



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 01 / 17 / 2012 Time: 0900

Client: ZIA / SHAW Address: _____

Specific Location: STP/WSMR

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVE, WSMR NM 88002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: NONE

Physical Hazards: LIFTING, WALKING, KNEELING, UXO, SNAKES

Protective Equipment/Clothing: LEVEL D, WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: MEASURING TAPE, WATER LEVEL INDICATOR

Other Safety Topic(s): INSECTS, WILDLIFE, UXO

ATTENDEES

NAME PRINTED

SIGNATURE

ALLISON JENNNESS

BRAD DAVIS

Brad Davis

Meeting conducted by: BRAD DAVIS

Supervisor: BRAD DAVIS

Manager: Brad Davis

Daily Safety and Health Report

Project Number: STP

Date: 01/17/2012

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUNDWATER SAMPLING

Daily Tailgate Meeting (Time)

0900

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0930 | 48 | 5-15 | — | 20% |
| | | | | |
| | | | | |

Equipment Inspections:

Levels of Protection:

LEVEL D DISPOSABLE LATEX GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUNDWATER SAMPLING

COMMENTS:

Personnel on Site:

| | |
|-----------------|-----------|
| BRAD DAVIS | 1-17-2012 |
| ANUSON JENNINGS | 1-17-2012 |
| | |
| | |



Project Name: - STP

Project Number: _____

Completed By/Date:
ALLISON JENNINGS / 1-17-2012

Reviewed By/Date: B. Davis 2-29-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted (kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | | | | |
| Required Documentation on Site & Postings | | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | ✓ | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS

Date: 1-17-2017

Supervisor: BRAD DAVIS

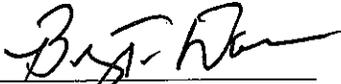
SSHO: ALLISON JENNESS

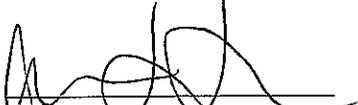
General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1 / 18 / 2012 Time: 0830

Client: ZIA/SHAW Address: _____

Specific Location: STP/WSMR

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVE, WSMR NM 88002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, UXO,

Protective Equipment/Clothing: LEVEL D, WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, UXO

ATTENDEES

NAME PRINTED

ALLISON JENNNESS

BRAD DAVIS

SIGNATURE

Meeting conducted by:

ALLISON JENNNESS

Supervisor:

BRAD DAVIS

Manager:

Daily Safety and Health Report

Project Number: STP

Date: 01/18/2012

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER SAMPLING

Daily Tailgate Meeting (Time)

0830

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0830 | 49 | 5-10 mph | — | 20% |
| 1200 | 60 | 5-10 | — | 20% |
| 1600 | 65 | 5-10 | — | 20% |

Equipment Inspections:

Levels of Protection:

LEVEL D DISPOSABLE GLOVES AND SAFETY GLASSES
 Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|-----------------|-----------|
| BRAD DAVIS | 1-18-2012 |
| ALLISON JENNESS | 1-18-2012 |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:
ALLISON JEANES / 1-18-12

Reviewed By/Date: B. Davis 2-29-12

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Site SSHASP with required signatures (<i>kept w/Site Files</i>) | ✓ | | | |
| Daily Tailgate Conducted (<i>kept w/Site Files</i>) | ✓ | | | |
| Designated First aid Providers Identified | | | | |
| Required Documentation on Site & Postings | | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (<i>kept w/Site Files</i>) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site (<i>topic list w/ SSHASP</i>) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | ✓ | |
| Confined spaces entered (competent person) (kept w/Site Files) | | | ✓ | |
| Hot Work permit (kept w/Site Files) | | | ✓ | |
| Permits (continued) | | | ✓ | |
| Excavation safety (competent person) (kept w/Site Files) | | | ✓ | |
| Underground/overhead utility clearance (form completed) (kept w/Site Files) | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | ✓ | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections (kept w/Site Files) | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Allison Janness

Date: 1-18-2012

Supervisor: Beard Davis

SSHO: Allison Janness

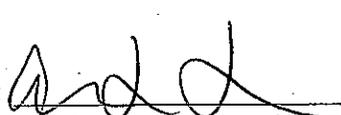
General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1/19/2012 Time: 0830
 Client: ZIA/SHAW Address: _____
 Specific Location: STP/WSMR
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: MCAFFEE BLDG 530, ROCK ISLAND AVE, WSMR NH 08002
 Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE
 Physical Hazards: LIFTING, WALKING, UXO
 Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES
 Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS
 Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS; UXO

ATTENDEES

| NAME PRINTED | SIGNATURE |
|-------------------------|--------------------|
| <u>ALLISON JENNINGS</u> | <u>[Signature]</u> |
| <u>BRAD DAVIS</u> | <u>[Signature]</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Meeting conducted by: BRAD DAVIS

Supervisor: _____

Manager: [Signature]



Shaw Environmental, Inc.

Daily Safety and Health Report

Project Number: STP

Date: 01/19/2012

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUNDWATER SAMPLING

Daily Tailgate Meeting (Time)

0830

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0830 | 51 | 5-10 MPH | — | 20% |
| 1205 | 52 | 10-15 MPH | — | 25% |
| 1500 | 62 | 5-15 MPH | — | 25% |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

GROUND WATER MONITORING
Activities: ←

COMMENTS:

Personnel on Site:

| | |
|------------|-----------|
| BRAD DAVIS | 1-19-2012 |
| | |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

BRAD DAVIS / 1-19-2012

| Subject | Yes | No | N/A | Comment |
|--|-------------------------------------|----|-------------------------------------|---------|
| Site SSHASP with required signatures(<i>kept w/Site Files</i>) | <input checked="" type="checkbox"/> | | | |
| Daily Tailgate Conducted (<i>kept w/Site Files</i>) | <input checked="" type="checkbox"/> | | | |
| Designated First aid Providers Identified | | | | |
| Required Documentation on Site & Postings | | | | |
| H&S, EEO | <input checked="" type="checkbox"/> | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | <input checked="" type="checkbox"/> | | | |
| RWP (<i>kept w/Site Files</i>) | <input checked="" type="checkbox"/> | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(<i>topic list w/ SSHASP</i>) | <input checked="" type="checkbox"/> | | | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | <input checked="" type="checkbox"/> | | | |
| Emergency Equipment | | | | |
| Fire Extinguishers | <input checked="" type="checkbox"/> | | | |
| Eye wash properly located | <input checked="" type="checkbox"/> | | | |
| First Aid Kit | <input checked="" type="checkbox"/> | | | |
| Communications operational (phone, radio, hand signals) | <input checked="" type="checkbox"/> | | | |
| Assembly point identified | <input checked="" type="checkbox"/> | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | <input checked="" type="checkbox"/> | |
| Monitoring records including instrument calibrations (factory and field) | <input checked="" type="checkbox"/> | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | <input checked="" type="checkbox"/> | |
| Worker notification of monitoring results | | | <input checked="" type="checkbox"/> | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | <input checked="" type="checkbox"/> | | | |
| Portable toilets adequate | <input checked="" type="checkbox"/> | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | X | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | X | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | X | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | X | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | X | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | X | |
| Fall protection/ladder safety | | | X | |
| Noise / Hearing protection available | | | | |
| Areas posted or otherwise designated | | | X | |
| Illumination | | | X | |
| PPE Designated and in use | X | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | X | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS

Date: 1-19-2012

Supervisor: BRAD DAVIS

SSHO: ALLISON JENNESS

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1 / 20 / 2012 Time: 0830

Client: ZIA/SHAW Address: _____

Specific Location: STP/WSMR

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE BLDG 530, ROSS ISLAND AVE, WSMR NM 88002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING WALKING, UXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, UXO

ATTENDEES

| NAME PRINTED |
|------------------------|
| <u>ALLISON JENNESS</u> |
| <u>BRAD DAVIS</u> |
| |
| |
| |
| |
| |
| |

| SIGNATURE |
|--------------------|
| <u>[Signature]</u> |
| <u>[Signature]</u> |
| |
| |
| |
| |
| |
| |

Meeting conducted by: ALLISON JENNESS

[Signature]

Supervisor: BRAD DAVIS

Manager: [Signature]

Daily Safety and Health Report

Project Number: STD

Date: 01/20/2012

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0830

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0830 | 45 | 0-10 | — | 20% |
| 1030 | 63 | 0-10 | — | 20% |
| 1330 | 68 | 0-10 | — | 20% |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|-----------------|-----------|
| BRAD DAVIS | 1-20-2012 |
| ALLISON JONNESS | 1-20-2012 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

AMISQ JENNNESS / 1-20-2012

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted (kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNES

Date: 1-20-2012

Supervisor: BEAD DAVIS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1/23/12 Time: 1220

Client: ZIA/SHAW Address: _____

Specific Location: STP/W/SMP

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: MURPHY BLDG 530 ROCK ISLAND AVE, W/SMP NH 883002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, UXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE - SNAKES, INSECTS, UXO

ATTENDEES

NAME PRINTED

SIGNATURE

ALLISON JENNNESS

[Signature]

BRAD DAVIS

[Signature]

Meeting conducted by:

ALLISON JENNNESS

[Signature]

Supervisor:

BRAD DAVIS

Manager:

[Signature]



Shaw Environmental, Inc.

Daily Safety and Health Report

Project Number: STD

Date: 1-23-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

1220

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|-----------------------|
| 1220 | 59°F | 0-5 | — | 20% 12% |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|-----------------|---------|
| BRAD DAVIS | 1-23-12 |
| ALLISON JENKINS | 1-23-12 |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 1-23-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNES

Date: 1-23-12

Supervisor: BEAD DAVIS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

N/A

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: *Bead Davis*
(Supervisor)

Signature: *Alison Jennes*
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1/24/12 Time: 0800

Client: ZIA/Shaw Address: _____

Specific Location: STP/W/SMP

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: MCAFEE BLDG 530, FOCK ISLAND AVE, W/SMP NM 89002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, LIXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

NAME PRINTED

ALLISON JENNNESS

BRAD DAVIS

SIGNATURE

[Handwritten Signature]

Brad Davis

Meeting conducted by:

ALLISON JENNNESS

[Handwritten Signature]

Supervisor:

BRAD DAVIS

Manager:

Brad Davis



Daily Safety and Health Report

Project Number: STD

Date: 1-24-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0800

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0800 | 50° | 0-5 | — | 35 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|----------------|---------|
| BRAD DAVIS | 1-24-12 |
| AUGUST JENKINS | 1-24-12 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date: _____

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 1-24-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNES

Date: 1-24-12

Supervisor: BEAD DANLS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1/25/12 Time: 1035

Client: ZIA/SHAW Address: _____

Specific Location: STP/W/SMP

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE BLDG 530 ROCK ISLAND AVE, W/SMP NM 88002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, LIXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

| NAME PRINTED |
|-----------------------|
| <u>ALISON JENNESS</u> |
| <u>BRAD DAVIS</u> |
| <u>Robert Wu</u> |
| |
| |
| |
| |
| |

| SIGNATURE |
|--------------------|
| <u>[Signature]</u> |
| <u>Brad Davis</u> |
| <u>[Signature]</u> |
| |
| |
| |
| |
| |

Meeting conducted by: ALISON JENNESS

[Signature]

Supervisor: BRAD DAVIS

Manager: Brad Davis

Daily Safety and Health Report

Project Number: STD

Date: 1/25/12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

1035

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 1035 | 48 | 10-15 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|----------------|---------|
| BRAD DAVIS | 1-25-12 |
| ALLISON JENNIS | 1-25-12 |
| Robert Wu | 1-25-12 |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 1-25-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNES

Date: 1-25-12

Supervisor: BEAD DAVIS

SSHO: ALLISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1/27/12 Time: 1345

Client: ZIA/SHAW Address: _____

Specific Location: STP/W/SMP

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVE, W/SMP NM 88002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, LIXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

| NAME PRINTED | SIGNATURE |
|------------------------|--------------------|
| <u>ALLISON JENNESS</u> | <u>[Signature]</u> |
| <u>BRAD DAVIS</u> | <u>[Signature]</u> |
| <u>Robert Wu</u> | <u>[Signature]</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| NAME PRINTED | SIGNATURE |
|--------------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Meeting conducted by: ALLISON JENNESS

Supervisor: BRAD DAVIS

Manager: [Signature]



Shaw Environmental, Inc.

Daily Safety and Health Report

Project Number: STD

Date: 1-27-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

1345

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|-------------|-------------------|-------------|------------------|--------------|
| <u>1345</u> | <u>63°</u> | <u>5-10</u> | <u>—</u> | <u>20</u> |
| | | | | |
| | | | | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|----------------------|----------------|
| <u>BRAD DAVIS</u> | <u>1-27-12</u> |
| <u>ALLISON JONES</u> | <u>1-27-12</u> |
| <u>Robert Wu</u> | <u>1-27-12</u> |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 1-27-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



DAILY SAFETY INSPECTION REPORT

Project Location: _____
Client: _____
Project Number: _____

Inspector name: ALISON JENNES

Date: 1-27-12

Supervisor: BEAD DAVIS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: [Handwritten Signature]
(Supervisor)

Signature: [Handwritten Signature]
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 1/30/12 Time: 1030

Client: ZIA/SHAW Address: _____

Specific Location: STP/W/SMP

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: MURPHY BLDG 530, ROCK ISLAND AVE, W/SMP NM 88002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, LUXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LUXO

ATTENDEES

| NAME PRINTED |
|------------------------|
| <u>ALISON JENNINGS</u> |
| <u>BRAD DAVIS</u> |
| <u>Robert Wu</u> |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

| SIGNATURE |
|--------------------|
| <u>[Signature]</u> |
| <u>[Signature]</u> |
| <u>[Signature]</u> |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

Meeting conducted by: ALISON JENNINGS

[Signature]

Supervisor: BRAD DAVIS

Manager: [Signature]



Daily Safety and Health Report

Project Number: STD

Date: 1-30-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

1030

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 1030 | 48 | 5-10 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|------------------|---------|
| BRAD DAVIS | 1-30-12 |
| ALLISON JENNINGS | 1-30-12 |
| Robert Wu | 1-30-12 |
| | |



Project Name: STP

Project Number: _____

Completed By/Date: _____

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 1-30-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) (kept w/Site Files) | | | ✓ | |
| Hot Work permit (kept w/Site Files) | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) (kept w/Site Files) | | | ✓ | |
| Underground/overhead utility clearance (form completed) (kept w/Site Files) | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections (kept w/Site Files) | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNES

Date: 1-30-12

Supervisor: BEAD DAVIS

SSHO: ALLISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: *Bead Davis*
(Supervisor)

Signature: *Allison Jennes*
(Safety Representative)



TAILGATE SAFETY MEETING

0915

Project Name/Number: STP Date: 1/31/12 Time: 019:0A

Client: ZIA/SHAW Address: _____

Specific Location: STP/W/SMP

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: MCAFFEE BLDG 530 FOUK ISLAND AVE, W/SMP NH 88002

Hospital Phone Number: 603-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, LUXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LUXO

ATTENDEES

NAME PRINTED

SIGNATURE

ALISSON JENNESS

BRAD DAVIS

Supervisor: BRAD DAVIS

[Signature]

Brad Davis

[Signature]

Manager: Brad Davis



Shaw Environmental, Inc.

Daily Safety and Health Report

Project Number: STD

Date: 1-31-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0915

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0915 | 46 | 0-5 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|---------------|---------|
| BRAD DAVIS | 1-31-12 |
| ALLISON JONES | 1-31-12 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 1-31-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____

Client: _____

Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNES

Date: 1-31-12

Supervisor: BEAD DAVIS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: *Bead Davis*
(Supervisor)

Signature: *[Signature]*
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 2/1/12 ~~1/31/12~~ Time: 1100

Client: ZIA/SHAW Address: _____

Specific Location: STP/WSMR

Work Activities: GROUND WATER SAMPLING

Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVE, WSMR NM 89002

Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING, WALKING, UXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, UXO

ATTENDEES

NAME PRINTED

SIGNATURE

BRAD DAVIS

Robert Wu

B-T-Davis

Rob Wu

Meeting conducted by:

BRAD DAVIS
BRAD DAVIS

B-T-Davis

Supervisor:

BRAD DAVIS

Manager:

B-T-Davis

Daily Safety and Health Report

Project Number: STD

Date: 2-1-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

1100

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 1100 | 48 | 0-5 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|--------------|--------|
| BRAD DAVIS | 2-1-12 |
| Robert Wines | 2-1-12 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date: _____

Reviewed By/Date: B. Davis 2-29-12

B. Davis 2-1-12

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Site SSHASP with required signatures (<i>kept w/Site Files</i>) | ✓ | | | |
| Daily Tailgate Conducted (<i>kept w/Site Files</i>) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (<i>kept w/Site Files</i>) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site (<i>topic list w/ SSHASP</i>) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



DAILY SAFETY INSPECTION REPORT

Project Location: _____
Client: _____
Project Number: _____

Inspector name: Bradley Davis
~~Allison Jones~~

Date: 2-1-12

Supervisor: BRAD DAVIS

SSHO: ALLISON JONES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Bradley Davis
(Supervisor)

Signature: Allison Jones
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 2/2/12 Time: 1100
 Client: ZIA/SHAW Address: _____
 Specific Location: STP/WSMP
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: McAFEE BLDG 530 ROCK ISLAND AVE, WSMP NM 88002
 Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

 Physical Hazards: LIFTING, WALKING, LUXO

 Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

 Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

 Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LUXO

ATTENDEES

| NAME PRINTED | SIGNATURE |
|-------------------|--------------------|
| <u>BRAD DAVIS</u> | <u>[Signature]</u> |
| <u>Robert Wu</u> | <u>[Signature]</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Meeting conducted by:
~~ALBERT JENNINGS~~
BRAD DAVIS

[Signature] Brad Davis

Supervisor:
BRAD DAVIS

Manager:
Brad Davis

Daily Safety and Health Report

Project Number: STD

Date: 2-2-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

11:00

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|-------|-------------------|------------|------------------|--------------|
| 11:00 | 54 | 5-10 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|------------|--------|
| BRAD DAVIS | 2-2-12 |
| Robert Wu | 2-2-12 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date:

Reviewed By/Date: B. Davis 2-29-12

Brad Davis 2-12-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) (kept w/Site Files) | | | ✓ | |
| Hot Work permit (kept w/Site Files) | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) (kept w/Site Files) | | | ✓ | |
| Underground/overhead utility clearance (form completed) (kept w/Site Files) | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections (kept w/Site Files) | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



DAILY SAFETY INSPECTION REPORT

Project Location: _____
Client: _____
Project Number: _____

Inspector name: Brad Davis
~~Allison Jones~~

Date: 2-2-12

Supervisor: BRAD DAVIS

SSHO: ALLISON JONES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: Allison Jones
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 2/3/12 Time: 0945
 Client: ZIA/SHAW Address: _____
 Specific Location: STP/W/SMP
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: MCAFEE BLDG 530, ROCK ISLAND AVE, W/SMP NM 88,002
 Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

 Physical Hazards: LIFTING WALKING, LIXO

 Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

 Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

 Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

| NAME PRINTED | SIGNATURE |
|------------------------|--------------------|
| <u>ALISON JENNNESS</u> | <u>[Signature]</u> |
| <u>BRAD DAVIS</u> | <u>[Signature]</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Meeting conducted by:
ALISON JENNNESS

[Signature]

Supervisor:
BRAD DAVIS

Manager: [Signature]



Daily Safety and Health Report

Project Number: STD

Date: 2-3-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0945

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0945 | 48 | 5-10 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|---------------|--------|
| BRAD DAVIS | 2-3-12 |
| ALLISON JONES | 2-3-12 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date: _____

Reviewed By/Date: B. Davis 2-29-12

A. Jenness 2-3-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) (kept w/Site Files) | | | ✓ | |
| Hot Work permit (kept w/Site Files) | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) (kept w/Site Files) | | | ✓ | |
| Underground/overhead utility clearance (form completed) (kept w/Site Files) | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections (kept w/Site Files) | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JEWES

Date: 2-3-12

Supervisor: BEAD DAVIS

SSHO: ALLISON JEWES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: [Signature]
(Supervisor)

Signature: [Signature]
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: STP Date: 2/7/12 Time: 0900
 Client: ZIA/SHAW Address: _____
 Specific Location: STP/W/SMP
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: MURPHY BLDG 530 ROCK ISLAND AVE, W/SMP NM 88,002
 Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING WALKING, LIXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

NAME PRINTED

SIGNATURE

ALLISON JENNESS
BRAD DAVIS
Robert Wu

[Signature]
Brad Davis

Meeting conducted by: ALLISON JENNESS

[Signature]

Supervisor: BRAD DAVIS

Manager: Brad Davis



Daily Safety and Health Report

Project Number: STD

Date: 2-7-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0900

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|------|-------------------|------------|------------------|--------------|
| 0900 | 50 | 10-15 | — | 20 |
| | | | — | |
| | | | — | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|-------------|--------|
| BRAD DAVIS | 2-7-12 |
| Robert W... | 2-7-12 |
| | |
| | |



Project Name: STP

Project Number: _____

Completed By/Date: _____

Reviewed By/Date: B. Davis 2-7-12

B. Davis 2-7-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(<i>kept w/Site Files</i>) | ✓ | | | |
| Daily Tailgate Conducted(<i>kept w/Site Files</i>) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (<i>kept w/Site Files</i>) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(<i>topic list w/ SSHASP</i>) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | ✓ | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | | |
| Permits (continued) | | | ✓ | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | ✓ | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____

Client: _____

Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Bradley Davis
~~Allison Jones~~

Date: 12-7-12

Supervisor: BRAD DAVIS

SSHO: ALLISON JONES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Bradley Davis
(Supervisor)

Signature: Allison Jones
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: WSMR Date: 2/13/12 Time: 0900
 Client: ZIA/SHAW Address: _____
 Specific Location: HTA OB/OD
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVE, WSMR NM 89002
 Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE

Physical Hazards: LIFTING WALKING, LIXO

Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES

Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS

Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

| NAME PRINTED |
|------------------------|
| <u>ALLISON JENNESS</u> |
| <u>BRAD DAVIS</u> |
| <u>Robert Wu</u> |
| |
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| |

| SIGNATURE |
|--------------------|
| <u>[Signature]</u> |
| <u>[Signature]</u> |
| <u>[Signature]</u> |
| |
| |
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| |
| |

Meeting conducted by: ALLISON JENNESS

[Signature]

Supervisor: BRAD DAVIS

Manager: [Signature]

Daily Safety and Health Report

Project Number: STV HTA OB/OD

Date: 2-13-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0900

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|-------------|-------------------|--------------|------------------|--------------|
| <u>0900</u> | <u>52</u> | <u>10-20</u> | <u>—</u> | <u>25</u> |
| | | | | |
| | | | | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|---------------------|----------------|
| <u>BRAD DAVIS</u> | <u>2-13-12</u> |
| <u>AUGUST JONES</u> | <u>2-13-12</u> |
| <u>Robert Wu</u> | <u>2-13-12</u> |
| | |



Project Name: HTA DB/OD

Project Number: _____

Completed By/Date: A. Jenness 2-13-12

Reviewed By/Date: B. Davis 2-24-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures (kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted (kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site (topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Hot Work permit <i>(kept w/Site Files)</i> | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) <i>(kept w/Site Files)</i> | | | ✓ | |
| Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i> | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections <i>(kept w/Site Files)</i> | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNES

Date: 2-13-12

Supervisor: STEAD DAVIS

SSHO: ALLISON JENNES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: [Signature]
(Supervisor)

Signature: [Signature]
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: WSMR Date: 2/14/12 Time: 0930
 Client: ZIA/SHAW Address: _____
 Specific Location: HTA OB/OD
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: McAFEE BLDG 530 ROCK ISLAND AVE, WSMR NM 89002
 Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE
 Physical Hazards: LIFTING WALKING, UXO
 Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES
 Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS
 Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, UXO

ATTENDEES

| NAME PRINTED | SIGNATURE |
|-------------------|--------------------|
| <u>BRAD DAVIS</u> | <u>[Signature]</u> |
| <u>Robert Wu</u> | <u>[Signature]</u> |
| | |
| | |
| | |
| | |

Meeting conducted by:
BRADLEY DAVIS

Supervisor:
BRAD DAVIS

[Signature]
 Manager: Bradley Davis

Daily Safety and Health Report

Project Number: 50 HTA 08/0D

Date: 2-14-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0930

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|-------------|-------------------|--------------|------------------|--------------|
| <u>0930</u> | <u>50</u> | <u>10-15</u> | <u>—</u> | <u>30</u> |
| | | | | |
| | | | | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|---------------------|----------------|
| <u>BRAD DAVIS</u> | <u>2-14-12</u> |
| <u>ALLEN S. ...</u> | <u>...</u> |
| <u>Robert Wu</u> | <u>2-14-12</u> |
| | |



Project Name: HTA DB/OD

Project Number: _____

Completed By/Date: B. Davis 2-14-12

Reviewed By/Date: B. Davis 2-29-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) (kept w/Site Files) | | | ✓ | |
| Hot Work permit (kept w/Site Files) | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety: (competent person) (kept w/Site Files) | | | ✓ | |
| Underground/overhead utility clearance (form completed) (kept w/Site Files) | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections (kept w/Site Files) | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis
~~Allison Jones~~

Date: 2-14-12

Supervisor: BRAD DAVIS

SSHO: ALLISON JONES

General Project Activities Description: GROUND WATER SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: [Signature]
(Safety Representative)



TAILGATE SAFETY MEETING

Project Name/Number: WSMR Date: 2/15/12 Time: 0945
 Client: ZIA/SHAW Address: _____
 Specific Location: HTA OB/OD
 Work Activities: GROUND WATER SAMPLING
 Hospital Name/Address: MCAFEE BLDG 530 FORT ISLAND AVE, WSMR NH BRIDGE
 Hospital Phone Number: 603-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: SULFURIC ACID PRESERVATIVE
 Physical Hazards: LIFTING, WALKING, LIXO
 Protective Equipment/Clothing: LEVEL D WITH SAFETY GLASSES AND LATEX GLOVES
 Special Equipment: PNEUMATIC SAMPLING EQUIPMENT, NITROGEN GAS
 Other Safety Topic(s): WILDLIFE-SNAKES, INSECTS, LIXO

ATTENDEES

| NAME PRINTED | SIGNATURE |
|-----------------------|--------------------|
| <u>ALISON JENNESS</u> | <u>[Signature]</u> |
| <u>BRAD DAVIS</u> | <u>[Signature]</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Meeting conducted by: ALISON JENNESS

[Signature]

Supervisor: BRAD DAVIS

Manager: [Signature]

Daily Safety and Health Report

Project Number: 5-HTA 08/0D

Date: 2-15-12

Work Areas Checked

| | | | |
|------------------------------|---|-------------------------|---|
| Primary Work Area (Base) | ✓ | First Aid Kits (weekly) | ✓ |
| Communications | ✓ | Eye Wash (weekly) | ✓ |
| Emergency Equipment | ✓ | Excavations | |
| Vehicles (weekly) | ✓ | Housekeeping | ✓ |
| Heavy Equipment (daily) | | Crew 1 | |
| Fire Extinguishers (monthly) | x | Crew 2 | |

Daily Activities: GROUND WATER MONITORING

Daily Tailgate Meeting (Time)

0945

Weather Conditions:

| Time | Temperature (° F) | Wind (mph) | Wind Chill (° F) | Humidity (%) |
|-------------|-------------------|-------------|------------------|--------------|
| <u>0945</u> | <u>52</u> | <u>5-10</u> | <u>—</u> | <u>25</u> |
| | | | | |
| | | | | |

Equipment Inspections:

Levels of Protection:

LEVEL D - DISPOSABLE GLOVES AND SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

| | |
|-----------------------|----------------|
| <u>BRAD DAVIS</u> | <u>2-15-12</u> |
| <u>ALLISON JENNIS</u> | <u>2-15-12</u> |
| | |
| | |



Project Name: HTA DB/DD

Project Number: _____

Completed By/Date: A. Jenness 2-15-12

Reviewed By/Date: B. Davis 2-29-12

| Subject | Yes | No | N/A | Comment |
|--|-----|----|-----|---------|
| Site SSHASP with required signatures(kept w/Site Files) | ✓ | | | |
| Daily Tailgate Conducted(kept w/Site Files) | ✓ | | | |
| Designated First aid Providers Identified | ✓ | | | |
| Required Documentation on Site & Postings | ✓ | | | |
| H&S, EEO | ✓ | | | |
| Emergency information (phone numbers, key personnel, hospital route map) | ✓ | | | |
| RWP (kept w/Site Files) | ✓ | | | |
| Site Access Control | | | | |
| Visitors briefed prior to being allowed on site(topic list w/ SSHASP) | | | ✓ | |
| Contamination control zones (EZ, CRZ, Support Zone) marked/posted | | | ✓ | |
| Emergency Equipment | | | | |
| Fire Extinguishers | ✓ | | | |
| Eye wash properly located | ✓ | | | |
| First Aid Kit | ✓ | | | |
| Communications operational (phone, radio, hand signals) | ✓ | | | |
| Assembly point identified | ✓ | | | |
| Exposure monitoring (includes bioassay for both chemical and radiological) | | | | |
| Monitoring equipment/instruments types (chemical, noise, radiation, etc.) | | | ✓ | |
| Monitoring records including instrument calibrations (factory and field) | ✓ | | | |
| Radiation dosimetry and/or bioassay for new personnel | | | ✓ | |
| Worker notification of monitoring results | | | ✓ | |
| Site Sanitation | | | | |
| Drinking water/sanitation (break area, toilet facilities, trash) | ✓ | | | |
| Portable toilets adequate | ✓ | | | |

| Subject | Yes | No | N/A | Comment |
|---|-----|----|-----|---------|
| Hand / Face wash | ✓ | | | |
| Permits | | | | |
| Confined spaces entered (competent person) (kept w/Site Files) | | | ✓ | |
| Hot Work permit (kept w/Site Files) | | | ✓ | |
| Permits (continued) | | | | |
| Excavation safety (competent person) (kept w/Site Files) | | | ✓ | |
| Underground/overhead utility clearance (form completed) (kept w/Site Files) | | | ✓ | |
| Specialized Procedures | | | | |
| Lockout/Tagout | | | ✓ | |
| Fall protection/ladder safety | | | ✓ | |
| Noise / Hearing protection available | | | ✓ | |
| Areas posted or otherwise designated | | | ✓ | |
| Illumination | ✓ | | | |
| PPE Designated and in use | ✓ | | | |
| Equipment Inspections (kept w/Site Files) | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decontamination | | | | |
| Personnel | | | | |
| Equipment | | | | |

Comments: _____



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNES

Date: 2-15-12

Supervisor: BEAD DAVIS

SSHO: ALISON JENNES

General Project Activities Description: GROUND WASTE SAMPLING

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: *Bead Davis*
(Supervisor)

Signature: *Alison Jennes*
(Safety Representative)