



43885 South Grimmer Blvd., P.O. Box 5110, Fremont, CA 94537 Tel. No. (510) 668-4460 Fax No. (510) 651-1760

SITE HAZARD INFORMATION

Please provide the following information for the site

Owner's Name: _____

Site Address: _____

Consultant on Site: _____ Phone No. (____) _____

Site Safety Officer: _____ Phone No. (____) _____

Type of Facility: _____

Anticipated Hazardous Substances - (Attach Additional Sheets if Necessary)

(Please include concentrations below. Note if free product historically on site)

Name	Expected Concentrations (ppm)	PEL (ppm)	Health Effects
<input type="checkbox"/> Gasoline	(List medium – i.e. soil, water, air)		
<input type="checkbox"/> Diesel	_____	_____	_____
<input type="checkbox"/> Waste Oil	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

District Use Only

Checked Against Reported Contaminants

Site Safety Meeting

Date:

Time:

Level of Personal Protection Equipment

- A B C D

Personal Protective Equipment:

R = Required A = As Needed, with description of action concentrations)

- | | | | | |
|----------------------------|--|----------------------------|----------------------------|--------------------------|
| <input type="checkbox"/> R | <input type="checkbox"/> A | <input type="checkbox"/> R | <input type="checkbox"/> A | Clothing (Type): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Hard Hat | <input type="checkbox"/> | <input type="checkbox"/> | Respirator (Type): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> | <input type="checkbox"/> | Cartridge (Type): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Orange Traffic Vest | <input type="checkbox"/> | <input type="checkbox"/> | Gloves (Type): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Safety Eyewear | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Site Hazard Information Provided By: _____ Phone:(____) _____
Print

_____ Date: _____
Company name & title Signature