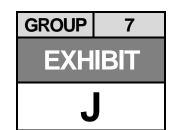


NATIONAL TRANSPORTATION SAFETY BOARD - Public Hearing



Conrail Derailment in Paulsboro, NJ with Vinyl Chloride Release

Agency / Organization

Borough of Paulsboro

Title

Sample Site Safety Plan for Rail

Docket ID: DCA13MR002

SITE SAFETY AND	Incident Name:				2. Date Prepared:					3. Operational Period:				
CONTROL PLAN	Sa	ample						Time:						
ICS 208 HM Section I. Site Information														
4. Incident Location: Conrail Rail line														
Section II. Organization														
5. Incident Commander: Fire Chief 6. HM Group Supervisor: Haz Mat Team 7. Tech. Specialist - HM Reference:														
8. Safety Officer: Fire Dept Safety Officer			9. Entry Leader: Haz Mat Team					10. Site Access Control Leader:						
11. Asst. Safety Officer - HM:			12. Decontamination Leader:				1	13. Safe Refuge Area Mgr:						
14. Environmental Health:	Environmental Health:				16.									
17. Entry Team: (Buddy System)						18. Decontamination Elen			ement:					
Name:			PPE L	.evel				Name:			PPE Level			
Entry 1		├			Decon 1									
Entry 2		<u> </u>			Decon 2									
Entry 3					Decon 3									
Entry 4					Decon 4									
40. Maladal				III. Haza				l	L v/ D	Lvp				
19. Material:		tainer pe	Qty.	Phys. State	pН	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL	
											<u> </u>	<u> </u>		
Comment:														
Section IV. Hazard Monitoring														
20. LEL Instrument(s):				21. O ₂ Instrument(s):										
22. Toxicity/PPM Instrument(s):				23. Radiological Instrument(s):										
Comment:						_								
All Monitioring to be done by quailfied personnel														
Section V. Decontamination Procedures														
24. Standard Decontamination Procedures: YES: NO:														
Comment:														
Section VI. Site Communications														
25. Command Frequency: Channel 3 26. Tactical Frequency: 27. Entry Frequency:														
Section VII. Medical Assistance														
28. Medical Monitoring:	YES:	NO:		29. Med	dical Trea	tment and	d Trans	ort In-	place:	١	YES:	NC	D:	
Comment:				•										
Gloucester County EMS														

Section VIII. Site Map						
30. Site Map:						
	A					
	'					
Map would be placed here of t	he incident site					
	oly Areas					
31. Entry Objectives:	ntry Objectives					
	odor with aggistance of the Hag Mat Too					
would be set by the incident comman	nder with assistance of the Haz Mat Tea					
Section X. SOP S and	d Safe Work Practices					
32. Modifications to Documented SOP's or Work Practices:	YES: NO:					
Comment:						
Section VI Emergency Procedures						
Section XI. Emergency Procedures 33. Emergency Procedures:						
co. Emolgano, riccadaloc.						
Section XII. Safety Briefing						
34. Asst. Safety Officer - HM Signature:	Safety Briefing Completed (Time):					
35. HM Group Supervisor Signature:						
	36. Incident Commander Signature:					

INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN ICS 208 HM

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.

Item Number	Item Title	Instructions
1.	Incident Name/Number	Print name and/or incident number.
2.	Date and Time	Enter date and time prepared.
3.	Operational Period	Enter the time interval for which the form applies.
4.	Incident Location	Enter the address and or map coordinates of the incident.
5 - 16.	Organization	Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use Boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 - 18.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entries 1 - 4 mandatory buddy system and back-up.)
19.	Material	Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties. (Definitions: ph = Potential for Hydrogen (Corrosivity), IDLH = Immediately Dangerous to Life and Health, F.P. = Flash Point, I.T. = Ignition Temperature, V.P. = Vapor Pressure, V.D. = Vapor Density, S.G. = Specific Gravity, LEL = Lower Explosive Limit, UEL = Upper Explosive Limit)
20 - 23.	Hazard Monitoring	List the instruments which will be used to monitor for chemical.
24.	Decontamination Procedures	Check NO if modifications are made to standard decontamination procedures and make appropriate Comments including type of solutions.
25 - 27.	Site Communications	Enter the radio frequency(ies) which apply.
28 - 29.	Medical Assistance	Enter comments if NO is checked.
30.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified.)
31.	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 - 33.	SOP s, Safe Work Practices, and Emergency Procedures	List in Comments if any modifications to SOP s and any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
34 - 36.	Safety Briefing	Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.