**Version 2.0**

**(January 2017)**

**Emergency Responder Health and Safety Manual**

**Implementation Checklists**

Final



U.S. Environmental Protection Agency

**Implementation checklist.** A checklist was created for each chapter of the Emergency Responder Health and Safety Manual that EPA organizations can use to ensure they are meeting the requirements listed in each chapter. The checklist is intended to serve as an internal tool. The implementation checklists are found in the [“Forms” section of the manual’s website](http://www.epaosc.org/_HealthSafetyManual/forms.htm)

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## Implementation Checklist for the Introduction

This checklist has been filled out for: Organization Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **Implementing EPA’s Emergency Responder Health and Safety Manual**  |  |  |  |
| 1. Has your organization customized all of the manual’s existing chapters and posted them to the [“Customized Documents” section of the manual’s website](http://www.epaosc.org/_HealthSafetyManual/specific.htm)?  |  |  |  |
| 2. Has your organization developed a customized Field Guide and posted it to the [“Customized Documents” section of the manual’s website](http://www.epaosc.org/_HealthSafetyManual/specific.htm)? Also, has the Field Guide been provided to emergency responders so that they will be able to access it in the field?  |  |  |  |
| 3. Does your organization review, update, and re-post the customized chapters and associated Field Guide at least annually? **Date of last review and update**  Also, does your organization ensure that changes are communicated to affected parties? |  |  |  |
| 1. Does your organization collect feedback on the manual’s content and functionality? If so, is all relevant feedback channeled to HQ and the Tier 1 and Tier 2 Groups?
 |  |  |  |
| 1. Does your organization ensure that (1) pre-entry briefings are held at the start of each work shift, (2) all onsite personnel attend, (3) discussion topics and attendance are documented, and (4) documentation is retained in site files?
 |  |  |  |
| **Tracking Health and Safety Training Requirements (**[**Section 5.3**](#_5.2_Tracking_Training)**)** |  |  |  |
| 1. Do emergency responders retain certificates (or other equivalent forms of documentation) to document the completion of safety and health training?
 |  |  |  |
| 1. Does your organization ensure that training requirements are tracked in the FRM and that the Removal Manager or supervisor is aware of which employees have/have not completed their training requirements?
 |  |  |  |
| **Internal Program Reviews and Field Audits (**[**Section 6.0**](#Sec_6_0)**)** |  |  |  |
| 1. On an annual basis, does your organization download the Core NAR criteria (available on the [“Administrative Documents” section of the manual’s website](http://www.epaosc.org/_HealthSafetyManual/admin.htm)), use the criteria to assess performance, retain a record of the results, and take corrective actions if necessary?

**Date of last review and update***(Note: This internal review should be conducted in advance of your organization’s scheduled annual Core NAR audit, as the internal review is intended to serve as a pre-audit, preparatory activity.)* |  |  |  |
| 1. Does your organization perform field audits each year on at least 10 percent of sites that involve two or more weeks of field activity?
 |  |  |  |
| 1. Are the results of the field audits communicated to the emergency responder leading the response activity and forwarded to designated managers?
 |  |  |  |
| 1. If deficiencies are found in the field, are mechanisms in place to take corrective action?
 |  |  |  |

**Notes:**

## HASP Development: Implementation Checklist

This evaluation form has been filled out for: Organization Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| **Transition From Emergency Response to Clean-up Operations (**[**Section 3.3**](#_3.2_Transition_From)**)** |  |  |  |
| 1. Are emergency responders trained to know when to transition from emergency response to clean-up operations in accordance with this chapter and HAZWOPER?
 |  |  |  |
| **HASP Elements (**[**Section 4.0**](#_4.0_DEVELOPING_A)**)** |  |  |  |
| 1. Are emergency responders required to ensure that HASPs are written and that they include all of the elements required by HAZWOPER?
 |  |  |  |
| 1. Are emergency responders required to ensure that JHAs are developed for all EPA-specific tasks that involve chemical, biological, or physical hazards?
 |  |  |  |
| **Employee Training (**[**Section 4.2**](#_4.2_Employee_Training)**)** |  |  |  |
| 1. Do emergency responders receive all HASP-required training?
 |  |  |  |
| 1. Are daily pre-entry briefings held and are all in attendance required to sign an attendance log?
 |  |  |  |
| **One HASP for Multiple Employers (**[**Section 5.0**](#_5.0_ONE_HASP)**)**  |  |  |  |
| 1. Are EPA personnel always covered by their own HASP, an addendum attached to another organization’s HASP, or a HASP that has been coordinated with other employers?
 |  |  |  |
| **Approval Process (**[**Section 6.0**](#Sec_6)**)** |  |  |  |
| 1. Are emergency responders signing HASPs?
 |  |  |  |
| **IAP and HASP (**[**Section 7.0**](#Sec_7)**)** |  |  |  |
| 1. Are emergency responders required to be familiar with the IAP and ICS forms as they relate to meeting HASP requirements?
 |  |  |  |
| **Recordkeeping (**[**Section 8.0**](#_6.0_RECORDKEEPING)**)** |  |  |  |
| 1. Are copies of HASPs retained with the site records?
 |  |  |  |
| 1. Are attendance sheets for daily pre-entry briefings retained with the site records?
 |  |  |  |

**Notice of Findings:**

## Health and Safety Training Program: Implementation Checklist

This checklist has been filled out for: Organization Name

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| 1. Has your organization customized the Health and Safety Training Program chapter, posted it to the [manual’s website](http://www.epaosc.org/_HealthSafetyManual/index.htm), and alerted all relevant stakeholders of its availability?
 |  |  |  |
| 1. Do immediate supervisors and the SHEMP Manager (assisted by the HSPC) collaborate to determine which training OSCs must complete in order to give them the knowledge and skills they need to work safely in the field?
 |  |  |  |
| 1. Have all the OSCs in your region or special team completed the minimum health and safety training requirements identified in [Table 1](#Table_1)?
 |  |  |  |
| 1. Do OSCs retain documentation (e.g., certificates) to show that they have completed required health and safety courses or exercises?
 |  |  |  |
| 1. Does your organization document the completion of all health and safety training requirements in the FRM?
 |  |  |  |
| 1. Does your organization:
* Keep track of which OSCs have met their health and safety training requirements?
* Contact OSCs who have not completed necessary training to inform them that they need to do so and to alert them of the next available training session?
* Alert the immediate supervisor and the Removal Manager (or another designated person) if an OSC has not met a training requirement?
 |  |  |  |
| 1. Does your organization prevent OSCs from working in the field (or at a minimum restrict their job assignments) if they have not completed all required health and safety training?
 |  |  |  |
| 1. Does your organization ensure that (1) pre-entry briefings are held at the start of each work shift, (2) all onsite personnel attend, (3) discussion topics and attendance are documented, and (4) documentation is retained in site files?
 |  |  |  |

**Notice of Findings:**

## PPE Program: Implementation Checklist

This checklist has been filled out for: Organization Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| **Developing a Customized Written PPE Program**  |  |  |  |
| 1. Has your organization customized the PPE Program chapter, posted it to the [manual’s website](http://www.epaosc.org/_HealthSafetyManual/index.htm), and alerted all relevant stakeholders of its availability?  |  |  |  |
| 1. Have emergency responders received copies of the latest *PPE Program Quick Reference Guide* ([Appendix D](#Appen_D))?
 |  |  |  |
| **Developing Site-Specific PPE Procedures** ([Section 3.0](#_3.0_PPE_PROGRAM_REQUIREMENTS)) |  |  |  |
| 1. Does the organization’s written PPE program incorporate the following components?
* Onsite medical monitoring
* PPE training
* PPE inspection, cleaning, maintenance, and storage
* Donning and doffing PPE
* Controlling hazards associated with PPE use
 |  |  |  |
| **Onsite Medical Monitoring** ([Section 3.1](#_3.1_Onsite_Medical)) |  |  |  |
| 1. Does your organization ensure that a Medical Monitor is present if conditions warrant the need for one?
 |  |  |  |
| 1. Is information on the type of PPE that is to be worn given to Medical Monitors so that they know which PPE-related hazards might be present and they can develop an appropriate monitoring plan to protect emergency responders?
 |  |  |  |
| **Training** ([Section 3.2](#_3.2_PPE_Training)) |  |  |  |
| 1. Do employees receive HAZWOPER training prior to using PPE in the field? Are the PPE topics listed in [Section 3.2](#_3.2_PPE_Training) addressed in HAZWOPER training?
 |  |  |  |
| 1. If emergency responders have not received PPE training, are they prevented from participating in field activities?
 |  |  |  |
| **PPE Inspection, Cleaning, Maintenance, and Storage** ([Section 3.3](#_3.3_PPE_Inspection,_Cleaning, Maint)) |  |  |  |
| 1. Do emergency responders inspect PPE regularly and before and after each use?
 |  |  |  |
| 1. Do emergency responders follow proper procedures for routine cleaning of their individually-assigned PPE?
 |  |  |  |
| 1. Is PPE stored properly, according to the guidelines in [Section 3.3.3](#_3.3.3_PPE_Storage)?
 |  |  |  |
| **Fitting, Donning, and Doffing PPE** ([Section 3.4](#_3.4_Fitting,_Donning,_and Doffing P))  |  |  |  |
| 1. Are site-specific procedures for donning and doffing different types of PPE, including Level A and B ensembles addressed?
 |  |  |  |
| 1. Is every emergency responder given individualized respirator fit testing? (See the [manual’s Respiratory Protection Program chapter](http://www.epaosc.org/_HealthSafetyManual/manual-index.htm).)
 |  |  |  |
| **Controlling Hazards Associated With PPE Use** ([Section 3.5](#_3.5_Controlling_Hazards_Associated )) |  |  |  |
| 1. Are site-specific procedures for controlling and managing PPE hazards developed, such as work/rest ratios, crew rotations, and accommodations for especially demanding conditions?
 |  |  |  |
| **PPE Selection** ([Section 4.0](#_4.0_PPE_SELECTION)) |  |  |  |
| 1. Is PPE selection based on a thorough assessment of the site hazards, according to the guidelines described in [Section 4.1](#_4.1_Site_Hazard_Assessment)?
 |  |  |  |
| 1. Do the selected PPE ensembles meet the criteria of the EPA/OSHA levels of protection, A through D, as described in [Section 4.3](#_4.3_EPA/OSHA_PPE_Levels of Protecti)?
 |  |  |  |
| 1. Are factors that could impact PPE replacement (e.g., ambient temperature) (see [Section 4.4](#_4.4_Work-Mission_Duration_and PPE S)) addressed and communicated to emergency responders?
 |  |  |  |
| **Decontamination of PPE** ([Section 5.0](#_5.0_DECONTAMINATION_of_PPE)) |  |  |  |
| 1. Are site-specific PPE decontamination procedures developed and implemented in the field?
 |  |  |  |
| **Recordkeeping** ([Section 6.0](#_6.0_RECORDKEEPING)) |  |  |  |
| 1. Do emergency responders receive certificates documenting the completion of HAZWOPER training (which covers PPE topics)? Do emergency responders present proof of training completion to the SHEMP Manager or HSPC (or another designated person)?
 |  |  |  |
| 1. Does your organization ensure that training requirements are tracked in the FRM and that the Removal Manager or supervisor is aware of which employees have/have not completed their training requirements?
 |  |  |  |
| 1. Are records of PPE procurement, inspection, and maintenance retained?
 |  |  |  |
| 1. Are site-specific hazard assessment forms and certifications of hazard assessment retained?
 |  |  |  |

**Notice of Findings:**

### Inspection Checklist for Level A Suits

**Manufacturer/Purchased From:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Purchased:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Serial Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Style and Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Suit Component** | **Approved** |
| **Material:** Check for abrasions, holes, or tears. | [ ]  |
| **Zipper:** Inspect overall condition; look for worn or damaged teeth, ease of operation. Lubricate zipper lightly with paraffin or another lubricant as specified by the manufacturer. Store garment with the fastener open.  | [ ]  |
| **Facepiece:** Check for splits, cracks, or deep scratches. | [ ]  |
| **Gloves:** Check glove integrity, PVC ring, quality of rubber bands, tightness of metal ring. | [ ]  |
| **Exhalation valve:** Check for freedom from obstructions and dirt. If valves need to be replaced, send back to manufacturer for replacement. | [ ]  |
| **Seams:** Visually check for split seams, tears, or separations of material. | [ ]  |
| **Leak test:** Follow procedures outlined by the manufacturer forair pressure testing. | [ ]  |

### Annual Inspection Log for Level A Suit

**Manufacturer/Serial Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Inspection****Date** | **Inspected By (Name and Job Title)** | **Inspection Result** | **Air Pressure Testing Result** | **Date of Removal from Servicea** | **Reason for Removal/Comments** |
|  |  | [ ]  Passed[ ] Failed | [ ]  Passed[ ] Failed |  |  |
|  |  | [ ]  Passed[ ] Failed | [ ]  Passed[ ] Failed |  |  |
|  |  | [ ]  Passed[ ] Failed | [ ]  Passed[ ] Failed |  |  |
|  |  | [ ]  Passed[ ] Failed | [ ]  Passed[ ] Failed |  |  |
|  |  | [ ]  Passed[ ] Failed | [ ]  Passed[ ] Failed |  |  |

a Chemical-protective suit components are made from polymer or rubber materials for which specific use-life data might not be available. Based on the physical condition of the suit and the manufacturer’s recommendations, consider downgrading the suit to “training-use only” **after five years** **or after a manufacturer-recommended period of use**. Each suit so designated must be clearly marked “For Training Use Only*”* on the outside to avoid use of the suit in the field.

## Injury, Illness, and Exposure Reporting Program: Implementation Checklist

This checklist has been filled out for: Organization Name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| **General** |  |  |  |
| 1. Has your organization customized the Injury, Illness, and Exposure Reporting chapter, posted it to the [manual’s website](http://www.epaosc.net/_HealthSafetyManual), and alerted all relevant stakeholders of its availability? |  |  |  |
| 2. Have emergency responders received copies of the latest *Injury, Illness, and Exposure Reporting Quick Reference Guide* ([Appendix D](#Appendix_D))? |  |  |  |
| 3. Are incident reporting and investigation procedures incorporated into HASPs?  |  |  |  |
| **OSHA Injury and Illness Reporting and Recordkeeping (**[**Section 3.1**](#_3.1_OSHA's_Recordkeeping_Regulation)**)** |  |  |  |
| 4. Have supervisors informed EPA emergency responders (including non-EPA employees, that is, those hired via the Non-Appropriated Funds Instrumentalities Act, Commissioned Officers of the Public Health Service, contractor employees, grantees, and Senior Environmental Employees) of the reporting procedures for work-related injuries, illnesses, and significant exposures?  |  |  |  |
| 5. Are emergency responders reporting all work-related injuries, illnesses, and significant exposures to their supervisors? |  |  |  |
| 6. Are supervisors completing *OSHA & EPA 301 Injury, Illness and Near Miss Reports* upon notification of work-related injuries, illnesses, and significant exposures and forwarding the completed reports to the local SHEMP Manager? |  |  |  |
| 7. Is the local SHEMP Manager supporting the needs of emergency responders by: (1) reviewing *OSHA & EPA 301 Injury, Illness and Near Miss Reports* for field incidents and updating the organization’s *OSHA 300 Log* with recordable cases occurring in the field; (2) providing emergency responders access to OSHA injury and illness records (upon request) and addressing any employee privacy issues; and (3) documenting recordable cases for employees that are visiting or on temporary work assignment in his/her organization. |  |  |  |
| 8. If a catastrophic incident (i.e., a fatality or the in-patient hospitalization of three or more employees) occurred, was the local area OSHA office notified within 8 hours of the incident?  |  |  |  |
| **Workers’ Compensation Benefits and Reporting Procedures (**[**Section 3.2**](#_3.2_Workers'_Compensation_Benefits_)**)**  |  |  |  |
| 9. Are employees completing the proper OWCP forms to report a work-related injury ([Form CA-1](http://www.dol.gov/owcp/regs/compliance/ca-1.pdf)) or illness [(Form CA-2](http://www.dol.gov/owcp/regs/compliance/ca-2.pdf) and the appropriate checklist from [Form CA-35](http://www.dol.gov/owcp/regs/compliance/ca-35.pdf)) and submitting the forms with supporting medical evidence to their supervisor within the required timeframe?  |  |  |  |
| 10. Are supervisors advising employees of the appropriate forms and medical evidence to submit for work-related injuries and illnesses and their rights to elect COP, annual or sick leave, or leave without pay depending on their condition?  |  |  |  |
| 11. Are supervisors completing their portion of Forms CA-1, CA-2 and CA-35 and submitting the completed forms to the WCC within the required timeframe?  |  |  |  |
| 12. Do supervisors sign and return to employees the receipts attached to Forms CA-1 and CA-2 and give them copies of the completed forms? |  |  |  |
| 13. Is medical treatment authorized correctly depending on the employee’s condition and the nature of the incident (i.e., Form CA-16 issued by WCC for traumatic injuries; medical treatment authorized by telephone for emergencies and Form CA-16 sent or faxed to the medical facility within 48 hours; prior approval obtained from OWCP before issuing Form CA-16 for an occupational illness)?  |  |  |  |
| 14. Are employees bringing Forms CA-16 and [OWCP-1500](http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-1500.pdf) to their health care provider when obtaining medical treatment?  |  |  |  |
| 15. Do employees know what to do if they are billed directly for initial medical treatment pertaining to a job-related injury (i.e., claim reimbursement by promptly submitting itemized bills with completed Forms OWCP-1500 and [OWCP-915](http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-915.pdf))? |  |  |  |
| 16. Do employees submit [Form OWCP-957](http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-957.pdf) to claim mileage accrued in visits to and from a health care provider that are associated with a work-related injury or illness?  |  |  |  |
| 17. Do employees and supervisors understand the basic process for filing a workers’ compensation claim (i.e., when and how the claim is filed)?  |  |  |  |
| 18. Do employees and supervisors know where to go to obtain additional information about injury compensation for federal employees? |  |  |  |
| **Exposure Reporting and Tracking (**[**Section 3.3**](#_3.3_Exposure_Reporting_and_Tracking)**)**  |  |  |  |
| 19. Are employees completing the *Exposure, Injury, and Dosimetry Tracking Form*? |  |  |  |
| 20. Are supervisors submitting completed employees’ *Exposure, Injury, and Dosimetry Tracking Forms* at least quarterly? |  |  |  |
| 21. Is the local SHEMP Manager evaluating *Exposure, Injury, and Dosimetry Tracking Forms* and coordinating the medical testing that might be warranted because of an employee’s recent field exposure or during the employee’s annual medical examination?  |  |  |  |
| 22. Are *Exposure, Injury, and Dosimetry Tracking Forms* retained by the SHEMP Manager for at least 30 years?  |  |  |  |
| **Motor Vehicle Accident Reporting (**[**Section 4.0**](#_4.0_Motor_Vehicle_Accident_Reportin)**)** |  |  |  |
| 23. Do employees carry copies of Standard Forms (SF) [91](http://www.gsa.gov/portal/forms/download/9452CD3A30CB625F85256B7D00729048), [94](http://www.gsa.gov/portal/forms/download/F648AFE5DA88F0E285256B7D0072BACD), and [95](http://www.gsa.gov/portal/forms/download/635588D718E338F385256B1B007FBE64) in the glove boxes of all vehicles used for official government business?  |  |  |  |
| 24. Do employees notify their supervisor and the Vehicle Manager (or another designated person) as soon as possible in the event of an accident with a motor vehicle? |  |  |  |
| 25. Do supervisors complete and submit an *OSHA & EPA 301 Injury, Illness and Near Miss Report* when the driver is injured or the incident meets the definition of a “near miss”? Is a copy of the report also submitted to the WCC if the driver requires medical care? |  |  |  |
| 26. Do supervisors investigate motor vehicle accidents and complete the supervisor and accident investigation sections of SF-91? |  |  |  |
| 27. Do employees submit all forms and supporting information (e.g., SF-91, SF-94, employee’s authorization to travel, rental contract, police report, other relevant documents/receipts) within 5 business days of a motor vehicle accident? Do supervisors ensure that all reports and data are forwarded to the Vehicle Manager or AMC? |  |  |  |
| 28. Are rental companies and the AMC notified of accidents involving their respective vehicles? |  |  |  |
| 29. Do employees retain and submit legal documents or telephone calls to answer questions pertaining to a motor vehicle accident?  |  |  |  |
| 30. Do employees obtain Agency approval before using a POV for response activities? Do employees inform their private automobile insurance carrier that they may/will use their POV for official government business? |  |  |  |
| **Near Misses (**[**Section 5.0**](#_5.0_Near_Misses)**)** |  |  |  |
| 31. Are employees reporting near miss incidents in the field to their supervisor within 24 hours of the occurrence? |  |  |  |
| 32. Are employees and their supervisors working together to complete *OSHA & EPA 301 Injury, Illness and Near Miss Reports* for near miss incidents in the field? |  |  |  |
| 33. Are supervisors submitting completed *OSHA & EPA 301 Injury, Illness and Near Miss Reports* within 48 hours of notification to the local SHEMP Manager? |  |  |  |
| 34. Is the SHEMP Manager evaluating near miss reports from the field, identifying and implementing corrective actions, and performing follow-up activities as required? |  |  |  |
| 35. Do employees know how to report near miss incidents anonymously?  |  |  |  |
| **Unsafe or Unhealthy Working Conditions (**[**Section 6.0**](#_6.0_UNSAFE_OR_UNHEALTHFUL_WORKING_C)**)** |  |  |  |
| 36. Do employees report hazardous working conditions in the field to their supervisor or Onsite Safety Officer?  |  |  |  |
| 37. Are employee reports of hazardous working conditions maintained in a log at the field site? |  |  |  |
| 38. Do logs of employee reports of hazardous working conditions contain the following minimum information: date, time, name of reporting employee, file number of the report, location of the condition, brief description of the condition, classification of the condition, and action taken and the date? |  |  |  |
| 39. Are logs of employee reports of hazardous working conditions retained in site files and copies forwarded (recommended) to the appropriate person? |  |  |  |
| 40. Are workplace inspections conducted within 24 hours for imminent danger reports, 3 working days for reports of serious conditions, and 20 working days for reports of other conditions? |  |  |  |
| 41. Do employees receive the required notifications when reports of hazardous working conditions are made (i.e., prompt notification when a hazard can be abated immediately, notification in writing within 15 days when a hazard does not exist)? |  |  |  |
| 42. Are inspection or investigation reports made available to employees within the required time frames (15 days for safety violations, 30 days for health violations)? |  |  |  |
| 43. Are abatement plans prepared when a hazardous working condition cannot be corrected within 30 days? |  |  |  |
| 44. Are employees informed of the provisions of any abatement plans and when the hazardous conditions are abated? |  |  |  |
|  **Incident Investigation and Reporting (**[**Section 7.0**](#_7.0_INCIDENT_INVESTIGATION)**)** |  |  |  |
| 45. Are incidents involving injuries, illnesses, significant exposures, near misses, motor vehicles, and property damage investigated to determine the root cause and develop corrective actions? |  |  |  |
| 46. Are incident investigations documented with the minimum required information (i.e., date, time, location, operation/activity/task, description of incident, photographs, interviews, measurements, corrective actions, and other relevant information)? |  |  |  |
| 47. Are copies of incident investigation reports provided to the Removal Manager, the official in charge of the response site, the Lead OSC, the local SHEMP Manager, and the employee representative (if applicable)? Are copies of investigation reports for motor vehicle accidents also provided to the Vehicle Manager or AMC?  |  |  |  |
| 48. Are copies of incident investigation reports retained in site files and copies forwarded (recommended) to the appropriate person? |  |  |  |
| **Training (**[**Section 8.0**](#_8.0_TRAINING)**)** |  |  |  |
| 49. Has injury, illness, and exposure reporting training been provided to all emergency responders and supervisors? |  |  |  |
| 50. Is the Removal Manager aware of employees that have (and have not) completed their injury, illness, and exposure reporting training requirements? |  |  |  |
| 51. Do emergency responders retain certificates (or other equivalent forms of documentation) certifying that they have completed injury, illness, and exposure reporting training? |  |  |  |
| **Recordkeeping (**[**Section 9.0**](#_9.0_RECORDKEEPING)**)** |  |  |  |
| 52. Are training certificates or other documentation issued to employees and documented and tracked in the FRM?  |  |  |  |
| 53. Are *OSHA & EPA 301 Injury, Illness and Near Miss Reports* for field activities retained by the SHEMP Manager for 5 years following the year of occurrence? |  |  |  |
| 54. Are *Exposure, Injury, and Dosimetry Tracking Forms* retained by the SHEMP Manager for at least 30 years? |  |  |  |
| 55. Are logs of employee reports, employee notifications, workplace inspection reports, and abatement plans pertaining to hazardous working conditions retained in site files and copies forwarded (recommended) to the appropriate person? |  |  |  |
| 56. Does the Vehicle Manager or AMC retain copies of motor vehicle accident records (e.g., *OSHA & EPA 301 Injury, Illness and Near Miss Report*, SF-91, SF-94, SF-95, employee’s authorization to travel, rental vehicle contract, police report, other)?  |  |  |  |
| 57. Are incident investigation reports retained in site files and copies forwarded (recommended) to the appropriate person? |  |  |  |

**Notice of Findings:**

## Chemical and Biological Agents Program: Implementation Checklist

This checklist has been filled out for: Organization Name

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **General** |  |  |  |
| 1. Has your organization customized the Chemical and Biological Agent chapter, posted it to the [manual’s website](http://www.epaosc.org/_HealthSafetyManual/index.htm), and alerted all relevant stakeholders of its availability?
 |  |  |  |
| 1. Have emergency responders received copies of the latest Chemical and Biological Agent Quick Reference Guide ([Appendix D](#_APPENDIX_D_))?
 |  |  |  |
| **Awareness Training (**[**Section 3.0**](#_3.0_AWARENESS_TRAINING)**)** |  |  |  |
| 1. Have emergency responders who may be exposed to chemical or biological agents in the course of their assigned duties received Chemical and Biological Agent Awareness training? *(Note: The awareness training may be provided as a standalone course or as part of initial 40-hour HAZWOPER training or annual 8-hour refresher training.)*
 |  |  |  |
| **Developing Site-Specific HASPs and Adhering to Onsite Safety Controls (**[**Section 5.0**](#_5.0_SAFETY_AND)**)** |  |  |  |
| 1. Do emergency responders incorporate components of their Chemical and Biological Agents Program into HASPs?
 |  |  |  |
| 1. Are emergency responders adhering to the guidelines presented in [Section 5.0](#_5.0_SAFETY_AND) of the chapter with regard to:
* Hazard evaluation.
* Selecting and using proper PPE.
* Following proper decontamination procedures to ensure that all personnel, clothing, equipment, and samples leaving a contaminated area are properly decontaminated.
* Using soap and clean or potable water (not bleach) to wash skin.
* Protecting personnel from hazardous decontamination agents, such as bleach.
* Capturing decontamination fluids and other materials for appropriate treatment and disposal.
 |  |  |  |
| **Vaccination and Chemoprophylaxis (**[**Section 5.1**](#_5.1_Medical_Surveillance_2)**)** |  |  |  |
| 1. Does EPA ensure that employees are offered the appropriate vaccines and antibiotics?
 |  |  |  |
| **Post-Exposure Evaluation and Follow-up Activities (**[**Section 5.1**](#_5.1_Medical_Surveillance_2)**)**  |  |  |  |
| 1. Do emergency responders notify their supervisors if they know (or suspect) that they have been exposed to potentially hazardous chemical or biological agents?
 |  |  |  |
| 1. Does EPA coordinate with health care providers to provide emergency responders with follow-up treatment and medical evaluations to monitor possible chronic or latent health effects?
 |  |  |  |
| **Recordkeeping (**[**Section 6.0**](#_6.0_RECORDKEEPING)**)** |  |  |  |
| 1. Do emergency responders retain certificates (or other equivalent forms of documentation) to document that they have completed Chemical and Biological Awareness training?
 |  |  |  |
| 1. Does your organization ensure that training requirements are tracked in the FRM and that the Removal Manager or supervisor is aware of which employees have/have not completed their training requirements?
 |  |  |  |
| 1. Does EPA retain copies of onsite medical monitoring records?
 |  |  |  |

**Notice of Findings:**

## Confined Space Safety Plan: Implementation Checklist

This checklist has been filled out for: Organization Name

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| **Developing a Customized Written Confined Space Safety Plan**  |
| 1. Has your organization prepared a confined space safety plan by customizing the Confined

 Space Safety Program chapter, posted it to the [manual’s website](http://www.epaosc.net/_healthsafetymanual/), and alerted all relevant stakeholders of its availability? |  |  |  |
| 1. Have emergency responders received copies of the latest *Confined Space Safety Plan Quick*

 *Reference Guide* ([Appendix D](#Appendix_D))? |  |  |  |
| 1. Do emergency responders incorporate components of the organization's Confined Space

 Safety Plan into HASP PRCS procedures? |  |  |  |
| **Pre-Entry Operations** |
| 1. Are work sites surveyed for confined spaces and effective measures taken to prohibit or

 control entry? Are the survey results documented and an up-to-date list of confined spaces (non-permit and PRCS) maintained in the HASP ([Section 3.2](#_3.2_Assessing_the))? |  |  |  |
| 1. Are entry requirements (if any) specified for non-permit confined spaces and changes in

 conditions that would require re-evaluation of the spaces ([Section 3.2](#_3.2_Assessing_the) and [Section 3.6.3](#_3.6.3_Work_Practices))?  |  |  |  |
| 1. Are pre-entry briefings held at the beginning of each shift and

 attendance documented? Do discussion topics address all confined spaces at the work site (i.e., non-permit and PRCS) ([Section 3.2.1](#_3.2.1_Prohibiting_Entry), and [Section 3.3](#_3.2_Written_PRCS_Program))? |  |  |  |
| 1. Is PRCS entry prohibited until all provisions and requirements of the OSHA Confined

 Space standard are met? |  |  |  |
| 1. Is air monitoring performed (and documented) to determine if acceptable entry conditions

 exist prior to and during entry ([[Section 3.5](#_3.5_Confined_Space)](#_3.5_Confined_Space_Air_Monitoring_1))? |  |  |  |
| 1. Are PRCSs ventilated properly to control atmospheric hazards ([Section 3.6.1](#_3.6.1_Ventilation))?
 |  |  |  |
| 1. Are hazardous energy sources controlled with lockout/tagout procedures (such as isolation)

 before entry is allowed ([Section 3.6.2](#_3.6.2_Lockout/Tagout))? |  |  |  |
| 1. Are confined spaces illuminated effectively and safely during entry ([Section 3.9](#_3.9_Illumination))?
 |  |  |  |
| 1. Are hot work permits issued when hot work is performed in or near confined spaces

 ([Section 3.10](#_3.6.5_Hot_Work))? |  |  |  |
| 1. Do entry permits specify the equipment and supplies (including PPE) required for PRCS

 operations ([Sections 3.6.4](#_3.6.4_Personal_Protective_Equipment), [3.7](#_3.7_Specialized_Equipment_and_Suppl), and [3.13](#_3.8_Confined_Space_Entry_Permit))? |  |  |  |
| 1. Do entry permits specify the communication methods (and equipment) between attendants

 and entrants ([Sections 3.8](#_3.8_Communication_1) and [3.13](#_3.8_Confined_Space_Entry_Permit))? |  |  |  |
| 1. Is at least one trained attendant stationed outside a PRCS for the duration of PRCS

 operations ([Section 3.3](#_3.2_Written_PRCS_Program))? |  |  |  |
| 1. If multiple spaces are monitored by an attendant, are the means and procedures to enable

 the attendant to respond to an emergency affecting one or more PRCS specified on the entry permit ([Section 3.13](#_3.8_Confined_Space_Entry_Permit))? |  |  |  |
| 1. Is the availability of rescue and emergency services verified and the means for summoning

the services determined to be operable prior to authorizing entry ([Sections 2.2.1](#_2.2.1_Entry_Supervisors) and [3.13](#_3.8_Confined_Space_Entry_Permit))? |  |  |  |
| 1. Are retrieval devices used for vertical-type confined spaces greater than 5 feet deep ([Section 3.11.1](#_3.11.1_Rescue_Options—Self_Rescue,_))?
 |  |  |  |
| 1. Are rescue personnel (including authorized attendants) proficient in the use of retrieval

 devices ([Section 3.11.1](#_3.11.1_Rescue_Options—Self_Rescue,_))? |  |  |  |
| 1. Do onsite entry rescue services comply with OSHA's requirements for PPE, training, first

 aid/CPR, and annual simulated rescue drills ([Section 3.11.2](#_3.11.2_Entry_Rescue_Services))? |  |  |  |
| 1. Are offsite rescue services able to respond within an appropriate time frame and equipped

 for and proficient in performing the needed rescue services ([Section 3.11.2](#_3.7.1_Retrieval_Systems))? |  |  |  |
| 1. Do combined onsite and offsite rescue services comply with OSHA's requirements for

 rescue services, train together as a team, and have clearly defined roles in the HASP PRCS procedures ([Section 3.11.2](#_3.7.1_Retrieval_Systems))?  |  |  |  |
| 1. Are offsite rescue services informed of the hazards they may encounter and allowed access

 to the PRCS to prepare rescue plans and practice rescue drills ([Section 2.3.2](#_3.9.2_Offsite_Rescue_Services))? |  |  |  |
| 1. When multiple employers are working in or near a PRCS, are host employer

 responsibilities complied with, entry operations coordinated, and a controlling employer established ([Section 3.13](#_3.8_Confined_Space_Entry_Permit))? |  |  |  |
| 1. Are PRCS entry permits and alternate entry certifications prepared, reviewed, verified,

 signed, and posted at the entrance to PRCSs ([Section 3.13](#_3.8_Confined_Space_Entry_Permit))? |  |  |  |
| 1. Are SDSs or other information on the contents, coatings or liners, potential hazardous

 atmospheres, and residues found or anticipated in PRCSs readily available to entrants and medical personnel treating injured workers ([[Section 3.12](#_3.12_Material_Safety_Data_Sheets_(M_1)](#_3.12_Material_Safety_Data Sheets (M_1))? |  |  |  |
| **Entry Operations** |
| 1. Is an accurate head count of entrants maintained at all times?
 |  |  |  |
| 1. Is the primary duty of attendants to monitor and protect entrants and to remain outside the

 PRCS at all times until relieved by another attendant? |  |  |  |
| 1. Do attendants and entrants communicate with each other frequently so that entrant status

 and conditions can be carefully monitored?  |  |  |  |
| 1. Are activities inside and outside the PRCS monitored to determine if it is safe to remain

 within the space? |  |  |  |
| 1. Are the activities of contractors and other agencies monitored to ensure that PRCS

 procedures (HASP) are followed? |  |  |  |
| 1. Are unauthorized persons who enter or attempt to enter a PRCS removed from the space?
 |  |  |  |
| 1. Are entrants ordered to immediately evacuate a PRCS if a prohibited condition, situation,or other emergency occurs inside or outside the space?
 |  |  |  |
| 1. Do entrants immediately evacuate a PRCS when: (a) an order to evacuate is given, (b)

 symptoms of exposure occur, (c) a prohibited condition is detected, (d) an evacuation alarm is activated, or (e) they believe they are in danger?  |  |  |  |
| 1. Do entry supervisors and attendants perform rescue duties (non-entry and/or entry rescue) as specified by the permit and HASP PRCS procedures?
 |  |  |  |
| **Post-Entry Operations** |
| 1. Is cancellation (or termination) of entry operations and closure of PRCSs documented on

 entry permits ([Section 3.13.2](#_3.13.2_PRCS_Cancellation))? |  |  |  |
| 1. When problems are encountered during a PRCS operation, are they investigated and

 documented on the entry permit and are appropriate revisions made to the HASP PRCS procedures before any subsequent PRCS entries are authorized ([Section 3.13.1](#_3.13.1_Required_PRCS_Modifications))?  |  |  |  |
| 1. Are PRCSs closed and temporary barriers (at the entrance) removed when entry operations

 are complete? |  |  |  |
| **Equipment Use and Management (**[[**Section 3.7**](#_3.7_Specialized_Equipment)](#_3.7_Specialized_Equipment_and Suppl)**)** |
| 1. Is an adequate supply of the required PPE and specialized equipment available and

 maintained for ready access to support PRCS operations? |  |  |  |
| 1. Have procedures been established for issuing and tracking equipment and supplies

 (including consumables)? |  |  |  |
| 1. Do emergency responders report equipment shortages or problems to the designated person?
 |  |  |  |
| 1. Do emergency responders properly inspect, use, and maintain the required equipment,

 supplies, and PPE ([Section 3.6.4](#_3.6.4_Personal_Protective_Equipment))? |  |  |  |
| 1. Is air monitoring equipment used and calibrated in accordance with the manufacturer's

 instructions ([Section 3.5](#_3.5_Confined_Space))? |  |  |  |
| **Training (**[**Section 3.14**](#_3.11_PRCS_Training)**)** |
| 1. Are the following training requirements met?
* Do all emergency responders receive at least Confined Space Awareness training?
* If emergency responders are assigned to serve as entry supervisors, entrants, attendants, air monitoring personnel, or rescue personnel, have they satisfied the training requirements identified in [29 CR 1910.146(g)](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9797)?
* Is site-specific training on confined space safety addressed during pre-entry briefings? Are such briefings provided 1) when a change in PRCS operations presents a hazard not previously addressed during training, 2) before a change in PRCS assigned duties, and 3) when there are deviations in the entry procedures for PRCS operations?
 |  |  |  |
| 1. Do emergency responders retain certificates (or other equivalent forms of documentation) certifying that they have completed confined space training?
 |  |  |  |
| 1. Are employees who have not completed all of their confined space safety training requirements prevented from working in the field?
 |  |  |  |
| **Recordkeeping (**[**Section 3.15**](#Sec_3_1_5)**)** |
| 1. Are training requirements documented and tracked in the FRM?
 |  |  |  |
| 1. Are canceled PRCS entry permits, hot work permits, and alternate entry certifications properly completed and retained in site files with copies forwarded to the designated person?
 |  |  |  |
| 1. Are confined space identification and evaluation forms and equipment calibration records properly completed and retained in site files with copies forwarded to the designated person?
 |  |  |  |
| 1. Are records that show the composition of atmospheres that employees were exposed to (even if respirators were worn) retained for at least 30 years (e.g., confined space identification and evaluation forms, alternate entry certifications, and PRCS entry permits)?
 |  |  |  |
| 1. Are SDSs, air monitoring data, and other information on the contents, coatings or liners, potential hazardous atmospheres, and residues found or anticipated in PRCSs included with entry permits and retained in site files with copies forwarded to the designated person? Are SDSs and other hazard information retained for at least 30 years?
 |  |  |  |

**Notes:**

## Medical Surveillance Program Evaluation Checklist

This evaluation form has been filled out for: Organization Name

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **General** |
| 1. Has your organization customized the Medical Surveillance Program chapter? |  |  |  |
| 2. Has the customized version of the chapterbeen posted to the manual Web site and have all relevant stakeholders been notified of its availability? |  |  |  |
| 3. Is the customized version of the chapter reviewed and updated at least annually? |  |  |  |
| **Medical Examinations (**[**Section 3.0**](#_5.0__MEDICAL_EXAMINATIONS)**)** |
| 4. Are the following made available to EPA emergency responders:  |  |  |  |
| * Baseline medical examination?
 |
| * Annual medical examinations?
 |
| * Exit medical examination?
 |
| Are additional medical examinations administered if the examining physician thinks they are warranted or if the employee has developed signs or symptoms of overexposure to hazardous substances or has been injured or exposed above permissive exposure limits? |
| 5. Are physicians provided with the following: |  |  |  |
| * A copy of the HAZWOPER standard and its appendices?
 |
| * Information on each employee’s duties and potential exposures, including possible exposure levels?
 |
| * Information on any PPE used or to be used by each employee?
 |
| 6. Do examining physicians adhere to the requirements that are listed in [Table 1](#Table_1) and [Table 2](#Table_2) of the Medical Surveillance Program chapterwhen performing medical exams on EPA emergency responders? *(Note: These tables list the specific tests and the frequency with which they should be performed.)* |  |  |  |
| 7. Is chemical-specific monitoring or other special testing performed if there is reason to believe that an employee has been exposed to a particular substance or if the employee’s medical history suggests that they have particular risk factors that place them at increased risk of experiencing adverse health effects? |  |  |  |
| 8. Does the Medical Review Officer submit a written opinion to EPA in a timely fashion regarding whether an employee is medically cleared to perform his or her duties? |  |  |  |
| **Other Components of the OMSP**—**Immunization Program, Issuance of Antibiotics, and Issuance of Nerve Agent Antidote Kits (**[**Section 4.0**](#_6.0__OTHER_COMPONENTS OF THE MEDICA)**)** |
| 9. Does the organization keep records of the immunization status of its emergency responders, as well as completed vaccination waiver forms?  |  |  |  |
| 10. Do examining physicians administer recommended vaccines to emergency responders? |  |  |  |
| 11. Has the organization instituted a plan to issue antibiotics to emergency responders? |  |  |  |
| 12. Does the organization have a system in place to store and distribute prescriptions for antibiotics to individual emergency responders?  |  |  |  |
| 13. Has the organization instituted a plan to issue nerve agent antidote kits to emergency responders, including reviewing training and maintenance records? |  |  |  |
| 14. Does the organization have a system in place to obtain, store, use, train, and dispose of nerve agent antidote kits? |  |  |  |
| **Training (**[**Section 5.0**](#_7.0_TRAINING)**)** |
| 15. Do emergency responders attend medical surveillance awareness training upon enrolling into the OMSP? |  |  |  |
| 16. Do emergency responders receive training on how to use nerve agent antidote kits, including initial training, annual refresher training, and competency evaluations? |  |  |  |
| 17. Does the organization track who has received training and send notifications of available training opportunities to those who have not yet received training? |  |  |  |
| **Recordkeeping (**[**Section 6.0**](#_8.0__RECORDKEEPING)**)** |
| Medical History/Examination Results ([Section 6.1](#_8.1_Medical_History,_Examination Re)) |  |  |  |
| 18. Do physicians use the *EPA Medical Evaluation Form* ([*Appendix F*](#Appendix_F)) to record an employee’s medical history, exposure information, and the results obtained during medical examinations?  |
| 19. Does the physician retain copies of the completed forms? |
| Medical Clearance Statements ([Section 6.2](#_8.2_Medical_Clearance_Statements/Id)) |  |  |  |
| 20. Does EPA’s Medical Review Officer give SHEMP Managers (or another designated person) written *Medical Clearance Statements* ([*Appendix F*](#Appendix_F)) that provide opinions regarding whether employees are medically cleared to perform their duties?  |
| 21. Do SHEMP Managers (or another designated person), supervisors, and individual emergency responders retain copies of completed *Medical Clearance Statements?* |
| Vaccination Records ([Section 6.3](#_8.3_Vaccination_Records)) |  |  |  |
| 22. Do physicians document all of the vaccines that they administer to emergency responders on *Vaccine Administration Records* ([*Appendix H*](#Appendix_H))? |
| 23. Do physicians update and certify an individual’s vaccination history on a pocket-sized card on a regular basis? |
| 24. Do physicians and SHEMP Managers (or another designated person) retain copies of the cardson file?  |
| 25. Do emergency responders carry copies of their cards into the field? |
| 26. Do physicians and SHEMP Managers (or another designated person) retain copies of completed *Vaccine Declination Statements*? |
| Training Certification ([Section 6.4](#_8.4_Training_Certification)) |  |  |  |
| 27. Are training certification letters or another form of documentation issued to all emergency responders who have participated in (1) medical surveillance awareness training and (2) training on how to use nerve agent antidote kits([*Appendix I*](#Appendix_I))? |
| 28. Do SHEMP Managers (or another designated person) and emergency responders keep this documentation on file? |
| Forms and Reports Associated with Occupational Exposures ([Section 6.5](#_8.5_Tracking_Occupational_Exposures)) |  |  |  |
| 29. Are *Exposure, Injury, and Dosimetry Tracking Forms* ([*Appendix J*](#Appendix_J)) filled out monthly and submitted to the SHEMP Manager (or another designated person) at least quarterly?  |
| 30. Do workers with any injury, illness, or near miss notify their supervisors and submit the required forms ([*Appendix K*](#Appendix_K))? |
| 31. Does the SHEMP Manager (or another designated person), HSPC, or employee’s supervisor, in conjunction with the physician, determine whether follow-up medical treatment or evaluation is required in the event of an exposure? |
| **Program Evaluations (**[**Section 7.0**](#_9.0_AUDITS_AND_PROGRAM EVALUATION)**)** |
| 32. Is an internal program evaluation performed at least annually to examine how well the organization’s OMSP is operating? |  |  |  |

**Notice of Findings:**

**Monthly Respirator Inspection Checklist**

For negative-pressure, PAPR, and SCBA respirators

Respirator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Model/ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Inspect each respirator under your control every month, following the manufacturer’s inspection procedures. Writing legibly, enter the appropriate condition rating or qualifying note regarding repairs or adjustments in the appropriate block. Use the back of this sheet (or another page) for additional notes. Initial the bottom row after completing a monthly inspection. Submit this checklist quarterly to the Health and Safety Program Contact or designated individual.

|  |  |  |  |
| --- | --- | --- | --- |
| **Follow manufacturer’s inspection procedures, record findings in blocks**  | **Month 1\_\_\_\_\_\_\_\_\_\_** **(mm/yy)** | **Month 2\_\_\_\_\_\_\_\_\_\_\_** **(mm/yy)** | **Month 3\_\_\_\_\_\_\_\_\_** **(mm/yy)** |
| Cleanliness (overall) |  |  |  |
| Storage situation (protected from contamination, distortion, extreme temperatures) |  |  |  |
| Assembly intact (components, valves, o-rings, present and appropriate) |  |  |  |
| Face seal and face shield condition |  |  |  |
| Harness/frame condition |  |  |  |
| Cartridges on hand (same manufacturer, change schedule, expiration) |  |  |  |
| PAPR blower (flow rate, battery status) |  |  |  |
| Regulator condition |  |  |  |
| Hose/connection condition |  |  |  |
| Cylinder condition (body, 90% full, hydrostatic test status, age) |  |  |  |
| Performance test result (harness adjustment, leaks, alarms) |  |  |  |
| ***Inspector’s initials*** |  |  |  |

 Rating Key

1 - Good/yes 3 - Poor/needs attention

2 - Acceptable/serviceable NA - Not applicable

**Respirator Inspection Procedures
(for reverse side of Monthly Respirator Inspection Checklist)**

**Air-Purifying Respirator (APR) Inspection Procedures**

The following are the minimum inspection procedures for APRs:

Check rubber facepiece for dirt, pliability of rubber/silicone, deterioration, disfigurement, cracks, tears, or holes.

Check harness and straps for breaks, tears, loss of elasticity, broken attachment snaps, and proper tightness.

Check for the presence of inhalation and exhalation valves.

Check inhalation and exhalation valves for holes, warping, cracks, and dirt.

Check the facepiece lens for proper mounting, cracks, or severe scratches that may impede vision.

Check filter/cartridge mounts for the presence of gaskets and inspect for dirt, deterioration, cracks, tears, or holes.

Check filters, cartridges, and canisters for dents, corrosion, and expiration dates.

Conduct a positive and negative pressure face seal check in accordance with manufacturer instructions.

Refer to the manufacturer’s Operation and Maintenance Instruction Manual for detailed inspection instructions.

**Powered Air-Purifying Respirator (PAPR) Inspection Procedures**

The following are the minimum inspection procedures for PAPRs:

Examine the respirator facepiece as specified above in the APR inspection procedures.

Check the condition of all hardware to verify the presence and integrity of threads, couplings, gaskets, and connections per manufacturer recommendations.

Check the breathing tube for leaks, cracks, or tears.

Check the condition and functionality of the blower assembly according to manufacturer recommendations.

Ensure that batteries are fully charged prior to storage and use.

Refer to the PAPR manufacturer’s Operation and Maintenance Instruction Manual for detailed inspection instructions.

**Self-Contained Breathing Apparatus (SCBA) Inspection Procedures**

The following are the minimum inspection procedures for SCBA:

Inspect the facepiece as specified above in the APR inspection procedures.

Check for the presence of the facepiece airline gasket and inspect for dirt, deterioration, cracks, tears, or holes.

Check the condition of air supply hoses, pressure gauges, gaskets, o-rings, valves, and couplings per manufacturer instructions.

Check the regulator for dirt and inspect the condition of gaskets, couplings, threads, and valve assembly per manufacturer instructions.

Check the integrity of the back pack and harness assembly and all associated straps and buckles.

Check the hydrostatic test date of the cylinder.

Check the cylinder gauge and ensure that the cylinder is full.

Conduct an operational check of the unit per manufacturer instructions to verify the correct operation of the regulator, pressure gauges, and warning devices (end-of-service alarms) and to ensure there are no leaks in the system.

Refer to the SCBA manufacturer’s Operation and Maintenance Instruction Manual for detailed inspection instructions.

**Respiratory Protection Program Evaluation Checklist**

This evaluation form has been filled out for: Organization Name

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **General** |  |  |  |
| 1. Has your organization customized the Respiratory Protection Program chapter? Has the customized version of the chapterbeen posted to the manual Web site and have all relevant stakeholders been notified of its availability?
 |  |  |  |
| 1. Is the customized version of the chapter reviewed and updated at least annually?
 |  |  |  |
| 1. Do the Respiratory Protection Program Administrator and the SHEMP Manager maintain copies of the organization’s written respiratory protection program and make copies available to other individuals with roles and responsibilities under the program?
 |  |  |  |
| 1. Do project- and site-specific HASPs include adequate information to satisfy OSHA’s requirements for a written respiratory protection program that contains worksite-specific procedures, and are these HASPs updated to reflect any changes that affect requirements for respiratory protection? *(Note: OSHA’s requirements for a site-specific written respiratory protection program can be met by including a completed copy of the program summary that appears in* [*Appendix F*](#APPENDIX_F_1_Summary_Site_Respiratory_)*.)*
 |  |  |  |
| 1. Are copies of all site-specific written respiratory protection programs maintained by the emergency responders (or designated contractor) who are working at that particular site?
 |  |  |  |
| **Conducting Hazard Evaluations, Identifying Hazard-Reduction Control Measures, and Selecting Respirators** ([Section 3.1](#_3.1_Procedures_for_Selecting Respir)) |  |  |  |
| 1. Are task-by-task hazard evaluations performed for each project or site to determine what level of respiratory protection is necessary?
 |  |  |  |
| 1. Are engineering, work practice, or administrative controls implemented to reduce airborne hazards to the extent feasible, and do employees wear respiratory protection in cases where these measures are incapable of completely controlling the hazard?
 |  |  |  |
| 1. Do emergency responders wear standard issue respirators unless they have specifically obtained permission to use an alternate brand or style?

 *(Note: Alternates are acceptable if an employee is unable to achieve a proper fit with the standard issue respirator*.)  |  |  |  |
| 1. Are the procedures being used to select respirators providing adequate protection against airborne hazards? (For example, is respirator selection appropriate under OSHA and NIOSH criteria? Do the respirator MUC levels indicate that the respirator offers adequate protection against the contaminant concentrations that are present? Are the cartridges or filters suitable for the particular contaminant?)
 |  |  |  |
| **Medical Evaluations** ([Section 3.2](#_3.2_Medical_Evaluation_of Employees)) |  |  |  |
| 1. Are employees evaluated by a PLHCP to determine if they are medically qualified to wear a particular respirator (APR, PAPR, SCBA) before they actually wear that respirator in the field?
 |  |  |  |
| 1. Are medical evaluations repeated annually for all employees who are required to wear respirators?
 |  |  |  |
| 1. Is the following respirator-related information provided to PLHCPs: (1) the type and weight of the respirator the employee wears, (2) the duration and frequency of respirator use, (3) the expected physical work effort, (4) the use of protective clothing and equipment to be worn, and (5) the temperature and humidity extremes that the employee might encounter?
 |  |  |  |
| 1. Does the SHEMP Manager receive written *Medical Clearance Statements* that provide an opinion regarding whether an employee is medically qualified to wear respiratory protection equipment?
 |  |  |  |
| 1. Are emergency responders given copies of their *Medical Clearance Statement*?
 |  |  |  |
| **Fit Testing** ([Section 3.3](#_3.3_Fit_Testing_Procedures for Tigh)) |  |  |  |
| 15. Is initial and annual fit testing conducted for each respirator model that employees are expected to wear? |  |  |  |
| 16. Is QNFT (rather than QLFT) used to perform fit testing? (*Note: QLFT is not to be used during routine fit testing, but it is considered an acceptable temporary measure under emergency conditions or for SCBAs.*) |  |  |  |
| 17. When performing QNFT, does the wearer achieve a fit factor that is at least 10-fold higher (and preferably 20-fold higher) than the APF? (For example, an APF of 50 can be assumed for a full-facepiece, tight-fitting, air-purifying respirator if the wearer achieves a fit factor of 1,000 or greater, although a fit factor of 500 might be accepted under circumstances outlined in Section 3.3.) |  |  |  |
| 18. Are records of Portacount QNFT printouts and completed QLFT records retained and stored in an easily accessible location? |  |  |  |
| 19. Have policies been established regarding who has the authority to issue equipment, which equipment is issued, and how consumable supplies are issued and tracked? |  |  |  |
| **Procedures for Proper Use of Respirators in Routine and Reasonably Foreseeable Emergency Situations** ([Section 3.4](#a4_6_Procedures_for_Proper_Use_of_Respir)) |  |  |  |
| 20. Is a *Respirator Issuance Form* maintained and stored in an easily accessible location? |  |  |  |
| 21. Have emergency responders received copies of their organization’s Field Guide?  |  |  |  |
| 22. Are emergency responders adhering to the guidelines presented in [Section 3.4](#a4_6_Procedures_for_Proper_Use_of_Respir) of the Respiratory Protection Program chapter with regard to the following: * **When to don/doff respirators**. For example, don them outside hazard areas and remove them only after returning to an area where airborne hazards are within acceptable limits.
* **General requirements for respiratory use as detailed in** [**Section 3.4.3**](#_3.4.3_General_Requirements_for Resp). For example, do not use expired equipment parts, do not use chewing gum while wearing respirators, and maintain a facial surface consistent with proper fit.
* **When to leave hazardous environments**. For example, exit a site if a respirator does not perform as expected or if site conditions change significantly.
* **Special considerations for IDLH environments**. For example, only full-facepiece, pressure demand SCBAs with a 30-minute capacity, or equivalent airline respirator with auxiliary air supply, can be used in IDLH atmospheres. Also, a standby employee must be present and appropriately equipped.
* **When to change filters and cartridges.** For example, discard cartridges if breathing resistance increases significantly, when the service life has been reached, or at the end of each workshift (which ever occurs first), or according to organization policy. Cartridge change schedules are based on information from the manufacturer and consider environmental influences on cartridge service life.
 |  |  |  |
| 1. Do employees demonstrate knowledge of user seal test procedures and know that they are supposed to perform user seal checks whenever they don a tight-fitting respirator?
 |  |  |  |
| 1. Is monitoring performed to assess field conditions and to determine whether it is necessary to increase the level of respiratory protection or to shut down activities?
 |  |  |  |
| **Cleaning, Storing, Inspecting, and Maintaining Respirators** ([Section 3.5](#a_1)) |  |  |  |
| 1. Based on periodic spot-checks, do employees appear to be keeping their respiratory protection equipment in a clean and sanitized condition?
 |  |  |  |
| 1. Based on periodic spot-checks, has the organization confirmed that its employees are using only NIOSH-approved parts for the given make and model of their respirators (as opposed to mixing parts from different models)?
 |  |  |  |
| 1. Do EPA employees conduct monthly (at a minimum) inspections of each respirator that is under their control and document these inspection activities on *Monthly Respirator Inspection Checklist*s?
 |  |  |  |
| 1. Are copies of all the *Monthly Respirator Inspection Checklists* that emergency responders have completed collected and is a log documenting the receipt of these checklists maintained?
 |  |  |  |
| 1. Are SCBAs periodically tested by the manufacturer and are SCBA cylinders hydrostatically tested at required intervals (depending on cylinder composition)?
 |  |  |  |
| 1. Are cartridges, canisters, and breathing air cylinders inspected on a quarterly basis to determine whether any items need to be removed from service (tagged and stored separately) because they have already expired or they are scheduled to expire within the next quarter?
 |  |  |  |
| 1. Are logs maintained of all quarterly inspections performed on canisters, cartridges, and cylinders?
 |  |  |  |
| 1. Is equipment awaiting repair properly tagged as out-of-service?
 |  |  |  |
| 1. Is an adequate supply of spare parts and consumable supplies maintained?
 |  |  |  |
| 1. Are records maintained of all repairs and maintenance that is performed on respiratory protection equipment?
 |  |  |  |
| 1. Are all inspection and maintenance logs and records stored in a readily accessible location?
 |  |  |  |
| **Breathing Air for Atmosphere-Supplying Respirators** ([Section 3.6](#_3.6_Breathing_Air_for ASRs)) |  |  |  |
| 1. Does the breathing air used meet at least Compressed Gas Association Grade D requirements?
 |  |  |  |
| 1. When breathing air is obtained from an outside source is the following documentation obtained and retained: (1) certification that the air meets Grade D breathing requirements, (2) information on the type and frequency of testing that has been performed, and (3) copies of recent air quality tests (if a certificate is not available)?
 |  |  |  |
| 1. If the organization operates an in-house air compressor:
* Has a *Breathing Air Compressor Operation and Maintenance Plan* been written and approved?
* Has EPA obtained training records from the technician who installed the air compressor?
* Have all employees who are allowed to operate/maintain the compressor received training from the system manufacturer, and are records maintained to confirm that this training has been conducted?
* Are records maintained documenting all maintenance activities and repairs performed on the compressor system?
* Are quality tests performed at least annually to ensure that the organization’s compressor system is producing Grade D breathing air?
* Are annual and historic records of these quality tests maintained?
* Are all breathing-air-compressor records maintained in a readily accessible location?
 |  |  |  |
| **Training for Emergency Responders** ([Section 3.7](#1910.134(i)(5)(i))) |  |  |  |
| 1. Do employees receive initial respiratory protection training and refresher training annually thereafter?
 |  |  |  |
| 1. Do employees participate in an annual exercise on the use of negative-pressure APRs and PAPRs by conducting a respirator inspection, tear down, cleaning, reassembly, and donning/doffing?
 |  |  |  |
| 1. Do all SCBA users participate in an SCBA exercise once a year that involves inspecting, donning/doffing, cleaning, and reassembling a respirator, as well as breathing down a tank (20 minutes minimum)?
 |  |  |  |
| 1. To maintain Level A readiness, are two or more exercises conducted each year wearing full Level A equipment?
 |  |  |  |
| 1. Are logs maintained (and stored in a readily accessible location) to document who has received classroom training and who has participated in hands-on exercises? Is employee training documented in TrainTrax?
 |  |  |  |
| 1. Have employees who use compressors or cascade systems obtained documentation indicating that they are proficient in using this equipment, and is this documentation stored in an easily accessible location? (Criteria apply only to organizations that possess this equipment.)
 |  |  |  |
| **Voluntary Respirator Use** ([Section 3.8](#_3.8_Procedures_for_Voluntary Respir)) |  |  |  |
| 1. Is a copy of OSHA’s 29 CFR 1910.134 Appendix D provided to qualified employees who wear a respirator voluntarily, but have not received EPA emergency responder respiratory protection training?
 |  |  |  |
| 1. Is documentation maintained (and stored in a readily accessible location) to confirm that (except for filtering facepieces) a hazard assessment has been conducted and voluntary users are medically qualified and trained to wear the respirator?
 |  |  |  |
| **Program Evaluation** ([Section 5](#a_J)) |  |  |  |
| 1. Is an internal program evaluation performed on an annual basis to examine how well the organization’s respiratory protection program is operating?
 |  |  |  |

**Notice of Findings:**

## Physical Stress Management Program Evaluation Checklist

This audit form has been filled out for: Organization Name

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **General** |  |  |  |
| 1. The Removal Manager, Health and Safety Program Contact (HSPC), SHEMP Manager, and other relevant stakeholders have met to customize the Physical Stress Management Program chapter and have assigned roles and responsibilities to specific individuals. They have also posted the customized chapter to the manual’s Web site and informed all relevant stakeholders of its availability. |  |  |  |
| 2. Annual meetings are held to review and update the customized version of the Physical Stress Management Program chapter. |  |  |  |
| **Physical Stress Training (**[**Section 3.0)**](#_3.0_PHYSICAL_STRESS_TRAINING) |  |  |  |
| 3. All emergency responders receive physical stress training initially upon employment and annually thereafter for heat stress, cold stress, and hearing conservation, and as needed for all other modules of the physical stress training program. |  |  |  |
| 4. Training is tracked and documented. |  |  |  |
| 5. The Removal Manager is informed of employees who have/have not completed their training requirements.  |  |  |  |
| 6. Adequate resources are available for the preparation and completion of the physical stress training modules.  |  |  |  |
| 7. Employees who have not completed their training requirements are prevented from working in the field.  |  |  |  |
| 8. The Removal Manager attends training sessions to demonstrate management's support of the physical stress management program.  |  |  |  |
| 9. Supervisors ensure that employees review the physical stress Quick Reference Guide whenever they work at a site where physical stresses are a concern. |  |  |  |
| **Medical Surveillance (**[**Section 4.0**](#_4.0_MEDICAL_SURVEILLANCE)**)** |  |  |  |
| 10. All emergency responders receive annual medical examinations.  |  |  |  |
| 11. Onsite medical monitoring (e.g., blood pressure and heart rate measurements) is performed whenever high air temperatures, high humidity, PPE, strenuous physical activities, or a combination of these factors increase the potential for a heat-related injury.  |  |  |  |
| 12. Onsite medical monitoring is always performed (regardless of what environmental conditions exist) when employees wear Level A PPE. |  |  |  |
| 13. All Medical Monitors are trained to measure and interpret vital signs, recognize symptoms of heat illness, and monitor work/rest cycles.  |  |  |  |
| 14. When onsite medical monitoring is necessary, vital signs checkpoints are established for employees to pass through before entering the work (hot) zone, after leaving the decontamination (decon) line, and before leaving the worksite at the end of the work shift. |  |  |  |
| 15. Medical Monitors communicate information regarding overly stressed employees to the employees and the Onsite Safety Officer, or to the employees' supervisors with recommended corrective action.  |  |  |  |
| 16. When timely access to emergency medical services is an issue or the risk of physical stress effects (e.g., heat stress, cold stress, altitude illness) is significant, emergency medical services (EMTs and an ambulance) are available at the field site. |  |  |  |
| **Fatigue (**[**Section 5.0**](#Sec_5)**)** |  |  |  |
| 17. Supervisors follow the 2:1 work/rest ratio to establish work/rest schedules (i.e., a 16-hour work shift is the maximum that individuals typically are allowed to work).  |  |  |  |
| 18. Shorter work shifts (8 to 12 hours or less) are established during long-term or high altitude response activities.  |  |  |  |
| 19. Seven-day work-week schedules are avoided.  |  |  |  |
| 20. Emergency responders do not exceed 11 hours behind the wheel during a 14-hour work shift.  |  |  |  |
| 21. Allowable driving time is shorter (less than 11 hours) when employees have already been working in the field (i.e., 14 hours minus hours already worked).  |  |  |  |
| 22. Nonessential tasks are reduced for emergency responders who work long or physically demanding shifts.  |  |  |  |
| 23. Good nutrition and exercise are promoted.  |  |  |  |
| 24. Employees are encouraged to alert their supervisors if they feel overly fatigued.  |  |  |  |
| 25. Emergency responders work in pairs or teams and observe each other for symptoms of physical stress (e.g., fatigue, heat stress, cold stress, and altitude illness).  |  |  |  |
| 26. Onsite Safety Officers and supervisors ensure that emergency responders adhere to EPA guidelines to minimize fatigue.  |  |  |  |
| **Heat Stress (**[**Section 6.0**](#_8.0_HEAT_STRESS_MANAGEMENT)**)** |  |  |  |
| 27. The HSPC maintains the most recent edition of the ACGIH TLV Booklet and makes the heat stress and strain information available to emergency responders.  |  |  |  |
| 28. Onsite Safety Officers assess heat stress conditions by considering environmental factors, clothing and work demand levels, and personal factors. |  |  |  |
| 29. Properly calibrated and maintained portable heat stress monitors are available to emergency responders.  |  |  |  |
| 30. Environmental monitoring is performed to determine WBGT readings and the results are compared to ACGIH's screening criteria for heat stress.  |  |  |  |
| 31. Heat acclimatization programs are implemented before emergency responders go into the field whenever possible.  |  |  |  |
| 32. Heat stress controls (engineering, administrative, PPE) are incorporated into site-specific HASPs and implemented in the field.  |  |  |  |
| 33. Adequate amounts of cool potable water and electrolyte replacement drinks are available in the field.  |  |  |  |
| **Cold Stress (**[**Section 7.0**](#_9.0_COLD_STRESS_MANAGEMENT)**)** |  |  |  |
| 34. The HSPC maintains the most recent edition of the ACGIH TLV Booklet and makes the cold stress information available to emergency responders. |  |  |  |
| 34. Onsite Safety Officers assess cold stress conditions by considering environmental factors, contact with cold water or surfaces, the potential for clothing to become wet, and personal factors.  |  |  |  |
| 35. Local weather conditions are monitored in the field to determine the potential for cold-related hazards.  |  |  |  |
| 36. The NWS windchill chart and/or ACGIH cold stress TLVs are used to protect emergency responders from cold-related hazards.  |  |  |  |
| 37. Cold stress controls (engineering, administrative, PPE) are incorporated into site-specific HASPS and implemented in the field. |  |  |  |
| 38. Adequate provisions and supplies for working in cold environments are available in the field (e.g., warming shelters, general or spot heating, and hydration supplies).  |  |  |  |
| **Noise and Hearing Conservation (**[**Section 8.0)**](#_10.0_NOISE_MANAGEMENT_AND HEARING C) |  |  |  |
| 39. All emergency responders receive annual audiograms in accordance with the [OSHA Noise standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9735&p_table=STANDARDS).  |  |  |  |
| 40. Employees that experience a standard threshold shift are notified within 21 days of the determination and the SHEMP Manager performs the follow-up activities required by the [OSHA Noise standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9735&p_table=STANDARDS). |  |  |  |
| 41. A variety of suitable hearing protection is available and employees receive proper initial fitting and training on the use and care of their hearing protection.  |  |  |  |
| 42. Onsite Safety Officers ensure that hearing protection is worn by employees according to the requirements of the [OSHA Noise standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9735&p_table=STANDARDS). |  |  |  |
| 43. The adequacy of hearing protection attenuation is estimated by obtaining the employee's A-weighted TWA, subtracting 7 decibels from the NRR and then subtracting the remainder (of the NRR) from the TWA to obtain the estimated A-weighted TWA under the hearing protection. |  |  |  |
| 44. Noise monitoring is conducted in the field whenever exposures might be at or above 85 dBA. |  |  |  |
| 45. Properly calibrated and maintained noise monitoring equipment is available to emergency responders. |  |  |  |
| 46. All noise measurements are documented and the information is used to take action to protect employees from elevated noise levels. |  |  |  |
| 47. When noise levels exceed OSHA’s permissible levels, administrative and/or engineering controls are incorporated into site-specific HASPs and implemented to reduce the noise to acceptable levels. |  |  |  |
| 48. When administrative and/or engineering controls are implemented, follow-up noise monitoring is performed to determine whether the controls have succeeded in reducing noise exposures to permissible levels. |  |  |  |
| 49. Adequate noise control materials and supplies are available in the field when needed (e.g., sound-dampening materials, acoustical enclosures and barriers). |  |  |  |
|  **Vibration (**[**Section 9.0**](#_9.0_VIBRATION)**)** |  |  |  |
| 50. Task-specific evaluations of vibration hazards are conducted and follow-up procedures are implemented if necessary.  |  |  |  |
| 51. Emergency responders assist in identifying potential vibration hazards in the field.  |  |  |  |
| 52. The Removal Manager, SHEMP Manager, and HSPC review potential sources of vibration during the annual program evaluation.  |  |  |  |
| 53. Appropriate controls (e.g., engineering, work practice, PPE, equipment maintenance) are implemented to minimize vibration hazards.  |  |  |  |
| **Overexertion Injuries from Heavy Manual Labor (**[**Section 10.0**](#_12.0__PREVENTING_OVEREXTENSION INJU)**)** |  |  |  |
| 54. Tasks involving heavy manual labor are managed to minimize overexertion injuries.  |  |  |  |
| 55. Jobs, processes, and operations are evaluated for manual labor injury potential by assessing personal, environmental, and job-related risk factors.  |  |  |  |
| 56. Appropriate controls (engineering, administrative) are implemented to minimize overexertion injuries.  |  |  |  |
| **Altitude (**[**Section 11.0**](#_11.0_ALTITUDE)**)** |  |  |  |
| 57. Emergency responders allow adequate time for their bodies to adjust to decreased levels of oxygen at high altitudes.  |  |  |  |
| 58. Onsite Safety Officers and supervisors ensure that employees adhere to EPA guidelines for working at altitudes.  |  |  |  |
| **Recordkeeping (**[**Section 12.0**](#_12.0_RECORDKEEPING)**)** |  |  |  |
| 59. Training documentation (certification letters, training rosters) is issued to employees and maintained by the SHEMP Manager.  |  |  |  |
| 60. Emergency responders retain copies of their training documentation and make it available upon request. |  |  |  |
| 61. Physical stress monitoring records (e.g., WBGT, wind speed, temperature, noise) are retained by Onsite Safety Officers and the SHEMP Manager.  |  |  |  |
| 62. Medical Monitors use [Appendix F-1](#Append_F1) to track employee vital signs and forward completed forms to the Onsite Safety Officers, who in turn submit the forms to the SHEMP Manager.  |  |  |  |
| 63. Onsite medical monitoring documentation ([Appendix F-2](#Append_F2)) is maintained by the SHEMP Manager.  |  |  |  |
| 64. *OSHA & EPA 301-Injury, Illness & Near Miss Reports* are completed by employees and their supervisors when a physical stress injury, illness, or near miss occurs and forwarded (by supervisors) to the SHEMP Manager. |  |  |  |
| 65. The SHEMP Manager reviews all *OSHA & EPA 301-Injury, Illness & Near Miss Reports* and logs recordable physical stress cases on the *OSHA 300 Log of Work-Related Injuries and Illnesses* under section M-6 ("All Other Illnesses").  |  |  |  |
| 66. All work-related standard threshold shifts are recorded on the *OSHA 300 Log of Work-Related Injuries and Illnesses*. |  |  |  |
| 67. The SHEMP Manager completes the *Physical Stress Management Program Evaluation Form* on an annual basis and retains copies of the completed forms. |  |  |  |

**Notice of Findings:**

## Radiation Safety Program Evaluation Checklist

This audit form has been filled out for: Organization Name.

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **General** |  |  |  |
| 1. The Removal Manager, Health and Safety Program Contact (HSPC), RSO/SHEMP Manager, and other relevant stakeholders have customized the Radiation Safety Program chapter, and as part of that process, they have assigned roles and responsibilities to specific individuals. They have also posted the customized chapter to the manual’s Web site and informed all relevant stakeholders of its availability. |  |  |  |
| 2. Annual meetings are held to review and update the customized version of the Radiation Safety Program chapter. |  |  |  |
| **Radiation Safety Training (**[**Section 3.0**](#Section3)**)** |  |  |  |
| 3. Basic radiation safety training (BRST) is provided to each employee before, or at the time of, enrollment into the radiation safety program. |  |  |  |
| 4. BRST examinations are provided. |  |  |  |
| 5. Advanced radiation safety training (ARST) is provided to employees. |  |  |  |
| 6. ARST examinations are provided. |  |  |  |
| 7. Refresher training is provided to emergency responders once every 2 years.  |  |  |  |
| 8. Refresher training examinations are provided.  |  |  |  |
| 9. All current emergency responders met the advanced training requirements within one year of adopting this Radiation Safety Program chapter. |  |  |  |
| 10. Training certificates are issued to document whether an employee has succeeded in obtaining specific training requirements. |  |  |  |
| 11. Radiation health and safety training documentation is maintained in a permanent repository available to the Removal Manager, RSO/SHEMP Manager, HSPC, and emergency responders.  |  |  |  |
| 12. Training requirements are tracked and reminders of upcoming training events are sent. |  |  |  |
| **Personal Monitoring** [**(Section 4.0)**](#Section4) |  |  |  |
| 13. All emergency responders are enrolled in the personal monitoring program. |  |  |  |
| 14. All emergency responders have signed releases for obtaining exposure records from previous employers, if applicable. |  |  |  |
| 15. A process for baseline and exit radionuclide-specific analysis is established on a site-specific basis by the RSO or SHEMP Manager (or another designated person). |  |  |  |
| 16. Emergency responders receive TLD badge training. |  |  |  |
| 17. TLD badges are returned at the end of the monitoring period. |  |  |  |
| 18. TLD usage, exchange, and storage procedures are established. |  |  |  |
| 19. Processes are established to address broken, lost, or contaminated badges. |  |  |  |
| 20. Special dosimeters are made available to emergency responders as needed.  |  |  |  |
| 21. SRDs are issued to emergency responders who are enrolled in the TLD program and who have passed the BRST examination. |  |  |  |
| 22. Emergency responders receive and are briefed on *Exposure Record Cards* and the corresponding recordkeeping procedure. |  |  |  |
| 23. Any alarm or exceedance of the Action Reference Level is reported to the RSO or SHEMP Manager (or another designated person).  |  |  |  |
| 24. At a minimum, emergency responders return *Exposure Record Cards* quarterly.  |  |  |  |
| 25. Processes are established to address lost or damaged SRDs.  |  |  |  |
| 26. SRDs are calibrated annually. |  |  |  |
| 27. Dose alarms are set by the RSO or SHEMP Manager (or another designated person). |  |  |  |
| 28. Emergency responders and their supervisors are notified of exposures exceeding an ARL of 50 mrem/quarter and follow-up steps are taken. |  |  |  |
| 29. An employee’s work assignment schedule is modified if he or she reaches an ACL of 500 mrem total effective dose equivalent.  |  |  |  |
| 30. Employees consult their RSO or SHEMP Manager (or another designated person) and the senior EPA official on site (or another designated person) if they think they might participate in activities that could exceed EPA’s ACL. |  |  |  |
| 31. Response activities do not exceed the ACL unless specifically designated as emergency activities by the senior EPA official on site (or another designated person) in collaboration with the RSO (or another designated person). |  |  |  |
| 32. The decision to employ the emergency exposure guidelines is justified only after carefully considering (1) the necessity of the action, (2) whether the benefit to society is commensurate with the risks from the emergency actions, (3) response options, (4) radiation dose, and (5) health risks to emergency responders.  |  |  |  |
| 33. Female emergency responders are informed of the contents of NRC Guide 8.13 (Instruction Concerning Prenatal Radiation Exposure) during basic radiation safety training.  |  |  |  |
| 34. Maximum permissible exposure during the entire gestation period of 500 mrem is met. |  |  |  |
| 35. Lower dose limits and monthly monitoring is conducted for pregnant employees. |  |  |  |
| 36. SRDs are provided to pregnant employees who have registered a partial ACL or are at risk for substantial exposure from unknown sources. |  |  |  |
| 37. Internal monitoring plans are established for employees who have a known exposure or who are working in a known radiation environment.  |  |  |  |
| 38. Quarterly dosimetry reports are provided to emergency responders. |  |  |  |
| 39. Annual dosimetry reports are provided to emergency responders. |  |  |  |
| **Using and Maintaining Radiation Detection Equipment (**[**Section 5.0**](#Section5)**)** |  |  |  |
| 40. "Hands-on" training is provided to employees on the proper use of radiation detection equipment at least once every 2 years.  |  |  |  |
| 41. Emergency responders conduct initial radiation surveys of each field site using portable radiation detection equipment. |  |  |  |
| 42. Radiation detection equipment is calibrated and maintained according to schedule. Supporting documentation for all equipment is provided. |  |  |  |
| 43. SOPs are maintained with all radiation detection instruments.  |  |  |  |
| **Using Equipment That Contains Radioactive Sources in a Safe Manner (**[**Section 6.0)**](#Section6) |  |  |  |
| 44. NRC licenses are obtained and license requirements are met, if appropriate.  |  |  |  |
| 45. All necessary licenses are obtained or the requirements met when procuring equipment with radioactive sources, if appropriate. |  |  |  |
| 46. Disposal plans are included as part of procurement requests for equipment with radioactive sources. |  |  |  |
| 47. Equipment with radioactive materials are stored and secured properly. |  |  |  |
| 48. An inventory is maintained of the equipment that the organization owns or furnishes that contains radioactive sources. The inventory list is verified on a semi-annual basis. |  |  |  |
| 49. Leak testing is performed in accordance with licensing requirements.  |  |  |  |
| 50. Maintenance and wipe sampling is performed in accordance with license requirements. |  |  |  |
| 51. Records of maintenance and wipe samples are stored. |  |  |  |
| 52. Training and certification requirements are met for equipment that contains radioactive sources.  |  |  |  |
| 53. Guidelines for transporting equipment with radioactive sources are developed.  |  |  |  |
| 54. Shipping and transportation packages accompany devices with radioactive sources.  |  |  |  |
| 55. Disposal and excessing of equipment with radioactive sources is transferred to a qualified licensed entity. |  |  |  |
| **Recordkeeping (**[**Section 7.0**](#_7.0__RECORDKEEPING)**)** |  |  |  |
| 56. Training certifications and waivers (if required) are issued to employees and maintained by the RSO or SHEMP Manager (or another designated person).  |  |  |  |
| 57. Training requirements are tracked in TrainTrax. |  |  |  |
| 58. Emergency responders retain copies of their training documentation and make it available upon request. |  |  |  |
| 59. Records associated with TLD enrollment, training, and lost or damaged TLDs are available and maintained by the RSO, SHEMP Manager, or HSPC. |  |  |  |
| 60. *Exposure Record Cards* and records associated with SRD distribution/assignments and maintenance are available and maintained by the RSO, SHEMP Manager, or HSPC.  |  |  |  |
| 61. Written declarations of pregnancy and requests and approvals for planned special exposures are maintained by the RSO or SHEMP Manager (or another designated person). |  |  |  |
| 62. Quarterly dosimetry reports and NRC Forms 4 and 5 are available and maintained by the RSO or SHEMP Manager, SHEMD, and individual employees. |  |  |  |
| 63. Documentation associated with radiation detection instrumentation (i.e., employee training log, equipment inventory, and calibration and maintenance records) is available and maintained by the RSO, SHEMP Manager, or HSPC. |  |  |  |
| 64. Records associated with equipment that contains radioactive sources (i.e., employee training/certifications, equipment inventory, leak test and wipe sample results, maintenance records, and shipping records) is available and maintained by the RSO or SHEMP Manager.  |  |  |  |
| 65. Completed *Radiation Safety Program Evaluation Forms* are retained. |  |  |  |
| **Program Evaluations (**[**Section 8.0**](#_10.0__AUDITS_AND PROGRAM EVALUATION)**)** |  |  |  |
| 66. The RSO, SHEMP Manager, Removal Manager, and HSPC work together to regularly evaluate their radiation safety program.  |  |  |  |
| 67. Radiation safety issues are addressed during field audits if such issues are relevant at a specific site.  |  |  |  |
| 68. If applicable, radiation safety is incorporated into HASPs. |  |  |  |

**Notice of Findings:**

## Bloodborne Pathogen Exposure Control Plan Evaluation Checklist

This evaluation form has been filled out for: Organization Name

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **REVIEW CRITERIA** | **COMPLIANT** |
| --- | --- |
| **Yes** | **No** | **N/A** |
| **Developing a Written Bloodborne Pathogen Exposure Control Plan**  |  |  |  |
| 1. Has a written Bloodborne Pathogen Exposure Control Plan been developed, an activity that can be accomplished by customizing this chapter with organization-specific information? Has the customized chapter been posted to the manual’s Web site? |  |  |  |
| 2. Is the written Bloodborne Pathogen Exposure Control Plan updated at least annually to ensure that organization-specific information remains current and that any technological improvements that have emerged over the course of the year are incorporated into the Plan?  |  |  |  |
| 3. Is the Bloodborne Pathogen Exposure Control Plan accessible to all emergency responders? |  |  |  |
| 1. Have emergency responders received copies of their organization’s Field Guide?
 |  |  |  |
| **Developing Site-Specific HASPs and Adhering to Onsite Safety Controls** ([Section 3.2](#_5.2_Onsite_Safety_Controls—Procedur)) |  |  |  |
| 1. Do emergency responders incorporate components of their written Bloodborne Pathogen Exposure Control Plan into site-specific HASPs?
 |  |  |  |
| 1. Are EPA emergency responders adhering to the guidelines presented in [Section 3.2](#_5.2_Onsite_Safety_Controls—Procedur) of the chapter with regard to:
* Following the “Universal Precaution” principle.
* Using personal protective equipment (PPE).
* Removing contaminated clothing as soon as possible.
* Washing skin and mucous membranes.
* Handling potentially contaminated materials and objects (including sharps).
* Following specific safety procedures during searches and inspections.
* Cleaning up blood/bodily fluid spills.
* Laundering, decontaminating, or disposing of clothes, PPE, and other equipment.
* Disposing of regulated waste.
* Meeting labeling or color-coding requirements.
 |  |  |  |
| **Equipment Management** ([Section 3.3](#_5.3_Managing_Equipment_Needs)) |  |  |  |
| 1. Is an adequate supply of tools and equipment maintained to support the Bloodborne Pathogen Exposure Control Plan?
 |  |  |  |
| 1. Have policies been established regarding who has the authority to issue equipment, which equipment is issued, and how consumable supplies are issued and tracked?
 |  |  |  |
| 1. Do emergency responders have access to the appropriate equipment in the field?
 |  |  |  |
| **Hepatitis B Vaccination** ([Section 3.4](#_5.4_Offering_Hepatitis_B Vaccinatio)) |  |  |  |
| 1. Does EPA provide information about the hepatitis B vaccination (including information on its efficacy, safety, mode of administration, and benefits) to emergency responders before those employees undertake any duties that might place them at risk of being exposed to bloodborne pathogens?
 |  |  |  |
| 1. Does EPA inform emergency responders that the vaccine will be made available to them free of charge?
 |  |  |  |
| 1. Does the Agency coordinate with licensed healthcare providers to ensure that employees receive the hepatitis B vaccine?
 |  |  |  |
| 1. Does EPA track the immunization status of employees?
 |  |  |  |
| 1. If employees decline the vaccine, does EPA obtain a written statement from them explicitly stating that they are choosing not to receive the vaccine even though they have been informed that it is required and available free of charge?
 |  |  |  |
| **Post-Exposure Evaluation and Follow-up Activities** ([Section 3.5](#_5.5_Post-Exposure_Procedures))  |  |  |  |
| 1. Do emergency responders notify their supervisors if they know (or suspect) that they have been exposed to blood or other potentially infectious materials?
 |  |  |  |
| 1. Does EPA do the following as a follow-up to an exposure event:
* Make an effort to determine the HBV- or HIV-infection status of the source individual by engaging in the activities listed in [Section 3.5](#_5.5_Post-Exposure_Procedures)?
* Inform potentially exposed employees that the Agency is willing to make a confidential medical evaluation available immediately at no cost; strongly encourage employees to obtain medical support through the Agency’s medical carrier; advise employees to consent to serologic testing as soon as feasible; and inform employees that they are entitled to post-exposure prophylaxis, counseling, and evaluations of reported illnesses?
* Ensure that the medical support satisfies all of the elements listed in [Section 3.5](#_5.5_Post-Exposure_Procedures)?[\*](#Footnote_16)
 |  |  |  |
| 1. Does EPA coordinate efforts to provide the following information to healthcare professionals:[\*](#Footnote_16)
* A written report documenting the routes of exposure and the circumstances under which exposure occurred?
* A description of the employee’s duties as they relate to the exposure incident?
* A copy of OSHA’s Bloodborne Pathogen Standard (29 CFR 1910.1030)?
* Results of the source individual’s blood testing (if available)?
* Medical records relevant to the appropriate treatment of the employee, including information on his/her vaccination status?
 |  |  |  |
| 1. Does EPA follow up to make sure that healthcare professionals submit written opinions in a timely fashion (i.e., within 15 days of completing the initial post-exposure evaluation of an employee)?[\*](#Footnote_16)
 |  |  |  |
| 1. Does EPA perform an investigation after an exposure event to determine whether similar types of exposures can be prevented from occurring in the future?
 |  |  |  |
| **Training** ([Section 3.6](#_5.6_Training)) |  |  |  |
| 1. Do employees attend a bloodborne pathogen exposure control training at the time of initial employment and at least annually thereafter?
 |  |  |  |
| 1. Are training requirements tracked so that those who have not completed their training requirements will be prevented from participating in field activities where they could potentially be exposed to blood or other potentially infectious materials?
 |  |  |  |
| **Recordkeeping** ([Section 3.7](#_5.7_Recordkeeping)) |  |  |  |
| 1. In the event of a potential exposure, do emergency responders and their supervisors work together to fill out EPA Form 1340-1, and in the process of doing so, document the time, date, and location of the incident; the routes of exposure; the HBV and HIV status of the source individual (if known); and the circumstances under which exposure occurred?
 |  |  |  |
| 1. Does EPA retain documentation showing that potentially exposed employees were advised to seek medical services through the Agency’s medical carrier (e.g., FOH)?
 |  |  |  |
| 1. Does EPA ensure that the following employee medical records are maintained (either by retaining the records onsite or contracting with healthcare providers to maintain the records offsite):
* Documentation of an employee’s hepatitis B vaccination status?
* Information packets sent to healthcare providers after an exposure event?[\*](#Footnote_16)
* Copies of healthcare provider’s written opinion?[\*](#Footnote_16)
* Copies of all results of medical testing and follow-up procedures?[\*](#Footnote_16)
 |  |  |  |
| 1. Does EPA ensure that the above listed medical records are maintained for at least the duration of employment plus 30 years?
 |  |  |  |
| 1. Does EPA ensure that the above listed medical records are not disclosed or reported without an employee’s written consent?
 |  |  |  |
| 1. Does EPA maintain records of the signed statements that employees are required to submit if they decide not to obtain the hepatitis B vaccine?
 |  |  |  |
| 1. Does EPA retain documentation (e.g., training rosters or training certificate letters) of successful completion of bloodborne pathogen exposure control training requirements?
 |  |  |  |
| 1. Does EPA retain copies of these training records for 3 years from the date on which training occurred and ensure that the training records include: (1) the dates of the training session, (2) information on the content covered, (3) the names and qualifications of the people conducting the training, and (4) the names and job titles of all persons attending the training?
 |  |  |  |
| 1. Are completed *Bloodborne Pathogen Exposure Control Plan Evaluation* *Forms* retained?
 |  |  |  |
| **Program Evaluations** ([Section 4](#_4.0_PROGRAM_EVALUATIONS))  |  |  |  |
| 1. Is an internal program evaluation performed at least annually to examine how well the organization’s Bloodborne Pathogen Exposure Control Plan is operating?
 |  |  |  |
| 1. Is employee feedback solicited and analyzed during the annual program evaluation effort?
 |  |  |  |
| 1. Are bloodborne pathogen issues addressed during field audits if such issues are relevant for a particular site?
 |  |  |  |

\* This assumes that employees follow EPA’s recommendation to obtain services from the Agency’s medical carrier (e.g., FOH). If employees choose to go to their own healthcare provider and do not inform EPA of the healthcare provider’s name, EPA might not be able to ensure that these activities are completed.

**Notice of Findings:**