ILE 200000394

TAT/EPA COPY ON SITE

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

REGION V
Assignor: EPA REGION V / DPO BRIAND WU TDD No. 5-8606-03
Date of Inspection: _____ Time: _____ PCS No. 5232
Original Safety Plan: Yes ___ No ✓ Modification No. 2

Site Name: A-CHEM

Site Address: Street No. 1326 NORTH WESTERN AVE
City CHICAGO
County COOK
State ILLINOIS Zip Code _____

Site Contact: _____ Phone _____

Directions to Site: SEE MAP

US EPA RECORDS CENTER REGION 5
467079

Map Attached: Yes X No ___
If Remote Location: Latitude _____ Longitude _____
SITE HISTORY: SITE OF A FIRE ON 1-26-86
MATERIAL LEFT ON SITE IN BURNED OUT BUILDING

INCIDENT DESCRIPTION (check one from A, B, and C)

TYPE: A) Spill ___ Air Release ___ Fire X HW Site ___ Other ___

B) Assessment ___ Sampling ___ Emergency Response X

Clean-up/Removal X Other (specify) _____

C) Urban/Residential X Commercial X Industrial ___

Rural ___ Remote ___

PHYSICAL DESCRIPTION

Size of Site: > 1/4 ACRE Terrain: FLAT Weather: PARTLY CLOUDY 85°F

Containers Involved In the Release or Incident

Drums ✓ No. 38-50 Tanks ___ No. ___ POSSIBLE PROPANE TANK

Truck ___ License No. _____ Tanker ___ Box ___

Railroad Car ___ Tank No. ___ Box No. ___

Spill ___ Source _____ Approx. Vol. _____

Other _____

MATERIALS INVOLVED:

Name	TLV	IDLH	Overexposure Symptoms
SODIUM CYANIDE	5 mg/m³	50 mg/m³	WEAK, CONFUSED, NAUSEAUS
PHOSPHORIC ACID	1 mg/m³	NA	SKIN IRRATANT, BURNS
DICHROMIC ACID	0.1 mg/m³	30 mg/m³	SKIN IRRATENT
SODIUM BENZOATE	LOW TOXICITY		FOOD PRESERVATIVE
SODIUM BICARBONATE	LOW TOXICITY		BAKING POWDER
MONEL CYANIDE			NOT FOUND

SPECIAL HAZARDS: SLIP, TRIP, AND FALL, ALOT OF DEBRIE TO MOVE AROUND, POSSIBLE SHARP OBJECTS, BROKEN GLASS

ANTICIPATED LEVEL OF PROTECTION (circle one): A B (C) D

WHY: KNOWN CHEMICAL STORAGE FACILITY - INITIAL RESPONSE DOCUMENTED DRUMMED MATERIAL OF NaCN & PHOSPHORIC ACID

FIRST AID INSTRUCTIONS FOR KNOWN CONTAMINANTS: IRRIGATE WITH WATER FLUSH IMMEDIATELY, VOMIT

PERSONNEL EXPOSURE HAZARDS: (H=high, M=moderate, L=low, U=unknown)

Inhalation ✓ Skin Contact ✓ Ingestion____ Radioactive___

Biological____ Fire ✓ Explosion____ Unknown____

PERSONNEL PHYSICAL SAFETY HAZARDS :

Heat____ Cold____ Noise____ Underground Utilities____

Overhead Utilities____ Heavy Equipment____ Slip. Trip, Fall ✓

Sharp Objects ✓ Pressurized Airlines____ Cyclinders ✓ (potential)

Ladders____ Scaffolds____ Unguarded Openings-Wall, Floor____

Liquids in Open Containers, Ponds, Lagoons ✓

ACTIONS TAKEN ON SITE:

Was Entry Made: YES ✓ NO____

Equipment Used: (circle) LEVEL A B (C) D Why:_____

SCBA____ APR____ Model_____ Cart./Can. Type_____

Tyvek____ Poly Tyvek ✓ Saran Tyvek ✓ Acid Suit____

Rain Gear____ Cotton Coveralls____

Gloves: Inner ✓ Butyl___ Nitrile ✓ Viton___ Other___

Foot Gear: Safety Boots ✓ Outer Boots ✓ Booties ✓ Other___

Description of Decontamination Used:_____

AIR MONITORING Performed by: TAT, O.H. MATERIALS

Instrument Readings: Radiation Meter_____ CGI ✓

OVA_____ HNU ✓ Detector Tube ✓

Other_____

Wind: Speed 5 Direction S.W. Temp. 85 Rel. Hum._____ B.P.____

Summarize Air Monitoring Data P.I.D AMBIENT = 5 ppm INSIDE EXCLUSION ZONE ONE (BROWN, POWDER) SUBSTANCE GAVE A READING OF 9 ppm NON-DETECT ON DRAGER TUBES

SAMPLING Performed by: TAT, O.H. MATERIALS

Sampling Plan (Y or N) ✓ If yes attach copy to safety plan

No. of Samples: Solid 5 Liquid____ Gas____ Other____

Laboratory: ON SITE LITMUS PAPER / pH CHARACTERIZATION

Has Lab Been Notified of Potential Hazard Level? Yes____ No____

Analyses:_____

Sampling Comments:_____

DOCUMENTATION Performed by: _____

Type: Photo ✓ Log Book ✓ Recorder _____ Video _____

PUBLIC IMPACT

Distance to Nearest : Residence 10' School 200' Hospital ≈1 mile

Public Building 200' Other _____

Evacuation: Yes ___ No X Number _____ By Whom: _____

ENVIRONMENTAL IMPACT:

Nearest Waterway: Storm Sewers Distance: _____

Condition	Observed	Potential	None
Surface Water Contamination			✓
Ground Water Contamination			✓
Drinking Water Contamination			✓
Air Contamination		✓	
Soil Contamination		✓	
Stressed Vegetation			✓
Dead Fish, Other Animals			✓

PERSONNEL INVOLVED: (NAME, AGENCY, PHONE, ON or OFF SITE)

SITE MANAGER: OSC STEPHEN BROWNING

SITE SAFETY COORDINATOR: TATM KURT A. SCHULTZ

Have Read & Understood The Site Safety Plan (check)

EPA _____ ___

TAT _____ ___

STATE _____ ___

OTHER _____ ___

EMERGENCY INFORMATION

EMERGENCY PHONE NUMBERS:

	Location	Phone	Notified(Y/N)
Fire		911	
Police		911	
Ambulance		911	
Hospital	PRESBYTERIAN/ST. LUKES 1753 W. CONGRESS PKWY	942-6430	Y
Nearest Phone	TAVERN NEXT DOOR / SOUTH		

DIRECTIONS TO HOSPITAL: (ATTACH MAP)

WESTERN AVE. SOUTH TO CONGRESS (APPROX 18 BLOCKS)
WEST ON CONGRESS TO PAULINE (APPROX 7 BLOCK

ADDITIONAL EMERGENCY PHONE CONTACTS:

CHEMTREC	(800) 424-9300
TSCA HOTLINE	(800) 424-9065, (202) 554-1404
CDC	(404) 452-4100 (day), (404) 329-2888 (night)
BUREAU OF ALCOHOL, TOBACCO & FIREARMS	(800)424-9555, (202)566-7777
NATIONAL RESPONSE CENTER	(800) 424-8802
WESTON MEDICAL EMERGENCY SERVICE	(513) 421-3063 (24 hour)
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
BUR. OF EXPLOSIVES, A.A. RAILWAYS	(202) 835-9500

Prepared by: Kurt C. Schulz Date: 6-11-86

Reviewed by: Scott D. Sanger Date: 6-11-86

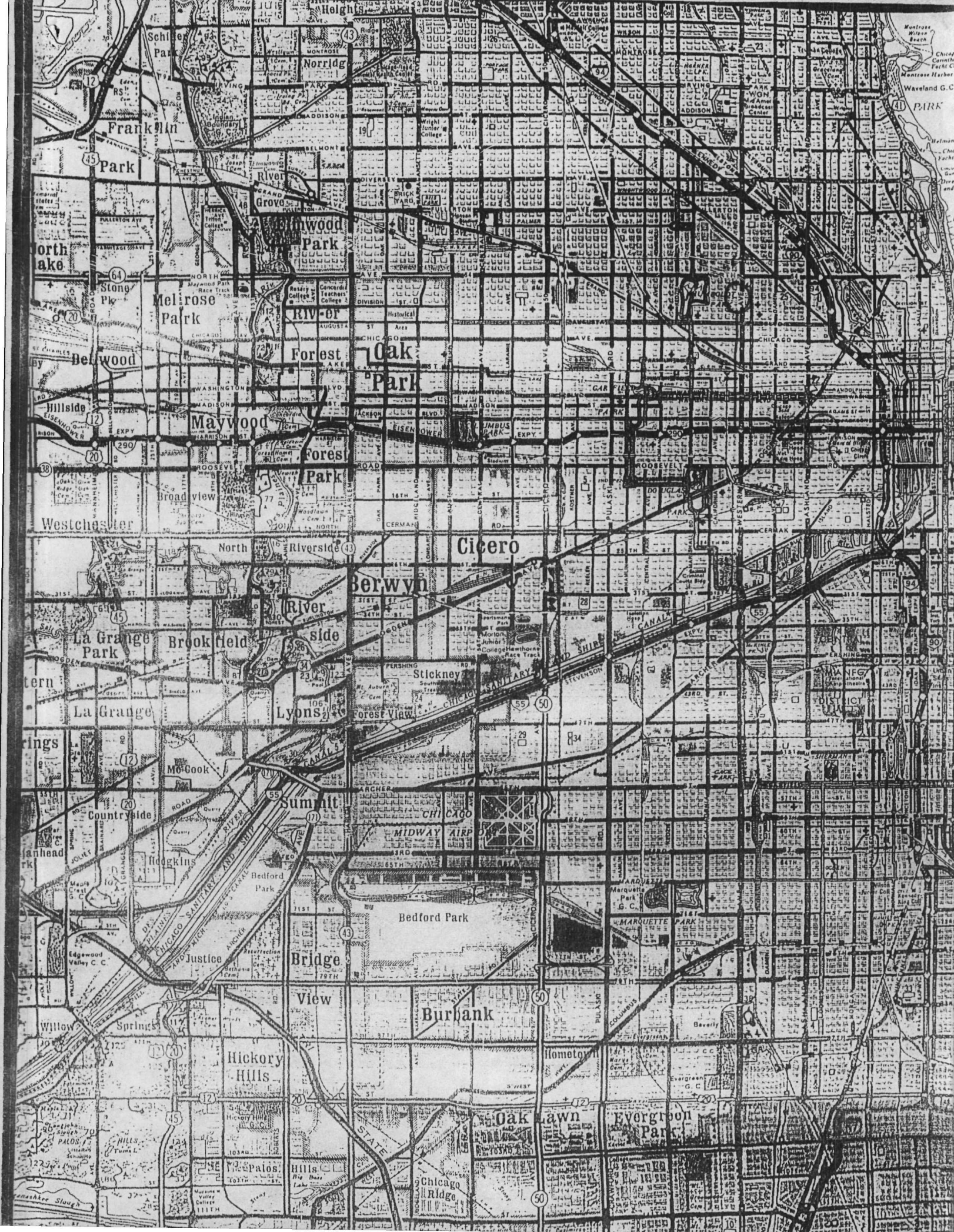
Approved by: Scott D. Sanger Date: 6-11-86

SPER HSO Review by: _____ Date: _____

Followup Required: Yes____ No____

Followup Performed: Date:_____ With:_____

Comments:_____


Heights
Schiller Park
Norridge
Franklin Park
River Grove
Elmwood Park
North Lake
Stone Pk
Melrose Park
River Forest
Oak Park
Bellwood
Hillside
Maywood
Forest Park
Broadview
Westchester
North Riverside
Cicero
Berwyn
River Side
La Grange Park
Brookfield
Stickney
La Grange
Lyons
Forest View
Mc Cook
Summit
Countryside
Hodgkins
Bedford Park
Justice
Bridge View
Burbank
Willow Springs
Hickory Hills
Hometown
Oak Lawn
Evergreen Park
Palos Hills
Chicago Ridge
Waveland G.C.
Montrose Harbor
Marquette Park
Edgewood Valley C.C.
Chicago Sanitary and Ship Canal
Chicago Midway Airport

WESTON
DESIGNERS CONSULTANTS

SHEET ____ of ____

CLIENT/SUBJECT _____ W.O. NO. _____

TASK DESCRIPTION _____ TASK NO. _____

PREPARED BY _____ DEPT _____ DATE _____

MATH CHECK BY _____ DEPT _____ DATE _____

METHOD REV. BY _____ DEPT _____ DATE _____

APPROVED BY _____

DEPT _____ DATE _____

COOK COUNTY HOSPITAL

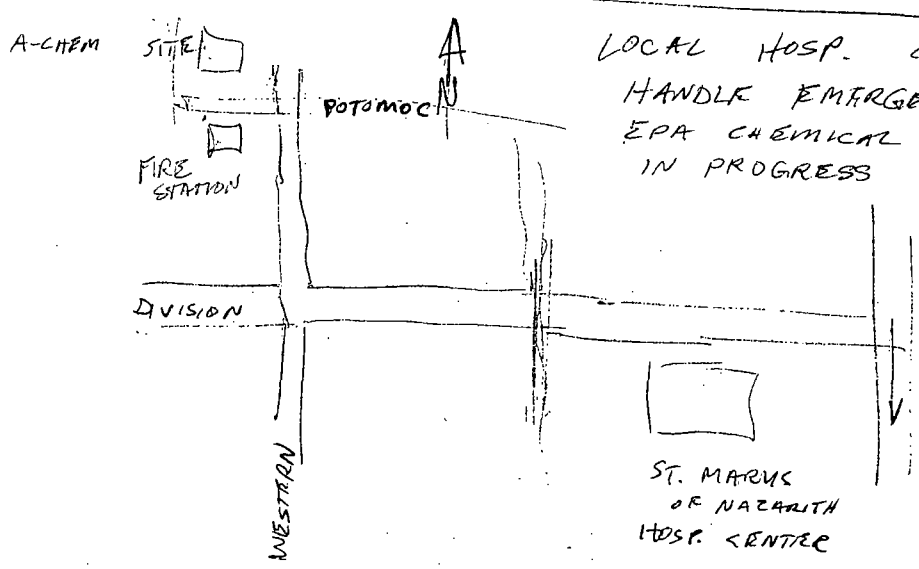
1835 - W. HARRISON

EMERGENCY / TRAUMA CENTER 633 - 6108

U. OF I. HOSPITAL

1740 W. TAYLOR

EMERGENCY ROOM / 996 - 7297



LOCAL HOSP. CHECK TO HANDLE EMERGENCY AND NOTIFY EPA CHEMICAL HAZARD SITE WORK IN PROGRESS

WESTON
DESIGNERS CONSULTANTS

SHEET ____ of ____

CLIENT/SUBJECT US EPA / REGION V W.O. NO. ____

TASK DESCRIPTION A-CHEM TASK NO. ____

PREPARED BY Kurt C. Schmidt DEPT TAT DATE 6-11-86

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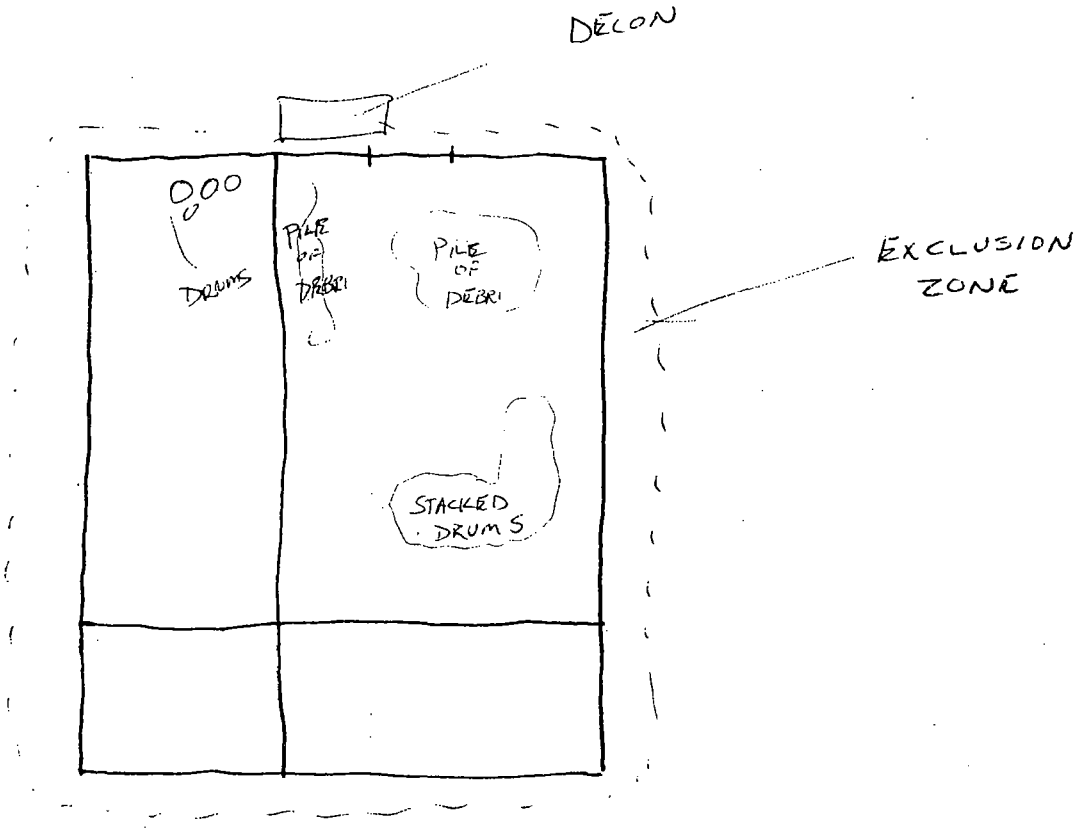
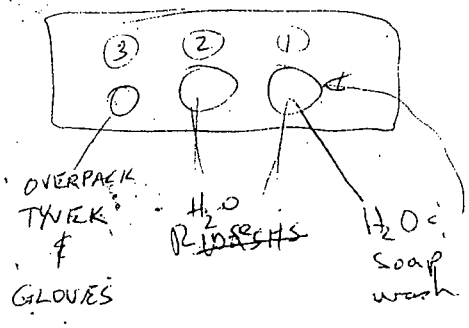
METHOD REV. BY ____ DEPT ____ DATE ____

APPROVED BY ____ DEPT ____ DATE ____



DECON AREA
- VISQUENE LINED
- WATER BARREL TO PROVIDE DECON WATER
- BOOT RACK
- COLLECTE DECON WATER FOR DISPOSAL

DECON AREA



STEP 1) WASH OFF BOOTS AND PANT LEGS

2) RINSE / H_2O WASH "T" SOAP

3) DISPOSE GLOVES & BOOTIES IN DRUM

Rm 1111
DAILY CENTER
Demolition Court