**COUNTY OF GLENN**

**AGENDA ITEM TRANSMITTAL**

**MEETING DATE:** 10/16/2007

**Submitting Department(s):**
County Administrative Office

**Brief Subject/Issue Description:**
Proposition 65 Notice from California Highway Patrol for County Road 7 & I-5 Sodium Hydroxide Spill

**Contact:** Sandy Soeth, Deputy County Administrative Officer
**Phone:** 934-6400

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**AGENDA PLACEMENT**

**Appointment – Appearances by:** (Specify Name & Title)

**Attachments**
- Board Report
- Letter
- Minute Order
- Contract
- Transfer
- Grant App.
- Resolution

**LEGAL/PERSONNEL/FISCAL**
- County Counsel
- Personnel
- Finance

**Clerk Instructions**
- Return Minute Order
- Return Certified Copy Of:

**Affected Department(s)**

- Required _____ Minutes
- Business – No ☐ Consent ☑ Reports & Notices
- Correspondence ☐ Reports & Notices
- Receive Concurrence

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**PUBLIC HEARINGS & COMMITTEE VACANCIES**

**Legislation**
- Public Hearings:
  - Published
  - Affidavit on File w/Clerk
  - Affected Parties Notified

- Committees:
  - Vacancy Posted
  - Application Attached

- Bill#: ______
- Latest Version of Bill
- Draft Letter Attached
- List of Supporters/Opposers
- Statement of Relevance to County Interests
- Description Attached

- General Fund Impact
- Other: ______
- Budgeted
- Transfer Attached
- 4/5ths Vote Required
- Contingency Request

**Contracts, Leases & Agreements**
- New ☐ Renewal ☐ Amendment ☐ Insurance Certificate ☐ Contract Report
- Date of Original Contract:
- Contract No.:
- Fiscal Year:

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**Recommended Action/Motion:**

Proposition 65 Notice from the Department of California Highway Patrol, required of the California Health and Safety Code Section 25180.7, reporting a spill of approximately 50 gallons of Sodium Hydroxide which occurred September 18, 2007 on the southbound County Road 7 off ram from Interstate 5.

**Reviewed By (if applicable):**

**Personnel Director**

Department of Finance

Administrative Representative
September 21, 2007

File No.: 160.12947.9766

Glenn County Board of Supervisors
Post Office Box 391
Willows, CA 95988

Dear Board Members:

On September 18, 2007, at approximately 7:48 pm, CHP officers from the Willows Area responded to an incident of a hazardous substance (Sodium Hydroxide) leaking from a truck. This incident occurred on the southbound County Road 7 off ramp from Interstate 5. Approximately 50 gallons of the substance was spilled from a 55 gallon drum within the trailer of the truck with a smaller quantity leaking out of the trailer and onto the ground. Bio Industries Incorporated (Ben’s Trucking) personnel responded to the scene and conducted clean up and removal of the substance.

The attached Hazardous Materials Incident report documents information regarding the circumstances of this incident. This information is submitted on behalf of all designated employees of the Department of California Highway Patrol pursuant to Health and Safety Code Section 25180.7 (Proposition 65.)

If you have any questions concerning this report, please do not hesitate to contact me.

Sincerely,

[Signature]

G. A. PECK, Lieutenant
Commander

Attachment

cc: Glenn County Health Services

Safety, Service, and Security
### California Highway Patrol Incident Report

**Agency Name:** California Highway Patrol  
**Agency ID. Number:** 66  
**Agency Incident Number (HQ Use):** (916) 445-1865  
**Agency Phone Number:** 07-5712  
**Date of Incident:** 09/18/2007  
**Time Notified:** 19:48  
**Time Completed:** 09:15  
**Date Completed (if different):** 09/19/2007  
**Incident Address/Location:** Southbound I-5 at County Road 7, Unincorporated, Glenn  
**ZIP Code:** 95963  
**Weather:** Clear  
**Est. Temperature:** 65  
**Property Area:** 951  
**Property Management:** Federal  
**Property Type Code:** Agricultural  
**Type of Equipment Involved:** 10 Heating systems  
**Mobile Property Type:** Passenger vehicle/road  
**Chemical Name/Trade Name:** Sodium Hydroxide  
**Physical State Stored:** Solid  
**Quantity Released:** 55 gallons  
**Environmental Contamination:** Air, Water  
**Extensive of Release:** 1  

**Container Description:**  
| Fixed | Insulated | 1  
| 2 Portables | Pressurized |  
| Mobile | Armored |  

**Chemical Name/Trade Name:** Sodium Hydroxide  
**Physical State Released:** Solid  
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**Date:** 09/20/2007  
**Comments on Attachment:** Yes  

---

**Reporting Officer Name/Rank/ID. No. (Print or Type):** Brian G. Boness/Sergeant/9766
MORE THAN TWO SUBSTANCES INVOLVED (LIST ADDITIONAL INFORMATION ON CHP 556)

☐ Yes  ☑ No

SPECIAL STUDIES - LOCAL USE


HAZMAT IDENTIFICATION SOURCES (CHECK BEST DESCRIPTION(S))

- 19 On-site fire services 58 Tox center 78 Shipping papers
- 25 Private info source 59 Chemtrec 87 Computer software
- 29 Off-site fire services 71 DOT manual 98 No reference
- 40 On-site non-fire services 73 MSDS material used
- 60 Off-site non-fire services 75 Placards/signs 99 Other
- 54 Chemist

HAZMAT CASUALTIES

NO. OF DECON/ EXPOSED NO. OF INJURIES NO. OF FATALITIES
1 0 0

Responding agency personnel

Others

0 0 0

VEHICLE MAKE/YEAR

International/2006

VEHICLE LICENSE NO.

YAFE292

STATE

OR

OBJECTIVE NO. (790)

119095

COMPANY NAME

Oak Harbor Freight Lines Inc.

JUDICIAL DISTRICT

Glenn County Superior Court (Orland Branch)

BEAT

6

NCIC NUMBER

9160

PLACARDS REQUIRED

☑ Yes  ☐ No

PHOTOS REQUIRED

☑ Yes  ☐ No

MILEPOST INFORMATION

☑ 150 Feet South of milepost 5 GLE 27.81

TIME O.E.S. NOTIFIED

20 31

TIME CALTRANS/COUNTY ROADS NOTIFIED

20 05

☐ At intersection with

☑ Or. 150 Feet/miles South of County Road 7

CARRIER'S NAME

Oak Harbor Freight Lines Inc.

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)

7001 Eastside Road, Anderson, CA 96007

DRIVER'S NAME

Roberto Vargas

LICENSE NUMBER AND STATE

A8579912 CA

PHONE NUMBER (INCLUDE AREA CODE)

(530) 241-8808

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)

560 East 64th Street Apt 10, Long Beach, CA 90805

Enter at least one of either the CHP, DOT, PUC, or ICC number.

CHP NUMBER

CA 119095

PUC NUMBER

DOT NUMBER

US

ICC NUMBER

MC

If applicable, enter cargo tank specification number and/or at least one of the following:

CARGO TANK

SPECIFICATION NUMBER

1. CHP cargo tank registration number (CT...)

DOT-E

2. DHS Waste Hauler Compliance Sticker number

MC

If applicable, enter [your citation information]

CITATION ISSUED OR COMPLAINT TO BE FILED

☐ Yes  ☐ No  ☐ Not determined

OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)

☐ Yes*  ☐ No

PRIMARY CAUSE OF INCIDENT

☐ Violation 34505(b) VC/C.C.R. Section

☐ Other Code violation

☐ Other cause*

DID WEATHER CONTRIBUTE TO EITHER CAUSE AND/OR SEVERITY OF INCIDENT?

☐ Yes*  ☐ No

AFTER ACTION REPORT REQUIRED? (REFER TO G.O. 100.79)

☑ Yes*  ☐ No

COLLISION REPORT MADE?

☑ Yes*  ☐ No

DATE AND TIME SCENE DECLARED SAFE

09/19/2007 09 15

BY WHOM (NAME, TITLE AND AGENCY)

Kevin S. Backus, Environmental Scientist III, Glenn County Health Services

ROAD CLOSURE

☐ None ☑ Full—Hours: 13  ☑ Partial—Hours:

Alternative route—Hours:

Complete narrative on CHP 556

ELEMENTS (AS APPLICABLE): IF MORE THAN ONE CARRIER OR MORE THAN THREE COMMODITIES ARE INVOLVED, INCLUDE ADDITIONAL INFORMATION IN NARRATIVE.

1. Sequence of events 3. Evacuation details 5. Cleanup actions 7. CHP personnel data—name, rank, I.D. no., function, exposure, hours

2. Road closures 4. Environmental impact 6. Actions of other agencies

PREPAREE'S NAME, RANK, AND I.D. NUMBER

Brian Bonessa, Sergeant, 9766

DATE

09/20/2007

REVIEWEE'S NAME, RANK, AND I.D. NUMBER

GREG A. PECK

DATE

LT 12/1/17 10/1/07
1. SEQUENCE OF EVENTS
2. A truck and trailer combination (double trailers) was southbound on Interstate 5 (I-5) approaching County Road 7, when the driver heard a loud sound coming from one of the trailers. The driver slowed and stopped the truck on the County Road 7 off ramp to investigate the sound. He observed a liquid leaking out of the front trailer and believed it to be a hazardous substance. He requested CHP assistance. The substance was determined to be Sodium Hydroxide based on the shipping papers and a safe zone was established. It was later determined that a potential fire hazard existed due to a flammable substance in the same trailer, and the perimeter was expanded to a half mile. The spill resulted from an improperly secured load which crushed a 55 gallon drum containing the Sodium Hydroxide. The scene was declared safe at 0915 hours on September 19, 2007.

11. ROAD CLOSURES
12. The southbound off ramp from I-5 at County Road 7 and County Road 7 was immediately closed upon CHP arrival. It was later determined that a possible fire hazard existed due to flammable substances in the same trailer and the perimeter was increased to a half mile. This required the closing of I-5 north and southbound. Traffic was diverted from I-5 southbound at South Avenue in Corning to County Road 99W, which parallels I-5, to SR-32 in Orland and then back on to the freeway. Northbound I-5 traffic was diverted using the reverse route. At 0239 hours, the fire hazard had mitigated and the freeway was reopened, with County Road 7 and all on and off ramps at County Road 7 remaining closed. All roadways were opened at 0915 hours on September 19, 2007.

20. EVACUATION DETAILS
21. Approximately seven residences had to be evacuated, which resulted in the relocation of 12 residents.
22. All displaced persons were offered refuge at the Orland Fire Department, however; all made their own arrangements for housing. The residents were allowed to return to their homes when the safe zone was reduced in size at 0239 hours.

25. ENVIRONMENTAL IMPACT
26. The majority of the Sodium Hydroxide that leaked from its container remained in the trailer, with a small quantity leaking onto the ground near the front trailer. This area was cleaned and contaminated soil was removed. The scene was declared safe by Kevin Backus, Glenn Co Health Services, at 0915 hrs.

29. CLEANUP ACTIONS
30. Cal Trans requested Bio Industries (Ben's Trucking) for clean up at 2025 hours. Personnel from Bio Industries responded and conducted clean up after decontamination procedures were in place.

PREPARER'S NAME and I.D. NUMBER
B. Bonessa, 9766
DATE 09/20/07
REVIEWER'S NAME
DATE
1. was coordinated by the Hamilton City Fire Department. Eight 55 gallon drums of contaminated substances, soil and clean up material was removed from the scene by Bio Industries.

3. ACTIONS OF OTHER AGENCIES
4. Orland Fire Department: Standby for potential fire hazard.
5. Hamilton City Fire Department: Decontamination procedures.
6. Glenn County Sheriff's Department: Evacuations and traffic control.
7. Cal Trans: Traffic control and scene clean up supervision.
8. Glenn County Public Works: Road closures.

9. CHP PERSONNEL INVOLVED

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>I.D.</th>
<th>Exposed</th>
<th>Injured</th>
<th>Total Hours</th>
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<tbody>
<tr>
<td>G. Peck</td>
<td>Lt.</td>
<td>12947</td>
<td>No</td>
<td>No</td>
<td>6*</td>
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<tr>
<td>B. Bonessa</td>
<td>Sgt.</td>
<td>9766</td>
<td>No</td>
<td>No</td>
<td>10*</td>
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<tr>
<td>A. Odell</td>
<td>Sgt.</td>
<td>12009</td>
<td>No</td>
<td>No</td>
<td>3*</td>
</tr>
<tr>
<td>A. Cregger</td>
<td>Officer</td>
<td>16087</td>
<td>Yes</td>
<td>No</td>
<td>9+</td>
</tr>
<tr>
<td>C. Regnani</td>
<td>Officer</td>
<td>15855</td>
<td>No</td>
<td>No</td>
<td>5</td>
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<tr>
<td>R. Gardner</td>
<td>Officer</td>
<td>16473</td>
<td>No</td>
<td>No</td>
<td>8</td>
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<tr>
<td>J. Martin</td>
<td>Officer</td>
<td>16120</td>
<td>No</td>
<td>No</td>
<td>9</td>
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<tr>
<td>M. Thompson</td>
<td>Officer</td>
<td>15824</td>
<td>No</td>
<td>No</td>
<td>9</td>
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<tr>
<td>W. Boyes</td>
<td>Officer</td>
<td>15682</td>
<td>No</td>
<td>No</td>
<td>11</td>
</tr>
<tr>
<td>J. D'chary</td>
<td>Officer</td>
<td>15225</td>
<td>No</td>
<td>No</td>
<td>3</td>
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<tr>
<td>S. Markgraf</td>
<td>Officer</td>
<td>16389</td>
<td>No</td>
<td>No</td>
<td>3</td>
</tr>
</tbody>
</table>

23. Officer Cregger was in close proximity to the substance before determining it was a hazard. She remained up wind and stated she did not detect any odor from the substance prior to departing the scene.

25. Sergeant Bonessa was the initial Incident Commander until relieved by Lieutenant Peck. Sergeant Bonessa resumed I/C responsibilities for an additional two hours prior to relief from Sergeant Odell at 0600 hours.

31. Continued
INCIDENT ACTION PLAN (IAP)

GENERAL INFORMATION

Incident Commander: Lieutenant G. Peck # 12947
Safety Officer: Officer W. Boyes # 15682

- Protect lives, Environment and Property
- Comply with CFR 29, 1910.120(q) AND CCR 8, 5192(q)
- Safety of all personnel is the highest priority
- All personnel will be briefed on operations and safety before work begins.
- No person will exceed their level of training, capabilities or resources.

PRODUCT(S) INVOLVED

Sodium Hydroxide

MEDICAL SIGNS OF EXPOSURE

- Irritation of the nose, throat and respiratory system.
- Severe skin burns
- Airway spasms
- Spontaneous vomiting
- Chest Pain
- Difficulty swallowing

ZONES

EXCLUSION ZONE: As outlined on attached map
CONTAMINATION REDUCTION: As outlined on attached map
SUPPORT: As outlined on attached map
# Site Safety Plan

**Incident Name:** Co. Ra 7  
**Incident #:** 07-5712  
**Date:** 9-18-87

## Site Information

**Incident Location:** 2-5/4 at Co. Ra. 7  
**Gleno County**

**Safe Access Route to the Site:** Hwy 99 to Co. Rd. 7

**Command Post Location:** Hwy 99 at Co. Rd. 7

**Control Zones are Indicated on the ICS 201 Site Map and identified by:**
- Exclusion Line:
- Contamination Control Line:
- Support Line:

**Weather Conditions:** **Clear**

**Wind Direction:** S.E.  
**Speed:** 5 MPH  
**Temp/Time:** 68° 2300

**Forecast:** Clear

ICS Form 201 - Site Map shall be completed and attached.

## Organization

**Incident Commander:** Lt. Peck

**HM Group Supervisor:**  
**Safety Officer:**  
**FRC Boxes**

**HM Tech. Reference:**  
**Asst. Safety / Hazmat:**

**Safe Refuge Area Mgr.:**  
**Site Access Control:**

### Entry Leader:

<table>
<thead>
<tr>
<th>Entry</th>
<th>Leader</th>
<th>Back-Up</th>
<th>Decon Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne Pasco</td>
<td>Back-Up</td>
<td>Chad Lane</td>
<td>Decon Hank Hreek</td>
</tr>
<tr>
<td>John Bradley</td>
<td>Back-Up</td>
<td>Doug Morgan</td>
<td>Decon D. Jorgensen</td>
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<tr>
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<td>Back-Up</td>
<td>Decon R. Ezara</td>
<td></td>
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<tr>
<td>Entry</td>
<td>Back-Up</td>
<td>Decon T. Jones</td>
<td></td>
</tr>
</tbody>
</table>

## Hazard Evaluation

**Chemical Name(s):** Sodium Hydroxide

**Hazards:** Reacts with water and aluminum. Can create enough heat to burn. Can create hydrogen gas.

Hazardous Material Data Sheet(s) shall be completed and attached.

## Mitigation Actions

Absorb Spilled Material with Approved Absorbent
## Safety

Personnel shall not enter the Exclusion Zone without proper protective equipment and authorization from the Entry Leader.

**General Hazards and Safety Precautions:** Inhalation Hazard, Ingestion, Skin and/or Eye Contact

Lighting shall be provided, in accordance with OSHA regulations, to maintain a safe working environment. (The specifications are listed in 29 CFR 1910.120, table H-120.1.)

### Monitoring

- **LEL Instrument(s):**
  - [ ] continuous, or:  
  - [ ] irrelevant, or:  

- **O2 instrument(s):**
  - [ ] continuous, or:  
  - [ ] irrelevant, or:  

- **Toxicity /PPM Instrument(s):**
  - [ ] continuous, or:  
  - [ ] irrelevant, or:  

- **Radiological instrument(s):**
  - [ ] alpha  
  - [ ] beta  
  - [ ] gamma  
  - [ ] continuous, or:  

**Ground Water Monitoring:**
- [ ] Yes  
- [ ] No  
- [ ] Comments:  

Proper protective precautions shall be employed for personnel working where sound levels exceed limits. (The specifications are listed in 29 CFR 1910.95.)

## Protective Clothing

- **Entry:** LEVEL B  
- **Backup:** LEVEL B  
- **Decon:** LEVEL B

Self Contained Breathing Apparatus - Aspero A85

Recommended guidelines shall be followed for personnel in chemical protective clothing.

## Decontamination

Decon Corridor Location: S5 T5 Rd J Camp at C. No. 7

Standard Department Decontamination Layout utilized:
- [X] YES  
- [ ] NO

The modified layout and procedure will consist of:

- **Decon solution for Personnel:** Soap & Water, Scrub with Brush, Ph Test
- **Decon solution for Equipment:** Soap & Water, Wipe Clean, Ph Test

Decon Procedures shall be followed for personnel and equipment exiting the Exclusion Zone.

## Communications

<table>
<thead>
<tr>
<th>Radio assigned:</th>
<th>Frequencies</th>
<th>Command:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Valley Brown, White</td>
</tr>
</tbody>
</table>

Tactical (Entry Team):

Additional Communications utilized:

- Visual contact with the Entry Team shall be maintained at ALL times, or as follows:
  - IF IN TROUBLE, RADIO COMMUNICATIONS REQUIRED EVERY 5 MIN

- Emergency Hand Signals shall be reviewed with the Entry and Decon teams.

- ONLY the Entry and Backup Team, Decon Leader and Asst. Safety Officer / Hazmat shall utilize the assigned Tactical Channel.

---

ANNEX G
HPM 84:2  
2-G-4
**Health**

Emergency First Aid and transportation will be provided by **WESTSIDE AMBULANCE** and the medical facility will be notified of the situation resulting in the injury.

**Medical Unit:** **WESTSIDE AMBULANCE**  
**Location:** Co Rd 7 Wwy Decom

Entry and Decon Personnel shall have Pre-Entry and Post-Entry Vitals completed by qualified personnel. This information shall be recorded on a Medical Monitoring Form. The Medical Monitoring Form shall be attached to the Site Safety Plan.

Poison Control Center Notified: [ ] Yes [X] No

Toxicology, signs and symptoms, and exposure treatment information is contained within the attached Hazardous Materials Data Sheet. This information shall be:
- provided prior to work activities for known involved materials
- provided following testing of unknown materials
- reviewed at the Post Incident Debriefing
- available upon request

Hygiene and rest room facilities are located at: **Access From Decom in Cold Zone**

---

**Emergency Procedures**

Citizens within the Exclusion Zone shall be directed to the Safe Refuge Area to await assessment and instructions for appropriate protective actions. The Safe Refuge Area is located at: **ORLANDO FIRE DEPARTMENT**

Equipment Failure: In the event of equipment failure that effects the safety of the personnel working in the Exclusion Zone, Entry personnel shall immediately leave the Exclusion Zone. Re-entry is not permitted until the equipment is repaired or replaced.

Rescue: In the event a rescue of the Entry Personnel is required, the Backup Team shall be notified by **OFO Bone** and receive final instructions.

Fire: In the event of a fire or explosion, the Fire Suppression Group will be: **HAMMONTON FIRE DEPT**

Escape/Evacuation Alarm: **ONE LONG AIR BLOW**

Entry Team Escape Route to Safety Zone:
- E18 To I-5, Then E18 To Co Rd 7

All support personnel shall evacuate to Safety Zone:
- E18 on Co Rd 7 to Comission Post

The situation will then be assessed for appropriate corrective actions.

---

**Training**

All personnel:  1. Have required or equivalent training to perform the task or function assigned.

[ ] Yes [ ] No  2. Have required or equivalent training to wear and/or operate assigned protective equipment.

---

**Plan Review**

All Entry, Backup and Decon personnel have been briefed on the plan prior to entry. The Plan shall be available for review by all personnel. Changes shall NOT be made to this plan without the approval of the Asst. Safety Officer/Hazmat.

Asst. Safety Officer / Haz Mat, SIGNATURE: **[Signature]**  
Date: **[Date]**  
Time: **[Time]**

Haz Mat Group Supervisor, SIGNATURE: **[Signature]**  
Date: **[Date]**  
Time: **[Time]**

---

**Documents Required to Complete This Plan**

Attach required amendment(s) to document changes in this plan:
- [ ] ICS 201 - Site Map
- [ ] ICS 202 - Incident Objectives
- [ ] Hazardous Materials Data Sheet
- [ ] Medical Monitoring Form with Pre-Entry and Post-Entry Vitals for Entry and Decon Personnel

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ANNEX G
HFM 84.2
# Site Safety Plan Amendment

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Incident #:</th>
<th>Date:</th>
</tr>
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</tbody>
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### Check Amended Section(s)
- [ ] Site Information
- [ ] Mitigation Actions
- [ ] Protective Clothing
- [ ] Training
- [ ] Organization
- [ ] Safety
- [ ] Decontamination
- [ ] Health
- [ ] Hazard Evaluation
- [ ] Monitoring
- [ ] Communications
- [ ] Emergency Procedures

### Item(s)

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### Plan Review

Changes shall NOT be made to this plan without the approval of the Asst. Safety Officer/Hazmat. Plan amendments shall be documented, attached, reviewed by all personnel and made available upon request.

<table>
<thead>
<tr>
<th>Prepared by (Asst. Safety Officer / Haz Mat)</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reviewed by (Haz Mat Group Supervisor)</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
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