HEALTH AND SAFETY PLAN

Wisconsin Department of Natural Resources Laundry Basket Groundwater Monitoring Project

PROJECT SITE NAME Laundry Basket, 300 S. Main Street, Luck, WI BRRTS#02-49-544893

PROJECT LOCATION NE 1/4, SW 1/4, Section 28, T36N, R17W

July 26, 2023



Wisconsin Department of Natural Resources Laundry Basket Groundwater Monitoring Project

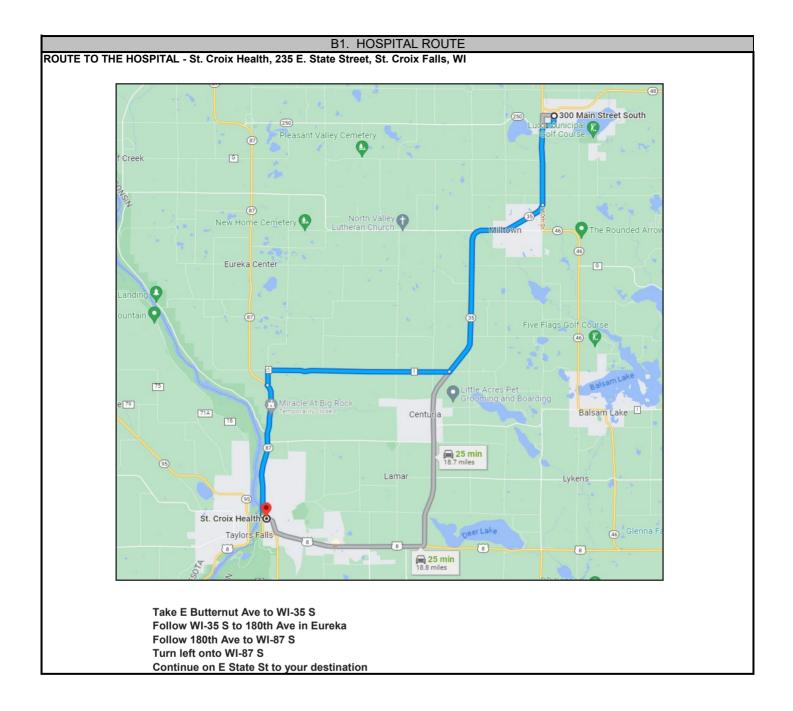
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Wisconsin Department of Natural Resources Laundry Basket - Groundwater Monitoring HEALTH AND SAFETY PLAN

A. BACKGROUND			
SITE NAME	Project Type		
Laundry Basket, Villlage of Luck, Polk County, WI	Locate all groundwater monitoring wells and open and		
WDNR BRRTS#02-49-544893	collect groundwater elevations, field data and samples		
LOCATION	Laundry Basket		
NE 1/4, SW 1/4, Section 28, T36N, R17W, Polk	300 S. Main Street		
County, WI	Luck, WI		
SITE HISTORY: Open Environmental Investigation, Si	te history available on BRRTS on the Web		
SCOPE OF PROJECT: Groundwater sampling			
SITE SAFETY COORDINATOR	Jason Christopherson		
PROJECT MANAGER	Dave Larsen		
PROJECT ENVIRONMENTAL CONSULTANT	REI ENGINEERING, INC.		
CONSULTANT ADDRESS/ CONTACT INFO.	4080 N. 20TH AVE, WAUSAU, WI 54401		
	715-675-9784		
B. EMERGENCY F	REFERENCES (POST ON SITE)		
SITE	Laundry Basket		
DESIGNATED HOSPITAL	St. Croix Health		
	235 E. State Street		
	St. Croix Falls, WI 54024		
EMERGENCY RESOURCES	TELEPHONE NUMBERS/CHANNEL		
AMBULANCE	911		
HOSPITAL EMERGENCY CENTER	911 OR 715-685-5500		
POISON CONTROL CENTER	800-222-1222		
POLK COUNTY SHERIFF'S DEPARTMENT	911		
VILLAGE OF LUCK FIRE DEPARTMENT	911		
EMERGENCY CONTACTS			
PROJECT MANAGER	Dave Larsen		
	(715) 675-9784		

OFFICE	(715) 675-9784
MOBILE	(715) 551-3434
PROJECT SAFETY MANAGER	Jason Christopherson
OFFICE	(715) 675-9784
MOBILE	(715) 348-6471
NATIONAL SPILL RESPONSE CENTER	(800) 424-8802



C. SITE CHARACTERIZATION

SITE NAME Laundry Basket

SITE HISTORY

The Site has been the subject of remedial investigation since 2006. It was originally operated as a gas station until 1973. The site transitioned to a dry cleaner operation until it closed in 2009. Both petroleum and chlorinated Volatile Organic Compounds exist at the site. Site investigation activities have identified CVOCs including tetrachloroethylene (PCE),trichloroethylene (TCE) and daughter compounds cis-1,2-dichloroethylene (cis 1,2 DCE) and vinyl chloride (VC) in soil and groundwater. Groundwater monitoring shows that enforcement standard (ES) and preventive action limit (PAL) exceedances persist at the source property and continue to expand off site to the west and northwest towards the City of Luck municipal well #2. The monitoring well network is comprised of 38 wells, all of which will be sampled to determine the current extent of CVOC contamination in groundwater.

SCOPE OF WORK

Upon securing access agreements, travel the area to locate all 38 groundwater monitorig wells. Photos of each well will be taken to document conditions.

A. Remove flushmount and well cap and allow time for well to equilibriate. Collect groundwater elevation using water level meter. Water level will be washed and rinsed upon placement into each well.

B. YSI with flow through cell will be used to collect field parameters. Once parameters have stablized, samples will be collected using low flow sampling techniques. Samples will be placed into laboratory prepared jars to be submitted to a state certified laboratory for analysis.

C. Purge water and rinseate water will be containerized and disposed of at licensed WWTP.

D. Used PPE and other waste created through sampling will be containerized and disposed of at licensed landfill.

E. Water samples will be collected and placed into laboratory prepared jars. Chain of custody will be completed and will accompany samples through entire possession until shipped through courier to lab.

SITE REGULATORY STATUS

Wisconsin Department of Natural Resources Bureau of Remediation and Redevelopment standards OSHA 1910 Occupational Health and Safety Standards

CHARACTERIZATION OF POTENTIAL WASTES

Solid waste: no solid waste should be encountered. Any disposable PPE worn during site sampling activies will be containerized and disposed at licensed facility.

SITE FEATURES AND HAZARDS:

Groundwater monitoring wells are located in various parts of the Village and vehicular traffic will be a potential concern when accessing and sampling wells.

HISTORY OF PUBLIC COMPLAINT AND AGENCY ACTIONS:

N/A

D. HEALTH AND SAFETY EVALUATION - PHYSICAL /CONSTRUCTION HAZARDS OF CONCERN

HAZARD	APPLICABILITY	TASK #	PROTECTION PROCEDURE
Noise		_	
	X	all	Hearing protection should be worn if >85dB
Heat - Ambient Air	Х	all	Frequent Intake of fluids:rest if temp >100 degrees F
Heat - Hot process - Steam			Ensure guarding and personal protection from burns
Heat - Hot process - Incineration	V	- 11	Ensure guarding and personal protection from burns
Cold	X	all	Warm clothing if symptoms develop - go to warm area
Rain	Х	all	Wear rain gear, watch footing on wet surfaces
Snow			Warm clothing - watch footing on slippery surfaces
Electrical Storms	Х	all	Discontinue operations
Confined Space Entry			Follow confined space permitting and entry procedures
Hot work - Welding/Cutting/Brazing			Comply with OSHA requirements
Heavy lifting/moving	Х	all	Utilize proper lifting techniques
Rough terrain	Х	all	Watch footing
Housekeeping	Х	all	Maintain order on jobsite
Structural Integrity			Have integrity of structures verified before work begins
Neighborhood	Х	all	Awareness of area: comply with contingency/ER Plans
Remote area	Х	all	Comply with contingency/ER plans
Compressed gases			
Using boats			Have flotation devices and rescue equipment available
Working over water			Have flotation devices and rescue equipment available
Traffic			Obey all traffic regulations: maintain awareness
Explosives			Training and proper handling/storage
Heavy Equipment operation			Only licensed operators; equipment inspections required
Lifting Equipment operation			Only licensed operators; equipment inspections required
Cranes			Only licensed operators; equipment inspections required
Manlifts			Only licensed operators; equipment inspections required
Working at high elevations			Utilize appropriate fall protection
Ladders			Verify integrity of ladders; support and tie off
Scaffolding			Verify integrity of scaffolding; periodic training required
Excavation/Trenching			Comply with OSHA requirements; trench boxes, sloping of walls
Materials handling			Follow use and storage instructions: consult MSDS
Hazardous materials use/ storage			Consult MSDS
Flammable liquids/ gases			Consult MSDS
Oxidizers			Consult MSDS
			Consult MSDS
Corrosives			
			Awareness of specific exposures; hard hat, steel toes
Utilities - underground			Have located before any work commences
Utilities - overhead			Keep objects more that 20 feet from power lines
Electrical - general			Comply with OSHA regulations
Electrical - high voltage			Comply with OSHA regulations
Hand tools	X	all	Use appropriate tools for task
Powered hand tools	Х	all	Follow operating instructions
Extension cords			Use appropriate cords, check for fraying & grounding
High pressure water			follow operating procedures
Personal Protective Equipment (PPE)	Х	all	Use appropriate PPE for task
Other			
Other			
Other			
TASK #	ACTIVITIES		
TASK 1			to access monitoring wells, deploy safety cones around well
TASK 2			ns using water level meter
TASK 3	Collect groundwater sample using peristaltic pump until stable to collect field parameters		
TASK 4	Collect groundwater samples into laboratory prepared jars		
TASK 5	Replace flushmount cover and remove site safety cones		

	E. TRAINING REQUIREMENTS				
IT SHALL BE KEPT AT THE SITE FO PHYSICIAN WHEN MEDICAL ASSIS	D BY REI, PERSONNEL PRIOR TO COMMENCEMENT OF ACTIVITIES AT WORKSITE IR THE DURATION OF ACTIVITIES. THIS FORM MUST BE DELIVERED TO THE ATTENDING				
	BY OSHA STANDARD 29 CFR 1910.120. THE TRAINING MUST BE UPDATED ON AN E DATES OF CERTIFICATION FOR REI ON-SITE PERSONNEL ARE RECORDED COMPANY HEADQUARTERS.				
CEF	RTIFICATION OF HEALTH AND SAFETY TRAINING				
NAME	DATE OF LAST REFRESHER COURSE				
Dave Larsen	December 20, 2022				
Chase Kresl	December 20, 2022				
Paul Bushar	December 20, 2022				
Copies of OSHA 8-hour refre	esher training as required by OSHA 29 CFR 1910.120 (e) are attached.				

CONFINED SPACE ENTRY (N/A) REI PERSONNEL WHO ARE ENGAGED IN ACTIVITIES AT HAZARDOUS WASTE SITES ARE

PROHIBITED FROM ENTERING CONFINED SPACES (E.G., TRENCHES, HOLES, PROCESS VESSELS, STORAGE TANKS, ETC.).

F. ENVIRONMENTAL MONITORING

NO ENVIRONMENTAL MONITORING IS PLANNED OR REQUIRED. CALIBRATION AND MAINTENANCE OF MONITORING EQUIPMENT SHALL BE PERFORMED IN ACCORDANCE WITH REI, INC., STANDARD OPERATING PROCEDURES IF EQUIPMENT IS REQUIRED AND USED.

ENVIRONMENTAL MONITORING EQUIPMENT (N/A)						
TYPE OF EQUIPMENT	SERIAL NUMBER	STANDARD OPERATING	DATE CALIBRATED			
		PROCEDURES				

		G. HAZARD A	SSESSMENT		
SUBSTANCE	MAXIMUM CONCENTRATION (UNITS)	MEDIUM (1,2)	PEL/TLV (PPM)3	CANCER STATUS (2)	ROUTE (5)
Groundwater (GW)				A	A, G

(1).	ENVIRONMENTAL MEDIUM: AIR (A), SURFACE WATER (SW), GROUNDWATER(GW), SOIL (S), SLUDGE (SL),	,
	DRINKING WATER (DW).	

- (2). LIST THE MAXIMUM CONCENTRATION FOR EACH MEDIUM SEPARATELY.
- (3). USE THE LOWER OF THE TWO EXPOSURE LIMITS (PEL/TLV).
- (4). CANCER STATUS; EPA CLASSIFICATION

<u>GROUP A:</u> HUMAN CARCINOGEN - SUFFICIENT EVIDENCE TO SUPPORT A CAUSAL ASSOCIATION BETWEEN EXPOSURE AND CANCER.
 <u>GROUP B1:</u> PROBABLE HUMAN CARCINOGEN - LIMITED EVIDENCE OF CARCINOGENICITY IN HUMANS.
 <u>GROUP B2:</u> PROBABLE HUMAN CARCINOGEN - SUFFICIENT EVIDENCE OF CARCINOGENICITY IN ANIMALS.
 INADEQUATE EVIDENCE OF CARCINOGENICITY IN HUMANS.
 <u>GROUP C:</u> POSSIBLE HUMAN CARCINOGEN - LIMITED EVIDENCE OF CARCINOGENICITY IN ANIMALS.
 <u>GROUP C:</u> POSSIBLE HUMAN CARCINOGEN - LIMITED EVIDENCE OF CARCINOGENICITY IN ANIMALS.
 <u>GROUP C:</u> NOT CLASSIFIED - INADEQUATE EVIDENCE OF CARCINOGENICITY IN ANIMALS.
 <u>GROUP E:</u> NO EVIDENCE OF CARCINOGENICITY IN HUMANS - NO EVIDENCE FOR CARCINOGENCITY IN AT LEAST TWO ADEQUATE ANIMAL TESTS OR IN BOTH EPIDEMIOLOGIC AND ANIMAL STUDIES.
 (5). ROUTE: (I) - INHALATION, (A) - ABSORPTION, (G) - INGESTION, (J) INJECTION

H. SITE ACTIVITIES		
PROPOSED FIELDWORK DATE	PROPOSED SCOPE OF WORK	
August 2023	Collection of groundwater elevational data and	
	groundwater samples in laboratory prepared jars to	
submit for laboratory analysis		

I. MEDICAL REQUIREMENTS - NOT APPLICABLE

REI PERSONNEL WHOSE PRESENCE MAY BE REQUIRED ON A WORK SITE WHERE EXPOSURE TO HAZARDOUS MATERIALS EXISTS, SHALL PARTICIPATE IN THE REI MEDICAL MONITORING PROGRAM. ALL MEDICAL EXAMINATIONS PERFORMED FOR REI PERSONNEL SHALL BE CONDUCTED IN ACCORDANCE WITH OSHA STANDARDS 29 CFR 1910.120 AND 1910.134.

IT MAY BE NECESSARY TO REQUIRE SPECIFIC CLINICAL TESTS FOR CERTAIN HAZARDOUS WASTE SITES. THE NECESSITY FOR SUCH TESTS WILL BE DETERMINED BY THE PROJECT MANAGER IN CONSULTATION WITH THE COMPANY PHYSICIAN AND SITE SAFETY OFFICER. ANY SITE-SPECIFIC TESTING SHALL BE IDENTIFIED BELOW:

SITE - SPECIFIC CLINICAL TESTS - NOT APPLICABLE			
PARAMETER	REQUIRED TESTING	ACTION LEVEL	

J. SITE SAFETY PROCEDURES
PERIMETER ESTABLISHMENT

THE PROPOSED WORK AREA IS NOT WITHIN A RESTRICTED AREA. ACCESS TO PRIVATE PROPERTY WILL BE APPROVED PRIOR TO CONDUCTING FIELD WORK.

SITE ENTRY PROCEDURES

NO UNAUTHORIZED PERSONNEL WILL BE ALLOWED IN WORK AREA WHILE SAMPLING.

SITE CONTROL

MINIMIZE THE PROTENTIAL FOR EXPSOURE BY USE OF PPE NO UNAUTHORIZED PERSONNEL WILL BE ALLOWED ON SITE.

SITE CONTROL DURING ACTIVITIES WILL BE ACCOMPLISHED THROUGH THE USE OF SAFETY CONES TO CLOSE OFF WORK AREA AROUND WELL BEING SAMPLED

DUE TO THE LIMITED NATURE OF THE WORK, EXCESS EXPOSURE IS NOT EXPECTED.

PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS				
PROJECT TASK	LEVEL OF PROTECTION			
		A,B,C, OR D		
REMOVAL OF FLUSHMOUNT COVERS		D		
COLLECTION OF GROUNDWATER ELEVATIONS AND	SAMPLES			
PPE MODIFICATIONS				
SAFETY VESTS TO BE WORN IF WORKING IN A HIGH-TRAFFIC AREA. MANDATORY IF WORKING NEAR ROADWAY.				
PPE SHOULD ALSO INCLUDE LEATHER BOOTS, LEATHER GLOVES, EYE PROTECTION				
PPE WILL BE WORN AS NECESSARY TO PREVENT CONTACT WITH CONTAMINATED SOIL AND GROUNDWATER				
PPE SELECTION CRITERIA				

LEVEL D INCLUDING HEARING PROTECTION

RESPIRATOR CARTRIDGE TYPE

NONE REQUIRED

ACTION LEVELS

(I.E., LIMITATIONS TO ASSIGNED TASKS, PPE REQUIREMENTS AND RATIONAL CONDITIONS NECESSITATING PPE MODIFICATIONS AND/OR WITHDRAWAL FROM SITE);

AS DETERMINED IN THE FIELD

K. PERSONAL PROTECTIVE EQUIPMENT (PPE)				
LEVEL A: LEVEL A PROTECTION SHOULD BE SELECTED WHEN THE HIGHEST LEVEL OF RESPIRATORY, SKIN, EYE, AND MUCOUS MEBRANE PROTECTION IS NEEDED.	LEVEL B: LEVEL B PROTECTION SHOULD BE SELECTED WHEN THE HIGHEST LEVEL OF RESPIRATORY PROTECTION IS NEEDED, BUT WITH A LESSER DEGREE OF SKIN AND EYE PROTECTION.			
*POSITIVE-PRESSURE, SELF-CONTAINED, BREATHING APPARATUS (MSHA/NIOSH APPROVED)(REQUIRED) *FULLY ENCAPSULATED, CHEMICAL RESISTANT SUIT (REQUIRED) *CHEMICAL-RESISTANT INNER AND OUTER GLOVES (REQUIRED) *CHEMICAL-RESISTANT COVERALLS *TWO-WAY RADIO COMMUNICATION (REQUIRED *CHEMICAL-RESISTANT BOOTS WITH STEEL TOE AND SHANK (REQUIRED)	*POSITIVE-PRESSURE, SELF-CONTAINED, BREATHING APPARATUS (MSHA/NIOSH APPROVED)(REQUIRED) *CHEMICAL-RESISTANT CLOTHING (COVERALLS, HOODED TWO-PIECE, CHEMICAL-RESISTANT SPLASH SUIT; OR DISPOSABLE CHEMICAL-RESISTANT COVERALLS) (REQUIRED) *COVERALLS (UNDER SPLASH SUIT) *CHEMICAL-RESISTANT INNER AND OUTER GLOVES (REQUIRED) *CHEMICAL-RESISTANT BOOTS WITH STEEL TOE AND SHANK (REQUIRED) *CHEMICAL-RESISTANT BOOTS WITH STEEL TOE AND SHANK (REQUIRED) *TWO-WAY RADIO COMMUNICATION (REQUIRED) *HARD HAT (REQUIRED)			
LEVEL C: LEVEL C PROTECTION SHOULD BE SELECTED WHEN THE TYPE AND CONCENTRATION OF HAZARDOUS AIRBORNE SUBSTANCE ARE KNOWN, THE CRITERIA FOR USING AIR-PURIFYING RESPIRATORS IS MET, AND SKIN AND EYE EXPOSURE IS UNLIKELY. MONITORING OF THE AIR MUST BE PERFORMED TO COMPLY WITH OSHA REGULATIONS AND TO ENSURE RESPIRATOR EFFECTIVENESS.	LEVEL D: LEVEL D IS PRIMARILY A WORK UNIFORM. IT SHALL NOT BE WORN ON SITE WHERE RESPIRATORY OR SKIN HAZARDS EXIST. *PROTECTIVE COVERALLS AND PROTECTIVE GLOVES *BOOTS WITH STEEL TOE AND SHANK (REQUIRED) *HARD HAT (REQUIRED) *SAFETY GLASSES			
*FULL FACE, AIR-PURIFYING REPIRATOR (MSHA/NIOSH APPROVED) WITH APPROPRIATE CARTRIDGES (REQUIRED) *CHEMICAL-RESISTANT CLOTHING (COVERALLS, HOODED TWO-PIECE, CHEMICAL-RESISTANT SPLASH SUIT; OR DISPOSABLE CHEMICAL-RESISTANT COVERALLS) (REQUIRED) *CHEMICAL-RESISTANT INNER AND OUTER GLOVES (REQUIRED) *CHEMICAL-RESISTANT BOOTS WITH STEEL TOE AND SHANK (REQUIRED) *TWO-WAY RADIO COMMUNICATION *HARD HAT (REQUIRED) *ESCAPE RESPIRATOR				

L. DECONTAMINATION				
PERSONNEL DECONTAMINATION PROCEDURES				
WASH HANDS BEFORE EATING. WASH GLOVES, BOOTS AND CLOTHING IN WARM, SOAPY WATER. RINSE WITH CLEAN WATER. LAUNDER CLOTHES DAILY. DISCARD DISPOSABLE GLOVES DAILY.				
	SAMPLING EQUIPMENT DECONTAMINATION PROCEDURES			
ALL SAMPLING EQUIPMENT TO BE WASHED IN DETERGENT SOLUTION, WITH CLEAN WATER RINSE. ALL EQUIPMENT IN CONTACT WITH CONTAMINATED GROUNDWATER WILL BE DECONTAMINATED ON SITE AND WITHIN THE LIMITS OF THE GROUNDWATER CONTAMINATION PLUME BOUNDARY				
	WASTE DISPOSAL PROCEDURES			
ON SITE:	USED PPE WILL BE PLACED INTO GARBAGE CONTAINERS FOR DISPOSAL WASH AND RINSE WATER WILL BE CONTAINERIZED FOR DISPOSAL AT AN APPROVED TREATMENT LOCATION			
OFF SITE:	DISPOSAL OF SOLID WASTE AT LANDFILL DISPOSAL OF LIQUID WASTE AT PUBLICALLY OWNED TREATMENT WORKS			

M. EMERGENCY PLAN		
EMERGENCY PERSONNEL RESPONSIBILITIES		
NAME	RESPONSIBILITIES	
Chase Kresl	CONTACT EMERGENCY PERSONNEL	
	SITE EVACUATION AND CONTROL	
SITE EVACUATIO	ON PROCEDURES	
IN CASE OF EMERGENCY, ALL WORK WILL BE IMMEDIATELY SHUT DOWN. THE SITE SAFETY COORDINATOR WILL INFORM WTH OWNER/MANAGER OF THE SITUATION. THE OWNER/MANAGER WILL THEN CONTACT LOCAL AUTHORITIES AND WILL ASSIST WITH THE EVACUATION OF THE PUBLIC FROM THE PREMISES		
EMERGENCY DE	CONTAMINATION	
WASH AND REMOVE GLOVES AND BOOTS, REMOVE AND CHANGE CLOTHING SOAKED WITH PRODUCT. WASH ALL SKIN AREAS WHICH HAVE COME INTO CONTACT WITH PRODUCT.		
EMERGENCY	/ EQUIPMENT	
FIRST AID KIT WITH BURN SUPPLIES. FIRE EXTINGUISHER, BURN BLANKET.		
EMERGENCY PERSONNEL TRAINING REQUIREMENTS		
FIRST AID		

N.FIRST AID
BITES* ANIMAL BITES: THOROUGHLY WASH THE WOUND WITH SOAP AND WATER. FLUSH THE AREA WITH RUNNING
NATER AND APPLY A STERILE DRESSING. IMMOBILIZE AFFECTED PART UNTIL THE VICTIM HAS BEEN ATTENDED BY A
PHYSICIAN. SEE THAT THE ANIMAL IS KEPT ALIVE AND IN QUARANTINE. OBTAIN THE NAME AND ADDRESS OF THE
DWNER OF THE ANIMAL. INSECT BITES: REMOVE "STINGER" WITHOUT SQUEEZING IF PRESENT. KEEP AFFECTED
PART BELOW THE LEVEL OF THE HEART. APPLY ICE BAG. FOR MINOR BITES AND STINGS APPLY SOOTHING LOTIONS,
SUCH AS CALAMINE.
BURNS* MINOR BURNS: DO NOT APPLY VASELINE OR GREASE OF ANY KIND. APPLY COLD WATER UNTIL PAIN
SUBSIDES IF THERE ARE NO AREAS OF OPEN SKIN. COVER WITH A DRY, STERILE DRESSING. DO NOT BREAK
•
BLISTERS OR REMOVE TISSUE. SEEK MEDICAL ATTENTION. <u>SEVERE BURNS</u> : DO NOT REMOVE ADHERED PARTICLES
DF CLOTHING. DO NOT APPLY ICE OR IMMERSE IN WATER. DO NOT APPLY ANY OINTMENTS OR GREASE. COVER
BURNS WITH THICK, STERILE DRESSINGS. KEEP BURNED FEET OR LEGS ELEVATED, IF POSSIBLE. MAY NEED TO
REAT FOR SHOCK. <u>CHEMICAL BURNS</u> : WASH AWAY THE CHEMICAL SOAKED CLOTHING WITH LARGE AMOUNTS OF
NATER. REMOVE VICTIM'S CHEMICAL SOAKED CLOTHING. IF DRY LIME, BRUSH AWAY BEFORE FLUSHING. APPLY
STERILE DRESSING AND SEEK MEDICAL ATTENTION.
CRAMPS* <u>SYMPTOMS</u> : CRAMPS IN MUSCLES OF ABDOMEN AND EXTREMITIES. HEAT EXHAUSTION MAY ALSO BE
PRESENT. <u>TREATMENT</u> : SAME AS FOR HEAT EXHAUSTION.
CUTS* APPLY PRESSURE WITH STERILE GAUZE DRESSING AND ELEVATE THE AREA UNTIL BLEEDING STOPS. APPLY
BANDAGE AND SEEK MEDICAL ATTENTION.
EYES* FOREIGN OBJECTS: KEEP THE VICTIM FROM RUBBING THE EYE. FLUSH THE EYE WITH WATER. IF FLUSHING
FAILS TO REMOVE THE OBJECT, APPLY A DRY, PROTECTIVE DRESSING TO BOTH EYES AND SEEK MEDICAL ATTENTION
CHEMICALS: FLOOD THE EYE THOROUGHLY WITH WATER FOR 15 MINUTES. COVER EYE WITH A DRY STERILE PAD
AND SEEK MEDICAL ATTENTION.
AINTING* KEEP THE VICTIM LYING DOWN. LOOSEN TIGHT CLOTHING. IF VICTIM VOMITS, ROLL HIM ONTO HIS SIDE OI
FURN HIS HEAD TO THE SIDE. MAINTAIN AN OPEN AIRWAY. BATHE HIS FACE GENTLY WITH COOL WATER. UNLESS
RECOVERY IS PROMPT, SEEK MEDICAL ATTENTION.
RACTURES* DEFORMITY OF AN INJURED PART USUALLY MEANS A FRACTURE. IF FRACTURE IS SUSPECTED, SPLINT
THE PART. DO NOT ATTEMPT TO MOVE THE VICTIM. SEEK MEDICAL ATTENTION IMMEDIATELY.
ROSTBITE* SYMPTOMS: JUST BEFORE FROSTBITE OCCURS SKIN MAY BE FLUSHED, THEN CHANGES TO WHITE OR
GRAYISH-YELLOW. PAIN MAY BE FELT EARLY, THEN MAY SUBSIDE. BLISTERS MAY APPEAR; AFFECTED PART FEELS
/ERY COLD AND/OR MAY BE NUMB. TREATMENT: BRING VICTIM INDOORS, COVER THE FROZEN AREA, PROVIDE
EXTRA CLOTHING AND BLANKETS. REWARM FROZEN AREA QUICKLY BY IMMERSION IN WARM WATER - NOT HOT
NATER. DO NOT RUB THE PART. SEEK MEDICAL ATTENTION
HEAT EXHAUSTION * CAUSED BY EXPOSURE TO HEAT, EITHER SUN OR INDOORS. SYMPTOMS: NEAR NORMAL BODY
EXTEXTION CAUGED BY EXTOSORE FOR LAT, ETHER SON OR INDOORS. <u>STMITTONO</u> . NEAR NORMAL BOD'T
CRAMPS, NAUSEA, DIZZINESS AND POSSIBLE FAINTING. TREATMENT: KEEP VICTIM IN LYING POSITION AND RAISE
EET. LOOSEN CLOTHING, APPLY COOL, WET CLOTHS. IF CONSCIOUS, GIVE SIPS OF WATER. SEEK MEDICAL
ATTENTION IMMEDIATELY. SUNSTROKE* SYMPTOMS: BODY TEMPERATURE IS HIGH. SKIN IS HOT, RED AND DRY. PULSE IS RAPID. VICTIM MAY
BE UNCONSCIOUS. TREATMENT: KEEP VICTIM IN LYING POSITION WITH HEAD ELEVATED. REMOVE CLOTHING AND
REPEATEDLY SPONGE THE BARE SKIN WITH COOL WATER. SEEK MEDICAL ATTENTION IMMEDIATELY.
POISONING* CALL THE POISON CONTROL CENTER FOR INSTRUCTION ON IMMEDIATE CARE. IF VICTIM BECOMES
JNCONSCIOUS, KEEP THE AIRWAY OPEN. IF BREATHING STOPS, BEGIN RESCUE BREATHING. CALL EMS IMMEDIATELY
POISON IVY* REMOVE THE CONTAMINATED CLOTHING. WASH ALL EXPOSED AREAS THOROUGHLY WITH SOAP AND
NATER. IF RASH IS MILD, APPLY CALAMINE LOTION OR OTHER SOOTHING SKIN LOTION. IF A SEVERE REACTION
DCCURS, SEEK MEDICAL ATTENTION.
PUNCTURE WOUNDS* IF PUNCTURE WOUND IS DEEPER THAN SKIN SURFACE, SEEK MEDICAL ATTENTION. SERIOUS
NFECTION CAN OCCUR UNLESS PROPER TREATMENT IS RECEIVED.
SPRAINS* ELEVATE INJURED PART AND APPLY ICE BAG OR COLD PACKS. DO NOT SOAK IN HOT WATER. IMMOBILIZE
AFFECTED PART AND SEEK MEDICAL ATTENTION.
JNCONSCIOUSNESS * NEVER ATTEMPT TO GIVE ANYTHING BY MOUTH. KEEP VICTIM LYING FLAT, MAINTAIN OPEN
AIRWAY. IF VICTIM IS NOT BREATHING, PERFORM RESCUE BREATHING AND CALL EMS IMMEDIATELY.

O. SITE HEALTH AND SAFETY PLAN REVIEW

THIS DOCUMENT SHALL BE SIGNED BY EACH MEMBER OF REI, INC. TEAM PRIOR TO THE FIRST SITE VISIT.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS SITE HEALTH AND SAFETY PLAN AND WILL COMPLY WITH ITS PROVISIONS, REQUIREMENTS, AND RESTRICTIONS.

SITE: Laundry Basket Groundwater Monitoring Project 300 S. Main Street Luck, Wisconsin

NAME	SIGNATURE	DATE

P. ADDENDUM TO SITE HEALTH AND SAFETY PLAN

USE THIS PAGE TO ADD ADDITIONAL SITE DATA OR DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT HAVE BECOME APPARENT AFTER THE ORIGINAL PREPARATION OF THIS SITE HEALTH AND SAFETY PLAN. INCLUDE ANY CHANGES IN SITE CONDITIONS, PPE AND MONITORING MODIFICATIONS, AND OTHER ITEMS AS APPROPRIATE.

CONDITIONS TO REI ENGINEERING, INC. SITE HEALTH AND SAFETY PLAN

THE INFORMATION PRESENTED IN THIS HEALTH AND SAFETY PLAN IS INTENDED SOLELY TO DESCRIBE THE HEALTH AND SAFETY MEASURES APPLICABLE TO EARTH, INC., PERSONNEL ENGAGED IN FIELD ACTIVITIES AT THE PREVIOUSLY DESCRIBED SITE.

REI MAKES NO WARRANTIES REGARDING THE ACCURACY OF THE SITE HEALTH AND SAFETY PLAN, AND NOTHING CONTAINED THEREIN SHALL BE CONSTRUED AS PROVIDING RECOMMENDATIONS OR DIRECTION, EITHER EXPRESSED OR IMPLIED, REGARDING HEALTH AND SAFETY MEASURES TO BE TAKEN BY ANYONE OTHER THAN REI PERSONNEL. REI DISCLAIMS ALL LIABILITY FOR THE ACTIONS AND OMMISIONS OF NON REI REPSONNEL PERSONNEL SHALL BE RESPONSIBLE FOR COMPLYING WITH SITE SAFETY PLANS AND LOCAL, STATE, AND FEDERAL REGULATIONS APPLICABLE TO NON-REI, INC., PERSONNEL.

Q. SITE HEALTH AND SAFETY PLAN FOLLOW-UP REPORT		
1. WAS THE SITE HEALTH AND SAFETY PLAN FOLLOWED?		
YESNO		
2. IF NO, EXPLAIN ALL CHANGES TO THE HEALTH AND SAFETY PLAN?		
REASON FOR CHANGES:		
(SITE SAFETY COORDINATOR) DATE:		
REPORT REVIEWED BY:		
(PROJECT MANAGER) DATE:		

R. INCIDENT REPORT

	REPORT NUMBER:	_
SITE:		
LOCATIONS:		
NAME OF AFFECTED INDIVIDUAL:		
ADDRESS:		
AGE: SEX:	SOCIAL SECURITY NO.:	
DESCRIPTION OF INCIDENT:		
DATE OF INCIDENT		
WORK DAYS LOST?	YES NO	NUMBER OF DAYS
WAS MEDICAL CARE REQUIRED?	TIME OF INCIDENT: YES NO YES NO	
IF YES, DESCRIBE CARE RECEIVED	(ATTACH MEDICAL RECORD):	
	· ·	
	LOCATION:	
NAME OF ATTENDING PHYSICIAN	LOOATION	
OUTCOME OF TREATMENT		
FUTURE PREVENTIVE MEASURES/C	CORRECTIVE ACTION TAKEN:	
REPORT PREPARED BY:	DATE:	
REPORT REVIEWED BY:	DATE:	
	======	