



ENVIRONMENTAL HEALTH DIVISION

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www.cchealth.org/eh/

SITE HEALTH AND SAFETY PLAN

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

GENERAL SITE INFORMATION

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

DESCRIPTION OF INSPECTION ACTIVITY

Purpose of Activity	Type of Site
D Monitoring well installation	D Industrial
D Domestic well installation	D Gas Station
D Gas Extraction well installation	D Landfill
D Agricultural well installation	D Parcel
D Other _____	D Other _____

Provide a brief description of the proposed activities: _____

Investigation derived material disposal: D Soil D Water D Other _____

POTENTIAL HEALTH AND SAFETY HAZARDS

Anticipated physical hazards. Check all that apply:

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

HAZARD EVALUATION

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

SPECIAL PRECAUTIONS: _____

PERSONAL PROTECTIVE EQUIPMENT

Check all applicable items:

D Hardhat	D Safety glasses / goggles
D Steel-toed / shank shoes or boots	D Clothing protection / safety vest
D Other (specify):	

Personal Protection

Level of Protection: D A D B D C D D

Modifications: _____

Surveillance equipment and materials: _____

_____ Instrument: _____

_____ Action

Level: _____

First Aid: _____

TEAM COMPOSITION

TEAM MEMBER	RESPONSIBILITY

EMERGENCY INFORMATION

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

SITE RESOURCES	AVAILABILITY
WATER SUPPLY	
TELEPHONE	
RADIO	
OTHER	

EMERGENCY CONTACT

Name: _____ Phone #: _____

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

Hospital: _____

Other: _____

SIGNATURES	DATE

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