



Appendix E - Health and Safety Records

CABRERA SERVICES

RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

DAILY SAFETY TOOLBOX MEETING

Project Name: <u>Great Lakes Ash Sampling</u>		Project #: <u>03-3040.56 Task 13c</u>	
Location: <u>Great Lakes Naval Center</u>		Date/Time: <u>1/4/07</u>	
General Scope of Work: <u>Soil Sampling to determine characteristics of soil at several areas around GLNC</u>			
Emergency Telephone Numbers			
Police: <u>911</u>	Fire: <u>911</u>	Ambulance: <u>911</u>	
Other (UXO, Facility, etc.):			
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	
Days Work Tasks			
Task 1: <u>Soil Sampling</u>		Task 2: <u>GWS</u>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Permits Required: RWP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; RWP #		Confined Space <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; #	
Radiation Hazards:			
Chemical Hazards (Incl marking paint, deconagents, etc.):			
Physical Hazards: <u>cold weather slips trips & falls</u> <u>ergonomics, traffic</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <u>Nitrile gloves, boot covers (possibly)</u>			
Special Equipment (Generators, backhoes, ISOCS, etc.): <u>hand auger</u>			
Types of Communications: <u>Cell phone</u>			
Special Topics:			

Lessons Learned from Previous Day:

Lessons Learned from Previous Day:			
Questions & Feedback from Attendees:			
Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	<i>Greg Bright</i>	<i>GB</i>	<i>Cabrera</i>
Radiological Lead:			
Safety and Health Rep.:			

[illegible]

2/14/2002



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RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

DAILY SAFETY TOOLBOX MEETING

Project Name: <u>Great Lakes Ash Sampling</u>		Project #: <u>03-3040.36 Task 130</u>	
Location: <u>Great Lakes Naval Center</u>		Date/Time: <u>1/5/07</u>	
General Scope of Work: <u>Soil Sampling to determine characteristics of soil at several areas around GLNC</u>			
Emergency Telephone Numbers			
Police: <u>911</u>	Fire: <u>911</u>	Ambulance: <u>911</u>	
Other (UXO, Facility, etc.):			
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	
Days Work Tasks			
Task 1: <u>Soil Sampling</u>		Task 2: <u>GWS</u>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Permits Required: RWP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; RWP #		Confined Space <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; #	
Radiation Hazards:			
Chemical Hazards (Incl marking paint, deconagents, etc.):			
Physical Hazards: <u>Cold weather, slips trips falls</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <u>Nitrile gloves, boot covers (possibly)</u>			
Special Equipment (Generators, backhoes, ISOCS, etc.): <u>hand auger</u>			
Types of Communications: <u>Cell phone</u>			
Special Topics:			

Lessons Learned from Previous Day:

[illegible]

2/14/2002

Appendix E - Health and Safety Records
GREAT LAKES NAVAL TRAINING CENTER

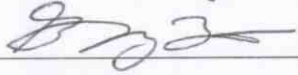
ASH SAMPLING PLAN

STATEMENT OF ACKNOWLEDGMENT

SITE SAFETY AND HEALTH PLAN

1.0	INTRODUCTION
2.0	SITE HEALTH AND SAFETY ORGANIZATION.....
3.0	TASK DESCRIPTION/HAZARD ANALYSIS/RISK ASSESSMENT.....
4.0	TRAINING REQUIREMENTS.....
5.0	MEDICAL SURVEILLANCE PROGRAM.....
6.0	SITE CONTROL AND LAYOUT.....
7.0	AIR MONITORING PLAN.....
8.0	PERSONAL PROTECTIVE EQUIPMENT
9.0	DECONTAMINATION
10.0	GENERAL SITE SAFETY PROCEDURES.....
11.0	EMERGENCY RESPONSE AND EQUIPMENT
12.0	RECORD KEEPING

I have read the "Great Lakes Naval Training Center Ash Sampling Plan - Site Safety and Health Plan" outlined above and understand the material presented. I have been given the opportunity to ask questions and have had them answered to my satisfaction. I understand I may continue to ask questions as they relate to this document as necessary.

PRINTED NAME Greg Bright
SIGNATURE  DATE 1/2/07
COMPANY Cabrera Services

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GREAT LAKES NAVAL TRAINING CENTER

ASH SAMPLING PLAN**STATEMENT OF ACKNOWLEDGMENT****SITE SAFETY AND HEALTH PLAN**

- 1.0 INTRODUCTION
- 2.0 SITE HEALTH AND SAFETY ORGANIZATION.....
- 3.0 TASK DESCRIPTION/HAZARD ANALYSIS/RISK ASSESSMENT.....
- 4.0 TRAINING REQUIREMENTS.....
- 5.0 MEDICAL SURVEILLANCE PROGRAM.....
- 6.0 SITE CONTROL AND LAYOUT.....
- 7.0 AIR MONITORING PLAN.....
- 8.0 PERSONAL PROTECTIVE EQUIPMENT
- 9.0 DECONTAMINATION
- 10.0 GENERAL SITE SAFETY PROCEDURES.....
- 11.0 EMERGENCY RESPONSE AND EQUIPMENT
- 12.0 RECORD KEEPING

I have read the "Great Lakes Naval Training Center Ash Sampling Plan - Site Safety and Health Plan" outlined above and understand the material presented. I have been given the opportunity to ask questions and have had them answered to my satisfaction. I understand I may continue to ask questions as they relate to this document as necessary.

PRINTED NAME

Robert L Shoemaker

SIGNATURE



DATE

1/3/07

COMPANY

Cabrera Services