

Project Freedom Industries	Report Number 6
	Date 12/14/2015
Task Interim Remedial Action	Project Number FRE-2015-364

Weather Conditions

Temperature Precipitation Predominant Wind Direction
 Min: 55 °F Max: 73 °F 0.25 in. Northeast

Did weather conditions cause delay in scheduled work Yes No
 Landfill approval also contributed to delay of scheduled work.

Safety

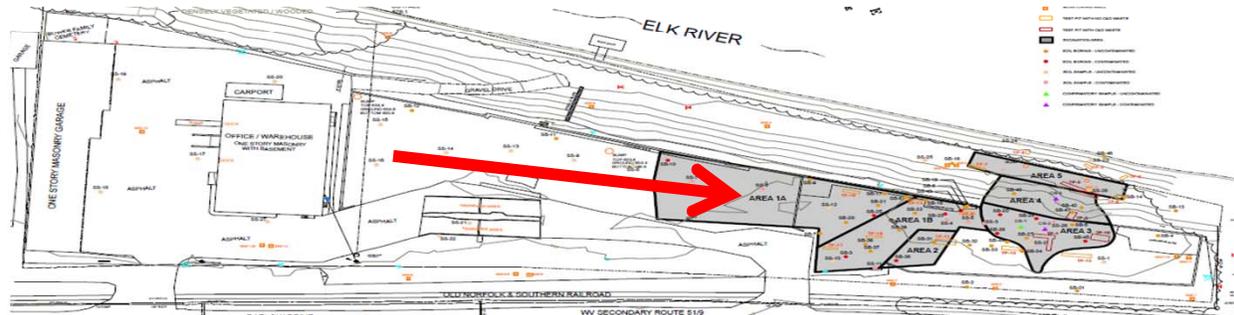
Safety Meeting Overview: Held daily safety meeting, reviewed SPSI Job Safety Analysis (JSA). SPSI participated in the safety meeting. All on-site personnel were instructed on PPE requirements and work zones. Additional hazards addressed (open excavations and distances to maintain from edges).

Attach sign in sheet from daily safety meeting and/or JSA review.

Air Monitoring:

	Yes	No	Details
MCHM/Benzene Tubes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Working in previously monitored areas.</u>
PPH Tubes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Working in previously monitored areas.</u>
PID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Completed by CORE.</u>
FID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Not available at this time.</u>

Location of ambient air monitors



Draw predomenant wind direction
 x = Downwind sample
 o = Upwind sample

Notes regarding air monitoring:

Air monitoring for MCHM and PPH was not performed on 12/14/2015.

Current Level of PPE in "Exclusion Zone" A B C D

Special Instructions/Details: The PPE listed in the SSHASP must be worn while working at the site. Access to the exclusion zone is limited to individuals in Level C PPE. Only necessary personnel are permitted in the exclusion zone.

Personnel

Contractors

Name	Job/Task	Company	Level of PPE	Respirator	
				Yes	No
Sotero Svingos	Excavation Oversight/Sampling	CORE	C	X	
Gary Houseman	Excavator Operator	SPSI	C	X	
Conner Fritz	Field Technician	SPSI	D		X
Ron Holmes	Excavator Operator	SPSI	C	X	
Michael Spencer	Field Technician	SPSI	D		X
Attach sheet for additional contractors, if necessary					

Erosion and Sediment Control

Previous 24-hour rainfall: 0.00 in.

Note: E&SC controls must be inspected following more than 0.5 inches of rain over a 24 hour period. All stormwater at the site must be collected and disposed of properly.

Erosion and Sediment Control Plan Sheet Number C 1 / C 2 / C 3

Are all erosion and sediment controls installed in accordance with the plan sheet listed above?

Yes No If no, provide details: _____

Is maintenance of the erosion and sediment controls required?

Yes No If yes, provide details: _____

Has the erosion and sediment control plan been revised?

Yes No If yes, redline the plan and provide details below:

Additional notes: N/A

JSA / Job Safety Briefing



Site: Freedom Industries

Date: 12-14-15 Job Number: W0850

Supervisor: G. Houser

Emergency Number: 9-1-1

Weather: Light / Sunny Clouds

Precipitation: 70% Temperature: 50°

Chemical(s) involved: MCHA

- Job Duties / Steps:
- 1 Site Maintenance
 - 2 FILTER WATER
 - 3 MOVE CONCRETE
 - 4 _____
 - 5 _____
 - 6 _____

Potential Hazards: Circle all that apply

<input type="checkbox"/> Confined Space	<input type="checkbox"/> Traffic	<input type="checkbox"/> Trains	<input checked="" type="checkbox"/> Heavy Machinery	<input checked="" type="checkbox"/> Slips/Trips/Falls	<input checked="" type="checkbox"/> Environmental Hazards	<input checked="" type="checkbox"/> Poor Lighting	<input type="checkbox"/> Equipment Over Head	<input checked="" type="checkbox"/> Moving Equipment	<input checked="" type="checkbox"/> Wrenches
<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/> Ladders	<input checked="" type="checkbox"/> Noise	<input type="checkbox"/> Hot Work	<input checked="" type="checkbox"/> Sharp Objects	<input type="checkbox"/> Fire	<input type="checkbox"/> Heat Stress	<input checked="" type="checkbox"/> Vacuum Trucks	<input checked="" type="checkbox"/> Water	
<input checked="" type="checkbox"/> Pinch Points	<input type="checkbox"/> Explosion	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Bio Hazard	<input checked="" type="checkbox"/> Lifting	<input checked="" type="checkbox"/> Visibility	<input checked="" type="checkbox"/> Cold Stress	<input checked="" type="checkbox"/> Weather	<input type="checkbox"/> Other	

PPE Selection: Circle all that apply

<input checked="" type="checkbox"/> Steel Toed Boots	<input type="checkbox"/> Metatarsals	<input type="checkbox"/> FR Clothing	<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety Glasses (shaded)	<input checked="" type="checkbox"/> Safety Glasses (Clear)	<input type="checkbox"/> Welding Shield	<input checked="" type="checkbox"/> Boot Type
<input checked="" type="checkbox"/> Safety Vest	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Bunker Gear	<input type="checkbox"/> Rain Gear	<input type="checkbox"/> Splash Goggles	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Chaps	<input checked="" type="checkbox"/> Suit Type
<input type="checkbox"/> Level A	<input type="checkbox"/> Level B	<input checked="" type="checkbox"/> Level C	<input checked="" type="checkbox"/> Level D	<input type="checkbox"/> Turtle Armor	<input type="checkbox"/> Nomex		<input checked="" type="checkbox"/> Glove Type

Permit(s): Circle all that apply

Safety Equipment: Circle all that apply

<input checked="" type="checkbox"/> First Aid Kit	<input checked="" type="checkbox"/> 4 Gas Meter	<input checked="" type="checkbox"/> PID Meter	<input type="checkbox"/> Lock Out Tag Out	<input type="checkbox"/> Grounding & Bonding	<input type="checkbox"/> Harness/Retractable	<input type="checkbox"/> Colorimetric Tubes
<input type="checkbox"/> Tripod	<input type="checkbox"/> Rescue Rope	<input type="checkbox"/> CSE Rescue Equipment	<input type="checkbox"/> PFD	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Safety Data Sheet	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Confined Space
<input type="checkbox"/> Hot Work
<input type="checkbox"/> Scaffold

Respiratory Selection: Circle all that apply

<input type="checkbox"/> APR	<input type="checkbox"/> SCBA	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> APR Cartridges (P100/Combo)	<input type="checkbox"/> APR Cartridges (P100)	<input type="checkbox"/> APR Cartridge (Chemical specific)
------------------------------	-------------------------------	---------------------------------------	--	--	--

Environmental Conditions: Circle all that apply

<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Rock/Ballast	<input checked="" type="checkbox"/> Asphalt
<input checked="" type="checkbox"/> Soil	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Community

Crew Members (print)

GARY HOUSER
RON HOLMES
JOSERO BRINGER
CONRAD FRITZ
MICHAEL TURNER

Signature: _____

