

APPENDIX F: HEALTH AND SAFETY RECORDS



CABRERA SERVICES

RADIOLOGICAL · ENVIRONMENTAL · REMEDIATION

DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/18/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:		Phone #:	
Name:		Phone #:	
Name:		Phone #:	
Days Work Tasks			
Task 1: <i>Get shipments - start QC</i>		Task 2: <i>GWS</i>	
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: <i>N/A</i>			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards: <i>Cold, slips, trips, falls</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.): <i>GWS</i>			
Types of Communications: <i>cell phone</i>			
Special Topics:			

Lessons Learned from Previous Day: *Stay warm*

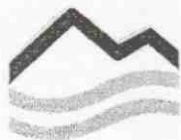
Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	<i>Greg Bright</i>	<i>[Signature]</i>	<i>Cabrera</i>
Radiological Lead:	<i>Greg Bright</i>	<i>[Signature]</i>	<i>Cabrera</i>
Safety and Health Rep.:	<i>[Signature]</i>		<i>Cabrera</i>

MEETING ATTENDEES		
Print Name	Signature	Company
<i>Joe McGinley</i>	<i>[Signature]</i>	<i>Cabrera</i>
<i>Derrick Albert</i>	<i>[Signature]</i>	<i>Cabrera</i>
<i>Greg Bright</i>	<i>[Signature]</i>	<i>Cabrera</i>

Signature indicates that the employee understands the content of the briefing, has been given the opportunity to ask questions, provide feedback or raise concerns, and has completed the specified training requirements.

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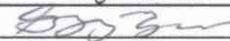
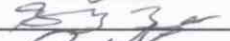

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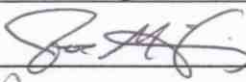


DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070-02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/19/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Continue QC instruments</i>		Task 2: <i>Set up GWS equipment</i>	
Task 3: <i>Start GWS</i>		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 checked="" type="checkbox"/> No
Permits Required: RWP [] Yes [] No; RWP #		Confined Space [] Yes [] No; #	
Radiation Hazards: <i>N/A</i>			
Chemical Hazards (Incld marking paint, deconagents, etc.): <i>N/A</i>			
Physical Hazards: <i>Cold, slips, trips, falls</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.): <i>N/A</i>			
PPE: <i>H/ level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications: <i>Cell phone</i>			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	Joe McGinley		Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Joseph McGinley		Cabrera
Derrick Albert		Cabrera
Greg Bright		Cabrera

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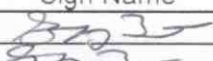
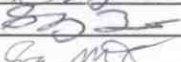
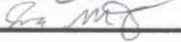
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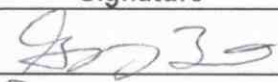

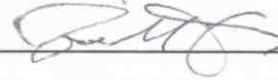
DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070-02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/20/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>GWS</i>	Task 2: <i>sample locations</i>		
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: <i>N/A</i>			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards: <i>cold, slips, trips, falls</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications: <i>cell phone</i>			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	Joe McGinley		Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
Derrick Albert		Cabrera
Joe McGinley		Cabrera

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DAILY SAFETY TOOLBOX MEETING

Project Name: <u>New Haven Characterization</u>		Project #: <u>06-3070-02 20</u>	
Location: <u>New Haven Depot New Haven, IN</u>		Date/Time: <u>10/23/06</u>	
General Scope of Work: <u>Characterization of Residual Radioactivity</u>			
<u>Throughout site</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>GWS</u>	Task 2:		
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: <u>N/A</u>			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards: <u>Cold, slips, trips, falls</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <u>level P</u>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications: <u>cell phone</u>			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright	Greg Bright	Cabrera
Radiological Lead:	Greg Bright	Greg Bright	Cabrera
Safety and Health Rep.:	Joe McGinley	Joe McGinley	Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright	Greg Bright	Cabrera
Derrick Albert	Derrick Albert	Cabrera
Joe McGinley	Joe McGinley	Cabrera

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DAILY SAFETY TOOLBOX MEETING

Project Name: <u>New Haven Characterization</u>		Project #: <u>06-3070.02 20</u>	
Location: <u>New Haven Depot New Haven, IN</u>		Date/Time: <u>10/24/06</u>	
General Scope of Work: <u>Characterization of Residual Radioactivity</u>			
<u>Throughout site</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>GWS</u>	Task 2: <u>Soil sampling</u>		
Task 3: <u>—</u>	Task 4: <u>—</u>		
Task 5: <u>—</u>	Task 6: <u>—</u>		
Training Requirements: <u>Rnd work, Hazwoper</u>			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Permits Required: RWP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; RWP # <u>N/A</u>		Confined Space <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; #	
Radiation Hazards: <u>Very low soil contamination. Dose rates ~ 10-20 µRm/hr</u>			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards: <u>STF,</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.): <u>WP</u>			
PPE: <u>Level D</u>			
Special Equipment (Generators, backhoes, ISOCs, etc.): <u>GWS</u>			
Types of Communications: <u>Cell phones.</u>			
Special Topics: <u>don't fall in test pits. Watch out for wildlife.</u>			

Lessons Learned from Previous Day: *watch GWS. Cold weather advisory, Stay Warm!!*

Questions & Feedback from Attendees: *None*

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	<i>Greg Bright</i>	<i>[Signature]</i>	<i>Cabrera</i>
Radiological Lead:	<i>Joe Weismann</i>	<i>[Signature]</i>	<i>Cabrera</i>
Safety and Health Rep.:	<i>Joe McGinley</i>	<i>[Signature]</i>	<i>Cabrera</i>

MEETING ATTENDEES		
Print Name	Signature	Company
<i>Greg Bright</i>	<i>[Signature]</i>	<i>Cabrera</i>
<i>Derrick Albert</i>	<i>[Signature]</i>	<i>Cabrera</i>
<i>DAVE KATELEY</i>	<i>[Signature]</i>	"
<i>Joe Weismann</i>	<i>[Signature]</i>	"
<i>Joe McGinley</i>	<i>[Signature]</i>	<i>Cabrera</i>

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DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/26/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Soil sampling</i>		Task 2: <i>BNS</i>	
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: <i>N/A</i>			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards: <i>Slips, trips, falls</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright	<i>[Signature]</i>	Cabrera
Radiological Lead:	Joe Weisman	<i>[Signature]</i>	Cabrera
Safety and Health Rep.:	Dave Katerley	<i>[Signature]</i>	Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright	<i>[Signature]</i>	Cabrera
Joe Weismann	<i>[Signature]</i>	Cabrera
DAVE KATERLEY	<i>[Signature]</i>	CABRERA

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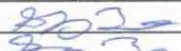

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DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/27/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Sampling in Warehouses</i>		Task 2: <i>Shipping samples</i>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permits Required: RWP <input type="checkbox"/> Yes <input type="checkbox"/> No; RWP #		Confined Space <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; #	
Radiation Hazards:			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards: <i>SLIPS, TRIPS + FALLS,</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>LEVEL "D"</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications: <i>CELL PHONES / LINE OF SIGHT</i>			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KATELEY		Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
DAVE KATELEY		CABRERA

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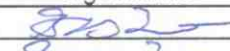


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DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070-02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/30/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Soil sampling</i>	Task 2: <i>GWS</i>		
Task 3:	Task 4:		
Task 5:	Task 6:		
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes	<input checked="" 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 (Incld marking paint, deconagents, etc.):			
Physical Hazards: <i>cold, slips, trips, falls</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCs, etc.):			
Types of Communications:			
Special Topics:			

Lessons Learned from Previous Day:

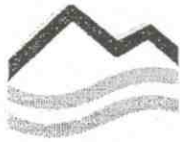
Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	Dave Kutaley		Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
DAVE KUTALEY		'

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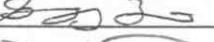
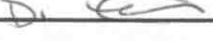
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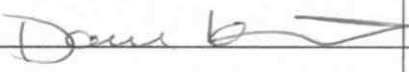
DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/31/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Indoor Sampling</i>	Task 2: <i>Sample shipping</i>		
Task 3: <i>Soil sampling</i>	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 (Incld marking paint, deconagents, etc.):			
Physical Hazards:			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KATZELEY		"

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
DAVE KATZELEY		"

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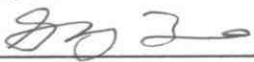
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DAILY SAFETY TOOLBOX MEETING

Project Name: <u>New Haven Characterization</u>		Project #: <u>06-3070.02 20</u>	
Location: <u>New Haven Depot New Haven, IN</u>		Date/Time: <u>11/1/06</u>	
General Scope of Work: <u>Characterization of Residual Radioactivity Throughout Site</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>SAMPLE REF AREA 1</u>		Task 2: <u>Bias Sampling</u>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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:			
<u>None</u>			
Chemical Hazards (Incl marking paint, deconagents, etc.):			
<u>NONE</u>			
Physical Hazards:			
<u>DARK AREAS IN WAREHOUSES, SLIP, TRIP & FALLS.</u>			
<u>TRUCK TRAFFIC</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
<u>RAD METERS</u>			
PPE: <u>LEVEL D</u>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
<u>NONE</u>			
Types of Communications:			
<u>CELL PHONES</u>			
Special Topics:			

Lessons Learned from Previous Day:			
Questions & Feedback from Attendees:			
Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KATELEY		CABRERA

MEETING ATTENDEES		
Print Name	Signature	Company
DAVE KATELEY		CABRERA
Greg Bright		Cabrera

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RADIOLOGICAL · ENVIRONMENTAL · REMEDIATION

DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070-02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/2/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Outdoor Surveys</i>		Task 2: <i>Bldg 210 investigation</i>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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 (Incid marking paint, deconagents, etc.):			
<i>NONE</i>			
Physical Hazards: <i>Ceiling tiles in 210 - wear hardhats</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
<i>CELL PHONES</i>			
Special Topics:			


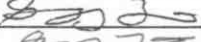





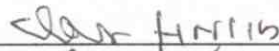
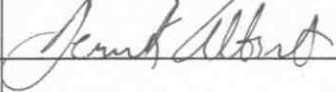
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RADIOLOGICAL · ENVIRONMENTAL · REMEDIATION

DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/6/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Warehouse surveys</i>	Task 2:		
Task 3:	Task 4:		
Task 5:	Task 6:		
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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: <i>Slips, trips, falls, COLD</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>Level D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
Special Topics:			

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

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
Bill Gardner		Cabrera
IVN HARRIS		Cabrera
Derrick Albert		Cabrera

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DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>10/7/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>INSIDE BUILDING SURVEYS</i>	Task 2:		
Task 3:	Task 4:		
Task 5:	Task 6:		
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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: <i>WET SURFACES - SLIPS, TRIPS + FALLS. PINCH POINTS - TRUCK TRAFFIC</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>LEVEL D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.): <i>SILCOBS LIFT</i>			
Types of Communications: <i>CELL PHONES</i>			
Special Topics:			



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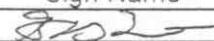


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DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070-02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/8/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1:	<i>SURVEY WALLS 3-24, 212, 213</i>		Task 2:
Task 3:			Task 4:
Task 5:			Task 6:
Training Requirements: <i>40 hr HAZWOPER + 8hr REFRESHER, RAD WORKER TRNG.</i>			
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: <i>N/A</i>			
Chemical Hazards (Incl marking paint, deconagents, etc.): <i>NONE</i>			
Physical Hazards: <i>SLIP, TRIP + FALLS, DARKENED WORK AREA, TRUCK TRAFFIC</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>LEVEL D</i>			
Special Equipment (Generators, backhoes, ISOCs, etc.):			
Types of Communications: <i>CELL PHONES</i>			
Special Topics:			

Lessons Learned from Previous Day:

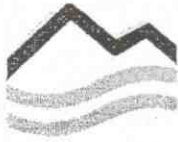
Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KATELEY	D. K. 	CABRERA

MEETING ATTENDEES		
Print Name	Signature	Company
DAVE KATELEY	D. K. 	CABRERA
Derrick Albert	D. Albert 	CABRERA
IAN HAINES		Cabrera
Bill Gardner	B. Gardner 	Cabrera
Greg Bright		Cabrera

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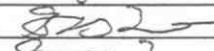


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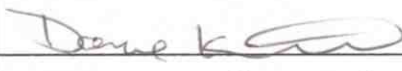


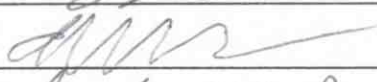
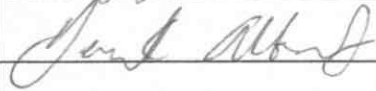
DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/9/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity</i>			
<i>Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>SURVEY WALLS B-210 + 213</i>	Task 2:		
Task 3:	Task 4:		
Task 5:	Task 6:		
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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 (Incld marking paint, deconagents, etc.):			
<i>NONE</i>			
Physical Hazards:			
<i>TRUCK TRAFFIC - SLIPS, TRIPS + FALLS.</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>LEVEL D</i>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
<i>CELL PHONES</i>			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KATELEY		CABRERA

MEETING ATTENDEES		
Print Name	Signature	Company
DAVE KATELEY		CABRERA
Bill Gardner		Cabrera
Greg Bright		Cabrera
Ian Harris		Cabrera
Derrick Albert		Cabrera

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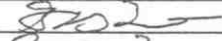





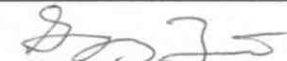

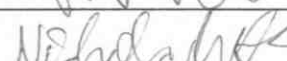
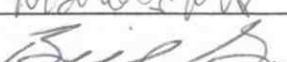
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DAILY SAFETY TOOLBOX MEETING

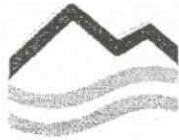
Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/13/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout Site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>SURVEY RAFTERS + FLOORS</i>	Task 2:		
Task 3:	Task 4:		
Task 5:	Task 6:		
Training Requirements: <i>40 hr HAZWOPER, 8hr REFRESHER, RAD WORKER TRNG.</i>			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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 (Incld marking paint, deconagents, etc.): <i>NONE</i>			
Physical Hazards: <i>SLIPS, TRIPS + FALL, SICKORS LIFT,</i>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <i>LEVEL D</i>			
Special Equipment (Generators, backhoes, ISOCs, etc.): <i>MAN LIFT</i>			
Types of Communications: <i>CELL PHONES</i>			
Special Topics:			

Lessons Learned from Previous Day:			
Questions & Feedback from Attendees:			
Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KAIBLEY		CABRERA

MEETING ATTENDEES		
Print Name	Signature	Company
DAVE KAIBLEY		CABRERA
Greg Bright		Cabrera
Jan Harris		Cabrera
Nicholas Berliner		Cabrera
Bill Gardner		Cabrera

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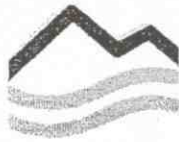


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DAILY SAFETY TOOLBOX MEETING

Project Name: <u>New Haven Characterization</u>		Project #: <u>06-3070.02 20</u>	
Location: <u>New Haven Depot New Haven, IN</u>		Date/Time: <u>11/14/06</u>	
General Scope of Work: <u>Characterization of Residual Radioactivity Throughout Site</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>Floor Scans in warehouse</u>		Task 2: <u>Wall Scans in 136</u>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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.):			
<u>NONE</u>			
Physical Hazards:			
<u>SLIP, TRIP + FALL, DARK WORK AREAS</u> <u>TRUCK TRAFFIC</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <u>LEVEL D</u>			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
<u>CELL PHONE</u>			
Special Topics:			



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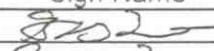
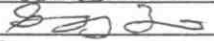

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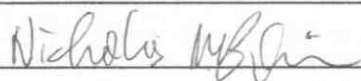
DAILY SAFETY TOOLBOX MEETING

Project Name: <u>New Haven Characterization</u>		Project #: <u>06-3070-02 20</u>	
Location: <u>New Haven Depot New Haven, IN</u>		Date/Time: <u>11/15/06</u>	
General Scope of Work: <u>Characterization of Residual Radioactivity Throughout Site</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>FLOOR SURVEYS WAREHOUSES</u>		Task 2:	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements: <u>40 hr HAZWOPER, SHW REFRESHER, RAD WORKER TRNG</u>			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input checked="" 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.): <u>NONE</u>			
Physical Hazards: <u>COLD WEATHER, SLIP TRIP + FALL, TRUCK TRAFFIC</u>			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE: <u>LEVEL D</u>			
Special Equipment (Generators, backhoes, ISOCs, etc.):			
Types of Communications: <u>CELL PHONES</u>			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	DAVE KATELEY		"

MEETING ATTENDEES		
Print Name	Signature	Company
DAVE KATELEY		CABRERA
Greg Bright		Cabrera
Bill Gardner		Cabrera
IAN HARRIS		Cabrera
Nicholas Bertliner		Cabrera

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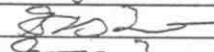


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DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/20/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Count smears</i>		Task 2: <i>Ship materials</i>	
Task 3:		Task 4:	
Task 5:		Task 6:	
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permits Required: RWP <input type="checkbox"/> Yes <input type="checkbox"/> No; RWP #		Confined Space <input type="checkbox"/> Yes <input type="checkbox"/> No; #	
Radiation Hazards:			
Chemical Hazards (Incld marking paint, deconagents, etc.):			
Physical Hazards:			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE:			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	Ian Harris		Cabrera

MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
Ian Harris		Cabrera

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RADIOLOGICAL · ENVIRONMENTAL · REMEDIATION



DAILY SAFETY TOOLBOX MEETING

Project Name: <i>New Haven Characterization</i>		Project #: <i>06-3070.02 20</i>	
Location: <i>New Haven Depot New Haven, IN</i>		Date/Time: <i>11/21/06</i>	
General Scope of Work: <i>Characterization of Residual Radioactivity Throughout site</i>			
Emergency Telephone Numbers			
Police: <i>911</i>	Fire: <i>911</i>	Ambulance: <i>911</i>	
Other (UXO, Facility, etc.):			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
Days Work Tasks			
Task 1: <i>Count smears</i>	Task 2: <i>Pack up</i>		
Task 3:	Task 4:		
Task 5:	Task 6:		
Training Requirements:			
SAFETY AND HEALTH INFORMATION			
Job Safety Analysis completed for this work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permits Required: RWP <input type="checkbox"/> Yes <input type="checkbox"/> No; RWP #		Confined Space <input type="checkbox"/> Yes <input type="checkbox"/> No; #	
Radiation Hazards:			
Chemical Hazards (Incl marking paint, deconagents, etc.):			
Physical Hazards:			
Work Control Methods (JHA, Work Plan, monitoring, etc.):			
PPE:			
Special Equipment (Generators, backhoes, ISOCS, etc.):			
Types of Communications:			
Special Topics:			

Lessons Learned from Previous Day:

Questions & Feedback from Attendees:

Meeting Conducted by	Print Name	Sign Name	Company
Cabrera Field Lead:	Greg Bright		Cabrera
Radiological Lead:	Greg Bright		Cabrera
Safety and Health Rep.:	IAN HARRIS		Cabrera

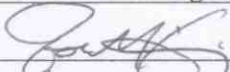

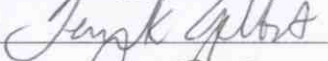
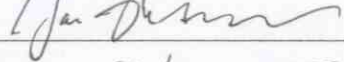

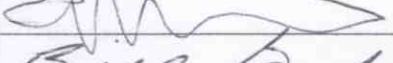
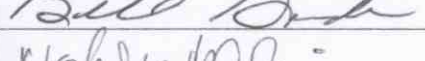
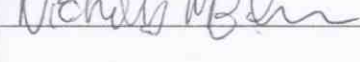
MEETING ATTENDEES		
Print Name	Signature	Company
Greg Bright		Cabrera
Ian Harris		Cabrera

Signature indicates that the employee understands the content of the briefing, has been given the opportunity to ask questions, provide feedback or raise concerns, and has completed the specified training requirements.

**ACCIDENT PREVENTION PLAN ACKNOWLEDGEMENT
 CHARACTERIZATION and FINAL STATUS SURVEY,
 DEFENSE NATIONAL STOCKPILE CENTER
 NEW HAVEN DEPOT, NEW HAVEN, IN**

- 1.0 INTRODUCTION
- 2.0 SITE HEALTH AND SAFETY ORGANIZATION
- 3.0 CHEMICAL AND RADIOLOGICAL CONTAMINANTS
- 4.0 RADIATION PROTECTION PROGRAM
- 5.0 PHYSICAL HAZARD IDENTIFICATION
- 6.0 TRAINING
- 7.0 ACTIVITY HAZARD ANALYSIS
- 8.0 PROJECT SITE CONTROLS
- 9.0 DECONTAMINATION
- 10.0 AIR MONITORING PLAN
- 11.0 MEDICAL SURVEILLANCE PROGRAM
- 12.0 PERSONAL PROTECTIVE EQUIPMENT
- 13.0 GENERAL SITE SAFETY PROCEDURES
- 14.0 EMERGENCY RESPONSE PROCEDURES AND EQUIPMENT
- 15.0 RECORD KEEPING
- 16.0 REFERENCES

I have read the "Characterization and Final Status Survey, New Haven Depot, Site and Safety Health Plan" outlined above and understand the material presented.

Print Name	Signature	Date
Joe McGinley		18-Oct-2006
Greg Bright		18-Oct-2006
Derrick Albert		19-Oct-2006
Ja Weismann		23 Oct - 2006
DAVE KATELEY		23-Oct-06
Lan Harris		6-Nov-06
Bill Gardner		6-NOV-06
Nicholas Berliner		November 15, 06

OP-001-01
ROUTINE SURVEY SCHEDULE

Survey Designation	Location of Survey
001	Garage Work Area - Baseline Survey.
002	" " " "
003	Garage Work Area - Baseline Survey

Prepared By: J. Weissmann

Date: 10/27/06

Reviewed By: _____

Date: _____

OP-001-02 Radiological Survey Sheet

Location:		RMP#	Survey #	Survey Type:	pg. 1 of 1
Smear Results			002	Smear	
DPM/100cm ²					
No.	α	β	No.	α	β
1	1	19	26		
2	2	14	27		
3	0	17	28		
4	3	20	29		
5	1	18	30		
6	0	20	31		
7	1	20	32		
8	0	19	33		
9	1	17	34		
10	0	19	35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
Comments					

Surveyed By:	Date:	Instrument	Serial #	α Eff.	β Eff.	α Bkg.	β Bkg.	Cal. Due	Key	Boundary
DA/BG	11/6/06	2727							○ Smear □ Dose Rate m/hr * Direct Reading DPM/100 cm ² △ Grab Sample	■ A/S Location
Reviewed By:	Date:									

OP-001-02 Radiological Survey Sheet

Location:		RVP#	Survey #	Survey Type: <i>Smear</i>	pg. 1 of 1
Smear Results					
QPM DPWT100cm ²					
No.	α	β	No.	α	β
1	1	213	26		
2	0	189	27		
3	0	191	28		
4	0	204	29		
5	2	173	30		
6	1	201	31		
7	3	215	32		
8	1	221	33		
9	0	224	34		
10	1	180	35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
Comments					

Surveyed By: <i>Greg B</i>	Date: <i>11/21/06</i>	Instrument				Serial #	α Eff.	β Eff.	α Bkg.	β Bkg.	Cal. Due	Key	Boundary
Reviewed By:	Date:											○ Smear	□ Boundary
											● Direct Reading	■ A/S Location	
											△ Grab Sample		