

<b>SITE SAFETY AND CONTROL PLAN</b> ICS 208	1. Incident Name:	2. Date Prepared:	3. Operational Period: Time:
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**Section I. Site Information**

4. Incident Location:
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**Section II. Organization**

5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:
14. Environmental Health:	15.	16.

17. Entry Team: (Buddy System) Name: PPE Level	18. Decontamination Element: Name: PPE Level
Entry 1	Decon 1
Entry 2	Decon 2
Entry 3	Decon 3
Entry 4	Decon 4

**Section III. Hazard/Risk Analysis**

19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL

Comment:
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**Section IV. Hazard Monitoring**

20. LEL Instrument(s):	21. O <sub>2</sub> Instrument(s):
22. Toxicity/PPM Instrument(s):	23. Radiological Instrument(s):

Comment:
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**Section V. Decontamination Procedures**

24. Standard Decontamination Procedures:	YES:	NO:
Comment:		

**Section VI. Site Communications**

25. Command Frequency:	26. Tactical Frequency:	27. Entry Frequency:
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**Section VII. Medical Assistance**

28. Medical Monitoring:	YES:	NO:	29. Medical Treatment and Transport In-place:	YES:	NO:
Comment:					

**Section VIII. Site Map**

30. Site Map:

Weather  Command Post  Zones  Assembly Areas  Escape Routes  Other

**Section IX. Entry Objectives**

31. Entry Objectives:

**Section X. SOP'S and Safe Work Practices**

32. Modifications to Documented SOP's or Work Practices: YES: NO:

Comment:

**Section XI. Emergency Procedures**

33. Emergency Procedures:

**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

**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 backup.)
19.	Material	Enter names and pertinent information of all known chemical products. Enter "UNK" if material is not known. Include any that 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 that 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) that apply.
28 - 29.	Medical Assistance	Enter comments if "NO" is checked.
30.	Site Map	Sketch or attach a site map that 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 that 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 that 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.