



**ENVIRONMENTAL HEALTH DIVISION**

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**SITE HEALTH AND SAFETY PLAN**

Complete all the following information. If providing a different Site Health and Safety plan, the following information must be included:

**GENERAL SITE INFORMATION**

NAME:	
SITE ADDRESS:	
CONTACT PERSON:	PHONE #:
SITE IDENTIFICATION #:	PROPOSED DATE(S) OF SITE WORK:

**DESCRIPTION OF INSPECTION ACTIVITY**

Purpose of Activity	Type of Site
<input type="checkbox"/> Monitoring well installation	<input type="checkbox"/> Industrial
<input type="checkbox"/> Domestic well installation	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Gas Extraction well installation	<input type="checkbox"/> Landfill
<input type="checkbox"/> Agricultural well installation	<input type="checkbox"/> Parcel
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Provide a brief description of the proposed activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Investigation derived material disposal:     Soil         Water         Other \_\_\_\_\_

## POTENTIAL HEALTH AND SAFETY HAZARDS

Anticipated physical hazards. Check all that apply:

<input type="checkbox"/> Heat (high ambient temperature)	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Cold	<input type="checkbox"/> Physical injury/trauma (resulting from moving machinery)
<input type="checkbox"/> Noise	<input type="checkbox"/> General construction
<input type="checkbox"/> Oxygen depletion	<input type="checkbox"/> Physical injury and trauma
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Electrical hazards
<input type="checkbox"/> Excavation	<input type="checkbox"/> Cave-ins
<input type="checkbox"/> Falls, trips, slipping	<input type="checkbox"/> Ignition/Explosive
<input type="checkbox"/> Other (specify):	

## HAZARD EVALUATION

Parameter	TLV (ppm)	IDLH (ppm)	LEL (%) skin eyes	Health

**SPECIAL PRECAUTIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL PROTECTIVE EQUIPMENT

Check all applicable items:

<input type="checkbox"/> Hardhat	<input type="checkbox"/> Safety glasses / goggles
<input type="checkbox"/> Steel-toed / shank shoes or boots	<input type="checkbox"/> Clothing protection / safety vest
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Other (specify):

### Personal Protection

Level of Protection:     A    B    C    D

Modifications: \_\_\_\_\_

Surveillance equipment and materials: \_\_\_\_\_

Instrument: \_\_\_\_\_

Action Level: \_\_\_\_\_

First Aid: \_\_\_\_\_

**TEAM COMPOSITION**

TEAM MEMBER	RESPONSIBILITY

**EMERGENCY INFORMATION**

LOCAL RESOURCES	PHONE NUMBER
AMBULANCE	(    )
HOSPITAL EMERGENCY ROOM	(    )
POISON CONTROL CENTER	(    )
POLICE	(    )
FIRE DEPARTMENT	(    )
EXPLOSIVES UNIT	(    )
AGENCY CONTACT	(    )

SITE RESOURCES	AVAILABILITY
WATER SUPPLY	
TELEPHONE	
RADIO	
OTHER	

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Route** (List road or other directions: attach map(s))

Hospital: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

SIGNATURES	DATE

**NOTE: A signed copy of this plan must be kept on-site at all times.**