

1. Incident Name:		2. Operational Period: (Date/Time)		HAZARDOUS MATERIALS SITE SAFETY AND CONTROL PLAN ICS 208 HM - EPA	
		From: To:			
3a. Incident Location:			3b. Incident Area Size:		
ORGANIZATION					
4. Incident/Unified Command:		5. Safety:		6. Operations :	
7. Division/Group Supervisor:		8. Team Leader:		9. Other (Specify):	
10. Team Members / Tasks (Box 24):					
Names		Task # (Box 24)	Names		Task # (Box 24)
1			4		7
2			5		8
3			6		9
11. SITE MAP		Attached:		Includes:	
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
		<input type="checkbox"/> Command Post		<input type="checkbox"/> Work Zones	
		<input type="checkbox"/> Assembly Point(s)		<input type="checkbox"/> Topography	
		<input type="checkbox"/> Location of Hazards		<input type="checkbox"/> North Arrow	
				<input type="checkbox"/> Evacuation Route(s)	
				<input type="checkbox"/> Accessibility by Air, Ground and/or Water	
				<input type="checkbox"/> Decontamination Line	
EMERGENCY PROCEDURES					
12a. Notified		<input type="checkbox"/> Hospital:		<input type="checkbox"/> Air Ambulance	
		<input type="checkbox"/> Ambulance:		<input type="checkbox"/> Fire	
12b. On-Site		<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Other:	
12c. Evacuation Plan		Medical Monitoring: Yes <input type="checkbox"/> No <input type="checkbox"/>		Medical Treatment and Transport: Yes <input type="checkbox"/> No <input type="checkbox"/>	
12d. In Case of Emergency, Notification Procedures		Assembly Area(s) Identified: <input type="checkbox"/>		Safe Distance: <input type="checkbox"/>	
12e. Directions to Nearest Medical Assistance		ALARM System(s):		Horn <input type="checkbox"/> # Blasts	
				Bells <input type="checkbox"/> # Rings	
12f. Additional Emergency Procedures / Comments		Radio Code <input type="checkbox"/>		Other (specify):	
13. DECONTAMINATION PROCEDURES		<input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Other:			
14. RECORDS MAINTAINED		Safety Officer #:		Medical #:	
		Command #:		Site Security / Entry #:	
15. ATTACHMENTS		Operations #:		Other (specify):	
16. ADDITIONAL PROCEDURES		Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, then Describe:			
17. DECONTAMINATION PROCEDURES		BELOW: <input type="checkbox"/> ATTACHED: <input type="checkbox"/>			
18. RECORDS MAINTAINED		<input type="checkbox"/> DROP: Segregated Equipment		<input type="checkbox"/> WASH: Suit/Safety Boot	
		<input type="checkbox"/> WASH: Boot Cover/Glove		<input type="checkbox"/> RINSE: Suit/Safety Boot/SCBA	
19. ATTACHMENTS		<input type="checkbox"/> RINSE: Boot Cover/Glove		<input type="checkbox"/> RE-ENTER: Tank Change/Redress	
		<input type="checkbox"/> REMOVE: Tape		<input type="checkbox"/> REMOVE: Safety Boot	
20. RECORDS MAINTAINED		<input type="checkbox"/> REMOVE: Boot Cover		<input type="checkbox"/> REMOVE: Suit/Hard Hat	
		<input type="checkbox"/> REMOVE: Outer Gloves		<input type="checkbox"/> REMOVE: SCBA (A/B)	
21. ATTACHMENTS		<input type="checkbox"/> WASH: Inner Glove		<input type="checkbox"/> WASH: Field	
		<input type="checkbox"/> RINSE: Inner Glove		<input type="checkbox"/> Redress	
22. RECORDS MAINTAINED		<input type="checkbox"/> REMOVE: Face Piece		<input type="checkbox"/> REMOVE: Inner Glove	
		<input type="checkbox"/> REMOVE: Inner Clothing			
23. ATTACHMENTS		<input type="checkbox"/> Medical Surveillance		<input type="checkbox"/> Fit Testing	
		<input type="checkbox"/> Mandatory Training		<input type="checkbox"/> Other:	
24. ATTACHMENTS		<input type="checkbox"/> Decontamination Plan		IAP COMPONENTS	
		<input type="checkbox"/> Confined Space Procedures:			
25. ATTACHMENTS		<input type="checkbox"/> JHA:		<input type="checkbox"/> 201 Incident Briefing; or	
		<input type="checkbox"/> JHA:		<input type="checkbox"/> 202 Incident Objectives	
26. ATTACHMENTS		<input type="checkbox"/> JHA:		<input type="checkbox"/> 203 Organization List	
		<input type="checkbox"/> Other (specify):		<input type="checkbox"/> 204 Assignment List (#8, #9)	
27. ATTACHMENTS		<input type="checkbox"/> Other (specify):		<input type="checkbox"/> 205A Incident Comms Plan	
		<input type="checkbox"/> Modifications to Documented SOPs Work Practices:		<input type="checkbox"/> 206 Medical Plan	
28. ATTACHMENTS				<input type="checkbox"/> 215A IAP Safety Analysis	
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HAZARD ANALYSIS / ENVIRONMENTAL & PERSONNEL MONITORING																			
16. Chemical Name(s)		Action Levels	LEL/UEL %	Physical State (S / L / G)	Ceiling IDLH	STEL / TLV	Flash Pt / Ignition Pt (F or C)	Vapor Pressure (mm HG)	Vapor Density	Sp. Gravity	Boiling Pt (F or C)	Odor Thresh (ppm)							
1)																			
2)																			
3)																			
4)																			
17. Instruments:		<input type="checkbox"/> %O ₂	<input type="checkbox"/> H ₂ S	<input type="checkbox"/> PID	<input type="checkbox"/> Thermal	<input type="checkbox"/> CGI													
		<input type="checkbox"/> %LEL	<input type="checkbox"/> CO	<input type="checkbox"/> FID	<input type="checkbox"/> Colorimetric	<input type="checkbox"/> Personnel:													
		<input type="checkbox"/> Radiation / Specify:				<input type="checkbox"/> Other:													
18. Monitoring Frequency:		<input type="checkbox"/> 24 hr	<input type="checkbox"/> 8 hr	<input type="checkbox"/> Hourly	<input type="checkbox"/> Continuous	Other:													
19. Containers		Types / Quantities / Comments:																	
20. Physical Hazards		<input type="checkbox"/> Confined Space	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Noise	<input type="checkbox"/> Water	<input type="checkbox"/> Biomedical waste / needles													
		<input type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> Cold Stress	<input type="checkbox"/> Electrical	<input type="checkbox"/> Ionizing Rad	<input type="checkbox"/> Other:													
		<input type="checkbox"/> Excavation	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Ergonomic	<input type="checkbox"/> Animal/Plant/Insect	<input type="checkbox"/> Other:													
21a. Hazards	Chemical				21b. Target Organs	Chemical				21b. Con't	Chemical				21c. Exposure Routes	Chemical			
	1	2	3	4		1	2	3	4		1	2	3	4		1	2	3	4
Explosive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absorption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carcinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxidizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTES:				
Corrosive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Biomedical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Toxic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
TASK / PPE / CONTROLS																			
22a. TASK 1: PPE Level					Description:														
D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/>																			
22b. TASK 2: PPE Level					Description:														
D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/>																			
22c. TASK 3: PPE Level					Description:														
D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/>																			
23a. PPE		TASK			Comment/Modifications	23b. CONTROLS		TASK			Comment/Modifications								
		1	2	3				1	2	3									
Boots (Steel-toe)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Work/Rest (hrs)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Hard Hats		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fluids (amt/time)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Hearing Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clothing (cold)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Eye Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ventilate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Gloves (Inner/Outer)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Signs & Barricade		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Face Shield/ Splash Suit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fall Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Suit (Inner/Outer)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Post Guards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
APR/PAPR (cartridges)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Life Jacket		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
SAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fire Resistance PPE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
SCBA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Flash Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
EPD:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sanitation Facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PREPARED/APPROVED BY																			
24. Prepared by:					Signature:					Date / Time:									
57. Approved by:					Signature:					Date / Time:									
<div style="display: flex; justify-content: space-between;"> Hazardous Materials Site Safety and Control Plan Page 2 ICS 208 HM- EPA (Rev 05/18) </div>																			