

Jewish Home Lifecare – 125 West 97th Street

NEW YORK, NEW YORK

Subsurface (Phase II) Investigation Sampling Protocol and Health and Safety Plan

AKRF Project Number: 11743

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JULY 2013

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1.0 INTRODUCTION

This Sampling Protocol provides a scope of work for conducting a Subsurface (Phase II) Investigation at the proposed Jewish Home Lifecare site, located at 125 West 97th Street in Manhattan (the Site, also identified as Tax Block 1852, a portion of Lot 5). A Site location map is provided as Figure 1. A plan showing the proposed sampling locations is provided as Figure 2. The Site is currently an asphalt-paved parking lot with tree pits.

This scope of work is intended to assess the potential for encountering hazardous materials during excavation that would be associated with a proposed development project. The scope is based on the findings, described in Section 1.4, of the *Phase I Environmental Site Assessment* (ESA) prepared by Ethan C. Eldon Associates in May 2011 and a summary the shallow soil sampling conducted by Mr. Laurence Molloy in 2012. The scope of this Sampling Protocol includes the collection of soil and groundwater samples for laboratory analysis. A Health and Safety Plan (HASP) (Appendix A) is included to provide measures for protecting on-site personnel and the public during the implementation of the Sampling Protocol. The scope of this Sampling Protocol and HASP has been approved by the New York State Department of Health (NYSDOH) in a telephone conversation on July 1, 2013.

1.1 Site Characterization

The Site lies at an elevation of approximately 89 to 91 feet above the Manhattan Borough Datum (MBD), with the ground sloping slightly down to the west. A geotechnical study in April 2011 indicated that the Site is underlain by an approximately 5 to 13-foot layer of fill materials (gravel, sand, silt, bricks, concrete fragments, asphalt and other construction debris). In some borings, the fill was underlain by sandy or silty clay and silty sand (apparent native soils). In portions of the Site, the fill or apparent native soils were underlain by a layer of decomposed bedrock up to 10 feet thick. Competent bedrock was encountered at depths ranging from approximately 9 to 26 feet below grade. The average thickness of the soil layer (above decomposed bedrock or competent bedrock) was approximately 14 feet.

The geotechnical study encountered groundwater approximately 11 feet below grade. The groundwater may be perched on bedrock, and most likely flows in a westerly direction toward the Hudson River, approximately one-half mile away. However, actual groundwater flow at the Site can be affected by many factors including filling activities, underground utilities, other subsurface openings or obstructions such as basements and underground parking garages, bedrock geology, and other factors beyond the scope of this study. Groundwater in Manhattan is not used as a source of potable water.

1.2 Proposed Project

The proposed project entails the construction of a multistory senior residence with one cellar level and paved and landscaped outdoor areas. The proposed cellar footprint (approximately 24,900 square feet), shown on Figure 2, would extend beyond the proposed building footprint. Excavation for the cellar and building foundations is anticipated to be to approximately 20 feet below grade. Thus, dewatering and removal of soil and some bedrock may be required for the proposed construction.

1.3 Site History

The Phase I ESA indicated that the Site was occupied by several dwellings until at least 1951, and was a parking lot by 1976.

1.4 Previous Environmental Investigations

Report of Geotechnical Investigation – Long-Term Care Facility, 97th Street Site, New York, NY, RA Consultants, LLC, April 19, 2011

A geotechnical study conducted at the Site in 2011 indicated that the Site is underlain by an approximately 5 to 13-foot layer of fill materials (gravel, sand, silt, bricks, concrete fragments, asphalt and other construction debris). In some borings, the fill was underlain by sandy or silty clay and silty sand (apparent native soils). In portions of the Site, the fill or apparent native soils were underlain by a layer of decomposed bedrock up to 10 feet thick. Competent bedrock was encountered at depths ranging from approximately 9 to 26 feet below grade. Groundwater was encountered approximately 11 feet below grade.

Block 1852, Lot 5 – Applying for Street Address of 125 West 97th Street, Manhattan, NY - Phase I Environmental Site Assessment, Ethan C. Eldon Associates (ECEA), May 24, 2011

The Phase I ESA reviewed a variety of sources, including federal and state regulatory databases, historical Sanborn maps and computerized New York City Buildings Department records. The Phase I ESA also included a reconnaissance of the Site and the surrounding area. At the time of the Phase I ESA, the Site was a parking lot. The Phase I ESA identified no evidence of Recognized Environmental Conditions. The assessment indicated that the Site was occupied by several dwellings until at least 1951, and was a parking lot by 1976. A June 3, 2011 addendum to the report indicated that a Tier I (non-invasive) Vapor Intrusion Screening for the Site identified no Vapor Encroachment Conditions.

Letters from Mr. Laurence Molloy to Mr. Martin Rosenblatt, May 18, 2012 and June 5, 2012, and Letter from the Center for Health, Environment and Justice to Ms. Albina De Meio, October 4, 2012

The letters summarized the findings of shallow soil sampling conducted at the Site by Mr. Molloy in April and May 2012. According to the letters, samples of surface soil and soil from 0 to 6 inches below grade were collected for laboratory analysis. The surface soil samples reportedly contained lead at concentrations ranging from approximately 96 to 1,044 parts per million (ppm). The samples collected from the 0 to 6-inch interval reportedly contained lead concentrations ranging from less than 40 ppm to approximately 760 ppm. The sampling locations and laboratory data were not provided to AKRF.

Mr. Molloy's letters attributed the elevated lead concentrations to the historical use of leaded gasoline by cars parked on the Site. However, these concentrations are not unusual for urban fill materials throughout New York City and may be associated with debris from historical on-site dwellings. In addition, since the samples were most likely collected from tree pits, the detected lead concentrations may be associated with soil imported to the Site for landscaping purposes and may not be representative of general subsurface conditions beneath the Site.

2.0 SCOPE OF WORK

Field work will be conducted under the site-specific Health and Safety Plan (Appendix A). The scope consists of the collection of soil and groundwater samples for laboratory analysis. Eight borings will be advanced at the Site within the proposed cellar footprint. Up to three groundwater samples will be collected from temporary well points installed in the borings. In addition, grab soil samples will be collected from the top six inches of on-site tree pits.

2.1 Borings

A track-mounted Geoprobe[®] direct push rig will be used to advance 8 borings to 20 feet below grade (the assumed maximum depth of excavation) or refusal (e.g., on the bedrock surface), whichever is encountered first. The approximate boring locations are shown on Figure 2. Locations will be finalized in the field based on access considerations, utilities, etc. Utility markouts will be requested from the New York City/Long Island One Call Center prior to the commencement of drilling.

2.2 Soil Boring Sampling

Based on the proposed construction plans and the soil depth indicated by the geotechnical report, approximately 12,900 cubic yards of soil would be excavated for the proposed construction. The soil would be analyzed for waste characterization parameters to determine disposal options. In accordance with the typical requirements of New Jersey disposal facilities, waste characterization soil samples would be collected at a frequency of one sample per 800 cubic yards (i.e., 16 samples).

Soil cores will be collected using a stainless steel, macro-core sampler with internal acetate liners. The cores will be field-screened using a photoionization detector (PID) to measure relative concentrations of volatile organic compounds (VOCs) in the soil. AKRF field personnel will record and document subsurface conditions. Soil samples for laboratory analysis will be collected as follows:

- Two waste characterization samples will be collected from each boring, with one sample composited from the top half of the boring and one sample composited from the bottom half. As part of the waste characterization analysis, a grab sample will be collected from each half of the boring for VOC analysis. The grab VOC samples will be collected either from the bottom of each waste characterization interval or from soil exhibiting the greatest evidence of contamination (e.g., odors, staining and/or elevated PID readings).
- In accordance with NYSDOH requirements, two additional grab samples will be collected from the shallowest and deepest one-foot interval of each boring, if no evidence of contamination is encountered. If evidence of contamination is encountered, one of the samples will be collected from the interval exhibiting the greatest evidence of contamination.

Samples slated for analysis will be placed in laboratory-supplied containers and shipped in coolers in accordance with EPA protocols to a New York State Department of Health (NYSDOH) ELAP-certified laboratory.

The waste characterization samples will be analyzed for the following:

- The grab samples would be analyzed for Target Compound List (TCL) VOCs including 1,2-dibromo-3-chloropropane, 1,2-dibromoethane, dichlorodifluoromethane, 1,4-dioxane, isopropylbenzene, methyl acetate, MEK, methyl isobutyl ketone, methyl tertiary butyl ether, trichlorofluoromethane and 1,1,2-trichloro-1,2,2-trifluoroethane, plus 10, by EPA Method 8260.
- The composite samples would be analyzed for:
 - TCL semi-volatile organic compounds (SVOCs)/base neutral & acid extractables (BNA) including acetophenone, atrazine, benzaldehyde, 1,1-biphenyl, N-nitrosodimethylamine, 1,2,4,5-tetrachlorobenzene, 2,3,4,6-tetrachlorophenol, plus 20, by EPA Method 8270;

- Target Analyte List (TAL) metals by EPA Method 6010B and mercury by EPA Method 7471A;
- hexavalent chromium by EPA Method 7196A;
- polychlorinated biphenyls (PCBs) by EPA Method 8082;
- TCL pesticides by EPA Method 8081;
- Toxicity Characteristic Leaching Procedure (TCLP) Resource Conservation and Recovery Act (RCRA) 8 metals;
- total cyanide by EPA Method 9012A;
- total sulfur by EPA Method 6010B;
- reactive sulfide by EPA Method 9034 and reactive cyanide by EPA Method 9014;
- extractable petroleum hydrocarbons (EPH) by the NJDEP EPH Method (C9-C40); and
- ignitability and corrosivity.

One of the waste characterization composite samples will also be analyzed for paint filter by EPA Method 9095.

The additional grab samples will be analyzed for RCRA 8 Metals. Three of the grab samples collected from the uppermost one-foot interval in the borings will also be analyzed for SVOCs by EPA Method 8270, PCBs by EPA Method 8082, and pesticides by EPA Method 8081.

2.3 Shallow Soil Sampling

Grab samples will be collected using a hand auger or trowel from the top six inches of soil in six tree pits at the locations shown on Figure 2. The samples will be field-screened using a PID to measure relative concentrations of VOCs in the soil, and AKRF field personnel will record and document subsurface conditions.

Samples slated for analysis will be placed in laboratory-supplied containers and shipped in coolers in accordance with EPA protocols to a New York State Department of Health (NYSDOH) ELAP-certified laboratory. The samples will be analyzed for RCRA 8 Metals. Three of the samples will also be analyzed for SVOCs by EPA Method 8270, PCBs by EPA Method 8082, and pesticides by EPA Method 8081.

2.4 Groundwater Sampling

Up to three groundwater samples will be collected from temporary well points installed in the borings; no permanent monitoring wells will be installed. The groundwater sampling locations will be selected in the field, biased towards borings with observed evidence of contamination, if any.

The samples will be collected using dedicated sampling equipment. Each sample will be labeled, sealed, and placed in a chilled cooler for shipment to a NYSDOH ELAP-certified laboratory. The groundwater samples will be analyzed for VOCs by EPA Method 8260, SVOCs by EPA Method 8270, PCBs by EPA Method 8082, pesticides by EPA Method 8081, and RCRA 8 metals (both total and filtered analysis). However, if groundwater is perched on bedrock, the recharge rate may be too low to collect samples.

3.0 QUALITY ASSURANCE/QUALITY CONTROL PLAN

3.1 Laboratory Methods

A New York State-certified laboratory will perform all analytical work. The laboratory will operate a Quality Assurance/Quality Control (QA/QC) program that will consist of proper laboratory practices (including the required chain-of-custody), an internal quality control program, and external quality control audits by New York State.

3.2 Field Quality Control Sampling

For QA/QC purposes, one trip blank will be sent with the collected samples for laboratory analysis. The trip blank would be analyzed only for VOCs by EPA Method 8260 to check for contamination during transport and sampling procedures.

3.3 Sample Custody

To ensure the integrity of samples taken, a strict chain of custody record must be maintained on each sample. This begins after sampling with the entry in the sampler's field log book of the sampling details:

- a) Date and time of sampling;
- b) Sample location (as specific as possible);
- c) The unique sample number, size, and container(s) used;
- d) Sample description;
- e) Weather conditions (if applicable); and
- f) Any additional comments.

In addition, a record must be kept of the sample's progress from the sample site to the laboratory where it will be analyzed. This is the chain-of-custody form. The form must include:

- a) The sample number;
- b) The sampler's name;
- c) Date and time of sampling;
- d) Location at which the sample was taken, including the address, if possible;
- e) A description of the sample, as best known;
- f) Signatures of people involved in the chain of possession; and
- g) Inclusive dates of possession of each person in the chain.

The chain-of-custody form must accompany the sample throughout its trip to the laboratory. If the sample(s) must be shipped to a laboratory, most shipping agents will refuse to sign or separately carry the chain-of-custody form. In this one case, it is permissible to put the chain-of-custody form into the box with the sample and then seal the box. The recipient of the box, the laboratory's sample custodian, can then attest to the box's arrival still sealed and unopened.

Accompanying the chain-of-custody record, or included in it, must be a request to the laboratory for sample analyses. Information required includes:

- a) Name of person receiving the sample;

- b) Laboratory sample number;
- c) Date of sample receipt;
- d) Sample allocation; and
- e) Analyses to be performed.

Finally, on arrival at the laboratory, the sample custodian must enter the sample in the laboratory's sample log book. The chain-of-custody should be kept on file at the laboratory.

3.4 Field Decontamination Procedures

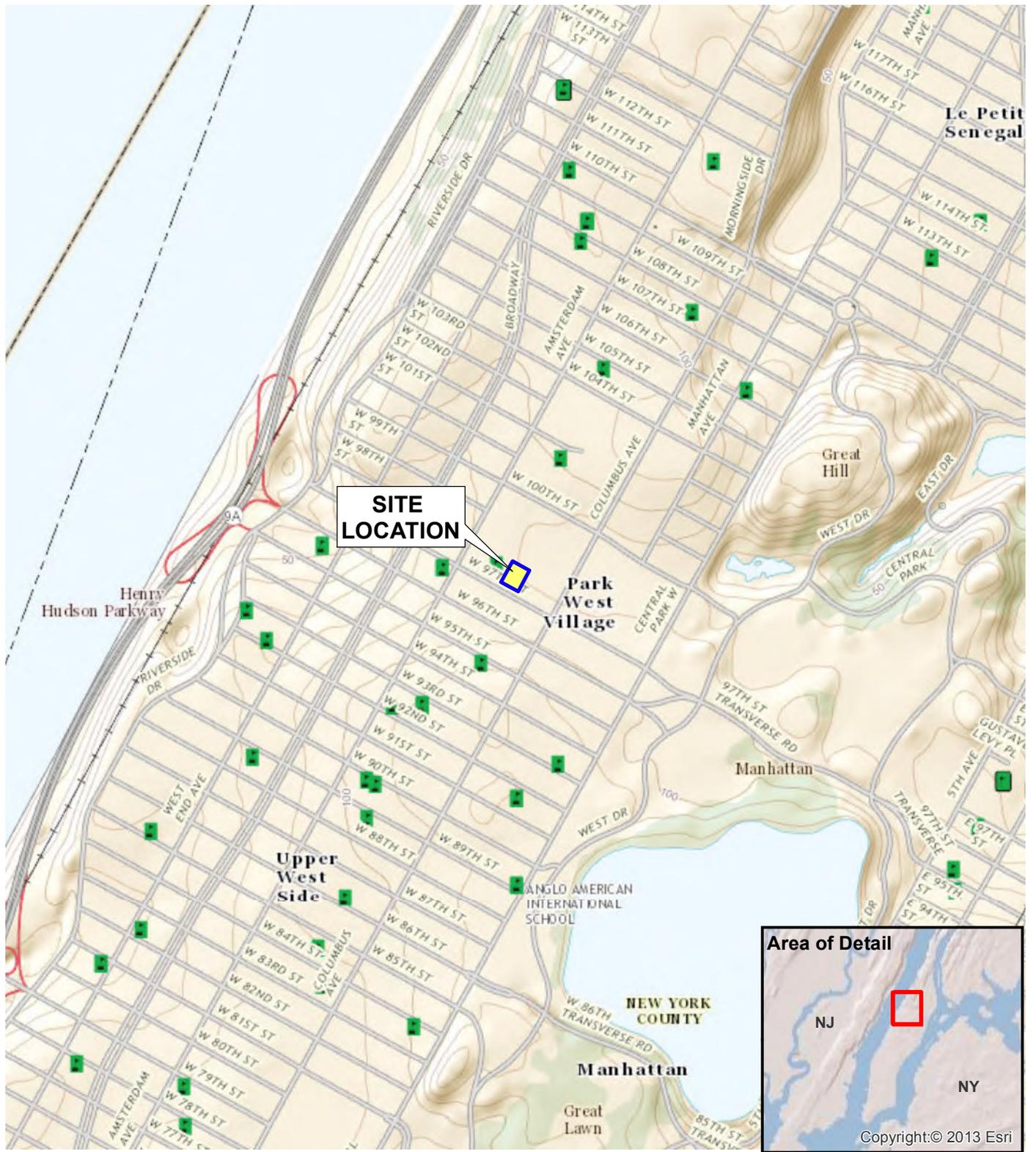
To avoid contamination and cross-contamination of samples, all sampling equipment will be cleaned before collection of each sample. The following field procedures will be followed for all samples:

1. Scrub using tap water/Simple Green[®] mixture and bristle brush
2. Rinse with tap water.
3. Scrub again with tap water/ Simple Green[®] and bristle brush.
4. Rinse with tap water.
5. Rinse with distilled water.
6. Air dry the equipment.

4.0 REPORT

A subsurface investigation report will be prepared following the completion of the sampling and analysis program and will be submitted to NYSDOH for approval. The report will describe field procedures and observations, include soil boring logs, a site plan showing sample locations, summarize analytical results, and discuss their significance. If soil and/or groundwater contamination is discovered, AKRF will provide recommendations for further action.

FIGURES



SOURCE
 USGS 7.5 Minute Topographic Map
 CENTRAL PARK Quad 2011



Jewish Home Lifecare
 New York, New York



DATE
7/11/2013

PROJECT No.
11743

SITE LOCATION

Environmental Consultants
 440 Park Avenue South, New York, N.Y. 10016

FIGURE
1



Aerial Source:
6/2/2011 Google Earth

LEGEND:

-  PROJECT SITE BOUNDARY
-  PROPOSED CELLAR FOOTPRINT
-  PROPOSED SOIL BORING
-  PROPOSED TREE PIT SURFACE SAMPLE



Jewish Home Lifecare
New York, New York

SITE PLAN



Environmental Consultants
440 Park Avenue South, New York, N.Y. 10016

DATE
7.12.2013

PROJECT No.
11743

SCALE
as shown

FIGURE
2

APPENDIX A
HEALTH AND SAFETY PLAN

Jewish Home Lifecare – 125 West 97th Street

NEW YORK, NEW YORK

Health and Safety Plan

AKRF Project Number: 11743

Prepared for:

Greenberg Traurig, LLP
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200 Park Avenue
New York, NY 10166

Prepared by:



AKRF, Inc.

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JULY 2013

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Figure 1 – Hospital Location Map

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1.0 INTRODUCTION

The project site (Site) is located at 125 West 97th Street (Tax Block Tax Block 1852, a portion of Lot 5) and is bounded by Public School (P.S.) 163 to the west, West 97th Street to the south, and multistory residential buildings and accessory open space to the east and north. The Site is currently a paved parking lot with tree pits.

A Phase I Environmental Site Assessment (ESA) of the Site (Ethan C. Eldon Associates, May 2011) identified no environmental concerns associated with the Site. The Phase I ESA noted that the Site was historically occupied by dwellings, which were demolished in the mid-20th century. A geotechnical study in April 2011 identified fill materials of unknown origin beneath the Site. Sampling of shallow soil in tree pits in 2012 identified elevated lead concentrations.

The subsurface investigation will include the collection of soil and groundwater samples. This environmental Health and Safety Plan (HASP) has been developed for implementation during site investigation activities conducted by all personnel on-site, both AKRF employees and others. This HASP does not discuss routine health and safety issues common to general construction/excavation, including but not limited to slips, trips, falls, shoring, and other physical hazards.

All AKRF employees are directed that all work must be performed in accordance with the Company's Generic HASP and all OSHA applicable regulations for the work activities required for the project. All project personnel are furthermore directed that they are not permitted to enter Permit Required Confined Spaces (as defined by OSHA). For issues unrelated to contaminated materials, all non-AKRF employees are to be bound by all applicable OSHA regulations as well as any more stringent requirements specified by their employer in their corporate HASP or otherwise. AKRF is not responsible for providing oversight for issues unrelated to contaminated materials for non-employees. This oversight shall be the responsibility of the employer of that worker or other official designated by that employer.

2.0 HEALTH AND SAFETY GUIDELINES AND PROCEDURES**2.1 Hazard Evaluation****2.1.1 Hazards of Concern**

Check all that apply		
<input checked="" type="checkbox"/> Organic Chemicals	<input checked="" type="checkbox"/> Inorganic Chemicals	<input type="checkbox"/> Radiological
<input type="checkbox"/> Biological	<input type="checkbox"/> Explosive/Flammable	<input type="checkbox"/> Oxygen Deficient Atm
<input checked="" type="checkbox"/> Heat Stress	<input checked="" type="checkbox"/> Cold Stress	<input type="checkbox"/> Carbon Monoxide
Comments: No personnel are permitted to enter permit confined spaces.		

2.1.2 Physical Characteristics

Check all that apply		
<input checked="" type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Sludge
<input type="checkbox"/> Vapors	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Comments:		

2.1.3 Hazardous Materials

Check all that apply					
Chemicals	Solids	Sludges	Solvents	Oils	Other
<input type="checkbox"/> Acids	<input type="checkbox"/> Ash	<input type="checkbox"/> Paints	<input type="checkbox"/> Halogens	<input type="checkbox"/> Transformer	<input type="checkbox"/> Lab
<input type="checkbox"/> Caustics	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Metals	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Other DF	<input type="checkbox"/> Pharm
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Tailings	<input type="checkbox"/> POTW	<input type="checkbox"/> Other	<input type="checkbox"/> Motor or Hydraulic Oil	<input type="checkbox"/> Hospital
<input type="checkbox"/> Petroleum	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Gasoline	<input type="checkbox"/> Rad
<input type="checkbox"/> Inks	Fill material			<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> MGP
<input type="checkbox"/> PCBs					<input type="checkbox"/> Mold
<input checked="" type="checkbox"/> Metals					<input type="checkbox"/> Cyanide
<input checked="" type="checkbox"/> Other: VOCs & SVOCs					

2.1.4 Chemicals of Concern

Chemicals	REL/PEL/STEL	Health Hazards
Benzene	REL = 0.1 ppm PEL = 1 ppm STEL = 5 ppm	Irritation eyes, skin, nose, respiratory system; dizziness; headache, nausea, staggered gait; anorexia, lassitude, dermatitis; bone marrow depression, potential occupational carcinogen.
Toluene	REL = 100 ppm PEL = 200 ppm STEL = 300 ppm	Irritation eyes, nose; lassitude, confusion, euphoria, dizziness, headache; dilated pupils, lacrimation (discharge of tears); anxiety, muscle fatigue, insomnia; paresthesia (skin tingling or numbness); dermatitis; liver, kidney damage.
Ethylbenzene	REL = 100 ppm PEL = 100 ppm	Irritation eyes, skin, mucous membrane; headache; dermatitis; narcosis, coma.
Xylenes	REL = 100 ppm PEL = 100 ppm	Irritation eyes, skin, nose, throat; dizziness, excitement, drowsiness, poor coordination, staggering gait; corneal vacuolization; anorexia, nausea, vomiting, abdominal pain; dermatitis.
Naphthalene	REL = 10 ppm PEL = 10 ppm	Irritation eyes; headache, confusion, excitement, malaise; nausea, vomiting, abdominal pain; irritation bladder; profuse sweating; jaundice; hematuria (blood in the urine), renal shutdown; dermatitis, optical neuritis, corneal damage.
Fuel Oil	REL = 350 mg/m ³ PEL = 400 ppm	Nausea, irritation – eyes, hypertension, headache, light-headedness, loss of appetite, poor coordination; long-term exposure – kidney damage, blood clotting problems; potential carcinogen.
Lead	REL=0.1 mg/m ³ PEL=0.05 mg/m ³	Weakness, lassitude, insomnia; facial pallor, anorexia, low-weight, malnutrition, constipation, abdominal pain, colic; anemia; gingival lead line; tremors, paralysis wrists and ankles; encephalopathy; kidney disease; irritation eyes; hypotension.
Mercury	REL = 0.1 mg/m ³ PEL = 0.05 mg/m ³	Irritation eyes, skin; cough, chest pain, dyspnea (breathing difficulty), bronchitis, pneumonitis; tremor, insomnia, irritability, indecision, headache, lassitude (weakness, exhaustion); stomatitis, salivation; gastrointestinal disturbance, anorexia, weight loss; proteinuria.
Polycyclic Aromatic Hydrocarbons (PAHs)	PEL = 5 mg/m ³	Harmful effects to skin, bodily fluids, and ability to fight disease, reproductive problems; [potential occupational carcinogen]
Comments: REL = NIOSH Recommended Exposure Limit PEL = OSHA Permissible Exposure Limit STEL = OSHA Short Term Exposure Limit ppm = parts per million mg/m ³ = milligrams per cubic meter		

2.2 Designated Personnel

AKRF will appoint one of its on-site personnel as the Site Safety Officer (SSO). This individual will be responsible for the implementation of the HASP. The SSO will have a 4-year college degree in occupational safety or a related science/engineering field, and experience in implementation of air monitoring and hazardous materials sampling programs. Health and safety training required for the SSO and all field personnel are outlined in Section 2.3 of this HASP.

2.3 Training

All personnel who enter the work area while intrusive activities are being performed will have completed a 40-hour training course that meets OSHA requirements of 29 CFR Part 1910, Occupational Safety and Health Standards. In addition, all personnel will have up-to-date 8-hour refresher training. The training will allow personnel to recognize and understand the potential hazards to health and safety. All field personnel must attend a training program, whose purpose is to:

- Make them aware of the potential hazards they may encounter;
- Provide the knowledge and skills necessary for them to perform the work with minimal risk to health and safety; Make them aware of the purpose and limitations of safety equipment; and
- Ensure that they can safely avoid or escape from emergencies.

Each member of the field crew will be instructed in these objectives before he/she goes onto the Site. A site safety meeting will be conducted at the start of the project. Additional meetings shall be conducted, as necessary, for new personnel working at the Site.

2.4 Medical Surveillance Program

All AKRF and subcontractor personnel performing field work involving subsurface disturbance at the Site are required to have passed a complete medical surveillance examination in accordance with 29 CFR 1910.120 (f). A physician's medical release for work will be confirmed by the SSO before an employee can begin site activities. The medical release shall consider the type of work to be performed and the required PPE. The medical examination will, at a minimum, be provided annually and upon termination of hazardous waste site work.

2.5 Site Work Zones

During any activities involving subsurface disturbance, the work area must be divided into various zones to prevent the spread of contamination, ensure that proper protective equipment is donned, and provide an area for decontamination.

The Exclusion Zone is defined as the area where exposure to impacted media could be encountered. The Contamination Reduction Zone (CRZ) is the area where decontamination procedures take place and is located next to the Exclusion Zone. The Support is the zone area where support facilities such as vehicles, fire extinguisher, and first aid supplies are located. The emergency staging area (part of the Support Zone) is the area where all workers on-site would assemble in the event of an emergency. A summary of these areas is provided below. These zones may be changed by SSO, depending on that day's activities. All field personnel will be informed of the location of these zones before work begins.

Task	Exclusion Zone	CRZ	Support Zone
Soil Borings	10 ft from drill rig	25 ft from drill rig	As Needed
Comments: Control measures such as "caution tape" and/or traffic cones will be placed around the perimeter of the work area when work is being done in a public area.			

2.6 Air Monitoring

The purpose of the air monitoring program is to identify any exposure of the field personnel to potential environmental hazards in the soil and groundwater. Results of the air monitoring will be used to determine the appropriate response action, if needed.

2.6.1 Volatile Organic Compounds

A photoionization detector (PID) will be used to perform air monitoring during soil disturbance activities to determine airborne levels of total VOCs. The PID will be calibrated at the start of the work day with a 100 ppm isobutylene standard.

2.6.2 Work Zone Air Monitoring

Real time air monitoring will be performed with the PID. Measurements will be taken prior to commencement of work and continuously during the work, as outlined in the following table. Measurements will be made as close to the workers as practicable and at the breathing height of the workers. The SSO shall set up the equipment and confirm that it is working properly. His/her designee may oversee the air measurements during the day. The initial measurement for the day will be performed before the start of work and will establish the background level for that day. The final measurement for the day will be performed after the end of work. The action levels and required responses are listed in the following table.

Instrument	Action Level	Response Action
PID	Less than 10 ppm in breathing zone	Level D or D-Modified
	Between 10 ppm and 20 ppm	Level C
	More than 20 ppm	Stop work. Resume work when readings are less than 20 ppm.

2.7 Personal Protection Equipment

The personal protection equipment required for various kinds of site investigation tasks are based on 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response, Appendix B, "General Description and Discussion of the Levels of Protection and Protective Gear."

AKRF field personnel and other site personnel shall wear, at a minimum, Level D personal protective equipment. The protection will be based on the air monitoring described in Section 2.6.

LEVEL OF PROTECTION & PPE		Soil Boring/Water Sampling
Level D <input checked="" type="checkbox"/> Steel Toe Shoes <input checked="" type="checkbox"/> Hard Hat (within 25 ft of drill rig) <input checked="" type="checkbox"/> Work Gloves	<input checked="" type="checkbox"/> Safety Glasses <input type="checkbox"/> Face Shield <input checked="" type="checkbox"/> Ear Plugs (within 25 ft of drill rig) <input checked="" type="checkbox"/> Nitrile Gloves <input checked="" type="checkbox"/> Tyvek for drill operator if NAPL present	Yes
Level C (in addition to Level D) <input checked="" type="checkbox"/> Half-Face Respirator OR <input checked="" type="checkbox"/> Full Face Respirator <input type="checkbox"/> Full-Face PAPR	<input type="checkbox"/> Particulate Cartridge <input type="checkbox"/> Organic Cartridge <input checked="" type="checkbox"/> Dual Organic/Particulate Cartridge	If PID > 10 ppm (breathing zone)
Comments: Cartridges to be changed out at least once per shift unless warranted beforehand (e.g., more difficult to breathe or any odors detected).		

2.8 General Work Practices

To protect the health and safety of the field personnel, field personnel will adhere to the guidelines listed below during activities involving subsurface disturbance:

- Eating, drinking, chewing gum or tobacco, and smoking are prohibited, except in designated areas on the Site. These areas will be designated by the SSO.
- Workers must wash their hands thoroughly on leaving the work area and before eating, drinking, or any other such activity.
- The workers should shower as soon as possible after leaving the Site. Contact with contaminated or suspected surfaces should be avoided.
- The buddy system should always be used; each buddy should watch for signs of fatigue, exposure, and heat/cold stress.

3.0 EMERGENCY PROCEDURES AND EMERGENCY RESPONSE PLAN

The field crew will be equipped with emergency equipment, such as a first aid kit and disposable eye washes. In the case of a medical emergency, the SSO will determine the nature of the emergency and he/she will have someone call for an ambulance, if needed. If the nature of the injury is not serious, i.e., the person can be moved without expert emergency medical personnel, he/she should be taken to a hospital by on-site personnel. Directions to the hospital are provided below, and a hospital route map is attached.

3.1 Hospital Directions

Hospital Name:	St. Luke's Roosevelt Center – St. Luke's Hospital Division
Phone Number:	(212) 523-4000
Address/Location:	1111 Amsterdam Avenue – New York, New York (The Emergency Department is located on West 113 th Street between Amsterdam Avenue and Morningside Drive)
Directions:	1. Go WEST on <i>West 97th Street</i> 2. Turn RIGHT onto <i>Amsterdam Avenue</i> 3. Turn RIGHT onto <i>West 113th Street</i> The Emergency Department entrance will be on the LEFT.

3.2 Emergency Contacts

Company	Individual Name	Title	Contact Number
AKRF	Marcus Simons	Project Director	646-388-9527 (office)
	Asya Bychkov	SSO	646-388-9533 (office) 917-569-8916 (cell)
Greenberg Traurig, LLP	Steven C. Russo	Client Representative	212-801-2155
Ambulance, Fire Department & Police Department	-	-	911
NYSDEC Spill Hotline	-	-	800-457-7362

4.0 APPROVAL & ACKNOWLEDGMENTS OF HASP

APPROVAL

Signed: _____ Date: _____
AKRF Project Manager

Signed: _____ Date: _____
AKRF Health and Safety Officer

Below is an affidavit that must be signed by all workers who enter the Site. A copy of the HASP must be on-site at all times and will be kept by the SSO.

AFFIDAVIT

I, _____ (name), of _____ (company name), have read the Health and Safety Plan (HASP) for the Jewish Home Lifecare site. I agree to conduct all on-site work in accordance with the requirements set forth in this HASP and understand that failure to comply with this HASP could lead to my removal from the Site.

- Signed: _____ Company: _____ Date: _____

FIGURE 1
HOSPITAL ROUTE MAP

HUDSON RIVER

St. Luke's Roosevelt Center



W 113 ST

AMSTERDAM AV

W 97 ST

Legend



Project Site



Route to Hospital



Hospital Location



St. Luke's Roosevelt Center
1111 Amsterdam Avenue
New York, New York

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Jewish Home Lifecare
New York, New York



DATE
7/11/2013

PROJECT No.
11743

HOSPITAL LOCATION MAP

Environmental Consultants
440 Park Avenue South, New York, N.Y. 10016

FIGURE
1

APPENDIX A

POTENTIAL HEALTH EFFECTS FROM ON-SITE CONTAMINANTS

This fact sheet answers the most frequently asked health questions (FAQs) about benzene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. This information is important because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Benzene is a widely used chemical formed from both natural processes and human activities. Breathing benzene can cause drowsiness, dizziness, and unconsciousness; long-term benzene exposure causes effects on the bone marrow and can cause anemia and leukemia. Benzene has been found in at least 813 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is benzene?

(Pronounced bĕn'zĕn')

Benzene is a colorless liquid with a sweet odor. It evaporates into the air very quickly and dissolves slightly in water. It is highly flammable and is formed from both natural processes and human activities.

Benzene is widely used in the United States; it ranks in the top 20 chemicals for production volume. Some industries use benzene to make other chemicals which are used to make plastics, resins, and nylon and synthetic fibers. Benzene is also used to make some types of rubbers, lubricants, dyes, detergents, drugs, and pesticides. Natural sources of benzene include volcanoes and forest fires. Benzene is also a natural part of crude oil, gasoline, and cigarette smoke.

What happens to benzene when it enters the environment?

- Industrial processes are the main source of benzene in the environment.
- Benzene can pass into the air from water and soil.
- It reacts with other chemicals in the air and breaks down within a few days.
- Benzene in the air can attach to rain or snow and be carried back down to the ground.

- It breaks down more slowly in water and soil, and can pass through the soil into underground water.
- Benzene does not build up in plants or animals.

How might I be exposed to benzene?

- Outdoor air contains low levels of benzene from tobacco smoke, automobile service stations, exhaust from motor vehicles, and industrial emissions.
- Indoor air generally contains higher levels of benzene from products that contain it such as glues, paints, furniture wax, and detergents.
- Air around hazardous waste sites or gas stations will contain higher levels of benzene.
- Leakage from underground storage tanks or from hazardous waste sites containing benzene can result in benzene contamination of well water.
- People working in industries that make or use benzene may be exposed to the highest levels of it.
- A major source of benzene exposures is tobacco smoke.

How can benzene affect my health?

Breathing very high levels of benzene can result in death, while high levels can cause drowsiness, dizziness, rapid heart rate, headaches, tremors, confusion, and unconsciousness. Eating or drinking foods containing high levels of benzene can cause vomiting, irritation of the stomach, dizziness, sleepiness, convulsions, rapid heart rate, and death.

ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>

The major effect of benzene from long-term (365 days or longer) exposure is on the blood. Benzene causes harmful effects on the bone marrow and can cause a decrease in red blood cells leading to anemia. It can also cause excessive bleeding and can affect the immune system, increasing the chance for infection.

Some women who breathed high levels of benzene for many months had irregular menstrual periods and a decrease in the size of their ovaries. It is not known whether benzene exposure affects the developing fetus in pregnant women or fertility in men.

Animal studies have shown low birth weights, delayed bone formation, and bone marrow damage when pregnant animals breathed benzene.

How likely is benzene to cause cancer?

The Department of Health and Human Services (DHHS) has determined that benzene is a known human carcinogen. Long-term exposure to high levels of benzene in the air can cause leukemia, cancer of the blood-forming organs.

Is there a medical test to show whether I've been exposed to benzene?

Several tests can show if you have been exposed to benzene. There is test for measuring benzene in the breath; this test must be done shortly after exposure. Benzene can also be measured in the blood, however, since benzene disappears rapidly from the blood, measurements are accurate only for recent exposures.

In the body, benzene is converted to products called metabolites. Certain metabolites can be measured in the urine. However, this test must be done shortly after exposure and is not a reliable indicator of how much benzene you have been exposed to, since the metabolites may be present in urine from other sources.

Has the federal government made recommendations to protect human health?

The EPA has set the maximum permissible level of benzene in drinking water at 0.005 milligrams per liter (0.005 mg/L). The EPA requires that spills or accidental releases into the environment of 10 pounds or more of benzene be reported to the EPA.

The Occupational Safety and Health Administration (OSHA) has set a permissible exposure limit of 1 part of benzene per million parts of air (1 ppm) in the workplace during an 8-hour workday, 40-hour workweek.

Glossary

Anemia: A decreased ability of the blood to transport oxygen.

Carcinogen: A substance with the ability to cause cancer.

CAS: Chemical Abstracts Service.

Chromosomes: Parts of the cells responsible for the development of hereditary characteristics.

Metabolites: Breakdown products of chemicals.

Milligram (mg): One thousandth of a gram.

Pesticide: A substance that kills pests.

References

This ToxFAQs information is taken from the 1997 Toxicological Profile for Benzene (update) produced by the Agency for Toxic Substances and Disease Registry, Public Health Service, U.S. Department of Health and Human Services, Public Health Service in Atlanta, GA.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop E-29, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 404-498-0093. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about ethylbenzene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Ethylbenzene is a colorless liquid found in a number of products including gasoline and paints. Breathing very high levels can cause dizziness and throat and eye irritation. Ethylbenzene has been found in at least 731 of the 1,467 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is ethylbenzene?

(Pronounced ěth' əl bĕn' zĕn')

Ethylbenzene is a colorless, flammable liquid that smells like gasoline. It is found in natural products such as coal tar and petroleum and is also found in manufactured products such as inks, insecticides, and paints.

Ethylbenzene is used primarily to make another chemical, styrene. Other uses include as a solvent, in fuels, and to make other chemicals.

What happens to ethylbenzene when it enters the environment?

- Ethylbenzene moves easily into the air from water and soil.
- It takes about 3 days for ethylbenzene to be broken down in air into other chemicals.
- Ethylbenzene may be released to water from industrial discharges or leaking underground storage tanks.
- In surface water, ethylbenzene breaks down by reacting with other chemicals found naturally in water.
- In soil, it is broken down by soil bacteria.

How might I be exposed to ethylbenzene?

- Breathing air containing ethylbenzene, particularly in areas near factories or highways.
- Drinking contaminated tap water.
- Working in an industry where ethylbenzene is used or made.
- Using products containing it, such as gasoline, carpet glues, varnishes, and paints.

How can ethylbenzene affect my health?

Limited information is available on the effects of ethylbenzene on people's health. The available information shows dizziness, throat and eye irritation, tightening of the chest, and a burning sensation in the eyes of people exposed to high levels of ethylbenzene in air.

Animals studies have shown effects on the nervous system, liver, kidneys, and eyes from breathing ethylbenzene in air.

How likely is ethylbenzene to cause cancer?

The EPA has determined that ethylbenzene is not classified as to human carcinogenicity.

ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>

No studies in people have shown that ethylbenzene exposure can result in cancer. Two available animal studies suggest that ethylbenzene may cause tumors.

How can ethylbenzene affect children?

Children may be exposed to ethylbenzene through inhalation of consumer products, including gasoline, paints, inks, pesticides, and carpet glue. We do not know whether children are more sensitive to the effects of ethylbenzene than adults.

It is not known whether ethylbenzene can affect the development of the human fetus. Animal studies have shown that when pregnant animals were exposed to ethylbenzene in air, their babies had an increased number of birth defects.

How can families reduce the risk of exposure to ethylbenzene?

Exposure to ethylbenzene vapors from household products and newly installed carpeting can be minimized by using adequate ventilation.

Household chemicals should be stored out of reach of children to prevent accidental poisoning. Always store household chemicals in their original containers; never store them in containers children would find attractive to eat or drink from, such as old soda bottles. Gasoline should be stored in a gasoline can with a locked cap.

Sometimes older children sniff household chemicals, including ethylbenzene, in an attempt to get high. Talk with your children about the dangers of sniffing chemicals.

Is there a medical test to show whether I've been exposed to ethylbenzene?

Ethylbenzene is found in the blood, urine, breath, and

some body tissues of exposed people. The most common way to test for ethylbenzene is in the urine. This test measures substances formed by the breakdown of ethylbenzene. This test needs to be done within a few hours after exposure occurs, because the substances leave the body very quickly.

These tests can show you were exposed to ethylbenzene, but cannot predict the kind of health effects that might occur.

Has the federal government made recommendations to protect human health?

The EPA has set a maximum contaminant level of 0.7 milligrams of ethylbenzene per liter of drinking water (0.7 mg/L).

The EPA requires that spills or accidental releases into the environment of 1,000 pounds or more of ethylbenzene be reported to the EPA.

The Occupational Safety and Health Administration (OSHA) has set an occupational exposure limit of 100 parts of ethylbenzene per million parts of air (100 ppm) for an 8-hour workday, 40-hour workweek.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1999. Toxicological profile for ethylbenzene. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about fuel oils. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

SUMMARY: Fuel oils are liquid mixtures produced from petroleum, and their use mostly involves burning them as fuels. Drinking or breathing fuel oils may cause nausea or nervous system effects. However, exposure under normal use conditions is not likely to be harmful. Fuel oils have been found in at least 26 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What are fuel oils?

(Pronounced fyoo'el oilz)

Fuel oils are a variety of yellowish to light brown liquid mixtures that come from crude petroleum. Some chemicals found in fuel oils may evaporate easily, while others may more easily dissolve in water.

Fuel oils are produced by different petroleum refining processes, depending on their intended uses. Fuel oils may be used as fuel for engines, lamps, heaters, furnaces, and stoves, or as solvents.

Some commonly found fuel oils include kerosene, diesel fuel, jet fuel, range oil, and home heating oil. These fuel oils differ from one another by their hydrocarbon compositions, boiling point ranges, chemical additives, and uses.

What happens to fuel oils when they enter the environment?

- Some chemicals found in fuel oils may evaporate into the air from open containers or contaminated soil or water.
- Some chemicals found in fuel oils may dissolve in water after spills to surface waters or leaks from underground storage tanks.

- Some chemicals found in fuel oils may stick to particles in water, which will eventually cause them to settle to the bottom sediment.
- Some of the chemicals found in fuel oils may be broken down slowly in air, water, and soil by sunlight or small organisms.
- Some of the chemicals found in fuel oils may build up significantly in plants and animals.

How might I be exposed to fuel oils?

- Using a home kerosene heater or stove, or using fuel oils at work.
- Breathing air in home or building basements that has been contaminated with fuel oil vapors entering from the soil.
- Drinking or swimming in water that has been contaminated with fuel oils from a spill or a leaking underground storage tank.
- Touching soil contaminated with fuel oils.
- Using fuel oils to wash paint or grease from skin or equipment.

How can fuel oils affect my health?

Little information is available about the health effects that may be caused by fuel oils. People who use kerosene

ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>

stoves for cooking do not seem to have any health problems related to their exposure.

Breathing some fuel oils for short periods may cause nausea, eye irritation, increased blood pressure, headache, lightheadedness, loss of appetite, poor coordination, and difficulty concentrating. Breathing diesel fuel vapors for long periods may cause kidney damage and lower your blood's ability to clot.

Drinking small amounts of kerosene may cause vomiting, diarrhea, coughing, stomach swelling and cramps, drowsiness, restlessness, painful breathing, irritability, and unconsciousness. Drinking large amounts of kerosene may cause convulsions, coma, or death. Skin contact with kerosene for short periods may cause itchy, red, sore, or peeling skin.

How likely are fuel oils to cause cancer?

The International Agency for Research on Cancer (IARC) has determined that some fuel oils (heavy) may possibly cause cancer in humans, but for other fuel oils (light) there is not enough information to make a determination. IARC has also determined that occupational exposures to fuel oils during petroleum refining are probably carcinogenic in humans.

Some studies with mice have suggested that repeated contact with fuel oils may cause liver or skin cancer. However, other mouse studies have found this not to be the case. No studies are available in other animals or in people on the carcinogenic effects of fuel oils.

Is there a medical test to show whether I've been exposed to fuel oils?

There is no medical test that shows if you have been exposed to fuel oils. Tests are available to determine if some of

the chemicals commonly found in fuel oils are in your blood. However, the presence of these chemicals in blood may not necessarily mean that you have been exposed to fuel oils.

Has the federal government made recommendations to protect human health?

The Occupational Safety and Health Administration (OSHA) and the Air Force Office of Safety and Health (AFOSH) have set a permissible exposure level (PEL) of 400 parts of petroleum distillates per million parts of air (400 ppm) for an 8-hour workday, 40-hour workweek.

The National Institute for Occupational Safety and Health (NIOSH) recommends that average workplace air levels not exceed 350 milligrams of petroleum distillates per cubic meter of air (350 mg/m³) for a 40-hour workweek.

The Department of Transportation (DOT) lists fuel oils as hazardous materials and, therefore, regulates their transportation.

Glossary

Carcinogenic: Able to cause cancer.

CAS: Chemical Abstracts Service.

Evaporate: To change into a vapor or a gas.

Hydrocarbon: Any compound made up of hydrogen and carbon.

Milligram (mg): One thousandth of a gram.

ppm: Parts per million.

Sediment: Mud and debris that have settled to the bottom of a body of water.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1995. Toxicological profile for fuel oils. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop E-29, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 404-498-0093. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about lead. For more information, call the ATSDR Information Center at 1-800-232-4636. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It is important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to lead can happen from breathing workplace air or dust, eating contaminated foods, or drinking contaminated water. Children can be exposed from eating lead-based paint chips or playing in contaminated soil. Lead can damage the nervous system, kidneys, and reproductive system. Lead has been found in at least 1,272 of the 1,684 National Priority List sites identified by the Environmental Protection Agency (EPA).

What is lead?

Lead is a naturally occurring bluish-gray metal found in small amounts in the earth's crust. Lead can be found in all parts of our environment. Much of it comes from human activities including burning fossil fuels, mining, and manufacturing.

Lead has many different uses. It is used in the production of batteries, ammunition, metal products (solder and pipes), and devices to shield X-rays. Because of health concerns, lead from paints and ceramic products, caulking, and pipe solder has been dramatically reduced in recent years. The use of lead as an additive to gasoline was banned in 1996 in the United States.

What happens to lead when it enters the environment?

- Lead itself does not break down, but lead compounds are changed by sunlight, air, and water.
- When lead is released to the air, it may travel long distances before settling to the ground.
- Once lead falls onto soil, it usually sticks to soil particles.
- Movement of lead from soil into groundwater will depend on the type of lead compound and the characteristics of the soil.

How might I be exposed to lead?

- Eating food or drinking water that contains lead. Water pipes in some older homes may contain lead solder. Lead can leach out into the water.

- Spending time in areas where lead-based paints have been used and are deteriorating. Deteriorating lead paint can contribute to lead dust.

- Working in a job where lead is used or engaging in certain hobbies in which lead is used, such as making stained glass.

- Using health-care products or folk remedies that contain lead.

How can lead affect my health?

The effects of lead are the same whether it enters the body through breathing or swallowing. Lead can affect almost every organ and system in your body. The main target for lead toxicity is the nervous system, both in adults and children. Long-term exposure of adults can result in decreased performance in some tests that measure functions of the nervous system. It may also cause weakness in fingers, wrists, or ankles. Lead exposure also causes small increases in blood pressure, particularly in middle-aged and older people and can cause anemia. Exposure to high lead levels can severely damage the brain and kidneys in adults or children and ultimately cause death. In pregnant women, high levels of exposure to lead may cause miscarriage. High-level exposure in men can damage the organs responsible for sperm production.

How likely is lead to cause cancer?

We have no conclusive proof that lead causes cancer in humans. Kidney tumors have developed in rats and mice that had been given large doses of some kind of lead compounds. The Department of Health and Human Services

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(DHHS) has determined that lead and lead compounds are reasonably anticipated to be human carcinogens and the EPA has determined that lead is a probable human carcinogen. The International Agency for Research on Cancer (IARC) has determined that inorganic lead is probably carcinogenic to humans and that there is insufficient information to determine whether organic lead compounds will cause cancer in humans.

How can lead affect children?

Small children can be exposed by eating lead-based paint chips, chewing on objects painted with lead-based paint, or swallowing house dust or soil that contains lead.

Children are more vulnerable to lead poisoning than adults. A child who swallows large amounts of lead may develop blood anemia, severe stomachache, muscle weakness, and brain damage. If a child swallows smaller amounts of lead, much less severe effects on blood and brain function may occur. Even at much lower levels of exposure, lead can affect a child's mental and physical growth.

Exposure to lead is more dangerous for young and unborn children. Unborn children can be exposed to lead through their mothers. Harmful effects include premature births, smaller babies, decreased mental ability in the infant, learning difficulties, and reduced growth in young children. These effects are more common if the mother or baby was exposed to high levels of lead. Some of these effects may persist beyond childhood.

How can families reduce the risks of exposure to lead?

- Avoid exposure to sources of lead.
- Do not allow children to chew on mouth surfaces that may have been painted with lead-based paint.
- If you have a water lead problem, run or flush water that has been standing overnight before drinking or cooking with it.
- Some types of paints and pigments that are used as make-up or hair coloring contain lead. Keep these kinds of products away from children
- If your home contains lead-based paint or you live in an area contaminated with lead, wash children's hands and faces

often to remove lead dusts and soil, and regularly clean the house of dust and tracked in soil.

Is there a medical test to determine whether I've been exposed to lead?

A blood test is available to measure the amount of lead in your blood and to estimate the amount of your recent exposure to lead. Blood tests are commonly used to screen children for lead poisoning. Lead in teeth or bones can be measured by X-ray techniques, but these methods are not widely available. Exposure to lead also can be evaluated by measuring erythrocyte protoporphyrin (EP) in blood samples. EP is a part of red blood cells known to increase when the amount of lead in the blood is high. However, the EP level is not sensitive enough to identify children with elevated blood lead levels below about 25 micrograms per deciliter ($\mu\text{g}/\text{dL}$). These tests usually require special analytical equipment that is not available in a doctor's office. However, your doctor can draw blood samples and send them to appropriate laboratories for analysis.

Has the federal government made recommendations to protect human health?

The Centers for Disease Control and Prevention (CDC) recommends that states test children at ages 1 and 2 years. Children should be tested at ages 3–6 years if they have never been tested for lead, if they receive services from public assistance programs for the poor such as Medicaid or the Supplemental Food Program for Women, Infants, and Children, if they live in a building or frequently visit a house built before 1950; if they visit a home (house or apartment) built before 1978 that has been recently remodeled; and/or if they have a brother, sister, or playmate who has had lead poisoning. CDC considers a blood lead level of 10 $\mu\text{g}/\text{dL}$ to be a level of concern for children.

EPA limits lead in drinking water to 15 μg per liter.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 2007. Toxicological Profile for lead (Update). Atlanta, GA: U.S. Department of Public Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology and Environmental Medicine, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-800-232-4636, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about mercury. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to mercury occurs from breathing contaminated air, ingesting contaminated water and food, and having dental and medical treatments. Mercury, at high levels, may damage the brain, kidneys, and developing fetus. This chemical has been found in at least 714 of 1,467 National Priorities List sites identified by the Environmental Protection Agency.

What is mercury?

(Pronounced mŭr/kyə-rē)

Mercury is a naturally occurring metal which has several forms. The metallic mercury is a shiny, silver-white, odorless liquid. If heated, it is a colorless, odorless gas.

Mercury combines with other elements, such as chlorine, sulfur, or oxygen, to form inorganic mercury compounds or "salts," which are usually white powders or crystals. Mercury also combines with carbon to make organic mercury compounds. The most common one, methylmercury, is produced mainly by microscopic organisms in the water and soil. More mercury in the environment can increase the amounts of methylmercury that these small organisms make.

Metallic mercury is used to produce chlorine gas and caustic soda, and is also used in thermometers, dental fillings, and batteries. Mercury salts are sometimes used in skin lightening creams and as antiseptic creams and ointments.

What happens to mercury when it enters the environment?

- Inorganic mercury (metallic mercury and inorganic mercury compounds) enters the air from mining ore deposits, burning coal and waste, and from manufacturing plants.
- It enters the water or soil from natural deposits, disposal of wastes, and volcanic activity.

- Methylmercury may be formed in water and soil by small organisms called bacteria.
- Methylmercury builds up in the tissues of fish. Larger and older fish tend to have the highest levels of mercury.

How might I be exposed to mercury?

- Eating fish or shellfish contaminated with methylmercury.
- Breathing vapors in air from spills, incinerators, and industries that burn mercury-containing fuels.
- Release of mercury from dental work and medical treatments.
- Breathing contaminated workplace air or skin contact during use in the workplace (dental, health services, chemical, and other industries that use mercury).
- Practicing rituals that include mercury.

How can mercury affect my health?

The nervous system is very sensitive to all forms of mercury. Methylmercury and metallic mercury vapors are more harmful than other forms, because more mercury in these forms reaches the brain. Exposure to high levels of metallic, inorganic, or organic mercury can permanently damage the brain, kidneys, and developing fetus. Effects on brain functioning may result in irritability, shyness, tremors, changes in vision or hearing, and memory problems.

Short-term exposure to high levels of metallic mercury vapors may cause effects including lung damage, nausea,

ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>

vomiting, diarrhea, increases in blood pressure or heart rate, skin rashes, and eye irritation.

How likely is mercury to cause cancer?

There are inadequate human cancer data available for all forms of mercury. Mercuric chloride has caused increases in several types of tumors in rats and mice, and methylmercury has caused kidney tumors in male mice. The EPA has determined that mercuric chloride and methylmercury are possible human carcinogens.

How can mercury affect children?

Very young children are more sensitive to mercury than adults. Mercury in the mother's body passes to the fetus and may accumulate there. It can also pass to a nursing infant through breast milk. However, the benefits of breast feeding may be greater than the possible adverse effects of mercury in breast milk.

Mercury's harmful effects that may be passed from the mother to the fetus include brain damage, mental retardation, incoordination, blindness, seizures, and inability to speak. Children poisoned by mercury may develop problems of their nervous and digestive systems, and kidney damage.

How can families reduce the risk of exposure to mercury?

Carefully handle and dispose of products that contain mercury, such as thermometers or fluorescent light bulbs. Do not vacuum up spilled mercury, because it will vaporize and increase exposure. If a large amount of mercury has been spilled, contact your health department. Teach children not to play with shiny, silver liquids.

Properly dispose of older medicines that contain mercury. Keep all mercury-containing medicines away from children.

Pregnant women and children should keep away from

rooms where liquid mercury has been used.

Learn about wildlife and fish advisories in your area from your public health or natural resources department.

Is there a medical test to show whether I've been exposed to mercury?

Tests are available to measure mercury levels in the body. Blood or urine samples are used to test for exposure to metallic mercury and to inorganic forms of mercury. Mercury in whole blood or in scalp hair is measured to determine exposure to methylmercury. Your doctor can take samples and send them to a testing laboratory.

Has the federal government made recommendations to protect human health?

The EPA has set a limit of 2 parts of mercury per billion parts of drinking water (2 ppb).

The Food and Drug Administration (FDA) has set a maximum permissible level of 1 part of methylmercury in a million parts of seafood (1 ppm).

The Occupational Safety and Health Administration (OSHA) has set limits of 0.1 milligram of organic mercury per cubic meter of workplace air (0.1 mg/m³) and 0.05 mg/m³ of metallic mercury vapor for 8-hour shifts and 40-hour work weeks.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1999. Toxicological profile for mercury. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It is important you understand this information because these substances may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene happens mostly from breathing air contaminated from the burning of wood, tobacco, or fossil fuels, industrial discharges, or moth repellents. Exposure to large amounts of naphthalene may damage or destroy some of your red blood cells. Naphthalene has caused cancer in animals. Naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene have been found in at least 687, 36, and 412, respectively, of the 1,662 National Priority List sites identified by the Environmental Protection Agency (EPA).

What are naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

Naphthalene is a white solid that evaporates easily. Fuels such as petroleum and coal contain naphthalene. It is also called white tar, and tar camphor, and has been used in mothballs and moth flakes. Burning tobacco or wood produces naphthalene. It has a strong, but not unpleasant smell. The major commercial use of naphthalene is in the manufacture of polyvinyl chloride (PVC) plastics. Its major consumer use is in moth repellents and toilet deodorant blocks.

1-Methylnaphthalene and 2-methylnaphthalene are naphthalene-related compounds. 1-Methylnaphthalene is a clear liquid and 2-methylnaphthalene is a solid; both can be smelled in air and in water at very low concentrations.

1-Methylnaphthalene and 2-methylnaphthalene are used to make other chemicals such as dyes and resins. 2-Methylnaphthalene is also used to make vitamin K.

What happens to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene when they enter the environment?

- Naphthalene enters the environment from industrial and domestic sources, and from accidental spills.
- Naphthalene can dissolve in water to a limited degree and may be present in drinking water from wells close to hazardous waste sites and landfills.
- Naphthalene can become weakly attached to soil or pass through soil into underground water.
- In air, moisture and sunlight break it down within 1 day. In water, bacteria break it down or it evaporates into the air.
- Naphthalene does not accumulate in the flesh of animals or fish that you might eat.

1-Methylnaphthalene and 2-methylnaphthalene are expected to act like naphthalene in air, water, or soil because they have similar chemical and physical properties.

How might I be exposed to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

- Breathing low levels in outdoor air.
- Breathing air contaminated from industrial discharges or smoke from burning wood, tobacco, or fossil fuels.
- Using or making moth repellents, coal tar products, dyes or inks could expose you to these chemicals in the air.
- Drinking water from contaminated wells.
- Touching fabrics that are treated with moth repellents containing naphthalene.
- Exposure to naphthalene, 1-methylnaphthalene and 2-methylnaphthalene from eating foods or drinking beverages is unlikely.

How can naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene affect my health?

Exposure to large amounts of naphthalene may damage or destroy some of your red blood cells. This could cause you to have too few red blood cells until your body replaces the destroyed cells. This condition is called hemolytic anemia. Some symptoms of hemolytic anemia are fatigue, lack of appetite, restlessness, and pale skin. Exposure to large amounts of naphthalene may also cause nausea, vomiting, diarrhea, blood in the urine, and a yellow color to the skin. Animals sometimes develop cloudiness in their eyes after swallowing high amounts of naphthalene. It is not clear whether this also develops in people. Rats and mice that breathed naphthalene vapors daily for a lifetime developed irritation and inflammation of their nose and lungs. It is unclear if naphthalene

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causes reproductive effects in animals; most evidence says it does not.

There are no studies of humans exposed to 1-methylnaphthalene or 2-methylnaphthalene.

Mice fed food containing 1-methylnaphthalene and 2-methylnaphthalene for most of their lives had part of their lungs filled with an abnormal material.

How likely are naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene to cause cancer?

There is no direct evidence in humans that naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene cause cancer.

However, cancer from naphthalene exposure has been seen in animal studies. Some female mice that breathed naphthalene vapors daily for a lifetime developed lung tumors. Some male and female rats exposed to naphthalene in a similar manner also developed nose tumors.

Based on the results from animal studies, the Department of Health and Human Services (DHHS) concluded that naphthalene is reasonably anticipated to be a human carcinogen. The International Agency for Research on Cancer (IARC) concluded that naphthalene is possibly carcinogenic to humans. The EPA determined that naphthalene is a possible human carcinogen (Group C) and that the data are inadequate to assess the human carcinogenic potential of 2-methylnaphthalene.

How can naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene affect children?

Hospitals have reported many cases of hemolytic anemia in children, including newborns and infants, who either ate naphthalene mothballs or deodorant cakes or who were in close contact with clothing or blankets stored in naphthalene mothballs. Naphthalene can move from a pregnant woman's blood to the unborn baby's blood. Naphthalene has been detected in some samples of breast milk from the general U.S. population, but not at levels that are expected to be of concern.

There is no information on whether naphthalene has affected development in humans. No developmental abnormalities were observed in the offspring from rats, mice, and rabbits fed naphthalene during pregnancy.

We do not have any information on possible health effects of 1-methylnaphthalene or 2-methylnaphthalene on children.

How can families reduce the risks of exposure to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

❑ Families can reduce the risks of exposure to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene by avoiding smoking tobacco, generating smoke during cooking, or using

fireplaces or heating appliances in their homes.

❑ If families use naphthalene-containing moth repellents, the material should be enclosed in containers that prevent vapors from escaping, and kept out of the reach of children.

❑ Blankets and clothing stored with naphthalene moth repellents should be aired outdoors to remove naphthalene odors and washed before they are used.

❑ Families should inform themselves of the contents of air deodorizers that are used in their homes and refrain from using deodorizers with naphthalene.

Is there a medical test to determine whether I've been exposed to naphthalene, 1-methylnaphthalene, and 2-methylnaphthalene?

Tests are available that measure levels of these chemicals and their breakdown products in samples of urine, feces, blood, maternal milk, or body fat. These tests are not routinely available in a doctor's office because they require special equipment, but samples can be sent to special testing laboratories. These tests cannot determine exactly how much naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene you were exposed to or predict whether harmful effects will occur. If the samples are collected within a day or two of exposure, then the tests can show if you were exposed to a large or small amount of naphthalene, 1-methylnaphthalene, or 2-methylnaphthalene.

Has the federal government made recommendations to protect human health?

The EPA recommends that children not drink water with over 0.5 parts per million (0.5 ppm) naphthalene for more than 10 days or over 0.4 ppm for any longer than 7 years. Adults should not drink water with more than 1 ppm for more than 7 years. For water consumed over a lifetime (70 years), the EPA suggests that it contain no more than 0.1 ppm naphthalene.

The Occupational Safety and Health Administration (OSHA) set a limit of 10 ppm for the level of naphthalene in workplace air during an 8-hour workday, 40-hour workweek. The National Institute for Occupational Safety and Health (NIOSH) considers more than 500 ppm of naphthalene in air to be immediately dangerous to life or health. This is the exposure level of a chemical that is likely to impair a worker's ability to leave a contaminated area and therefore, results in permanent health problems or death.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 2005. Toxicological Profile for Naphthalene, 1-Methylnaphthalene, and 2-Methylnaphthalene (Update). Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about polycyclic aromatic hydrocarbons (PAHs). For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. This information is important because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

SUMMARY: Exposure to polycyclic aromatic hydrocarbons usually occurs by breathing air contaminated by wild fires or coal tar, or by eating foods that have been grilled. PAHs have been found in at least 600 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What are polycyclic aromatic hydrocarbons?

(Pronounced pŏl'ī-sī'klīk ār'ə-măt'īk hī'drə-kar'bənz)

Polycyclic aromatic hydrocarbons (PAHs) are a group of over 100 different chemicals that are formed during the incomplete burning of coal, oil and gas, garbage, or other organic substances like tobacco or charbroiled meat. PAHs are usually found as a mixture containing two or more of these compounds, such as soot.

Some PAHs are manufactured. These pure PAHs usually exist as colorless, white, or pale yellow-green solids. PAHs are found in coal tar, crude oil, creosote, and roofing tar, but a few are used in medicines or to make dyes, plastics, and pesticides.

What happens to PAHs when they enter the environment?

- PAHs enter the air mostly as releases from volcanoes, forest fires, burning coal, and automobile exhaust.
- PAHs can occur in air attached to dust particles.
- Some PAH particles can readily evaporate into the air from soil or surface waters.
- PAHs can break down by reacting with sunlight and other chemicals in the air, over a period of days to weeks.

- PAHs enter water through discharges from industrial and wastewater treatment plants.
- Most PAHs do not dissolve easily in water. They stick to solid particles and settle to the bottoms of lakes or rivers.
- Microorganisms can break down PAHs in soil or water after a period of weeks to months.
- In soils, PAHs are most likely to stick tightly to particles; certain PAHs move through soil to contaminate underground water.
- PAH contents of plants and animals may be much higher than PAH contents of soil or water in which they live.

How might I be exposed to PAHs?

- Breathing air containing PAHs in the workplace of coking, coal-tar, and asphalt production plants; smoke-houses; and municipal trash incineration facilities.
- Breathing air containing PAHs from cigarette smoke, wood smoke, vehicle exhausts, asphalt roads, or agricultural burn smoke.
- Coming in contact with air, water, or soil near hazardous waste sites.
- Eating grilled or charred meats; contaminated cereals, flour, bread, vegetables, fruits, meats; and processed or pickled foods.
- Drinking contaminated water or cow's milk.

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- ❑ Nursing infants of mothers living near hazardous waste sites may be exposed to PAHs through their mother's milk.

How can PAHs affect my health?

Mice that were fed high levels of one PAH during pregnancy had difficulty reproducing and so did their offspring. These offspring also had higher rates of birth defects and lower body weights. It is not known whether these effects occur in people.

Animal studies have also shown that PAHs can cause harmful effects on the skin, body fluids, and ability to fight disease after both short- and long-term exposure. But these effects have not been seen in people.

How likely are PAHs to cause cancer?

The Department of Health and Human Services (DHHS) has determined that some PAHs may reasonably be expected to be carcinogens.

Some people who have breathed or touched mixtures of PAHs and other chemicals for long periods of time have developed cancer. Some PAHs have caused cancer in laboratory animals when they breathed air containing them (lung cancer), ingested them in food (stomach cancer), or had them applied to their skin (skin cancer).

Is there a medical test to show whether I've been exposed to PAHs?

In the body, PAHs are changed into chemicals that can attach to substances within the body. There are special tests that can detect PAHs attached to these substances in body tissues or blood. However, these tests cannot tell whether any

health effects will occur or find out the extent or source of your exposure to the PAHs. The tests aren't usually available in your doctor's office because special equipment is needed to conduct them.

Has the federal government made recommendations to protect human health?

The Occupational Safety and Health Administration (OSHA) has set a limit of 0.2 milligrams of PAHs per cubic meter of air (0.2 mg/m³). The OSHA Permissible Exposure Limit (PEL) for mineral oil mist that contains PAHs is 5 mg/m³ averaged over an 8-hour exposure period.

The National Institute for Occupational Safety and Health (NIOSH) recommends that the average workplace air levels for coal tar products not exceed 0.1 mg/m³ for a 10-hour workday, within a 40-hour workweek. There are other limits for workplace exposure for things that contain PAHs, such as coal, coal tar, and mineral oil.

Glossary

Carcinogen: A substance that can cause cancer.

Ingest: Take food or drink into your body.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1995. Toxicological profile for polycyclic aromatic hydrocarbons. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about toluene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

HIGHLIGHTS: Exposure to toluene occurs from breathing contaminated workplace air, in automobile exhaust, some consumer products paints, paint thinners, fingernail polish, lacquers, and adhesives. Toluene affects the nervous system. Toluene has been found at 959 of the 1,591 National Priority List sites identified by the Environmental Protection Agency

What is toluene?

Toluene is a clear, colorless liquid with a distinctive smell. Toluene occurs naturally in crude oil and in the tolu tree. It is also produced in the process of making gasoline and other fuels from crude oil and making coke from coal.

Toluene is used in making paints, paint thinners, fingernail polish, lacquers, adhesives, and rubber and in some printing and leather tanning processes.

What happens to toluene when it enters the environment?

Toluene enters the environment when you use materials that contain it. It can also enter surface water and groundwater from spills of solvents and petroleum products as well as from leaking underground storage tanks at gasoline stations and other facilities.

When toluene-containing products are placed in landfills or waste disposal sites, the toluene can enter the soil or water near the waste site.

Toluene does not usually stay in the environment long.

Toluene does not concentrate or buildup to high levels in animals.

How might I be exposed to toluene?

Breathing contaminated workplace air or automobile exhaust.

Working with gasoline, kerosene, heating oil, paints, and lacquers.

Drinking contaminated well-water.

Living near uncontrolled hazardous waste sites containing toluene products.

How can toluene affect my health?

Toluene may affect the nervous system. Low to moderate levels can cause tiredness, confusion, weakness, drunken-type actions, memory loss, nausea, loss of appetite, and

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hearing and color vision loss. These symptoms usually disappear when exposure is stopped.

Inhaling High levels of toluene in a short time can make you feel light-headed, dizzy, or sleepy. It can also cause unconsciousness, and even death.

High levels of toluene may affect your kidneys.

How likely is toluene to cause cancer?

Studies in humans and animals generally indicate that toluene does not cause cancer.

The EPA has determined that the carcinogenicity of toluene can not be classified.

How can toluene affect children?

It is likely that health effects seen in children exposed to toluene will be similar to the effects seen in adults. Some studies in animals suggest that babies may be more sensitive than adults.

Breathing very high levels of toluene during pregnancy can result in children with birth defects and retard mental abilities, and growth. We do not know if toluene harms the unborn child if the mother is exposed to low levels of toluene during pregnancy.

How can families reduce the risk of exposure to toluene?

- Use toluene-containing products in well-ventilated areas.

- When not in use, toluene-containing products should be tightly covered to prevent evaporation into the air.

Is there a medical test to show whether I've been exposed to toluene?

There are tests to measure the level of toluene or its breakdown products in exhaled air, urine, and blood. To determine if you have been exposed to toluene, your urine or blood must be checked within 12 hours of exposure. Several other chemicals are also changed into the same breakdown products as toluene, so some of these tests are not specific for toluene.

Has the federal government made recommendations to protect human health?

EPA has set a limit of 1 milligram per liter of drinking water (1 mg/L).

Discharges, releases, or spills of more than 1,000 pounds of toluene must be reported to the National Response Center.

The Occupational Safety and Health Administration has set a limit of 200 parts toluene per million of workplace air (200 ppm).

References

Agency for Toxic Substances and Disease Registry (ATSDR). 2000. Toxicological Profile for Toluene. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop F-32, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 770-488-4178. ToxFAQs™ Internet address is <http://www.atsdr.cdc.gov/toxfaq.html>. ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



This fact sheet answers the most frequently asked health questions (FAQs) about xylene. For more information, call the ATSDR Information Center at 1-888-422-8737. This fact sheet is one in a series of summaries about hazardous substances and their health effects. It's important you understand this information because this substance may harm you. The effects of exposure to any hazardous substance depend on the dose, the duration, how you are exposed, personal traits and habits, and whether other chemicals are present.

SUMMARY: Exposure to xylene occurs in the workplace and when you use paint, gasoline, paint thinners and other products that contain it. People who breathe high levels may have dizziness, confusion, and a change in their sense of balance. This substance has been found in at least 658 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

What is xylene?

(Pronounced zī'lēn)

Xylene is a colorless, sweet-smelling liquid that catches on fire easily. It occurs naturally in petroleum and coal tar and is formed during forest fires. You can smell xylene in air at 0.08–3.7 parts of xylene per million parts of air (ppm) and begin to taste it in water at 0.53–1.8 ppm.

Chemical industries produce xylene from petroleum. It's one of the top 30 chemicals produced in the United States in terms of volume.

Xylene is used as a solvent and in the printing, rubber, and leather industries. It is also used as a cleaning agent, a thinner for paint, and in paints and varnishes. It is found in small amounts in airplane fuel and gasoline.

What happens to xylene when it enters the environment?

- Xylene has been found in waste sites and landfills when discarded as used solvent, or in varnish, paint, or paint thinners.
- It evaporates quickly from the soil and surface water into the air.

- In the air, it is broken down by sunlight into other less harmful chemicals.
- It is broken down by microorganisms in soil and water.
- Only a small amount of it builds up in fish, shellfish, plants, and animals living in xylene-contaminated water.

How might I be exposed to xylene?

- Breathing xylene in workplace air or in automobile exhaust.
- Breathing contaminated air.
- Touching gasoline, paint, paint removers, varnish, shellac, and rust preventatives that contain it.
- Breathing cigarette smoke that has small amounts of xylene in it.
- Drinking contaminated water or breathing air near waste sites and landfills that contain xylene.
- The amount of xylene in food is likely to be low.

How can xylene affect my health?

Xylene affects the brain. High levels from exposure for short periods (14 days or less) or long periods (more than 1 year) can cause headaches, lack of muscle coordination, dizziness, confusion, and changes in one's sense of balance. Exposure of

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people to high levels of xylene for short periods can also cause irritation of the skin, eyes, nose, and throat; difficulty in breathing; problems with the lungs; delayed reaction time; memory difficulties; stomach discomfort; and possibly changes in the liver and kidneys. It can cause unconsciousness and even death at very high levels.

Studies of unborn animals indicate that high concentrations of xylene may cause increased numbers of deaths, and delayed growth and development. In many instances, these same concentrations also cause damage to the mothers. We do not know if xylene harms the unborn child if the mother is exposed to low levels of xylene during pregnancy.

How likely is xylene to cause cancer?

The International Agency for Research on Cancer (IARC) has determined that xylene is not classifiable as to its carcinogenicity in humans.

Human and animal studies have not shown xylene to be carcinogenic, but these studies are not conclusive and do not provide enough information to conclude that xylene does not cause cancer.

Is there a medical test to show whether I've been exposed to xylene?

Laboratory tests can detect xylene or its breakdown products in exhaled air, blood, or urine. There is a high degree of agreement between the levels of exposure to xylene and the levels of xylene breakdown products in the urine. However, a urine sample must be provided very soon after exposure ends because xylene quickly leaves the body. These tests are not routinely available at your doctor's office.

Has the federal government made recommendations to protect human health?

The EPA has set a limit of 10 ppm of xylene in drinking water.

The EPA requires that spills or accidental releases of xylenes into the environment of 1,000 pounds or more must be reported.

The Occupational Safety and Health Administration (OSHA) has set a maximum level of 100 ppm xylene in workplace air for an 8-hour workday, 40-hour workweek.

The National Institute for Occupational Safety and Health (NIOSH) and the American Conference of Governmental Industrial Hygienists (ACGIH) also recommend exposure limits of 100 ppm in workplace air.

NIOSH has recommended that 900 ppm of xylene be considered immediately dangerous to life or health. This is the exposure level of a chemical that is likely to cause permanent health problems or death.

Glossary

Evaporate: To change from a liquid into a vapor or a gas.

Carcinogenic: Having the ability to cause cancer.

CAS: Chemical Abstracts Service.

ppm: Parts per million.

Solvent: A liquid that can dissolve other substances.

References

Agency for Toxic Substances and Disease Registry (ATSDR). 1995. Toxicological profile for xylenes (update). Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service.

Where can I get more information? For more information, contact the Agency for Toxic Substances and Disease Registry, Division of Toxicology, 1600 Clifton Road NE, Mailstop E-29, Atlanta, GA 30333. Phone: 1-888-422-8737, FAX: 404-498-0093. ToxFAQs Internet address via WWW is <http://www.atsdr.cdc.gov/toxfaq.html> ATSDR can tell you where to find occupational and environmental health clinics. Their specialists can recognize, evaluate, and treat illnesses resulting from exposure to hazardous substances. You can also contact your community or state health or environmental quality department if you have any more questions or concerns.



APPENDIX B

WEST NILE VIRUS/ST. LOUIS ENCEPHALITIS PREVENTION

WEST NILE VIRUS/ST. LOUIS ENCEPHALITIS PREVENTION

The following section is based upon information provided by the CDC Division of Vector-Borne Infectious Diseases. Symptoms of West Nile Virus include fever, headache, and body aches, occasionally with skin rash and swollen lymph glands, with most infections being mild. More severe infection may be marked by headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, paralysis, and, rarely, death. Most infections of St. Louis encephalitis are mild without apparent symptoms other than fever with headache. More severe infection is marked by headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions (especially infants) and spastic (but rarely flaccid) paralysis. The only way to avoid infection of West Nile Virus and St. Louis encephalitis is to avoid mosquito bites. To reduce the chance of mosquito contact:

- Stay indoors at dawn, dusk, and in the early evening.
- Wear long-sleeved shirts and long pants whenever you are outdoors.
- Spray clothing with repellents containing permethrin or DEET (N, N-diethyl-meta-toluamide), since mosquitoes may bite through thin clothing.
- Apply insect repellent sparingly to exposed skin. An effective repellent will contain 35% DEET. DEET in high concentrations (greater than 35%) provides no additional protection.
- Repellents may irritate the eyes and mouth.
- Whenever you use an insecticide or insect repellent, be sure to read and follow the manufacturer's directions for use, as printed on the product.

APPENDIX C
REPORT FORMS

WEEKLY SAFETY REPORT FORM

Week Ending: _____ Project Name/Number: _____

Report Date: _____ Project Manager Name: _____

Summary of any violations of procedures occurring that week:

Summary of any job related injuries, illnesses, or near misses that week:

Summary of air monitoring data that week (include and sample analyses, action levels exceeded, and actions taken):

Comments:

Name: _____ Company: _____

Signature: _____ Title: _____

INJURED - ILL:

Name: _____ SSN: _____

Address: _____ Age: _____

Length of Service: _____ Time on Present Job: _____

Time/Classification: _____

SEVERITY OF INJURY OR ILLNESS:

___ Disabling ___ Non-disabling ___ Fatality
___ Medical Treatment ___ First Aid Only

ESTIMATED NUMBER OF DAYS AWAY FROM JOB: _____

NATURE OF INJURY OR ILLNESS: _____

CLASSIFICATION OF INJURY:

___ Abrasions ___ Dislocations ___ Punctures
___ Bites ___ Faint/Dizziness ___ Radiation Burns
___ Blisters ___ Fractures ___ Respiratory Allergy
___ Bruises ___ Frostbite ___ Sprains
___ Chemical Burns ___ Heat Burns ___ Toxic Resp. Exposure
___ Cold Exposure ___ Heat Exhaustion ___ Toxic Ingestion
___ Concussion ___ Heat Stroke ___ Dermal Allergy
___ Lacerations

Part of Body Affected: _____

Degree of Disability: _____

Date Medical Care was Received: _____

Where Medical Care was Received: _____

Address (if off-site): _____

(If two or more injuries, record on separate sheets)

PROPERTY DAMAGE:

Description of Damage: _____

Cost of Damage: \$ _____

ACCIDENT/INCIDENT LOCATION: _____

ACCIDENT/INCIDENT ANALYSIS: Causative agent most directly related to accident/incident (Object, substance, material, machinery, equipment, conditions)

Was weather a factor?: _____

Unsafe mechanical/physical/environmental condition at time of accident/incident (Be specific):

Personal factors (Attitude, knowledge or skill, reaction time, fatigue):

ON-SITE ACCIDENTS/INCIDENTS:

Level of personal protection equipment required in Site Safety Plan:

Modifications:

Was injured using required equipment?:

If not, how did actual equipment use differ from plan?:

ACTION TAKEN TO PREVENT RECURRENCE: (Be specific. What has or will be done? When will it be done? Who is the responsible party to insure that the correction is made?)

ACCIDENT/INCIDENT REPORT REVIEWED BY:

SSO Name Printed

SSO Signature

OTHERS PARTICIPATING IN INVESTIGATION:

Signature

Title

Signature

Title

Signature

Title

ACCIDENT/INCIDENT FOLLOW-UP: Date: _____

Outcome of accident/incident: _____

Physician's recommendations: _____

Date injured returned to work: _____

Follow-up performed by: _____

Signature

Title

ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM

APPENDIX D
EMERGENCY HAND SIGNALS

EMERGENCY SIGNALS

In most cases, field personnel will carry portable radios for communication. If this is the case, a transmission that indicates an emergency will take priority over all other transmissions. All other site radios will yield the frequency to the emergency transmissions.

Where radio communications is not available, the following air-horn and/or hand signals will be used:

EMERGENCY HAND SIGNALS

OUT OF AIR, CAN'T BREATHE!



Hand gripping throat

**LEAVE AREA IMMEDIATELY,
NO DEBATE!**

(No Picture) Grip partner's wrist or place both hands around waist

NEED ASSISTANCE!



Hands on top of head

OKAY! – I'M ALL RIGHT!

- I UNDERSTAND!



Thumbs up

NO! - NEGATIVE!



Thumbs down