SEMS DocID 2261206

ORIGINAL (Red)

TAT Project

SAFETY PLAN

Date: 12/3/84

Region: III

TDD#: 8411-42

PCS#: 3144

A. Incident Description

1. Location: SCHAEFER EQUIP. CO. 2. Date: 12/3/84
BOX 310
MINDEN, WV 25879

3. Type: Spill ( ) Fire (✓) HW Site ( ) Other_____

4. Status_____

5. Response Objectives COMPLETE SITE ASSESSMENT STARTED IN OCT. 1984. DRUMS NEED TO BE SAMPLED.

6. Background Review: Complete ( ) Partial (✓)
If partial, why? PREVIOUS WORK DOCUMENTED SOIL CONTAMINATION, BUT DID NOT ADDRESS OTHER AREAS

7. Hazard Level: High ( ) Moderate (✓) Low ( ) Unknown( )
Inhalation ( ) Ingestion (✓) Contact (✓) Radiation( )

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 PCB OILS & CONTAMINATED SOIL

3. Characteristics: Corrosive ( ) Ignitable ( )

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B. Material Description (cont'd)

3. Characteristics(cont'd)- Biological Agent ( )

Volatile ( ) Toxic (✓) Reactive ( )

4. Toxicity: TLVs _____ IDLHs _____

5. Special Hazards _____

6. Acute Exposure Symptoms CHLORACNE

C. Site Description

1. Size 1 ACRE

2. Surrounding Population 100 W/IN ½ MILE

3. Buildings/Homes RESIDENTIAL NEARBY

4. Topography MOUNTAINOUS

5. Receiving Waters ARBUCKLE CREEK

6. Weather _____

7. Unusual Features _____

8. Site History COMPANY ACCEPTS TRANSFORMERS & CAPACITORS & REFITS THE UNITS FOR REUSE IN THE MINES. SUSPECT DRUMS ON SITE TO CONTAIN PCBs & FLUSHING SOLVENTS.

D. Personnel Protection

1. Entry Level of Protective clothing: A ( ) B (✓) C (✓) D ( )

2. If not B, why? ONLY SUSPECTED CONTAMINANT IS PCB - not volatile, USED B FOR DRUM SAMPLING.

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D. Personnel Protection (cont'd)

3. Site Instrument Readings:

% 02 - 21% % LEL 0%

Radioactivity NORMAL HNU 2ppm - 20+ ppm

OVA 1.2 ppm - BACKGROUND (PREVIOUS READING) Other

4. If no site readings, why? Not necessary.

5. Was protective level up or downgraded: Yes ( ) No (✓)

Up or downgraded to: A ( ) B ( ) C ( ) D ( )

Why

Actual Change:

6. Respirator Protective Equipment:

SCBA YES Canister Type GMC

Gas Mask YES Cartridge Type

Ultra Twin

Dust Mask

7. Protective Clothing:

TYVEK SARAN DISPOSABLE BOOTIES

VITON GLOVES HARD HATS

SURGICAL GLOVES SHIELDS

8. Field Monitoring Equipment and Materials:

HNU

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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 need on an attachment page.

F. General Information

1. Team members

[redacted] _____

[redacted] _____

_____ _____

2. Site Safety Coordinator [redacted]

G. Emergency Information

1. Have nearby people been evacuated: Yes ( ) No (✓)

If yes over how large and area? _____

Who initiated the evacuation? _____

2. First Aid Instructions WASH AFFECTED AREAS W/ SOAP — CALL FOR HELP

3. Sources of help:

	NAME	TOWN	PHONE	NOTIFIED Yes	No
Fire	FAYETTEVILLE FIRE		465-5100	( )	(✓)
Police	FAYETTEVILLE		574-0255	( )	(✓)
Ambulance	FAYETTEVILLE		465-8700	( )	(✓)

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3. Sources of help (cont'd)

	NAME	TOWN	PHONE	NOTIFIED Yes	NOTIFIED No
Hospital	PLATEAU MEDICAL CENTER, LTD.	OAK HILL	465-0551	( )	(✓)
Poison Info			1-800-642-3625	( )	(✓)
Airport	FAYETTE AIRPORT	BECKLEY	574-1035	( )	(✓)
Heliport				( )	( )
Site Tel				( )	( )
Nearest Tel				( )	( )

4. Emergency Telephone Numbers

WESTON Hot Line	[redacted] or [redacted]	
WESTON NPO	[redacted] [redacted] [redacted] or [redacted]	
[redacted] - NPM	[redacted]	(Home)
[redacted] - HSO	[redacted]	(Home)
Medical Emergency	513-421-3063	(Nat'l Service)
EPA - ERT Emergency	201-321-6660	
Chemtrec	800-424-9300	
Centers For Disease Control	404-329-3311 404-329-3644	(day) (night)
National Pesticide	800-845-7633	
Medical Emergency		(Regional Services)

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Prepared by [redacted]

Date 12/3/84

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

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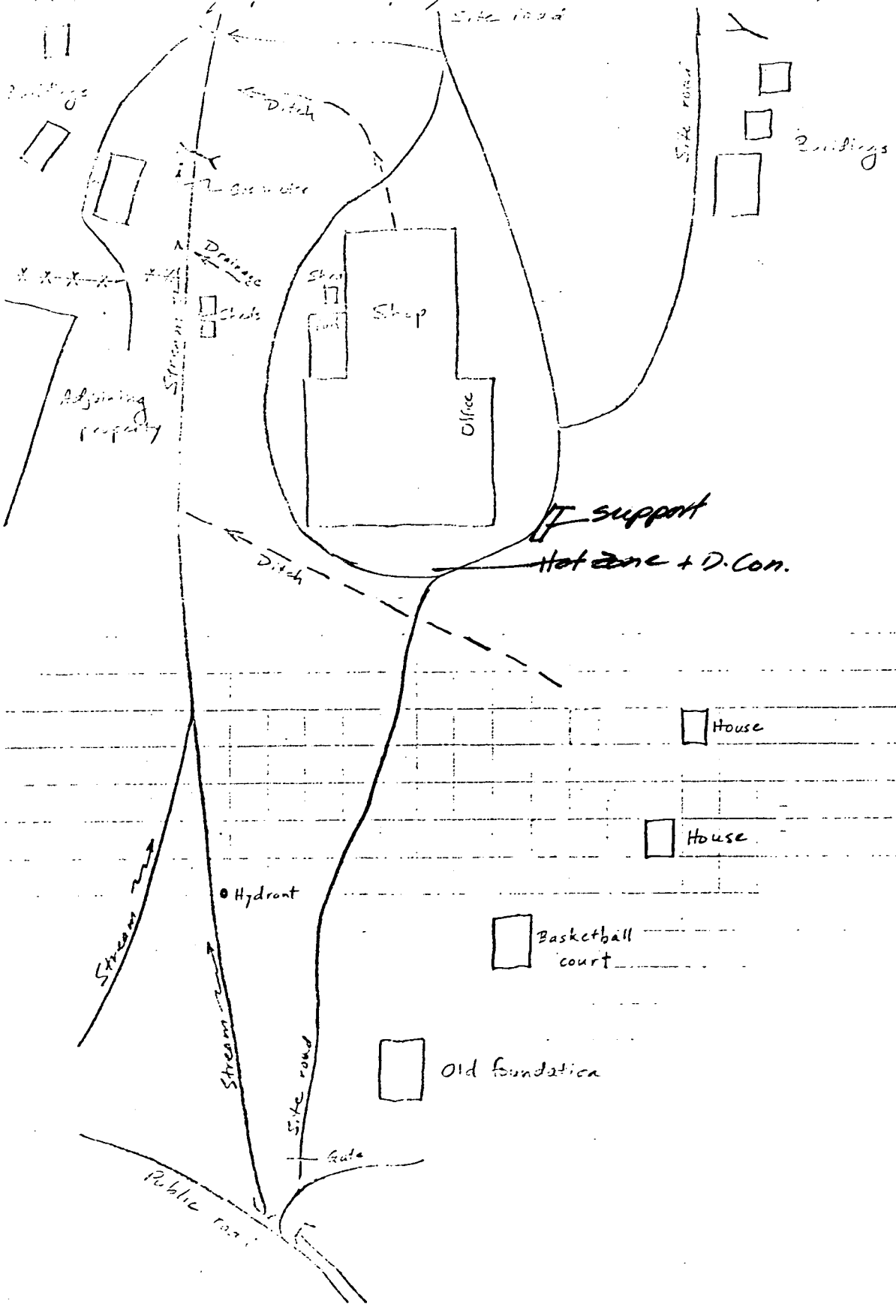
Shaffer Equipment Company: Site Sketch (Structures)



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The Exclusion area was utilized as a support station. No special D-Con procedures were utilized. All contaminated clothing was placed in a plastic bag and left on site, leaving a liability in the event of playing or malicious children or vandalism. The bung wrench was contaminated with PCB oil from the sampling of drums. D-Con ~~used~~ procedures used to clean the wrench ~~was~~ to rinse it with a spray cleaning solvent/detergent.