



# SITE SAFETY AND CONTROL PLAN

## PURPOSE

The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

## PREPARATION

The ICS 208 must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.

## DISTRIBUTION

The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

## NOTES

- The ICS 208 is an optional part of the IAP.
- If additional pages are needed use a blank ICS 208 and repaginate as needed.

NO.	TITLE.	INSTRUCTIONS.
1	Incident Name / Number	Enter the name / number assigned to the incident.
2	Incident Type	Enter the type of incident. Eg: wildfire, flood, etc.
3	Date Prepared	Enter date prepared (day/month/year).
4	Time Prepared	Enter the time prepared (Use 24-hour clock).
5	Operational Period (Date/Time)	Enter the Start and End of the Operational Period including date and time.
6	Organisation	Enter names of all individuals assigned to ICS positions. (Incident Commander & Safety Officer mandatory).  Use "Other" Boxes for other functions: i.e. Medical Monitoring. Enter names and level of PPE of Entry & Decon personnel. (Entries 1 - 4 mandatory buddy system and back-up.)
7	Hazard Risk Analysis	Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties. Definitions: <ul style="list-style-type: none"> <li>• ph = Potential for Hydrogen (Corrosivity).</li> <li>• IDLH = Immediately Dangerous to Life and Health.</li> <li>• F.P. = Flash Point.</li> <li>• I.T. = Ignition Temperature.</li> <li>• V.P. = Vapor Pressure.</li> <li>• V.D. = Vapor Density.</li> <li>• S.G. = Specific Gravity.</li> <li>• LEL = Lower Explosive Limit.</li> <li>• UEL = Upper Explosive Limit.</li> </ul>
8	Hazard Monitoring	List the instruments which will be used to monitor for hazardous waste spills.
9	Decontamination Procedures	Check NO if modifications are made to standard decontamination procedures and make appropriate comments including type of solutions.
10	Site Communications	Enter the radio frequency(ies) which apply.
11	Medical Assistance	Enter comments if NO is checked.



## SITE SAFETY AND CONTROL PLAN - CONTINUED

12	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified.)
13	Entry Objectives	List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
14	S.O.P. and Safe Work Practices	List in Comments if any modifications to SOP s and Safe Work Practises.
15	Emergency Procedures	List any emergency procedures which will be affected if an emergency occurs while personnel are within the Exclusion Zone.
16	Safety Briefing	Ensure the appropriate individual place their name and signature in the box once the Site Safety and Control Plan is reviewed. Note the time when the safety briefing has been completed.



1. INCIDENT NAME / NUMBER	

3. DATE PREPARED		4. TIME PREPARED	
DATE		TIME	

2. INCIDENT TYPE	

5. OPERATIONAL PERIOD (DATE / TIME)			
FROM		TO	

6. ORGANIZATION			
INCIDENT COMMANDER		SITE ACCESS CONTROL LEADER	
HAZMAT (HM) GROUP SUPERVISOR		DECONTAMINATION LEADER	
TECH. SPECIALIST - HM REFERENCE		SAFE REFUGE AREA MANAGER	
SAFETY OFFICER		ENVIRONMENTAL HEALTH	
ASST. SAFETY OFFICER - HM		OTHER	
ENTRY LEADER		OTHER	
ENTRY TEAM: (BUDDY SYSTEM)		DECONTAMINATION ELEMENT	
NAME	PPE LEVEL	NAME	PPE LEVEL
ENTRY 1		DECON 1	
ENTRY 2		DECON 2	
ENTRY 3		DECON 3	
ENTRY 4		DECON 4	

7. HAZARD/RISK ANALYSIS												
MATERIAL	CONTAINER TYPE	QUANTITY	PHYS. STATE	PH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL
COMMENT												

8. HAZARD MONITORING			
LEL INSTRUMENT(S)		O <sub>2</sub> INSTRUMENT(S)	
TOXICITY/PPM INSTRUMENT(S)		RADIOLOGICAL INSTRUMENT(S)	
COMMENT			

9. DECONTAMINATION PROCEDURES			
STANDARD DECONTAMINATION PROCEDURES	YES		NO
COMMENT			

10. SITE COMMUNICATIONS			
COMMAND FREQUENCY		TACTICAL FREQUENCY	
		ENTRY FREQUENCY	

11. MEDICAL ASSISTANCE							
STANDARD DECONTAMINATION PROCEDURES	YES		NO		MEDICAL TREATMENT AND TRANSPORT IN-PLACE	YES	NO
COMMENT							



12. SITE MAP

SITE MAP



ENSURE INFORMATION BELOW IS INDICATED

HAZARDS		WEATHER		ICP		SAFETY ZONES		ASSEMBLY AREAS		ESCAPE ROUTES		OTHER	
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13. ENTRY OBJECTIVES

Empty text box for entry objectives

14. S.O.P. AND SAFE WORK PRACTICES

MODIFICATIONS TO DOCUMENTED S.O.P. OR WORK PRACTICES	YES		NO	
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COMMENT

Empty text box for comment

15. EMERGENCY PROCEDURES

Empty text box for emergency procedures

16. SAFETY BRIEFING

SIGNATURE	SIGNATURE	SAFETY BRIEFING COMPLETED (DATE/TIME)	
HM GROUP SUPERVISOR	INCIDENT COMMANDER		
SIGNATURE	SIGNATURE		