

## DEP WORKSITE HAZARD ASSESSMENT

<p><b>PART A</b></p> <p>Site Name: Advanced Disposal Blue Ridge Landfill AI #: 998</p>	<p><b>Incident #:</b></p>
<p><b>This form must be started before a site visit and considered during the site visit, as worksite conditions change or as new conditions are discovered, but remain incomplete and unsigned until after the site visit is concluded. This will help ensure your safety and health.</b></p> <p>Description of Activities: Solid Waste Inspection</p>	
<p><b>PART B</b></p> <p><b>Check the hazard(s) located at the site being assessed sufficient to require Personal Protection Equipment (PPE).</b></p>	
<p><b>I. TORSO/WHOLE BODY</b></p> <p><b>LIKELY INJURY/HAZARD</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Cut/Abrasion/Puncture</li> <li>2. <input type="checkbox"/> Electrical</li> <li>3. <input type="checkbox"/> Chemical</li> <li>4. <input type="checkbox"/> Biological</li> <li>5. <input type="checkbox"/> Temperature</li>   <li>6. <input type="checkbox"/> Struck By/Against</li> <li>7. <input type="checkbox"/> Body Fluids</li> <li>8. <input type="checkbox"/> Strain</li> <li>9. <input type="checkbox"/> Cumulative</li> <li>10. <input checked="" type="checkbox"/> Slip/Trip/Fall</li> <li>11. <input checked="" type="checkbox"/> Same Level Fall (A)</li> <li>12. <input type="checkbox"/> Different Level Fall (B)</li> <li>13. <input type="checkbox"/> Entrapment</li> <li>14. <input type="checkbox"/> Immersion, Submersion, Water</li> <li>15. <input type="checkbox"/> Permit Required Confined Space</li> <li>16. <input type="checkbox"/> Other _____</li> </ol>	<p><b>I. 29 CFR 1910. MISC. STANDARDS - TORSO/WHOLE BODY</b></p> <ol style="list-style-type: none"> <li>1. Adequate clothing</li> <li>2. NO GO or maintain safe distance</li> <li>3. Review MSDS and determine proper PPE</li> <li>4. Proper clothing/barrier, cream/repellant</li> <li>5. Cold-insulated jacket/coat, heat-appropriate clothing, work/rest intervals</li> <li>6. Protective clothing, warning devices, guards</li> <li>7. Protective apron/coveralls review BBP Plan</li> <li>8. Proper work habit, assistance, appropriate tools</li> <li>9. Body mechanics, proper tools, workstations</li> <li>10. Proper footwear, harness/tether/lifeline, assistance</li> <li>11. Same as # 10 (A)</li> <li>12. Same as # 10 (B)</li> <li>13. NO GO - Do not enter</li> <li>14. Personal flotation device, tether/lifeline</li> <li>15. NO GO</li> <li>16. Call supervisor/branch manager/and/or ERT</li> </ol>

<p><b>II. HEAD</b></p> <p><b>LIKELY INJURY/HAZARD</b></p> <p>1. <input type="checkbox"/> Struck By  2. <input type="checkbox"/> Struck Against  3. <input type="checkbox"/> Electrical  4. <input type="checkbox"/> Temperature  5. <input type="checkbox"/> Other _____</p>	<p><b>II. 29 CFR 1910.135 HEAD PPE</b></p> <p>1. Hard hat  2. Hard hat  3. NO GO – Maintain distance  4. Hard hat with winter liner or sweat band, cooling device as required  5. Call supervisor, branch manager and/or ERT</p>
<p><b>III. EYES/FACE</b></p> <p><b>LIKELY INJURY/HAZARD</b></p> <p>1. <input type="checkbox"/> Airborne  2. <input type="checkbox"/> Chemical  3. <input type="checkbox"/> Flash/Light/UV  4. <input type="checkbox"/> Other _____</p>	<p><b>III. 29 CFR 1910.133 EYES/FACE PPE</b></p> <p>1. Safety goggles with side shields, goggles or full face shield for hazard  2. Review MSDS and determine appropriate eyewear and beware of any respiratory hazard  3. Non-vented goggles or full face shield filter or tinted lens and sunscreen for sun exposure  4. Call supervisor, branch manager and/or ERT</p>
<p><b>IV. RESPIRATORY</b></p> <p><b>LIKELY INJURY/HAZARD</b></p> <p>1. <input type="checkbox"/> Oxygen Deficiency  2. <input type="checkbox"/> Airborne Particles  3. <input type="checkbox"/> Dusts  4. <input type="checkbox"/> Fumes  5. <input type="checkbox"/> Mists  6. <input type="checkbox"/> Airborne Contaminants  7. <input type="checkbox"/> Gases  8. <input type="checkbox"/> Vapors  9. <input type="checkbox"/> Combinations  10. <input type="checkbox"/> Temperature  11. <input type="checkbox"/> Other _____</p>	<p><b>IV. 29 CFR 1910.134 RESPIRATORY PPE</b></p> <p>1. NO GO  2. NO GO unless in DEP Respiratory Protection Program (RPP) OR unless respiratory hazard can be avoided (explain)  3. Same as #2  4. Same as #2  5. Same as #2  6. Same as #2  7. Same as #2  8. Same as #2  9. Same as #2  10. Cold temps - cover mouth/nose,  Hot temps - SCBA or supplied air (tempered)  11. Call supervisor/branch manager and/or ERT  NOTE: If in the RPP follow proper respirator selection protocols and procedures for any item checked above.</p>

<p><b>V. HAND/ARM</b></p> <p><b>LIKELY INJURY/HAZARD</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Cut/Abrasion/Puncture</li> <li>2. <input type="checkbox"/> Electrical</li> <li>3. <input type="checkbox"/> Chemical</li> <li>4. <input type="checkbox"/> Biological</li> <li>5. <input type="checkbox"/> Temperature</li> <li>6. <input type="checkbox"/> Sunburn</li> <li>7. <input type="checkbox"/> Body Fluids</li> <li>8. <input type="checkbox"/> Cumulative</li> <li>9. <input type="checkbox"/> Strain</li> <li>10. <input type="checkbox"/> Other _____</li> </ol>	<p><b>V. 29 CFR 1910.138 HAND/ARM PPE</b></p> <ol style="list-style-type: none"> <li>1. Gloves - canvas, leather, mesh, Kevlar</li> <li>2. NO GO or maintain safe distance</li> <li>3. Review MSDS and determine appropriate gloves/sleeves or coveralls</li> <li>4. Clothing/gloves/coveralls/barrier cream repellent</li> <li>5. Gloves/clothing</li> <li>6. Wear long sleeves, gloves or sunscreen</li> <li>7. Latex/nitrile gloves (review Bloodborne Pathogen Plan - BBP)</li> <li>8. Gloves/restraints</li> <li>9. Adequate tools/assistance from others</li> <li>10. Call supervisor/branch manager and/or ERT</li> </ol>
<p><b>VI. FOOT/LEG</b></p> <p><b>LIKELY INJURY/HAZARD</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Cut/Abrasion/Puncture</li> <li>2. <input type="checkbox"/> Electrical</li> <li>3. <input type="checkbox"/> Chemical</li> <li>4. <input type="checkbox"/> Biological</li> <li>5. <input type="checkbox"/> Temperature</li> <li>6. <input type="checkbox"/> Struck By/Against</li> <li>7. <input type="checkbox"/> Strain</li> <li>8. <input type="checkbox"/> Other _____</li> </ol>	<p><b>VI. 29 CFR 1910.136 FOOT/LEG PPE</b></p> <ol style="list-style-type: none"> <li>1. Approved safety shoe, proper clothing</li> <li>2. NO GO or maintain safe distance</li> <li>3. Review MSDS and determine proper PPE</li> <li>4. Coverall/barrier cream/repellent</li> <li>5. Insulated footwear, clothing adequate for hazard</li> <li>6. Safety shoes, adequate clothing, proper techniques</li> <li>7. Adequate tools, assistance from others</li> <li>8. Call supervisor/branch manager and/or ERT</li> </ol>
<p><b>VII. AUDITORY</b></p> <p><b>NOISE LEVEL</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Ambient Level above 85 dBA</li> <li>2. <input type="checkbox"/> Impact Level above 85 dBA</li> <li>3. <input type="checkbox"/> Other _____</li> </ol> <p>NOTE: Noise level rule of thumb: If you are within 2-3 feet of someone and you have to yell to communicate you are above 85 dBA.</p>	<p><b>VII. 29 CFR 1910.95 HEARING PROTECTION</b></p> <ol style="list-style-type: none"> <li>1. Appropriate NRR ear plugs or muffs</li> <li>2. Appropriate NRR ear plugs or muffs</li> <li>3. Call supervisor/ branch manager and/or ERT</li> </ol>

**PART C**

GO:

NO GO:

I WILL FOLLOW THE RECOMMENDATION FOUND IN THE RIGHT COLUMN ABOVE FOR EACH HAZARD CHECKED IN THE LEFT COLUMN ABOVE. IF EXCEPTIONS, CONTACT YOUR SUPERVISOR.

COMMENTS: Due to weather conditions will ride in landfill pickup truck.

**PART D**

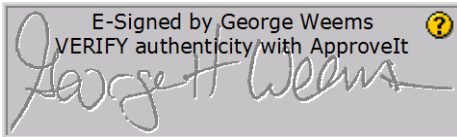
**NOTE: Any NO GO situation witnessed should prompt immediate notification to your supervisor, branch manager, and/or the DEP’s Emergency Response Center, (800) 928-2380, for further assessment and possible emergency declaration/contracting.**

**(Optional)SUPERVISOR:** I have reviewed this document with the employee to discuss responsible safety measures, equipment and techniques.

\_\_\_\_\_  
(Optional) Supervisor Signature

\_\_\_\_\_  
Date

**EMPLOYEE CERTIFICATION:** I certify this WORKSITE HAZARD ASSESSMENT was conducted, reviewed and/or updated. Appropriate Personal Protective Equipment was utilized per hazards noted or anticipated.



\_\_\_\_\_  
George Weems  
Employee Signature

12/1/15

\_\_\_\_\_  
Date

**NOTES:**

If you need to refer a facility to OSHA for specific questions or conditions:  
Kentucky Labor Cabinet, 1047 US Hwy 127 South, Suite 4, Frankfort, KY 40601  
502-564-3070 – Phone  
502-564-5387 – Fax