WESTON

WORK LOCATION PERSONNEL PROTECTION
AND SAFETY EVALUATION FORM

Attach Pertinent Documents/Data

Fill in Blanks As Appropriate

WO # 0934-01-06

Division WST

Office Lionville

Prepared by Malter

Date 5/21/87

Reviewed by Michael Shultz DSO

Date 5/27/87

Approved by

Date

A. Work Location Description

1. Name Sable Diamonds

2. Location Philadelphia Pa

733-735 Seven St

3. Type: HW Site ( )

Spill (X)

( ) Existing WESTON Work Location

(X) Existing Client Work Location

Other ( ) Describe

Industrial (X)

Construction ( )

4. Status active

5. Anticipated activities: clean up of mercury contamination

6. Size NA

7. Surrounding Population City

8. Buildings/Homes/Industry all

5435A

AR100041

WESTON

9. Topography City

10. Anticipated Weather NA indoor

11. Unusual Features

12. Site History Active studio, shops

B. Hazard Description

1. Background Review: Complete (X) Partial ( )

If partial, why?

2. Hazard Level: A ( ) B ( )

Unknown ( ) C ( ) D (X)

Justification ~~air~~ air levels of < 50 µg/m3

3. Types of Hazards: (Attach additional sheets as necessary)

A. Chemical (X) Inhalation ( ) Explosive ( )

Biological ( ) Ingestion (X) O_2 Def. ( )

Skin Contact (X) Toxic (X)

Describe Mercury

B. Physical ( ) Cold Stress ( ) Noise ( )

Heat Stress ( ) Other ( )

5435A

AR100042

WESTON

Describe _____

C. Radiation ( )

Describe _____

4. Nature of Hazards:

Air ( ) Describe _____

Soil ( ) Describe _____

Surface Water ( ) Describe _____

Groundwater ( ) Describe _____

Other (X) Describe skin contact

AR100043

5435A

5. Chemical Contaminants of Concern ( ) N/A

Contaminant	TLV (PPM)	I.D.L.H. (PPM)	Source/Quantity Characteristics	Route of Exposure	Symptoms of Acute Exposure	Instruments Used to Monit Contaminant
Mercury inorganic	0.05mg/m3	28 mg/m3	surface contamination	Dermal	none	Jerome 411 mercury vapor monitor

5435A

AR100044

6. Physical Hazards of Concern (X) N/A

Hazard	Description	Location	Procedures Used to Monitor Hazard

5435A

AR100045

WESTON

7. Work Location Instrument Readings ( ) N/A

Location ~~1 different area of~~ gold milling room

% O_2 _____ % LEL _____

Radioactivity _____ PID _____

FID _____ Other _____

Other Mercury monitor lightest reading .010 mg/m3 lowest .000 mg/m3 Other _____

Location _____

% O_2 _____ % LEL _____

Radioactivity _____ PID _____

FID _____ Other _____

Other _____ Other _____

Location _____

% O_2 _____ % LEL _____

Radioactivity _____ PID _____

FID _____ Other _____

Other _____ Other _____

Location _____

% O_2 _____ % LEL _____

Radioactivity _____ PID _____

FID _____ Other _____

Other _____ Other _____

8. Hazards expected in preparation for work assignment. (X) N/A

Describe: _____

AR100046

OCM DYNAFOX Telecopier 7020 ; 5-22-87 ; 8:02AM ; 2154307401→ 7208270;# 7

WESTON

C. Personnel Protective Equipment

1. Level of Protection

A ( ) B ( ) C ( ) D (X) Location/Activity:

Clean up

A ( ) B ( ) C ( ) D ( ) Location/Activity:

2. Protective Equipment (specify probable quantity required)

Respiratory ( ) N/A

( ) SCBA, Airline

( ) Full Face Respirator (Cart._____)

( ) Escape Mask

( ) None

( ) Other_____

( ) Other_____

Clothing ( ) N/A

( ) Fully Encapsulating Suit

( ) Chemically Resistant Splash Suit

( ) Apron, Specify_____

( ) Tyvek Coverall

( ) Saranex Coverall

( ) Coverall, Specify_____

( ) Other_____

( ) Other_____

Head & Eye ( ) N/A

( ) Hard Hat

( ) Goggles

( ) Face Shield

( ) Chemical Eyeglasses

( ) None

( ) Other_____

Hand Protection ( ) N/A

( ) Undergloves_____ Type

( ) Gloves _____ Type

( ) Overgloves _____ Type

( ) None

( ) Other_____

AR100047

WESTON

Foot Protection ( ) N/A

( ) Safety Boots

(X) Disposable Overboots

( ) Other_____

_____

3. Monitoring Equipment ( ) N/A

( ) CGI

( ) O_2 Meter

( ) Rad Survey

( ) Detector Tubes

Type:_____

_____

_____

( ) PID

( ) FID

(X) Other Jerome 411 Mercury vapor monitor

(X) Other Mercury Vacuum

D. Personnel Decontamination (Attach Diagram)

Required (X) Not Required ( )

Equipment Decontamination (Attach Diagram)

Required ( ) Not Required (X)

If required, describe and list equipment_____

Wash hands and face

5435A

AR100048

WESTON

E. Personnel

NAME	WORK LOCATION TITLE/TASK	MEDICAL CURRENT	FIT TEST CURRENT	CERTIFICATI LEVEL
1. M. Malter	Site Safety Officer	(✓)	(✓)	(C-S)
2.		( )	( )	( )
3.		( )	( )	( )
4.		( )	( )	( )
5.		( )	( )	( )
6.		( )	( )	( )
7.		( )	( )	( )
8.		( )	( )	( )
9.		( )	( )	( )
10.		( )	( )	( )

Site Safety Coordinator Michael Malter C-S

5435A

AR100049

F. Activities Covered Under this Plan

Task No.	Description	Preliminary Schedule
1	[redacted] up (vacuum)	start 5/22/87

AR100050

543m

G. Subcontractor's Health and Safety Program Evaluation (X) N/A

Name and Address of Subcontractor: _____

_____

Activities to be Conducted by Subcontractor: _____

_____

EVALUATION CRITERIA

Item	Adequate	Inadequate	Comments
Medical Surveillance Program	( )	( )	_____
Personal Protective Equipment Availability	( )	( )	_____
On-Site Monitoring Equipment Availability	( )	( )	_____
Safe Working Procedures Specification	( )	( )	_____
Training Protocols	( )	( )	_____
Ancillary Support Procedures (if needed)	( )	( )	_____
Emergency Procedures	( )	( )	_____
Evacuation Procedures Contingency Plan	( )	( )	_____
Decontamination Procedures Equipment	( )	( )	_____
Decontamination Procedures Personnel	( )	( )	_____

GENERAL HEALTH AND SAFETY PROGRAM EVALUATION: ADEQUATE ( ) INADEQUATE ( )

ADDITIONAL COMMENTS: _____

_____

EVALUATION CONDUCTED BY: _____ DATE: _____

ORIGINAL

AR100051

WESTON

H. Contingency Contacts

Agency	Contact	Phone Number
Fire Department		911
Police Department		
Health Department		
Poison Control Center		
State Environmental Agency		
EPA-Regional Office	Bill Steuteville	(215) 597-6675 Phila
EPA-ERT. ICOM		
Spill Contractor		
State Police		
F.A.A.		
Civil Defense		
On Site Coordinator	Mc Hue,	627-4653
Site Telephone		627-4753
Nearest Telephone	Sable Diamonds (Location)	
Other		

I. Contingency Plans

Spill, Accidental Release; Describe

Fire, Explosion; Describe

Other; Describe

N/A

Exit Routes, Communication Systems; Describe

AR100052

5435A

WESTON

MEDICAL EMERGENCY

Name of Hospital Children Hospital

Address: Vine + 8th Phone No.

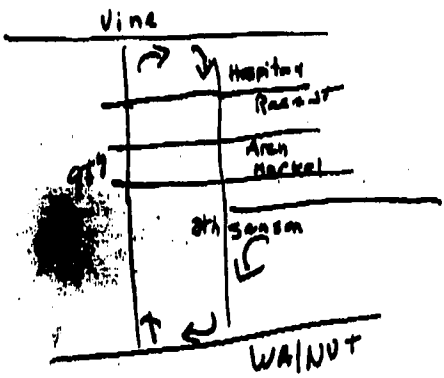
Name of Contact

Address: Phone No.

Route to Hospital: (Attach Map)

Travel Time From Site (Minutes) <15 Distance to Hospital (Miles) 1/2 mile

Name/Number of 24 Hr. Ambulance Service 911



AR100053

5435A

WESTON

ORIGINAL (Red)

HEALTH AND SAFETY PLAN
APPROVAL/SIGN OFF FORMAT

I have read, understood, and agreed with the information set forth in this Health and Safety Plan (and attachments) and discussed in the Personnel Health and Safety briefing.

Name	Signature	Date
Paul Taylor		
Paul Taylor		
Michael Malter, Site Safety Co-ordinator	Michael Malter	5/21/87
Director, Corporate Health and Safety		
TERRY BRIGGS, Project Manager		5-22-87
Project Director/ Department Manager		

Personnel Health and Safety Briefing Conducted By:

Name	Signature	Date

AR100054

5435A