

Integrated Safety Management Site Health and Safety Hazard Assessment

1. GENERAL INFORMATION

Site Name:	Site Acronym:	Initiated by:
		Date:
Mailing Address:	Project Objective:	
Contact Information: Guide or Contact Name: Phone Number:		Tentative Survey Date:

2. SITE SPECIFIC INFORMATION PART 1

<p>1. Does the site require site-specific training or have entry requirements for the preliminary site visit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Site Entry Requirements (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Site-specific training</td> <td><input type="checkbox"/> Confined space entry</td> </tr> <tr> <td><input type="checkbox"/> OSHA training</td> <td><input type="checkbox"/> Bioassay</td> </tr> <tr> <td><input type="checkbox"/> Security clearance</td> <td><input type="checkbox"/> Dosimetry</td> </tr> <tr> <td><input type="checkbox"/> Worker qualification record</td> <td></td> </tr> </table> <p>2. Will PPE be required for the preliminary site visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Will PPE requirements differ for the survey activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PPE: Level A B C D (Circle the appropriate level and select all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Coveralls</td> <td><input type="checkbox"/> Safety glasses</td> </tr> <tr> <td><input type="checkbox"/> Gloves</td> <td><input type="checkbox"/> Safety shoes</td> </tr> <tr> <td><input type="checkbox"/> Hard hat</td> <td><input type="checkbox"/> Safety covers</td> </tr> <tr> <td><input type="checkbox"/> Hearing protection</td> <td><input type="checkbox"/> Other (list)</td> </tr> <tr> <td><input type="checkbox"/> Respiratory protection</td> <td></td> </tr> </table>	<input type="checkbox"/> Site-specific training	<input type="checkbox"/> Confined space entry	<input type="checkbox"/> OSHA training	<input type="checkbox"/> Bioassay	<input type="checkbox"/> Security clearance	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Worker qualification record		<input type="checkbox"/> Coveralls	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Safety shoes	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Safety covers	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Other (list)	<input type="checkbox"/> Respiratory protection		<p>3. Does the site have a Health and Safety Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach document)</p> <p>4. Will there be activities at the site that have the potential to impact survey operations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe. Use the back of this form for additional space)</p> <p>5. Will a Job Hazard Analysis be required? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe. Use the back of this form for additional space to identify potential hazardous conditions)</p> <p>6. Has the site been abandoned? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe the site condition. Use the back of this form for additional information)</p>
<input type="checkbox"/> Site-specific training	<input type="checkbox"/> Confined space entry																		
<input type="checkbox"/> OSHA training	<input type="checkbox"/> Bioassay																		
<input type="checkbox"/> Security clearance	<input type="checkbox"/> Dosimetry																		
<input type="checkbox"/> Worker qualification record																			
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Safety glasses																		
<input type="checkbox"/> Gloves	<input type="checkbox"/> Safety shoes																		
<input type="checkbox"/> Hard hat	<input type="checkbox"/> Safety covers																		
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Other (list)																		
<input type="checkbox"/> Respiratory protection																			

Figure 10-1

Physical Hazard Assessment	Biological Hazard Assessment
<input type="checkbox"/> Confined spaces <input type="checkbox"/> Unsteady floor <input type="checkbox"/> Poor structural integrity <input type="checkbox"/> Unprotected high areas <input type="checkbox"/> Excessive/large quantity of hazardous material storage <input type="checkbox"/> Explosives (grain/dust hazard) <input type="checkbox"/> Trip/slip/fall hazards <input type="checkbox"/> Head hazards <input type="checkbox"/> Heavy equipment movement <input type="checkbox"/> Open trenches & excavations (Include the depth & indicate if shoring is in place)	<input type="checkbox"/> Natural environmental occurrences <input type="checkbox"/> Underground utilities <input type="checkbox"/> Temperature extremes <input type="checkbox"/> Asbestos (Include monitoring results) <input type="checkbox"/> Excessive noise <input type="checkbox"/> Eye hazards <input type="checkbox"/> Electrical <input type="checkbox"/> High energy equipment <input type="checkbox"/> High pressure sources <input type="checkbox"/> Elevated mass ("high" potential energy) <input type="checkbox"/> Other (list)
	<input type="checkbox"/> Animal droppings <input type="checkbox"/> Insect infestation <input type="checkbox"/> Excessive mold or mildew <input type="checkbox"/> Poison ivy, oak, sumac <input type="checkbox"/> Open/exposed sewage <input type="checkbox"/> Potential for bacterial/viral infection <input type="checkbox"/> Animal carcass <input type="checkbox"/> Dangerous animal species (list) <input type="checkbox"/> Carcinogens <input type="checkbox"/> Other (list)

Chemical Hazard Assessment	Radiological Hazard Assessment
<input type="checkbox"/> Asphyxiant <input type="checkbox"/> Corrosives <input type="checkbox"/> Flammable material <input type="checkbox"/> Poisons <input type="checkbox"/> Explosive material <input type="checkbox"/> Other (list)	<input type="checkbox"/> Incompatible chemical material <input type="checkbox"/> Reactive material <input type="checkbox"/> Toxic material <input type="checkbox"/> Inorganics <input type="checkbox"/> Organics
	Contaminants <input type="checkbox"/> U natural <input type="checkbox"/> U enriched <input type="checkbox"/> Th natural <input type="checkbox"/> Pu <input type="checkbox"/> Other (list)
	<input type="checkbox"/> Co-60 <input type="checkbox"/> Cs-137 <input type="checkbox"/> H-3 <input type="checkbox"/> C-14 <input type="checkbox"/> Removable surface activity <input type="checkbox"/> Airborne activity <input type="checkbox"/> Exposure rate _____ <input type="checkbox"/> Contamination areas

EMERGENCY INFORMATION

Is there emergency equipment and/or personnel available? Yes No
 (If yes, please identify)

Are there any emergency alarm systems in place? Yes No
 (If yes, please identify)

If 911 service is not available in the area, provide phone numbers for the following:
 Police _____ Ambulance _____ Fire _____
 Hospital _____

Describe emergency route from site.

ADDITIONAL INFORMATION

Are the listed services available at or near the site?

<input type="checkbox"/> Restroom	<input type="checkbox"/> Sufficient lighting	<input type="checkbox"/> Phone
<input type="checkbox"/> Potable water	<input type="checkbox"/> Break areas	<input type="checkbox"/> Shelter
<input type="checkbox"/> Utilities	<input type="checkbox"/> Other (Please identify)	

Note any additional information applicable to characterize the Health and Safety conditions at the site. (Attach site drawings or design process information)

Reviewed by Survey Projects Manager _____ Date _____

Figure 10-1 (continued)