u>suits</u> , <u>gloves, hard hats</u> , hearing protection. Utilize <u>rain gear</u> . ensure proper footing, drink plenty of fluids to maintain hydration, and ensure rest periods in accordance with this plan. (Also, see Contractor ops specific plan(s))
11. Prepared By: R. Hemp/T. Depko/B. Connors	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 1 of _2



<b>CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared 17 Nov 06	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) B.Connors 732-738-2141
5. Supervisor/Leader	6. Location and Size of Site Southern Arthur Kill/NJ/Staten Island	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Comments: Flooding	8. For Emergencies Contact: 911	9. Attachments:
10. Job Task/Activity	Hazards* 	Potential Injury and Health Effects	Exposure Routes	<u>Controls</u> : Engineering, Administrative, PPE. Underlined controls optional unless situation dictates
Heavy excavation	Weather, overhead hazards, heavy equipment, vehicle traffic, slips/trips/falls, thermal stress, fatigue, noise, crushing from heavy machinery, drowning	Ambulatory, short-term injury, and long term damage requiring hospitalization.		Utilize proper PPE including: <u>PFD's</u> , boots, gloves, hard hats, safety glasses, <u>fall protection</u> and <u>protective work suits</u> . Utilize <u>rain gear</u> , ensure proper footing, drink plenty of fluids to maintain hydration, and ensure proper rest periods in accordance with this plan. Nonessential personnel stay clear. <u>Provide structure or vehicle for warm breaks as temperature dictates</u>
Flight operations	Noise, drowning, aircraft hazards	Hearing loss, death, burns		<u>Double hearing protection</u> , [fire-resistant coveralls mandatory for CG personnel, optional for other employers), aircraft-approved PFD.
Manual shoveling	Fall in water, exposure to oil (skin contact), exposure to cold atmosphere, ergo hazards, slips/trips	Drowning, exposure to cold water, exposure to cold temperatures, back injury	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> Immersion <input checked="" type="checkbox"/>	PPE – provide warm clothing for work, provide rubber gloves and Tyvek coveralls as needed, provide life rings and PFDs as required. Use safe lifting. <u>Provide structure or vehicle for warm breaks as temperature dictates</u>
Shore-based skimming	Fall in water, exposure to oil (skin contact), exposure to cold atmosphere, rotating machinery	Drowning, exposure to cold water, exposure to cold temperatures, amputation	Inhalation <input type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> Immersion <input checked="" type="checkbox"/>	PPE – provide warm clothing for work, provide rubber gloves and Tyvek coveralls as needed, provide life rings and PFDs as required. Use safe lifting. Keep clear of rotating machinery. <u>for sufficient breaks during cold temperatures in a warm, dry area.</u>
Boat/Boom/Equipment Decontamination	Inhalation and contact of oily mist, dermatitis, fire/explosion, weather, slips, trips, falls, heat/cold stress, fatigue, oil absorption (skin), noise, drowning from boat ramp activity	Ambulatory, short-term injury, and long-term damage requiring hospitalization	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>	Stay upwind. Use proper PPE including: boots, <u>suits</u> , <u>goggles</u> , <u>face shields</u> , <u>gloves</u> , <u>hard hats</u> , <u>first aid kits</u> , <u>ABC type fire extinguishers</u> and <u>eye wash stations</u> . Utilize rain gear, ensure proper footing, drink plenty of fluids to maintain hydration, and ensure proper rest periods in accordance with this plan. (Also, see Contractor Decontamination Plan(s)). . <u>Provide structure or vehicle for warm breaks as temperature dictates</u>
11. Prepared By: R. Hemp/T. Depko/B. Connors	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 2 of _2

10. Sketch of Site:

See Sit Stat for maps of area and updated pictures of work sites.

- See Medical Plan (ICS 206-CG) for medical locations. Ensure medical monitoring programs in place where applicable.
- Personnel working in remote locations that require medical evacuation must contact ICC @ 732-738-2141 and call 911 See Medical Plan (ICS 206-CG) for details.



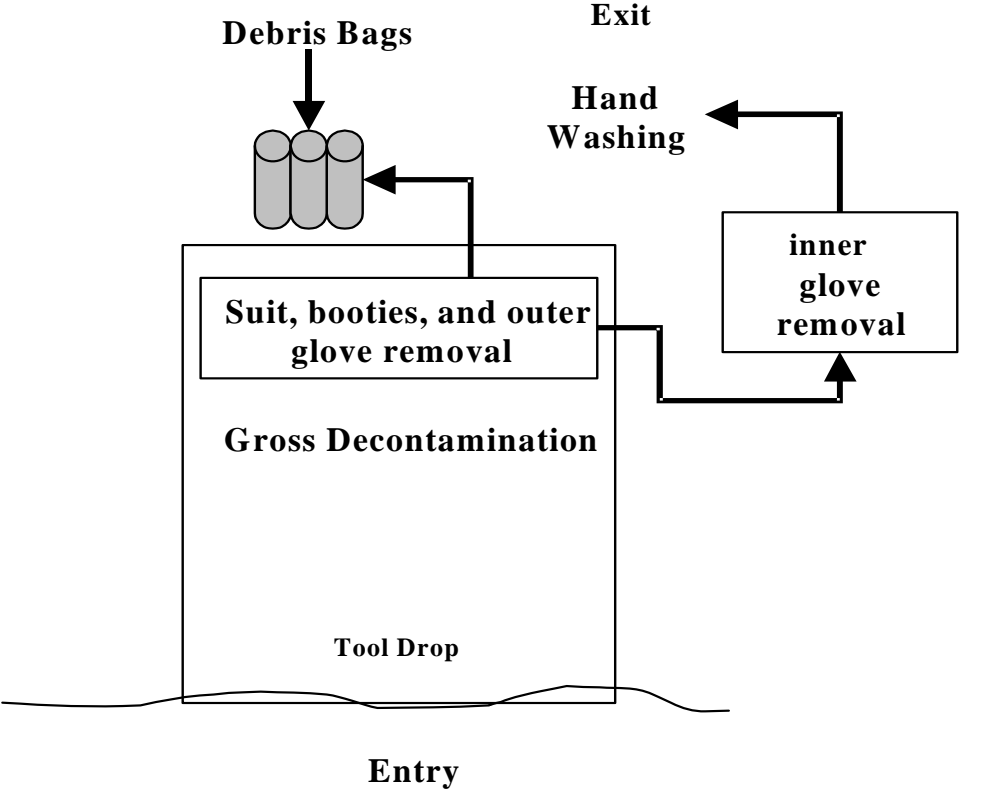
(North is up)

11. Prepared By: R. Hemp/T. Depko/B. Connors	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 1 of 1
--	------------------------	---	-----------------------------------

<b>CG ICS SSP: EMERGENCY RESPONSE PLAN</b>	1. Incident Name PA Crude Oil Spill 02/13/06	2. Date/Time Prepared 17 Feb 06	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) B. Connors 732-738-2141
5. Supervisor/Leader	6. Location and Size of Site Southern Arthur Kill/NJ/Staten Island	7. For Emergencies Contact: ICC 2141 Or 911		8. Attachments: <b>INCLUDE ICS FORM 206 and EMT Medical Response Procedures</b> : Notify ICC at 2141, call 911, have guard meet emergency response at East Yard Gate
9. Emergency Alarm (sound and location) Check at individual locations	10. Backup Alarm (sound and location) Car or Air Horn Blasts	11. Emergency Hand Signals Personnel shall enter area upon hand signals prior to the start of operations.	12. Emergency Personal Protective Equipment Required:	
<b>13. Emergency Notification Procedures:</b>		<b>14. Places of Refuge: see chevron map in SSP</b>	<b>15. Emergency Decon and Evacuation Steps:</b>	<b>16. Site Security Measures:</b>
<ul style="list-style-type: none"> <li>Notify ICC at 2141</li> </ul> ICC call 911 and report nature of the emergency		Designate Primary and Secondary at individual locations, such as Facility entrance security gate.  When traveling to the assembly point, all personnel should exercise caution and note the wind direction. Travel either upwind or at right angle to the wind direction to avoid hazards such as smoke or vapor clouds. Never try to travel through smoke, spilled materials, or fire.  Shelter in place if "Shelter in Place" is announced.	Alarm is sounded  Evacuate immediately to the appropriate assembly point  Energize any intrinsically safe air monitoring instruments.  Cease any vehicle traffic  Supervisors are responsible for personnel under their supervision  Conduct personnel accountability  provide first aid if needed  Any individual contaminated will be decon by rinsing with copious amounts of water	<ul style="list-style-type: none"> <li>Guards will secure gates and limit access</li> </ul> Roving guard will escort emergency response to work area.
17. Prepared By:  R. Hemp/T. Depko/B. Connors	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 1 of 1

<b>CG ICS SSP: AIR MONITORING LOG</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared 17 Feb 06	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) B.Connors 732-738-2141	
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:	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			<b>Form SSP-E:</b> Page            of	

<b>CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared 17 Feb 06	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) B. Connors 732-738-2141
5. Supervisor/Leader	6. Location and Size of Site Southern Arthur Kill/NJ/Staten Island	7. Hazards Addressed: Crude Oil (sweet)		8. For Emergencies Contact: 911 or the Safety Officer
9. Equipment:	Much of this PPE is not required for duties of CG personnel. If it is necessary to wear chemical protective clothing (i.e. Tyvek), see blocks 11-14. Use this guide to ensure safety of contractors.			10. References Consulted:
Steel Toe Boots	Boot Covers	Gloves, Work		
Hard hats if overhead hazards	Protective Clothing	Personal Flootation devices near water	Nomex coveralls when required by facility	
Hearing Protection	Safety Glasses/Goggles	Gloves, Chemical (nitrile or neoprene)	Cranials, flight suits, nomex gloves	
11. Inspection Procedures:  Inspect for defects of the equipment:  <ul style="list-style-type: none"> <li>- Rips</li> <li>- Tears</li> <li>- Worn surfaces</li> <li>- Punctures</li> <li>- Scratches</li> <li>- Soiled</li> </ul> Exposed skin should be protected from contact with contaminants.	12. Donning Procedures:  Follow manufacturers instructions.	13. Doffing Procedures:  Remove items in a manner to minimize the spread of contamination.  Dispose of used and contaminated items in an approved container.  See Decon Plan	14. Limitations and Precautions (include maximum stay time in PPE):  Periodic breaks shall be taken to allow workers to wram up/cool down, hydrate, and use the restroom.	
15. Prepared By: R. Hemp/T. Depko/B. Connors	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 1 of 1

<b>CG ICS SSP: DECONTAMINATION</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared 17 Feb 06	3. Operational Period 0700-0700	4. Safety Officer (include method of contact) B.Connors 732-738-2141
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact: 911		8. Hazard(s) Addressed:
9. Equipment:				10. References Consulted:
Hand washing Station	Bags for debris	Absorbent Carpeting over impervious material	Soap, Detergents	
Buckets	Sorbent Pads	Brushes, Rakes	First Aid Kits	
11. Contamination Avoidance Practices: <ol style="list-style-type: none"> <li>1. Wear all proper PPE</li> <li>2. Replace damaged PPE</li> <li>3. Proper decon</li> <li>4. Minimize the spread of decon materials</li> </ol>	12. Decon Diagram (oil) 			13. Decon Steps <ol style="list-style-type: none"> <li>1. Roll down protective suit</li> <li>2. Dispose of suit</li> <li>3. Remove protective booties</li> <li>4. Dispose of booties</li> <li>5. Remove PVC Gloves</li> <li>6. Remove safety glasses</li> <li>7. Decontaminate glasses</li> <li>8. Remove nitrile gloves</li> <li>9. Dispose of nitrile gloves</li> <li>10. Wash hands &amp; face</li> </ol>
14. Prepared By: R. Hemp/T. Depko/B. Connors	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		<b>Form SSP-G:</b> Page 1 of 1

<b>CG ICS SSP: ENFORCEMENT LOG</b>	1. Incident Name Chevron Perth Amboy	2. Date/Time Prepared	3. Operational Period 0700-0700	4. Safety Officer (include method of contact)	
5. Supervisor/Leader	6. For Emergencies Contact: 911			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 Emergency Response Plan 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	[4]	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	[4]	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	[4]	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	[4]	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-J: Page 4 of 4</b>	

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard <b>Products containing Hydrocarbons/Benzene</b>		2. Divisions/Groups/Units affected: Pollution		3. Job Tasks Involving Hazard: Contractor oversight/monitoring	
Medical Condition	Action Level	Reference	Signs, Symptoms & Potential Health Effects	Exposure Route	<u>Controls:</u> Engineering, Administrative, PPE	Medical Response
Cancer			Bone marrow depression, Abnormal blood counts, Cancer of the blood (leukemia), incapacitating illness & death	Inhalation <b>X</b> Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Avoid Contact</li> <li>- Avoid confined &amp; tight spaces</li> <li>- Keep upwind</li> <li>- Air monitoring</li> <li>- Chem resistant clothing</li> <li>- Avoid areas &gt; TLV</li> </ul>	- Test blood & urine for phenol per OMSEP protocol
Dermatitis			Reddening of the skin, benzene is a suspected skin carcinogen Drying/cracking of skin	Inhalation Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Avoid Contact</li> <li>- Keep upwind</li> <li>- Wear chemical resistant gloves &amp; clothing</li> <li>- Wash frequently</li> </ul>	- Wash skin & exposed areas with soap and water
Eye Irritation			Red eye, weeping eye, blurry vision	Inhalation Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Avoid Contact</li> <li>- Keep upwind</li> <li>- Wear safety glasses</li> <li>- High splash zone: wear chemical resistant goggles</li> </ul>	- Flush eyes with water
Central Nervous System Effect			Giddiness, headache, nausea, staggered gait, fatigue -	Inhalation <b>X</b> Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Avoid contact, &amp; confined/tight spaces</li> <li>- Keep upwind</li> <li>- Air monitoring</li> <li>- Chem resistant clothing</li> </ul> Avoid areas > TLV	- Test blood & urine for phenol (benzene) per OMSEP protocol
Respiratory Irritant			Irritation of nose, throat and lungs	Inhalation <b>X</b> Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Avoid confined &amp; tight spaces</li> <li>- Keep upwind</li> <li>- Air monitoring</li> <li>- Chem resistant clothing</li> </ul> Avoid areas > TLV	- Test blood & urine for phenol (benzene) per OMSEP protocol
4. Prepared by:  R. Hemp/T. Depko/B. Connors	5. Date/time briefed:		<b>Last Update:</b>		<b>SSP-Attach 1: Hydrocarbons/Benzene</b>	

<b>CG ICS SSP SPECIFIC HAZARD ATTACHMENT</b>	1. Hazard Cold Stress Attachments:		2. Divisions/Groups/Units affected:  Field Response		3. Job Tasks Involving Hazard:  Skimming, booming, removal, pressure wash, assessment, decontamination, security	
Medical Condition	Action Level	Reference	Signs, Symptoms & Potential Health Effects	Exposure Route	<b>Controls:</b> Engineering, Administrative, PPE	Medical Response
Hypothermia	Minimize exposure	NIOSH: Working in Cold Environments	Pain in extremities Uncontrollable shivering Reduced core temperature Cool skin Rigid muscles Slowed heart rate Weakened pulse Low blood pressure Slow irregular breathing Slurred speech Drowsiness Incoherence Uncoordination Diminished dexterity Diminished judgement	Inhalation Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Reduce manual work load</li> <li>- Ensure workers drink plenty of water</li> <li>- Establish warm locations for breaks</li> <li>- Establish work &amp; rest regimens</li> <li>- Establish shelters, canopies or other devices to reduce wind effect</li> <li>- Minimize sitting still or standing around</li> <li>- Ensure proper sleep</li> <li>- Ensure proper diet</li> <li>- Ensure right balance of protective clothing</li> <li>- Ensure workers are not overheated by clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Remove victim from wind, snow &amp; rain</li> <li>- Minimize use of energy</li> <li>- Keep person awake</li> <li>- Remove wet clothing</li> <li>- Get into dry clothing</li> <li>- Wrap blanket around</li> <li>- Pack neck, groin, armpits with warm packs or towels</li> <li>- Give sweat warm drinks</li> <li>- Remove person to medical facility</li> </ul>
Frostbite	Minimize exposure	NIOSH: Working in Cold Environments	Whitened areas of skin Burning sensation at first Blistering Affected part; cold, numb & tingling	Inhalation Absorption <b>X</b> Ingestion Injection Membrane _____	<ul style="list-style-type: none"> <li>- Ensure proper diet</li> <li>- Ensure right balance of protective clothing</li> <li>- Ensure workers are not overheated by clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Cover frozen part</li> <li>- Provide extra clothing &amp; blankets</li> <li>- Place affected part in warm water or with warm packs</li> <li>- If no pads, wrap in blanket</li> <li>- Discontinue warming when part becomes flushed and swollen</li> <li>- Exercise part after warming, but place no pressure on it</li> <li>- Give sweet warm fluids</li> <li>- Do not rub part with anything</li> <li>- Do not use hot heating devices on part</li> <li>- Obtain medical assistance</li> </ul>
4. Prepared by: R. Hemp	5. Date/time briefed:		<b>Last Update: 5/22/17</b>		<b>SSP-Attach 2: Cold Stress Page 1 of 2</b>	

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard Cold Stress Attachments:	2. Divisions/Groups/Units affected: Field Response			3. Job Tasks Involving Hazard: All outdoor tasks	
Medical Condition	Action Level	Reference	Signs, Symptoms & Potential Health Effects	Exposure Route	Controls: Engineering, Administrative, PPE	Medical Response
Chilblain	Minimize exposure	NIOSH: Working in Cold Environments	Recurring localized itching Swelling, painful inflammation of fingers, toes, or ears Severe spasms	Inhalation Absorption <b>X</b> Ingestion Injection Membrane	<ul style="list-style-type: none"> <li>- Reduce manual work load</li> <li>- Ensure workers drink plenty of water</li> <li>- Establish warm locations for breaks</li> <li>- Establish work &amp; rest regimens</li> <li>- Establish shelters, canopies or other devices to reduce wind effect</li> <li>- Minimize sitting still or standing around</li> <li>- Ensure proper sleep</li> <li>- Ensure proper diet</li> <li>- Ensure right balance of protective clothing</li> <li>- Ensure workers are not overheated</li> </ul>	<ul style="list-style-type: none"> <li>- Remove to warmer area</li> <li>- Consult physician</li> </ul>
Frostnip	Minimize exposure	NIOSH: Working in Cold Environments	Skin turns white	Inhalation Absorption <b>X</b> Ingestion		<ul style="list-style-type: none"> <li>- Remove to warmer area</li> <li>- Refer to treatment for frost bite</li> </ul>
Acrocyanosis	Minimize exposure	NIOSH: Working in Cold Environments	Hands and feet are cold, blue and sweaty	Inhalation Absorption <b>X</b> Ingestion		<ul style="list-style-type: none"> <li>- Remove to warmer area</li> <li>- Loosen tight clothing</li> <li>- Consult physician</li> </ul>
Trench Foot	Minimize exposure	NIOSH: Working in Cold Environments	Swelling of the foot Tingling, itching Severe pain Blistering	Inhalation Absorption <b>X</b> Ingestion		<ul style="list-style-type: none"> <li>- Remove to warmer area</li> <li>- Refer to treatment for frost bite</li> <li>- Consult physician</li> </ul>
Raynaud's Disease	Minimize exposure	NIOSH: Working in Cold Environments	Fingers turn white & stiff Intermittent blanching & reddening of fingers and toes Affected areas tingle & becomes very red or reddish purple	Inhalation Absorption <b>X</b> Ingestion Injection Membrane		<ul style="list-style-type: none"> <li>- Remove to warmer area</li> <li>- Consult physician</li> </ul>
4. Prepared by: R. Hemp/T. Depko/B. Connors	5. Date/time briefed:		<b>Last Updated: 5/22/17</b>		<b>SSP-Attach 2: Cold Stress Page 2 of 2</b>	

<b>CG ICS SSP LOG/RECORD OF SAFETY BRIEFINGS ATTACHMENT</b>	1. Incident Name	2. Site Location:	3. Site Supervisors: Various	
4. Type of Briefing	5. Presented by:		6. Date	7. Time
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
Start Shift [ ]      Pre-Entry [ ] Exit [ ]              End of Shift [ ] Specify Other:				
<b>Last Updated:</b>			<b>SSP-Attach 4: Record of Safety Briefings</b>	



CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard <b>Helicopter Operations</b>	2. Helicopter Location Local designated Helo	3. Emergency contacts: Safety Officer 732-738-2141 Air Ops Branch
<b>Activity</b>	<b>Safe Work Practice</b>		<b>4. Checked [3]</b>
Pre-boarding	- Pilots will give a helicopter safety brief prior to every flight. It is the passenger's job to know their duties, responsibilities and helicopter emergency procedures. If anything is unclear, the passenger shall ask for clarification before entering the helicopter.		
	- Know location of emergency equipment		
	- Know water landing procedures		
	- Smoking is NOT allowed on the flightline or near fuel trucks at any time		
	- hats, loose fitting clothing / gear removed at minimum 100 ft away		
Approaching and Exiting Helicopter	- Eye protection and hearing protection shall be worn on flightline whenever helicopters are running and blades turning		
	- Approach or depart only when signaled by pilot		
	- Approach from front (approx 10 o'clock or 2 o'clock position) in clear view of pilot		
	- follow pilot instructions and/or ground marshal instructions when exiting the flightline.		
	- Never walk near tail blade / boom		
	- Do not put anything in the cargo compartment without the pilot's permission		
	- Approach/depart in crouching position if rotors turning		
	- When available, flight suits, cranials, and nomex gloves shall be worn		
	- Personnel frequently dispatched on single engine fixed wing or helicopter flight beyond emergency landing distance from land shall complete basic water survival (to include swim test, hands-on equipment training, and review of egress principles/obstacles) and Egress Breathing Device/Shallow Water Egress Training (SWET) training		
	- Personnel trained to use HEEDS bottles shall wear a HEEDS-equipped PFD if available. Others Don inflatable PFD (avail. from pilot) due to likelihood of flight over water.		
- Once outside the rotor arc, immediately depart the flight line. Do not go near other aircraft, which may start without warning.			
- Do not approach or depart when rotor is slowing down or speeding up (due to increased droop of blades when not near full speed). Listen for change in pitch.			
Onboard Helicopter/Helicopter Startup	- Wear seatbelts/harnesses		
	- Ground crew & other persons maintain minimum 50 ft from operating helo		
	- Well before flight, request instructions from pilot on how/when to communicate with pilot in flight		
	- Be alert for air traffic, ground traffic, and ground obstacles to assist pilot		
5. Prepared by: R. Hemp	6. Date/time briefed:	<b>Last Updated:</b>	<b>SSP-Attach 5: Helicopter Safety</b>

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard <b>Small Boat Operations</b>	2. Small Boat Unit Assignment	3. Emergency contacts: Safety Officer: 732-738-2141	
<b>Activity</b>		<b>Safe Work Practice</b>		<b>4. Checked [x]</b>
Pre-boarding		Passengers/BT receive safety brief from boat crew operators		
		Know location of emergency equipment		
		Verify contact w/emergency services		
		Verify comms plan with coordinating vessels & shore units		
		Ensure appropriate number of PFDs for crew and anticipated passengers		
		Direct passengers to location of safe seating		
		If loaded more fully than usual, brief effects on boat handling/performance		
		Ensure proper footwear for maintaining adequate boat deck contact		
		Ensure equipment on boat is distributed evenly to ensure stability		
		Ensure sun protection is available (glasses, and sun screen)		
		Ensure extra food & water available for beyond expected duration of operation.		
		Ensure first aid kits, fire extinguishers		
		Remain seated whenever possible. Keep low in the boat.		
		Ensure boat is able to maintain direct contact visually or by radio		
		Boat Operations		Stay clear of lines being used for mooring
Boat Operations		Do not disembark with bulky or heavy equipment, get assistance		
		Keep passengers seated until lines are made fast		
Boat mooring and egress		Survey site carefully on approach. Beware criminal activity and debris		
5. Prepared by: R. Hemp	6. Date/time briefed:	<b>Last updated:</b>	<b>SSP-Attach 6: Small Boat Safety</b>	

CG ICS SSP SPECIFIC HAZARD ATTACHMENT	1. Hazard <b>Vehicle Operations:</b>	2. Vehicle Unit Designator	3. Emergency contacts: Safety Officer: 732-738-2141
<b>Activity</b>	<b>Safe Work Practice</b>		<b>4. Checked [3]</b>
Before driving	- Ensure tires are inflated		
	- Ensure gas cap is in place & tight		
	- Ensure front hood and trunk are secured		
	- Ensure spare tire is in good condition		
	- Locate tire changing equipment		
	- Locate emergency road kit		
	- Check headlights, brake, emergency, turn signals and parking lights		
	- Adjust side mirrors		
	- Adjust review mirrors		
	- Ensure horn is in working order		
	- Ensure seat belts fasten		
	- Ensure sunglasses are available		
	- Locate operating switches for lights, wipers, temperature control, defroster		
	- Ensure adequate directions to destination are available		
	- Check to ensure driving route avoids high crime areas		
	- Have any change required for tolls readily available		
	- Ensure adequate fuel (keep half full during emergencies)		
	- Know route before departure		
Vehicle Operations	- After ignition, look for warning lights.		
	- Test braking system		
	- Obey all traffic signs and speeds		
	- Do not drive if hearing, sight or appendages are impaired		
	- Take frequent breaks; once every 100 miles		
	- During breaks, if sleeping, park in lighted lot and keep doors locked		
	- Do not drive if tired, on medication, or under influence of alcohol		
	- Monitor traffic reports for accidents, weather and construction		
	Have passenger handle any cellular calls vice driver		
Other Precautions	- Replace wipers if necessary		
	-		
	-		
	-		
	-		
5. Prepared by: R. Hemp	6. Date/time briefed:	<b>Last Updated:</b>	<b>SSP-Attach 7: Vehicle Safety</b>

## Attachment 8: Crew Work-Rest Cycle for Pollution Responders

All efforts will be made to ensure safe working conditions by limiting hours worked by Command post and field responders

A crew work day should not exceed 14 hours including commute time. Ten hours of rest with seven to eight hours sleep is usually sufficient. Although deviations may occur from time to time, all care should be taken to ensure this guideline is paid heed. Work exceeding 14-hour shifts may cause insufficient rest-recovery time for personnel and result in fatigue. Fatigue can result in injury, unclear thinking, poor management, diminished production and loss of situational awareness. Sleep loss leads to decreased human performance and a worsening mood. This includes degradation in physical, psychomotor, and mental performance; decision-making, response time, judgment, hand-eye coordination, and other skills.

The number of hours that individuals work is established by the Ops Section Chief. The Site Safety Officer and Medical Unit Leader will advise the Incident Commander on operational work/rest periods as determined by medical monitoring and environmental conditions. However, Incident Commanders have the authority to waive this guideline on a case by case basis.

During response in cold weather conditions, with wind chill  $<35^{\circ}$  F or where physical activity is high, it is the responsibility of all unit leaders to ensure members are being adequately hydrated and protected from cold before, during, and after work. It is the responsibility of the member/responder to notify their supervisor when their fatigue limits have been reached. Supervisors are encouraged to allow for time to allow personnel to perform tasks such as laundry, grocery shopping and other housekeeping tasks.

### Guidelines:

1. All personnel need to start their demobilization sheet 48 hours prior to checkout.
2. Personnel should be afforded a day off if possible or two week TDY rotations should be considered.
3. Eight hours of rest should be afforded all traveling members prior to their departure time.

<b>CG ICS SSP SPECIFIC HAZARD ATTACHMENT</b>	1. Hazard Animal Hazards Additional Attachments:	2. Divisions/Groups/Units affected:  Field Response		3. Job Tasks Involving Hazard:  Skimming, booming, removal, assessment, security
Hazard Type	Potential Sources	Signs & Symptoms	Control	Medical Treatment
Mammal Bites	Dogs, Cats Skunks, Raccoons Foxes, Possums	<ul style="list-style-type: none"> <li>-Pain &amp; tenderness of wound</li> <li>-Redness, heat, swelling</li> <li>-Puss under the skin</li> <li>-Red streaks around wound</li> <li>-Swollen lymph nodes in arm pits, groin &amp; neck</li> </ul>	<ul style="list-style-type: none"> <li>- Recon area prior to work &amp; identify nests &amp; habitats</li> <li>- Identify animals &amp; any unusual behavior</li> <li>- Relocate animals if necessary using wildlife experts</li> <li>- Report rabid animals to local wildlife authorities</li> <li>- Obtain emergency bite kits</li> </ul>	<ul style="list-style-type: none"> <li>- Get medical attention ASAP to address infection</li> <li>- Ensure tetanus shot is updated</li> <li>- Interview individual to determine appearance/disposition of animal</li> <li>- Control serious bleeding</li> <li>- Apply pressure using gauze pad, tourniquets are inadvisable</li> <li>- Wash before touching wound</li> <li>- Wear rubber gloves when treating victim</li> <li>- Wash wounds that are not bleeding heavily</li> <li>- Cover with clean dressing and bandage</li> </ul>
		<p style="text-align: center;"><b>Rabies</b></p> <ul style="list-style-type: none"> <li>-Drooling</li> <li>-Irritability</li> <li>-Strange, abnormal behavior</li> </ul>		<ul style="list-style-type: none"> <li>- Get medical assistance immediately</li> <li>- If others are able to safely capture the animal, request that it be tested for rabie</li> </ul>
Snake Bites	Coral Snakes Water Moccasins Rattle Snakes Pit Vipers (None expected in op area)	<p style="text-align: center;">Some or all of these symptoms may be present:</p> <ul style="list-style-type: none"> <li>-Fang marks</li> <li>-Swelling, discoloration, pain</li> <li>-Heat around fang marks</li> <li>-Weakness, sweating, faintness, shock</li> </ul> <p><u>Coral snake:</u></p> <ul style="list-style-type: none"> <li>-Respiratory paralysis</li> <li>-Bizarre behavior</li> <li>-Unusual eye movement</li> </ul>	<ul style="list-style-type: none"> <li>- Recon area prior to work &amp; identify nests &amp; habitats</li> <li>- Place locations on SSP map</li> <li>- Identify animals &amp; any unusual behavior</li> <li>- Relocate animals if necessary using wildlife experts</li> <li>- Report aggressive animals to local wildlife authorities</li> <li>- Obtain emergency bite kits</li> </ul>	<ul style="list-style-type: none"> <li>- Get medical attention ASAP</li> <li>- Ensure tetanus shot is updated</li> <li>- Interview individual to determine appearance/disposition of snake</li> <li>- Control serious bleeding</li> <li>- Apply pressure using gauze pad, tourniquets are inadvisable</li> <li>- Wash before touching wound</li> <li>- Wear rubber gloves when treating victim</li> <li>- Wash wounds that are not bleeding heavily</li> <li>- Cover with clean dressing and bandage</li> </ul> <p style="text-align: center;"><b>Poisoned Victim</b></p> <ul style="list-style-type: none"> <li>- Get immediate medical attention</li> <li>- Keep patient still to slow spread of venom</li> <li>- Place bite area below heart to slow venom</li> <li>- Wash with soap &amp; water</li> <li>- Use splint to immobilize bitten arms/legs</li> <li>- Use cold pack with gauze before skin</li> <li>- Do not administer aspirin or alcohol</li> <li>- Do not suck out poison</li> <li>- Do not use tourniquets</li> </ul>
4. Prepared by:	5. Date/time briefed:	<b>Last Updated: 5/22/17</b>		<b>SSP-Attach 10: Animal/plant Hazards page 1 of 2</b>

<b>CG ICS SSP SPECIFIC HAZARD ATTACHMENT</b>	1. Hazard Marine Animal and Plant Hazards Additional Attachments:	2. Divisions/Groups/Units affected:  Field Response		3. Job Tasks Involving Hazard:  Skimming, booming, removal, assessment, security
Hazard Type	Potential Sources	Signs & Symptoms	Control	Medical Treatment
Animal Stings & Punctures	Group I  Jellyfish, Portuguese Man-o-war Anemones Corals Hydras  Group II  Urchins, Cone Shells, Stingrays, Spiny fish	-Pain & tenderness of wound -Redness, heat, swelling -Puss under the skin -Red streaks around wound  <b>Sensitive Individuals</b> -Allergic reactions -Respiratory arrest -Fainting -Infections & tetanus may develop	- Recon area prior to work & identify nests & habitats - Place locations on SSP map - Outfit workers with protective clothing for water activities and to prevent bites	- Get medical attention ASAP to address infection - Ensure tetanus shot is updated - Interview individual to determine appearance of animal - Control serious bleeding  Group I - Do not rub or scratch affected area - Sprinkle alcohol on affected area, follow with meat tenderizer or talcum if available (denatures toxin)  Group II - Soak in very warm water for 30 minutes - Do not use very hot water
Plants	Poison Ivy Poison Oak Poison Sumac	Some or all of these symptoms may be present:  -Itching -Burning -Blistering -Rash & bumpy skin	- Recon area prior to work & identify plant types - Place locations on SSP map - Remove if necessary - Long sleeve shirts and pants should be worn - Gloves should be worn - Wash frequently during breaks & prior to departing work site. - Employ body screen salves	- If contact occurs, wash with soapy water immediately - Do not scratch - Provide medical attention if spreading is severe
4. Prepared by:	5. Date/time briefed:	<b>Last Updated: 5/22/17</b>		<b>SSP-Attach 10: Animal/plant Hazards</b> page 2 of 2