

1. Incident Name Valley Fire	2. Operational Period to be covered by IAP (Date/Time) From: 02 NOV 15/ 0730 To: 06 NOV 15/ 1800	CG IAP COVER SHEET
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3. Approved by Incident Commander(s):

ORG U.S. EPA NAME Brian Modley FOSC

INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan:

- ☐ ICS 202-CG (Incident Objectives)
- _____
- ☐ ICS 202A-CG (Command Direction)
- _____
- ☐ ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart)
- _____
- ☐ ICS 204-CGs (Assignment Lists)
One Copy each of any ICS 204-CG attachments:
- _____
- ☐ ICS 205-CG (Communications Plan)
- _____
- ☐ ICS 206-CG (Medical Plan)
- _____
- ☐ ICS 208-CG (Site Safety Plan) or Note SSP Location
- _____
- ☐ Map / Chart
- _____
- ☐ Weather Forecast / Tides/Currents
- _____

Other Attachments

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

4. Prepared by:
Ross, Shaun USCG

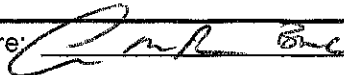
Date/Time
30 OCT 15/ 0820

1. Incident Name Valley Fire	2. Operational Period (Date/Time) From: 02NOV15/ 0730 To: 06NOV 15/ 1800	INCIDENT OBJECTIVES ICS 202-CG
3. Objective(s) <p>Ensure the safety of response personnel and the public.</p> <p>Minimize economic impact by ensuring costs commensurate to tactical objectives.</p> <p>Operate all activities with respect for residents and the community.</p> <p>Maintain situational awareness through a systemic and planned process for tasking, collecting, processing, analyzing, and disseminating information.</p> <p>Keep public and stakeholders informed by providing an accurate and timely release of incident information.</p> <p>Manage a coordinated interagency response effort.</p> <p>Identify, characterize, and recover all household hazardous waste to include pressurized containers.</p> <p>Ensure disposal of recovered HHW appropriately.</p> <p>Maintain site security and situational awareness at all times.</p> <p>Establish an informational transfer process to facilitate communications with stakeholders and organizations.</p>		
4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions) <p>Ensure proper PPE at all times.</p> <p>Follow work/rest ratio.</p> <p>Stay hydrated - Although temperatures are dropping, hydration is still important to your personal health .</p> <p>Watch for citizens and families as you work since these areas are not closed off to the public.</p> <p>Watch for slips trips and falls, nails, sharp objects.</p> <p>Do NOT pick up or take anything that is not characterized as a HHW product. These are peoples belongings!</p> <p>Ensure teams are familiarized with HASP/ SSP procedures following radiation detection in the field.</p> <p>In the CobbArea, operations are secured in the event ground wind speed reaches 15 mph sustained or 20 mph gusts due to overhadd tree hazards.</p> <p>DO NOT EXCEED SPEED LIMITS. Operate vehicles at safe speeds that are BELOW the speed limit.</p> <p>Approved Site Safety Plan Located at: ICP</p>		
5. Prepared by: (Planning Section Chief) Ross, Shaun, USCG		Date/Time 30 Oct 2015 / 0820

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9. Prepared By: (Resources Unit) Ross, Shuan - USCG		Date/Time 0830 Oct15																																																																																							

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: Valley Fire		2. Operational Period:	Date From: 11/02/2015 Date To: 11/06/2015 Time From: 0730 Time To: 1800
3. Basic Local Communications Information:			
Incident Assigned Position	Name	Method(s) of Contact	
EPA OSC	Moxley, Brett	(415) 971-7720	
EPA OSC	Nattis, Randy	(415) 940-1108	
EPA OSC	Waldon, Maggie	(415) 940-1109	
EPA OSC	Zuroski, Donn	(415) 971-6829	
EPA OSC	Calanog, Steve	(415) 595-8350	
USCG – Operations Chief	Ross, Shaun	(415) 720-4166	
USCG – Planning Chief	Ross, Shaun	(415) 720-4166	
USCG – SOFR	Tedeschi, Cody	(415) 729-1517	
USCG - SITL	Jones, Lora	(251) 348-0742	
USCG - ASOF	Copelin, Cameron	(707) 694-9528	
OPS - Weston	Mehl, Rick	(847) 254-6981	
OPS - ERRS	Lawrence, Peter	(415) 793-5942	
START Strike Team A Lead	Yopps, Ryle	(775) 842-2121	
OPS	Younie, Ashlee	(775) 830-4252	
OPS	Armento, Wendy	(907) 230-7629	
OPS	Cook-Gutierrez, Kevin	(530) 680-6265	
OPS	Martinez, Alex	(408) 701-7002	
START Strike Team C Lead	Lawrence, Anne	(619) 990-7294	
START Strike Team B Lead	Hess, Tanner	(224) 500-5430	
Planning	Villanueva, Rivian	(925) 584-1318	
Planning	Dutt, Raj	(972) 743-5690	
Planning	Bruce, Ian	(509) 845-5547	
EPA – Community Involvement	Caffaso, Sarah	(415) 972-3076	
Lake County Director	Chavez, Caroline	(707) 262-1618	
Lake Co. Environmental Health	Bennett, Cheryl	(707) 349-1796	
Building Inspector	Holleran, Brandon	(707) 263-2382	
Lake Co. Hazardous Spec.	Love, Teale	(707) 349-7880	
Cal OES Coordinator	Stehr, Melinda	(916) 265-8205	
KCSC Consulting - Safety	Stuart, Kenneth	(916) 221-1946	
Cal Recycle -- Waste Mgt.	Thalhamer, Todd	(916) 341-6356	
ERRS Task Force 002A Lead	Wade, Jerry	(503) 953-5263	
ERRS Crew A1 Lead	Rhodes, Randy	(360) 431-9368	
EERS Crew A2 Lead	Munzo, Jamie	(510) 258-7692	

EERS Crew A3 Lead	Washburn, Rock	
4. Prepared by:	Name: Ross, Shaun	Position/Title: PSC Signature: 
ICS 205A	IAP Page	Date/Time: 10/30/2015 0815

1. Incident Name Valley Fire		2. Operational Period (Date / Time) From: 02 NOV15/ 0730 To: 08 NOV 15/ 1800		COMMUNICATIONS LIST ICS 205A-CG	
3. Basic Local Communications Information					
Assignment	Name	Method(s) of contact (radio frequency, phone, pager, cell #(s), etc.)			
Task Force 002B Lead	Wofford, Gary	(714) 269-5979			
EERS Crew B1 Lead	Burley, Louis	(626) 419-5970			
EERS Crew B2 Lead	Ngo, Thaun	(253) 278-5610			
EERS Crew B3 Lead	Ayeni-Aarons, Osbert	(916) 236-9139			
Task Force 002C Lead	McManamy, Ron	(206) 276-1935			
EERS Crew C1 Lead	Edwards, Tyler	(423) 943-2187			
EERS Crew C2 Lead	Seher Ryan	(916) 533-4932			
Gen. Ops (Facilities)	Lawrence, Peter	(415) 793-5942			
High Hazard Team	Britton, Denise	(530) 624-8403			
High Hazard Team	Reiner, Chris	(415) 971-6911			
CA DFW (GIS)	Rankin, Daniel	(916) 327-0716			
CA DFW (GIS)	Muskat, Judd	(916) 216-1301			
SAT Phone A	N/A	8816-5142-2463			
SAT Phone B	N/A	8816-2145-4975			
SAT Phone C	N/A	8816-2344-4546			
Planning	Hunt, Susan	(425) 971-8149			
Task Force 2C Crew C1	Lykes, Frederick	(702) 272-7922			
Task Force 2A Crew A1	Reed, Greg	(707) 384-9681			
Task Force 2B Crew B2	Gilbert, Alex	(916) 241-5378			
Task Force 2C Crew C1	Young, Marvin	(415) 374-5538			
Task Force 2A Crew A2	Espanoza, Galdino	(510) 407-1518			
Task Force 2A Crew A2	Ramirez, Miguel	(510) 407-1518			
Task Force 2B Crew B1	Delgado, Hector	(510) 253-4719			
OPS	Harris, Terrance	(310) 292-8468			
Task Force 2B Crew B1	Nash, Edward	(916) 889-3556			
OPS	Saddleburg, Jeff	(916) 539-3366			
OPS	Daniel, Robert	(209) 652-4456			
OPS	Williams, Michael	(916) 604-0776			
Task Force 2C Crew C2	Madrigal, Marco	(916) 272-8510			
Task Force 2C Crew C2	McGhee, Benjamin	(916) 272-9949			
Task Force 2A Crew A3	Ward, Steve	(707) 262-2289			
4. Prepared by: (Communications Unit)		Date / Time			
COMMUNICATIONS LIST				ICS 205a-CG (Rev. 07/04)	

[illegible]

[illegible]

Site Safety and Health Plan ICS-208-CG (rev 4/15)

Incident Name: Valley Fire **Date/Time Prepared:** 30Oct15/ 0900 **Operational Period:** 02Nov15/ 0730 – 06Nov15/ 1800

Purpose. The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations. Changes: The only change to this form since 2006 is added Emergency Site Non-Hazardous Assessment form (SSP-A2).

Questions on the document should be addressed to the **Coast Guard Office of Contingency Preparedness and Exercise Policy (CG-CPE)**.

Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	X		X
Emergency Site Non-Hazardous Assessment Form	A2	Emergency response phase without Hazardous Materials present. Overall site assessment	X		X
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		X
Site Map	C	Post-emergency phase map of site and hazards	X		X
Emergency Response Plan	D	Part of Form B, to address emergencies	X		X
Exposure Monitoring Plan	E	Exposure monitoring Plan to monitor exposure	X		X
Air Monitoring Log	E-1	To log air monitoring data	X*		X
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		X
Decontamination	G	To document decon equipment and procedures	X*		X
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	
Other:					

* Required only if function or equipment is used during a response

EMERGENCY SAFETY and RESPONSE PLAN			1. Incident Name Valley Fire		2. Date/Time Prepared 30Oct15/ 0900		3. Operational Period 02Nov15 – 06Nov15		4. Attachments: Attach MSDS for each Chemical:						
5. Organization IC/UC:			Safety: Cody Tedeschi		Entry Team: N/A		Backup Team: N/A		Decon Team: N/A						
IC			Div/Group Supv:												
6.a. Physical Hazards and Protection			6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input checked="" type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input type="checkbox"/> Violence <input checked="" type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify)												
6.c. Tasks & Controls	6d Entry Permit	6e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6k. Work/Rest (hrs)	6m. Fluids (amt/time)	6n. Signs & Barricade	6p. Fall Protect	6q. Post Guards	6r. Flash Protect	6.s. Work Gloves	6.t. Other
Site Assessment				Safety boots	As needed			12/12	4 cups/hr					X	
HHW Removal				Safety boots	As needed			12/12	4 cups/hr	X				X	
HHW Disposal				Safety boots	X			12/12	4 cups/hr	X		X		X	
Site Security				Safety boots				12/12	As needed	X		X			
7.a. Agent	7.b. Hazards		7.c. Target Organs		7.d. Exposure Routes		7.e. PPE		7.f. Type of PPE						
• Unknowns	Explosive <input checked="" type="checkbox"/>	Radioactive <input checked="" type="checkbox"/>	Eyes <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Ears <input type="checkbox"/>	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Face Shield <input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Inner Suit <input type="checkbox"/> Splash Suit <input checked="" type="checkbox"/> Level A Suit <input type="checkbox"/> SCBA <input type="checkbox"/> APR <input checked="" type="checkbox"/> SAR <input type="checkbox"/> Cartridges <input checked="" type="checkbox"/> Fire Resistance <input type="checkbox"/>	Level C	Full Face APR	Safety Gloves, Inner as needed	Safety boots	Hard hats	Sunscreen	Insect repellent	Combo particulate and chemical		
• Asbestos	Flammable <input checked="" type="checkbox"/>	Carcinogen <input checked="" type="checkbox"/>	Central Nervous System <input checked="" type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Throat <input checked="" type="checkbox"/> Liver <input type="checkbox"/>												
• Fuel oils	Reactive <input checked="" type="checkbox"/>	Oxidizer <input checked="" type="checkbox"/>	Lungs <input checked="" type="checkbox"/> Heart <input type="checkbox"/> Blood <input type="checkbox"/> Lungs <input checked="" type="checkbox"/> Kidney <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Bone <input type="checkbox"/> Other Specify: <input type="checkbox"/>												
• Lube oils	Biomedical <input type="checkbox"/>	Corrosive <input checked="" type="checkbox"/>													
• Sulphuric Acid - batteries	Toxic <input checked="" type="checkbox"/>	Specify Other: <input type="checkbox"/>													
• Explosive material - ammunition															
8. Instruments:	8.a. Action Levels	8.b. Chemical Name(s):	8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C				
O2 <input checked="" type="checkbox"/>	19.5 -23.5	Ammonia	15.4%	N/A	300 ppm	35 ppm 27 mg/ m3	N/A	5900 mm	0.59	11.6	-27.4				
CGI <input checked="" type="checkbox"/>	<10% LEL														
Radiation <input checked="" type="checkbox"/>	3X background														
Total HCs <input checked="" type="checkbox"/>	>5ppm	Benzene	1.2 %	N/A	500 ppm	5 ppm	12 F	10 kPa/ 75.00 mm Hg	2.7	0.88	176.2 F				
Colorimetric <input checked="" type="checkbox"/>	Any Ammonia														
Thermal <input type="checkbox"/>															
Other <input checked="" type="checkbox"/>	1ppm benzene														

EMERGENCY SAFETY and RESPONSE PLAN (Cont)		1. Incident Name Valley Fire		2. Date/Time Prepared 02Nov15/ 0900		3. Operational Period 06Nov15 – 30Oct15		4. Attachments: Attach SDS for each Chemical	
9. Decontamination: Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal <input checked="" type="checkbox"/> Suit/Gloves/Boot Disposal <input checked="" type="checkbox"/>		Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify:		Bottle Exchange <input type="checkbox"/> Outer Suit Removal <input checked="" type="checkbox"/> Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal <input checked="" type="checkbox"/>		SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal <input checked="" type="checkbox"/> Work Clothes Removal <input checked="" type="checkbox"/> Body Shower <input type="checkbox"/>		Intervening Steps <input type="checkbox"/> Specify:	
10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North X Attached, <input type="checkbox"/> Drawn Below:									
11.a. Potential Emergencies: Fire <input checked="" type="checkbox"/> Explosion <input checked="" type="checkbox"/> Other <input type="checkbox"/>		11.b. Evacuation Alarms: Horn <input checked="" type="checkbox"/> #Blasts 5 Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: Sat Phone		11.c. Emergency Prevention and Evacuation Procedures: Sound alarms and egress to nearest safe haven. Notify emergency services. Account for team. Notify IC. Return to staging area or hospital as required. Safe Distance: 276 FT/ 84 m					
12. a. Communications: Radio <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Other <input type="checkbox"/>		12.b. Command #: (415) 971-7720		12.c. Tactical #:		12.d. Entry #:			
13.a. Site Security: Personnel Assigned Brothers in Law		13.b. Procedures: Shelter in place or find the nearest safe haven as appropriate. Notify security and call 911.							
14.a. Emergency Medical: Personnel Assigned EMT		14.b. Procedures: If located in Division D, contact the local EMT from the medical plan. All other Divisions contact EMS. EMS contact information located on Medical Plan.							
15. Prepared by: Cody Tedschi, USCG		16. Date/Time Briefed: 30Oct15/ 1600							
ICS-208-CG SSP-A Page 2 (rev 4/15): Page 2 of 17									

EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM		1. Incident Name Valley Fire	2. Date/Time Prepared 23Oct15/ 0900	3. Operational Period 23Oct15 – 30Oct15	4. Attachments: Y									
5. <u>SCENE CONTACTS:</u>	Name of Group/Branch or Division: Operations	Safety Officer: Cody Tedeschi, USCG	Staging Manager: OSC:Shaun Ross, USCG											
6.a. <u>Physical Hazards Onsite</u>	6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input checked="" type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input type="checkbox"/> Violence <input checked="" type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify)													
6.c. <u>Work Assignments/Job Tasks</u>	6.d. Electrical Hazard	6.e. Eye/Face Hazards	6.f. Ear Protection	6.g. Foot Protection (type)	6.h. Hard Hats	6.i. Clothing (cold/hot wx)	6.j. Life Vest	6.l. Work/Rest (hrs)	6.m. Fluids (amt/time)	6.n. Signs & Barricade	6.p. Fall Hazard	6.q. Security Issues	6.r. Hand Protection (Gloves)	6.s. Other
See ICS-208 CG SSP-A														
7. Comments: Special caution is to be implemented while working in vicinity of trees and overhead hazards due to post fire instabilities. Operations are to be secured with wind speeds greater than 15 mph (sustained) or gusts of 20 mph.														
ICS-208-CG SSP-A2 Non-Hazardous Page 1 (Rev 4/15): Page 3 of 17														

EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM (CONT'D)		1. Incident Name Valley Fire	2. Date/Time Prepared 30 Oct 15 / 0900	3. Operational Period 02 Nov 15 - 06 Nov 15	4. Attachments: Y Individual Division Maps
8. Any Reported Illnesses or Injuries: N If so, what type of Injury:					
Was this recorded on CG-209 ? Y or N Was the persons Agency informed of injury: Y or N Location of Injury:					
9. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North X Attached, <input type="checkbox"/> Drawn Below: Division maps will be issued daily by Planning. Medical Care can be assessed at St. Helena Hospital. An EMT is on site in Division D for first aid due to the long proximity from the local hospital. Refer to the Medical Plan for EMT contact information.					
10.a. <u>Potential Emergencies:</u> Fire X Explosion X Other <input type="checkbox"/>		10.b. Evacuation Alarms: Horn X # Blasts 5 Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: Sat Phone calls		10.c Emergency Prevention and Evacuation Procedures: Sound alarms and egress to nearest safe haven. Notify emergency services. Account for team. Notify IC. Return to staging area or hospital as required. Safe Distance: 276 Ft/ 84 m	
11. a. <u>Communications:</u> Radio <input type="checkbox"/> Phone X Other <input type="checkbox"/>		11.b. Command #: (415) 971-7720		11.c. Tactical #:	
				11 d. Staging Area #:	
12.a. <u>Emergency Medical:</u> Personnel Assigned EMT		12.b. Procedures: If located in Division D, contact the local EMT from the medical plan. All other Divisions contact EMS. EMS contact information located on Medical Plan		12.c Equipment: EMT Kit	
13. Prepared by: Cody Tedeschi, USCG		14. <u>Date/Time Briefed:</u> 30 Oct 15 / 1600		ICS-208-CG SSP-A2 Non-Hazardous Page 2 (rev 4/15): Page 4 of 17	

CG ICS SITE SAFETY PLAN (SSP) HAZARD IDENTIFICATION/ EVAL/CONTROL			1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact): Cody Tedeschi/ (415) 729-1517
5. Supervisor/Leader Shaun Ross	6. Location and Size of Site Lake County	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact: 911	9. Attachments: Attach MSDS for each Chemical OR CG 213RR for Ordering items from Block 10.e.		
10.a. Job Task/Activity Site Assessment	10.b. Hazards* Unknown chemicals; unknown physical hazards; overhead hazards; heat stress; slips, trips and falls; insect bites; sunburn; fatigue; motor vehicle ops; roads	10.c. Potential Injury & Health Effects Chemical exposure; burns; ambulatory, short term injuries, and long term damage requiring hospitalization; subsequent illness.	10.d. Exposure Routes Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	10.e. Controls: Engineering, Administrative, PPE Utilize proper PPE including: Level C, boots, gloves, hard hats, ear plugs, coveralls. Utilize methodical assessments ensuring proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Decon properly.		
HHW Removal	Unknown chemicals; unknown physical hazards; overhead hazards; heat stress; slips, trips and falls; insect bites; sunburn; fatigue; motor vehicle ops; roads	Chemical exposure; burns; ambulatory, short term injuries, and long term damage requiring hospitalization; subsequent illness.	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: Level C, boots, gloves, hard hats, ear plugs, coveralls. Utilize methodical assessments ensuring proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Decon properly.		
HHW Disposal	Unknown chemicals; unknown physical hazards; overhead hazards; heat stress; slips, trips and falls; insect bites; sunburn; fatigue; motor vehicle ops; roads	Chemical exposure; burns; ambulatory, short term injuries, and long term damage requiring hospitalization; subsequent illness.	Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input type="checkbox"/>	Utilize proper PPE including: Level C, boots, gloves, hard hats, ear plugs, coveralls. Utilize methodical assessments ensuring proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Decon properly.		
Site Security	Physical violence; ergonomics; Heat stress	Ambulatory, short term injuries, and long term damage requiring hospitalization	Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input checked="" type="checkbox"/>	Utilize proper legal and agency processes when encountering individuals and the public. Follow local LE guidance regarding access to sites		
			Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/>			
11. Prepared By: Cody Tedeschi, USCG	12. Date/Time Briefed: 30Oct15/ 1600	*HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-B (rev 4/15): Page 5 of 17	

CG ICS SSP: SITE MAP	1. Incident Name ValleyFire	2. Date/Time Prepared 30Oct15	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact) : Cody Tedeschi
5. Supervisor/Leader Shaun Ross	6. Location and Size of Site Lake County	7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments:	8. For Emergencies Contact: 911	9. Include: - Work Zones - Security Perimeter - Decontamination Line - Locations of Hazards - Places of Refuge - Evacuation Routes
10. Sketch of Site: <input checked="" type="checkbox"/> Attached. <input type="checkbox"/> Drawn Here Division maps will be issued daily by Planning.				
11. Prepared By: Cody Tedeschi, USCG	12. Date/Time Briefed: 30Oct15/ 1600	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		
ICS-208-CG SSP-C (rev 4/15): Page 6 of 17				

CG ICS SSP: EMERGENCY RESPONSE PLAN		1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact): Cody Tedeschi
5. Supervisor/Leader Shaun Ross	6. Location and Size of Site Lake County, CA	7. For Emergencies Contact: 911	8. Attachments: INCLUDE ICS FORM 206 and EMT Medical Response Procedures		
9. Emergency Alarm (sound and location) 5 horn blast	10. Backup Alarm (sound and location) Cell phone call	11. Emergency Hand Signals Overhead hand waving	12. Emergency Personal Protective Equipment Required: Level C		
13. Emergency Notification Procedures Sound alarms and egress to nearest safe haven. Notify emergency services. Account for team. Notify IC. Return to staging area or hospital as required		14. Places of Refuge (also see site map form 208B) Task Force Leaders will designate refuge based on Division maps issued daily by Planning.	15. Emergency Decon and Evacuation Steps Conduct emergency Level C cut outs and evacuate to a min of 276 Ft/ 84m or nearest safe haven.	16. Site Security Measures Task Force Leaders will employ signs, barricades, and guards as required. Operations are to be secured with wind speeds greater than 15 mph.	
17. Prepared By: Cody Tedeschi, USCG	18. Date/Time Briefed: 30Oct15/ 1600	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			ICS-208-CG SSP-D (rev 4/15) Page 7 of 17

CG ICS SSP: Exposure Monitoring Plan		1. Incident Name Valley Fire		2. Date/Time Prepared 30Oct15/ 0900		3. Operational Period 02Nov15 – 06Nov15		4. Safety Officer (include method of contact): Cody Tedeschi	
5. Specific Task/Operation	6. Survey Location	7. Survey Date/Time	8. Monitoring Methodology	9. Direct-Reading Instrument	10. Air Sampling/Analysis Method	11. Hazard(s) to Monitor	12. Monitoring Duration	13. Reasons to Monitor	14. Laboratory Support for Analysis
See Weston/ ERRS HASP.			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other:			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other:			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other	
			<input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other:	<u>Model:</u> <u>Manufacturer:</u> Last Mfr <u>Calibration Date:</u>	<u>Method:</u> Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other:			<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other	
15. Prepared By: Cody Tedeschi, USCG		16. Date/Time Briefed: 30Oct15/ 1600	HAZARD LIST: Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning						
18. Safety Officer Review: Cody Tedeschi			Reporting: Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction.						

CG ICS SSP: AIR MONITORING LOG	1. Incident Name Valley Fire	2. Date/Time Prepared 30 Oct 15	3. Operational Period 02 Nov 15 – 06 Nov 15	4. Safety Officer (include method of contact) Cody Tedeschi
5. Site Location Lake County, CA	6. Hazards of Concern Unknown Chemical	7. Action Levels (include references): See Weston/ ERRS HASP		8. Weather: Air Temperature: Water Temp: Precipitation: Wind: Cloud Cover:
9.a. Instrument, ID Number Calibrated? Indicate below.	9.b. Monitoring Person Name(s)	9.c. Results (units)	9.d. Location	9.f. Time 9.g. Interferences and Comments
10. Safety Officer Review: Cody Tedeschi, USCG			Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning	ICS-208-CG SSP-E-1 (rev 4/15): Page 9 of 17

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT		1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact): Cody Tedeschi
5. Supervisor/Leader Shaun Ross	6. Location and Size of Site Lake County, CA	7. Hazards Addressed: See Weston/ ERRS HASP	8. For Emergencies Contact: 911		
9. Equipment:	See Weston/ ERRS HASP	Level C	APR with Combination Cartridge	10. References Consulted:	
11. Inspection Procedures: See Weston/ ERRS HASP	12. Donning Procedures:	13. Doffing Procedures:	14. Limitations and Precautions (include maximum stay time in PPE):		
15. Prepared By: Cody Tedeschi , USCG	16. Date/Time Briefed: 30Oct15/ 1600	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		ICS-208-CG SSP-F: (Rev 4/15) Page 10 of 17	

CG ICS SSP: DECONTAMINATION	1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact): Cody Tedeschi
5. Supervisor/Leader Shaun Ross	6. Location and Size of Site Lake County, CA	7. For Emergencies Contact: 911	8. Hazard(s) Addressed: See Weston/ ERRS HASP	
9. Equipment:	See Weston/ ERRS HASP	Level C	APR with Combination Cartridge	10. References Consulted:
11. Contamination Avoidance Practices: See Weston/ ERRS HASP	12. Decon Diagram: <input checked="" type="checkbox"/> Attached, <input type="checkbox"/> Drawn below Task Force Leaders will determine decon placement based on Division maps issued daily by Planning			13. Decon Steps See Weston/ ERRS HASP For emergency decon: Conduct emergency Level C cut outs and evacuate to a min of 276 Ft/ 84m or nearest safe haven
14. Prepared By: Cody Tedeschi, USCG	15. Date/Time Briefed: 30Oct15/ 1600	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning		ICS-208-CG SSP-G (rev 4/15): Page 11 of 17

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact) Cody Tedeschi
5. Supervisor/Leader Shaun Ross	6. For Emergencies Contact: 911	7. Attachments: Weston/ ERRS HASP, Maps		
8 a. Job Task/Activity	8 b. Hazards	8 c. Deficiency	8 d. Action Taken	8 f. Signature of Supervisor/Leader
9. Prepared By: Cody Tedeschi, USCG	10. Date/Time Briefed: 30Oct15/ 1600	HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving		
		ICS-208-CG SSP-H (rev 4/15): Page 12 of 17		

CG-ICS SSP WORKER
ACKNOWLEDGEMENT FORM[illegible]

CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A)		1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Site Supervisor/Leader Shaun Ross	5. Location of Site Lake County, CA
6.a. Cite: 1910.120	6.b. Requirement (sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments		
(q)(1)	Is the plan in writing?	SSP-A	<input type="checkbox"/>			
(1)	Is the plan available for inspection by employees?	N/A	<input type="checkbox"/>	Performance based		
(q)(2)(i)	Does the plan address pre-emergency planning and coordination?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address personnel roles?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address lines of authority?	SSP-A	<input type="checkbox"/>			
(ii)	Does it address communications?	SSP-A	<input type="checkbox"/>			
(iii)	Does it address emergency recognition?	SSP-A	<input type="checkbox"/>			
(iii)	Does it address emergency prevention?	SSP-A	<input type="checkbox"/>			
(iv)	Does it identify safe distances?	SSP-A	<input type="checkbox"/>			
(iv)	Does it address places of refuge?	SSP-A	<input type="checkbox"/>			
(v)	Does it address site security and control?	SSP-A	<input type="checkbox"/>			
(vi)	Does it identify evacuation routes?	SSP-A	<input type="checkbox"/>			
(vi)	Does it identify evacuation procedures?	SSP-A	<input type="checkbox"/>			
(vii)	Does it address decontamination?	SSP-A	<input type="checkbox"/>			
(viii)	Does it address medical treatment and first aid?	SSP-A	<input type="checkbox"/>			
(ix)	Does it address emergency alerting procedures?	SSP-A	<input type="checkbox"/>			
(ix)	Does it address emergency response procedures	SSP-A	<input type="checkbox"/>			
(x)	Was the response critiqued?	N/A	<input type="checkbox"/>	Performance based		
(xi)	Does it identify Personal Protection Equipment?	SSP-A	<input type="checkbox"/>			
(xi)	Does it identify emergency equipment?	SSP-A	<input type="checkbox"/>			
(q)(3)(ii)	All the hazardous substances identified to the extent possible?	N/A	<input type="checkbox"/>	Performance based		
(ii)	All the hazardous conditions identified to the extent possible?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Was site analysis addressed?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Were engineering controls addressed?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Were exposure limits addressed?	N/A	<input type="checkbox"/>	Performance based		
(ii)	Were hazardous substance handling procedures addressed?	N/A	<input type="checkbox"/>	Performance based		
(iii)	Is the PPE appropriate for the hazards identified?	N/A	<input type="checkbox"/>	Performance based		
(iv)	Is respiratory protection worn when inhalation hazards present?	N/A	<input type="checkbox"/>	Performance based		
(v)	Is the buddy system used in the hazard zone?	N/A	<input type="checkbox"/>	Performance based		
(vi)	Are backup personnel on standby?	N/A	<input type="checkbox"/>	Performance based		
(vi)	Are advanced first aid support personnel standing by?	N/A	<input type="checkbox"/>	Performance based		
(vii)	Has the ICS designated safety official been identified?	SSP-A	<input type="checkbox"/>			
(vii)	Has the Safety Official evaluated the hazards?	N/A	<input type="checkbox"/>	Performance based		
(viii)	Can the Safety Official communicate with IC immediately?	N/A	<input type="checkbox"/>	Performance based		
(ix)	Are appropriate decontamination procedures implemented?	N/A	<input type="checkbox"/>	Performance based		

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)		1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Site Supervisor/Leader Shaun Ross	5. Location of Site Lake County, CA
6.a. Cite: 1910.120	6.b. Requirement/sections that duplicate or explain are omitted)			6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (b)(1)(ii)(A)	Organizational structure?			203	<input type="checkbox"/>	
(B)	Comprehensive workplan?			IAP	<input type="checkbox"/>	Incident Action Plan
(C)	Site Safety Plan?			SSP-B	<input type="checkbox"/>	
(D)	Safety and health training program?			N/A	<input type="checkbox"/>	Responsibility of each employer
(E)	Medical surveillance program?			N/A	<input type="checkbox"/>	Responsibility of each employer
(F)	Employer SOPs?			N/A	<input type="checkbox"/>	Responsibility of each employer
(G)	Written program related to site activities?			N/A	<input type="checkbox"/>	
(b)(1)(iii)	Site excavation meets shored or slope requirements in 1926?			N/A	<input type="checkbox"/>	
(b)(2)(i)(D)	Lines of communication?			201 203 205	<input type="checkbox"/>	
(b)3(iv)	Training addressed?			N/A	<input type="checkbox"/>	Responsibility of each employer
(v)-(vi)	Information and medical monitoring addressed?			N/A	<input type="checkbox"/>	Responsibility of each employer
(b)4(i)	Site Safety Plan kept on site?			N/A	<input type="checkbox"/>	
(ii)(A)	Safety and health hazard analysis conducted?			N/A	<input type="checkbox"/>	
(B)	Properly trained employees assigned to right jobs?			N/A	<input type="checkbox"/>	
(C)	Personnel Protective Equipment issues addressed?			SSP-F	<input type="checkbox"/>	
(E)	Frequency and types of air monitoring addressed?			SSP-E	<input type="checkbox"/>	
(F)	Site control measures in place?			SSP-B	<input type="checkbox"/>	
(G)	Decontamination procedures in place?			SSP-G	<input type="checkbox"/>	
(H)	Emergency Response Plan in place?			SSP-D	<input type="checkbox"/>	
(I)	Confined space entry procedures?			SSP-B	<input type="checkbox"/>	
(J)	Spill containment program			SSP-B	<input type="checkbox"/>	
(iii)	Pre-entry briefings conducted?			SSP-I	<input type="checkbox"/>	
(iv)	Site Safety Plan effectiveness evaluated?			SSP-H	<input type="checkbox"/>	
(c)(1)	Site characterization done?			N/A	<input type="checkbox"/>	
(c)(2)	Preliminary evaluation done by qualified person?			N/A	<input type="checkbox"/>	
(c)(3)	Hazard identification performed?			SSP-B	<input type="checkbox"/>	
(c)(4)(i)	Location and size of site identified?			SSP-B	<input type="checkbox"/>	
(ii)	Response activities, job tasks identified?			SSP-B	<input type="checkbox"/>	
(iii)	Duration of tasks identified?			SSP-B	<input type="checkbox"/>	Operational period
(iv)	Site topography and accessibility addressed?			SSP-C	<input type="checkbox"/>	
(v)	Health and safety hazards addressed?			SSP-B	<input type="checkbox"/>	
(vi)	Dispersion pathways addressed?			SSP-B	<input type="checkbox"/>	
(vii)	Status and capabilities of medical emergency response teams?			206	<input type="checkbox"/>	
(c)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?			SSP-F	<input type="checkbox"/>	
(ii)	Respiratory protection addressed?			SSP-B and F	<input type="checkbox"/>	
(iii)	Level B used for unknowns?			N/A	<input type="checkbox"/>	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)		1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15
6.a. Cite: 1910.120	6.b. Requirement (sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (c)(6)(i)	Monitoring for ionization conducted?	SSP-E	<input type="checkbox"/>	
(ii)	Monitoring conducted for IDLH conditions?	SSP-E	<input type="checkbox"/>	
(iii)	Personnel looking out for dangers of IDLH environments?	N/A	<input type="checkbox"/>	
(iv)	Ongoing air monitoring program in place?	SSP-E	<input type="checkbox"/>	
(c)(7)	Employees informed of potential hazard occurrence?	SSP-B	<input type="checkbox"/>	
(c)(8)	Properties of each chemical made aware to employees?	SSP-B	<input type="checkbox"/>	
(d)(1)	Appropriate site control procedures in place?	IAP, SSP-B	<input type="checkbox"/>	
(d)(2)	Site control program developed during planning stages?	IAP, SSP-B	<input type="checkbox"/>	
(d)(3)	Site map, work zones, alarms, communications addressed?	IAP, SSP-B	<input type="checkbox"/>	
(g)(1)(i)	Engineering, admin controls considered?	SSP-B	<input type="checkbox"/>	
(iii)	Personnel not rotated to reduce exposures?	N/A	<input type="checkbox"/>	
(g)(5)(i)	PPE selection criteria part of employer's program?	N/A	<input type="checkbox"/>	Responsibility of employer
(ii)	PPE use and limitations identified?	SSP-F	<input type="checkbox"/>	
(iii)	Work mission duration identified?	SSP-F	<input type="checkbox"/>	
(iv)	PPE properly maintained and stored?	N/A	<input type="checkbox"/>	Responsibility of employer
(vi)	Are employees properly trained and fitted with PPE?	N/A	<input type="checkbox"/>	Responsibility of employer
(vii)	Are donning and doffing procedures identified?	SSP-F	<input type="checkbox"/>	
(viii)	Are inspection procedures properly identified?	SSP-F	<input type="checkbox"/>	
(ix)	Is a PPE evaluation program in place?	SSP-F	<input type="checkbox"/>	
(h)(3)	Periodic monitoring conducted?	SSP-E	<input type="checkbox"/>	
(k)(2)(i)	Have decontamination procedures been established?	SSP-G	<input type="checkbox"/>	
(ii)	Are procedures in place for contamination avoidance?	SSP-G	<input type="checkbox"/>	
(iii)	Is personal clothing properly decontaminated prior to leaving the site?	SSP-G	<input type="checkbox"/>	
(iv)	Are decontamination deficiencies identified and corrected?	SSP-H	<input type="checkbox"/>	
(k)(3)	Are decontamination lines in the proper location?	SSP-C	<input type="checkbox"/>	
(k)(4)	Are solutions/equipment used in decon properly disposed of?	N/A	<input type="checkbox"/>	
(k)(6)	Is protective clothing and equipment properly secured?	N/A	<input type="checkbox"/>	
(k)(7)	If cleaning facilities are used, are they aware of the hazards?	N/A	<input type="checkbox"/>	
(k)(8)	Have showers and change rooms provided, if necessary?	N/A	<input type="checkbox"/>	
(l)(1)(iii)	Are provisions for reporting emergencies identified?	SSP-D	<input type="checkbox"/>	
(iv)	Are safe distances and places of refuge identified?	SSP-B and C	<input type="checkbox"/>	
(v)	Site security and control addressed in emergencies?	SSP-D	<input type="checkbox"/>	
(vi)	Evacuation routes and procedures identified?	SSP-D	<input type="checkbox"/>	
(vii)	Emergency decontamination procedures developed?	SSP-D	<input type="checkbox"/>	
(ix)	Emergency alerting and response procedures identified?	SSP-D	<input type="checkbox"/>	
(x)	Response teams critiqued and followup performed?	SSP-H	<input type="checkbox"/>	
(xi)	Emergency PPE and equipment available?	SSP-D	<input type="checkbox"/>	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)		1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15
6.a. Cite:	6.b. Requirement (sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (1)(3)(i)(ii)(iii)(iv)(v)	Emergency notification procedures identified?	SSP-D	<input type="checkbox"/>	
	Emergency response plan separate from Site Safety Plan?	SSP-D	<input type="checkbox"/>	
	Emergency response plan compatible with other plans?	SSP-D	<input type="checkbox"/>	
	Emergency response plan rehearsed regularly?	SSP-D	<input type="checkbox"/>	
	Emergency response plan maintained and kept current?	SSP-H	<input type="checkbox"/>	
1910.165 (b)(2)	Can alarms be seen/heard above ambient light and noise levels?	N/A	<input type="checkbox"/>	
	Are alarms distinct and recognizable?	N/A	<input type="checkbox"/>	
(b)(3)	Are employees aware of the alarms and are they accessible?	SSP-D	<input type="checkbox"/>	
(b)(4)	Are emergency phone numbers, radio frequencies clearly posted?	206	<input type="checkbox"/>	
(b)(5)	Signaling devices in place where there are 10 or more workers?	IAP	<input type="checkbox"/>	
(b)(6)	Are alarms like steam whistles, air horns being used?	IAP	<input type="checkbox"/>	
(c)(1)	Are backup alarms available?	IAP	<input type="checkbox"/>	
(d)(3)	Are areas adequately illuminated?	IAP	<input type="checkbox"/>	
(m)	Is an adequate supply of potable water available?	IAP	<input type="checkbox"/>	
(n)(1)(i)	Are drinking water containers equipped with a tap?	IAP	<input type="checkbox"/>	
(ii)	Are drinking water containers clearly marked?	IAP	<input type="checkbox"/>	
(iii)	Is a drinking cup receptacle available and clearly marked?	IAP	<input type="checkbox"/>	
(iv)	Are non-potable water containers clearly marked?	IAP	<input type="checkbox"/>	
(n)(2)(i)	Are their sufficient toilets available?	IAP	<input type="checkbox"/>	
(n)(3)(i)	Have food handling issues been addressed?	IAP	<input type="checkbox"/>	
(n)(4)	Have adequate wash facilities been provided outside hazard zone?	IAP	<input type="checkbox"/>	
(n)(6)	If response is greater than 6 months, have showers been provided?	IAP	<input type="checkbox"/>	
(n)(7)				

CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET	1. Incident Name Valley Fire	2. Date/Time Prepared 30Oct15/ 0900	3. Operational Period 02Nov15 – 06Nov15	4. Safety Officer (include method of contact): Cody Tedeschi
5. Supervisor/Leader Shaun Ross	6. Location and Size of Site Lake County, CA	7. For Emergencies Contact: 911	8. Note: tanks and vaults should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.	
9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted)	9.b. Requirement			9.c. Check
(j)(1)(ii)	Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment?			<input type="checkbox"/>
(iii)	Drums inspected and integrity ensured prior to movement?			<input type="checkbox"/>
(iii)	Or drums moved to an accessible location (staging area) prior to movement?			<input type="checkbox"/>
(iv)	Unlabelled drums treated as unknown until properly identified and labeled?			<input type="checkbox"/>
(v)	Site activities organized to minimize drum handling?			<input type="checkbox"/>
(vi)	Employers properly warned about the hazards of moving and handling drums?			<input type="checkbox"/>
(vii)	Suitable overpack drums are available for addressing leaking and ruptured drums?			<input type="checkbox"/>
(viii)	Leaking materials from drums properly contained?			<input type="checkbox"/>
(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?			<input type="checkbox"/>
(x)	Are suspect buried drums surveyed with underground detection system?			<input type="checkbox"/>
(xi)	Are soil and covering material above buried drums removed with caution?			<input type="checkbox"/>
(xii)	Is the proper extinguishing equipment on scene to control incipient fires?			<input type="checkbox"/>
(j)(2)(i)	Are airlines on supplied air systems protected from leaking drums?			<input type="checkbox"/>
(ii)	Are employees at a safe distance, using remote equipment, when handling explosive drums?			<input type="checkbox"/>
(iii)	Are explosive shields in plane to protect workers opening explosive drums?			<input type="checkbox"/>
(iv)	Is response equipment positioned behind shields when shields are used?			<input type="checkbox"/>
(v)	Are non-sparking tools used in flammable or potentially flammable atmospheres?			<input type="checkbox"/>
(vi)	Are drums under extreme pressure opened slowly & workers protected by shields/distance?			<input type="checkbox"/>
(vii)	Are workers prohibited from standing and working on drums?			<input type="checkbox"/>
(j)(3)	Is the drum handling equipment positioned and operated to minimize sources of ignition?			<input type="checkbox"/>
(j)(5)(i)	For shock sensitive drums, have all non-essential employees been evacuated?			<input type="checkbox"/>
(ii)	For shock sensitive drums: is handling equipment provided with shields to protect workers?			<input type="checkbox"/>
(iii)	Are alarms that announce start/finish of explosive drum handling actions in place?			<input type="checkbox"/>
(iv)	Are continuous communications in place between the drum handling site & command post?			<input type="checkbox"/>
(v)	Are drums under pressure properly controlled for prior to handling?			<input type="checkbox"/>
(vi)	Are drums containing packaged laboratory wastes treated as shock sensitive?			<input type="checkbox"/>
(j)(6)(i)	Are lab packs opened by trained and experienced personnel?			<input type="checkbox"/>
(ii)	Are lab packs showing crystallization treated as shock sensitive?			<input type="checkbox"/>
(j)(8)(ii-iii)	Are drum staging areas manageable with marked access and egress?			<input type="checkbox"/>
(iv)	Is bulking of drums conducted only after drum contents have been properly identified?			<input type="checkbox"/>
10. Prepared By: Cody Tedeschi, USCG				Form SSP-L (rev 4/15) Page 17 of 17