US EPA RECORDS CENTER REGION 5
471596

08/15/89

WESTON SPER DIVISION
HAZARDOUS WASTE SITE INVESTIGATION AND EMERGENCY RESPONSE
HEALTH AND SAFETY PLAN

U.S. EPA CONTRACT: [redacted]
Date of Inspection: [redacted] Time: [redacted] TOD No. [redacted]
Original Safety Plan: Yes X No ___ PCS No. [redacted]
Amendment/Modification No. [redacted]

SITE SAFETY COORDINATOR: STEVEN ROSEO

Site Name: ALBION LANDFILL

Site Address: Street No. ___
City ALBION - SHERIDAN TOWNSHIP
County ___
State MICHIGAN Zip Code ___

Site Contact: MAYOR BRENDA IRISH Phone (517) 373-4800

Directions to Site (Attach Map): ON TO ALBION. THE SITE IS 1 MILE EAST OF ALBION

SITE HISTORY: A LANDFILL WHICH OPERATED BETWEEN 1966 TO 1981. REPORTEDLY CONTAINS METALLIC SLUDGE, PAINT RESIDUES, MUNICIPAL REFUSE, 20-40 DRUMS, AND MAY BE CONTAMINATION OF GROUNDWATER

INCIDENT DESCRIPTION

TYPE: A) Spill ___ Air Release ___ Fire ___ HW Site X Other ___
B) Assessment X Sampling X Emergency Response ___
Clean-up/Removal ___ Other (specify) ___
C) Urban/Residential ___ Commercial ___ Industrial ___
Rural ___ Remote ___

PERSONNEL PHYSICAL SAFETY HAZARDS:

Heat X Cold ___ Noise ___ Underground Utilities ___
Overhead Utilities ___ Heavy Equipment ___ Slip, Trip, Fall X
Confined Spaces ___ Pressurized Airlines ___ Explosive ___
Ladders ___ Scaffolds ___ Unguarded Openings-Wall, Floor ___
Liquids in Open Containers, Ponds/Lagoons ___
Other ___

NOTE: This page extends to a margin of 100, and must be printed with the paper sideways.
Change right margin from 65 to 100 with ^OR.

CHEMICAL CONTAMINANTS OF CONCERN

CONTAMINANT	TLV PEL	IDLH	PHYSICAL CHARACTERISTICS	ROUTE OF EXPOSURE	SYMPTOMS OF ACUTE EXPOSURE	FIRST AID	INSTRUMENTS TO DETECT
CHROMIUM		500 mg/m3	PROPERTIES VARY DEPENDING UPON SPECIFIC COMPOUND	INH, ING	HISTOLOGIC FIBROSIS OF LUNGS; CHROMIUM (VI): [CARC]	EYE: IRR IMMED SKIN: SOAP WASH BREATH: ART RESP SWALLOW: MEDICAL ATTENTION IMMED	
CHROMIUM			APPEARANCE AND COLOR VARY FOR SPECIFIC COMPOUNDS	INH, ING	INH: RUN, EDEMA, DISP INH, DERM, FIGHT TEST, SKIN PAIN; HEAD, CHILLS, MUSCLE ACHES; NAU, DIARR; EMPHY; PROT; ANCS; MUCO ULCER.	SAME AS ABOVE	
CYANIDE	5 mg/m3	50 mg/m3	WHITE SOLIDS WITH FRUIT ALMOND ODOR	INH, ABS, ING, CONT	ASPHYXIA AND DEATH CAN OCCUR, WEAK; HEAD; CONFUSION; CONFUSION; NAU, VOMIT; INCORATE RESP, SLOW DISCOMFORT RESP; EYE, SKIN IRRIT.	SAME AS ABOVE	

Description of Decontamination To Be Used: (1) REMOVE OUTER PARTS & GARMENTS (2) ROLL OFF SPONGE (3) REMOVE INNER GARMENTS (4) REMOVE RESPIRATOR

TOLUENE		2000ppm	COLORLESS LIQUID WITH AN AROMATIC ODOR LIKE BENZENE	INH. ABS. ING. CONT.	ETH, WEAK, CONF, EUPH DIZZ; HEAD; DIL PUP, LAC; MUSC ETH; INSOM; PARES; DERM; PHOTO	SAME AS ABOVE	OVA

TASK TO BE PERFORMED	ANTIC. LEVEL OF PROTECT.	COVERALL	GLOVE IN/OUT	AIR PURIF. RESPIRATOR CART/CANN
SITE ASSESSMENT	B	BARNER	SURGICAL/NITRILE	LEVEL B SCBA
SAMPLING	B	BARNER	"	"

Anticipated Monitoring

Radiation Meter (X) CGI ( ) HNU ( ) _____eV Probe OVA (X)

Detector Tube ( ) _____ Other _____

Emergency Phone Numbers:	Location	Phone	Notified
Fire	Public Safety Dept 112 W. Cass	629-3933	
Police			
Ambulance	Emergency	629-9431	
Hospital	ALBION COMMUNITY HOSPITAL (517) 4224 809 W. ERIE	629-2191	

Chemical Trauma Capability? yes

Directions to Hospital: (attach map) Rte. Verified By____Date____

TAKE CT OUT OF SITE: ONTO ERIE TO HOSPITAL

ADDITIONAL EMERGENCY PHONE CONTACTS:

CHEMTREC	(800) 424-9300
TSCA HOTLINE	(800) 424-9065 (202) 544-1404
ATSDR	(DAY) (404) 329-2888
	(NIGHT) (404) 566-7777
AT & F (EXPLOSIVES)	(800) 424-9555
NATIONAL RESPONSE CENTER	(800) 424-8802
WESTON MEDICAL EMERGENCY SERVICE	(513) 421-3063
WESTON 24-HOUR HOTLINE	(215) 524-1925, 1926
PESTICIDE INFORMATION SERVICE	(800) 845-7633
EPA ERT EMERGENCY	(201) 321-6660
RCRA HOTLINE	(800) 424-9346
CMA CHEMICAL REFERRAL CENTER	(800) 262-8200
NATIONAL POISON CONTROL CENTER	(800) 942-5969
U.S. DOT	(202) 366-0656 (DAYS ONLY)

Prepared by:_____Date_____

Pre-Response Approval by:_____Date_____

TDD# 5-8907 PCS# 2323

OBSERVED CONDITIONS/ACTIVITIES

Describe Initial Conditions (Source/Type/Quantity): LANDFILL APPROX 30 ACRES, ROAD BISECT PROPERTY, ROUGH TERRAIN, OVERGROWN VEGITATION, APPROX 26 DRUM, 2 VATS, 10-15 PAILS, 2 PARTIALLY BURIED GAS TANKS.

DOCUMENTATION PERFORMED BY: Richard Field

Type: Photo X Log Book X Recorder ____ Video ____

Physical Description

Size of Site 30 Topography Terrain: ROUGH Weather 80 AND OVERCAST

Distance to Nearest: Residence 1000YDS School 1/4 mile Hospital 2 MILES
Public Building 1/4 MILE Other ____

Evacuation: Yes ____ No X Number ____ By Whom ____

Nearest Waterway: ____ Distance ____

Condition	Observed	Potential	None
Surface Water Contamination	no	unlikely	
Ground Water Contamination	no	yes	
Drinking Water Contamination	no	yes	
Air Contamination	no	possibly	
Soil Contamination	yes	very	
Stressed Vegetation	yes	little	
Dead Fish, Other Animals	no	trucks on-site	

ACTIONS TAKEN ON-SITE: (Attach Map of Site Control Zones)

Was Entry Made by TAT: Yes X No ____

Task Conducted: Describe Specific PPE Used and Why

Level B used for sampling unknown drums

Note: This page is also at right margin of 100. PRINT SIDEWAYS

AIR MONITORING LOG

OVA Calibration_____
HNU Calibration_____
CGI Calibration_____

(ATTACH CALIBRATION DATA TO LOG)

Background O_2 20.3
Organics OVA set at 1 unit
Radiation 0.2 mR/h
CGI 1 % (tutector)

S I T E N A M E

STATION/ LOCATION	DATE	TIME	NAME OF AIR MONITOR	TYPE OF EQUIPMENT (HNU (PROBE/SPAN) CGI, OVA, RAD MTR.	READING	SUMMARY/ COMMENTS
Gas tank vent	8/15	1600	Bosho	OVA tutector rad meter	250 background "	vent was already open
Sample #1	8/15	1615	Mehl	OVA tutector rad meter	1 unit background "	industrial grease
Sample #2	8/15	1630	Mehl	OVA tutector rad meter	background " "	fireclayed paint
Sample #3	8/15	1645	Mehl	OVA tutector rad meter	" " "	grease or paint sludge

SAMPLING: CONDUCTED? YES ✓ NO_____

If Yes, Describe Sampling Method Sample # 1. scoped sample with a cup off top drum; poured sample into bottle bottle.
Sample #2 used tongue depressor the same had material from drum
Sample #3 tongue depressor to scoop up sludge from ground.

Has Lab Been Notified Of Potential Hazard Level?

Yes____No____NA____

Note: This Health and Safety Plan was prepared for work to be conducted under the Technical Assistance Team (TAT) Contract 68-01-7367 Zone 1. Use of this plan by WESTON and its subcontractors on the TAT Contract is intended to fulfill the OSHA requirements found in CFR 1910.120. Items not specifically covered in this plan are included by reference to 29 CFR 1910 and 1926.

I have read and understand this safety plan.

NAME (PRINTED)	SIGNATURE	AFFILIATION	DATE
Richard Mell	Richard Mell	Weston	8/15/89
STEVEN R. BOSKO	Steven R. Bosko	WESTON	8/15/89
Nikhil Kumaranayagam	[illegible]	Weston	8/15/89

Final Submission of Plan by:_____Date_____

Post-Response Approval:_____Date_____

Copy to ZPMO_____Date_____

SPER HSO Reviewed by:_____Date_____
Followup Required: Yes_____No_____
Followup Performed: Date_____ With:_____
Comments: _____