I.1

WESTON SPER

US EPA RECORDS CENTER REGION 5
518979
931031

Region 5
Date 8-3-84
TDD# 5-8408-2 1315

SAFETY PLAN

A. Incident Description

1. Location Refinery Products 4256 Wesley Terrace Schiller Park, Il.
2. Date 8-3-84
3. Type: Spill [ ] Fire [ ] HW Site [✓] Other _____
4. Status Abandoned Building
5. Response Objectives Site Assessment and possible sampling to document threats posed by the site for a presiding Criminal Investig.
6. Background Review: Complete [ ] Partial [✓]
   If partial, why? _____
7. Hazard Level: High [ ] Moderate [✓] Low [ ] Unknown [ ]
   Inhalation [✓] Ingestion [ ] Contact [ ] External [ ]
8. Site Plan/Sketch Attached Yes [ ] No [✓]
9. Background Material attached Yes [ ] No [✓]

B. Material Description

1. Type: Liquid [✓] Solid [✓] Sludge [✓] Vapor/Gas [✓]
2. Chemical Name/Class MEK, Chlorinated Solvents, Oils, PCB, Toluene
3. Characteristics: Corrosive [ ] Ignitable [✓] Volatile [✓]
   Toxic [✓] Reactive [✓] Biological Agent [ ]
4. Toxicity: TLV MEK (Butanone) 200 ppm IDLH 3,000 (?)
5. Special Hazards Extreme Fire Hazard Explosive limits for MEK 2-10%
   Narcotic by inhalation, Explosion Hazard, Moderate
6. Acute Exposure Symptoms
   Chronic Symptoms - irritating to nose, throat, + eyes
   Causes nausea, vomitting headache dizziness

SMG:ss
11/24/82

RFW RSW-396-1182

C. Site Description

1. Size _____

2. Surrounding Population Residental

3. Buildings/Homes 1 Building on site homes on East side, RR on West

4. Topography Residential area on east side, RR tracks on West

5. Receiving Waters _____

6. Weather 85° Humid

7. Unusual Features Site abandoned, surrounded by residental area, Oil stains all over area. RR Tanker in basement, 1 House Burned down to North of Site

8. Site History Oil Recovery Facility blended oils and solvents and sold as fuel. Went out of business in _____ Site abandoned

D. Personnel Protection

1. Entry Level of Protective clothing : A [ ] B [✓] C [ ] D [ ]

2. If not B, why? _____

3. Site Instrument Readings:

% O2 _____ % LEL _____
Radioactivity _____ HNU _____
OVA _____ Other Drager Tubes ?

4. Was protective level up or downgraded: Yes [ ] No [ ]
Up or Down graded to: A [ ] B [ ] C [ ] D [ ]
Why _____

Actual Change: _____

5. Respirator Protective Equipment:

SCBA ✓
Gas Mask _____ Canister Type _____
Ultra Twin _____ Cartridge Type _____
Dust Mask _____

6. Protective Clothing:

Nitrile Gloves	Tyveks	
Under gloves	Hard Helmets	
Booties	Taped Cuffs	

7. Field Monitoring Equipment and Materials:

Draeger Tubes HCN, Organics H2S, Radiation Detector
O2 Monitor HNU
Explosimeter

E. Decontamination Procedures

1. Attach sketch showing Exclusion Zone, Contamination Reduction Zone, Support Zone and numerically labelled Decontamination Stations.

2. For each decontamination station note procedure and materials needed on an attachment page.
All disposable clothing will be placed in a plastic bag at the hot line which shall be established upon inspection of the facility.

F. General Information

1. Team members

Steve Foryan
Jeff Stafferahn HOS 8/2/84
Mike Loch 8-3-84

2. Site Safety Coordinator Jeff Stafferahn

G. Emergency Information

1. Have nearby people been evacuated: Yes ☐ No ☑
If yes ever how large an area

2. First Aid Instructions Move to fresh air if breathing stopped - give artificial respiration, oxygen
Contact - remove contaminated clothing

3. Sources of help

	Name	Town	Phone	Notif Yes
Fire	Schiller Park F.D.		678-2425	
Police	Schiller Park P.D.		678-2425	
Ambulance			678-2425	
Hospital	Schiller Park Medical Service		678-6474	
Poison Information				
Airport	Ohare International			
Heliport				
Site Telephone				
Nearest Telephone				

4. Emergency Telephone Numbers

WESTON Hot Line	215-524-1925 or 1926
WESTON NPO	215-431-0797 or 0798 or 692-3030
P. B. Lederman - NPM	NON-RESPONSIVE [redacted]
S. M. Gertz - HSO	
Medical Emergency	513-421-3063 (National Service)
EPA - ERT Emergency	201-321-6660
Chemtrec	800-424-9300
Central Disease Control	404-329-3311 (day) 404-329-3644 (nigh
National Pesticide Medical Emergency	800-845-7633 (Regional Service)

Prepared by _____
Date _____

Approved by _____
Date _____

(For HSO Use Only)

Reviewed and Comments _____

Action Required? Yes /_/ No /_/ If yes, what action _____

Followup carried out? Date _____

S. O. Signature _____ Date _____