Site Safety and Health Plan ICS-208-CG (rev 9/06)

Incident Name: _____ Date/Time Prepared: _____ Operational Period: _____

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

Questions on the document should be addressed to the Coast Guard Office of Incident Management and Preparedness (G-RPP).

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		
Exposure Monitoring Plan	E	Exposure monitoring Plan to monitor exposure	X		
Air Monitoring Log	E-1	To log air monitoring data	X*		
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		
Decontamination	G	To document decon equipment and procedures	X*		
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	
Other:					

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

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EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: **Attach MSDS for each Chemical:**
5. Organization IC/UC:	Safety: Div/Group Supv:	Entry Team:	Backup Team:	Decon Team:

6.a. Physical Hazards and Protection	6.b. Confined Space ☐ Noise ☐ Heat Stress ☐ Cold Stress ☐ Electrical ☐ Animal/Plant/Insect ☐ Ergonomic ☐ Ionizing Rad ☐ Slips/Trips/Falls ☐ Struck by ☐ Water ☐ Violence ☐ Excavation ☐ Biomedical waste and/or needles ☐ Fatigue ☐ Other (specify)

6.c. Tasks & Controls	6d Entry Permit	6.e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6.h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/ Rest (hrs)	6.m. Fluids (amt/time)	6.n. Signs & Barricade	6.p. Fall Protect	6.q. Post Guards	6.r. Flash Protect	6.s. Work Gloves	6.t. Other

7.a. Agent	7.b. Hazards		7.c. Target Organs	7.d. Exposure Routes	7.f. PPE	7.g. Type of PPE
	Explosive ☐ Flammable ☐ Reactive ☐ Biomedical ☐ Toxic ☐	Radioactive ☐ Carcinogen ☐ Oxidizer ☐ Corrosive ☐ Specify Other: ☐	Eyes ☐ Nose ☐ Skin ☐ Ears ☐ Central Nervous System ☐ Respiratory ☐ Throat ☐ Lungs ☐ Heart ☐ Liver ☐ Kidney ☐ Blood ☐ Lungs ☐ Circulatory ☐ Gastrointestinal ☐ Bone ☐ Other Specify: ☐	Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	Face Shield ☐ Eyes ☐ Gloves ☐ Inner Suit ☐ Splash Suit ☐ Level A Suit ☐ SCBA ☐ APR ☐ SAR ☐ Cartridges ☐ Fire Resistance ☐	

8. Instruments:	8.a. Action Levels	8.b. Chemical Name(s):	8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/ IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C
O2 ☐											
CGI ☐											
Radiation ☐											
Total HCs ☐											
Colorimetric ☐											
Thermal ☐											
Other ☐											

EMERGENCY SAFETY and RESPONSE PLAN (Cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: **Attach MSDS for each Chemical**

9. Decontamination:				
Instrument Drop Off ☐	Suit Wash ☐	Bottle Exchange ☐	SCBA/Mask Rinse ☐	Intervening Steps ☐ Specify:
Outer Boots/Glove Removal ☐	Decon Agent: Water ☐	Outer Suit Removal ☐	Inner Glove Removal ☐	
Suit/Gloves/Boot Disposal ☐	Other ☐	Inner Suit Removal ☐	Work Clothes Removal ☐	
	Specify:	SCBA/Mask Removal ☐	Body Shower ☐	

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

11.a. Potential Emergencies:	11.b. Evacuation Alarms:	11.c Emergency Prevention and Evacuation Procedures:
Fire ☐	Horn ☐ # Blasts ☐	Safe Distance:
Explosion ☐	Bells ☐ #Rings ☐	
Other ☐	Radio Code ☐	
	Other:	

12. a. Communications:	12.b. Command #:	12.c. Tactical #:	12.d. Entry #:
Radio ☐ Phone ☐ Other ☐			

13.a. Site Security: Personnel Assigned	13.b. Procedures:	13.c. Equipment:
14.a. Emergency Medical: Personnel Assigned	14.b. Procedures:	14.c Equipment:
15. Prepared by:	16. Date/Time Briefed:	**ICS-208-CG SSP-A Page 2. (rev 9/06):** Page _____ of _____

CG ICS SITE SAFETY PLAN (SSP) HAZARD ID/EVAL/CONTROL	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land☐ Water☐ Air ☐ Comments:	8. For Emergencies Contact:	9. Attachments: **Attach MSDS for each Chemical**
10.a. Job Task/Activity	10.b. Hazards***** ⇨	10.c. Potential Injury & Health Effects	10.d. Exposure Routes	10.e. Controls: Engineering, Administrative, PPE
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
11. Prepared By:	12. Date/Time Briefed:	***HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		**ICS-208-CG SSP-B (rev 9/06):** Page _____ of _____

CG ICS SSP: SITE MAP	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land☐ Water☐ Air ☐ Comments:	8. For Emergencies Contact:	9. Include: - Work Zones - Locations of Hazards - Security Perimeter - Places of Refuge - Decontamination Line - Evacuation Routes
10. Sketch of Site: ☐ Attached. ☐ Drawn Here				
11. Prepared By:	12. Date/Time Briefed:	**HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		**ICS-208-CG SSP-C (rev 9/06):** Page _____ of _____

CG ICS SSP: EMERGENCY RESPONSE PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Attachments: **INCLUDE ICS FORM 206 and EMT Medical Response Procedures**
9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:	

13. Emergency Notification Procedures	14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps	16. Site Security Measures

17. Prepared By:	18. Date/Time Briefed:	**HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving	**ICS-208-CG SSP-D (rev 9/06)** Page _____ of _____

CG ICS SSP: Exposure Monitoring Plan	1. Incident Name	2. Date/Time Prepared:	3. Operational Period:	4. Safety Officer (Method of Contact):

5. Specific Task/Operation	6. Survey Location	7. Survey Date/Time	8. Monitoring Methodology	9. Direct-Reading Instrument	10. Air Sampling	11. Hazard(s) to Monitor	12. Monitoring Duration	13. Reasons to Monitor	14. Laboratory Support for Analysis
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure Monitoring ☐ Biological Monitoring: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other:	Model: Manufacturer: Last Mfr Calibration Date:	Sampling/Analysis Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:____________			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_________	
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure Monitoring ☐ Biological Monitoring: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other:	Model: Manufacturer: Last Mfr Calibration Date:	Sampling/Analysis Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:____________			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_________	
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure Monitoring ☐ Biological Monitoring: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other:	Model: Manufacturer: Last Mfr Calibration Date:	Sampling/Analysis Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:____________			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_________	
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure Monitoring ☐ Biological Monitoring: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other:	Model: Manufacturer: Last Mfr Calibration Date:	Sampling/Analysis Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:____________			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_________	

15. Prepared By:	16. Date/Time Briefed:	**HAZARD LIST**: Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning
18. Safety Officer Review:	Reporting: Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction.	**ICS-208-CG SSP-E (rev 9/06)** Page _____ of _____

CG ICS SSP: AIR MONITORING LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Site Location	6. Hazards of Concern	7. Action Levels (include references):		8. Weather: Temperature: Precipitation: Wind: Relative Humidity: Cloud Cover:	
9.a. Instrument, ID Number Calibrated? Indicate below.	9.b. Monitoring Person Name(s)	9.c. Results (units)	9.d. Location	9.f. Time	9.g. Interferences and Comments
10. Safety Officer Review:		Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning			**ICS-208-CG SSP-E-1 (rev 9/06):** Page _____ of _____

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location 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:	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning	**ICS-208-CG SSP-F: (Rev 9/06)** Page _____ of _____

CG ICS SSP: DECONTAMINATION	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Hazard(s) Addressed:

9. Equipment:				10. References Consulted:

11. Contamination Avoidance Practices:	12. Decon Diagram: ☐ Attached, ☐ Drawn below	13. Decon Steps

14. Prepared By:	15. Date/Time Briefed:	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning	**ICS-208-CG SSP-G (rev 9/06):** Page _____ of _____

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Supervisor/Leader	6. For Emergencies Contact:			7. Attachments:	
8.a. Job Task/Activity	8.b. Hazards	8.c. Deficiency	8.d. Action Taken	8.e. Safety Plan Amended?	8.f. Signature of Supervisor/Leader
9. Prepared By:	10. Date/Time Briefed:	**HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			**ICS-208-CG SSP-H (rev 9/06):** Page _____ of _____

CG ICS SSP WORKER ACKNOWLEDGEMENT FORM	1. Incident Name	2. Site Location:	3. Attachments:
4. Type of Briefing Safety Plan/Emergency Response Plan ☐ Start Shift ☐ Pre-Entry ☐ Exit ☐ End of Shift ☐ Specify Other:	5. Presented By:	6. Date Presented	7. Time Presented
8.a. Worker Name (Print)	8.b. Signature*****	8.c. Date	8.d. Time

***** *By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me.*

ICS-208-CG SSP-I (rev 9/06): Worker Acknowledgement
Page _____ of _____

CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site

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

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site

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

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B (cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)		6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (**c**)(6)(i)	Monitoring for ionization conducted?		SSP-E	☐	
(ii)	Monitoring conducted for IDLH conditions?		SSP-E	☐	
(iii)	Personnel looking out for dangers of IDLH environments?		N/A	☐	
(iv)	Ongoing air monitoring program in place?		SSP-E	☐	
(**c**)(7)	Employees informed of potential hazard occurrence?		SSP-B	☐	
(**c**)(8)	Properties of each chemical made aware to employees?		SSP-B	☐	
(**d**)(1)	Appropriate site control procedures in place?		IAP, SSP-B	☐	
(**d**)(2)	Site control program developed during planning stages?		IAP, SSP-B	☐	
(**d**)(3)	Site map, work zones, alarms, communications addressed?		IAP, SSP-B	☐	
(**g**)(1)(i)	Engineering, admin controls considered?		SSP-B	☐	
(iii)	Personnel not rotated to reduce exposures?		N/A	☐	
(**g**)(5)(i)	PPE selection criteria part of employer's program?		N/A	☐	Responsibility of employer
(ii)	PPE use and limitations identified?		SSP-F	☐	
(iii)	Work mission duration identified?		SSP-F	☐	
(iv)	PPE properly maintained and stored?		N/A	☐	Responsibility of employer
(vi)	Are employees properly trained and fitted with PPE?		N/A	☐	Responsibility of employer
(vii)	Are donning and doffing procedures identified?		SSP-F	☐	
(viii)	Are inspection procedures properly identified?		SSP-F	☐	
(ix)	Is a PPE evaluation program in place?		SSP-F	☐	
(**h**) (3)	Periodic monitoring conducted?		SSP-E	☐	
(**k**)(2)(i)	Have decontamination procedures been established?		SSP-G	☐	
(ii)	Are procedures in place for contamination avoidance?		SSP-G	☐	
(iii)	Is personal clothing properly deconned prior to leaving the site?		SSP-G	☐	
(iv)	Are decontamination deficiencies identified and corrected?		SSP-H	☐	
(**k**)(3)	Are decontamination lines in the proper location?		SSP-C	☐	
(**k**)(4)	Are solutions/equipment used in decon properly disposed of?		N/A	☐	
(**k**)(6)	Is protective clothing and equipment properly secured?		N/A	☐	
(**k**)(7)	If cleaning facilities are used, are they aware of the hazards?		N/A	☐	
(**k**)(8)	Have showers and change rooms provided, if necessary?		N/A	☐	
(**l**)(1)(iii)	Are provisions for reporting emergencies identified?		SSP-D	☐	
(iv)	Are safe distances and places of refuge identified?		SSP-B and C	☐	
(v)	Site security and control addressed in emergencies?		SSP-D	☐	
(vi)	Evacuation routes and procedures identified?		SSP-D	☐	
(vii)	Emergency decontamination procedures developed?		SSP-D	☐	
(ix)	Emergency alerting and response procedures identified?		SSP-D	☐	
(x)	Response teams critiqued and followup performed?		SSP-H	☐	
(xi)	Emergency PPE and equipment available?		SSP-D	☐	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST Form B (cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period		
6.a. Cite:	6.b. Requirement(sections that duplicate or explain are omitted)		6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (**l**)(3)(i)	Emergency notification procedures identified?		SSP-D	☐	
(ii)	Emergency response plan separate from Site Safety Plan?		SSP-D	☐	
(iii)	Emergency response plan compatible with other plans?		SSP-D	☐	
(iv)	Emergency response plan rehearsed regularly?		SSP-D	☐	
(v)	Emergency response plan maintained and kept current?		SSP-H	☐	
1910.165 (**b**)(2)	Can alarms be seen/heard above ambient light and noise levels?		N/A	☐	
(**b**)(3)	Are alarms distinct and recognizable?		N/A	☐	
(**b**)(4)	Are employees aware of the alarms and are they accessible?		SSP-D	☐	
(**b**)(5)	Are emergency phone numbers, radio frequencies clearly posted?		206	☐	
(**b**)(6)	Signaling devices in place where there are 10 or more workers?		IAP	☐	
(**c**)(1)	Are alarms like steam whistles, air horns being used?		IAP	☐	
(**d**)(3)	Are backup alarms available?		IAP	☐	
(m)	Are areas adequately illuminated?		IAP	☐	
(**n**)(1)(i)	Is an adequate supply of potable water available?		IAP	☐	
(ii)	Are drinking water containers equipped with a tap?		IAP	☐	
(iii)	Are drinking water containers clearly marked?		IAP	☐	
(iv)	Is a drinking cup receptacle available and clearly marked?		IAP	☐	
(**n**)(2)(i)	Are non-potable water containers clearly marked?		IAP	☐	
(**n**)(3)(i)	Are their sufficient toilets available?		IAP	☐	
(**n**)(4)	Have food handling issues been addressed?		IAP	☐	
(**n**)(6)	Have adequate wash facilities been provided outside hazard zone?		IAP	☐	
(**n**)(7)	If response is greater than 6 months, have showers been provided?		IAP	☐	
7. Prepared By:		**ICS-208-CG SSP-K (rev 9/06): Page 3.** Page _____ of _____			

CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:		8. Note: tanks and vaults should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.

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

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