

**SITE SAFETY & CONTROL PLAN (208B)**

|   |  |  |                                 |                              |
|---|--|--|---------------------------------|------------------------------|
| <b>1. Job Name</b>  |  | <b>2. Operational Period</b> Date:    /    /               |                                 |                              |
|   |  | Shift Start Time:  |                                 |                              |
|   |  | Shift End Time:  |                                 |                              |
| <b>3. Hazard / Workspace Area</b>   |  |  |                                 |                              |
| Equipment / Line ID   |  |  |                                 |                              |
| Safe Work Permit #  |  | Confined Space Permit #                                    |                                 |                              |
| Hot Work Permit #   |  | LOTO Box   |                                 |                              |
| Workspace<br>Job Scope  |  |  |                                 |                              |
| <b>4. HAZWOPER Personnel</b>  |  |  |                                 |                              |
| RIC/CI  |  | HASS   |                                 |                              |
| Technician(s)   |  |  |                                 |                              |
| All Other Personnel<br>(List Roles)   |  |  |                                 |                              |
| <b>5. Other Contact Info (Company Name &amp; Address if applicable, Point of Contact, Primary # / Radio Channel)</b>  |  |  |                                 |                              |
| Site Company  |  |  |                                 |                              |
| Contractor in Hazard Space  |  |  |                                 |                              |
| 911 Responding Agency   |  |  |                                 |                              |
| Local Hospital /<br>Treatment Facility  |  |  |                                 |                              |
| <b>6. Other Workspaces Potentially Affected</b>   |  |  |                                 |                              |
| <br>  |  |  |                                 |                              |
| <b>7. Communications</b>  |  |  |                                 |                              |
| Primary   |  | Auxiliary  |                                 | Contingent                   |
| Emergent  | <i>OATH &amp; Hand Signals (Air Supply Low, Buddy Down, Comms Lost, Dermal Suit Compromised)</i> |  |                                 |                              |
| <b>8. Access Control</b>  |  |  |                                 |                              |
| Primary Hazard(s)   | <input type="checkbox"/> Fire  | <input type="checkbox"/> Polymerization                    | <input type="checkbox"/> Health | <input type="checkbox"/> TIH |
| Exclusion Zone Distance (Sec. 10-13)  |  | Decon Area (Sec. 14)                                       | ERG #                           | UN ID #                      |
| Support Zone Distance (Sec. 10-13)  |  | Medical Location (Sec. 15)                                 |                                 |                              |
| <b>9. Required Benchmarks</b>   |  |  |                                 |                              |
| <input type="checkbox"/> Baseline Medical <input type="checkbox"/> Decon Established <input type="checkbox"/> Buddy System* <input type="checkbox"/> Haz Space Joint Mtg / Debrief<br><input type="checkbox"/> Emergency Procedures for HZ Ops (Airway, Buddy Down, Comms Fail, Dermal Compromise, Evac, Other) |  |  |                                 |                              |
| <b>208B</b>   | <b>RMP Page</b> _____  | *(i.e., Comms, Tag Line, Bottle Watch, Back-up Team, etc.) |                                 |                              |

|  |  |   |   |   |   |   |   |  |
|--|--|---|---|---|---|---|---|--|
| <b>10. Monitoring Plan</b>   |  | <input type="checkbox"/> NA                 |   | <input type="checkbox"/> SDS/PSA/PHA Info Requested |   | <input type="checkbox"/> Unable to Verify Zero Values |   |  |
| Chemical Identifier  |  |   |   |   |   |   |   |  |
| Chemical Name  |  |   |   | CAS Number  |   |   |   |  |
| Color  |  |   |   | Odor  |   |   |   |  |
| Container Type   |  |   |   | Quantity  |   |   |   |  |
| Dispersement Characteristics   |  |   |   |   |   |   |   |  |
| <input type="checkbox"/> Solid   | <input type="checkbox"/> Liquid                                  | <input type="checkbox"/> Gas                | V.P.  |   | Fr. P.  |   | B.P.  |  |
| Solubility / Miscibility   |  |   |   | M.W.  |   | S.G.  |   |  |
| Action Levels  |  |   |   |   |   |   |   |  |
| IDLH   |  |   | PEL   |   |   | REL   |   |  |
| TWA  |  |   | pH  |   |   | LEL   |   |  |
| Route of Exposure  | <input type="checkbox"/> Inhalation                              |   | <input type="checkbox"/> Absorption                     |   | <input type="checkbox"/> Ingestion                      |   | <input type="checkbox"/> Injection                      |  |
| Incompatibilities & Reactivities   |  |   |   |   |   |   |   |  |
|  |  |   |   |   |   |   |   |  |
| Weather  |  |   |   |   |   |   |   |  |
| Shift Time Interval  | <input type="checkbox"/> AM <input type="checkbox"/> PM          |   | <input type="checkbox"/> AM <input type="checkbox"/> PM |   | <input type="checkbox"/> AM <input type="checkbox"/> PM |   | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |
| Rel. Humidity (%)  |  |   |   |   |   |   |   |  |
| Temperature (F°)   |  |   |   |   |   |   |   |  |
| Precipitation (%)  |  |   |   |   |   |   |   |  |
| Wind from (mph)  |  |   |   |   |   |   |   |  |
| Monitor Details  |  |   |   |   |   |   |   |  |
| Serial Number  |  |   | Last Calibration Date                                   |   |   | Battery Status  | %   |  |
| Type   | <input type="checkbox"/> Diffusion <input type="checkbox"/> Pump |   | Tubing Length & Response Time                           |   |   |   |   |  |
| Verified by  | <input type="checkbox"/> Fresh Air Setup / Check                 |   | <input type="checkbox"/> Bump Test                      |   | <input type="checkbox"/> Zero                           |   | <input type="checkbox"/> Zero & Span                    |  |
| Monitor Logging  |  |   |   |   |   |   |   |  |
| <input type="checkbox"/> Initial & continuous monitoring will be logged on client / contractor form or permit<br><input type="checkbox"/> Initial & continuous monitoring will be logged on IPS form or permit      Minimum interval _____ |  |   |   |   |   |   |   |  |
| <b>11. Ventilation Plan</b>  |  | <input type="checkbox"/> NA                 |   |   |   |   |   |  |
| Ventilation Technique  | Air Mover CFM Rating   | Usable CFM (Safety Factored)                | Power Source  | Vessel Volume (ft^3)                                |   |   |   |  |
| <input type="checkbox"/> Pos <input type="checkbox"/> Neg<br><input type="checkbox"/> LE <input type="checkbox"/> AC   |  |   |   |   |   |   |   |  |
| Manway Size  | Manway Location  | Hazardous Atmospheric Considerations (S.G.) | Initial Recommendation                                  | Continuous Recommendation                           |   |   |   |  |
|  |  |   |   |   |   |   |   |  |
| <b>208B</b>  | <b>RMP</b> _____   |   |   |   |   |   |   |  |

| 12. Incident Action Plan  |  |
|---|--|
| Emergency Mode  |  |
| <b>Entrant(s) must report any near miss, injury, illness symptom or need for rehab to safety attendant and or rescue team. Allow for air consumption, energy, etc. to make a safe egress. Be mindful of housekeeping throughout shift to keep exit free of congestion and entanglement.</b>   |  |
| Emergency Size Up:  | Entrant(s) become a victim of a workplace hazard (Physical / Toxins / Energy), rescuer personnel will announce the alert code, conduct a rapid hazard assessment, and determine the appropriate IAP (reference 208A and 206B – Emergency Ops Decision Tree):   |
| Zone & Isolate:   | Begin 'Accountability' of essential personnel and potential victims; establish 'Access & Energy Control' of scene <ul style="list-style-type: none"> <li>At any time, extreme level of risk exists onsite? <b>Y</b> / NON-INTERVENTION, evacuation.<br/><b>N</b> / Establish site safety and control zones. Continue evaluating emergency.</li> </ul>  |
| Self-Rescue:  | <ul style="list-style-type: none"> <li>Potential viable victims (medium risk or less)? <b>Y</b> / DEFENSIVE → OFFENSIVE</li> <li>Potential contamination? <b>Y</b> / DECON</li> <li>Can they WALK, should they exit unassisted? <b>Y</b> / Send to Warm Zone</li> </ul> <ul style="list-style-type: none"> <li>Potential MCI? <b>Y</b> / MCI <b>N</b> / VAI</li> <li>Treatment Required? <b>Y</b> / Document Incident</li> </ul>   |
| Extraction  |  |
| <input type="checkbox"/> <i>Mandatory that the entrant always remains connected with an exterior tag line (main or belay) attached to an extraction harness while performing work within the confined space due to potential hazards that may result in overexposure, injury, or illness.</i> |  |
| <input type="checkbox"/> <i>Recommended that the entrant(s) always remain connected with an exterior tag line (main or belay) to an extraction harness while performing work within the confined space due to potential hazards that may result in overexposure, injury, and illness.</i>     |  |
| <input type="checkbox"/> <i>Recommended that the entrant(s) bring an exterior tag line (main or belay) near the work area while performing the job scope task within the confined space due to potential hazards that may result in overexposure, injury, and illness</i>                     |  |
| <b>For all rope systems, conduct rollcall of essential personnel, readily overview task and hazards, complete a preflight checklist prior to operation.</b>   |  |
| External Rescue:  | <ul style="list-style-type: none"> <li>Potential viable victims (high risk or greater)? <b>Y</b> / Utilize hazard controls to manage risk. Allow self-rescue when appropriate.</li> <li>Minor injuries only? <b>Y</b> / Alert personnel of updated IAP. Extract / assist to Warm Zone. Continue evaluating severity of emergency.</li> </ul>   |
| Internal Rescue:  | <ul style="list-style-type: none"> <li>Self &amp; external not appropriate? <b>Y</b> / Alert personnel of updated IAP. TED shall remain continuously connected to extraction line to recon access route, perform rapid VAI and transfer victim to the fall line (vertical) or inline (horizontal). TED will exit the hazard space prior to the victim to assist with the transfer and lower process.</li> <li>Extreme level of risk during rescue? <b>Y</b> / Air low, Buddy down, Comms failed, Dermal integrity compromised → Egress from Hot Zone and utilize hazard controls to manage risk prior to reentry.</li> </ul> |
| Transfer <span style="float: right;"><input type="checkbox"/> NA</span>   |  |
| Transfer:   | <ul style="list-style-type: none"> <li>Victim reached the manway or threshold? <b>Y</b> / Assigned rescuer (EDGE or MAIN) will transfer the victim from the rope system to upwind on the backboard (LZ) for Decon / medical / packaging.</li> </ul>  |
| Lower <span style="float: right;"><input type="checkbox"/> NA</span>  |  |
| Lower:  | <ul style="list-style-type: none"> <li>Warm Zone elevated or sloped grade? <b>Y</b> / Alert personnel of significant benchmark. Conduct Rapid Hazard Assessment, PACE options, package victim, move to Cold Zone, and record findings on 208A</li> </ul>   |
| <b>208B</b>   | <b>RMP</b> _____ <input type="checkbox"/> See Addendum _____   |

| 13. Rigging Plan  |   | Rope System Operation: Extraction & Transfer  |   | ☐ NA  |  |  |
|---|---|---|---|---|--|--|
| Extraction Options  |   | Confined Space Packaging  |   | Transfer Method   |  |  |
| <input type="checkbox"/> Scaffold Ladder <input type="checkbox"/> Winch<br><input type="checkbox"/> Portable Ladder <input type="checkbox"/> Rope<br><input type="checkbox"/> Other _____ |   | <b>PACE</b><br>(Primary)<br><input type="checkbox"/> Backboard <input type="checkbox"/> Yates<br><input type="checkbox"/> Head Immobilizer <input type="checkbox"/> SKED<br><input type="checkbox"/> Hasty Harness <input type="checkbox"/> Other   |   | <input type="checkbox"/> Inside AHD footprint, Grab and Drag<br><input type="checkbox"/> Outside AHD footprint, Swing and Bring<br><input type="checkbox"/> Horizontal, Pick n Pivot<br><input type="checkbox"/> Horizontal, Hand to Hand Pass Along  |  | Total # Interior Levels _____<br>Egress Level / Total # ____ / ____<br>Egress Cardinal Direction<br><input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W  |
| Task Hazards  |   | Safety Measures   |   | Top View Sketch   |  |  |
| Complexity  | <input type="checkbox"/> Multiple Entrants<br><input type="checkbox"/> Multiple Internal Levels<br><input type="checkbox"/> Nearby Area Hazards<br><input type="checkbox"/> Communications<br><input type="checkbox"/> Limited Haul Field<br><input type="checkbox"/> Other _____                                       | <input type="checkbox"/> 204A <input type="checkbox"/> 205B<br><input type="checkbox"/> Barricading <input type="checkbox"/> Buddy System<br><input type="checkbox"/> Winch M/A System <input type="checkbox"/> MCI Plan<br><input type="checkbox"/> Other _____<br>_____<br>_____                  |   |   |  |  |
|   | Physical  | <input type="checkbox"/> Work at Height / Fall Potential<br><input type="checkbox"/> Fluids<br><input type="checkbox"/> Vertical Extraction<br><input type="checkbox"/> Flammables / Hot Work<br><input type="checkbox"/> Simple Asphyxiant<br><input type="checkbox"/> Heat / Cold / Weather       |   |   |  | <input type="checkbox"/> Housekeeping <input type="checkbox"/> Fall Prot. PPE<br><input type="checkbox"/> Mandatory Tag Line <input type="checkbox"/> Trench Box<br><input type="checkbox"/> Shared Anchors <input type="checkbox"/> CD<br><input type="checkbox"/> AHD (LMS) <input type="checkbox"/> AHD (FMS)<br><input type="checkbox"/> Pad Edges <input type="checkbox"/> Knot Passing<br><input type="checkbox"/> TTRS <input type="checkbox"/> Hydration |
| Toxins  | <i>See 10. Monitoring Plan</i><br><input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><input type="checkbox"/> Radiation Poison<br><input type="checkbox"/> Chemical Asphyxiant<br><input type="checkbox"/> Corrosive (Acidic / Basic)<br><input type="checkbox"/> Irritants |   | <input type="checkbox"/> Decon Plan <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Dermal PPE <input type="checkbox"/> Ventilation<br><input type="checkbox"/> Respiratory PPE <input type="checkbox"/> VAI Plan |   | Side View Sketch    (☐ N    ☐ S    ☐ E    ☐ W) |  |
|   | Energy  | <input type="checkbox"/> Outside Fall Line<br><input type="checkbox"/> Tripod (Topleft / Kickout)<br><input type="checkbox"/> Poor Illumination<br><input type="checkbox"/> Limited Bombproof Anchorage<br><input type="checkbox"/> Steep Incline (Operations<br>On Rope > 60° or On Terrain > 40°) |   | <input type="checkbox"/> Tag w/ PCD <input type="checkbox"/> Tag w/ M/A<br><input type="checkbox"/> Dragonfly Tag <input type="checkbox"/> Dynamic Dir.<br><input type="checkbox"/> Track <input type="checkbox"/> Control <input type="checkbox"/> Reeve<br><input type="checkbox"/> Opp. Back Tie <input type="checkbox"/> Center Haul<br><input type="checkbox"/> Whistle Test <input type="checkbox"/> Critical Point<br><input type="checkbox"/> Preflight Checklist <input type="checkbox"/> Lighting |  |  |
| 208B  |   | RMP _____   |   | ☐ See Addendum _____  |  |  |

| 13. Rigging Plan (continued) |                     | Rope System Operation: Extraction & Transfer  |               |  |                  |                            |                 | ☐ NA     |  |
|------------------------------|---------------------|---|---------------|--|------------------|----------------------------|-----------------|----------|--|
| Rope Line                    |                     | ☐ Main ☐ Belay ☐ Track ☐ Control ☐ Reeve ☐ Tag ☐ TTRS ☐ Dynamic Directional ☐ Other |               |  |                  |                            |                 | # _____  |  |
| Critical Point Test          |                     | Anchor Design   |               |  |                  |                            |                 |          |  |
| Component                    | SSSF                | ID  | Anchor Point  | Equipment Needed                               | Configuration    | Critical Angle (°)         |                 | Forces   |  |
| ☐ Life Safety ☐ Utility      | :1                  | A1  |               | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   | ☐ Shared ☐ CD | ☐ 1'-10' Adj. Strap ☐ Webbing _____'           | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A2  |               | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   | ☐ Shared ☐ CD | ☐ 1'-10' Adj. Strap ☐ Webbing _____'           | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A3  |               | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   | ☐ Shared ☐ CD | ☐ 1'-10' Adj. Strap ☐ Webbing _____'           | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A4  |               | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   | ☐ Shared ☐ CD | ☐ 1'-10' Adj. Strap ☐ Webbing _____'           | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A5  |               | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   | ☐ Shared ☐ CD | ☐ 1'-10' Adj. Strap ☐ Webbing _____'           | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | System Design   |               |  |                  |                            |                 |          |  |
|                              | :1                  | Mechanical Advantage & System Name  |               |  |                  | Max Reeve Depth            | Haul Field Size | Rope (L) |  |
|                              | :1                  |   |               |  |                  |                            |                 |          |  |
|                              | :1                  | Descent Control Device  |               | Load Releases System                           |                  | Progress Capture Device    |                 |          |  |
|                              | :1                  | ☐ Maestro ☐ ID ☐ Rack ☐ Rescue 8  |               | ☐ Mariners Hitch ☐ AZTEK ☐ Dog n Tails         |                  | ☐ Maestro ☐ ID ☐ x2 Prusik |                 |          |  |
|                              | :1                  | Hitches   |               | Knots  |                  |                            | Bends           |          |  |
|                              | :1                  | ☐ Tensionless ☐ Clove ☐ Munter  |               | ☐ Dbl. F8-Bight ☐ Scaffold ☐ F8-Bight ☐ Dir. 8 |                  | ☐ Double Fisherman's       |                 |          |  |
|                              | :1                  | ☐ Asymmetrical ☐ Girth ☐ x3 Wrap  |               | ☐ Butterfly ☐ Bowline ☐ Surgeons ☐ Square      |                  | ☐ Water ☐ EDK              |                 |          |  |
| LOAD                         | ☐ 300 ☐ 600 ☐ <1000 | All Other Knots, Hitches, Bends   |               |  |                  |                            |                 |          |  |
| <b>208B</b>                  | <b>RMP</b> _____    | ☐ See Addendum _____  |               |  |                  |                            |                 |          |  |

| 13. Rigging Plan (continued)  |   | Rope System Operation: Lower  |  |   | <input type="checkbox"/> NA  |   |
|---|---|---|--|---|--|---|
| Lower Options   |   | Packaging   | Bridle   | Stokes Orientation  | Area Orientation   |   |
| <input type="checkbox"/> Stairs <input type="checkbox"/> Ladder Cage<br><input type="checkbox"/> Over Edge <input type="checkbox"/> Crane Support<br><input type="checkbox"/> Other _____ |   | <b>PACE</b><br>(Primary)  | <input type="checkbox"/> Backboard <input type="checkbox"/> Stokes<br><input type="checkbox"/> Head Immobilizer <input type="checkbox"/> SKED<br><input type="checkbox"/> Yates <input type="checkbox"/> Other | <input type="checkbox"/> Manufactured<br><input type="checkbox"/> Improvised<br><input type="checkbox"/> Engineered<br><input type="checkbox"/> ¾ Clove | <input type="checkbox"/> Horizontal<br><input type="checkbox"/> Vertical<br><input type="checkbox"/> Multi – Engineered<br><input type="checkbox"/> Pick n Pivot | Total # Exterior Levels _____<br>Exterior Lowering Level _____<br>Egress Deck Cardinal Direction<br><input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W |
| Task Hazards  |   | Safety Measures   |  | Top View Sketch   |  |   |
| Complexity  | <input type="checkbox"/> Remote Location<br><input type="checkbox"/> Nearby Area Hazards<br><input type="checkbox"/> Communications<br><input type="checkbox"/> Limited Haul Field<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> 204A <input type="checkbox"/> 205B<br><input type="checkbox"/> Barricading <input type="checkbox"/> Buddy System<br><input type="checkbox"/> Winch M/A System <input type="checkbox"/> MCI Plan<br><input type="checkbox"/> Other _____  |  |   |  |   |
|   | <input type="checkbox"/> Work at Height / Fall Potential<br><input type="checkbox"/> Vertical Extraction<br><input type="checkbox"/> Flammables / Hot Work<br><input type="checkbox"/> Simple Asphyxiant<br><input type="checkbox"/> Heat / Cold / Weather  | <input type="checkbox"/> Housekeeping <input type="checkbox"/> Fall Prot. PPE<br><input type="checkbox"/> Mandatory Tag Line <input type="checkbox"/> Trench Box<br><input type="checkbox"/> Shared Anchors <input type="checkbox"/> CD<br><input type="checkbox"/> AHD (LMS) <input type="checkbox"/> AHD (FMS)<br><input type="checkbox"/> Pad Edges <input type="checkbox"/> Knot Passing<br><input type="checkbox"/> TTRS <input type="checkbox"/> Hydration  |  |   |  |   |
| Physical  | <i>See 10. Monitoring Plan</i>  |   |  |   | Side View Sketch      ( <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W)                             |   |
|   | <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas<br><input type="checkbox"/> Radiation Poison<br><input type="checkbox"/> Chemical Asphyxiant<br><input type="checkbox"/> Corrosive (Acidic / Basic)<br><input type="checkbox"/> Irritants               | <input type="checkbox"/> Decon Plan <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Dermal PPE <input type="checkbox"/> Ventilation<br><input type="checkbox"/> Respiratory PPE <input type="checkbox"/> VAI Plan   |  |   |  |   |
| Toxins  |   |   |  |   |  |   |
|   | <input type="checkbox"/> Outside Fall Line<br><input type="checkbox"/> Tripod (Topleft / Kickout)<br><input type="checkbox"/> Poor Illumination<br><input type="checkbox"/> Limited Bombproof Anchorage<br><input type="checkbox"/> Steep Incline (Operations<br>On Rope > 60° or On Terrain > 40°) | <input type="checkbox"/> Tag w/ PCD <input type="checkbox"/> Tag w/ M/A<br><input type="checkbox"/> Dragonfly Tag <input type="checkbox"/> Dynamic Dir.<br><input type="checkbox"/> Track <input type="checkbox"/> Control <input type="checkbox"/> Reeve<br><input type="checkbox"/> Opp. Back Tie <input type="checkbox"/> Center Haul<br><input type="checkbox"/> Whistle Test <input type="checkbox"/> Critical Point<br><input type="checkbox"/> Preflight Checklist <input type="checkbox"/> Lighting |  |   |  |   |
| Energy  |   |   |  |   |  |   |
| 208B  | RMP _____   | <input type="checkbox"/> See Addendum _____   |  |   |  |   |

| 13. Rigging Plan (continued) |                     | Rope System Operation: Lower  |               |  |                  |                            |                 | ☐ NA     |  |
|------------------------------|---------------------|---|---------------|--|------------------|----------------------------|-----------------|----------|--|
| Rope Line                    |                     | ☐ Main ☐ Belay ☐ Track ☐ Control ☐ Reeve ☐ Tag ☐ TTRS ☐ Dynamic Directional ☐ Other |               |  |                  |                            |                 | # _____  |  |
| Critical Point Test          |                     | Anchor Design   |               |  |                  |                            |                 |          |  |
| Component                    | SSSF                | ID  | Anchor Point  | Equipment Needed                               | Configuration    | Critical Angle (°)         |                 | Forces   |  |
| ☐ Life Safety ☐ Utility      | :1                  | A1  | ☐ Shared ☐ CD | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   |               | ☐ 1'-10' Adj. Strap ☐ Webbing _____            | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A2  | ☐ Shared ☐ CD | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   |               | ☐ 1'-10' Adj. Strap ☐ Webbing _____            | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A3  | ☐ Shared ☐ CD | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   |               | ☐ 1'-10' Adj. Strap ☐ Webbing _____            | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A4  | ☐ Shared ☐ CD | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   |               | ☐ 1'-10' Adj. Strap ☐ Webbing _____            | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | A5  | ☐ Shared ☐ CD | ☐ 48" Anchor Sling ☐ 96" ☐ Prusik              | ☐ Basket ☐ Choke | ☐ 0 ☐ 30 ☐ 60              |                 | %        |  |
|                              | :1                  |   |               | ☐ 1'-10' Adj. Strap ☐ Webbing _____            | ☐ _____          | ☐ 90 ☐ 120 ☐ 150           |                 |          |  |
|                              | :1                  | System Design   |               |  |                  |                            |                 |          |  |
|                              | :1                  | Mechanical Advantage & System Name  |               |  |                  | Max Reeve Depth            | Haul Field Size | Rope (L) |  |
|                              | :1                  |   |               |  |                  |                            |                 |          |  |
|                              | :1                  | Descent Control Device  |               | Load Releases System                           |                  | Progress Capture Device    |                 |          |  |
|                              | :1                  | ☐ Maestro ☐ ID ☐ Rack ☐ Rescue 8  |               | ☐ Mariners Hitch ☐ AZTEK ☐ Dog n Tails         |                  | ☐ Maestro ☐ ID ☐ x2 Prusik |                 |          |  |
|                              | :1                  | Hitches   |               | Knots  |                  |                            | Bends           |          |  |
|                              | :1                  | ☐ Tensionless ☐ Clove ☐ Munter  |               | ☐ Dbl. F8-Bight ☐ Scaffold ☐ F8-Bight ☐ Dir. 8 |                  | ☐ Double Fisherman's       |                 |          |  |
|                              | :1                  | ☐ Asymmetrical ☐ Girth ☐ x3 Wrap  |               | ☐ Butterfly ☐ Bowline ☐ Surgeons ☐ Square      |                  | ☐ Water ☐ EDK              |                 |          |  |
| LOAD                         | ☐ 300 ☐ 600 ☐ <1000 | All Other Knots, Hitches, Bends   |               |  |                  |                            |                 |          |  |
| 208B                         | RMP _____           | ☐ See Addendum _____  |               |  |                  |                            |                 |          |  |

**14. Hazard Mitigation Plan**  NA

Dangerous Goods Guidebook

| UN ID #               | ERI - Card | EAC | APP | Hazards |           | HIN |
|-----------------------|------------|-----|-----|---------|-----------|-----|
|                       |            |     |     | Class   | Sub Risks |     |
|                       |            |     |     |         |           |     |
| HIN Explanation Chart |            |     |     |         |           |     |

Hazchem Guide

| CPC Recommendation  | Spill Control   | Extinguishing Media   |  |
|---|---|---|--|
| <input type="checkbox"/> Level A & SCBA<br><input type="checkbox"/> Thermal Protection<br><input type="checkbox"/> Level B<br><input type="checkbox"/> Structural | <input type="checkbox"/> Dilute<br><br><input type="checkbox"/> Contain | <input type="checkbox"/> Smooth or Straight Stream<br><br><input type="checkbox"/> Fog Stream | <input type="checkbox"/> Normal Foam (Not Alcohol Resistant)<br><input type="checkbox"/> Alcohol Resistant Foam<br><input type="checkbox"/> Dry Agent (Water Reactive) |
| Violent Reaction Hazard   | <input type="checkbox"/> Yes  | Shelter In Place / Evacuation   | <input type="checkbox"/> Yes   |

**15. Decontamination Plan**  NA

Gross (doff outer/soiled layers)   
  Mass (utilize ERT / deluge monitors)   
  Emergency (eye wash/safety shower)

Technical (have a controlled water supply, set collection devices on tarps, use buckets and hose, soap/surfactant, scrub brushes, catchall for contaminated water, and trash containers; allow one level down of entrant PPE for DECON personnel)

Other Info

| Hazard Type | Solution | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | <input type="checkbox"/> F |
|-------------|----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|             |          |                            |                            |                            |                            |                            |                            |

**16. Medical Plan**

| A) Rehab / Heat Stress Management |   | <input type="checkbox"/> NA                             |   |   |   |
|-----------------------------------|---|---|---|---|---|
| Shift Time Interval               | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Relative Humidity (%)             |   |   |   |   |   |
| Temperature (° F)                 |   |   |   |   |   |
| Heat Index                        |   |   |   |   |   |
| Danger Level                      |   |   |   |   |   |
| Standard PPE                      | Moderate Work   |   |   |   |   |
|                                   | Heavy Work  |   |   |   |   |
|                                   | Fluids  |   |   |   |   |
| Special PPE                       | Moderate Work   |   |   |   |   |
|                                   | Heavy Work  |   |   |   |   |
|                                   | Fluids  |   |   |   |   |
| <b>208B</b>                       | <b>RMP</b> _____  | <input type="checkbox"/> See Addendum _____             |   |   |   |

| 16. Medical Plan (continued)   |   |  |
|--|---|--|
| B) VAI (Not Contaminated)  |   | <input type="checkbox"/> NA  |
| Arterial Bleed   | <ul style="list-style-type: none"> <li>Control major bleeds first, even before CPR</li> <li>Scan legs (front/back), neck, head, torso (front/back), arms (front/back)</li> <li>If multi areas with major bleeds, treat in same order               <ul style="list-style-type: none"> <li>Legs: Direct Pressure Elevate wound                   <ul style="list-style-type: none"> <li>Consider tourniquet 2" above injury and high on extremity</li> <li>Twist x3 or until bleeding stops or no distal pulse Record time</li> </ul> </li> <li>Neck, Head, Torso:                   <ul style="list-style-type: none"> <li>Direct pressure</li> <li>Cover/pack with multi trauma dressing or gauze</li> </ul> </li> <li>Arms:                   <ul style="list-style-type: none"> <li>Direct Pressure Elevate wound</li> <li>Consider tourniquet 2" above injury and high on extremity</li> <li>Twist x3 or until bleeding stops or no distal pulse Record time</li> </ul> </li> </ul> </li> </ul> |  |
| Cardiac Arrest   | <ul style="list-style-type: none"> <li>Move out of an IDLH environment first and or remove all area hazards if possible</li> <li>Notify team about change of location; Time stamp beginning CPR if possible</li> </ul>  |  |
| C-Spine Immobilization   | <ul style="list-style-type: none"> <li>C-Collar, head immobilizer, backboard and / or short board for spinal considerations</li> </ul>  |  |
| Airway / Breathing   | <ul style="list-style-type: none"> <li>Open airway with position change</li> <li>Ventilate with bag valve mask or provide rescue breaths with a mouth barrier</li> </ul>  |  |
| First Aid  | <ul style="list-style-type: none"> <li>Minor Injury: Utilize American Red Cross skills standards, Monitor for worsening condition</li> <li>Other Illness: Utilize American Red Cross skills standards, Monitor for worsening condition</li> </ul>   |  |
| Hyperthermia (heat stress)   | <ul style="list-style-type: none"> <li>Doff thick outer garments</li> <li>Passive cooling techniques</li> </ul>   |  |
| Hypothermia (cold stress)  | <ul style="list-style-type: none"> <li>Doff wet clothes</li> <li>Use blankets and other passive warming methods</li> </ul>  |  |
| <p><i>Extraction plan takes priority over first aid (not arterial bleeding) and continued care but can be done simultaneously. Time stamp and document findings; Utilize safety attendant to scribe findings. Diagnostic tools will provide trending values</i></p>  |   |  |
| C) MCI (Decon & Triage)  |   | <input type="checkbox"/> NA  |
| <p><i>Utilize MCI protocol if 'Rapid Hazard Assessment' determines potential of multiple victims or contamination (Anytime &gt; 4 potential victims OR span of control of the number of victims to TEDs (Rescuers) is &gt; 1:1</i></p>   |   |  |
| Hot  | Warm  | Cold   |
| <ul style="list-style-type: none"> <li>Maintain Accountability</li> <li>Assess responsiveness</li> <li>Secure ribbon</li> <li>Send to CRZ / WZ triage</li> </ul>   | <ul style="list-style-type: none"> <li>Sort by responsiveness</li> <li>Assess individually</li> <li>Life threatening interventions</li> <li>Triage by severity / send to CZ</li> </ul>  | <ul style="list-style-type: none"> <li>Sort rescuers &amp; victims</li> <li>Treatment by severity</li> <li>Assess stability</li> <li>Record victim info</li> <li>Transport tracking</li> </ul> |
| D) Biowaste  |   | <input type="checkbox"/> NA  |
| <ul style="list-style-type: none"> <li>All biohazardous waste must be discarded appropriately, never over fill containers.</li> <li>Use red biowaste bags and approved sharps containers. If unavailable, label container visibly 'BIOWASTE'.</li> <li>Secure the bag by tying a square knot and OVERPACK into a upside down second bag to prevent leakage or spillage, finish second bag with a gooseneck twist and tape method.</li> <li>Discard bag in approved red biowaste bin OR request to send offsite with EMS OR have office contact Clean Harbor for collection services</li> </ul> |   |  |
| 208B   | RMP _____   | <input type="checkbox"/> See Addendum _____  |

|   |   |   |   |  |   |                                       |  |                                      |   |   |        |
|---|---|---|---|--|---|---------------------------------------|--|--------------------------------------|---|---|--------|
| <b>17. PPE Plan</b>   |   |   |   |  |   |                                       |  |                                      |   |   |        |
| A) Respiratory  |   |   |   |  | <input type="checkbox"/> NA                         |                                       |  |                                      |   |   |        |
| Exposure Limit  |   | <input type="checkbox"/> PEL                  |   | <input type="checkbox"/> REL   |   | <input type="checkbox"/> TLV-TWA      |  | <input type="checkbox"/> TLV-STEL    |   | <input type="checkbox"/> TLV-Ceiling  |        |
| Respirator Selection  |   | Respirator Cartridge                          |   |  |   |                                       |  |                                      |   |   |        |
|   |   | Air Purifying Respirator (only if MUC < IDLH) |   |  |   |                                       |  | Atmosphere Supplying Respirator      |   |   |        |
| Exposure Limit (ppm)  | x (APF)                                   | <input type="checkbox"/> Half Face (10)       |   | <input type="checkbox"/> Full Face (50)  |   | <input type="checkbox"/> PAPR (1,000) |  | <input type="checkbox"/> SAR (1,000) |   | <input type="checkbox"/> SCBA (10,000)  |        |
|   | = MUC                                     |   |   |  |   |                                       |  |                                      |   |   |        |
| Bottle Watch  | <input type="checkbox"/> NA               | Equalized PSI                                 |   | # of Entrants  |   | Vertical Hose Distance (FL)           |  | Calculable Usable Air                |   |   |        |
|   | <input type="checkbox"/>                  |   |   |  |   | (    )                                |  |                                      |   |   |        |
|   | <input type="checkbox"/>                  | Reserve PSI                                   |   | # of Cylinders / Regulators  |   | Horiz. Hose Distance (FL)             |  | Minutes of Air                       |   |   |        |
|   |   |   |   |  |   | (    )                                |  |                                      |   |   |        |
| B) Dermal   |   |   |   |  | <input type="checkbox"/> NA                         |                                       |  |                                      |   |   |        |
| Hot Zone  |   |   |   |  |   |                                       |  |                                      | Other Level D   |   |        |
| Primary Chemical Performance Factors  | <input type="checkbox"/> A (gas)          |   | <input type="checkbox"/> B, Fully Encapsulated (corrosive liq.) |  |   | <input type="checkbox"/> B (liquid)   |  | <input type="checkbox"/> C (solid)   |   | <input type="checkbox"/> Hearing<br><input type="checkbox"/> Dbl. Hearing<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Eye Shield<br><input type="checkbox"/> Goggles<br><input type="checkbox"/> Face Shield<br><input type="checkbox"/> Steel Toe<br><input type="checkbox"/> FRC |        |
|   | Degradation Rating                        |   | Permeation Rate   |  | Breakthrough Time                                   |                                       |  |                                      |   |   |        |
| Physical Performance Qualities  | <input type="checkbox"/> Abrasion Resist. |   | <input type="checkbox"/> Cut Resist.                            |  | <input type="checkbox"/> Puncture Resist.           |                                       | <input type="checkbox"/> Flexibility   |                                      | <input type="checkbox"/> Steel Toe<br><input type="checkbox"/> FRC  |   |        |
|   | <input type="checkbox"/> Heat Resist.     |   | <input type="checkbox"/> Ozone Resist.                          |  | <input type="checkbox"/> Tensile Strength           |                                       | <input type="checkbox"/> Low Gas Perm.   |                                      |   |   |        |
| CPC   |   | Glove   |   |  | Tape  |                                       |  |                                      |   |   |        |
| Warm Zone   |   |   |   |  |   |                                       |  |                                      |   |   |        |
| <input type="checkbox"/> Same Level   |   | <input type="checkbox"/> 1 Level Down         |   | <input type="checkbox"/> Fall  |   | <input type="checkbox"/> Medical      |  | <input type="checkbox"/> Other _____ |   |   |        |
| C) Fall   |   |   |   |  | <input type="checkbox"/> NA                         |                                       |  |                                      |   |   |        |
| <ul style="list-style-type: none"> <li>Minimize fall factor, select anchor points high and above harness attachment point, reduce lanyard slack.</li> <li>Bombproof anchors &gt; 5000 lbs.(22 kN) / person; Conduct a critical point test, whistle test, and touch test</li> </ul>  |   |   |   |  |   |                                       |  |                                      |   |   |        |
| ANCHOR DESIGN   | ID  | Anchor Point / Object                         |   | Equipment Needed   |   |                                       | Configuration  |                                      | Critical Angle  |   | Forces |
|   | A1  |   |   | <input type="checkbox"/> 48" A.S. <input type="checkbox"/> 96" A.S. <input type="checkbox"/> Prusik<br><input type="checkbox"/> 1'-10' Adj. <input type="checkbox"/> Webbing _____ |   |                                       | <input type="checkbox"/> Basket <input type="checkbox"/> Choke<br><input type="checkbox"/> _____ |                                      | <input type="checkbox"/> 0 <input type="checkbox"/> 30 <input type="checkbox"/> 60<br><input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 150 |   | %      |
| D) Medical (BSI)  |   |   |   |  | <input type="checkbox"/> NA                         |                                       |  |                                      |   |   |        |
| <ul style="list-style-type: none"> <li>Universal precautions shall be used when providing care to someone that is ill, injured, or suffering from an exposure or otherwise unknown. No open wounds; bandage cuts and skin irritations prior to providing care.</li> <li>Dermal Protection: Nitrile, non-latex gloves to prevent allergic reactions; safety glasses for eye / splash protection from bloodborne pathogens</li> <li>Respiratory Protection: Use a face covering at minimum. Use a N95 respirator or half face respirator with P100 for contagious respiratory illnesses; consider using a mask on victim unless it exacerbates respiratory distress.</li> </ul> |   |   |   |  |   |                                       |  |                                      |   |   |        |
| <b>18. Risk Management Plan Adjusted Risk Value</b>   |   |   |   |  |   |                                       |  |                                      |   |   |        |
| 1) Chart 1, determine the severity for the potential loss or consequence of the hazard space job scope = _____  |   |   |   |  |   |                                       |  |                                      |   |   |        |
| 2) Chart 1, determine the probability of the potential loss or consequence = _____  |   |   |   |  |   |                                       |  |                                      |   |   |        |
| 3) Chart 1, determine the risk (use the number where probability and severity intersect) = _____  |   |   |   |  |   |                                       |  |                                      |   |   |        |
| 4) PACE the subplans utilized (modifiable; full points for Primary, Auxiliary 75%, Contingent 50%, Emergent 25%)  |   |   |   |  |   |                                       |  |                                      |   |   |        |
| 5) Chart 2, total the percentage points awarded for the subplans (round up to the nearest listed %) = _____   |   |   |   |  |   |                                       |  |                                      |   |   |        |
| 6) Multiply the number from step 3 by the percentage in step 5 for the RMP adjusted risk value = _____  |   |   |   |  |   |                                       |  |                                      |   |   |        |
| <b>208B</b>   |   | RMP _____                                     |   |  | <b>20. Prepared by:</b> Name: _____ Position: _____ |                                       |  |                                      |   |   |        |